

# Social determinants of health and wellbeing



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Social Determinants of Health With the increase in migration and globalization more people are developing bi- or multicultural personal identities to function in contemporary environments. Culture in its broadest sense, refers to accepted ways of behaving within identifiable groups in society (Queensland Health. 2003). This is the reason the sense of health and well being vary between individuals. In public health there is an ever-increasing acceptance that health is determined not only by behavioral, biological and genetic factors but also by an array of economic, environmental and social determinants (Baum F. 1999). A safe environment, adequate income, meaningful roles in society, secure housing, higher level of education and social support within communities are associated with better health and well being. It is these determinants that we refer to as the " social determinants of health" (Baum F. 1999). The key determinants of health are ethnicity, cultural factors, educational attainments, economic conditions, housing, employment security and access to and use of health care services contributing together to portray socioeconomic status in the society of Canada (Raphael, D., 2006). The SODH National Conference focused on the public policy environment (income and its distribution) and not on the characteristics associated with the individuals (income and social status). There are 11 SODS they are: Aboriginal status, early life, education, employment and working conditions, food security, health care services, housing, income and its distribution, social safety net, social exclusion, unemployment security (Raphael, D., 2006).

The approaches for SDOH are Mid-level approach are a focus on mid-level determinants of health. The approach is similar to what Merton called " theories of the middle range": " Theories intermediate to the minor working

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hypotheses evolved in abundance during the day-to-day routine of research, and the all-inclusive speculations concerning a master conceptual scheme" (Raphael, D., 2006). These approaches and theories are:

**Social Determinants and Health: Dominant Frameworks** The three foremost frameworks that have appeared to explain the role played by income inequality for health are also pertinent to understanding the power of other social determinants of health. These are the materialist, neomaterialist, and psychosocial comparison approaches (Raphael, D., 2006).

**Materialist Approach: Conditions of Living as Determinants of Health.** Folks experience diverse degrees of positive and negative exposures in their lives that mount up to create adult wellbeing (Raphael, D., 2006). Substance or material conditions of life direct to variations in psychosocial stress (Raphael, D., 2006). Individuals of poorer or lesser socioeconomic position experience a range of psychosocial states that threaten health (Raphael, D., 2006).

**Neomaterialist Approach: Conditions of Living and Social Infrastructure as Determinants of Health.** Disparities in health among nations, regions, and cities are associated and interrelated to the distribution of economic and other resources distributed within the population (Raphael, D., 2006).

**Psychosocial Comparison Approach: Hierarchy and Social Distance as Determinants of Health.** Health discrimination in developed nations, are strongly influenced by citizens' elucidations of their standing in the social hierarchy (Raphael, D., 2006).

Summary:

The motives of the work can be summarized as

1. Raising awareness of the social determinants of health by advocating for health and programs in non-health sectors.

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2. Coordinating Public Health Planning by engaging communities and partners in planning and implementing and evaluating initiatives.
3. Health Impact assessment
4. Strengthening Community Action to enhance and integrate existing services and structures.
5. Developing Organizational Capacity to support integration of public health support.

(Raphael, D., 2006)

References:

1. Baum F. 1999 Social Capital: is it good for your health Issues for a public health agenda. J Epidemiol Commun Hlth, 53(4).
2. Raphael, D., 2006. The Social Determinants of Health. International Journal of Health Services, Volume 36, Number 4, Pages 651-677.
3. Queensland Health. 2003. Culturally and Linguistically Diverse Population Profile 2001. Public Health Services.