# Handout: Social determinants of health (including poverty) and their impact on self-management support

**The determinants of health (from the World Health Organization)**

**Introduction**

Many factors combine together to affect the health of individuals and communities. Whether people are healthy or not, is determined by their circumstances and environment. To a large extent, factors such as where we live, the state of our environment, genetics, our income and education level, and our relationships with friends and family all have considerable impacts on health whereas the more commonly considered factors such as access and use of health care services often have less of an impact.

The determinants of health include:

* the social and economic environment,
* the physical environment, and
* the person’s individual characteristics and behaviours.

The context of people’s lives determines their health, and so blaming individuals for having poor health or crediting them for good health is inappropriate. Individuals are unlikely to be able to directly control many of the determinants of health. These determinants—or things that make people healthy or not—include the above factors, and many others:

* income and social status - higher income and social status are linked to better health. The greater the gap between the richest and poorest people, the greater the differences in health.
* education – low education levels are linked with poor health, more stress and lower self-confidence.
* physical environment – safe water and clean air, healthy workplaces, safe houses, communities and roads all contribute to good health. Employment and working conditions – people in employment are healthier, particularly those who have more control over their working conditions
* social support networks – greater support from families, friends and communities is linked to better health. Culture - customs and traditions, and the beliefs of the family and community all affect health.
* genetics - inheritance plays a part in determining lifespan, healthiness and the likelihood of developing certain illnesses. Personal behaviour and coping skills – balanced eating, keeping active, smoking, drinking, and how we deal with life’s stresses and challenges all affect health.
* health services - access and use of services that prevent and treat disease influences health
* gender - Men and women suffer from different types of diseases at different ages.[[1]](#footnote-1)

Look at the list on the next page. Tick whether you think each item on the list is a social determinant or not or you are not sure.

|  |  |  |  |
| --- | --- | --- | --- |
| **Social determinant** | **Yes** | **No** | **Don’t know**  **Not sure** |
| 1. If a person lives in a poor neighbourhood |  |  |  |
| 1. How much a person earns |  |  |  |
| 1. If a person has a long-term health condition such as asthma from childhood |  |  |  |
| 1. Whether a person owns their own house |  |  |  |
| 1. If a person is on a benefit |  |  |  |
| 1. If a person lives in a polluted environment |  |  |  |
| 1. In New Zealand if a person has Māori ethnicity |  |  |  |
| 1. If a person has access to cheap healthy food |  |  |  |
| 1. If a person has access to cheap unhealthy food |  |  |  |
| 1. The year a person was born |  |  |  |
| 1. If a person was brought up in a single parent family |  |  |  |
| 1. If the person went to a low decile school |  |  |  |
| 1. If a person has been to many schools |  |  |  |
| 1. If a parent has been in jail |  |  |  |
| 1. If a person belongs to a strong community |  |  |  |
| 1. If a person has access to good public transport |  |  |  |
| 1. If a person has lots of family |  |  |  |
| 1. If the person lives close to safe parks and other recreation spaces |  |  |  |
| 1. If a person lived in a family where the only income was a benefit |  |  |  |
| 1. If a person has a long family history of a type of cancer |  |  |  |

**Poverty is a key determinant of health**

Research from the United Kingdom shows that poverty affects people’s decisions and behaviours which affects people’s self-management of long-term conditions (LTCs).

Decisions and behaviours play a vital role in helping people to avoid and escape poverty. This research summarises recent evidence on the influence of poverty and low socio-economic status on the thinking processes underpinning decision-making.

Key points: Living in or growing up in poverty

1. Affects people’s lifelong decision-making style. People living in poverty make decisions focused on coping with present stressful circumstances, often at the expense of future goals.
2. Is associated with worse performance measuring academic ability, and also the underlying cognitive resources needed to perform well in school.
3. Means people often see themselves as less able to learn new skills and succeed at tasks. They are also less likely to perceive that their actions will affect how their lives turn out. This has important consequences for academic performance and health behaviours; the less people feel that their actions matter, the less likely they are to make choices aligned to achieving future goals.
4. Means people are less likely to take risks and more likely to conform to and value tradition. This is reflected in stricter parenting styles and career choices oriented towards job and financial security.
5. Is associated with feeling excluded from society, which may explain its link to increased levels of aggression at school and in neighbourhoods.
6. Means the choices people make are not always bad ones, but are adapted to the constraints of life with very few resources. Public engagement and education can challenge stereotypes about those living in poverty, and reflect the functional nature of decision-making for those on low incomes.

One way of addressing issues that affect people living in or growing up in poverty is to shift the focus from the specific kinds of decisions (e.g. education, health, family and financial) to the psychological, social and cultural processes informing decision-making in general such as risk-taking or personal value orientations..

**Thinking processes**

Underpinning all decisions are the processes by which people take in information from the world, and use it to orient their attitudes, judgments and behaviours.

* Growing up in poverty or low socio-economic status while young is associated with poorer performance in basic thinking processes. In particular, the lower a person’s socio-economic background, the worse they are likely to have well-developed thinking processes which are important for focusing on goals and resisting distracting alternatives.
* Some experimental studies have shown that temporarily experiencing low socio-economic status lowers people’s thinking performance and subsequent decision-making. This suggests that at least some of the link between poverty and thinking results from the situation of low socio-economic status, rather than genetic characteristics.

**Behavioural patterns**

Though some decisions are the result of considered thought, others derive from a set of intuitive patterns in terms of how a person normally behaves.

* People growing up in poverty are more likely to choose careers that fulfil the goals of job and financial security rather than enjoyment of the work.
* People low in socio-economic status may be more likely to choose smaller rewards now over bigger rewards later. This leads to decisions that are damaging in the long term. The anxiety caused when people compare themselves to others, and the stigma associated with lower social class, appear to heighten this preference.
* The common assumption is that people on low incomes are more likely to take greater risks, but the evidence did not support this. Growing up in poverty seems to make people less likely to take risks. This may change, however, when a need is urgent and the only way to fulfil it is to take a risk.

**Navigating life’s challenges**

In response to challenges and social situations encountered in daily life, people make use of resources involving self-belief and coping ability.

* People with lower socio-economic status have a significantly lower sense of self-worth, which can reduce their motivation to improve their condition. This finding was consistent across a range of life stages and age groups. It is likely driven by the fact that people with low incomes and education perceive themselves as being low in terms of social position.
* People of socio-economic status see themselves as less able to learn new skills and succeed at tasks. They are also less likely to perceive that their actions will make a difference about how their lives turn out. This has important consequences for health behaviours, as the less people feel their actions matter, the less likely they are to make choices aligned to achieving future goals.
* People lower in socio-economic status have less effective coping skills in response to stressful situations. This has negative consequences for physical health and quality of life.

**Navigating the social world**

Deciding how to interact with others requires people to consider which social group they belong to, interpret and predict other people’s behaviours, and make judgments of what values are shared.

* Children from lower socio-economic backgrounds have reported a poorer sense of belonging at school and greater exposure to negative incidents such as bullying or sexual harassment. This might explain the strong association between children living in poverty and their demonstrating more aggressive, less co-operative behaviour at school as well as mental health issues.
* Growing up in poverty is also linked to lower general trust of others, perhaps because of a lower sense of belonging in society at large. This may increase the likelihood of hostility toward strangers and diminish the likelihood of making friends in new environments.
* People lower in socio-economic status put less weight on personal goals and achievement in favour of helping others and conforming to community traditions. They also may have more compassion and generosity than those higher in socio-economic status.
* Depending on others makes those living in poverty behave more positively to those who are socially close, but more negatively towards strangers and institutions.

**Conclusion**

The studies reviewed present evidence that people living or growing up in poverty experience a shift in psychological, social and cultural processes that may hinder their ability to make decisions that are beneficial in the long term. Many of the seemingly poor decisions and behaviours associated with low-income groups focus on the present (rather than the future), the actual (rather than the hypothetical), those socially close (rather than those socially distant), and the ‘here and now’ (rather than the future). As a result, these lead to choices that are not always bad ones, but rather are a response to the constrained circumstances of low socio-economic status. By understanding the decision-making of people in poverty, health professionals/health coaches can focus their efforts in more sensitive, sustainable and enabling ways.

(Adapted from Sheehy-Skeffington, J., & Rea, J. (2017). How poverty affects people’s decision-making processes. Joseph Rowntree Foundation. Retrieved from [www.jrf.org.uk/report/how-poverty-affects-peoples-decision-making-processes](http://www.jrf.org.uk/report/how-poverty-affects-peoples-decision-making-processes))

**Quiz – providing SMS support to people with LTCs living in poverty**

Look at each statement below and tick whether you agree with it or not.

|  |  |  |
| --- | --- | --- |
| **Providing SMS to people with LTCs living in poverty means we** | **Agree** | **Don’t agree** |
| have to understand that SMS might not be a priority in their lives |  |  |
| have to listen carefully and ask questions all through the care planning process |  |  |
| will find out that the people have complex needs which we might not have come across before |  |  |
| will have to provide more information and support than just referring the person to another service they have never used before |  |  |
| will need to use good culturally competent practices as the person’s living circumstances are likely to make us feel uncertain and possibly uncomfortable |  |  |
| need to acknowledge each and every success |  |  |
| will need to roll with resistance if the person is not ready to make a change |  |  |
| need to accept ambivalence about making changes |  |  |
| accept that people may have lower expectations of what they can achieve and work with that |  |  |
| must provide regular follow up |  |  |
| accept that people may because of prior experiences be suspicious and distrustful of health professionals |  |  |
| need to feel sorry for people living in poverty |  |  |
| need to identify all the barriers to a person making changes and work hard to remove those barriers |  |  |
| need to make sure the person gets their correct Work and Income. ACC and Ministry of Health entitlements |  |  |
| have to find ways and services fix the person’s problems |  |  |
| need to get the person to focus on their own needs rather than everyone else’s needs |  |  |
| make it okay if the person has not done what they said they would do e.g. action planning |  |  |
| always check how the person and their family have been since you saw them last |  |  |
| need to keep good notes of the person’s motivations including how they change, so we can remind the person of what was important to them and what they want to do about it |  |  |
| accept that people may be taking part in risky behaviours such as smoking or not taking part in screening programmes for reasons that are very valid to them |  |  |

1. [The determinants of health](https://www.who.int/hia/evidence/doh/en/) World Health Organization [↑](#footnote-ref-1)