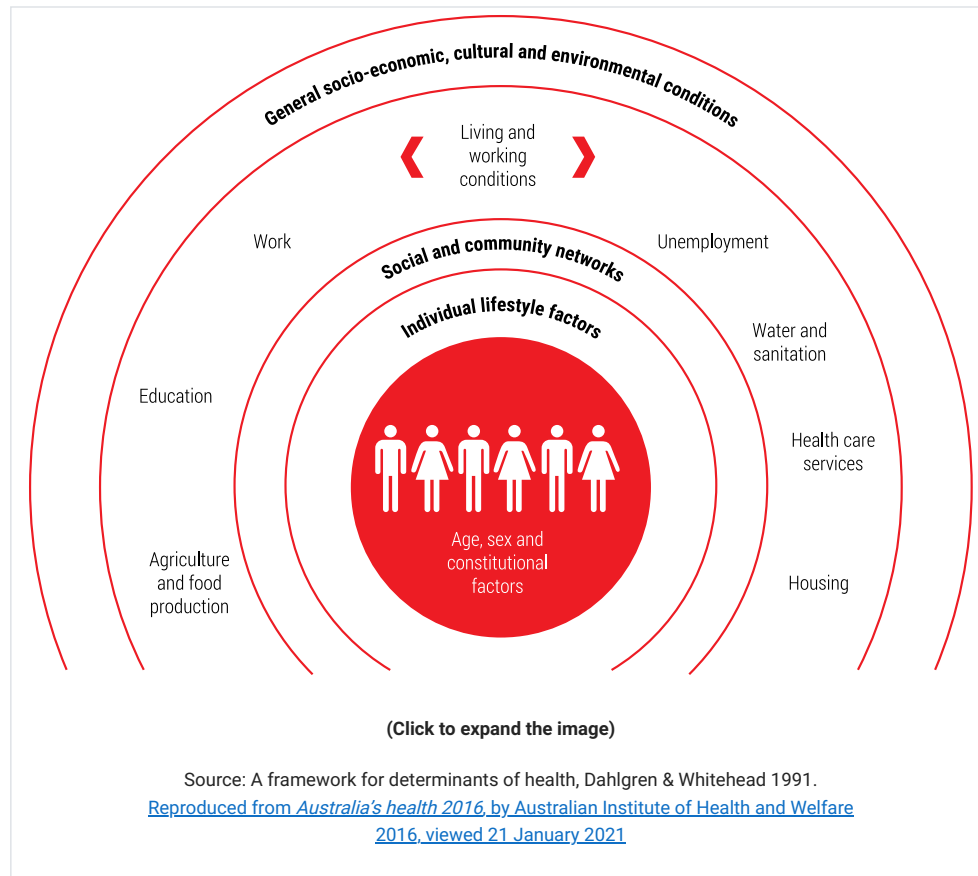# Topic 1: Understanding the determinants of health

Prior to putting in place public health strategies, interventions and programs to address public health issues (such as health protection, disease prevention and health promotion actions), we must first have a sound understanding of the factors that determine the health and wellbeing of individuals, communities and populations. We now turn our attention to further exploring the determinants of health. In previous weeks, we defined a health determinant as 'a factor or characteristic that brings about a change in health, either for the better or the worse' and introduced you to Dahlgren and Whitehead's (1991) determinants of health model.

The social determinants of health

(Click to expand the image)

Source: A framework for determinants of health, Dahlgren & Whitehead 1991.
Reproduced from *Australia's health 2016*, by Australian Institute of Health and Welfare 2016, viewed 21 January 2021

This model shows the distinct levels of the factors that determine health and wellbeing and helps guide our thinking on where we can intervene to improve health and wellbeing outcomes.

The model acknowledges that health determinants are multi-layered, ranging from factors whose health impact is immediately obvious (at the individual level) through to factors whose influence is mediated through social and cultural practices and social institutions (for example, education and work conditions). Unpacking the layers allows us to identify a range of determinants.

Individual lifestyle factors

In the Dahlgren and Whitehead (1991) model we can see the individual level determinants represented in the inner most layer (the layer closest to the person). Factors closest to the individual include:

1. Age: The older we get, the higher mortality rates from most conditions become.
2. Sex: Male mortality rates are higher across the lifespan.
3. Heredity: Genetic inheritance makes us susceptible to various chronic or degenerative conditions.

Collectively these determinants are known as the biological determinants. We will look at these a little more closely in Topic 4. The effects of these biological determinants may be modified by individual lifestyle factors, or behavioural determinants. An individual's behaviours can increase morbidity and reduce life expectancy and as such are often targeted through health promotion campaigns. Typical targets are:

- smoking: a causative factor in a range of life-threatening illnesses
- nutrition: poor nutrition is associated with obesity and a range of health risks

- alcohol and substance abuse: life-limiting behaviours
- physical activity: inactivity is a factor in cardiovascular disease and, less directly, obesity.

It's important to note that many education programs portray these individual behaviours as 'choice'; however, they neglect underlying social influences that reinforce or maintain them.

Social and community networks

Moving to the next layer, we can see the role of social and community networks and inclusion recognised as a key determinant of health and wellbeing. Dahlgren and Whitehead (1991) explain that this layer represents the mutual support from family, friends, neighbours and local community. This layer also includes unemployment, crime, racism, social exclusion and cultural influences. The consequences of a lack of social and community networks and inclusion — that is, social exclusion — are linked with many health outcomes and restricted access to resources in society. When combined with the next outer layer, living and working conditions, we have what is known as the social determinants of health. Living and working conditions are the material and social conditions in which people live work and play. These include determinants such as:

- housing
- education
- health care
- agriculture and food production
- water and sanitation
- work
- unemployment.

Throughout your studies, you will notice that the social and community networks and living and working conditions are often referred to as social determinants of health. This is because they are the underlying causes of health outcomes — we will look at this in more detail in Topics 2–5 this week.

General socioeconomic, cultural and environmental conditions

The final, and outermost layer is the socioeconomic, cultural and environmental determinants or conditions. This layer is the macro-policy and structural environment. Determinants in this layer include:

- natural and built — including climate change, population growth
- virtual environment
- economics
- politics
- culture.

This includes neo-liberal economic growth strategies (which have led to income inequality and poverty) and increasing globalisation. We will visit this in more depth in Topic 2.

Recommended reading

Liamputtong (2019) [ebook, chapter 1, pp. 6–18] provides an accessible, and concise outline of the determinants of health with the use of case study examples. This reading will help illuminate your understanding of each major category of determinants and the interactions between these determinants on health outcomes.

- Liamputtong, P (ed.) 2019, _Social determinants of health_, Oxford University Press, Docklands, Victoria.
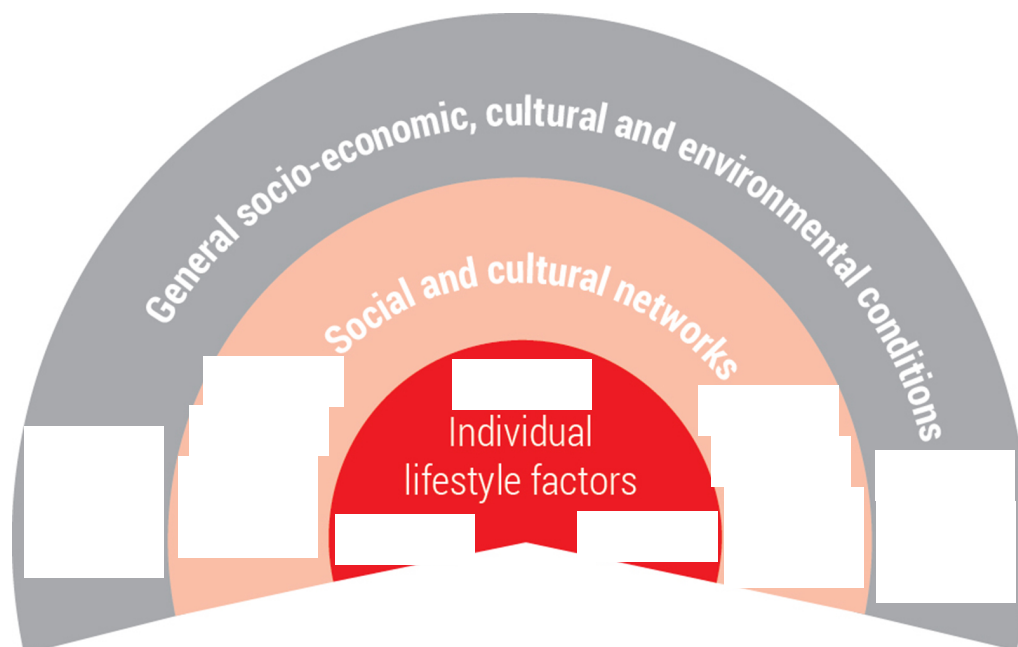
Recommended reading

AIHW (2016) [chapter 4] provides an outline of the impact of the determinants of health on health outcomes among Australians and this reading includes an alternative visual model for understanding the determinants of health.

- Australian Institute of Health and Welfare 2016, _Australia's health 2016_, viewed 15 January 2021

Dahlgren and Whitehead model

Test your recollection of each of the labels by dragging and dropping the correct label for each layer on to the diagram below.

Agriculture	Health care	Work	Water	Heredity
Climate change	Unemployment	Economics	Culture	Age	Sex
Population growth	Sanitation	Virtual environment	Politics	Education	Housing

✔ Check

Recommended reflection

Your task

Reflect on how the determinants of health shape your health and wellbeing. Reflect on your Week 1 Topic 1 entry. Has your view changed? How has it changed? You may want to share your reflection on the following padlet. ?

Guidelines

- This activity is not graded but is an essential part of your learning.
- Spend about 10 minutes on this activity.

Trouble viewing this page? Go to our diagnostics page to see what's wrong.

LTU   + 42D
- ➔   Share•   ⬈

2023 PHE5PUH T2 Week 4, Topic 1: How the determinants of health shape your health

Reflect on how the determinants of health shape your health and wellbeing. Reflect on your Week 1 Topic 1 entry. Has your view changed? How has it changed?

⋮

Reflection

◉Emily Falduto 2d
Reflection

Reflecting on my week 1 entry, I can appreciate the determinants of health more holistically and understand the complex layers of determinants. For example, whilst I currently have a stable job, in the event this wasn't the case, I would still have adequate housing and strong social support networks and the ability to find other work
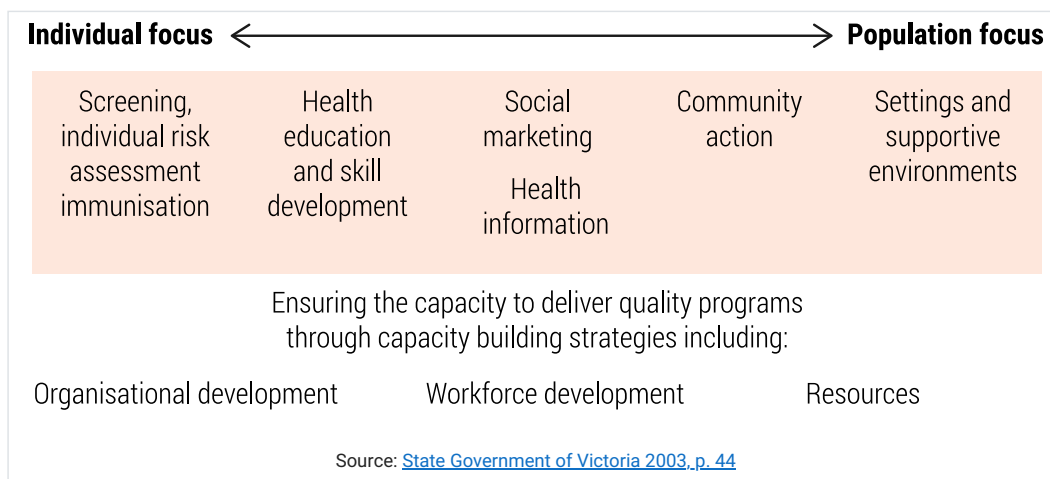
Made with **:Padlet**

Public health in action: addressing the determinants of health using the health promotion continuum

If you examine the origins of health or ill-health systematically you will see that the social determinants are the 'causes of the causes' of illness (or health) (Braveman & Gottlieb 2014; Krech 2012). These causes of the causes, or 'upstream' social determinants, set in motion causal pathways leading to health effects through the downstream factors – factors which are temporally and spatially close to health effects (Braveman, Egerter, & Williams 2011). The range of determinants examined suggests that strategies may be devised to address health and wellbeing at multiples levels. An analogy frequently used is managing a river system: problems downstream need to be addressed upstream. The strategies required to solve an immediate problem (downstream) differ from those required to allocate flows in a river system.

As we have seen in Weeks 2 and 3 public health action occurs in a diverse range of sectors, working together in partnerships to achieve changes in health outcomes and inequalities. Our work in public health spans from working with individuals to help them build knowledge and skills (for example, primary health care), through to building public health policy that embeds health promoting practices at a systems level. As public health practitioners, some might work with individuals, some might work with the broader community and others might work within policy and planning, or research. Across the spectrum, our aim is to improve health outcomes by addressing social, environmental and economic conditions. This is a continuum of work, sometimes known as the health promotion continuum (Victorian Department of Health and Human Services 2003). The Victorian Department of Health and Human Services have developed an excellent resource and toolkit for health promotion workers called the *Integrated health promotion resource kit*. In this kit, there are many models, frameworks and tools to guide health promotion planning. The most used one of these is the continuum (shown in the figure). This continuum is based on the action areas of the Ottawa Charter for Health Promotion, upstream, downstream and mid-stream approaches, and ensuring that we plan for a mix of approaches that aim to address the determinants of health. This framework shows a continuum from the individual to the whole population.

Health promotion continuum

Individual focus $\longleftarrow$ $\longrightarrow$ **Population focus**

Screening, individual risk assessment immunisation	Health education and skill development	Social marketing Health information	Community action	Settings and supportive environments

Ensuring the capacity to deliver quality programs
through capacity building strategies including:

Organisational development   Workforce development   Resources

Source: State Government of Victoria 2003, p. 44

If we use the continuum in our health promotion planning for public health issues, like tobacco control, we will be better able to look for opportunities to link services to ensure a comprehensive approach to promoting health. This will include addressing inequities in health and developing collaborative whole-of-government and whole-of-community approaches.

If we were to use the continuum to consider responses to tobacco smoking, we would need to consider a range of strategies from across the continuum. For example, individual risk factor assessment might involve a process of detecting the overall risk of a single disease or multiple diseases. This might include an assessment of biological, psychological and behavioural risks. Social marketing might include a range of targeted advertisements about the dangers of smoking, and settings and supportive environments might involve things like smoke-free policies in workplaces and tobacco legislation. If you think about tobacco control strategies in Australia, you can see that they fit across the continuum which has contributed to their success over the past 50 years.

From a public health perspective, it is important that we look at both individual and structural determinants that might impact on a person's smoking status. Victim blaming is common in health discourse with the assumption made that people should be able to change their unhealthy behaviours. What this approach does is entrench inequalities and inequities and puts the onus on individuals to change. We will revisit this again in Topic 4; however, in relation to smoking, this approach obscures the social, environmental and physical aspects that act as barriers and enablers to smoking.

Required reading

Talbot and Verrinder (2018, pp. 30–33) provide a concise summary of each of the sections within the health promotion continuum.

- Talbot, L, & Verrinder, G 2018, *Promoting health: The primary health care approach*, 6th edn, Elsevier Australia, Chatswood, NSW.

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