Health Concepts & Health Determinants

Lecture 2

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Learning Outcomes

- **Upon completion of this lecture you should be able to:**
  - **Explore different perceptions of health and illness and how these differences originate and persist**
  - **Give professional concepts of health**
  - **Define major social concepts**
  - **Define what is meant by social determinants of health**
  - **Identify and list social determinants of health**
  - **Recognize the importance of social determinants of health for health practitioners**
  - **Describe social class as a health determinant**

Health Concepts

Lay concepts

- If you are not ill you are healthy
- Absence of an illness
- If a 35 years old man waked up and felt himself normally it means he is “dead”
- Health is much better than absence of diagnose, than pre-illness

Professional concepts

- Social and biological concepts: general somatic health (physical), reproductive health, Ecological health,
- Social and political concepts: child health, maternal health, sexual health
- Economic concepts: economic health, migrants’ health
- Psychophysiological concepts: mental

Official concepts of Health

- **Absence of illness, sufferings and invalidity**
- **A complete state of physical, mental and social well-being (1948)**
- **A state of physical well-being that allows to realize his potential abilities maximally (1977)**
- **A basic human right (Alma-Ata Declaration, 1978)**

Concepts of Health

- **NE Sigerist (1960) Unbroken life rhythm. "Each of us lives in a certain rhythm of life, depending on the nature, culture and habits. Our work, rest, sleep and wakefulness are subject to diurnal rhythm. This existing rhythm is health. Ill-health violates the existing structure of rhythm."**
- **MW Lifson (1969) formulates health as "... the degree to which a person performed inherent function in the absence of pain."**

- **Perfect Health is a state, in which each cell of the body is functioning optimally, in harmony with other cells (V. Twaddle, 1974)**
- **“The amount of spare capacity" of the main functional systems of our body (N.M. Amosov, 1987)**
- **The process of preservation and development of mental, physiological and biological functions, its optimal capacity for work and social activities at the highest life expectancy (V.P. Kaznacheev, 1989)**

Health concepts

- **A state of body**
- **“The condition of being sound in body, mind or spirit, especially freedom from physical disease or pain” (Webster)**
- **“soundness of body or mind; that condition in which its functions are duly and efficiently discharged (Oxford English Dictionary)**

Physical Health

A state of physical well-being in which an individual is mechanically fit to perform daily activities and duties without any problem and is void of ailments of the body such as disease, obesity, immune deficiency etc.

Mental health

- **“What is mental health?” is fundamentally personal and subjective.**
    - a sense of internal well-being
    - feeling in line with one’s own beliefs and values
    - feeling at peace with oneself
    - feeling positive and optimistic about life.
- **Misunderstandings to be avoided :**
    - Mental health is equivalent to the absence of a mental health condition or disability.
    - Mental health can be objectively defined.
    - There are specific standards or criteria to determine what good mental health is.

Emotional Health

A state of general well-being that enables each person to experience joy, meet the demands of everyday life, be resilient and pursue his/her own potential

Emotional Health

- Our emotional health is the foundation necessary for our total health. Emotional health problems are: Common, Disruptive, Expensive, Under treated
- Emotional Health involves the absence of the symptoms associated with mental health and substance abuse conditions
- Emotional Health includes a lot of conditions that are hard to define, like our levels of engagement, joy, satisfaction, well-being and resilience.
- Often, a lack of Emotional Health involves the development of illnesses, such as: Depression / Bi Polar disorders, Anxiety, Drug / alcohol abuse, Severe relationship strain, Neurological problems, Stress / trauma, Psychosis

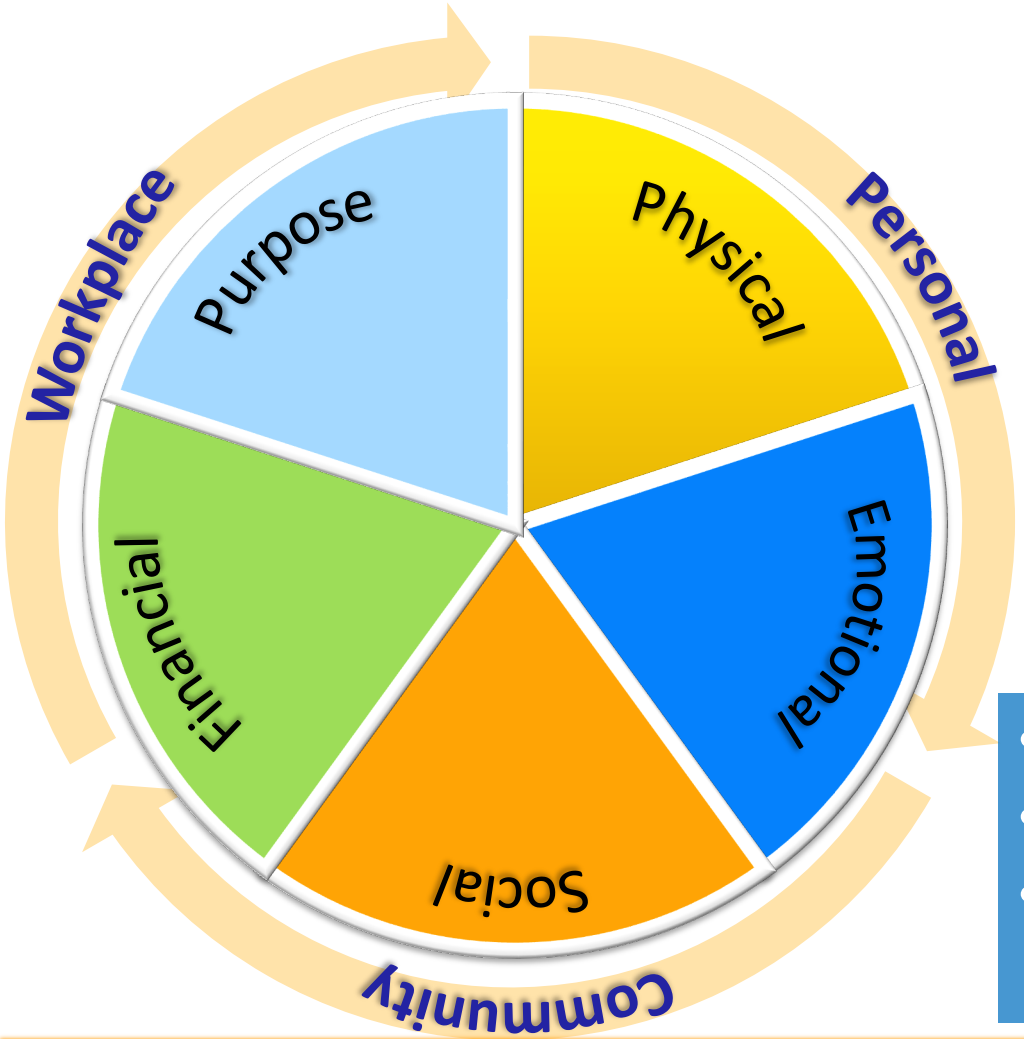
Social health

The ability to get along with the people around you

Total Health Strategy

- Clear line of sight to our unique motivators
- Meaning in what we do in/out of work
- Our values, ethics & morals
- Giving back. Leaving a legacy.

- Balanced spending behaviors
- Managing short and long term goals

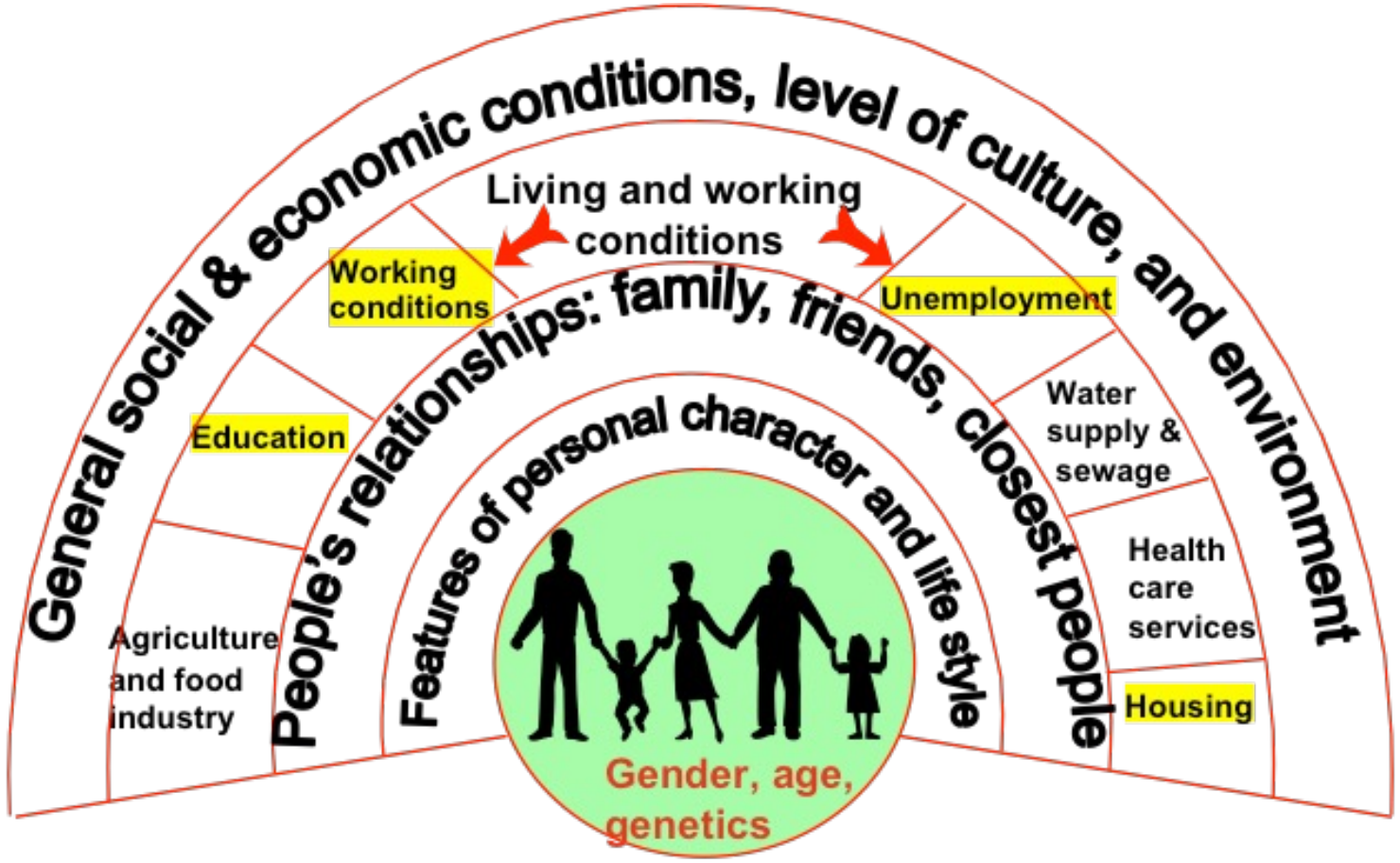


- Optimal physical health
- Healthy lifestyles: Nutrition, physical activity, proper sleep

- Optimal mental health
- Drive, energy & optimism
- Finding our unique life balance

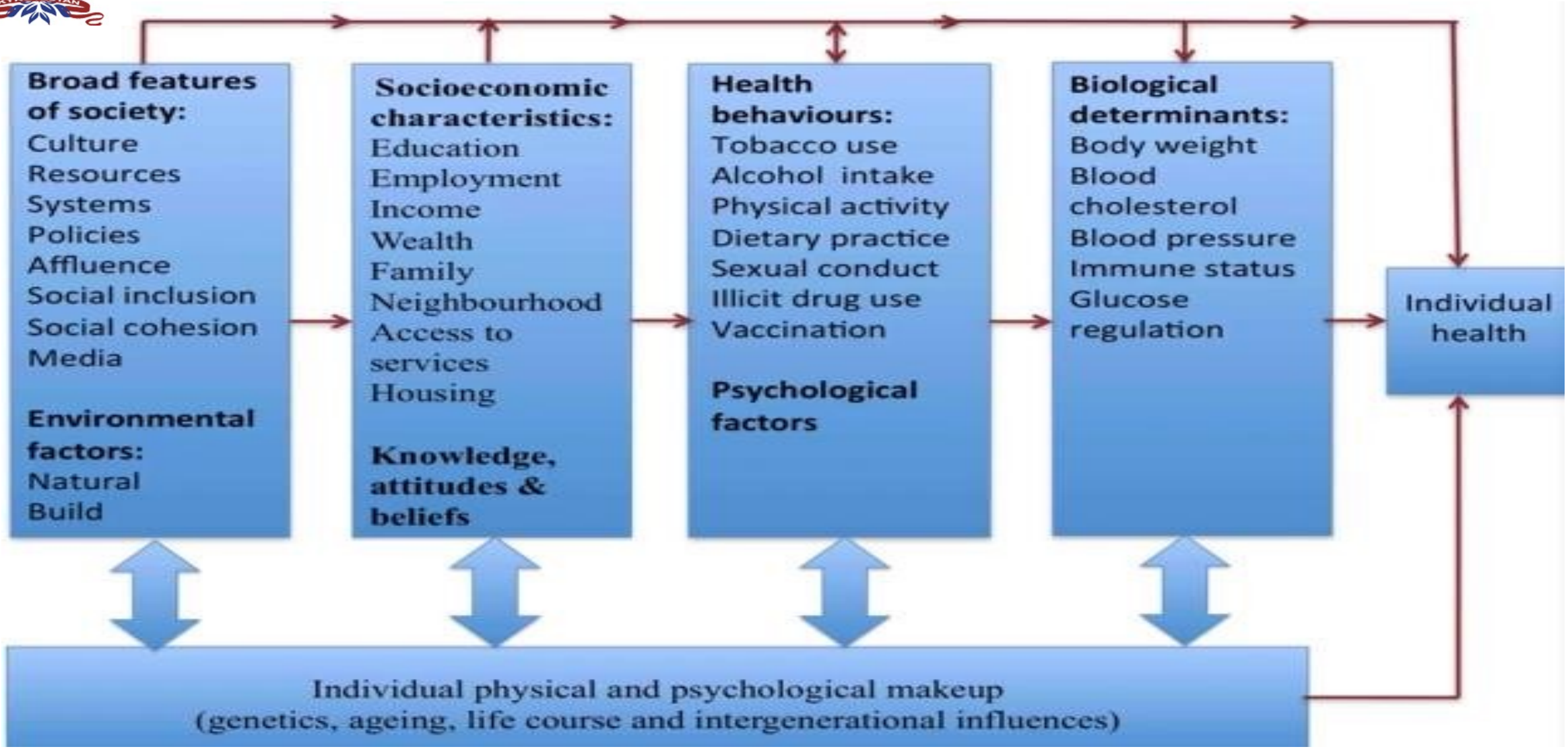
- Healthy relationships
- Socially engaged in/out of work
- Positive impact on our communities

Health determinants



Source: Whitehead M. & Dahlgren G. What can we do about inequalities in health? Lancet, 1991, 338: 1059-1063

Health determinants



Major Social Concepts

- **Ethnicity (“race”) & Culture**
- **Class (“social class”)**
- **Gender (“sex”) & Age**
- **Region (geographical location)**
- **Education (educational attainment)**
- **Marital status**
- **Religion**
- **Other, e.g. sexuality / social orientation, migrant or illegal worker status, etc.**

Ethnicity (“race”) & Culture, & Health

- **How does membership in a particular ethnic group affect one’s health? Example: health of indigenous peoples and ethnic minorities**
- **Culture, health and disease, e.g. nutrition patterns, other health-related behaviour**
- **Culture-bound diseases**

Ethnicity

Life expectancy of Indigenous Peoples

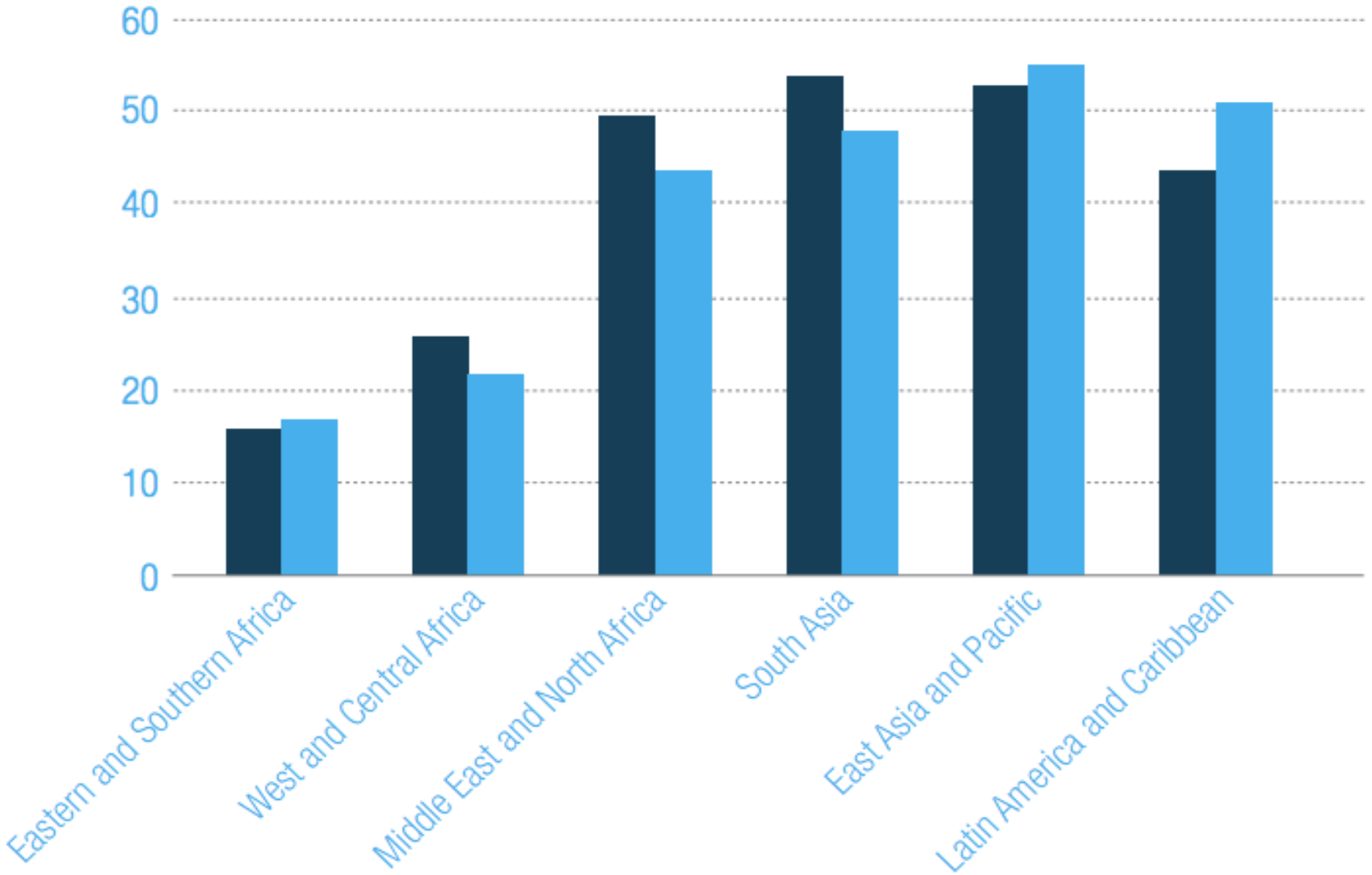
Country	Indigenous (male)	Total (male)	Gap (years)
Australia (1996–2001)	59.4	76.6	17.2
Canada (2000)	68.9	76.3	7.4
New Zealand (2000–2002)	69.0	76.3	7.3

(Bramley et al, 2005)

Gender (“sex”) & Health

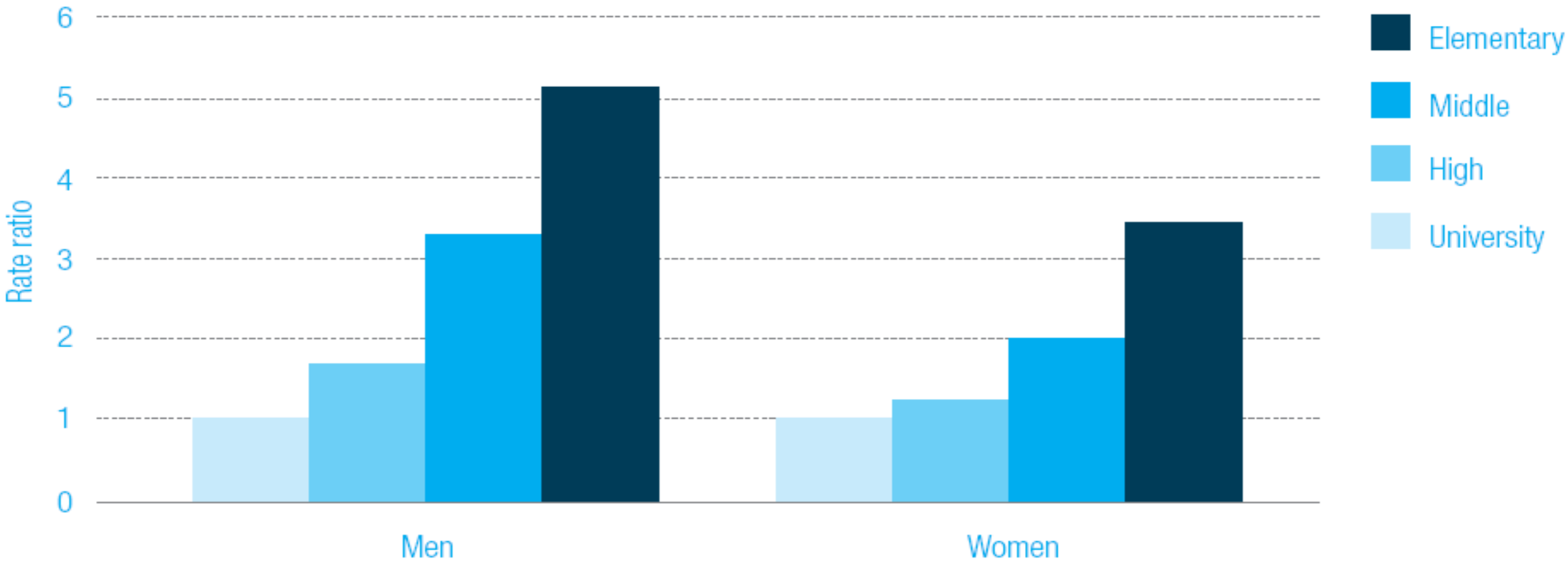
- Gender vs biological sex
- Gender, socialisation and health
- Cervical cancer – related to biological sex
- Lung cancer
- Substance abuse (tobacco, alcohol, illegal drugs)
- Sexually-transmitted diseases, e.g. HIV/AIDS
- Injuries from risk-taking behaviour
- Body image and eating disorders

Net secondary school attendance ratio by males and females.



Net secondary school attendance ratio refers to the number of children attending secondary school who are of official secondary school age, expressed as a percentage of the total number of children of official secondary school age. These data come from national household surveys.
Reprinted, with permission of the author, from UNICEF (2007c).

2 Age-adjusted mortality among men and women of the Republic of Korea by educational attainment, 1993–1997.



Source: Son et al., 2002

Level of wages for women compared with men in selected areas.

Reprinted, with permission of the author, from UNICEF (2006).

Age & Health

- **The life cycle and health:**
  - **Before birth (fetus)**
  - **Infant**
  - **Child**
  - **Teenager**
  - **Young adulthood**
  - **Middle adulthood**
  - **Old age**

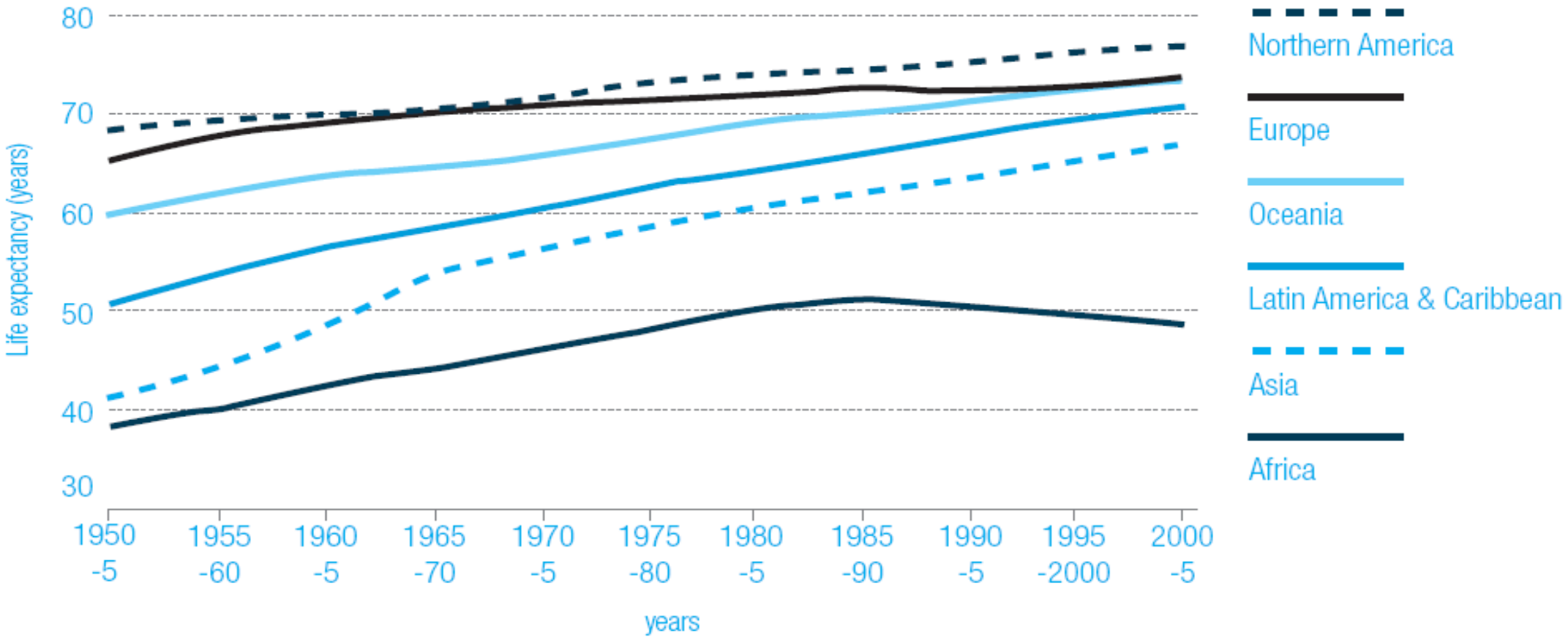
Lifestyle & Health

- **Diet (excess energy intake, nutritional quality of diet)**
- **Inactivity**
- **Smoking (leading health risk factor by 2030)**
- **Alcohol use (liver cirrhosis, raised blood pressure, heart disease, stroke, pancreatitis & cancer of oropharynx, larynx, esophagus, stomach, liver & rectum)**
- **Illicit drugs (0.4% of total disease burden is attributable to illicit drugs. Opiate users have 20% higher mortality rate)**

Region & Health

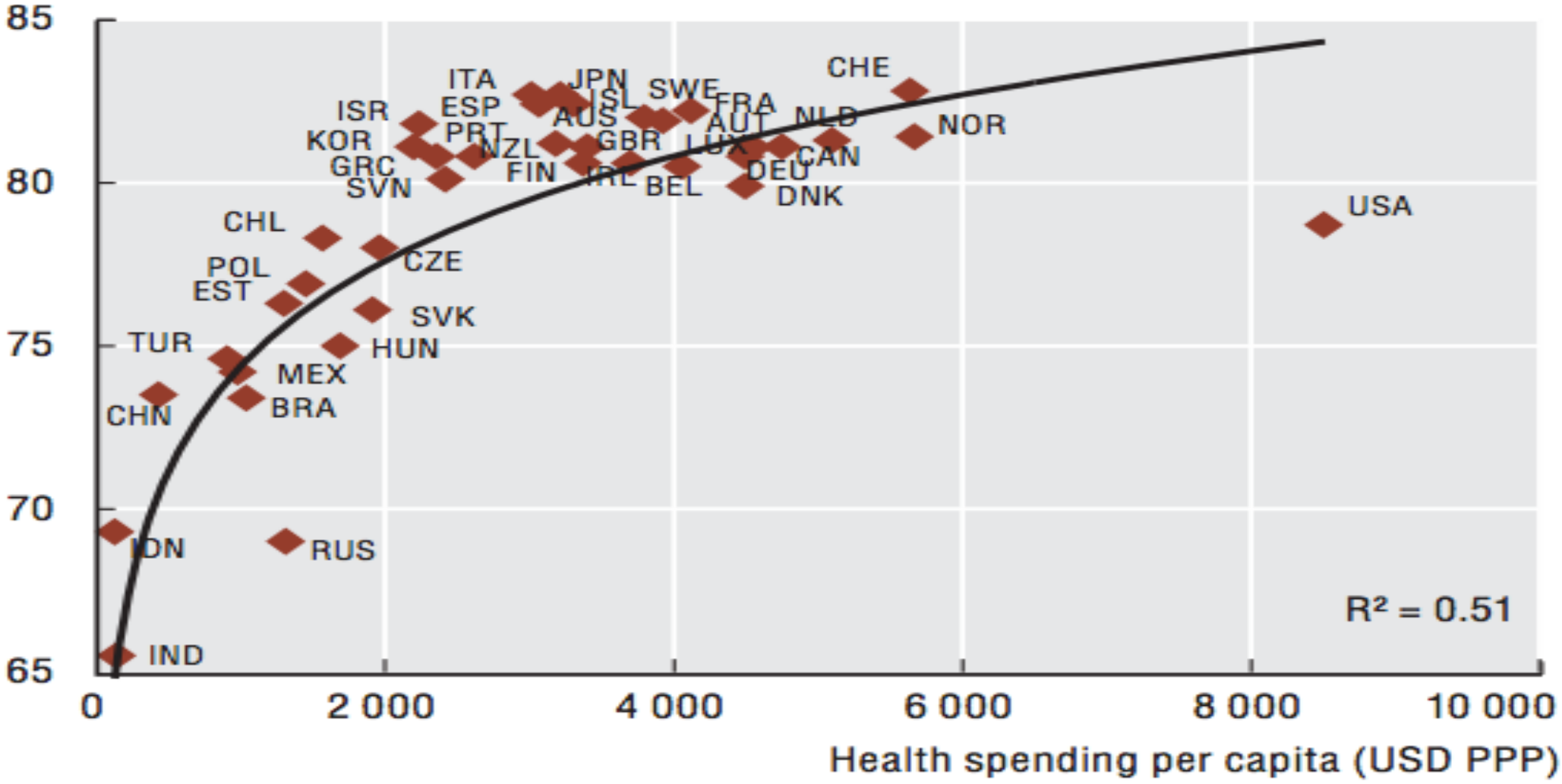
- **Geographical location and health:**
  - **Rural vs Urban**
  - **Urban slums vs Desirable urban areas**
  - **High income country vs MI & LI country**
- **Physical characteristics/weather of region**

.1 Life expectancy at birth (in years) by region, 1950–2005.



Reprinted, with permission of the publisher, from Dorling et al. (2006).

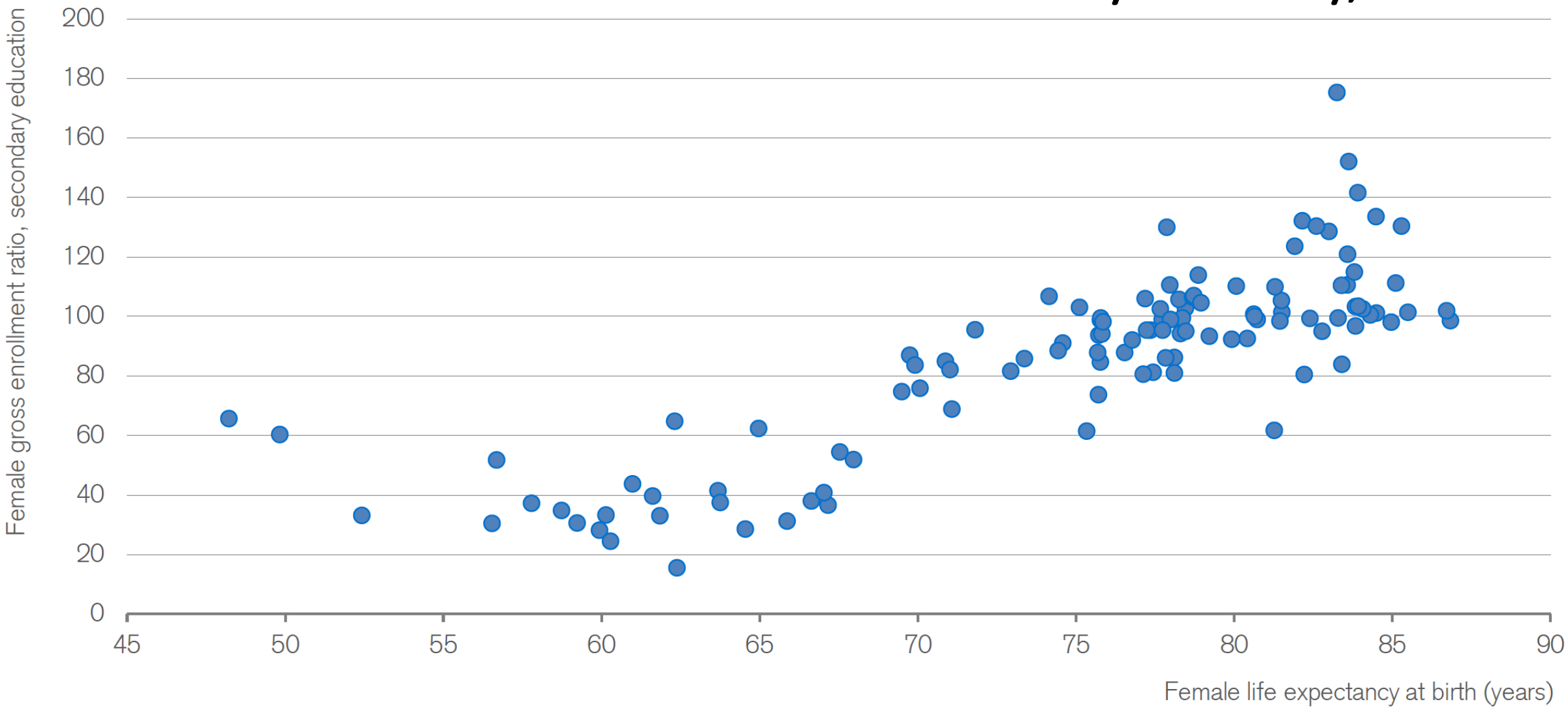
Life expectancy in years



Source: OECD Health Statistics, 2013, http://dx.doi.org/10.1787/health-data-en; World Bank for non-OECD countries.

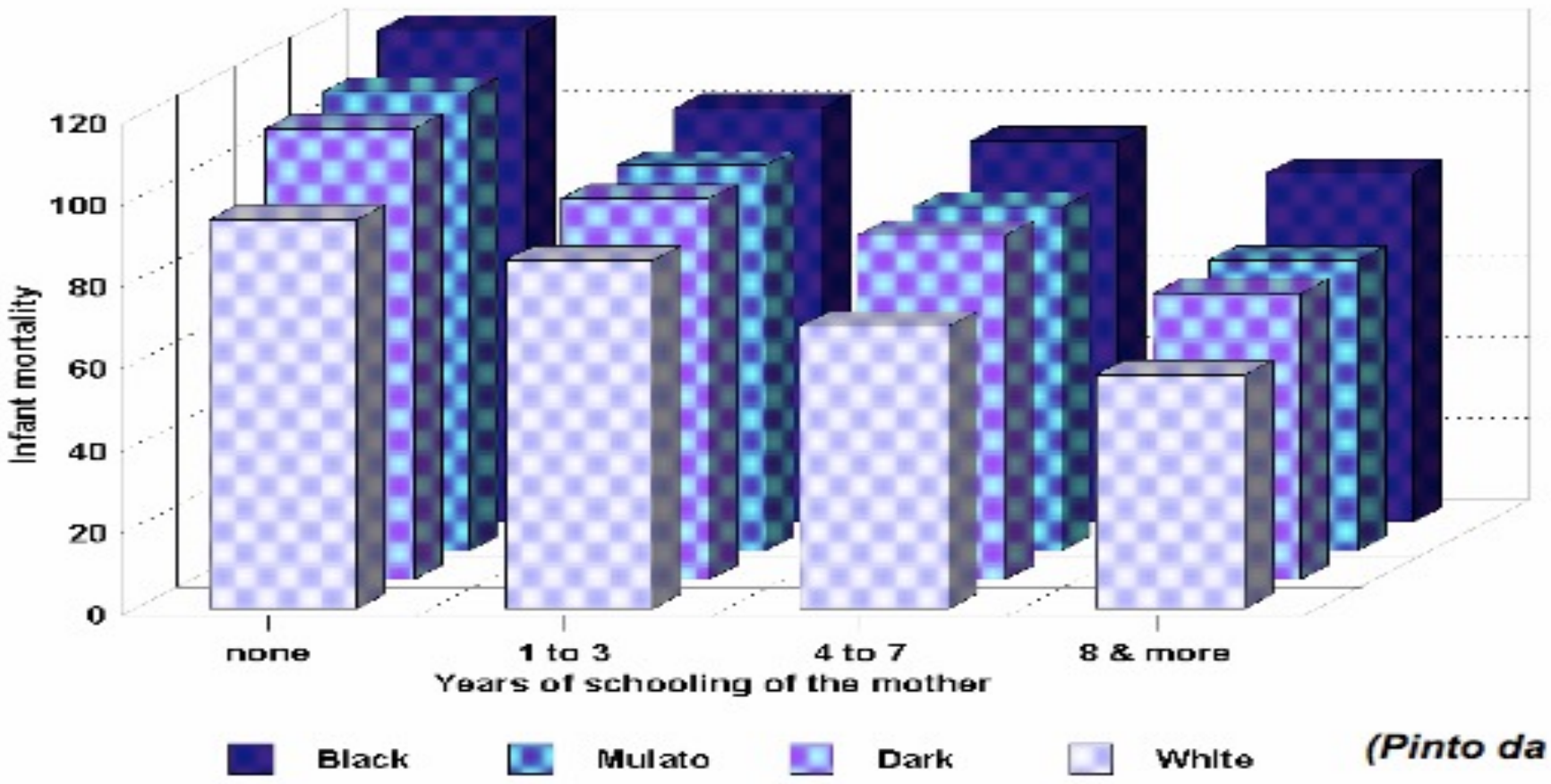
Education & Health

Female life expectancy & secondary education enrollment ration by country, 2014



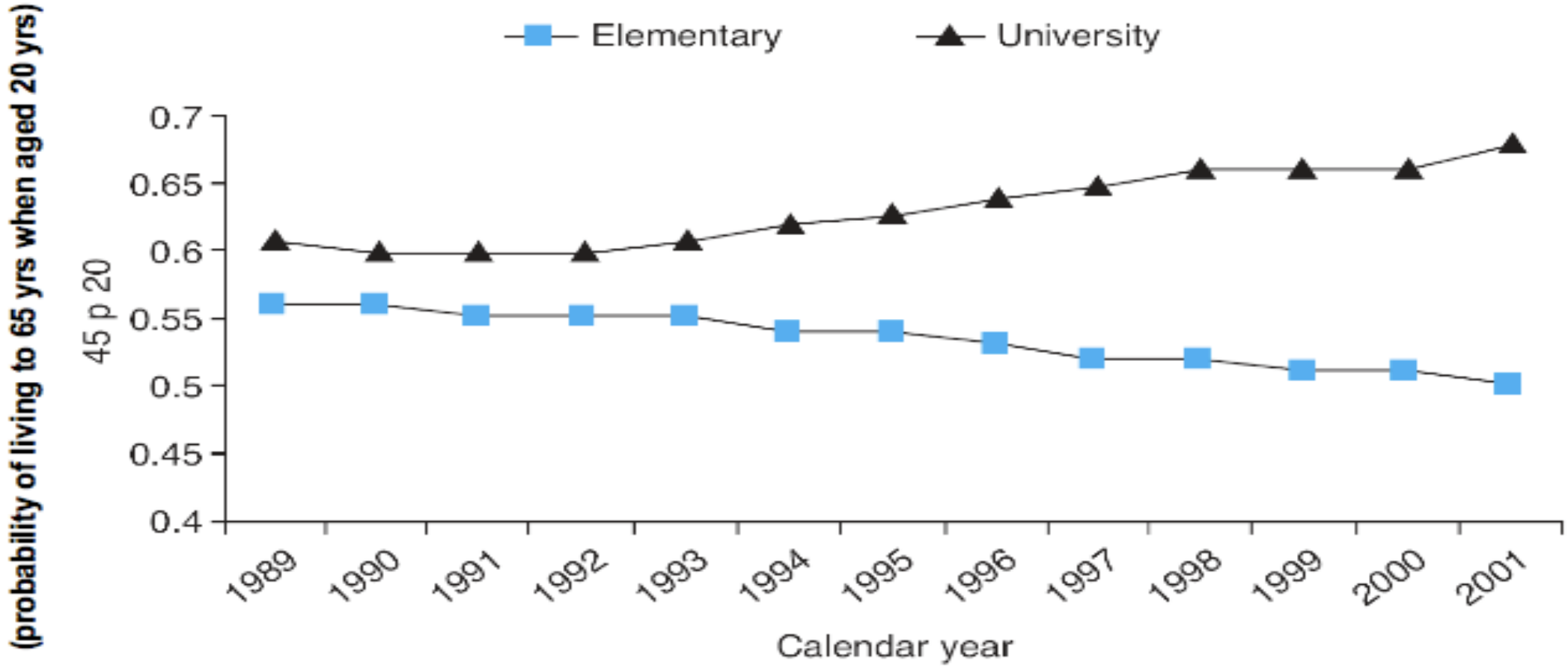
Note: All data are for 2014. Source: UNESCO Institute for Statistics (2017), Enrollment by level of education and UN Population Division (2015), World Population Prospects:

Infant mortality in Brazil by race and mother's education, 1990



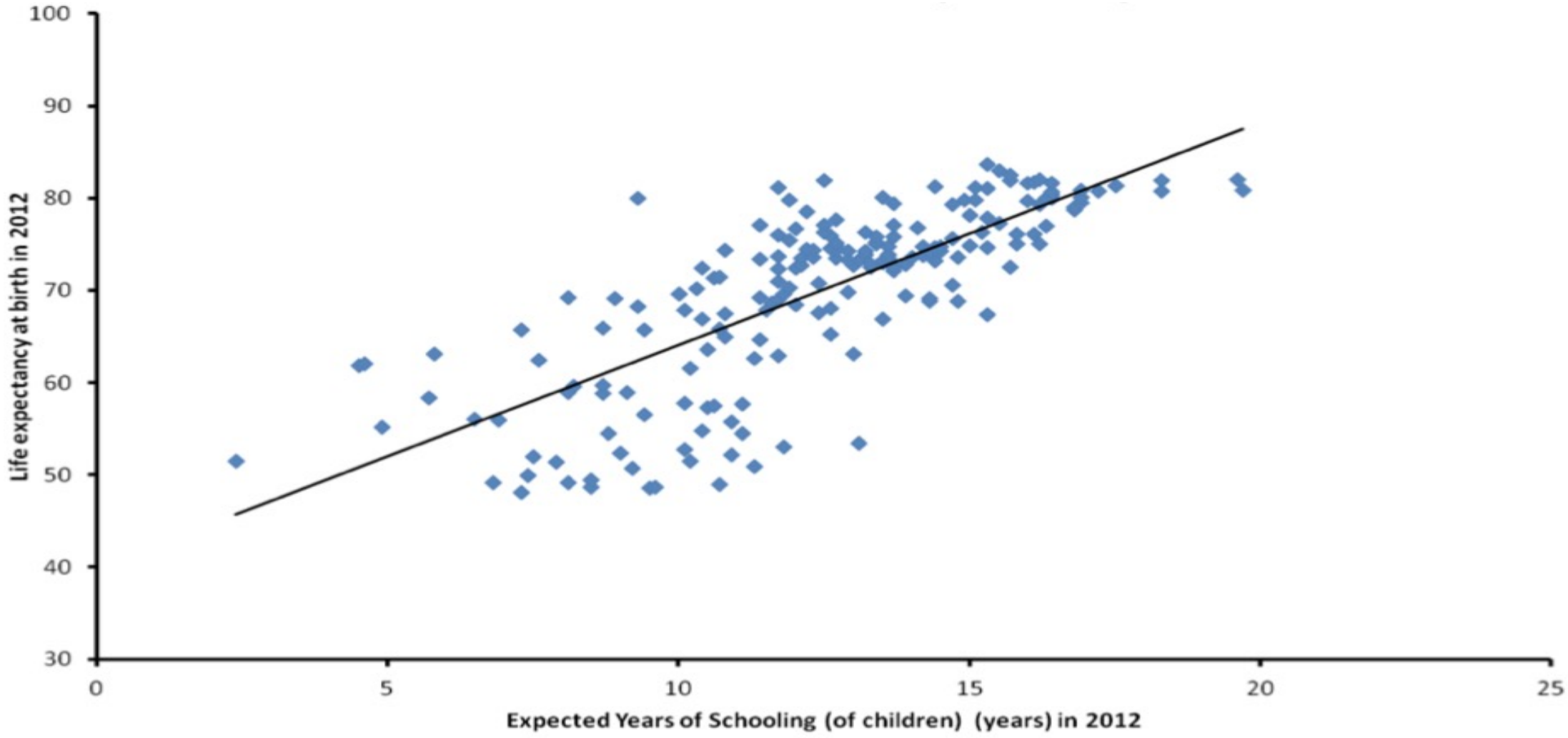
(Pinto da Cunha, 1997)

The widening trend in mortality by education in Russia,1989-2001



(Murphy et al, 2005)

Education and life expectancy



Education & Health

- **Less educated people tend to have poorer health than better educated people**
- **Female education is associated with lower infant mortality rate**

Marital Status & Health

- **Marriage is good for mental health (for most people)**
- **People living alone (single people, the widowed, elderly living by themselves) vs married people**
- **Marital status + Income + Society**

Religion & Health

- **Religious values and health**
- **Religious beliefs can affect health-related behaviour, e.g. diet, smoking, drinking, sexuality, seeing the doctor (including the psychiatrist) and seeking medical care**

Class (social class) & Health

- **Social Class Groupings:**
  - **Upper Class, Middle Class, Working Class, Underclass**
- **Social differences in health (the "social class gradient in health):**
  - **People in the lower classes tend to have poorer health than people in the upper classes**
    - **People from lower social classes usually experience higher disability rates, higher morbidity rates, higher mortality rates and have lower life expectancy (vs upper classes)**

The Social Class Gradient in Health

Thus,

“The lower the social class, the lower the health status of people”

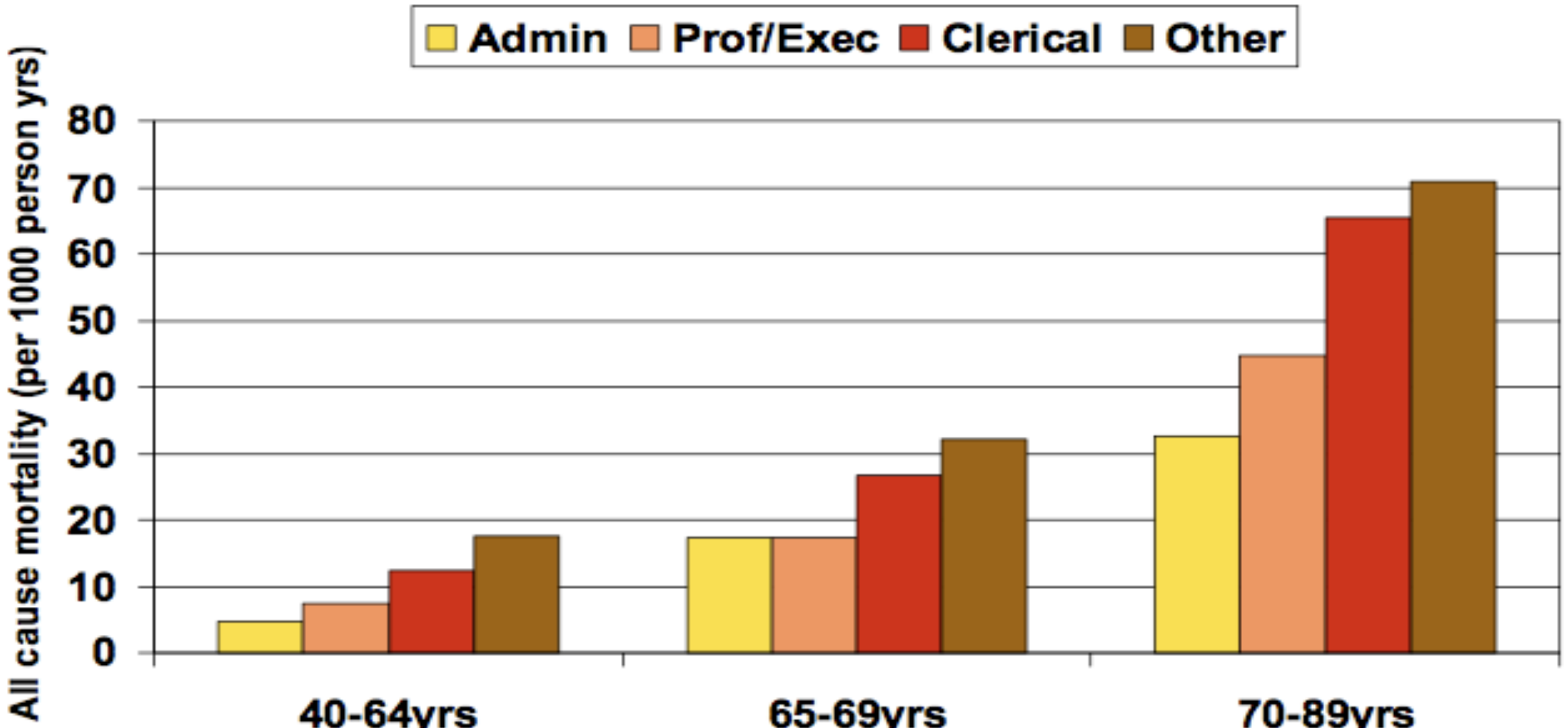
The relationship between low social class and low health status is found in <u>every</u> country where health statistics are collected

The existence of a health gradient by civil service rank proved by Marmot’s “Whitehall studies” of British civil servants

Whitehall Study of Hierarchy

- Marmot and co-workers followed ten thousand British civil servants for 2 decades
- Person specific and longitudinal data
- Unambiguous group characteristics: status
- Risk gradient from top to bottom of the occupational status hierarchy
- It is the relative degree of advantage or disadvantage that explains differences

Mortality over 25 years according to level in the occupational hierarchy: Whitehall

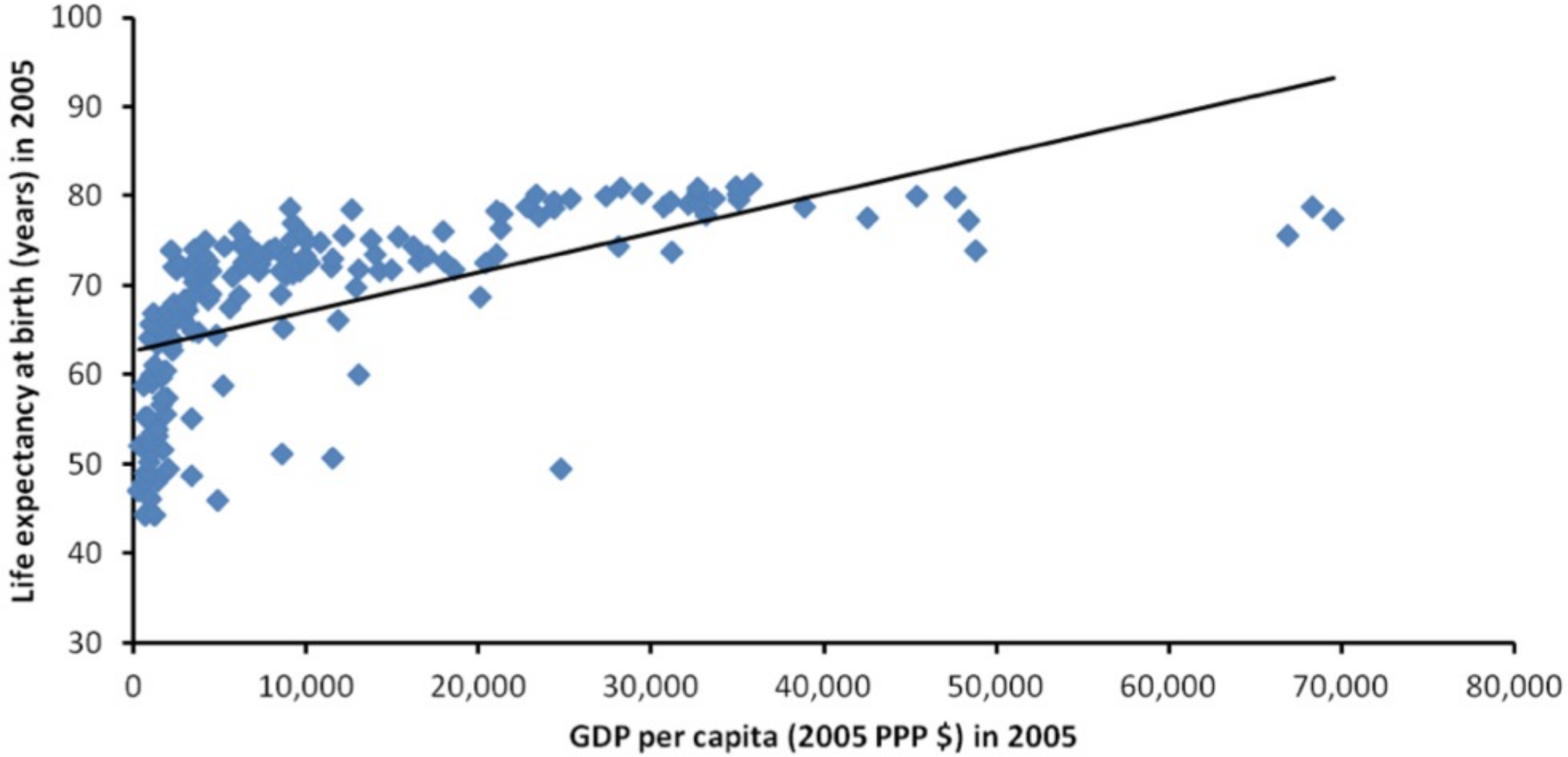


(Marmot & Shipley, BMJ, 1996)

Why Social Difference in Health?

- **Poverty, e.g. not enough money to buy proper food, being forced to live in poor quality housing, in unhealthy or high crime areas**
- **Lower class people are less well-educated and have less knowledge of healthy lifestyles**
- **Class differences in health-related behaviour**
- **More dangerous jobs of lower class people**
- **More stressful lives of lower class people**

Income and life expectancy



Social Class & Health

- **A person's "social class" position is strongly linked to his or her health status**
- **Social Class is measured either by a person's INCOME or OCCUPATION**
- **A low social class position can have a negative effect on health**
- **Poor health can also lead to a fall in social class position, e.g. people who become alcoholics or drug addicts, people who cannot work because of bad health etc can fall into poverty**

Unequal Access to Health Services

Julian Tudor Hart's "Inverse Care Law":

People who need health services the most are the least likely to get them

Why? Because of barriers to access:

- **Financial barriers e.g. unable to pay, cannot afford to take time off from work to see the doctor**
- **Geographic barriers e.g. too far to travel**
- **Cultural barriers, etc**

Can Equal Access to Medical Services Eliminate the Social Class Difference in Health?

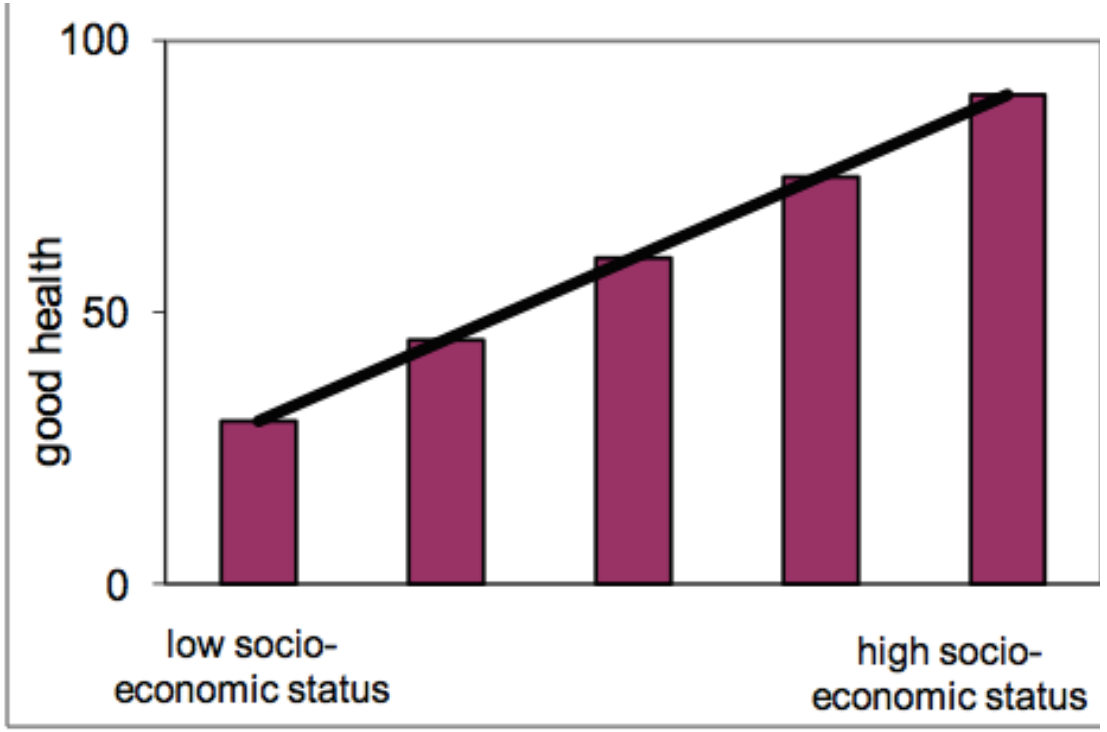
In 1947-48, the NHS (National Health Service) is established in Britain and the access to medical services became equal for all social classes

However, the social class difference in health is still evident in Britain (the “Black Report”)

Conclusion: good health depends on more than just access to medical services

Inequality and inequity in health

- **Health inequality:** differences in health between individuals, seen primarily as the consequence of individual biological differences
- **Health inequity:** differences in health that are unfair and avoidable, but potentially amenable to change
- **Social gradient in health:** differences in health at each step of social scale within societies; the lower the step, the lower is one's life expectancy and more common is disease and disability



Social gradient in health

Source: Kelly M & Doohan E (2012) The social determinants of health (Chapter 3). In Merson MH, et al. Global Health. Diseases, Programs, Systems,, and Policies. Burlington: Jones& Bartlett Learning. Pp. 75-113.

For further information:

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