

**SPPH 527**  
**Introduction to the Determinants of Health**  
UBC School of Population and Public Health  
Wednesdays, 9am – Noon, School of Population & Public Health (Room B104)

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**NOTE:** *The course outline and readings are in draft and are subject to change.*

**Course Description**

It is now generally accepted that a combination of personal, social and economic factors influence health status of individuals as well as populations. There is, however, still a great deal of debate about what the specific or most important influences are, and the mechanisms or pathways by which health is either damaged or promoted, and whether and how these factors can be influenced by public policy or other interventions. This course will provide an introduction to some of the foundational thinking that has given rise to the concept of population health and an overview of the current state of research related to the social determinants of health.

**Purpose and Objectives:** By the end of this course, students will be able to:

- Understand philosophical and theoretical reasons why social determinants are linked to population health
- Identify the key social determinants of health and a selection of frameworks that link these to the population's health
- Describe some of the pathways through which those determinants affect population-level health and social well-being
- Articulate case examples of policy initiatives and programs either proposed or currently in place to address issues in population health

**Instructors:**

Jean Shoveller, PhD, Professor (School of Population and Public Health), Email: [jean.shoveller@ubc.ca](mailto:jean.shoveller@ubc.ca) Office Hours: By appointment

Travis Salway, PhD, Post-Doctoral Fellow (School of Population and Public Health), Email: [travis.salway@bccdc.ca](mailto:travis.salway@bccdc.ca) Office Hours: By appointment

**Class Time & Location:** Wednesdays, 9am – noon; SPPH B104 (2206 East Mall).

Class will start promptly at 9am, and students are expected to attend (except under extenuating circumstances) and to arrive on time.

**Evaluation**

- Weekly short quiz on readings (each week when readings are assigned): 30%
- Mid-term examination (in-class, week 7, 18 Oct): 30%
- Policy briefing paper (due Friday, 1 Dec by midnight Pacific time): 40%

NOTE: You must provide via email the **topic** for your policy brief and **3 citations** that you will use in your policy brief, with a 2-3 sentence explanation of the relevance of **each** citation. Emails due to Travis and Jeannie by midnight of **27<sup>th</sup> September**.

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**IMPORTANT**

Typically, no late assignments will be accepted. Extensions of the due date for the written assignments will be considered pending extenuating circumstances. Assignments submitted later than the due date will be penalized 10% of the possible grade for each day past due. Each written assignment is due to be emailed to both of the course instructors on time and on the designated due date.

Students are expected to know what constitutes plagiarism, that plagiarism is a form of academic misconduct, and that such misconduct is subject to penalty. Please review the Student Discipline section of the UBC Calendar (available on on-line at [www.ubc.ca](http://www.ubc.ca)).

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#### Class Schedule

##### Week 1 (September 6) – Coordinators: Jean Shoveller & Travis Salway

We begin with an overview lecture on the origins of population health and social determinants. Here, we introduce the notion of the social gradient and structural determinants of health. We also introduce the place that health care systems have within current structures and their potential to function as one, but not the sole, determinant of health. During this class, we also will review the course outline and administrative issues.

Optional readings:

- Evans RG. Chapters 1 – Introduction. Why are some people healthy and others not? RG Evans, ML Barer, TR Marmor (Eds.) Aldine de Gruyter 1994, pp. 3 – 26.
- Evans RG and Stoddart GL. Producing Health, Consuming Health Care. *Social Science and Medicine* 1990; 31(12):1247-63. (This is Chapter 2 - Why are some people healthy and others not?)

##### Week 2 (September 13) – Coordinators: Jean Shoveller & Travis Salway

Introduction to some foundational ideas associated with linking the social world to health outcomes at a population level (Geoffrey Rose). We will also show excerpts from the film “Unnatural Causes”.

Readings:

- Rose, G. Sick individuals and sick populations. *International Journal of Epidemiology* 1985;14:32-38.
- Braveman P, Egerter S & Williams DR. The social determinants of health: Coming of age. *Annual Review of Public Health* 2011: 32; 381-98.

Optional readings:

- Syme, S. L. (1994). The social environment and health. *Daedalus*, Vol. 123, No. 4, Health and Wealth (Fall, 1994), pp. 79-86

##### Week 3 (September 20) – Coordinators: Jean Shoveller & Travis Salway

This class is an introduction to the importance of understanding measurement of inequalities, including absolute and relative inequalities, and their implications for understanding, evaluating and responding to inequalities in health.

Readings:

- King, B., Harper, S., and Young, ME. Use of relative and absolute effect measures in reporting health inequalities: structured review. *BMJ* 2012;345:e5774 doi: 10.1136/bmj.e5774.

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#### **Week 4 (September 27) – Coordinators: Jean Shoveller & Travis Salway**

We will discuss how interventions can sometimes (un)intentionally contribute to increased inequalities (i.e., the Inequality Paradox). During this class, we also will begin to overview the characterization of population-health interventions, featuring examples from within and beyond the health sector.

Readings:

- Frohlich KL & Potvin L. The inequality paradox: The population approach and vulnerable populations. *American Journal of Public Health*; 2008; 98(2): 216-221.

Optional Readings:

- Lorenc, T., Pettecree, M., Welch, V. and Tugwell, P. (2012) What types of interventions generate inequalities? Evidence from systematic reviews. *Journal of Epidemiology & Community Health*

#### **Week 5 (October 4) – Coordinators: Jean Shoveller & Travis Salway, with Invited Guest **Danya Fast****

This class will concentrate on place and its links with population health.

Readings:

- Fast D, Shoveller J, Shannon K & Kerr T. Safety and danger in downtown Vancouver: Understandings of place among young people entrenched in an urban drug scene. *Health & Place*; 2010; 16: 51-60.
- Robertson, L. (2007). Taming Space: Drug use, HIV, and homemaking in Downtown Eastside Vancouver. *Gender, Place & Culture*, 14(5), 527–549.

Supplementary Readings:

- Macintyre S, Ellaway A & Cummins S. Place effects on health: how can we conceptualise, operationalise and measure them? *Social Science & Medicine*; 2002 55: 125-139.

#### **Week 6 (October 11) – Coordinators: Jean Shoveller & Travis Salway**

During this class, we will continue to examine population-health interventions in more depth. We also will review the concept of proportionate universality.

Readings:

- Proportionate universality. A Policy Brief from the Human Early Learning Partnership (HELP), UBC, 2011.  
[http://earlylearning.ubc.ca/media/publications/proportionate\\_universality\\_brief\\_-\\_final.pdf](http://earlylearning.ubc.ca/media/publications/proportionate_universality_brief_-_final.pdf)

#### **Week 7 (October 18) – Coordinators: Jean Shoveller & Travis Salway**

**Midterm Exam:** Arrive at 0900hrs! The exam will begin promptly at 0915hrs (no one arriving after 9:15 will be admitted). The midterm will take approximately 2 hours to complete.

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#### **Week 8 (October 25) – Coordinators: Jean Shoveller & Travis Salway, with Invited Guest Andrea Krüsi**

The class will expand upon our discussion regarding interventions to examine how structural interventions (e.g., legal structures) can sometimes (un)intentionally contribute to increased inequalities.

Readings:

- Krüsi A, Pacey K, Bird L, Taylor C, Chettiar J, Allan S, Kerr, T, Montaner, JS, Shannon, K. Criminalisation of clients: reproducing vulnerabilities for violence and poor health among street-based sex workers in Canada—a qualitative study. *BMJ Open*, 2014; 4: e0051191

#### **Week 9 (November 1) – Coordinators: Jean Shoveller & Travis Salway, with Invited Guest Rod Knight**

This class is an introduction to population and public health ethics, and introduces the importance of understanding measurement of inequalities. We will explore key concepts, such as justice and equity as well as absolute and relative inequalities, and implications for understanding, evaluating and responding to inequalities in health.

Readings:

- Introduction to Justice by Michael Sandel. In Sandel, M. *Justice: What's the right thing to do?* Farrar, Straus and Giroux. New York. 2009.
- Braveman, P. (2013). What is Health Equity: And How Does a Life-Course Approach Take Us Further Toward It? *Maternal and Child Health Journal*. doi:10.1007/s10995-013-1226-9
- Harper, Sam, Nicholas B. King, et al. (2010) Implicit value judgments in the measurement of health inequalities *Milbank Memorial Fund Quarterly* 88(1): 4-29.

Optional readings:

- The most- and least-unequal counties: Norway, Texas. *The Economist*, June 7, 2014. Available at: <http://www.economist.com/news/united-states/21603490-places-america-are-equal-norway-or-unequal-south-africa-norway>
- Amartya Sen. Inequality Reexamined: <http://www.oxfordscholarship.com/oso/public/content/economicsfinance/9780198289289/toc.html>

*This is available online through a UBC subscription to Oxford Scholarship Online. It can be accessed while you are on campus, or by using a VPN set-up on your computer when you are aware from campus.*

#### **Week 10 (November 8) – Coordinator: Travis Salway**

This class will examine several processes by which social and cultural environments can shape access to health care and health outcomes of populations. We will explore key terminologies, including acculturation, social capital, and social networks.

Readings:

- Berkman, L.F., Glass, T., Brissette, I., Seeman, T.E. (2000). From social integration to

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health: Durkheim in the new millennium. *Social Science & Medicine*, 51, 843-857.

Optional readings:

- Allen, J.D., Caspi, C., Yang, M., Leyva, B., Stoddard, A.M., Tamers, S., Tucker-Seely, R.D., Sorensen, G.C. (2014). Pathways between acculturation and health behaviors among residents of low-income housing: The mediating role of social and contextual factors. *Social Science & Medicine*, 123, 26-36.
- Cattell, V. (2001). Poor people, poor places, and poor health: the mediating role of social networks and social capital. *Social Science & Medicine*, 52, 1501-1516.

#### **Week 11 (November 15) – Coordinators: Travis Salway & Jeannie Shoveller**

Social stigma is increasingly regarded as a fundamental cause of ill health in its own right. In this class we will investigate the health status of sexual and gender minorities as a case study of how multiple, context-dependent (i.e., time, place) mechanisms explain persistent social inequities in mental and sexual health.

Readings:

- Hatzenbuehler, M.L., Phelan, J.C., Link, B.G. (2013). Stigma as a fundamental cause of population health inequities. *American Journal of Public Health*, 103, 813-821.
- Krieger N. (1994). Epidemiology and the web of causation: has anyone seen the spider? *Social Science & Medicine*, 39, 887-903.

#### **Week 12 (November 22) – Coordinators: Jean Shoveller & Travis Salway**

##### **Coordinators: Jean Shoveller & Travis Salway**

Austerity: This class will launch our examination of austerity and austerity measures influence population health. Here, we begin by a close reading of *Stuckler, D. and Basu, S. 2013. The Body Economic: Why Austerity Kills. Toronto: HarperCollins*, a text that we will return to throughout the second half of our course together. We will also introduce the notion of migration and its influence on population health.

Readings:

- Papaevangelou, V., Koutsoumbari, I., Artemis, V., Klinaki E., Zellos, A., Achilleas, A., Tsolia, M., Kafetzis, D. (2014). Determinants of vaccination coverage and adherence to the Greek national immunization program among infants aged 2-24 months at the beginning of the economic crisis (2009-2011). *BMC Public Health*, 14:1192

#### **Week 13 (November 29) – Coordinators: Travis Salway & Jean Shoveller**

Context is a key aspect to understanding which population health interventions are equity enhancing (i.e., redressing systematic differences in health status that are deemed unfair or unjust) – as well as the inverse. This class will introduce the notion of context, using examples from multiple areas of intervention.

Readings:

- Martens, P., Chateau, D., Burland, E., Finlayson, G., Smith, M., Taylor, C., Brownell,

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- M., Nickel, N., Katz, A., Bolton, J., and the PATHS Equity Team. (2014). The effect of neighbourhood socioeconomic status on education and health outcomes for children living in social housing. *American Journal of Public Health*, 104: 2103-2113.
- Shoveller JA, Viehbeck S, Di Ruggiero E, Greyson D, Thomson K, Knight R. A critical examination of representations of context within research on population health interventions. *Critical Public Health*, 2015; 1-14. doi: 10.1080/09581596.2015.1117577.

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**ASSIGNMENTS**

**Weekly quiz on readings**

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**Purpose** To demonstrate your understanding of the weekly readings assigned.

**Content** The students will be asked to provide a short response to a question pertaining to one or more of the readings.

**Value:** 30%

**Format** The weekly quiz will be hand-written on foolscap paper. There will be 2-4 questions developed each week, and students will be randomized to a specific question.

**Marking rubric**

**Content (2 points)**

Articulation of one or more ‘key’ issues or questions on which the student is asked to describe; the student must clearly answer/describe the question/issue as it was presented in the reading(s) (2 points).

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#### Policy Brief

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**Purpose** To prepare a briefing paper describing the relationship between a determinant of health and health outcomes, and a recommendation for action to modify either the determinant or the relationship. NOTE: Your recommendation for action to modify the health outcomes *must* represent a population health intervention as defined throughout the course (i.e., it must not be an individually oriented intervention, such as an individually-oriented intervention that takes place within clinical encounters).

**Due Date** Friday of the final week of classes, emailed to course instructor by midnight

**Value:** 40%

**Content** The paper should follow a standard briefing paper format: issue / background, current situation, options with pros and cons, and recommended action. Students may choose to follow a different format, as long as that format fits the criterion of crafting a briefing paper for a policy-maker.

The paper is not to exceed 1,500 words (strictly enforced), excluding references and figures / tables (which are not required). Your paper should include 5-10 resources / papers that provide the evidence upon which the briefing is based.

**Format** Please use double spacing and a standard reference style.

#### Marking rubric

Issue / Purpose and Background – 10 points

- Identification of your audience – for whom are you writing this briefing?
- Clear purpose, clearly articulated – why is this topic important and why should people care?
- Precise definition of terms

The current situation – 30 points

- Clear description of the association between the social determinant and the outcome, supported by appropriate references.
- Current status of your outcome and current action (or inaction) on your social determinant.
- Concise summary of evidence about the relationship between your determinant and outcome

Options with pros and cons – 30 points

- Identify 2 or 3 different ways that your audience might respond to the current situation
- Use research evidence to critique each option – including intended and possible unintended effects

Recommended action – 10 points

- Identify your recommended option
- Justify recommendation, including further research that may be required

Language and expression – 20 points

- Demonstrates clear organization and logical development of ideas
- Language is clear and concise
- The presentation of ideas is free of grammatical, spelling, punctuation, and typographical errors, colloquialisms, and slang