**Social Health Determinants**

Health, as defined by the WHO (1948), is the absence of disease in addition to a complete physical, mental and social well-being. Many factors combine to affect the health of people. The situations and the environs are what determine individual healthiness. Factors such as genetics, environmental state, education level and social relationship have higher impact on individuals’ health as compared to factors such as access to health and use of healthcare services which have a less effect contrary to the thinking of many (Liamputtong, Fanany, & Verrinder, 2012).

The determinants of health are the social and economic environment, physical environment and characteristics and behaviors of individuals. They can also be viewed as environments where individuals are born, reside and earn a living and are mainly the cause of healthiness inequities. Such conditions depend on money distribution, variances in power among people and resources at community, national or international level, that depend on policy decisions made (WHO, 2013, Para 1). Access to food and income, situations of early childhood, social inclusion and education access, accessibility to proper housing, type of job and the working conditions and the environment of residence are some of the social determinants of health (Krumeich & Meershoek, 2014). According to Muntaner & Chung (2012), they can also have an impact on the ability of an individual to access and use health care which results to gaps in health promotion and well-being, prevention of disease and healing. For instance, in the case of the eighty-year-old patient, there is an immense contribution to her health by the community and the medical professionals. The medical staff ensures that she receives her medication fortnightly at her house while the Community is keen to provide any assistance that she may need even though she seems content and only asks for help when in need.

Well-being comprises the manifestation of right emotions and moods, the lack of negative emotions such as depression and anxiety, life satisfaction, contentment and positive functioning (Centers for Disease Control and Prevention, 2016). Thus, well-being is the judgment of life positively and having the right feelings about it. The different aspects of well-being analyzed by various researchers include physical, social, economic, emotional, development, life and domain-specific satisfaction, psychological and engaging activities and work well-being (Centers for Disease Control and Prevention, 2016). In the case scenario provided, the medication and assistance provided by the medical personnel and the community aimed at ensuring her well-being and independence.

Culture is a way of life that is not limited to religious and social characteristics as well as geopolitical boundaries. Therefore, culture acknowledges the dynamics that exist in different societies (Williams, 2014). One main social determinants of health is culture (Williams & Graham, 2016, p.85). The World Health Organization views health as the lack of diseases or defects; it is, therefore, a state of being where the health systems that constitute an individual operate. However, there has been an ongoing battle with ill health and the weapons used involve an in-depth understanding of disease mechanisms in addition to a comprehensive knowledge of the human body’s structures and processes (Knibb-Lamouche, 2013). The culture of society entails the values of balance and respect, and there is a need for human beings to keep the system balanced and unchanged. Culturally speaking, health, like any other crucial feature of the life of a person is not considered as a distinct entity. Instead, there is an intertwinement between health and other significant systems that include the family, society and the surroundings. In the case scenario, Ronzala is keen to attend all her religious meetings daily though she suffers from both hypertension and angina and has recently complained of pain in the knees and hips. She is also very active in community activities. Therefore, the medical staff will have to consider her religious beliefs and the community’s culture in relation to the treatment she is currently receiving.

Therefore, treatments and attempts for intervention aimed at restoring a person’s well-being involve an evaluation of the elements that changes the way the systems work. Thus, the strategies used to perform the analysis and identifying the required treatments, differ based on the healers, community or the culture in question (Knibb-Lamouche, 2013). The methods may comprise nonmedical interventions in the form of prayer, healing circles, and songs, in addition to traditional medicines and practices that are medically-based (Knibb-Lamouche, 2013). The former should not occur in a way that contradicts the medical involvements altogether. Therefore, the two approaches feature a fair share of strengths and weaknesses. For instance, culturally competent health care needs to acknowledge the fact that the leading causes of ill-health in nations is the overall ignorance for and depreciation of traditional health notions and treatments that is available in biomedical (Knibb-Lamouche, 2013). In the case of the 80-year old patient, her adherence to culture is vivid as demonstrated by her adherence to religious beliefs. However, she seems to respect both the biomedical and nonmedical interventions for her health problem.

For healing to take place, there must be a fostering of the principle of respect (Knibb-Lamouche, 2013). That means that an individual has to have to respect for oneself, their position in life as well as respect for the systems mentioned above. The respect builds the foundation that directs the efforts for improving health. The Native health concept tends to be holistic since it combines and equally emphasizes the emotional, physical, spiritual and mental elements of an individual (Knibb-Lamouche, 2013). All these elements indicate that there is inseparability of a person from the family, community and the world. As such, culture is crucial when looking into health inequalities. It determines the language used to explain issues, identify problems, and frame those problems and the method used in seeking a solution as well as the strategies for defining and evaluating success.

Cultural misunderstandings can interfere with the health professionals’ capability of attaining a patient’s best condition (Jeffreys, 2010, p. 36). For instance, health practitioners may perceive some clients as unintelligent or irresponsible because they are culturally different from them. The overall effect of such perceptions is poor health status, increased risk as well as the marginalization of the health care system. Additionally, the healthcare system may suffer from inefficient operations, reduced staff morale and increased costs of healthcare as clients come back with advanced ailments, increased time of waiting, overburdened medical facilities as well as diminishing of the entire care standards. For most indigenous people, the lack of acknowledgment for their cultures as a health determinant and unavailable access to care that is culturally competent leads to disheartening experiences. Adoption of an approach that is culturally safe plays a significant role in the wellbeing of patients (Jeffreys, 2010, p. 37). Thus, provision of care that is culturally appropriate results in an improved response from the patients and higher levels of compliance. Moreover, there are higher likelihoods of collaborations with the fitness facilities at less complicated and less-costly levels of a disease progression.

The influence of culture at both the national and international levels is vast. It affects the notion of health and illness in addition to death. At the national level, patients and health professionals borrow significantly from their cultures. As such, cultural biases often lead to different health preferences and assumptions. Thus, health professionals with in-depth knowledge of their patients’ cultures can enhance trust, better health care as well as increased rates of diagnoses acceptance in addition to enhanced treatment adherence.

In respect to culture, policymakers at the national level can ensure and facilitate training for both the health professionals and patients on the significance of Culture on their overall well-being (WHO, 2015). As such, societies can receive training on the importance of receiving modernized treatment and how it can blend with the non-biomedical remedies without affecting the outcome of the treatment negatively. Additionally, once health professionals understand the cultures of their patients, they will know how to handle them, language to use and the home remedies that they may recommend. The ultimate result is better relationships between the patients’ and the health practitioners and reduced chances of mistrust between them. At the international level, the influence of culture on patients’ wellbeing enables health institutions such as the World Health Organization to formulate policies that allow them to reach communities that are still untrusting of the biomedical treatment. The new plans will enable them to identify societies that suffer from certain illnesses due to their dependence on non-biomedical treatment or mistrust of health professionals.

In the case study provided, the patient suffers from both hypertension and angina which has been worsening her situation. She has difficulty walking around thus making her use a walking stick. She is, however, keen on attending her religious meetings on a daily basis as her religion prescribe.  It is, therefore, necessary to introduce sustainable lifestyle changes that will guarantee her independence and well-being.  For starters, it is essential to educate the patient on the importance of positive lifestyle changes and compliance to medication irrespective of what the patient believes on the causes and treatment of the two illnesses. Additionally, the patient will receive relevant medicines and instruction on how to use them.

There is also a need for her to maintain a healthy diet and weight (LeFort et al., 2015, p. 315). For instance, the health practitioners can recommend the consumption of oily fish in addition to a Mediterranean diet that features supplements with extra-virgin olive oil or nuts. The patient will have to engage in regular physical activities to reduce the difficulty when walking around. Aerobic exercises may be recommended as part of the cardiac rehabilitation program (Babu, Noone, Narayanan, & Franklin, 2012). The patient may undertake moderate aerobic exercise at least three times a week for about thirty minutes.

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Appendix: visual handout

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| **EXERCISES FOR PATIENT WITH ANGINAS AND HYPERTENSION**  **Image result for heart images of person with anginas** |

**Confirm a diagnosis of anginas and hypertension disease before commencing any exercise program**

* If angina or hypertension is present, then it must be predictable in relief and onset
* The symptoms must be stable for sixty consecutive days
* No case of heart attack experienced within the previous sixty days

Safe activities for the patient with hypertension and Angina

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Days | Type of activity | Specific Exercises | Duration | Safety considerations |
| Monday – Friday | Aerobics | Walking | Begin with minimum bouts of ten minutes then increase the time to thirty minutes as the pain in the knees and hips recedes. | Avoid walking after a heavy meal or during very cold or hot weather |
| Tuesday | Muscle strengthening | Walking up hill | Consider walking up hill | When engaging in this activity, ensure that you have your angina tablets during this activity. If you experience any pain, rest until the discomfort reduces |
| Thursday | Muscle strengthening | Lifting small weights with a set of 8-12 repetitions per activity Image result for old lady with anginas climbing hill and light weight lifting | Lifting light weight for at least 2 days in a week. | Refrain from holding your breath when lifting the wrights as this can result to changes in your BP. |

**NOTE:**

* **When going for the religious meetings ensure that you walk for a minimum of 30 minutes daily.**
* **Stop exercising if you feel dizzy, unwell or very tired.**
* **Get someone to accompany you during all these exercises.** 