In January, the Harvard Center for Population and Development Studies (HCPDS) hosted a two-day Social Determinants of Global Population Health Conference with leading scholars and public policy officials from around the world, including Sir Michael Marmot, professor of Epidemiology and Public Health at University College London.

Marmot was introduced by HCPDS Director Lisa Berkman and Julio Frenk, dean of the Harvard School of Public Health and former Minister of Health in Mexico.

The conference was convened to develop tangible next steps in translating public health and social science research into effective practice and policy. It also served as an opportunity to build upon the recommendations outlined in both the 2008 World Health Organization's Commission on the Social Determinants of Health Report and the Robert Wood Johnson Foundation (RWJF) Commission to Build a Healthier America Report released in 2009. Both commissions called for action on identifying and improving social determinants of health, with specific goals toward achieving health equity.

“I believe the only way we are going to face these daunting challenges and to take advantage of the emerging opportunities is to adopt a new way of thinking and a new way of acting that’s based on superseding all dichotomies and instead aiming at integration,” said Frenk in his opening remarks. “The public health field has been plagued by a number of dichotomies or facts that have really limited our effectiveness: the debate between vertical or horizontal health problems; the divide between global versus local health research; the divide between health systems and social determinants of health. All those are false dichotomies.”

For Marmot, who chaired the WHO’s Commission from 2005–2008 and gave the conference’s keynote address, it is time for the series of recommendations made by the Commission “to promote action and to try to get people to do things differently” around the globe.

“The reason I’m always reluctant to push one item is because there is no one issue … there are so many different themes...

Conference Spurs Action on Social Determinants Challenges

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Our Work Ahead on Social Determinants

In January, the Harvard Center for Population and Development Studies proudly hosted one of the largest international events on social determinants of population health ever held in the United States. Scientists and policy makers came together in an effort to understand how we will implement some of the key recommendations made in several recent national and international journals.

The two-day January conference, Social Determinants of Global Population Health, held fast to the goal to promote global policy changes. This was based on many years of scientific work and evidence that led to two key publications on this topic: the 2008 WHO Commission on Social Determinants of Health as well as the 2009 Robert Wood Johnson Foundation (RWJF) Commission to Build a Healthier America Report.

Our keynote speaker, Sir Michael Marmot, could not have been more right when he said that “Governments do have policies for elderly people and young children and work and the environment and taxation, and all are important … but putting health equity at the heart of all policy making is what one would like to see.”

It is indeed time for those of us engaged in this work to move forward with proposed policy changes that have direct implications for population health. We are armed with the scientific evidence and momentum that can be viewed head on by the policy makers themselves. Perhaps what was most rewarding was witnessing participants, representing a total of eight countries, who had never had the chance to meet, speaking openly about ways to improve population health.

Today, as a result of our work, we possess some alarming statistics, including one that shows that the U.S. lags far behind other developed nations in life expectancy. While this may serve as a shock to some, we also know that other, less developed countries suffer far worse than we do; much of it is directly tied to social and economic development.

As we move ahead with plans for implementation across the globe, we must frame social determinants of health in a meaningful way to policy makers. For the Pop Center, the January conference served many purposes: it helped move this topic from the arena of science to public policy; it helped to place focus on building capacity in African and Asian nations; and it also clarified that while low- and middle-income nations carry a greater burden in this area, we also have much work to do on the home front as well.

All in all, it was one step forward for the betterment of global population health.

—Lisa Berkman
As her sabbatical year comes to a close, Harvard Assistant Professor of Sociology Dr. Filiz Garip is finalizing a research paper on Mexican immigration, based on her recent study which may alter existing stereotypes on the demography of the “average” Mexican immigrant.

For Garip, a native of Turkey who also serves as a member at the Harvard Pop Center, her latest research focuses on trying to understand patterns of first-time migrants from Mexico to the United States from 1970 to 2000.

“I come from an engineering background and I switched to sociology in graduate school, so I am always keen on using statistical methods in my research. In social science research, certain methods sometimes blind us as they can limit how we approach questions,” says Garip. “One of the things that interested me in the Mexico-United States cases is that when you read existing studies, there is an average migrant who is young and uneducated, who comes to the United States to increase their earnings … at a point when U.S. wages were at their highest level,” says Garip. “Starting in the early 1980s, you see a shift in the character of migrants. These people are, again, mostly men, not household heads, but the sons of the household heads who come from very wealthy households in the rural communities with significant land or successful businesses” with a goal to “diversify family earnings.”

In 1986, yet another shift was noted after the passage of the Immigration Reform and Control Act (IRCA), signed by then President Ronald Reagan, which made it unlawful to knowingly hire illegal immigrants yet also granted amnesty to 2 million migrant workers who had worked and resided in the United States prior to 1982.

“IRCA was a big break,” says Garip, “and by the 1990s we see a big proportion of migrants coming to join their family members in the U.S., so greater numbers of women and children. In the 1970s and 1980s, the people who came were mostly temporary migrants, so they would come, make money and then leave. In the later 1980s and 1990s, people were coming and staying. Then, in the later 1990s, we also see a very different type of migrant, and they come from mostly cities. In addition, they are well educated, with a background in manufacturing or service jobs from large metropolitan areas.”

What has also changed significantly is the difficulty and danger in making border crossings today, says Garip, with an average of three to five attempts as well as more reported deaths on failed crossings. “It has not stopped migration,” she says, “it has just made it harder … but what it has also done is made it harder to leave, so people are staying longer and longer in the U.S.”

As Garip works on final edits to complete her report for publication, she acknowledges some surprise at the discovery of the four different types of migrants and the fact that the patterns observed stand in sharp contrast to existing beliefs on Mexican immigrants.

“This study defies the stereotype, so that’s the first piece of information that could affect public thinking,” says Garip. “Second of all, it shows us if we want to change migration flow, we need to pay attention to this diversity. We should not assume there is one type of migrant who should be stopped, and we need to devise more customized policies to affect migration.”
Discussions are underway to make this an annual event and perhaps expand the number of countries involved. “When Harvard took the initiative and said ‘We’d like to get people from eight countries together and see what we can do,’ I was absolutely delighted, but I’d also like to see lots of institutions do something similar because it means we are on the same agenda,” said Marmot. “This morning I’ve already had people from four countries come up to me and say, ‘We’re working on implementation,’ so if an outcome of this meeting is to inspire and encourage other countries, what a wonderful thing to have happen.”

(of social determinants) and all are important,” said Marmot. “Governments do have policies for elderly people and young children and work and the environment and taxation, and all are important … but putting health equity at the heart of all policy making is what one would like to see.”

The 76 attendees — government officials, politicians, policy consultants, foundation leaders, NGO’s, academicians (within and outside Harvard) — were personally invited by the Pop Center. Teams from Brazil, China, India, Japan, Mexico, Uganda, the United Kingdom, and the United States were provided the opportunity to engage in country-specific dialogue.

On the first day, participants attended small breakout sessions on social determinants topics including gender equity, political empowerment, and health equity in all policies and systems. On the following morning, sessions were further broken down by country. Each group was charged with addressing pertinent questions such as how to move the social determinants agenda forward in their respective country; what opportunities exist for implementation of national policy to reduce inequities through a social determinants approach to health; and what advantages does your country have in moving the social determinants agenda forward? At the conference’s final plenary session, each group’s facilitator reported back to the audience at large on their discussions, with feedback solicited.

“Assembling these key leaders is an important step toward the generation of policy action items aimed at reducing health inequity which can be achieved by improving social, economic, and environmental standards worldwide,” said Berkman at the event’s conclusion. She went on to thank everyone for “giving really intriguing and stunningly diverse scenarios and issues for us to deal with.”

The Harvard Pop Center thanks its conference co-sponsors: the Harvard Center for the Developing Child; the Harvard Initiative for Global Health; and the Robert Wood Johnson Foundation Commission to Build a Healthier America. We also give much appreciation to the generous support of Seth and Sarah Glickenhaus; The Dillon Fund; and The Clarence and Anne Dillon Dunwalke Trust.
The Harvard Pop Center community mourns the loss of one of its former directors, Nathan Keyfitz, who served in this lead role from 1978-1980. Keyfitz, 96, an innovative statistician and professor emeritus who broke new ground in applying math to human populations, passed away on April 6, 2010, in Lexington, MA. Keyfitz was the Andelot Professor of Sociology in the Faculty of Arts and Sciences (FAS) and Professor of Demography at the Harvard School of Public Health (HSPH). He had also chaired the Department of Sociology.

His career began at the Dominion Bureau of Statistics in Ottawa, Canada, where for 20 years he examined aspects of the Canadian population, including trends in fertility, emigration, and immigration as a research statistician. In 1952, Keyfitz earned a Ph.D. from the University of Chicago, and went on to hold appointments at the Universities of Toronto, Chicago, and California, as well as Ohio State.

In 1972, Keyfitz came to Harvard, where he was a professor of demography and sociology until 1983. Even after achieving emeritus status at Harvard, he continued to develop and share his expertise through research, teaching, and advisory roles. In 1983, he became director of the International Institute for Applied Systems Analysis in Vienna, Austria, and later served as the institute’s president. In 1985, he consulted with the Harvard Institute for International Development, and in the 1990s, he consulted for the Center for Initiatives on Children in Cambridge, MA.

Keyfitz was married to the late Beatrice (Orkin) Keyfitz. He is survived by their children, Robert and Barbara, as well as their grandchildren, and his sister, Ruth Karp.

In one of his most recent projects, Canning and his collaborators, David Bloom, Jocelyn Finlay, and Gunther Fink, analyzed the effect of fertility on income per capita with a particular focus on Europe. For European countries with below-replacement fertility (a fertility rate that is not high enough to replace an area’s population), they found the cost of continued low fertility will only be observed in the long run. The burden of old-age dependency dominates the youth dependency decline, and continued low fertility will lead to small working-age shares in the absence of large migration inflows. And without substantial adjustments in labor force participation or migration policies, the potential negative repercussions on the European economy are large.

In Memoriam: Nathan Keyfitz

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RECENT PUBLICATIONS, PRESENTATIONS AND OTHER NEWS

Recent Publications of Pop Center Members


Bärnighausen, T., Bloom, D. “Financial incentives for return of service in underserved areas: a systematic review.” BMC Health Services Research. 2009. 29(9);86.


Betancourt, T.S., Agnew-Blais, J., Gilman, S., Ellis, B. “Past horrors, present struggles: The role of stigma in the association between war experiences and psychosocial adjustment among former child soldiers in Sierra Leone.” Social Science & Medicine. 2009;70(1);17-26.


Halperin, D., Stover, J., Reynolds, H. “Benefits and costs of expanding access to family planning programs to women living with HIV.” AIDS. 2009. 23:S123-S130.


Honors

Ken Hill, Professor of the Practice of Global Health in the Harvard School of Public Health and the Pop Center, won the 2010 Mindel C. Sheps Award at the Population Association of America’s Annual Meeting in Dallas. Jointly sponsored by PAA and the University of North Carolina School of Public Health, this award is given biennially for outstanding contributions to mathematical demography or demographic methodology.

Jennifer Jennings’ dissertation, “Accountability and Inequality in American Education” has won the American Education Research Association’s Outstanding Dissertation Award (for dissertations in the area of Educational Policy and Politics). Jennings is a current RWJ Health & Society Scholar here at the Pop Center.

Congratulations Ken and Jennifer!
Despite the volcanic ash debacle that stranded a handful of participants overseas, many of the top demographers studying adult populations in developing countries convened April 18 at the Harvard Pop Center. Over the course of a week, the scientists, members of the Adult Health and Aging Working Group of the INDEPTH Network, presented their work before an interdisciplinary audience of Harvard faculty and research staff.

INDEPTH is a nonprofit, international organization consisting of 37 sites in 19 countries that conduct health and demographic surveillance. Nine sites in the countries of Ghana, South Africa, India, Tanzania, Kenya, Bangladesh, Vietnam, Indonesia, and Thailand were represented at the Harvard workshop. Their work aims to improve an empirical understanding of adult health at a population level within and across countries, and to compare mortality and cardiovascular risk among the various populations.

Each site scientist presented twice during the workshop, and during the middle days they worked closely with a cadre of postdoctoral fellows and research core staff at the Pop Center. Some attendees needed assistance in data analysis, some just in putting final touches on papers. Lunchtime seminars and informal meetings on collaborative projects also enhanced their overall experience. On the final day, each scientist presented for a second and final time, with additional feedback garnered by faculty. All participants left with stronger papers and hopes for more opportunities to collaborate in the future.

RWJ/Harvard Health and Society Scholar, Ari Nandi (right), consults with INDEPTH-Thailand participant, Sureeporn Punpuing.

The INDEPTH Adult Health and Aging Working Group with Harvard faculty and fellows.