

## Victorian Healthcare Association

### Population Health Planning Framework

## ADDRESSING THE SOCIAL DETERMINANTS

### Why are social determinants relevant for population health planning?

A population health approach to planning seeks to improve the health of whole populations by tackling ill-health as well as the *underlying causes* of ill-health. This section focuses on the root causes of ill-health, which lie in the social determinants of health. By taking action on the social determinants, population health planning can improve health outcomes, prevent poor health, and reduce avoidable differences in health status that currently exist between sub-population groups.

While acknowledging a level of personal responsibility for health choices, society also holds responsibility for creating the conditions that give people control over their lives (Marmot et al 2008:182). A population health approach asserts that every person should be given a *fair go* and have the opportunity to make choices and experience conditions that enable a long and healthy life, regardless of income, education or ethnic background (Robert Wood Johnson Foundation 2010).

### What are the social determinants of health?

What is the contribution to our health of genetics, health services, medications, or lifestyle behaviours such as how often we exercise, what we eat, and whether we smoke?

While these factors do contribute to our health status, that status is more strongly affected by the conditions and circumstances in which we live (Mikkonen et al, 2010). Conditions experienced during the early years of life have a major impact on the health and life chances of individuals, as do social and economic differences which are cumulative across the life course (CSDH 2008). The social determinants of health include factors such as the local environment we live in, the level of education we attain, and the amount of money we earn.

Traditionally, society has looked solely to the health sector to address health concerns and diseases. A population health planning approach recognises that action on the social determinants of health is also required to improve health and wellbeing, and is therefore the shared responsibility of all sectors of society.

The World Health Organisation defines the social determinants of health as:

*“... the circumstances in which people are born, grow up, live, work, and age, and the systems put in place to deal with illness. These circumstances are in turn shaped by a wider set of forces: economics, social policies, and politics”.*

The social determinants of health include (Mikkonen et al, 2010):

1. Aboriginal status
2. gender
3. disability
4. housing
5. early life
6. income and income distribution
7. education
8. race
9. employment and working conditions
10. social exclusion
11. food insecurity
12. social safety net
13. health services
14. unemployment and job security

The 'health iceberg model' and the 'river model' are two common analogies used to describe the relationship between social determinants and health status.

## The Health Iceberg

John Travis and Regina Ryan (1998) developed the iceberg model to show the relationship between the determinants of health, behavioural and lifestyle factors, and the health and wellbeing of populations.

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The top section represents physical health status that is immediately visible, identifiable and often measurable. This "tip of the iceberg" shows only a small part of the overall picture.

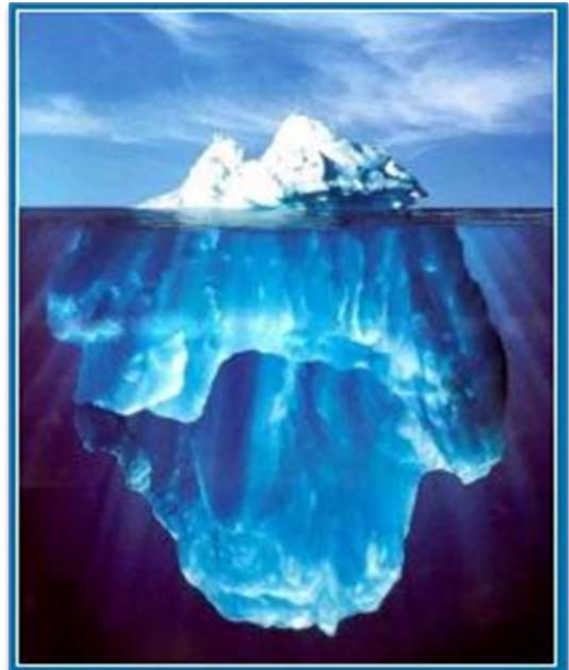
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The middle section identifies the behavioural and lifestyle factors that contribute to health "just under the water's surface"

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The bottom section represents the social determinants which have the greatest impact on health status and influence the opportunities, exposures, and behaviours that contribute to health. These make up the bulk of the health iceberg and are not always immediately obvious, but have the potential to offer the biggest gains.

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This iceberg illustration reflects a [social model of health](#) by taking into account the effect of social determinants on health and wellbeing. The layers of the iceberg represent the complex set of factors and conditions that determine the health status of every Australian.

**"Why is John in the hospital?"**

Because he has a bad infection in his leg.

**But why does he have an infection?**

Because he has a cut on his leg and it got infected.

**But why does he have a cut on his leg?**

Because he was playing in the junk yard next to his apartment building and there was some sharp, jagged steel there that he fell on.

**But why was he playing in a junk yard?**

Because his neighborhood is kind of run down. A lot of kids play there and there is no one to supervise them.

**But why does he live in that neighborhood?**

Because his parents can't afford a nicer place to live.

**But why can't his parents afford a nicer place to live?**

Because his Dad is unemployed and his Mum is sick.

**But why is his Dad unemployed?**

Because he doesn't have much education and he can't find a job.

**But why ...?"**


Source: Public Health Agency of Canada (2011)

## The Health River

John McKinlay first used the river analogy in an address to the American Heart Association in 1974 (Cypress 2004:249). He described a rapidly flowing river representing illness, and argued that health professionals were so caught up in rescuing victims from the river that they had no time to look upstream to see who was pushing their patients in. McKinlay also described his frustration with the "downstream endeavors" – which he characterised as short-term, problem-specific, individual-based interventions, and challenged health professionals to refocus and look upstream, where the real problems lie (Cypress 2004:249).

The phrase "looking upstream" is now a familiar term related to preventive healthcare and population health. However, population health recognises that an "upstream" orientation does not diminish the importance of delivering quality, affordable, and timely health services downstream, or addressing behavioral risks such as smoking and physical inactivity (which are categorised as midstream actions). Rather, this upstream shift in focus has the potential to lessen the burden on these critical services.

Table #: Examples of upstream, midstream and downstream actions.



	Downstream Actions	Midstream Actions	Upstream Actions
<b>Violence against women</b>	<ul style="list-style-type: none"> <li>• Crisis care</li> <li>• Emergency housing/ refuges</li> <li>• Men's behaviour change programs</li> <li>• Apprehended violence orders (AVOs)</li> </ul>	<ul style="list-style-type: none"> <li>• Respectful Relationships education program</li> <li>• Standardised risk assessment by community services</li> <li>• Human resources policies that support victims of family violence</li> </ul>	<ul style="list-style-type: none"> <li>• Income equality between men and women</li> <li>• Access to childcare and family friendly workplaces</li> <li>• Support for women in leadership roles</li> <li>• Media that challenges harmful gender stereotypes</li> <li>• Gender inclusive sporting and recreation environments</li> <li>• VicHealth's 'Stand Up' workplace training program that promotes workplace equality</li> </ul>
<b>Obesity</b>	<ul style="list-style-type: none"> <li>• Bariatric surgery, eg Lap banding surgery</li> <li>• Liposuction</li> <li>• Weight loss medications</li> <li>• Diet supplements</li> <li>• Weight loss programs/service</li> </ul>	<p>Diet related actions:</p> <ul style="list-style-type: none"> <li>• Food provision in school canteens, hospitals, workplaces</li> <li>• Community gardens</li> <li>• Restrictions on marketing unhealthy food (eg during children's TV shows)</li> <li>• Regulations for health claims on food products</li> </ul> <p>Exercise related actions:</p> <ul style="list-style-type: none"> <li>• Media campaigns (eg Swap it don't stop it, Measure Up)</li> <li>• School travel and physical education policies</li> <li>• Facilities for physical activity in schools and workplaces (including work showers, bike storage)</li> </ul>	<p>Diet related actions:</p> <ul style="list-style-type: none"> <li>• Food taxes/subsidies</li> <li>• Land-use management</li> <li>• Density of local fresh food retailers</li> <li>• Density of fast food outlets</li> <li>• Policy that supports reduced food transport ('food miles')</li> </ul> <p>Exercise related actions:</p> <ul style="list-style-type: none"> <li>• Taxation incentives for using public transport</li> <li>• Statewide school policies on physical education,</li> <li>• Land use zoning to support walking and cycling</li> </ul>

## Social determinants approach for population health

Population health planning aims to tackle the root causes of ill-health by adopting a social determinants approach to achieve the greatest possible improvements in the health of the community. While not all social determinants can be changed (eg, genetics, race), population health focuses on those determinants where change is possible (eg, housing, employment, and education). The social determinants of health are largely outside the influence of health services, requiring partnerships with other sectors in order to affect change.

Population health planning reflects a social determinants approach by:

- Viewing health as everyone's business and advocating for health to be reflected in all policies. Action on the determinants of health requires the involvement of sectors outside health.
- Valuing community knowledge and participation in understanding the most important factors contributing to poor health and in deciding the most appropriate action.
- Viewing health more broadly - it starts before the hospital, GP clinic or pharmacy
- Embracing an upstream vision that looks beyond a behavioural risk-factor approach to the broad array of determinants that create poor health.

## The benefits of action on social determinants

The 2012 report *'The cost of inaction on the social determinants of health'* by the National Centre for Social and Economic Modelling for Catholic Health Australia suggests that significant economic benefits could be achieved if Australia adopted recommendations for government action on social determinants contained in the *'Closing the Gap' Report* (CSDH 2008). Marmot et al (2012:182) identify additional benefits of a social determinants approach, including:

- A more cohesive community
- A more educated population
- Lower rates of crime
- A more highly motivated workforce

## The role of the service providers in acting on social determinants

Most of the social determinants of health lie outside the direct influence of services. While services are primarily focused on delivering down- and midstream actions, they still have a role to play. Labonte (2002) uses the example of the health sector to demonstrate five key roles of health services in acting on non-medical determinants:

1. **Educator/watchdog:** a combination of increasing public awareness about health-determining social and environmental conditions, and monitoring their effects on health status
2. **Resource broker:** making resources, (personnel, finances, material goods), available to groups working on health determinants, regardless of whether these actions are undertaken in the name of 'health'

3. **Community developer:** supporting community group organisations and action on health determinants through dedicated community development/health promotion staff and grants programs
4. **Partnership developer:** conducting joint programming and policy development work (locally and regionally) with people in the public, private, and civil society sectors who have a stake in health determinants
5. **Advocate/catalyst:** developing and advocating statements on policy options that influence health determinants, especially to senior government

## Suggested reading

Report: [Closing the Gap in a Generation: Health Equity through Action on the Social Determinants of Health](#) (World Health Organization, 2008)

Video: [Population Health: a new agenda](#) (Lemongrass Media, 2010). A 15-minute video of interviews with public health officials and community residents, demonstrating the impact of social determinants and health equity.

Article: [Social determinants of health inequalities \(Marmot, 2005\)](#)

[Social Determinants of Health - The solid facts, Second Edition](#) (WHO, 2003) Online publication.

## Australian resources

Book: [Determining the Future: A Fair Go & Health for All](#) Laverty et al, 2011

Report: [The Cost of Inaction on the Social Determinants of Health](#) Catholic Health Australia and University of Canberra (2012)

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