Social determinants of health (sdoh) | essay

Introduction

The Social determinants of health (SDOH) are a group of factors that impact health and wellbeing of an individual. Child development is influenced by various aspects starting from birth, biology, genetic characteristics, gender, culture and family values. The Family provides adequate support systems by various means such as socioeconomic resources, ideal family environment and effective parenting skills. A community’s health and social development depends on healthy living and health services available to them (McMurray & Clendon, 2011). The health burden of disease and causes of major health inequalities arises from the environment in which an individual is born, raised, grown and worked. Theses factors are referred to as SDOH.

SDOH consist of a number of structural conditions. The model representing cascade of bubble demonstrates how SDOH are interrelated to each other. It is observed that if there are any political or environmental changes, all structural determinants are affected (Wilcox, 2007 as cited in McMurray & Clendon, 2011).

Primary health care (PHC) is aimed to create healthy communities. PHC approach is best described by multi-level health promotion model. Primary prevention is attained through upstream actions which are aimed to promote and maintain health. This is achieved through providing a healthy environment, health services and education for healthy living. Secondary prevention/midstream actions are providing treatment for illness and further prevention of disability. Tertiary or downstream actions are basically rehabilitation services or educating the community to cope with disability

conditions (McMurray & Clendon, 2011). This essay outlines the effect of housing on health of the community. Improving the housing condition is primary prevention through upstream actions.

To improve health and reduce inequalities, a coordinated approach is required to address SDOH which has direct effects on structural determinants. House designs should be made by taking into account health and well being. The infrastructure planning for housing designs which should include insulation, ventilation, sewage system, public spaces as well as community's participation in their health development project should be encouraged. The health of an individual, families and the community can be improved by well designed, insulated houses and community health services. (WHO, 2011; Chapman & Bierre, 2008).

The US Centres for Disease Control and Prevention also emphasised on approach to promote health by improving housing and living conditions. The visits to emergency and stay in hospital with serious acute medical illness is shorter with improved living conditions as opposed to those who lives in poor housing (Thomson, Thomas & Petticrew, 2009; Sadowski, Kee, VanderWeele & Buchanan, 2009).

The research study has indicated that people migrated to better housing has improved health outcomes and are also exposed to less substance abuse, violence and less neighbourhood problems as compared to their original living conditions. Government generated social and health policies directly affect the quality of life and living conditions of the community, and also the economical status of the family significantly influence an individual's health.

A co-ordinated action is required from the Policy makers, health service providers and leaders from various sectors to utilise their knowledge to enhance better living conditions bringing the best population health outcomes (Williams, Costa, Odunlami & Mohammad, 2012).

The importance of living and working conditions, indoor environment, safe neighbourhood, healthy lifestyles in general and respiratory health in particular is a major concern these days. The predominant factors increasing the risk of asthma and respiratory problems are moisture damage in the house and bacterial growth. The studies have shown a close association between mould, dampness and asthma in children. Damp houses resulting in mould and microbial growth are the predisposing factor resulting in wheezing in adults and infants. In a survey carried in NZ homes reported 35 % of moulds clearly visible in the living area or bedrooms. NZ has been reportedly having higher asthma rates in the world, which is contributed by poor living conditions. Damp and cold houses support the bacterial growth, providing favourable media for mould, bacteria and dust mites. Young children spend more time at home as compared to adults, There is a significant effect of damp houses on respiratory system, thus the incident rate of bronchitis and wheezing illness is more common in children. It is suggested, if people will be provided with better housing and insulation, respiratory symptoms will reduce by 33% (Keall, Crane, Baker, Wickens, Chapman & Cunningham, 2012).

It has always been stated that population of health is largely impacted by quality of housing where they live. If people living in substandard housing or poor living conditions could be provided with better housing, insulation and

ventilation, It could potentially prevent ill health. There was a cluster randomised trial for housing, insulation and health study of insulating houses of communities with low socioeconomic status. A Community based approach is effective mean of improving health rather than an individual focused e. g. Insulating houses are more effective than providing people with more clothes. Older aged, infants and children spend more time in houses, thus they have to bear the physiological stress due to their weaker immune system. This research also reports an association of cold, damp houses likely to get bacterial and mould growth, eventually causing respiratory problems. Several international report highlight poor insulation, damp, cold and mouldy houses leading to poor health. People with insulated houses and better living conditions were less likely to be admitted to acute wards with pulmonary and obstructive airway diseases. The results interpreted in studies of the insulated housing affecting health were significant with improved outcome measures, except for the use of medical facilities. This study was conducted in uninsulated old houses with cold and dampness, where at least one member has respiratory problems, Increased warmth and decreased humidity brought improved health conditions. Population living in well designed and insulated houses reported significantly less cold and dampness however People in insulated houses also reported that their houses felt significantly less damp and mouldy, however this study does not determine essential determinants involved. Although this study greatly emphasise the effect of living in cold and damp houses resulting in pulmonary conditions such as asthma, cough and wheezing (Chapman et al., 2007).

A study conducted by Kearns, Smith and Abbott on Pacific population showed substandard living conditions as compared to Maori and European population. Pacific people are at a great risk of developing asthma, cold and flu (as cited in Butler, Williams, Tukuuitonga & Peterson, 2003). Studies have reported a close relationship between cold, damp houses and respiratory diseases. Researchers also highlighted the association of poor housing with mental health and maternal health. Statistical analysis showed cold/damp houses a potential risk factor for asthma and postnatal depression. The pathophysiology of the respiratory symptoms is triggered by an allergic reaction to fungi or dust mites (Butler, Williams, Tukuuitonga & Peterson, 2003).

A major British cohort study has reported an evidence of poor living/housing conditions are growing over the life, of course, and can impose serious health effects on an individual and family. Thus, interventions to improve housing could measure better effects. Providing insulation for houses for the community with low economic conditions is a cost effective intervention to promote health and well being. It should be widely accepted by the community for their own health, policy makers and leaders to make strategy for healthy measures (Chapman et al., 2007).

Conclusion

The health of the community is greatly influenced by SDOH more than medical care. As above stated, quality of life is significantly affected by the society and the environment in which they live and work. The burden of disease and ill health can be reduced by improving the housing environment.

Medical care and accessing physician is not affordable to all, however better housing conditions can effectively reduce the financial burden on the health sector. Hence, the individual and the community should be encouraged to participate in health programmes for the promotion of their health and wellness.

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