

Academic Year/course: 2021/22

## 67522 - Health social determinants and public policies

### Syllabus Information

**Academic Year:** 2021/22

**Subject:** 67522 - Health social determinants and public policies

**Faculty / School:** 109 - Facultad de Economía y Empresa

**Degree:** 523 - Master's in Sociology of Public and Social Policy

**ECTS:** 4.0

**Year:** 1

**Semester:** First semester

**Subject Type:** Optional

**Module:**

### 1. General information

### 2. Learning goals

### 3. Assessment (1st and 2nd call)

### 4. Methodology, learning tasks, syllabus and resources

#### 4.1. Methodological overview

The methodology followed in this course is oriented towards achievement of the learning objectives. A wide range of teaching and learning tasks are implemented, such as:

- Lectures
- Team work: discussions, text analysis and audiovisuals and presentation of cases
- Individual work: written and public presentation

#### 4.2. Learning tasks

The learning activities are structured according to the following sections, subject-matters and sessions:

##### **Topic I (Session 1): Approach to a social definition of health**

In this introduction, the definition of health is part of the critical sociology and social psychology perspectives. Public health is currently at a crossroad between social policies and control of individual behaviors. This can be understood in part as the historical dualism of medicine which prioritized health as a treatment and cure of diseases and new public health models which consider health as promotion and social development.

The Commission of the Social Determinants of the World Health Organization is an interesting example of how to research on the relationship between health and social inequity. Variables such as sex, age, educational level, employment status, access to housing, urban living conditions, which impact differently on the health of the population are addressed. The social support network, integration and civic participation are factors that can contribute to alleviate situations of social vulnerability. In this sense, health policies in relation to equity emphasize the importance of community environment (primary care).

##### **Topic II (Sessions 2 and 3): Public health policies regarding lifestyles**

Health risks are socially constructed. For example, we are afraid of mobile phone towers impact on health but we are not so

aware about the unhealthy consequences of genetic manipulation of daily food. Why certain risks sensitize us more than others?, What is the role of public authorities and especially the media in communicating them?, What consequences has the perception of threat in our lifestyles in relation to health? The lifestyle is a function of the relationship between the person and their environment. The position of the person in this vital space and configuration of forces that perceives its environment, will model their behavior (ie. The diet assumed, physical exercise practice). Cognitive, affective and behavioral dimensions of this way of living generate constellations of behaviors that directly affect health and often are associated in the same direction (positive or risk), eg. rest properly, avoid negligent or addictive behaviors. If the lifestyles determine the health of people, How could we promote health public policies on individual, social and community levels?

The top ten causes of death in developed countries are associated with our lifestyles. This figure could be reduced if people: improve diet and physical exercise, reduce their smoking habit, abuse of alcohol and use of antihypertensive drugs. These patterns of individual behavior are learned and developed in a social and cultural context that we must also consider. This section addresses these questions from a multidisciplinary perspective.

Education for Health can become a tool for social and cultural change within and outside the health care system. Health Education methodology claims that the health care professional should integrate new knowledge about the environment, groups and idiosyncrasy that affect their patients.

### **Topic III (Session 4): Public health policies for households and communities**

In this section we analyze the state of health as an evolutionary process that is determined through the cycle of life and which is consolidated with personal relationships either pairs (as a couple or friends) or intergenerational (children, parents and grandparents).

The fact that individuals make rational decisions, does not imply that make the best decisions for your health. For example, available information products helps consumers making their decisions. However on certain occasions, the product information can be completely different, even opposite depending on the source. If the information circulating on the market is not correct, then the market failures justify government intervention. In an increasingly global world, international cooperation is essential to protect the health of citizens, and educate them providing safe information.

Does the existence of health universal coverage facilitate individuals to make decisions for their health?, What do citizens economic assessment of public health care services? The attitudes of aversion / risk help us understanding the behavior and decisions of citizens. The study of the health market and the diligence of citizens in their behaviors is completed by performing economic valuation of health goods and services. At this point , we will discuss the responsibility of the various actors in health : individual, family, community and public agents (local, national and international).

### **Topic IV (sessions 5 and 6): Examples of good practices**

About this topic, we will have a research collaboration with a World Bank agent, which will describe some of the work carried out. In the first place, it will exemplify cases of good practices in the institution, so that will describe two projects that have been carried out recently and have obtained positive assessments. One of them focuses on promoting equity and the other in promoting a public health insurance based on performance. Part of the session it will be devoted to debate how to design projects related to the field of health.

Health is a multidisciplinary subject that is determined by several factors, including the economy. Public policy makers meet the challenge of keeping the welfare system for an increasingly aging society. The economic crisis also favors the sustainability of the welfare state, such that government revenues are lower, while the need for spending increases. We must explore alternative solutions to traditional system, and the third sector claims its presence in today's society.

## **4.3. Syllabus**

The course will address the following topics:

### **Topic I: Approach to a social definition of health**

1. Evolution of the concepts of health and social effects
2. Social determinants of health

### **Topic II: Public health policies regarding lifestyles**

1. Socio-political approach to risk behaviors to health
2. Conceptualization and dimensions of lifestyles
3. Theoretical models explaining the research / intervention in lifestyles
4. Public Health Policy

### **Topic III: Public health policies for households and communities**

1. Production of health
2. Advertising, consumer information and health
3. Aversion to risk, health care coverage and citizen behavior
4. Public health agents

### **Topic IV: Examples of good practices**

1. Good international practice: The World Bank

2. Good local practice: Volunteering in relation to health

#### **4.4. Course planning and calendar**

The course lasts 30 hours (100% workload) distributed as follows:

- Approach to a social definition of health (5 hours). 12.5% workload.
- Public health policies regarding lifestyles (10 hours). 25 % workload.
- Public health policies for households and communities (5 hours). 12.5% workload.
- Examples of good practice (10 hours). 25 % workload.

#### **4.5. Bibliography and recommended resources**

<http://psfunizar10.unizar.es/br13/egAsignaturas.php?codigo=67522>