

Dahlgreen and whitehead model of the social determinants of health



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Explain what is meant by the term ' social determinants of health'. Select one social determinant of health from the list provided and describe how this might impact upon the physical and mental health of individuals, families and communities

Social determinants of health are strongly connected to economic and social conditions of factors of social gradients, biology and genetics, individual behaviour, social environment and physical environment (Bonner, A. 2018). These factors are currently the determinants of which a person's health and well-being are influenced. Individuals coming from more deprived areas have commonly worse off health outcomes than those in more comfortable economic circumstances. These circumstances are predominantly accountable for the health inequities and are often inevitable. The determinant that will be explored throughout this essay is of housing and how it impacts the mental and physical health of individuals. Housing in socio-economic terms is a measure of that individuals health and social inequalities, inadequate housing has a strong association of poor health outcomes and adequate housing has a strong association with high standards of health outcomes. (Bonner, A. 2018)

The Dahlgreen and Whitehead model of the social determinants of health (Dahlgreen and Whitehead, 1991; Dahlgreen 2007) maps the correlation between the individual, their environment and health. The framework has allowed researchers to develop ideas of the determinants of health and allows many to understand the broad complexity of factors that influence a child to adulthood. (Bonner, A. 2018) The first layer of the model explores biology and genetic factors of age, sex, heredity. The second layer explores

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the individual personal behaviour and how their lifestyle improves or worsens their health. The third layer explores social and community and if this has an impact on the individuals health. The fourth layer explores the physical environment such as working conditions access to essential medical resources and of housing. (Bonner, A. 2018)

Today, Scotland has the highest mortality rates among western Europe, which has been connected to an elevated degree of poverty in Scotland. (Livingston and lee, 2014). In spite of that this does not represent Scotland accurately, high mortality rates are more dispersed in the western region on Scotland especially the city of Glasgow commonly known as the “ Glasgow Effect”, in comparison to other post industrialized city’s such as Liverpool and Manchester. Morality rates in Glasgow are closely connected to health and the housing quality. The World health organisation (WHO) reported that a boy from a deprived community will live 28 years less than a boy born in an affluent area only 12km apart in the Glasgow region (The World Health Organisation, 2011). We can gather from literature that living in a deprived community has a negative effect on the individual health. A Deprived community surrounded by large congregations of deprived communities can suggest that individuals living here will have poor health behaviours, poor health outcomes and comes into correlation with negative health attributes, by living in these congregated community’s the individual commonness of smoking rates, obesity and low levels of physical activity are subsequently higher in these deprived community’s (Scottish Government, 2015).

It is also suggested by (Livingston and Lee, 2014) that those individuals

living in deprived community’s not only face physical inequalities but mental
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health inequalities also. Social outcomes and social benefits are significantly less than those living in a more affluent community. It can be suggested the outcome of these social patterns is that individuals in deprived communities have lower self-esteem and perceive themselves as being less connected to society than individuals in affluent communities. It is also said that people are conscious of their social standing within their community as a whole and form their judgements about themselves based on the community they are living in.

An individual's earnings and salary are a key determinant of the health and housing inequalities that he or she will experience. The individual's income is a benchmark of where the individual will live and the quality of the home that person will be living in. An individual's housing cost can also have a significant impact on the person's degree of supporting their health and wellbeing after the expenditure of housing costs. (Health Scotland, 2018) Housing costs can have a significant impact on the person's mental health well-being, stress and anxiety being generated from housing payments and mortgages. In addition to an individual's income, housing costs and the quality of the home play a significant role based on these regulators. Factors of warmth and dryness come into play as there is a connection between poor housing and poor health well-being. It is suggested that houses that do not reach adequate warmth and dryness are linked to poor physical health such as, asthma and poor mental health (Health Scotland, 2018). In a survey carried out by (Scottish government, 2016) 1 in 10 houses are affected by dampness or condensation. Individuals who are more exposed to poor physical health are more vulnerable to be unemployed,

almost 300000 people a year stop working due to their poor physical health. (Lovell and Bibby, 2018). Access to green space in a community can also have an influence on the person's physical health as it can encourage physical well being within the community. Areas that have green space also have lower carbon emissions.

An individuals household can also be decided on when the person is going to retire from work as a healthier person can work for longer, although a person who is unhealthier may be forced into early retirement due to impacts on their health due to the quality of house they are living in and the area they are living in, it can also be suggested that children that are healthier living in a good quality house and community will have better education development and have a better work rate as adults , children who come from a more deprived community are more susceptible to miss out on school (Lovell and Bibby, 2018). It is said by (Geddes, Bloomer, Allen and Goldpatt, 2011) that children in cold housing are twice more like to have respiratory problems than a child living in a warm house.

In Scotland between the time period of April 2017 to March 2018 there was a 1% increase from the same period the year before, gathering a total of 34, 927 new cases of homelessness (Scottish Government 2018). In Scotland's most populated city of Glasgow where there is an unusually high number of homeless people compared to any other city in Scotland, homeless people are 4. 5 times more likely to die then individuals who have secure housing.

People who are homeless in Scotland today are not receiving the adequate standard of Health. It is suggested by literature that homeless people have

poorer mental and physical health than any other community of people, by living in very poor conditions and food insecurity (Bonner, A. 2018).

Homelessness is linked to a wide range of health inequalities such as higher morbidity rate, shorter life expectancy and more frequent use of acute hospital services. (Reike et al 2015) suggest that homeless people are more likely not to have access to health services which in turn can result in diseases being much later diagnosed in comparison to the general public. The age profile of homeless people admitted with no place of residence is much younger than those with permanent residence.

The physical and psychological health of homeless people in Scotland is being heavily affected by drug abuse, self-harm and violence included assaults. These factors can also lead to poor mental health as homeless people in Scotland having higher rates of suicide and depression and are more likely to have thoughts about suicide and committing suicide. It is also suggested that a homeless individual who has committed a crime is more likely to re-offend having a severe impact on that person's mental health as the person is more likely to return to prison or have inconsistent housing and accommodation opportunities. (Bonner, A. 2018)

Homelessness in childhood can dramatically affect the outcome of that child. A child who has unstable accommodation has a much greater chance of developing chronic diseases than a child living in a deprived community it affects where they live, grow, work and age. A child who is homeless can develop a variety of complications such as a delaying their development, failure to maintain close relationships and recognise caring relationships and the failure to uphold a familiar environment. (Bonner, A. 2018)

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A significant problem in Scotland today is fuel poverty in households. Fuel poverty is based on three main notions, income of the occupier, the sustainability of the household and the cost of energy. A large quantity of households that are experiencing poverty can't afford to fuel their homes sufficiently leading to coldness, dampness and overall poor-quality housing conditions. Over 25% of all the UK carbon emissions come from home energy contributing to climate change (Public Health England, 2014). 10% of a household's income is being spent on fuel homes, those homes that are facing poverty or are in an deprived area most of this fuel is being lost due to poorly insulated homes or homes that are older housing which prominent in the UK today. Those people who are more at risk to fuel poverty are children, elderly and those already predisposed to health problems. (Public Health England, 2014).

Fuel poverty can result in three main problems which are respiratory problems, circulatory problems and affecting mental health. In households, cold temperatures can cause respiratory problems and higher the chances for people who are already predisposed to such problems. Households which are considered to be at a much cooler temperature, decreases the chances of respiratory problems. Suggested by evidence it is known that colder temperatures can cause lung problems like asthmatics who are 2 to 3 more likely to live in a cold household (Public Health England, 2014). Cold temperatures also have a dramatic affect on our circulatory system which creates circulatory problems. People are more at risk of circulatory problems during the winter months when temperatures drops below 12 degree Celsius as a studied showed a 22.9% increase in general practitioner visits from

people with circulatory problems in winter months in England (Public Health England, 2014). Cold temperatures in housing can result in a variety of circulatory problems such as higher blood pressure, increased blood viscosity and higher risks of strokes and heart attacks. (Public Health England, 2014)

Cold temperatures in households can also have a negative impact on a person's mental health. The English government scheme which gave heating and insulation benefits to those on a certain rate of income called The Warm Front Scheme showed that those people who lived in houses that were warmer had lower cases of depression and anxiety than those before the scheme was started. A young person who lives in cold housing can have more frequent mental health problems than their peers living in a warmer household. Cold household temperatures can also have a negative effect on children's mental health with 10% of children living in cold homes reporting to be unhappy in contrast with the 2% of children in warmer household temperatures. (Public Health England, 2014)

In brief, the Dahlgreen and Whitehead model gives people a good insight into factors that influence our Mental and physical health well-being and how the determinant of housing can dramatically affect our well-being. Glasgow is continuously challenged by standards and distribution of housing in the city's vicinity and the correlations of poor health behaviours and poor mental health that comes with it. Physical health and Mental health cannot be considered without knowing the income of a home and how it affects the people in the home. Homeless people in Scotland are continuously faced with challenges of inadequate physical health and mental health services, challenges of inconsistent housing can lead to very poor physical and mental

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health well-being. How poor housing conditions lead to poor physical and mental health well-being. From an early age to old age poor conditions can drastically affect how people live, work, play and learn.

References

- Bonner, A. 2018, Social Determinants of Health, An Interdisciplinary Approach to Social Inequality and Wellbeing, Policy Press, Bristol. Pp. (1-5), pp. (195-210).
- Livingston M, Lee D. 2014, Health and Place “ The Glasgow effect?”, The result of the geographical patterning of deprived areas, vol. 29, pp. 1-9.
- www.who.int/bulletin/volumes/89/10/11-021011/en/: Date accessed 30/10/2018.
- Scottish Government(2015), Scottish Health Survey 6-9-2015, Scottish Government, Edinburgh.
- www.healthscotland.scot/media/1250/housing-and-health-nov2016-english.pdf : Date accessed 02/11/2018.
- Geddes I, Bloomer E, Allen J, Goldbatt P. (2011), The health impacts of cold homes and fuel poverty, Friends of Earth and Marmot Review Team, London, pp. 10-36.
- Lovell N, Bibby J (2018) “ What makes us healthy?”, An Introduction to the social determinants of Health, The Health Foundation, London, pp. 29-37.
- Scottish Government (2016), Scottish House Condition Survey: 2016 Key Findings, Scottish Government, Edinburgh.

- Scottish Government (2018), Homelessness in Scotland: 2017-18, The Scottish Government, Edinburgh.
- Rieke K, Smolsky A, Bock E, Erkes L. P, PorterField E, Wantabe-Galloway S. (2015) “ Social Work in Public Health” Mental and non-mental health hospital admissions among chronically homeless adults before and after supportive housing, vol. 30, pp 456-505.
- Public Health England (2014), Local action on health inequalities: Fuel poverty and cold-related health problems, Public Health England, London, pp 8-11.