

67522 - Health social determinants and public policies

Información del Plan Docente

Academic Year	2016/17
Academic center	109 - Facultad de Economía y Empresa
Degree	523 - Master's in Sociology of Public and Social Policy
ECTS	4.0
Course	1
Period	First semester
Subject Type	Optional
Module	---

1. Basic info

1.1. Recommendations to take this course

1.2. Activities and key dates for the course

2. Initiation

2.1. Learning outcomes that define the subject

2.2. Introduction

3. Context and competences

3.1. Goals

3.2. Context and meaning of the subject in the degree

3.3. Competences

3.4. Importance of learning outcomes

4. Evaluation

5. Activities and resources

5.1. General methodological presentation

Teaching methodology: Lectures Team work: discussions, text analysis and audiovisuals and display cases Individual work: written and oral report

5.2. Learning activities

Learning activities are structured according to the following thematic units, subject-matters and sessions:

Unit 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

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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).

Unit 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.

Unit 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).

Block 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.

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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.

5.3.Program

Unit I: Approach to a social definition of health

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

Unit 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

Unit 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

Unit IV: Examples of good practices

1. Good international practice: The World Bank
2. Good local practice: Volunteering in relation to health

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5.4.Planning and scheduling

Schedule sessions and presentation of works

Approach to a social definition of health	5 hours	12,5%
Public health policies regarding lifestyles	10 hours	25%
Public health policies for households and communities	5 hours	12,5%
Examples of good practices	10 hours	25%
	Total 30 hours	Total

Approach to a social definition of health 5 hours 12.5% Public health policies regarding lifestyles 10 hours 25 % Public health policies for households and communities. 5 hours 12.5% Examples of good practice 10 hours 25 % Total 30 hours Total

5.5.Bibliography and recommended resources

- Alonso, E., Pozo, C. y Martos, M^a:J. (2008). Intervención psicosocial y evaluación de programas en el ámbito de la salud. Alcalá la Real (Jaén): Formación Alcalá.
- Backhaus, J. (2012). Sustainable Lifestyles: Today's facts and tomorrow's trends. European Union's Seventh Framework Programme (FP7 SSH-2010-4).
- Blas, E. and Sivasankara, A. (2011). Equity, social determinants and public health programmes. Geneva: World Health Organization.
- Borgonovi F (2008). Doing well by doing good. The relationship between formal volunteering and self-reported health and happiness. *Social Science and Medicine*, 66, 2321-2334.
- Campbell, F. (2010). The social determinants of health and the role of local government. Idea: Londres.
- European Commission (2009) *Solidarity in Health: reducing Health Inequalities in the EU*. Available at: http://ec.europa.eu/health/ph_determinants/socio_economics/documents/com2009_en.pdf
- European Parliament (2011) *Reducing health inequalities in the EU*. Available at: <http://www.europarl.europa.eu/oeil/FindByProcnum.do?lang=en&procnum=INI/2010/2089> [
- Gil-Lacruz, M. (2007). Psicología social: un compromiso aplicado a la salud. Ed. Prensas Universitarias de Zaragoza.
- Gil-Lacruz, M. (2011). El laberinto de la salud pública. Erasmus Ediciones: Barcelona.
- Gil-Lacruz, M. y Gil-Lacruz, A.I. (2006). Del capital humano al capital social: estrategias de prevención del consumo de alcohol. *Revista Española de Drogodependencias*, 31(1), 79-92.
- Gil-Lacruz, A.I. y Gil-Lacruz, M. (2010). Subjective valuation of risk perception and alcohol consumption among Spanish students. *Salud Mental*, 33, 309-316.
- Gil-Lacruz, M.; Gil-Lacruz, A.I. y Abadía, T.J. (2010). Health and Gender: Neighbourhood Research for Community Development. Ed. Mira: Zaragoza.
- Gil-Lacruz, A.I. y Gil-Lacruz, M. (2011). Internal consistency and risk aversion. *Estudios de Economía Aplicada*, 29(1), 1-19.
- Gil-Lacruz, A.I. y Gil-Lacruz, M. (2012): The relevance of risk seeking for smokers and overweight people. *Revista de Psiquiatría y Salud Mental*, 5, 139-149.
- Guyen C (2011). Are happier people better citizens? *Kyklos*, 64(2), 178-192.
- Kickbusch, I. (2008). Healthy Societies: *Addressing 21st Century Health Challenges*. Adelaide: Government of South Australia.

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- Koivusalo M. (2010). The state of Health in All Policies (HiAP) in the European Union: potentials and pitfalls. *Journal of Epidemiological Community Health* 64 : 500-3.
- Lee, J.H. and Sadana, R. (2011). Improving Equity in Health by Addressing Social Determinants. Geneva: Commission on Social Determinants of Health Knowledge Networks.
- Llor B. et al. (2000). Ciencias psicosociales aplicadas a la salud. Madrid: Interamericana McGraw-Hill.
- Martín-Fernández, J., et al. (2011). A study of the user's perception of economic value in nursing visits to primary care by the method of contingent valuation. *BMC Family Practice*, 12, 109-115.
- Mladovsky, P., Srivastava, D., Cylus, J., Karanikolos, M., Evetovits, T., Thomson, S. y Mckee, M. (2012). Health policy responses to the financial crisis in Europe. Geneva: World Health Organization, and World Health Organization, on behalf of the European Observatory on Health Systems and Policies.
- Rodríguez Marín, J. y Neipp, M^aC. (2008). Manual de psicología social de la salud. Síntesis: Madrid.
- Suhrcke M, de Paz Nieves C (2011). The impact of health and health behaviours on educational outcomes in highincome countries: a review of the evidence. Copenhagen: WHO Regional Office for Europe
- World Health Organization (Secretariat) (2012). Social determinants of health: outcome of the World Conference on Social Determinants of Health. Sixty-fifth world health Assembly, A65/16.
- World Health Organization (2010). Adelaide Statement on Health in All Policies. Geneva: World Health Organization. Available at http://www.who.int/social_determinants/hiap_statement_who_sa_final.pdf