**Social Determinants of Health**

Social determinant of health are social and economic and influences the health of the people and community at large. They include health services, social environment, genes and biology, health behaviors and physical environment.  The conditions that people work and live in can help in either destroying or creating their health. There are social determinant of health that lead to inequalities between and within countries like housing that is inappropriate, lack of income, workplaces that are unsafe, and lack of access to health systems (Braveman & Gottlieb, 2014). In countries of people who are both rich and poor, the health of the people depends on the social conditions that they work and live in. This is why the relationship between the health of the people and their surroundings cannot be ignored. This paper will look at the trans-theoretical model of behavior change by creating a pan for management for making choices that are better when it comes to prevention.

 Inequities in health have continued to grow in social classes, ethnic groups and occupation in a number of countries (Diehr et al., 2017). This also takes place in countries where there is availability of resources and the best interventions that are evidence based have been applied. Looking at the social determinant of health is one of the main ways of achieving equity in health.  There will be health equity when each and every person is given an opportunity of attaining their full health potential and no person should be disadvantaged from achieving it because of things like social positions and other circumstances that can be determined socially (Preda & Voigt, 2015). Addressing social determinant of health will help in achieving improvements in the lives of people through the reduction of health inequities.

The trans-theoretical model makes use of stages of change to include principles and processes that are powerful of change from theories that are leading of behavior change and counseling (Prochaska, 2008). One of the main contributions of trans-theoretical model is finding that self-changers that are successful are based on strategies that are psychotherapeutic for specific goals to be achieved (Brug et al., 2004). According to the trans-theoretical model the process of change in behavior is achieved through a number of stages and not a single event.

The first stage that can be used in making choices that are better when it comes to prevention is pre-contemplation.  This is the stage where people are not serious about the change in behavior. This is where two groups exists, those that are not aware of the changes in behavior and the people who are aware but choose to ignore the change (Lenio, 2006). The group that is aware may have people who are not interested in making changes in their behavior. This requires health administrators to play roles that are important in promoting changes that are positive to search people through talking to them and making them understand the importance of the changes in their behavior.

The second stage is the contemplation stage where people are willing to make changes in their behavior after they have looked at the advantages and disadvantages of the behavioral change (Prochaska, 2008). In such cases there are people who will voice their opinions both for and against the changes in behavior. It is important for health administrators to know that during this stage there is need for discussion that is repeated of what brings about the problem instead of the solution for the people to make decisional balance that are informed. Prochaska (2008) adds that a group of contemplators may have hope that while contemplations are taking place, the issue will be death with without needing any further action or a solution will be provided which will not need an action. This is why it is essential for a health administrator to keep on focusing on the problems during discussions. The shift will take place if the people  will find that the change in behavior is important for a goal that is important in their life.

The third stage is the preparation stage where people start to be more prepared about making changes in prevention (Brug et al., 2004). As health administrators this stage will be known to them through communications that are verbal from the people willing to make changes in their behavior. This is the right time for heath administrators to set up goals for plans on treatment considering that the people are willing to make changes. The best way to deal with this is starting with small steps which may lead to the people clearing their schedules and demanding activities vocally.

The fourth stage is the action stage where people are engaged actively in making changes in their behavior (Lenio, 2006). This can include the use of therapy sessions in discussing their difficulties and accomplishments while changing to the new behavior and reviewing techniques that can make the behavior change better. This is where the change takes place but health administrators need to be careful because there can be an existence of a risk where the person can go to the previous stage. Health administrators need to have follow ups that are frequent to make sure that the people adopts the changes fully to eliminate the possibility of a failure.

The fifth stage is the maintenance stage which involves the integration of the behavior that is newly developed. This is the stage which people enter while they are maintaining their prevention behavior in a way that is independent and effective (Prochaska, 2008).  This will be the end of the prevention session because the behavior of the people will be totally changed. In this case, health administrators have an important role to play of discussing with the people how relapse can be prevented because there are chances of them occurring.

There are a number of change processes that health administrators can use in taking people through the stages of the trans-theoretical model. One of them is raising consciousness through awareness and education of the behavior that is not healthy and the benefits which will be gotten when a behavior is changed. Another process that can be used is social liberation where the people will realize social norms and change in the direction that will be able to support behavior change that is healthy. The last process is emotional arousal where experiencing emotions that are negative and results from, the behavior that needs to be changed. The trans-theoretical model offer a mode that is practical of behavioral change that is intentional. Health administrators can have an influence on the process of change but not control. This is why active participation is required from both the people and health administrators for there to be success in behavior change.

**References**

Braveman, P., & Gottlieb, L. (2014). The social determinants of health: it's time to consider the causes of the causes. *Public health reports*, *129*(1\_suppl2), 19-31.

Brug, J., Conner, M., Harre, N., Kremers, S., McKellar, S., & Whitelaw, S. (2004). The Transtheoretical Model and stages of change: a critique: observations by five commentators on the paper by Adams, J. and White, M.(2004) why don't stage-based activity promotion interventions work?. *Health education research*, *20*(2), 244-258.

Diehr, A. J., Jordan, T., Price, J., Sheu, J. J., & Dake, J. (2017). Assessing the Strategies of State Offices of Minority Health to Reduce Health Disparities. *American Journal of Health Studies*, *32*(1).

Lenio, J. A. (2006). Analysis of the Transtheoretical Model of behavior change. *Journal of Student research*, *5*, 73-87.

Preda, A., & Voigt, K. (2015). The social determinants of health: Why should we care?. *The American Journal of Bioethics*, *15*(3), 25-36.

Prochaska, J. O. (2008). Decision making in the transtheoretical model of behavior change. *Medical decision making*, *28*(6), 845-849.