

# [Determinants of health: area of residence](https://assignbuster.com/determinants-of-health-area-of-residence/)

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The overall health of an individual and of communities can be defined and affected[LF1]by many factors. Circumstances and environment play a massive part in determining whether a Person or Persons can be categorised or labelled as being “ Healthy”. Some of the more common of these determinants are issues such as area of residence- the affluence and prosperity of the general area, the income of the individual or family unit, the levels and standards of education available within the area, social relationships and at the most fundamental level, genetics also play a part. From a social perspective, factors such as access to good quality health services are considered to be a secondary factor and have less of an impact on the individuals’ health than the others.

A person’s health is often determined by issues such as their social and economic environment, their physical environment and their general behaviours and lifestyle choices. An individual only really has control over one of these factors – the lifestyle as it is of their own choosing whether they have a healthy diet, if they smoke or drink alcohol. This too is determined to some extent by the level of social, physical and economic factors (WHO, date unknown) (Naidoo et al, 2000).

Income and social status or class differences are displayed in statistics from different areas and often show direct correlation to the health of the individuals within them. A better income and “ higher class” proves to be critical in better health. This is due to better quality of diet, access to education and better working environments. Studies have shown that where the greater difference in income between richer and poorer individuals exist, then this is reflected and evident in the statistics of health (Naidoo et al, 2000).

Education levels at a lower standard are also linked with poor health. People with a low level of education often have low self-confidence and are found doing lesser paid yet more manual labour in health affecting environments such as factories. This also affects stress levels as well as income. The knock-on effect this produces brings inequalities such as poor housing and unsanitary living conditions in what are commonly labelled as “ deprived areas”. All the factors affecting these communities have a profound effect on the health of not just the individual, but of their families also (BBC, 2008).

The physical environment often impacts upon the health of families and individuals[LF2]alike, both in a domestic?? and workplace. Areas of residence withgood quality road networks, decent acceptable housing, safe water and clean air[LF3]are statistically proven to show greater levels of better health of residents than areas with heavy industry, both now and historically. Air pollution is a major contributor to ill health, especially if the individual has an underlying or pre-existing health condition such as asthma. People who live and work in cleaner environments are often generally healthier, or display less health issues than people working within these area of heavy industry. Workers in heavier industries such as coal mining and steelworks have no control over they’re working environment, and although health protection equipment such as dust masks and ear protection are now issued as standard, this has not always been the case and generations of workers have suffered sometimes horrendous health issues from diseases and conditions associated with working in the dusty, noisy conditions for many years unprotected. Cases of emphysema, a lung condition where essentially the lungs are filled with dust which eventually hardens, have[LF4]affected many generations of coal miners (WHO, date unknown).

Social support networks in communities are also proven to show links to improved health. Areas with community support outlets that offer help and advice with aspects covering stop smoking services, job-seeking and educational courses can encourage and offer the means to people within the community to improve themselves both mentally and physically and this has a profound effect on their health by improving their prospects and their self-esteem (WHO, date unknown).

The genetic makeup of an individual can also be a major contributing factor to their health and can determine possible lifespan, overall healthiness and the possibility of developing certain illnesses. Personal behaviours of lifestyle can be influenced at an early age, where a parents input on the diet and lifestyle habits are often impressed upon children from a very early age. These attitudes are often carried into adulthood from children having witnessed the un-healthy practices of parents, and assume them to be acceptable and normal. Factors such as smoking and the consumption of alcohol are some of these. General coping skills can be witnessed by thenest[LF5]generation and can often lead to problems with their own coping mechanisms later in life (BBC News, 2008).

Access to health services are a fundamental factor too. Good accessible health provision is essential for the maintenance of health within communities – whether the individual chooses to access these available services is down to their general attitudes to their own health (WHO, date unknown).

Lifestyle choices such as smoking, drinking, promiscuity and a balance of healthy diet and exercise are in the hands of the individual. These choices are also determined by the levels of income and area of residence. Deprived areas, even within the same general locality and country statistically show that this is the case. For example – Calton, an area of Glasgow in Scotland, shows a distinctive rise in the mortality rates in males when compared to a more affluent area of Lenzie. A baby boy born in Calton will have an average life expectancy of 28 years less than a boy born and resident in Lenzie. This is explained by Calton simply being less affluent. The population of Calton are generally of a lower social class, and the mortality rate reflects this amongst males of comparable ages. This is not just in Scotland however, similar findings have been reported in areas of London. The life expectancy varies by 11 years from residents of affluent Hampstead to St Pancras, which is considered to be less affluent (BBC News, 2008).[LF6]

People from lower classes experience greater levels of sickness and ill health, whether this is from lifestyle choices or work environments (if they actually work). Work and employment levels are a very important factor to consider. The work environment determines income levels and can directly affect the health of the individual. Some work environments are considered to be “ high-risk” because of accidents, hazardous materials or even stressful situations (WHO, date unknown).

A very detailed and thorough discussion of determinants of health however this could be strengthened by creating greater links to the models of health.

There are more factors to the determination of “ Health” than reviewing and[LF7]considering the technical issues of income, employment, lifestyle and the areas where people live, although these are statistically proven to have a major impact. Many would consider that ill health of an individual comes about as a direct result of lifestyle choices and that by adequate and improves healthy lifestyle promotion campaigns, theses can make a difference and encourage the individual to make changes and be responsible for taking steps to improve their health and that of their family. This is not always the case however, when the truth maybe that the individual has little or no control over the choices to be made. This serves to strengthen the argument that ill health is not in the hands of the individual rather that its roots lie in the social and economic domain. If the means are not available to make the changes, then it is impossible to do so.

It is true however that some people do make the effort to maintain their health and that of their families eve on sometimes limited income however the social environment of poor quality housing and the air around where the live prevents them from doing so. The air quality is beyond the control of anyone. These factors are major contributing issues. Regardless of the input of any health promotion campaigns and any amount of income, this cannot be changed – other than to provide the means to move their family to a less polluted environment.

Ill health does not occur merely by bad luck. The imposing factors from birth and through the entirety of an individuals’ life, through to their demise are paramount to affecting how these years are spent, whether in good or bad health. Social factors such as class and ethnicity come into play when tied in with the universal factors of age and gender. The gender, ethnicity and age of the individual cannot be changed, however it is possible that the social class can be altered given the right circumstances. Environmental factors such as housing provision, and the quality and area of it are also major factors – the area of residence and the amenities that are offered there, such as leisure facilities and access to health services have an impact upon the health of the residents.

Lifestyle factors such as smoking, nutrition, exercise and the psychosocial environment are also major factors. The amount of stress and worry experienced by the individual are paramount to the levels of the other factors. Smoking levels increase in stressful environments as does overeating (Naidoo et al, 2000).[LF8]

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Very good range of sources used.

[LF1]Is this the ‘ Introduction’ section?

[LF2]Is this the ‘ Discussion of Findings’ section?

[LF3]You are right but need to clarify what is meant by these i. e., give the parameters

[LF4]‘ has’

[LF5]‘ next’

[LF6]Excellent points and use of example/source

[LF7]Is this the ‘ Conclusion’ section?

[LF8]An excellent conclusion – very well thought out! Well done! However this should have been in report format!