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Chapter 1 : Spotlight | Social Determinants of Health | CDC

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Disability These social determinants of health are related to health outcomes, public policy, and are easily understood by the public to impact health. They tend to cluster together â€" for example, those living in poverty experience a number of negative health determinants. The second major area was distribution of power, money, and resources, including equity in health programs, public financing of action on the social determinants, economic inequalities , resource depletion , healthy working conditions , gender equity , political empowerment , constitution of reserves [7] and a balance of power and prosperity of nations. This declaration involved an affirmation that health inequities are unacceptable, and noted that these inequities arise from the societal conditions in which people are born, grow, live, work, and age, including early childhood development, education, economic status, employment and decent work, housing environment, and effective prevention and treatment of health problems. Woolf, MD of the Virginia Commonwealth University Center on Human Needs states, "The degree to which social conditions affect health is illustrated by the association between education and mortality rates". Based on the data collected, the social conditions such as education, income, and race were dependent on one another, but these social conditions also apply to independent health influences.. The social condition of autonomy , control, and empowerment turns are important influences on health and disease, and individuals who lack social participation and control over their lives are at a greater risk for heart disease and mental illness. The Organization for Economic Cooperation and Development found significant differences among developed nations in health status indicators such as life expectancy, infant mortality , incidence of disease, and death from injuries. The Commission also calls for government action on such things as access to clean water and safe, equitable working conditions, and it notes that dangerous working conditions exist even in some wealthy countries. These conditions include availability of resources to access the amenities of life, working conditions , and quality of available food and housing among others. Within this view, three frameworks have been developed to explain how social determinants influence health. The materialist view explains how living conditions â€" and the social determinants of health that constitute these living conditions â€" shape health. The neo-materialist explanation extends the materialist analysis by asking how these living conditions occur. The psychosocial comparison explanation considers whether people compare themselves to others and how these comparisons affect health and wellbeing. Within nations, however, individual socio-economic position is a powerful predictor of health. Material conditions of life lead to differing likelihood of physical infections , malnutrition , chronic disease , and injuries , developmental delayed or impaired cognitive , personality , and social development , educational learning disabilities , poor learning, early school leaving , and social socialization , preparation for work, and family life problems. The materialist approach offers insight into the sources of health inequalities among individuals and nations. Adoption of health-threatening behaviours is also influenced by material deprivation and stress. Tobacco use, excessive alcohol consumption, and carbohydrate-dense diets are also used to cope with difficult circumstances. The neo-materialist approach is concerned with how nations, regions, and cities differ on how economic and other resources are distributed among the population. The neo-materialist view focuses on both the social determinants of health and the societal factors that determine the distribution of these social determinants, and especially emphasizes how resources are distributed among members of a society. Feelings of shame, worthlessness, and envy can lead to harmful effects upon neuro-endocrine, autonomic and metabolic, and immune systems. However, these effects may be secondary to how societies distribute material resources and provide security to its citizens, which are described in the materialist and neo-materialist approaches. The economic and social conditions â€" the social determinants of health â€" under which

individuals live their lives have a cumulative effect upon the probability of developing any number of diseases, including heart disease and stroke. Low birth weight , for instance, is a reliable predictor of incidence of cardiovascular disease and adult-onset diabetes in later life. Nutritional deprivation during childhood has lasting health effects as well. Pathway effects are experiences that set individuals onto trajectories that influence health, well-being, and competence over the life course. As one example, children who enter school with delayed vocabulary are set upon a path that leads to lower educational expectations, poor employment prospects, and greater likelihood of illness and disease across the lifespan. Deprivation associated with poor-quality neighbourhoods, schools, and housing sets children off on paths that are not conducive to health and well-being. These involve the combination of latent and pathways effects. Adopting a life-course perspective directs attention to how social determinants of health operate at every level of development â€" early childhood, childhood, adolescence, and adulthood â€" to both immediately influence health and influence it in the future. There is a relationship between experience of chronic stress and negative health outcomes. The direct relationship between stress and health outcomes is the effect of stress on human physiology. The long term stress hormone, cortisol , is believed to be the key driver in this relationship. One way this happens is due to the strain on the psychological resources of the stressed individual. Chronic stress is common in those of a low socio-economic status, who are having to balance worries about financial security, how they will feed their families, housing status, and many other concerns. Chronically stressed individuals may therefore be less likely to prioritize their health. In addition to this, the way that an individual responds to stress can influence their health status. Often, individuals responding to chronic stress will develop potentially positive or negative coping behaviors. People who cope with stress through positive behaviors such as exercise or social connections may not be as affected by the relationship between stress and health, whereas those with a coping style more prone to over-consumption i. Interventions[edit] Three common interventions for improving social determinant outcomes as identified by the WHO are education, social security and urban development. Many scientific studies have been conducted and strongly suggests that increased quantity and quality of education leads to benefits to both the individual and society e. Health and economic outcome improvements can be seen in health measures such as blood pressure [44] [45] , crime [46] , and market participation trends [47]. Examples of interventions include decreasing size of classes and providing additional resources to low-income school districts. However, there is currently insufficient evidence to support education as an social determinants intervention with a cost-benefit analysis. However, the full economic costs and impacts generated of social security interventions are difficult to evaluate, especially as many social protections primarily affect children of recipients [42]. Urban development interventions include a wide variety of potential targets such as housing, transportation, and infrastructure improvements. The health benefits are considerable especially for children , because housing improvements such as smoke alarm installation, concrete flooring, removal of lead paint, etc. In addition, there is a fair amount of evidence to prove that external urban development interventions such as transportation improvements or improved walkability of neighborhoods which is highly effective in developed countries can have health benefits [42]. Affordable housing options including public housing can make large contributions to both social determinants of health, as well as the local economy [51]. The Commission on Social Determinants of Health made recommendations in for action to promote health equity based on three principles: Expansion of knowledge of the social determinants of health, including among healthcare workers, can improve the quality and standard of care for people who are marginalized, poor or living in developing nations by preventing early death and disability while working to improve quality of life. While neither cost-effectiveness nor cost-utility analysis is able to be used on social determinant interventions, cost-benefit analysis is able to better capture the effects of an intervention on multiple sectors of the economy. For example, tobacco interventions have shown to decrease tobacco use, but also prolong lifespans, increasing lifetime healthcare costs and is therefore marked as a failed intervention by cost-effectiveness, but not cost-benefit. Another issue with research in this area is that most of the current scientific papers focus on rich, developed countries, and there is a lack of research in

developing countries [42]. Policy changes that affect children also present the challenge that it takes a significant amount of time to gather this type of data. In addition, policies to reduce child poverty are particularly important, as elevated stress hormones in children interfere with the development of brain circuitry and connections, causing long term chemical damage. For instance, the Netherlands, Austria, Belgium and Germany have poverty rates that are in the 7 to 8 percent range. Their quality and availability to the population are usually a result of public policy decisions made by governing authorities. For example, early life is shaped by availability of sufficient material resources that assure adequate educational opportunities, food and housing among others. Much of this has to do with the employment security and the quality of working conditions and wages. The availability of quality, regulated childcare is an especially important policy option in support of early life. In this context, Health in All Policies has seen as a response to incorporate health and health equity into all public policies as means to foster synergy between sectors and ultimately promote health. Yet it is not uncommon to see governmental and other authorities individualize these issues. Governments may view early life as being primarily about parental behaviours towards their children. They then focus upon promoting better parenting, assist in having parents read to their children, or urge schools to foster exercise among children rather than raising the amount of financial or housing resources available to families. Indeed, for every social determinant of health, an individualized manifestation of each is available. There is little evidence to suggest the efficacy of such approaches in improving the health status of those most vulnerable to illness in the absence of efforts to modify their adverse living conditions. The review of 21 studies, including 16 randomized controlled trials, found that unconditional cash transfers may not improve health services use. Unconditional cash transfers may also improve food security and dietary diversity. Children in recipient families are more likely to attend school, and the cash transfers may increase money spent on health care.

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Women in construction are seen as the wrong gender to be around, for the construction professions involve not only labour-intensive dexterity but physical strength. This project discussed the current women participation in construction focusing Kenya, and in particular the JPIP project. Additionally, issues and barriers inhibiting women entering and retaining in the industry was also discussed. This study adopted a descriptive research design because it involved fact finding enquiries and surveys with the sole purpose of describing how things are presently, without the researcher having control over the variables. A regression model was applied to analyse the extent of the significance of the relationship between the dependent and independent variables. The population was those involved with the Judicial Performance Improvement Project, specifically the construction component, with a total of 89 people. Samples were drawn using a census as the sample size was very few, giving a sample of 89 people. Questionnaires and interviews were employed to collect data. The data obtained was analysed qualitatively and quantitatively using descriptive statistics, and a multiple linear regression model was used to model the data, and to analyse the extent of the significance of the relationship between the dependant and independent variables. A strong conclusion from the paper was that it is not the technical expertise that needs demonstrating but rather encompassing their individuality as women to meet the demands of the workplace and having the aptitude to fit into the recognised conduct of the workplace. There was also disquiet among the female workers of having to set of scales between successful career and family lives. Among them are bringing more female role models to aspire career in construction, stronger equal chances at the workplace and stronger roles of the social partners. Programs Plus Policy in V. Maione ed Gender Equality in Higher Education. Small Business Economics 28 23 , A Review of the Barriers. Research Institute for the Built and Human Environment. Men and Women in Leadership. Canadian Manager, 20 4 , Issues confronting women participation in the construction industry. Cracks Appear in The Glass Ceiling. Equality and opportunity in construction, building the future: London, The Smith Institute: Motivating purchase of private brands: Effects of store image, product signatureness and quality variation. Journal of Business Research, 64, Ethnicity and Gender at Work: Inequalities, Careers and Employment Relations. Turnover of female managers. Current Research Issues Brown, T. Confirmatory Factor Analysis for Applied Research. Work and Occupations, 27 4, Women in Construction Management. Business research methods 10 ed. Business Research Methods 5th edition. III and Spencer, M. The Constraints Management Handbook. Journal of Management in Engineering. W and Davidson, M. Managing Diversity and Equality in Construction: A black feminist perspective on the significance of mentoring for African American women in educational leadership. International Journal of Qualitative Studies in Education, 25, Conceptualising effective mentoring relationships of doctoral student and faculty. Journal of Qualitative studies in education 21 5 , Greed, C. Women in the Construction Professions: Pearson Education Limited Hauschildt J. Realistic criteria for project manager selection and development. Project Management Journal 31 3: The pipeline to the top: Women and men in the top executive ranks of U. The Academy of Management Perspectives, November, 20 , Organization, Technology and Management in Construction: An International Journal, 8 1 , pp. Unpublished 2nd, February Kamau, M. Experiences of Kenyan Women in Higher Education". A gender blind budget. The status of women and higher education management: An exploration towards a production theory and its application to construction. Koh, Women project managers: Eds , Women in Management Worldwide: Progress and Prospects, 2nd ed. Unpublished thesis Menches, C. A Theory of Construction Management. Wiley-Blackwell, London, Mohamed, M. Journal of Managerial Psychology, Moreau, M; Osdood, J: Making a Sense of the Glass Ceiling in Schools: Gender and Development, vol. Research Methods Quantitative and qualitative approaches. Men and Women in Transition. Cambridge University Press, Northampton. Gender

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