

Population Health & Judicial Decision-Making

Salus Populi : Educating the Judiciary About the Social
Determinants of Health



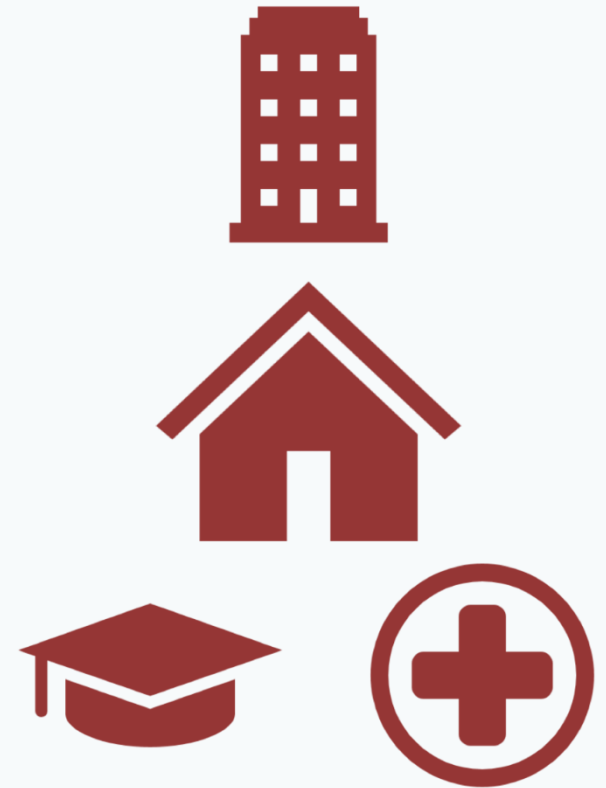
A collaboration of the Center for Health Policy and Law and the Institute for Health Equity and Social Justice Research. With support from **Salus Populi**

the Robert Wood Johnson Foundation and the W.K. Kellogg Foundation

Introduction to the Social Determinants of Health & Population Health

Social Determinants of Health

The “conditions in the environments in which people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks” ([Healthy People 2030](#)).



It's estimated that social determinants of health contribute to **80-90%** of things that can be ***changed to promote healthy*** outcomes for a population, with medical care accounting for only 10-20%.

Social Determinants of Health

1. **Economic stability**

- Employment, food insecurity, housing instability, and poverty

2. **Education access and quality**

- Early childhood development and education, enrollment in higher education, high school graduation, and language and literacy

3. **Neighborhood and built environment**

- Access to foods that support healthy dietary patterns, crime and violence, environmental conditions, and quality of housing

4. **Social and community context**

- Civic participation, discrimination, incarceration, and social cohesion

Direct and Indirect Pathways

SDOH: Educational Access and Quality

Direct

- Access to healthy school meals, opportunity for physical activity.
- Language and literacy

Indirect

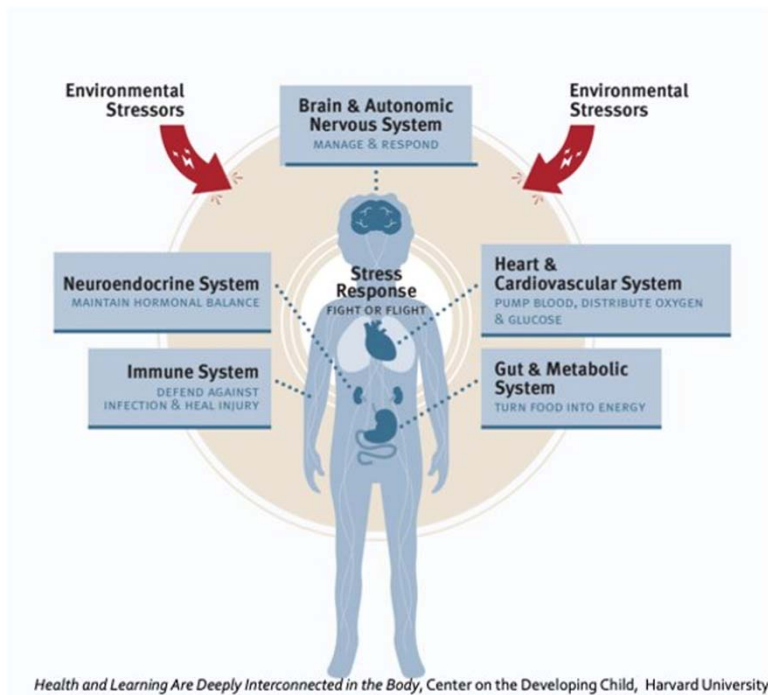
- Lack of quality education impacts ability to see higher education, higher earning jobs with benefits.



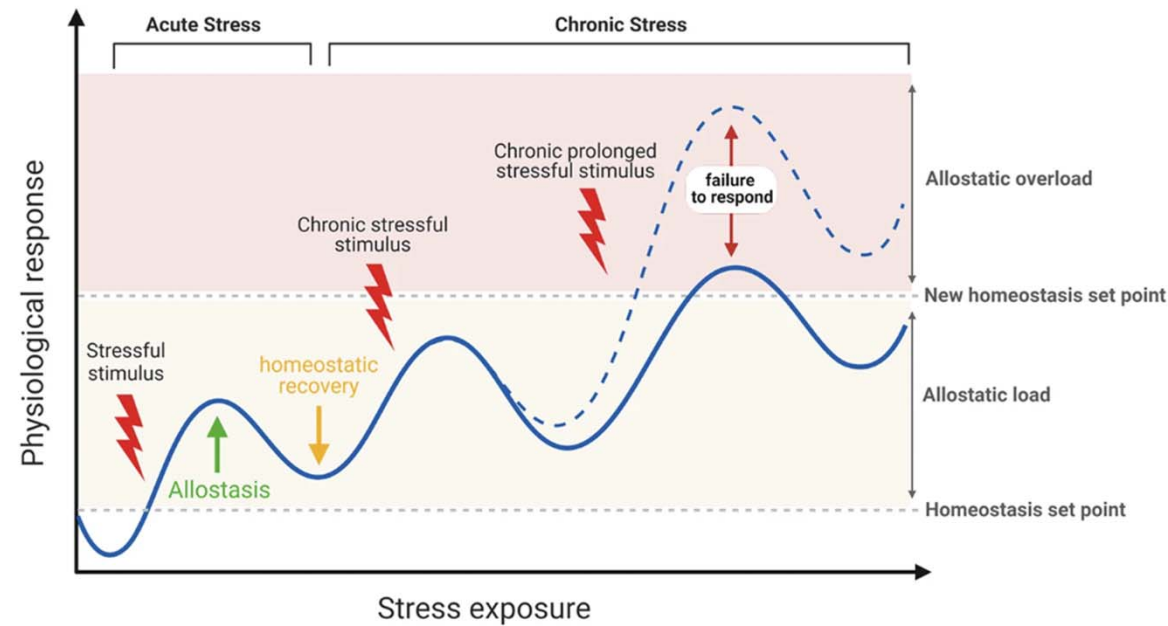
Salud America

How does the social become biological?

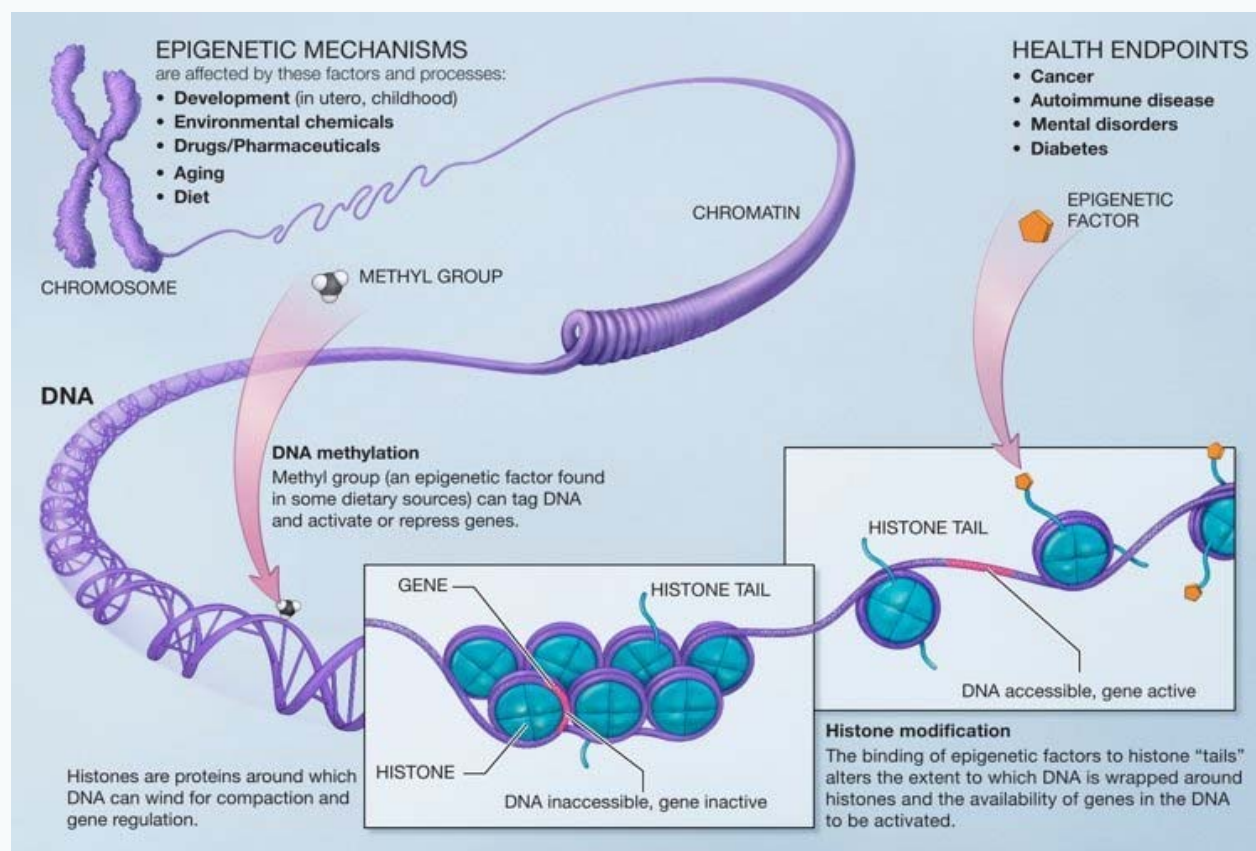
Allostatic Load



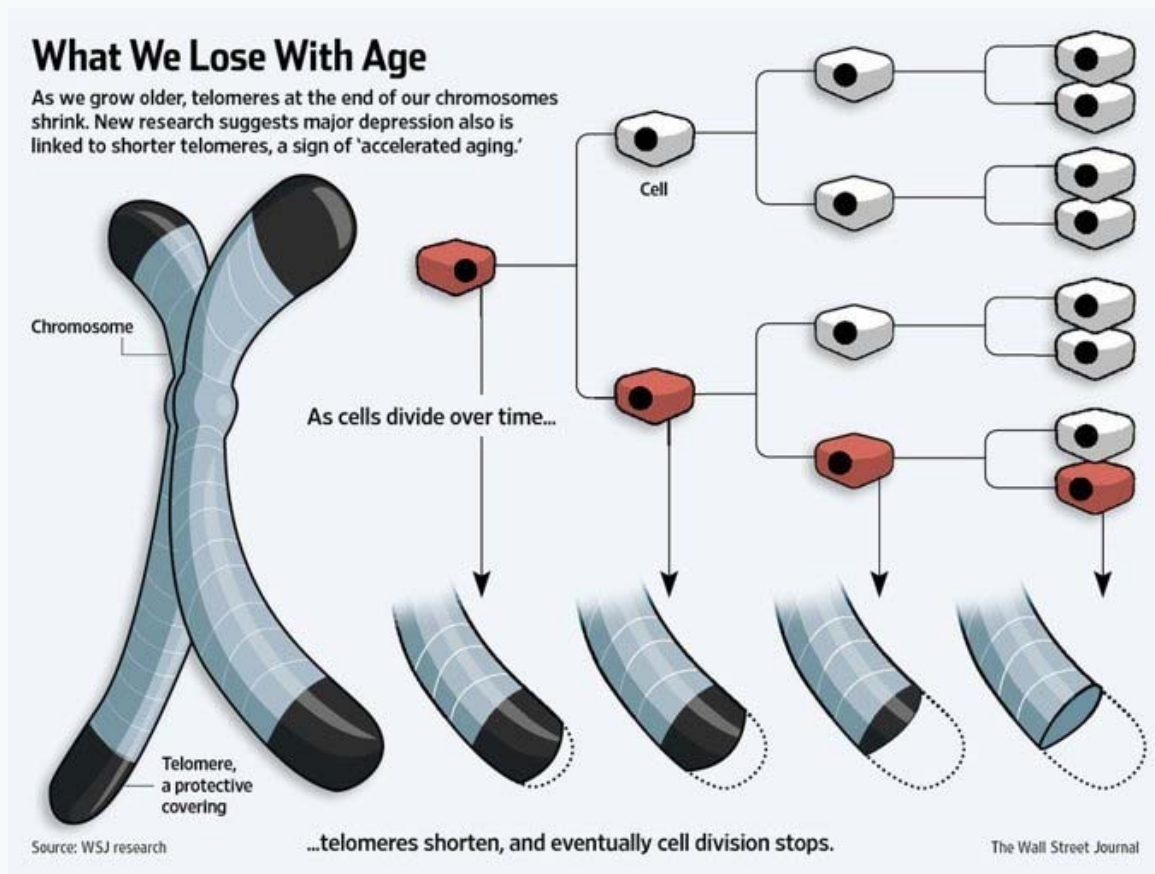
Stress Response



Epigenetics



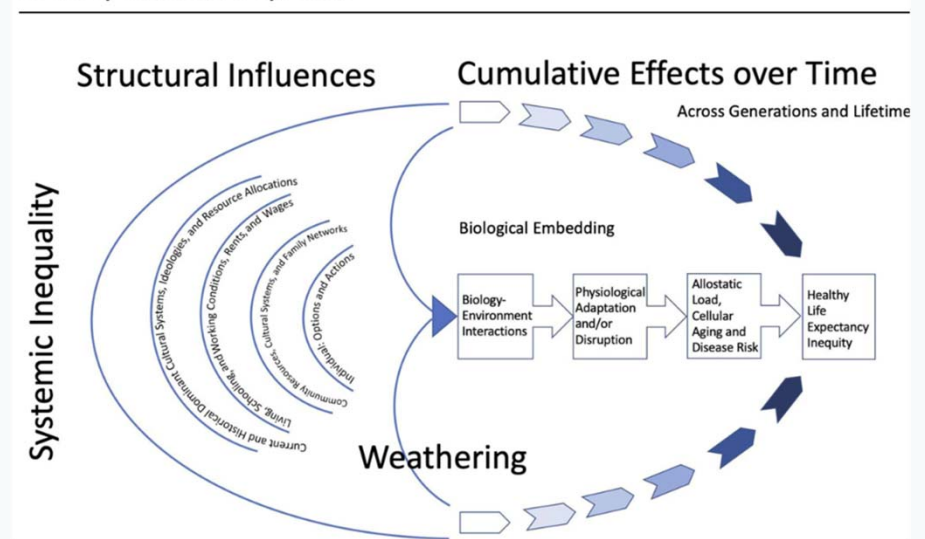
Telomere Length



Introduction to "Weathering" Concept

- A theory that chronic stress from systemic issues/oppression, such as racism and societal stress and strain, causes accelerated health decline and premature aging, particularly in marginalized groups.

Figure 1. Weathering Conceptual Model [Color figure can be viewed at [wileyonlinelibrary.com](https://onlinelibrary.wiley.com)]

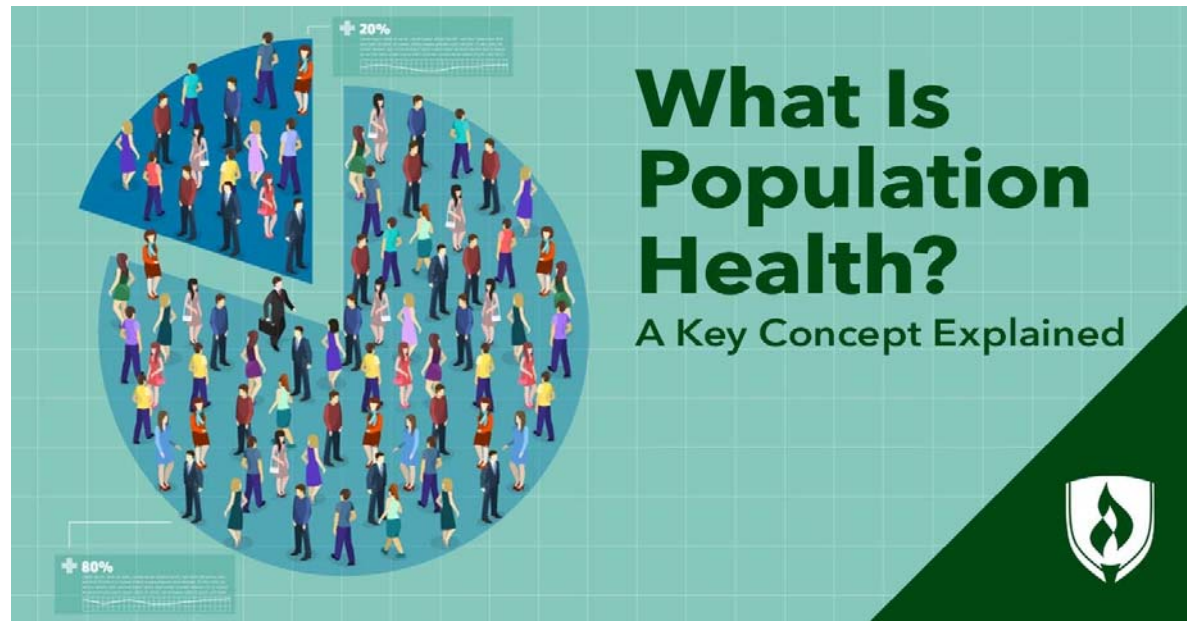


GERONIMUS, A.T., PEARSON, J.A., LINNENBRINGER, E., EISENBERG, A.K., STOKES, C., HUGHES, L.D. and SCHULZ, A.J. (2020), Weathering in Detroit: Place, Race, Ethnicity, and Poverty as Conceptually Fluctuating Social Constructs Shaping Variation in Allostatic Load. *The Milbank Quarterly*, 98: 1171-1218. <https://doi.org/10.1111/1468-0009.12484>

Mechanisms of Weathering

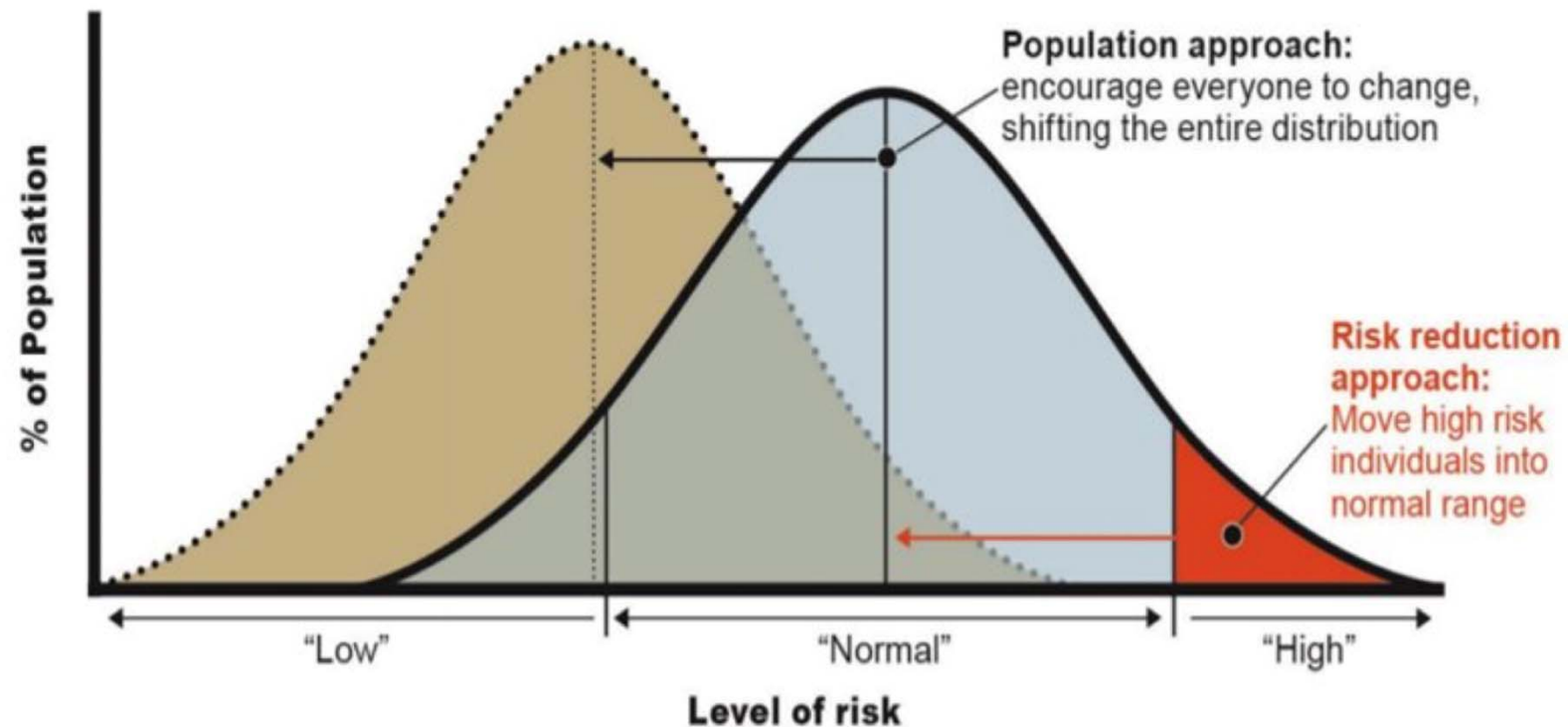
- **Chronic Stress:** Constant exposure to environmental, material, or social stress physically changes the body at a cellular level.
- **Physiological Impact:** This unrelenting stress leads to "wear and tear" on the body's systems, speeding up aging processes

Population health is the study of health outcomes found in a group of individuals



The Bell-Curve Shift in Populations

Shifting the whole population into a lower risk category benefits more individuals than shifting high risk individuals into a lower risk category



Rose, G. (2001). Sick individuals and sick populations. *International journal of epidemiology*, 30(3), 427-432.



Graphic adapted from de Beaumont Foundation and Trust for America's Health. (January 2019)
"Social Determinants and Social Needs: Moving Beyond Midstream"

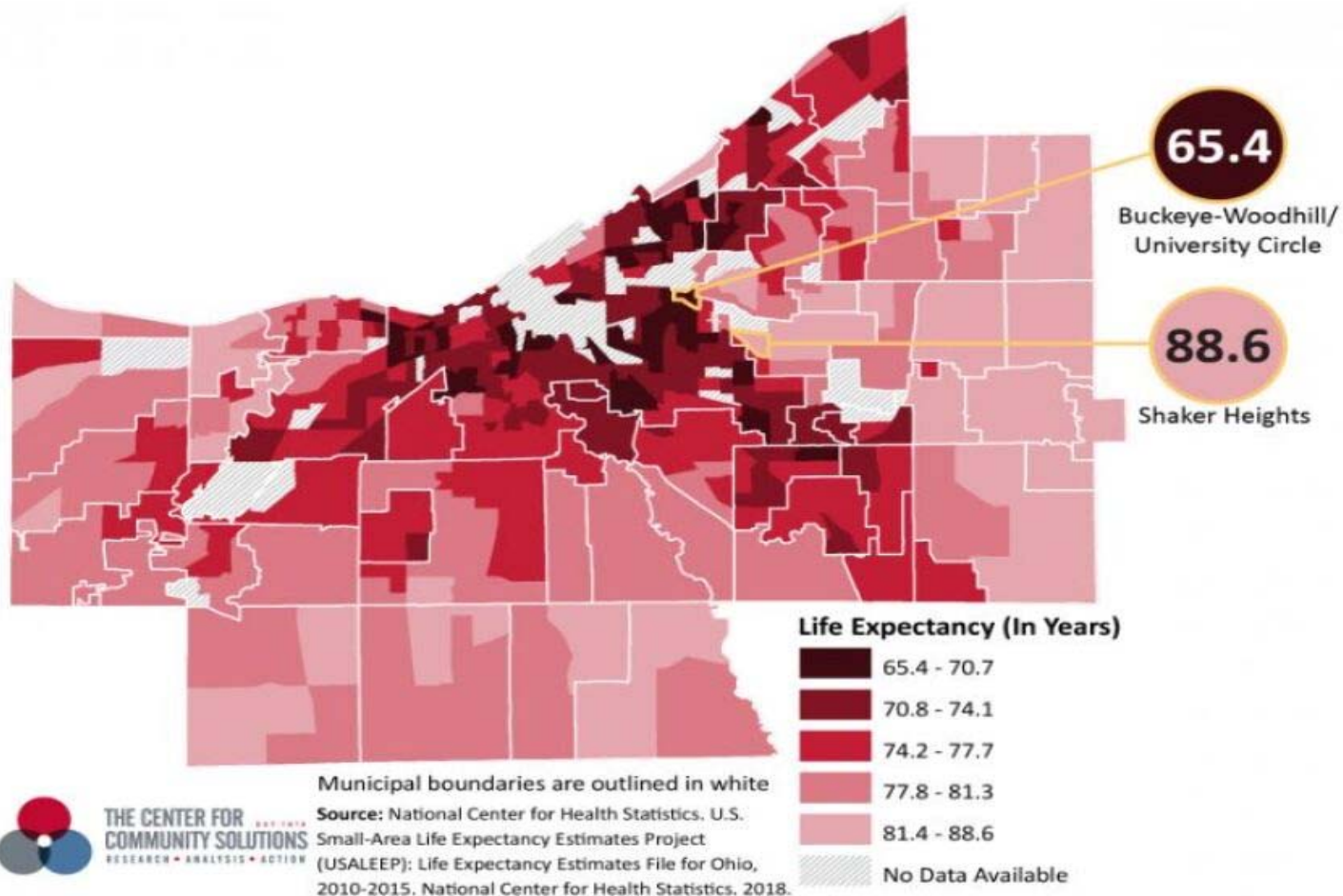
Poverty as a Social Determinant of Health



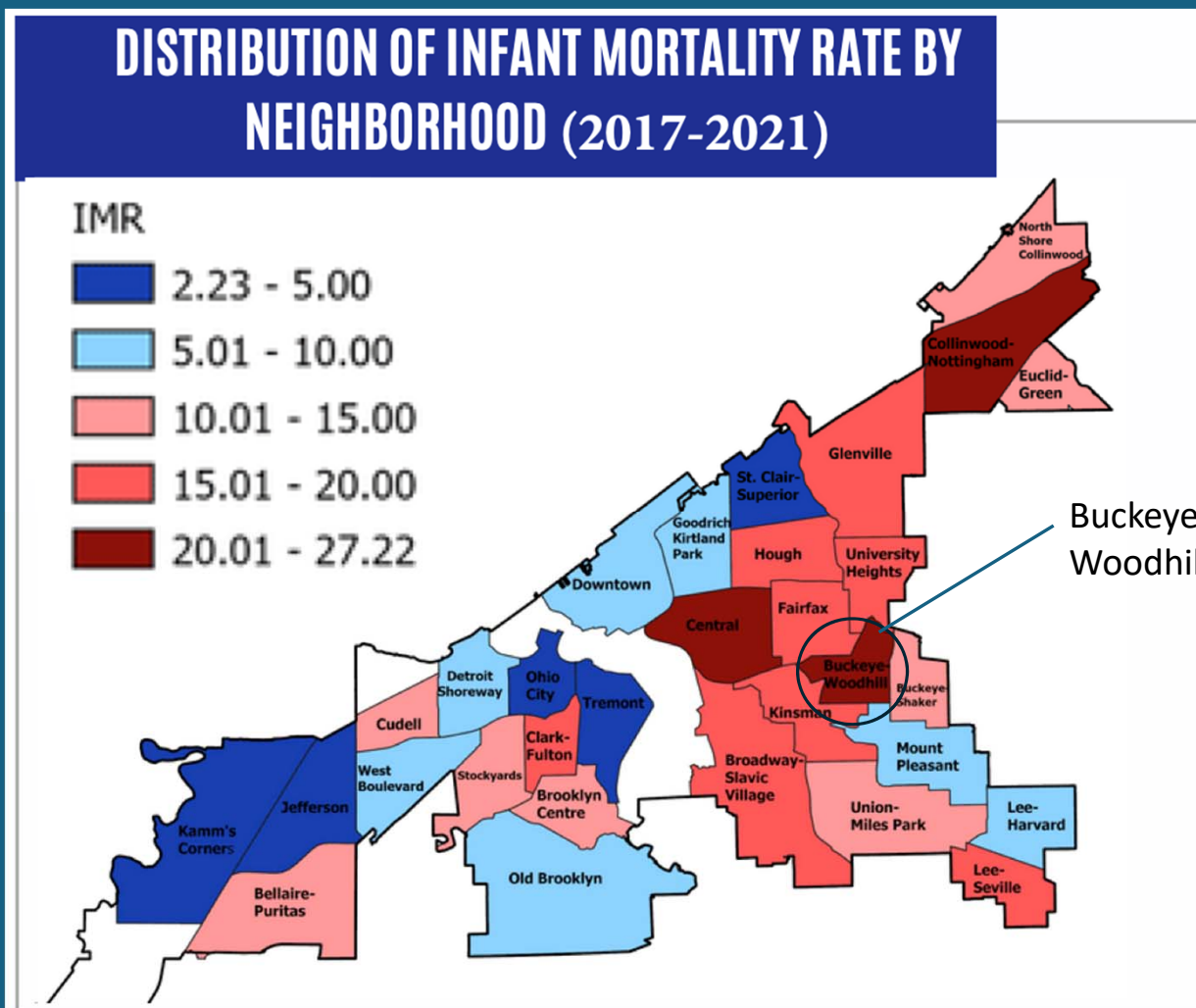
The impacts from the vicious circle of poverty.

Community Health of Children and Adolescents in Sub-Saharan Africa - Scientific Figure on ResearchGate. Available from: https://www.researchgate.net/figure/The-impacts-from-the-vicious-circle-of-poverty_fig1_371284499 [accessed 7 Nov 2025]

There is a **23 year difference** in life expectancy between these two neighborhoods, **less than 2 miles apart**.

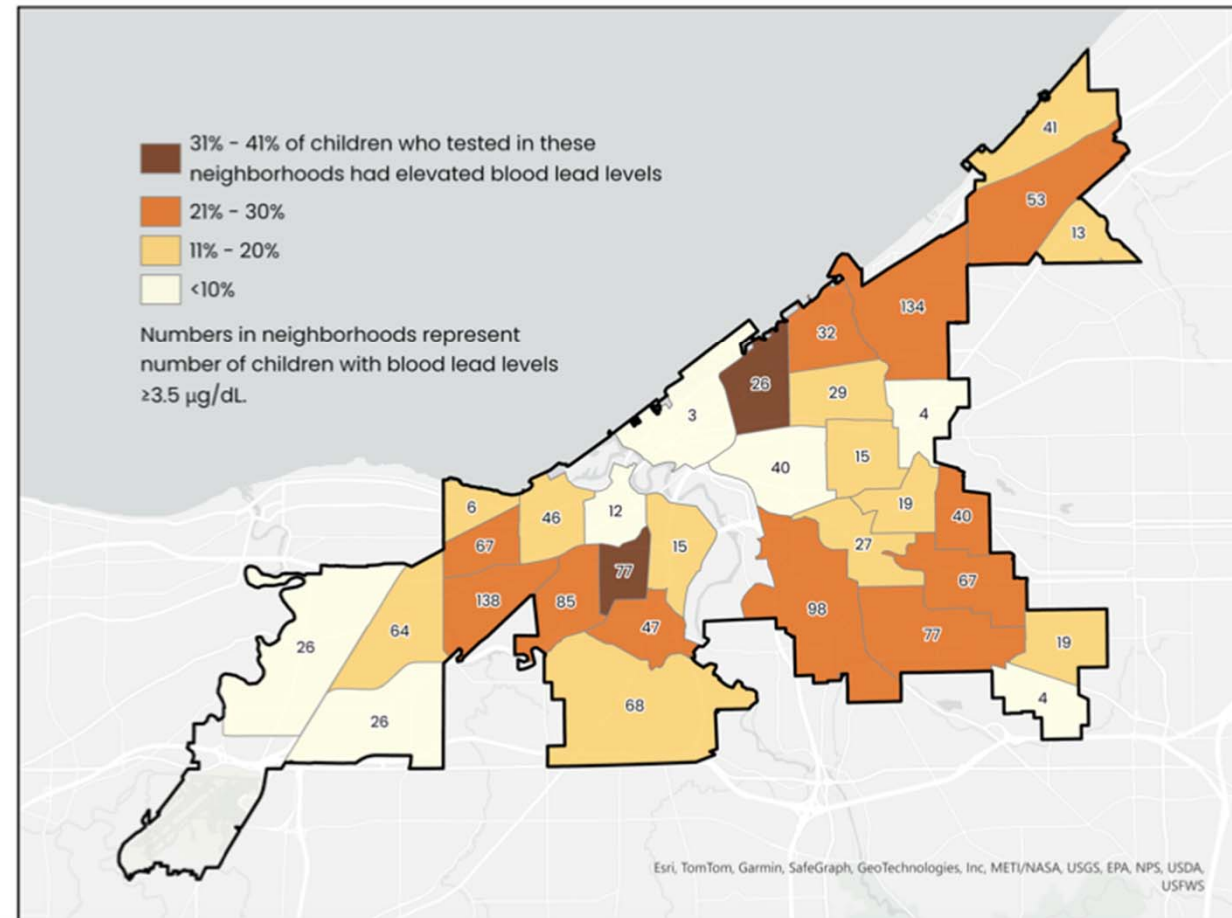


Ohio Infant Mortality by County



**Neighborhood
and Built
Environment as
a SDOH**

Elevated blood lead levels are not equally distributed across the city. Some neighborhoods have higher rates of children with elevated BLLs $\geq 3.5 \mu\text{g/dL}$ compared to others.





Boston Seaport circa 2010

Boston Seaport Present Day



Employment as a SDOH

Employment

Many aspects of employment, including the working environment and benefits, can affect the health of workers and their families.

Pay. Jobs are a main way for people to earn money. Regular pay and the amount workers receive affects what they can buy, including essentials such as housing, food, and health care.



Job Benefits. Jobs may offer benefits, such as health insurance, paid time off when sick, paid time off after having a baby, and retirement savings. These things contribute to worker well-being and the well-being of their families.




SAFETY CHECK



Safe Workplace. A safe workplace can support worker physical and mental health. Rules, laws, and safe behaviors maintain safe workplaces and define worker rights.

More information on this topic can be found in the Employment literature summary on [health.gov](https://www.health.gov).

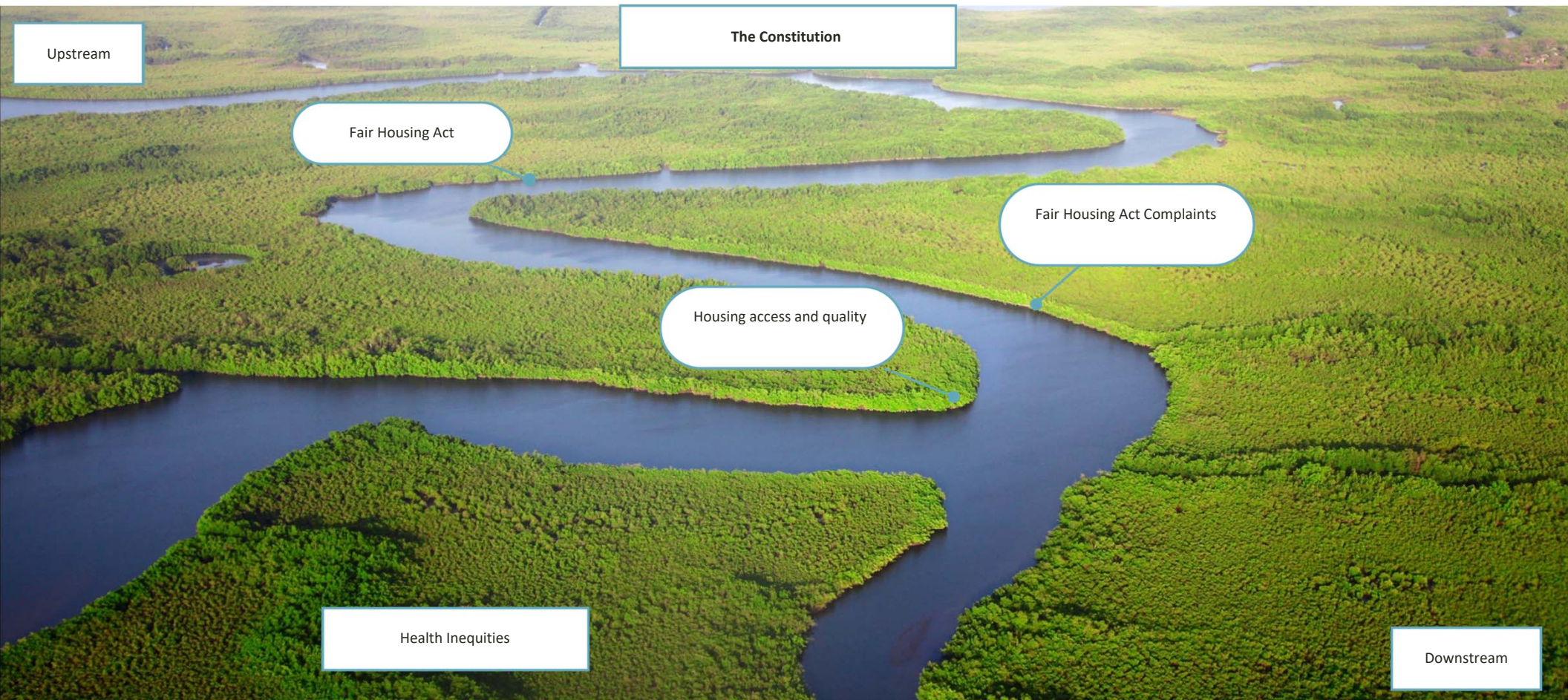
 Healthy People 2030



Law and Judicial Decision Making as a Social Determinant of Health



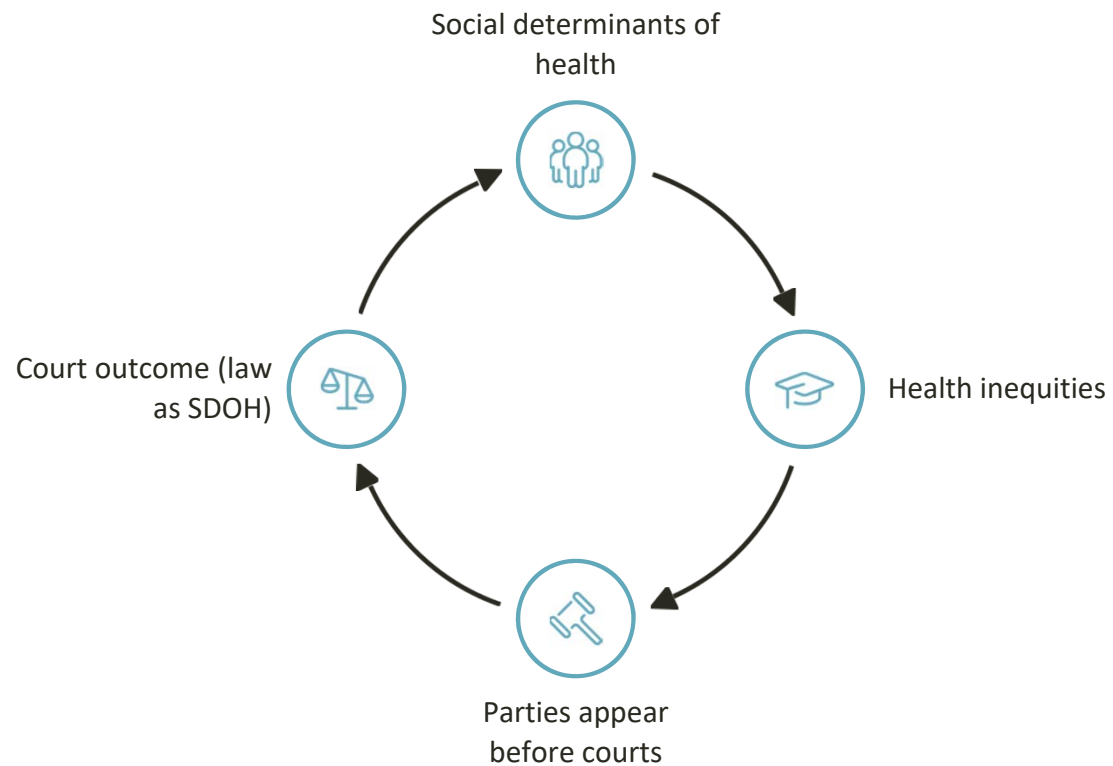
Law as a Social Determinant of Health



Judicial Decisions as a Social Determinant of Health

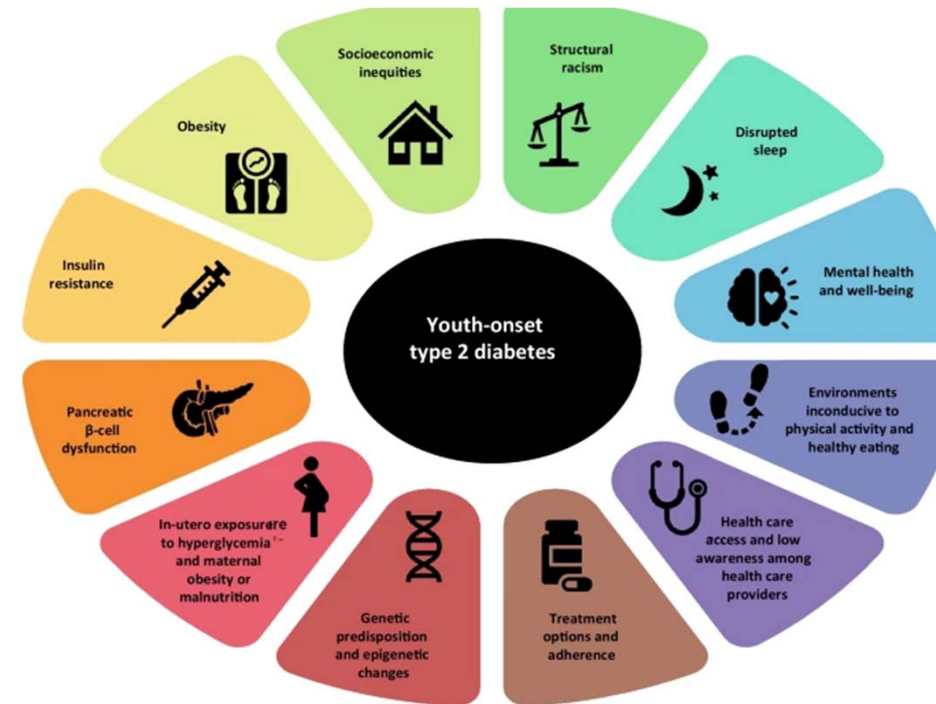
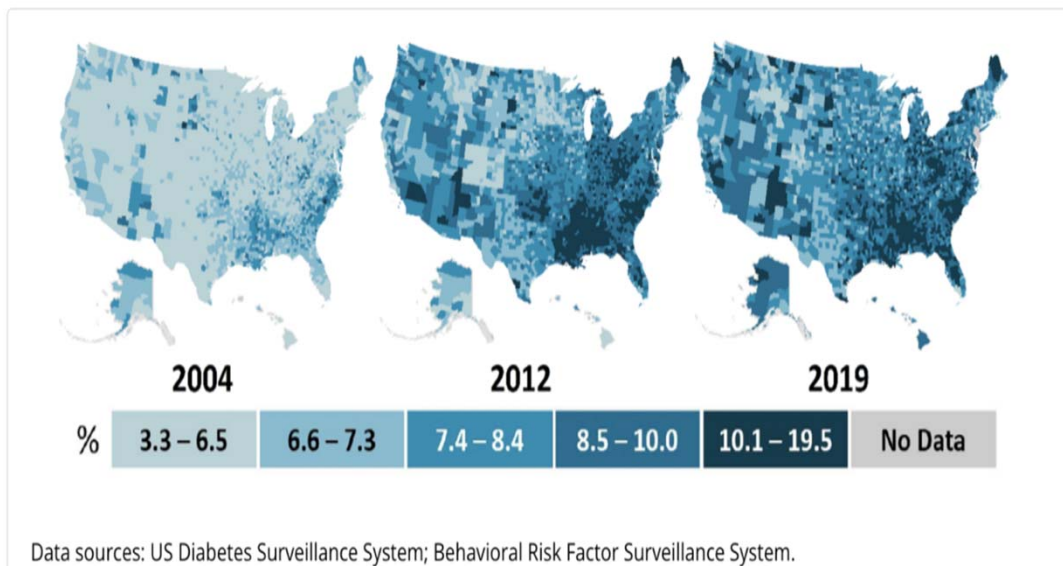


How SDOH play out in the Courts: A Vicious or Virtuous Cycle?



Childhood Obesity and Youth Onset of Type 2 Diabetes

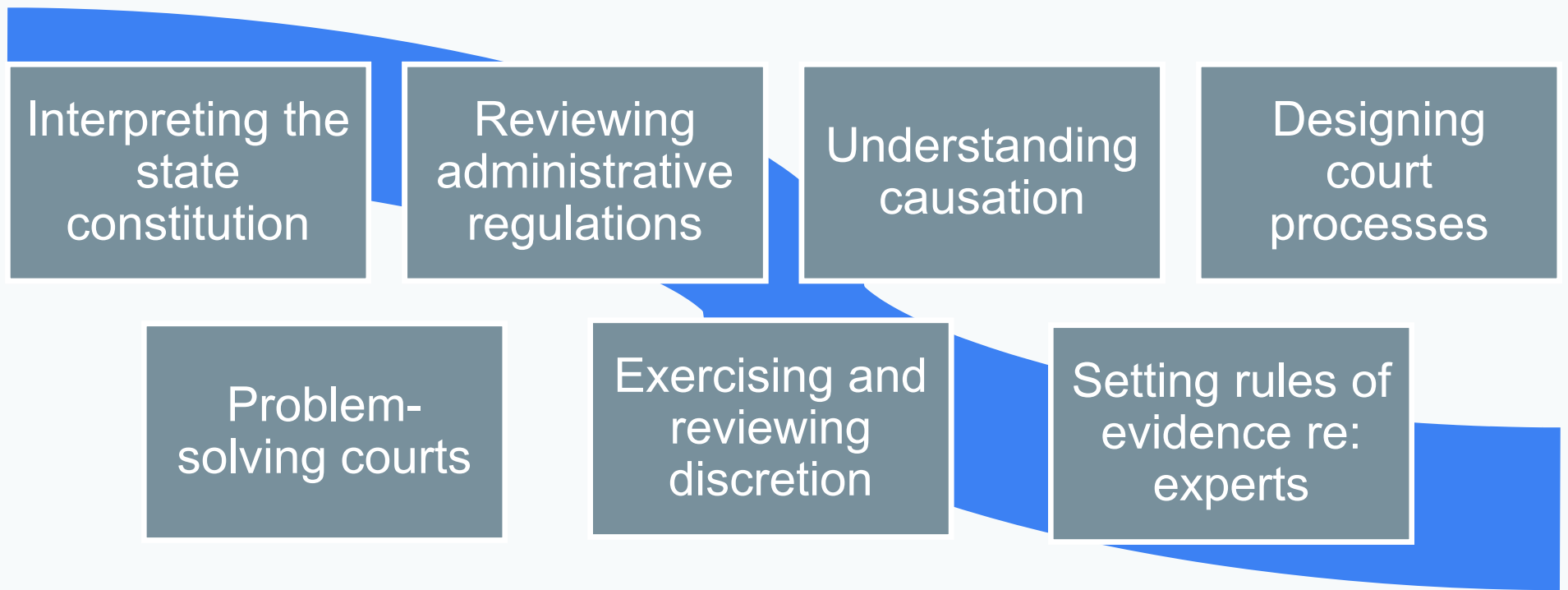
Figure 3. Age-adjusted, county-level prevalence of diagnosed diabetes among adults aged 20 years or older, United States, 2004, 2012, and 2019



Factors contributing to risk and severity of youth-onset T2D

How can courts mitigate health inequities?

More upstream



More downstream

([White Paper 1, Salus Populi](#))

Clinicians' Illusion

"The clinician samples the population currently suffering from the disease (a 'prevalence' or census sample), while research samples tend to more nearly represent the population ever contracting the disease (an 'incidence' sample). The clinician's sample is biased toward cases of long duration, since the probability that a case will appear in a prevalence sample is proportional to its duration, hence 'the clinician's illusion.'" ([Cohen & Cohen, 1984](#))

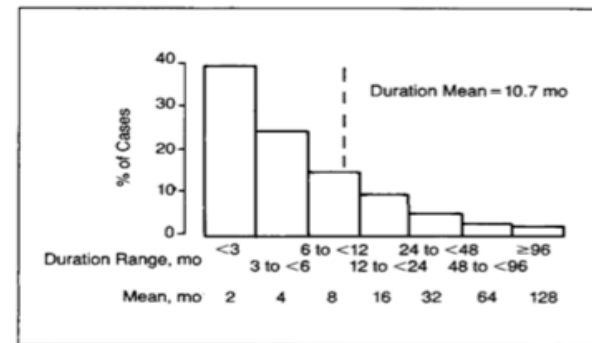
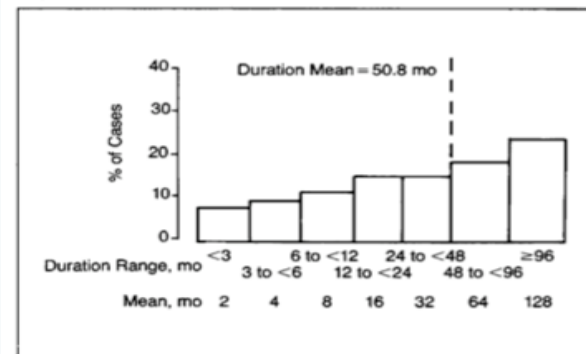


Fig 1.—Distribution of illness duration in population. (Sum of X times percent values for seven intervals in Fig 1 is 1,068. This is now divisor for weighted percentages. For example, percent of lowest interval for rounds sample is $2[40]/1,068 = 7.5\%$; for next highest, $4[25]/1,068 = 9.4\%$; etc.)

Fig 2.—Distribution of illness duration in clinic sample from same population.



The background of the slide is a dark, textured surface filled with numerous question marks. The question marks are rendered in a light, metallic-looking color, possibly gold or silver, and are scattered across the entire frame. Some are in sharp focus, while others are blurred, creating a sense of depth. The overall lighting is dim, with a slight glow emanating from the question marks.

Questions ?

Post-Session Survey for Attendees

Please complete by scanning
the QR code



Wrap-Up

Thank you!

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