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| **Learning Module:**  **Building understanding of the social determinants of health (SDH)**  **2020** |  |

**Introduction**

To understand how and why some health and wellbeing issues exist requires consideration of the broader social context in which people are born, grow, work, live, and age, and the wider set of forces and systems shaping the conditions of daily life. These forces and systems include economic policies and systems, development agendas, social norms, social policies and political system (World Health Organisation <https://www.who.int/social_determinants/en/>).

This module is to support students in years 12-13 and in initial teacher education courses, as well as practicing teachers, to develop *and update* their understandings of the social determinants of health (SDH). In recent years the World Health Organisation has been refining the way the SDH are framed. This has resulted in aspects of our existing health education resources becoming outdated.

Health education does not require substantial amounts of specific content teaching but this is one aspect of our knowledge where a common understanding is required. This knowledge is needed when we study health issues that impact significant numbers of people in a population, at national or international level, and particularly when the health issue arises from the uneven distribution of money, power and material resources.

As a health education subject community, we need to revise some of our thinking and use of the SDH.

* Central to this shift is to understand how the SDH provide the broader understanding of the many complex factors that explain HOW and WHY some health issues exist, which is critical for learning in health education.
* We also need to move to understanding that the SDH provides the umbrella to the more familiar ‘determinants of health’ which are only about WHAT factors contribute to health *which, alone*, is not sufficient for learning in health education.

The first part of this module makes use of a recent video to explain the social determinants of health before looking at ways we apply these ideas in health education. In particular, how health and wellbeing issues related to poverty can be explained using the social determinants of health.

**Learning intentions**

Students will learn:

* What is meant by the World Health Organisation’s understanding of the ‘social determinants of health’ and how the ‘determinants of health’ relate to the SDH.
* How the SDH relate to the HPE underlying concept “the socio-ecological perspective”.
* Where understanding of the social determinants of health is relevant to use and apply in health education.
* How the SDH helps to understand the connections between poverty and health.

**Overview of activities**

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| **Activity 1a** | Social determinants of health language |
| **Activity 1b** | Comprehension questions about the SDH |
| **Activity 2** | Revision: Socio-ecological model activity |
| **Activity 3** | [MAIN ACTIVITY] Creating your own social determinants of health ‘storyboard’ |
| **Activity 4** | The SDHs in context |
| **Activity 5** | Photo essays showing social and economic inequities |
| **Activity 6a** | The SDH, poverty and health |
| **Activity 6b** | Making connections: Linking Poverty with Social Determinants of Health with a selected health topic. |
| **Activity 6c** | Poverty-related topic: Investigation summary |

**Completing this module**

The module is provided as simple Word document which you can cut and paste into, and reformat as you wish. The spaces for writing are all Word tables and will grow as they are written in.

If you are unable to complete this module on your device, it can be printed and written on and pictures drawn or cut and pasted form other print materials.

You do not need to complete all parts of the earlier activities before moving to the next. In fact, it may be useful to complete what you can of the language and introductory socio-ecological perspective activities, and come back to complete these once you have worked through some of the later activities that add more detail.

[Other resource material may be developed to further support this module.]

**ACTIVITY 1a. Social determinants of health language**

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| * Match the correct definition to each word/phrase. Cut and paste the meaning of the word or phrase from the item bank in the right hand column into the relevant centre column. * Once all of the words and meanings have been matched, use the space created in the right hand column to use the word in a sentence, or add another explanation sourced from the materials you use for this module. | * You don’t need to complete all of this activity at the beginning of the module. It can be completed as you come across these terms in the activities that follow. |

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| **Word or phrase** | **Meaning** | **Item bank – later to use for expanded meanings or using the word in a sentence** |
| **Health (WHO definition)** |  | … are the conditions in which people are born, grow, work, live, and age, and the wider set of forces and systems shaping the conditions of daily life. These forces and systems include economic policies and systems, development agendas, social norms, social policies and political systems. |
| **Wellbeing** |  | … is the existence of unequal opportunities and rewards for different social positions or statuses within a group or society |
| **Hauora** |  | … the manner in which power is exercised in the management of a country's economic and social resources for development (World Bank) |
| **Biomedical (health)** |  | … relating to the interaction of social and economic factors |
| **Holistic (wellbeing)** |  | … spiritual and other values and beliefs, identity, traditions and customs, philosophies, practices, values related to whanau/ family relationships |
| **Social** |  | … who people are (biologically) based on their age, sex and genetics |
| **Determinant** |  | … the presence of positive emotions and moods (e.g., contentment, happiness), the absence of negative emotions (e.g., depression, anxiety), satisfaction with life, fulfilment and positive functioning. In simple terms, wellbeing can be described as judging life positively and feeling good. |
| **Determinants of health** |  | … is the capacity of an individual or group to influence the conduct and behaviour of others. The term ‘authority’ is often used when it is seen as legitimate by the social group or population. It need not involve force or the threat of force (coercion). |
| **Social determinants of health** |  | … laws policies and guidelines (etc) made at local, national and international level by people in power and/or with authority to make decisions on behalf of others |
| **Structural determinants** |  | … the systems local and national government have for setting levels of taxation, budgets, the money supply and interest rates, and regulate the labour market |
| **Intermediary determinants** |  | … the links, shared values and understandings in  society that enable individuals and groups to trust each other and so  work together (OECD) |
| **Inequity / inequitable** |  | … a factor which decisively affects the nature or outcome of something |
| **Unequal / inequality** |  | “ … a state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity.” |
| **Distribution** |  | … a model of health that focuses on purely biological factors and excludes psychological, environmental, and social influence |
| **Power** |  | … the principles that help us decide what is right and wrong, and how to act in various situations |
| **(Material) Resources** |  | … “The ongoing process of developing wellbeing, sense of belonging, and voluntary social participation of the members of society, while developing communities that tolerate and promote a multiplicity of values and cultures, and granting at the same time equal rights and opportunities in society.” (Fonseca, Lukosch & Brazier, 2018) |
| **Socio-economic** |  | … a Māori philosophy of health unique to New Zealand. It comprises taha tinana, taha hinengaro, taha whanau, and taha wairua. |
| **Governance** |  | … the interdependence and interrelationships that exist between the self/individuals, others, and society |
| **Social policy** |  | … what people do such as their diet, exercise, smoking and alcohol use |
| **Economic policy** |  | … factors that operate ‘between’ other factors that contribute to people’s health – these mediating factors may serve to protect or lessen the impact of some factors on people’s health, or compound (and make worse) the health problems being experienced. |
| **Values** |  | … an approach that considers the whole person and how they interact with their environment. It emphasises the connection of mind, body and spirit rather than focusing only on illness or specific parts of the body |
| **Economic (determinants)** |  | … the action of sharing something out among a number of people |
| **Political (determinants)** |  | … things like food, clothing, housing, transport, communication devices, medical supplies, education materials, recreation equipment, etc |
| **Cultural (determinants)** |  | … relating to society or its organisation (and where ‘society’ is people living together in a more or less ordered community) |
| **Social norms** |  | … guidelines, principles, laws and activities that affect the living conditions that support to people’s welfare and wellbeing or their quality of life |
| **Personal factors** |  | … the factors related to people’s access to financial resources – e.g. their level of income |
| **Behaviours or lifestyle factors** |  | … when money and resources are distributed unevenly leading to unfair and avoidable impacts of people’s lives |
| **Socio-ecological** |  | … the unwritten rules about how to behave in a particular social group or culture |
| **Social cohesion** |  | … the things or factors that make people healthy - or not |
| **Social capital** |  | … all social and political mechanisms that generate … stratification (levels or layers) and social class divisions in society and that define individual socioeconomic position within hierarchies of power, prestige and access to resources” (WHO) |
| **Add more terms of your own** |  |  |
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**ACTIVITY 1b. Comprehension questions about the SDH**

*(You may need to come back to some of these questions once you have worked through the following activities.)*

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| **Statement from the World Health Organisation:**  “To understand how and why some health and wellbeing issues exist requires consideration of the broader social context in which people are born, grow, work, live, and age, and the wider set of forces and systems shaping the conditions of daily life. These forces and systems include economic policies and systems, development agendas, social norms, social policies and political systems.” (WHO, https://www.who.int/social\_determinants/en/) |

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| **Terms from the statement above and the Activity 1 word list** | **Comprehension and discussion questions** | **Your ideas** |
| **Social** | If something is ‘social’ in nature, what does this mean? |  |
| **Determinant** | What does the term ‘determinant’ mean? |  |
| **Economic policies** | Give two examples of NZ ‘economic policies’.  How is economic policy a ‘force’? |  |
| **Economic systems** | What is meant by an ‘economic system’?  How are economic systems linked with health? *Think about the way poverty is linked with health and therefore how economic systems impact health.* |  |
| **Development agendas** | What is meant by ‘developmental agenda? Give an example of a NZ (or overseas) developmental agenda related to health or reduction in poverty. |  |
| **Social norms** | *If we think of social norms as cultural attitudes, values and practices*…How are cultural (or subculture) attitudes, values, beliefs and practices in some way a ‘force’ that contributes to people’s health outcomes – their own or others? Use examples to illustrate your ideas. |  |
| **Social policies** | What sorts of policies are ‘social policies’? Give examples of a range of policies that might be called ‘social policy’. |  |
| **Political systems** | What is meant by ‘political system’? What different sorts of political systems do you know about (think about what you learned in social studies)? What sort of political system does NZ have? What sorts of political systems are (mostly) associated with countries where there are high levels of poverty and poor health for many people in the population? Why is this – what’s the link between the political system and why many people are poor and unhealthy? |  |
| **Distribution of money** | Give an example of the way money is distributed **unevenly** which means some people miss out (and live in poverty/have unhealthy lives). Try to give an example for each of  (1) globally, (2) nationally, (3) locally (ie your city/town or your area of the city/community or even your school). |  |
| **Distribution of power** | What is ‘power’ referring to here? (Think people in decision making positions, people who have control over matters ….)  Same question as above - this time focused on the distribution of power. |  |
| **Distribution of resources** | When it comes to health and reducing poverty, what ‘resources’ are going to be important?  Same question as above - this time focused on the distribution of resources. |  |
| **Health inequities are the unfair and avoidable differences in health status seen within and between countries** | What does ‘equity’ mean and how is it different to equality? Therefore, what is ‘inequity’? *Source an online cartoon (there are many variations) that show this difference visually.*  How or why are these health inequities ‘unfair’?  How or why are these health inequities ‘avoidable’?  Why do these differences exist within countries (think of NZ for example)?  Why do they exist between countries? |  |

**ACTIVITY 2. Revision: Socio-ecological model activity**

This activity aims to revise your understanding of hauora and wellbeing, and the socio-ecological perspective (as used in health education) in order to later understand how the (social) determinants of health and the SEP relate to each other.

1. Select a **health and** **wellbeing** issue of interest to you. *Choose something where there’s a NZ website (.org or other credible website) that you can extract information from if you get stuck doing this off the top of your head.* E.g. alcohol or other drugs, a mental health issue (‘wellbeing’ in the broad sense, or a more specific mental health and wellbeing issue like stress, anxiety, depression), mental health and social media (or specific aspects like cyberbullying), diversity and inclusiveness issues, a biomedical health issue, and so on.
2. Populate the tables on the following page to:

(a)Describe the health and wellbeing situation from a holistic perspective (ie all dimensions of hauora AND how these interrelate); then

(b) Map out what you understand to be the factors influencing people’s health and wellbeing in this context; and then

(c) What actions could be (or need to be taken) to improve the health and wellbeing of people impacted by this situation.

**Use the fill-in boxes on the following page for this activity**

**Influences on wellbeing Fair, inclusive and respectful actions**

Community/societal

**to promote wellbeing**

Self/individual/personal

Interpersonal – relationships with others

This is formatted as a basic table – it will grow as you type into it and more lines can be inserted if needed.

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| **Taha tinana – physical wellbeing** | **Taha whānau – family and social wellbeing** |
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| **Taha hinengaro – mental and emotional wellbeing** | **Taha wairua – spiritual wellbeing** |
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| **Overall, describe a couple of ways you see some of these aspects of the dimensions interconnecting** *(make cause-and effect type links between the dimensions)* |  |

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| **Influences on wellbeing** | **Fair, inclusive and respectful actions to promote wellbeing** – as far as possible, link these to the influences in the left hand column |
| **Personal influences - own or individual attitudes, values, beliefs, knowledge, skills, experiences, circumstances, etc** |  |
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| **Interpersonal influences that come from relationships with others** |  |
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| **Societal influences that operate more at a distance like media, laws and policies, culture and social norms etc** |  |
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| **Websites sources used (if any):** |
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**ACTIVITY 3:** **Creating your own social determinants of health ‘storyboard’**

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| This activity requires you to view the 4 minute video on the determinants of health at [**https://www.youtube.com/watch?v=zSguDQRjZv0**](https://www.youtube.com/watch?v=zSguDQRjZv0)and then recreate the images and ideas in your own ‘storyboard’.   * Your storyboard will be more detailed than the original video to help you develop a detailed understanding of the ‘determinants of health’ and the ‘social determinants of health’. * *If you wish, you can also use the additional ideas provided in the 5 minute video on the social determinants of health at* [*https://www.youtube.com/watch?v=8PH4JYfF4Ns*](https://www.youtube.com/watch?v=8PH4JYfF4Ns)   **Allow 2-3 hours for this activity.** | * A transcription of most of the audio track is provided in the left-hand column of table below – **you need to add to this text with your own ideas using the prompts provided.** * Add illustrations of your own choosing. It is suggested that you use the ‘snipping tool’ on your computer to cut and paste images found online for this. * Once you have completed your storyboard you should be able to delete the left hand column (and the top header row) leaving only your account of the social determinants of health containing all of the information required. * *(Optional) If time and opportunity allow, consider turning your storyboard into a digital presentation that can be shared.* |

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| **Video audio** *(you will delete this column once your story board is completed)* | **Your storyboard – select a relevant combination of words and images to reflect and explain these ideas** (and to answer the extra questions). Keep returning to the video for ideas and to make sure you are retaining the intended meaning. |
| Determinants of health (cover page) |  |
| Health is a complete state of physical, social and mental wellbeing *(based on the WHO definition) …* |  |
| … Not just an absence of disease or infirmity |  |
| Good health is not just about individuals, but also about communities |  |
| When we look at our families, friends and others, we can see that health is very variable |  |
| *(For example)* Life expectancy for a child born in Sierra Leone (Africa) is 53 years, whereas in Australia it is 83 years, although for Australia’s indigenous population (Australian aborigines) is 10 years less (2016 data).  See if you can replace the Australian data with NZ life expectancy data. |  |
| Health for a specific group of people can change depending on their:  Education  Income  Occupation |  |
| To understand why requires understating the factors that influence health – these factors are called the DETERMINANTS of HEALTH (DoH).  If we say health is ‘determined’ by these factors – what does ‘determine’ mean in this situation? |  |
| WHO the are – age, sex, genetics (biological factors) |  |
| WHAT THEY DO – health behaviours such as diet, smoking and alcohol use, exercise |  |
| THE CONDITIONS in which they are  Born  Grow  Live  Work  Age |  |
| COLLECTIVELY these factors are called the SOCIAL DETERMINANTS OF HEALTH.  How would you explain the difference between the ‘determinants of health’ and the ‘social determinants of health’ – what does consideration of the ‘social’ factors add? |  |
| The social determinants of health (SDH) are shaped by the DISTRIBUTION of:  MONEY  POWER  (Material) RESOURCES  This is a critical idea for understanding the SDH. |  |
| This distribution of money, power and resources impacts people’s health  INTERNATIONALLY  NATIONALLY  LOCALLY |  |
| When the distribution of money, power and resources is uneven it leads to health inequities which are UNFAIR and AVOIDABLE |  |
| Find online a cartoon that shows the difference between INEQUALITY and INEQUITY (there are many of these).  Explain these terms and why a focus on inequity (rather than inequality) is important to understand in relation to health. |  |
| A framework to explain the SDH is provided by the World Health Organisation. They divide the SDH into two broad groups:  STRUCTURAL DETERMINANTS  INTERMEDIARY DETERMINANTS  Explain the difference between these based on what the words ‘structural’ and ‘intermediary’ mean, using the cues in the video. |  |
| STRUCTURAL DETERMINANTS are the socio-economic and political contexts people live in  What does ‘socio-economic’ context (situation) come to mean? *How can people’s socio-economic contexts differ?*  What does ‘political’ context (situation) come to mean? *How can people’s political contexts differ?* |  |
| GOVERNANCE  What is ‘governance’? How does governance relate to people’s health? |  |
| ECONOMIC AND SOCIAL PUBLIC POLICY  What are some examples of **economic policies** that aim to help people to live healthier lives?  What are some examples of **social policies** that aim to help people to live healthier lives? |  |
| Social and cultural VALUES  What are some examples of **social** values that aim to help people to live healthier lives? *Think particularly about ‘social norms’.*  What are some examples of **cultural values** that aim to help people to live healthier lives? |  |
| Inequitable distribution of material and monetary resources shapes people’s economic position. Socio-economic position is characterised by:  EDUCATION  OCCUPATION  INCOME  GENDER  ETHNICITY  SOCIAL CLASS  Think about how the inequitable distribution of material and monetary resources leads to socio-economic position, and illustrate each idea below with an example. |  |
| EDUCATION |  |
| OCCUPATION |  |
| INCOME |  |
| GENDER |  |
| ETHNICITY |  |
| SOCIAL CLASS |  |
| Structural determinants operate through a series of INTERMEDIARY DETERMINANTS that impact exposure to factors that affects people’s health, their vulnerability to health issues, and health outcomes.  Explain what ‘intermediary’ means in this situation and what it means when it is said that the ‘structural determinants operate through a series of these intermediary determinants’. |  |
| INTERMEDIARY DETERMINANTS include  1. MATERIAL CIRCUMSTANCES required for health living like:  QUALITY OF HOUSING  FINANCIAL MEANS TO BUY HEALTHY FOOD AND CLOTHING  WORK ENVIRONMENT  How do you think these ‘mediate’ some of the structural factors? |  |
| 2. PSYCHOSOCIAL factors like stressful living conditions, relationships, and social support  What does ‘psychosocial’ mean? How do you think these ‘mediate’ some of the structural factors? |  |
| 3. BEHAVIOURS  Refer back to the original determinants of health explanation – what is meant by (health) behaviours here and how do you think these ‘mediate’ some of the structural factors? |  |
| 4. BIOLOGICAL FACTORS  Refer back to the original determinants of health explanation – what is meant by biological factors here and how do you think these ‘mediate’ some of the structural factors? |  |
| HEALTH SYSTEMS  The type of health care available  The quality of health care  How easily health care can be accessed  How do each of these ideas impact people health? |  |
| Bridging structural and intermediary determinants are SOCIAL COHESION and SOCIAL CAPITAL  What do these terms mean and how do you think they act as a ‘bridge to connect these different types of social determinants? |  |
| The links between these determinants:  Is not always linear  Are often complex  Interdependent  And interact in different ways  Give an example (e.g. as a mini mind map) to show this in relation to a specific aspect of health. |  |
| **Extra task for health education:**  There are a number of different SDH ‘framework’ diagrams online. Find one of these that you think is helpful for understanding the SDH and add the image here. What does diagram help to show or explain? |  |
| **Extra question for health education:** How do you see the (social) determinants of health linking with the socio-ecological perspective?*Where is some of the language similar?* |  |
| **Extra question for health education:** The SDH do not necessarily apply to all health and wellbeing issues covered in health education. If the SDH apply mostly to ‘health’ situations where there is an uneven distribution of money, power and resources, which topics may not be relevant to consider in relation to the SDH? Why do you say this? |  |
| **Choose your own ending to your storyboard.** You can use the video for ideas but consider a closing statement that makes clear why it is important to understand the social determinants of health when studying in health education. |  |

**Debrief**

Understanding the SDH is complex. Health and wellbeing are complex.

In assessments students are most commonly asked to respond to questions about influences on health issues with ideas about the political, economic and cultural factors but for some issues – like the way poverty and health are related – *some of* these complex understandings of the social determinants of health is helpful - and necessary.

You will find that a lot of the wording in health education resources focuses mostly on the **‘determinants of health’** and emphasises the **political, economic and cultural factors** that identify and describe **‘WHAT’ factors affect health**.

However it is important to have *some understanding* of the **social determinants of health** as this talks to the reasons **WHY and HOW** the determinants of health actually operate and affect people’s health. A lot of this is to do with the **decisions made by people (e.g. policies and laws)** about the ways money and material resources will be distributed and **what people do (the actions they take)** in response to these decisions.

People’s health status has a lot to do with **who has the power** **and the means to make decisions at international, national and local level** – and ***who hasn’t got this power***. When the distribution of money, power and resources is inequitable, and some people have more power, more money, more resources while other people have less, the evidence repeatedly shows that those who have less, have poorer health.

**ACTIVITY 4. The SDHs in context**

To explain and illustrate the ways the SDH lead to better or poorer health, the WHO have identified a number of ‘key concepts’ (perhaps better thought of as key situations or contexts) where the factors that determine health come together in complex ways. *(Note that these ideas are an update of some of the social determinants of health information featured in older health education resources).*

Locate the online source of this information at <https://www.who.int/social_determinants/sdh_definition/en/>

Using the images provided on the website as a source of ideas, find other images from the internet (or print sources if preferred) to visually illustrate each concept. Add brief notes using words and ideas from the previous activities and the online text to highlight the way a range of factors contribute to the situation.

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| **Key concepts** | Description (with images and additional text to explain the concept more fully) | Your image and additional notes to show how some of the (social) determinants of health are featured in the situation. |
| 1. **Employment conditions** | Measures to clarify how different types of jobs and the threat of unemployment affect workers’ health. |  |
| 1. **Social exclusion** | The relational processes that lead to the exclusion of particular groups of people from engaging fully in community and social life. |  |
| 1. **Public health programmes and social determinants** | Factors in the design and implementation of programs that increase access to health care for socially and economically disadvantaged groups. |  |
| 1. **Women and gender equity** | Mechanisms, processes and actions that can be taken to reduce gender-based inequities in health by examining different areas. |  |
| 1. **Early child development** | Well established evidence illustrates that opportunities provided to young children are crucial in shaping lifelong health and development status. |  |
| 1. **Globalisation** | How globalisation’s dynamics and processes affect health outcomes: trade liberalisation, integration of production of goods. |  |
| 1. **Health systems** | Innovative approaches that effectively incorporate action on social determinants of health. |  |
| 1. **Measurement and evidence** | The development of methodologies and tools for measuring the causes, pathways and health outcomes of policy interventions. |  |
| 1. **Urbanisation** | Broad policy interventions related to healthy urbanisation, including close examination of slum upgrading. |  |

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| **Discuss and answer these questions with reference to the activity about the SDH key concepts (above):** |  |
| 1. Why focus on **employment conditions** and not simply whether or not people have a job when considering people’s health? |  |
| 1. With everything we know globally about the importance of have social connections (and not being **socially excluded**) who (what groups or sorts of people) are still excluded from community and social life? Why are some people still being excluded? |  |
| 1. Why is it important to understand health issues from the perspective of disadvantaged groups when planning new **public health programmes** and support for people? (Think about the people who plan and finance these and the people that the programmes are expected to support.) |  |
| 1. Why has there been so much focus on **women and gender equity** in recent years – thinking specifically about women’s health? In this context, what is meant by gender equity? |  |
| 1. Why do you think so much poverty-related research and health promotion (action) is related to **early childhood**? |  |
| 1. What is globalisation (define it)? How does (or could) the processes of **globalisation** either contribute to poverty or reduce poverty? |  |
| 1. What is referred to by ‘**health systems**’? How does the quality and availability of health services within these systems relate to people’s health? |  |
| 1. Why is having health (and other) data (or **measures**) and evidence important when deciding the changes that need to be made to bring about improved health of groups and populations? |  |
| 1. What is a ‘slum’? How do urban slums come about (link these ideas to understandings of poverty)? Where (what countries) do we think of most slums being? How do you know this? Do you think NZ cities have slums? Why or why not? How or why has **urbanisation** in some countries led to the formation of slums? What do you know about the health of people living in slums? |  |
| 1. **Education:** There is no explicit mention of education in here although it is among with the WHOs overall list of the ‘determinants of health’ (as an example of an intermediary determinant). Where could you include consideration of education in the discussion of the WHO’s 9 key concepts above? Why? |  |

**ACTIVITY 5. Photo essays showing social and economic inequities**

Choose one of the books listed below (highlight your choice):

* *Where children sleep’* by James Mollison – the images from this book are online at <https://www.jamesmollison.com/where-children-sleep>
* ‘*Playground’* by James Mollison – the images from this book are online at <https://www.jamesmollison.com/playground-copystand>
* *‘Material World’* by Peter Menzel also has images of very wealthy and very poor families - available online at <http://menzelphoto.com/galleries/material-world/>
* Dollar Street (website) - click on a family and ‘visit this home’ for pictures – go to <https://www.gapminder.org/dollar-street/matrix>

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| Use the snipping tool to copy 2-3 images from your selected book and paste your selected images in each of the cells below. | 1. Discuss what you know, or could infer or assume about the **health and wellbeing** of the person/people in the photo.  2. Discuss what you know, or could infer or assume about the **conditions in which they were born, grow, work, live, and age**  3. Discuss what you know, or could infer or assume about the **wider set of forces and systems shaping the conditions of their daily life**. |
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**ACTIVITY 6a. The SDH, poverty and health**

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| **What is poverty?** | **Your ideas and responses** |
| **Define ‘poverty:**   * In NZ terms …. * In global terms …. |  |
| **Which NZ organisations are most interested in issues of poverty for NZers?**   * Why does NZ - a ‘developed’ and relatively wealthy country with a high quality of life - have a child poverty issue? * The current government are aiming to reduce child poverty in NZ – what has happened so far? Which government ministries are involved in this? |  |
| **Which are the main international organisations that have something to say about poverty or who work to eliminate poverty?** What is the main mission of each of these organisations?   * From a health perspective? * From an economic development perspective? * From a human rights perspective?   ***Think of ….* WHO –** see the section on poverty and health <https://www.who.int/hdp/poverty/en/>**; UN and UNESCO; World Bank** <https://www.worldbank.org/en/topic/poverty/overview>  **Name or describe some of the key initiatives or strategies** these organisations are responsible for, and/or documents produced by these organisations that may be useful for later learning. |  |
| **Explain how you see the links between poverty and the SDH** using ideas from this and previous activities, and in reference to the quote below.  **WHO:** “The **social determinants of health** (SDH) are the conditions in which people are born, grow, work, live, and age, and the wider set of forces and systems shaping the conditions of daily life. These forces and systems include **economic policies and systems, development agendas, social norms, social policies and political systems**.”  <https://www.who.int/social_determinants/en/> |  |
| **The cycle of poverty**  You may have heard of the ‘cycle of poverty’ or the ‘poverty trap’.   * Find out what this means and source a diagram/model. * Why is it so hard for people living in poverty to break out of this cycle by themselves? * Why does it require external intervention (by way of improved policies, systems etc) to help people out of poverty? |  |
| **United Nations Sustainable Development Goals (SDGs)**  Source: <https://sustainabledevelopment.un.org/?menu=1300>  **Goal #1 is NO poverty.** Read about this goal at <https://sustainabledevelopment.un.org/sdg1>     * What is the purpose of the SDGs? * Who is responsible for seeing that these goals are met? * What sorts of actions have already taken place? |  |

**ACTIVITY 6b.** Making connections: Linking **Poverty** *with the* **Social Determinants of Health** *with* **a selected health topic.**

**What is the poverty related health topic you have studied? [Name it here]**

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| **Key concepts** (see Activity 4 for explanations) | Thinking about your selected topic, which of the WHO key concepts seem to have relevance for the topic? *Delete all that do not apply. Suggest 3-4 only.* | The social determinants of health can explain health inequities - the unfair and avoidable differences in the health status of people seen within and between countries. This is the result of the uneven distribution of money, power and resources at global, national and local levels.  **In relation to your selected topic, how has poverty contributed to the selected health issue as a result of the uneven distribution of:**   * **Money?** * **Power?** * **Resources?**   *(Cover only what is relevant to the topic.)* | The SDH are the conditions in which people are born, grow, work, live, and age, and the wider set of forces and systems shaping the conditions of daily life, and that these forces and systems include economic policies and systems, development agendas, social norms, social policies and political systems.  **If we use the basic ‘economic, political and cultural’ understandings of the determinants of health:**   1. **Which determinant(s) of health are apparent here, and why do you say this?** 2. **How this key concept is linked with the selected health topic via these determinants?** | Strategies for more equitable outcomes. If the two columns to the left explain the problem, what is the solution? What needs to change?  **Identify strategies that seek to change the factors contributing to the health issue. Use ideas that have worked or appear to be working – as provided on existing international websites.**  **State *how* the strategy will contribute to more equitable health outcomes in relation to the selected health issue.** | Examples  **Note examples (or give links to websites) that provide evidence for all of your responses.** |
| **Employment conditions** |  |  |  |  |  |
| **Social exclusion** |  |  |  |  |  |
| **Public health programmes and social determinants** |  |  |  |  |  |
| **Women and gender equity** |  |  |  |  |  |
| **Early child development** |  |  |  |  |  |
| **Globalisation** |  |  |  |  |  |
| **Health systems** |  |  |  |  |  |
| **Measurement and evidence** |  |  |  |  |  |
| **Urbanisation** |  |  |  |  |  |
| **What else is relevant to the selected topic, not covered above?** |  |  |  |  |  |

**ACTIVITY 6c. Poverty-related topic: investigation summary**

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| **Sentence starters to help organise material collected from your investigation into a poverty-related health topic** | As a range of health topic material is analysed, record sentence and paragraph length ideas in response to these sentence starters. Incorporate ideas from the introductory learning about **poverty and the social determinants of health** to show how these ideas apply to the topic.  Provide reference’s for all of the evidence used (although citing these in the examination is only needed in very basic terms e.g. the name of an organisation). |
| * The health issue is… * Overall, the links between poverty and this health issue are …. * Evidence to support that this health issue is clearly related to poverty includes … |  |
| **Social determinants/factors contributing to the health issue** |  |
| * Overall the way the social determinants of health (SDH) contribute to this health issue includes … *(use language associated with the social determinants of health such as: unfair and avoidable differences in health status, and inequitable distribution of money, resources and power)* |  |
| * An example to support this is… |  |
| * Another example to support this is… |  |
| * Another example to support this is… |  |
| **Implications for wellbeing of people and society** |  |
| * In the short-term, the individual wellbeing of people (and their relationships with others) is affected because... * This could lead to the long-term *personal/interpersonal* effects of… * An example to support this is... |  |
| * In the short-term, the wellbeing of communities (and countries where relevant) is affected because… * This could lead to the long-term effects for all of *society* of… * An example to support this is… |  |
| **Strategies to address the factors and create equitable health outcomes** |  |
| * A strategy that could be used to address these *unfair and avoidable differences in health status, and inequitable distribution of money, resources and power* is… * This should respond to the social determinants health in this situation (and the health and wellbeing implications) and lead to equitable health outcomes because… * For example, this strategy is used/has been recommended by… |  |
| * Another strategy that could be used to address these *unfair and avoidable differences in health status, and inequitable distribution of money, resources and power* is… * This should respond to the social determinants health in this situation (and the health and wellbeing implications) and lead to equitable health outcomes because… * For example, this strategy is used/has been recommended by… |  |
| * Another strategy that could be used to address these *unfair and avoidable differences in health status, and inequitable distribution of money, resources and power* is… * This should respond to the social determinants health in this situation (and the health and wellbeing implications) and lead to equitable health outcomes because… * For example, this strategy is used/has been recommended by… |  |
| * These strategies work in combination to promote healthier outcomes by… |  |
| The big ideas |  |
| If you have to apply this knowledge to other unfamiliar situations in an assessment or examination - what are the ‘big ideas’ you can take from this learning about the way poverty is a major feature of the health issue? |  |