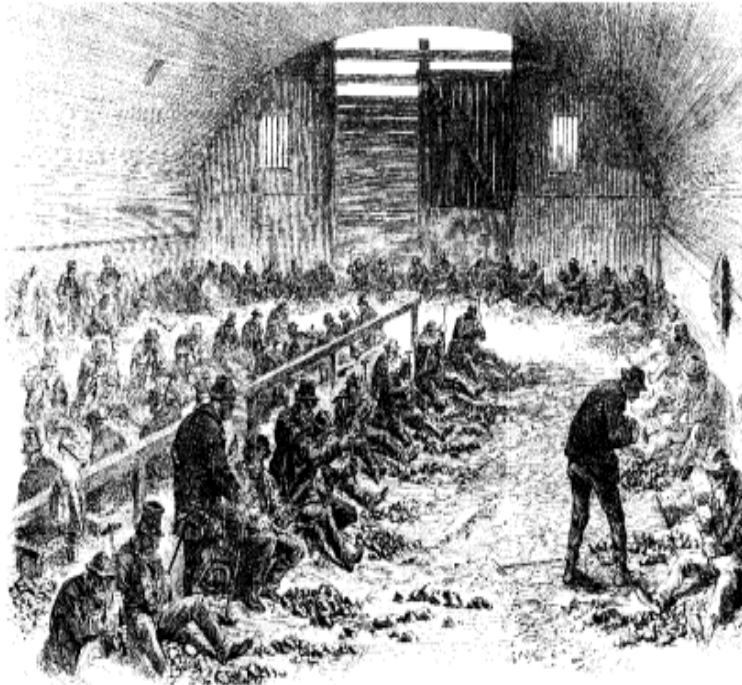


# **The Social Determinants of Health as a Threshold Concept**

Allyson Mutch, Lisa Fitzgerald, Charlotte Young, Kate van Dooren  
School of Public Health  
University of Queensland  
Australia

# Setting the Scene: Health Inequalities and Public Health



*Medicine is a social science, and politics nothing but medicine on a grand scale...*

*The improvement of medicine would eventually prolong human life, but improvement of social conditions could achieve this result even more rapidly and successfully (Rudolf Virchow, 1821-1902)*



# Setting the Scene: Public Health Education





# Setting the Scene: Our Classrooms

- Postgraduate -  
Master of Public  
Health Students
  - Social  
Perspectives in  
Public Health (120  
students)
- Undergraduate -  
Bachelor of Health  
Sciences
  - Health Systems  
and Policy (250  
students)



# Teaching the Social Determinants of Health

Health Inequalities in Public Health 2017

Public group

Discussion

Members

Events

Photos

Manage Group

Search this group

Shortcuts

THE UNIVERSITY

Improving the health of populations in a changing and inequitable world

Joined ▾ Notifications Share ...

Write Post Add Photo/Video Add File More

ADD MEMBERS

+ Enter name or email address...

## A Diverse repertoire of T&L strategies

- Active learning- using real people (guests), case studies and problem based learning
- Space and tools to relate and reflect on experiences/knowledge
- Fieldwork- to investigate SDH in place
- Facebook – bringing SDH into the student’s space
- Technology – padlet, Tik.IO, multimedia

**SBS Australia** Sunday at 10:00 am · 🌐

You may never earn as much as your neighbour, or you may earn millions more. But when does income inequality become a problem and why?



**Explainer: When income inequality starts holding society back**  
sbs.com.au

# Why are the SDH a Threshold Concept?

---

Meyer and Land (2005; 2003)

- **Transformative:** learn key principles of equity, advocacy and human rights – essential in PH practice
- **Irreversible:** provides a frame of understanding that becomes foundational in their analysis of problems
- **Integrative:** provides a framework for understanding the transdisciplinary nature of complex PH problems
- **Troublesome:**
  - understanding ‘wicked problems’, defrived from multiple causes is fundamentally challenging for students trained to step through problems that have solutions.
  - Challenges the individualised/risk behaviour focus that dominates health discourse.

# Working with Student as Partners

---

The student voice is a notable omission from research in this field.

Felton's (2016) found that students identified:

- the emotional terrain of threshold knowledge as the most challenging
- Tensions between the liminality experienced learning 'troublesome knowledge' and classrooms that privilege correct answers and competency over questions and exploring ambiguity.
- how we can work with student partners to remove barriers to the classroom as sites of learning threshold concepts.

# Research Questions

---

- What is the role of Students as Partners in facilitating the learning of threshold concepts in a multidisciplinary curriculum?
- How does this learning differ for postgraduates and undergraduates?
- How can we facilitate the teaching and learning of threshold concepts such as the SDH in a multidisciplinary curriculum?



- Phase 1 - Conceptual Mapping with colleagues and Focus Groups with past students
- Phase 2 - Baseline Survey at start of semester identifying student's assumptions about health inequalities
- Phase 3 - Engaging Student Partners
  - Journaling and fortnightly meetings
- Phase 4 - Follow-up Survey
- Phase 5 – revisiting with our student partners to revise curriculum

# Our Students

---

- 5 Undergraduate and 5 postgraduate students
- Aged 18 to 30+
- 8 women and 2 men
- 3 international students
- 1 Indigenous student
- 1 external student
- 1 part-time student
- Across the spectrum of academic performance

## The Liminal State

For us:

- Challenging for us to see the challenges they identified. Constant questioning of who we are and what we're doing.
- Loss of confidence

“I keep questioning what we're doing”

For the students:

- Moving beyond consumer satisfaction towards an ontological reflection of their learning
- Showed the 'stuck' places where the learning was most troublesome
- Identified the places where they became 'unstuck'

## **Preliminary variation**

### **Differences between undergrads and postgrads**

- arising from lived and learning experiences
- How do I learn vs How do I use this learning?

### **Differences within cohorts**

- postgrad students sat across a continuum of positioning, related to a range of characteristics and experiences. Less variation among undergrads.
  - reflections for practice and application vs reflections for problem solving (concrete)



# The SDH Learning Journey

---

## **The importance of external learning environments**

*Outside the class I'm more aware of public health issues and I'm able to understand current affairs with a deeper understanding, which is really cool!*

## **The importance of Peer Learning**

*Having a social, friendly and conversation group of tutorial group members is more helpful than I can put into words*

## **Liminality**

### ***As a challenge***

*"I am confused. If we learn it is for our future to be a decision maker then there are too many confounding issues to be considered. We learn the ideals in class, what should we do, what can we do... I don't know how to improve the social"*

### ***Beginning the transformation***

*I realise I'm having to sit a little uncomfortably for a bit as we engage with the reality that 'wicked problems aren't just an easy/straightforward apply the formula fix*

*It provides the opportunity for us to learn to be comfortable with the uncertainties*

---

# Next steps

---

- Ongoing analysis
- Revisiting with the SasP
- Curriculum review

# Thank you to our student partners

---

Tony, Gillian, Christina, Zoe,  
Maisie, Brenna, Matt, Nicole,  
Dishka, Yinling