

PUBH2204: EXAM NOTES

Focus Question 1:

Discuss IN GENERAL TERMS how behavioural/psychological, social and economic factors impact on disease and attempts at disease control. Using information from this and later lectures and tutorials, you should be able to BRIEFLY explain and provide examples of how behavioural/psychological, social and economic factors impact on the following:

- smoking/alcohol use
- cardiovascular disease
- Indigenous health
- infant and child health

Social and Psychological Factors in Disease Control

- How do people make decisions about their health, and do such decisions control their risk of disease?
 - o Main risk factors/problems we face are those that are under our own control:
 - Diet, smoking, exercise levels, alcohol intake
- What factors determine the emergence of alcohol dependence – cognitive and behavioural patterns, personality, social settings, culture, genetics??
- Excessive alcohol dependence has been linked to:
 - o Personality factors – unknown if causes or effects of dependence (anxiety, depression, low self-esteem)
 - o School behaviour problems, sociopathic/risk-taking tendencies
 - o Physical abuse and neglect in childhood
 - o Early experiences of contact with alcohol
 - o Personal and family attitudes to other drugs
 - o Peer group involvement, cost of alcohol, availability
 - o Some evidence for genetic influence
 - Less convincing evidence for role of poverty in dependence
- Stable remission is only about 3% per year
- Abstinence possible in <30%, most behavioural programs and other therapies limited in effectiveness in long run
- Education programs should be targeted towards children and teens
- Other strategies are important and not all equally effective – e.g. regulation + legislation

SOCIAL AND ECONOMIC FACTORS IN DISEASE CONTROL

- Critical to consider the wider social, economic, and political context for public health interventions/control measures
- Socio-cultural context may regulate the interactions between the disease agent and the population
 - o Poverty and housing issues – may determine the circumstances under which sections of the population come into contact with infectious diseases
 - o May modify the susceptibility of the indiv to risk factors and disease
 - Levels of consumption of health enhancing and health compromising goods and services
 - o May modify the harm producing potential of the disease agent
 - Use of asbestos and lead-based products

- Historical evidence suggests that public health efforts have been most successful when the socio-cultural context/environment has been changed
 - o Separation of sewage from drinking water – greatest pubh achievements
- Importance of socio-cultural factors = no pubh intervention happens in isolation
 - o Intervention aimed at indivs or groups often has impacts on the wider community and can have unintended consequences – rise in alcohol dependence during prohibition

LEVEL 1: INTRA PERSONAL FACTORS

- The knowledge, attitudes and skills of the individual

LEVEL 2: INTER PERSONAL RELATIONSHIPS

- E.g. family environment, close friends or co-workers that form a social network
- Relates to issues of social support vs social isolation/conflict, AND modelling and conformity processes
- The degree of social support is critical as those with social networks have lower mortality rates

LEVEL 3: INSITUTIONAL FACTORS

- Can be a place where high-risk activities occur OR where health-related activities may be encouraged (e.g. smoke free workplaces)

LEVEL 4: COMMUNITY FACTORS

- Includes cultural and religious environments – the structures and processes of group practices and beliefs

LEVEL 5: THE POLITICAL/ECONOMIC ENVIRONMENT

- Includes:
 - o structures and processes of govt/policy-making structures
 - o level of political instability, corruption, organised violence and warfare
 - o military context – the structures and processes of warfare
 - o mass media setting – communications and the media
- economic context: the structures and processes of resource allocation
 - o e.g. distribution of wealth and earning capacity

E.G. 1 – The Health System as a Socio-Economic determinant of Health

Issues such as:

- the range and effectiveness of preventative, treatment, rehab and continuing care programs available
- universal economic access to services
- the provision of special services to disadvantages groups

E.G. 2 – Socio-economic inequality as a determinant of health

- strong predictors of health status within and b/w populations
- much of pubh effort is directed towards the alleviation of these inequalities in health
- measures of status based on: personal income, household income, education level, occupation, real estate value of property
- social inequalities that adversely affect the underprivileged exist in relation to
 - o mortality rates and life expectancy
 - o morbidity and disability from many specific conditions
 - o risk behaviours and factors
 - those that are disadvantaged more likely to have adverse CVD risk fac profiles
 - higher sys BP; less fruit/vegetable intake
 - children from lower socio-economic groups have:
 - higher levels of visual and hearing defects OR dental decay amongst others conditions