Week 4: The determinants of health

Welcome to Week 4. We are now entering the second half of PHE5PUH. So far, we have covered the meaning of health, the three Ps of public health (protection, prevention and promotion) and the enabling functions for public health. We then moved on to consider some of the key drivers of public health issues — health inequalities, inequity and the social gradient of health. This week we will be delving deeper into understanding the determinants of health by unpacking the Dahlgren and Whitehead (1991) model of determinants.

This week we take a closer look at four broad categories of determinants of health: Political, economic and commercial; social and cultural; settings and environments; and biological and behavioural.

This week will be completed with an examination of the interactions between the determinants of health and health inequalities (Week 3) by using mind mapping tools and the health iceberg model.

This week, all readings have been labelled as 'Recommended'. However, it is expected that students will read at least 3 from the many recommended reading options. Choose readings that align with your interests.

Outcomes

By the end of this week, having completed the readings and all activities, you will be able to:

Topic 1: Determinants of health models

- Reflect on what is meant by the determinants of health and identify the key elements of Dahlgren and Whitehead's model.

Topic 2: The political, economic and commercial determinants of health

- Demonstrate the relationship between the political, economic and commercial determinants of health and the role of public health in addressing these determinants.

Topic 3: Social and cultural determinants of health

- Identify and reflect on the range social determinants that impact on public health issues.

Topic 4: Settings and environmental determinants

- Discuss the impact of settings and environments on health and identify public health interventions that seek to address settings and environmental determinants.

Topic 5: Biological and behavioural determinants of health

- Reflect on the biological and behavioural factors that determine health.

Topic 6: The interactions between the determinants and health inequalities

- Apply the health iceberg model and the intersectionality model to public health issues and explain the interaction between the determinants of health at the different levels of the iceberg and the intersectionality models.

Estimated learning hours

You will need to spend around 20 hours in total studying and completing activities this week.

Weekly tutorial

The tutorials give you the opportunity to interact with subject matter experts in real time. These sessions are offered throughout the study period and are considered to be an essential part of the learning activities.

We recommend that you attend the sessions; however, if you are unable to do so, it is essential that you view and/or listen to the recording. Recordings and session notes are typically available after the final zoom session for the topic has taken place.

Below are links to the various topics in this week of learning. Click on Topic 1 to get started with the learning for this week. If you have already started this week of learning, you can resume your studies at any of the below.

Arrows at the bottom of the topic pages will take you to the next page within a topic, or the next topic. Otherwise you can return to this weekly landing page or the home page of this subject by using the tiles on the navigation bar on the left of this site.

Good luck with your studies this week!

Your progress ❓

📄 [Topic 1: Understanding the determinants of health](#) ☐

📄 [Topic 2: Political, economic and commercial determinants of health](#) ☐

📄 [Topic 3: Social and cultural determinants of health](#) ☐

📄 [Topic 4: Settings and environmental determinants of health](#) ☐

📄 [Topic 5: Biological and behavioural determinants of health](#) ☐

📄 [Topic 6: The interactions between the determinants of health and health inequalities](#) ☐

📢 [Student pulse check](#) ☐

📄 [Summary and checklist](#) ☐

📁 [Materials students week 4](#) ☐

Week 4 Glossary

Approach (public health approach)

The **public health approach** involves defining and measuring the problem, determining the cause or risk factors for the problem, determining how to prevent or ameliorate the problem, and implementing effective strategies on a larger scale and evaluating the impact.

Reference: Satcher, D & Higginbotham, E 2008, 'The public health approach to eliminating disparities in health', *American Journal of Public Health*, March, vol. 98, no. 3, pp. 400–403.

Behavioural determinants of health

Personal attributes or behaviours that influence an individual's risk of experiencing poor health.

Reference: Liamputtong, P (ed.) 2019, *Social determinants of health*, Oxford University Press, Docklands, Victoria.

The inner physiological aspect of health and disease. Genes play a crucial role in underlying biological differences between individuals.

Reference: Liamputtong, P (ed.) 2019, *Social determinants of health*, Oxford University Press, Docklands, Victoria.

Environmental determinants of health

Physical environmental factors, such as climate and location, which can affect an individual's health.

Reference: Liamputtong, P (ed.) 2019, *Social determinants of health*, Oxford University Press, Docklands, Victoria.

Environmental health

The branch of public health science and practice concerned with the whole range of environmental determinants of health; i.e. the physical, chemical, biological, social and behavioural factors in the environment that influence health and disease occurrence, and with diseases of environmental and occupational origin, such as asbestosis, smog-related bronchitis, occupationally related cancers, lead poisoning, and radiation sickness, as in Chernobyl. A large component of environmental health is occupational health/medicine, which is a specialised field of public health science and practice that often involves clinical work.

Reference: Porta, M & Last, JM 2018, *A dictionary of public health*, 2nd edn, Oxford University Press.

Governance

A system of authority and control. In the narrower sense of the word, the term means achieving effective, efficient, transparent and accountable processes for decision making. It includes establishing policies and processes for decision making and holding decision makers responsible for their decisions.

Reference: Lin, V, Smith, J, Fawkes, S, Robinson, R & Gifford, S 2014, *Public health practice in Australia: The organised effort*, 2nd edn, Allen & Unwin, Crows Nest, NSW.

Health advocacy

A combination of individual and social actions designed to gain political commitment, policy support, social acceptance and systems support for a particular health goal or program.

Reference: World Health Organization 1995, in World Health Organization 1998, *Health promotion glossary,* viewed 21 January 2021. <http://www.who.int/healthpromotion/about/HPR%20Glossary%201998.pdf?ua=1>

Health education

Any combination of planned learning experiences using evidence-based practices and/or sound theories that provide the opportunity to acquire knowledge, attitudes and skills needed to adopt and maintain healthy behaviours.

Reference: Green, LW & Kreuter, MW 2005, in 'Report of the 2011 Joint Committee on Health Education and Promotion Terminology', *American Journal of Health Education*, vol. 43, sup. 2, pp. 1–19.

Health in All Policies (HiAP)

An approach to public policies across sectors that systematically takes into account the health implications of decisions, seeks synergies and avoids harmful health impacts, in order to improve population health and health equity.

Reference: World Health Organization 2013, *Conference definition. 8th Global Conference on Health Promotion*, *Helsinki, Finland, 10–14 June 2013,* viewed 21 January 2021, <https://www.who.int/healthpromotion/conferences/8gchp/statement_2013/en>.

Health literacy

The ability of people to access, understand and apply information about health and the health care system so as to make decisions that relate to their health.

Reference: Australian Institute of Health and Welfare 2018, *Australia's health 2018*, viewed 21 January 2021, <https://www.aihw.gov.au/reports/australias-health/australias-health-2018/contents/table-of-contents>.

A health-related change due to a preventive or clinical intervention or service. (The intervention may be single or multiple, and the outcome may relate to a person, group or population, or be partly or wholly due to the intervention.)

Reference: Australian Institute of Health and Welfare 2018, *Australia's health 2018*, viewed 21 January 2021, <http://www.aihw.gov.au/reports/australias-health/australias-health-2018/contents/table-of-contents>.

Healthy public policy

Healthy public policy is characterised by an explicit concern for health and equity in all areas of policy, and by accountability for health impact. The main aim of healthy public policy is to create a supportive environment to enable people to lead healthy lives. Such a policy makes healthy choices possible or easier for citizens. It makes social and physical environments health enhancing.

Reference: World Health Organization 1988, in World Health Organisation, *Health promotion glossary*, viewed 21 January 2021, <https://www.who.int/healthpromotion/about/HPR%20Glossary%201998.pdf?ua=1>.

High-risk group

A defined population subgroup that research has shown to be more likely than others to suffer from a condition of interest. For instance, many epidemiological studies have shown that cigarette smokers have higher incidence and death rates from lung cancer than do non-smokers; smokers therefore are a high-risk group for lung cancer. The term should be used with tact and care to avoid stigmatising or 'blaming the victim'.

Reference: Porta, M & Last, JM 2018, *A dictionary of public health,* 2nd edn, Oxford University Press.

Intersectoral action (for health)

Coordinated action that explicitly aims to improve people's health or influence determinants of health.

Reference: Ministry of Social Affairs and Health Finland 2006, *Health in all policies: prospects and potentials*, viewed on 21 January 2021, <https://www.euro.who.int/__data/assets/pdf_file/0003/109146/E89260.pdf?ua=1>.

Intervention strategy

A formally designed plan of action to deal with a health problem, usually at a community or population level.

Reference: Porta, M & Last, JM 2018, *A dictionary of public health,* 2nd edn, Oxford University Press.

Modifiable health risk factor

Risk factors that are potentially modifiable through changes in lifestyle and/or treatment. Some of these risk factors, such as smoking, excess consumption of alcohol, physical inactivity and unhealthy diet, are often referred to as 'lifestyle risk factors'. Much of the work done in health promotion is posited around attempting to effect a change in people's lifestyle choices and behaviours, where there is considerable scope for health gain.

Reference: Department of Health, *Victorian population health survey 2011–12,* viewed 21 January 2021, <https://www2.health.vic.gov.au/public-health/population-health-systems/health-status-of-victorians/survey-data-and-reports/victorian-population-health-survey/victorian-population-health-survey-2011-12>.

Population, population group

Population refers to a group of individuals, in contrast to the individuals themselves, organised into many different units of analysis, depending on the research or policy purpose.

Reference: Kindig, D 2007, 'Understanding population health terminology', *Milbank Quarterly,* vol. 85, no. 1, pp. 139–161.

Population health intervention

Typically, the organised response by society to protect and promote health, and to prevent illness, injury and disability. Population health activities generally focus on:

- prevention, promotion and protection rather than on treatment
- populations rather than on individuals

- the factors and behaviours that cause illness.

Reference: Australian Institute of Health and Welfare 2018, *Australia's health 2018*, viewed 21 January 2021, <https://www.aihw.gov.au/reports/australias-health/australias-health-2018/contents/table-of-contents>.

Protective factor

A factor the presence of which reduces the likelihood that a particular disease or adverse health outcome will occur. The opposite of a risk factor.

Reference: Porta, M & Last, JM 2018, *A dictionary of public health*, 2nd edn, Oxford University Press.

Risk factor, modifiable risk factor

An aspect of personal behaviour or lifestyle, an environmental exposure, or a hereditary characteristic that is associated with an increase in the occurrence of a particular disease, injury or other health condition.

Reference: Centers for Disease Control and Prevention 2012, *Principles of epidemiology in public health practice. An introduction to applied epidemiology and biostatistics*, 3rd edn, viewed 21 January 2021, < https://www.cdc.gov/csels/dsepd/ss1978/lesson1/section11.html>.

Settings for health

The place or social context in which people engage in daily activities in which environmental, organisational and personal factors interact to affect health and wellbeing. A setting is also where people actively use and shape the environment and thus create or solve problems relating to health. Settings can normally be identified as having physical boundaries, a range of people with defined roles and an organisational structure. Action to promote health through different settings can take many different forms, often through some form of organisational development, including change to the physical environment, to the organisational structure, administration and management. Settings can also be used to promote health by reaching people who work in them, or using them to gain access to services, and through the interaction of different settings with the wider community. Examples of settings include schools, work sites, hospitals, villages and cities.

Reference: World Health Organization 1998, *Health promotion glossary*, viewed 21 January 2021, <https://www.who.int/healthpromotion/about/HPR%20Glossary%201998.pdf?ua=1>.

Social determinants of health

A number of factors including social, cultural, economic and political which can impact on the health of individuals.

Reference: Liamputtong, P (ed.) 2019, *Social determinants of health*, Oxford University Press, Docklands, Victoria.

Upstream, midstream and downstream approach/interventions

A difference between individual-level health care and population-level approaches for improving health is that public health interventions often occur at multiple levels (McKinlay 1998). Upstream interventions involve policy approaches that can affect large populations through regulation, increased access or economic incentives. For example, increasing tobacco taxes is an effective method for controlling tobacco-related diseases (US Department of Health and Human Services 2000). Midstream interventions occur within organisations. For example, worksite-based programs that increase employee access to facilities for physical activity show promise in improving health. Most research has been conducted on downstream interventions, which often involve individual-level behavioural approaches for prevention or disease management.

References: McKinlay 1998, US Department of Health and Human Services 2000, in Brownson, RC, Seiler, R & Eyler, A 2010, 'Measuring the impact of public health policy', *Preventing Chronic Disease*, vol. 7, no. 4, A77.