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Social Determinants of Health & Importance for Nursing

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In this lecture

- **Highlights of the History of Social Determinants of Health**
- **What are Social Determinants of Health?**
- **Why are they important for Nursing?**

Learning Outcomes

To learn about

- The historical background of
Social Determinants of Health (SDOH)
- What are Social Determinants of Health (SDOH)are
- Why are Social Determinants of Health (SDOH)are
important for Nursing & health care



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The History of Social Determinants of Health



A short highlight of history

Over recent decades, international health agendas have focused on and oscillated between:

(1) technology-based medical care and public health interventions; and

(2) an understanding of health as a social phenomenon, requiring more complex forms of intersectoral policy action.



1978 Alma Ata – Health for All

In 1978 the Declaration of Alma-Ata & the subsequent “Health for All movement” emphasized health equity and intersectoral action on Social Determinants of Health.

However, neoliberal economic models dominant in the 1980s and 1990s impeded the translation of these ideals into effective policies in many settings.

*The 1978 Declaration of Alma Ata:
“...strongly reaffirms that health, which is a state of complete physical, mental and social wellbeing, and not merely the absence of disease or infirmity, is a fundamental human right and that the attainment of the highest possible level of health is a most important world-wide social goal whose realization requires the action of many other social and economic sectors in addition to the health sector.*



In the 1990s & 2000s

1990s and early 2000s growing evidence **on the failure of existing health policies to reduce inequities**, and momentum for new, equity focused approaches grew, primarily in wealthy countries.

New policies developed in Western countries like Australia, New Zealand, Netherlands, UK and Sweden.

Meanwhile other countries fx in Africa and Latin America, criticized the market-based technology driven, health care models and called for action to tackle the social roots of ill health.

In 2003/2004 The Committee on Social Determinants of Health (CSDH) established to ensure that developing countries were able to translate the emerging knowledge on Social Determinants of Health (SDH) and practical approaches into effective policy action.



Health Equity

The guiding ethical principle for the CSDH is health equity, defined as the absence of unfair and avoidable or remediable differences in health among social groups.

The Primary responsibility for protecting health equity rests with governments.

The international human rights framework is the appropriate conceptual and legal structure within which to advance towards health equity through action on SDH.

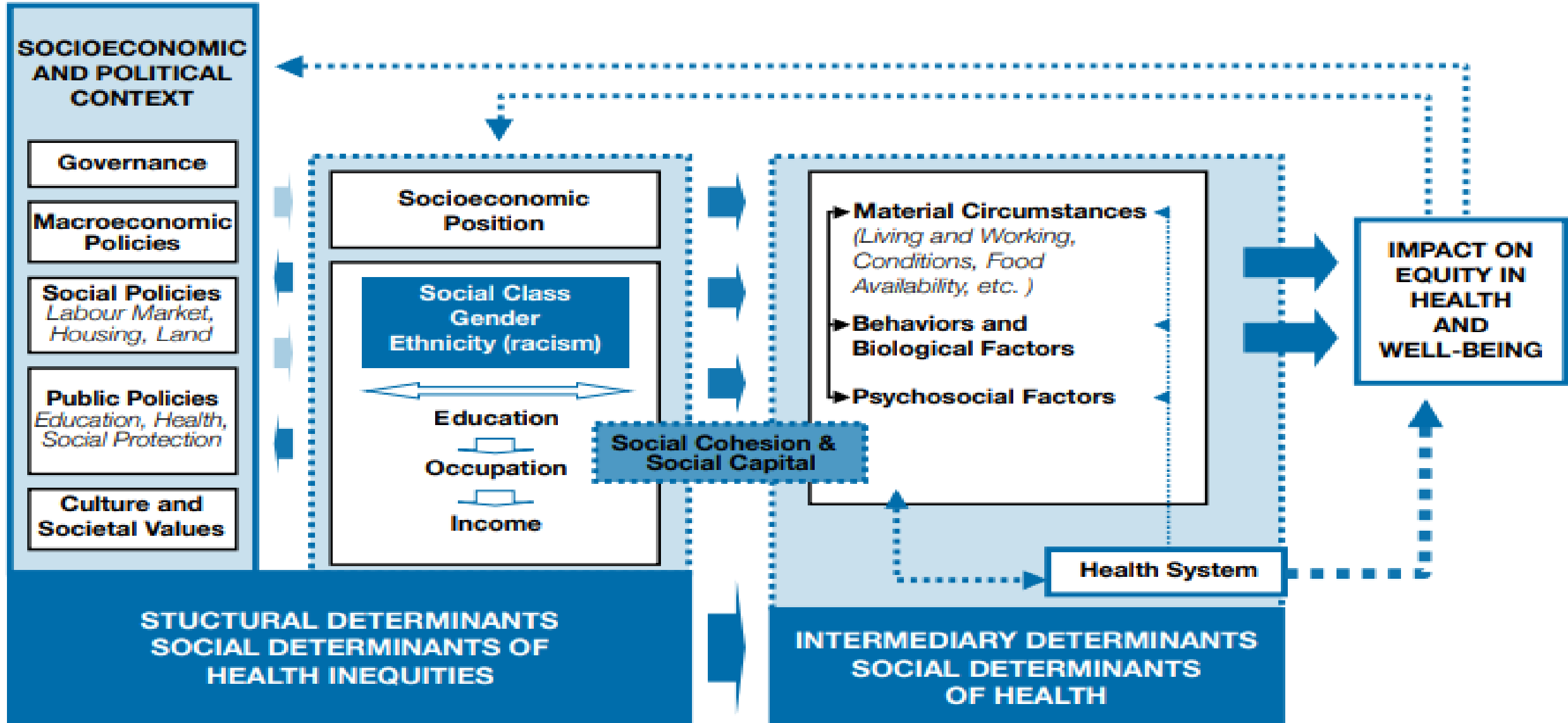
The realization of the human right to health implies the empowerment of deprived communities to exercise the greatest possible control over the factors that determine their health.



Wide range of Theories & Models on SDOH

- Three main theoretical explanations of disease distribution are:
 - (1) psychosocial approaches;
 - (2) social production of disease/political economy of health; and
 - (3) eco-social and other emerging multi-level frameworks.
- All represent theories which presume but cannot be reduced to mechanism-oriented theories of disease causation.
- The main social pathways and mechanisms through which social determinants affect people's health can usefully be seen through three perspectives:
 - (1) "social selection", or social mobility;
 - (2) "social causation"; and
 - (3) life course perspectives.
- These frameworks/directions and perspectives are seen as complementary.
- Certain of these frameworks have paid insufficient attention to political variables. The CSDH framework will systematically incorporate these factors

Figure 5. Final form of the CSDH conceptual framework





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Health



Definition of Health

WHO - DEFINITION OF HEALTH 1948 –*“A state of complete physical, mental and social well-being and not merely the absence of disease or infirmity”*

The enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition.

The health of all peoples is fundamental to the attainment of peace and security and is dependent on the fullest co-operation of individuals and States.

The achievement of any State in the promotion and protection of health is of value to all.

(<https://www.who.int/about/governance/constitution>)



Health

Health

- is a multidimensional phenomena
- is influenced by physical, mental and social factors.
- is influenced by environmental factors, i.e. socioeconomic conditions, cultural patters, the political system, behavior pattern and the health care delivery system.
- is determined within the individual as well as the environment in which the person lives.



Positive Health

Positive Health

Health as 'a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity'.

Positive health consists of six dimensions:
bodily functions, mental functions &
perceptions, spiritual dimension, quality of life,
social & societal participation, daily functioning
(Huber,2011)



Positive Health



MY POSITIVE HEALTH

- Taking care of yourself
- Knowing your limitations
- Knowledge of health
- Managing time
- Managing money
- Being able to work
- Being able to ask for help



DAILY FUNCTIONING

- Social contacts
- Being taken seriously
- Doing fun things together
- Having the support from others
- Sense of belonging
- Doing meaningful things
- Being interested in society

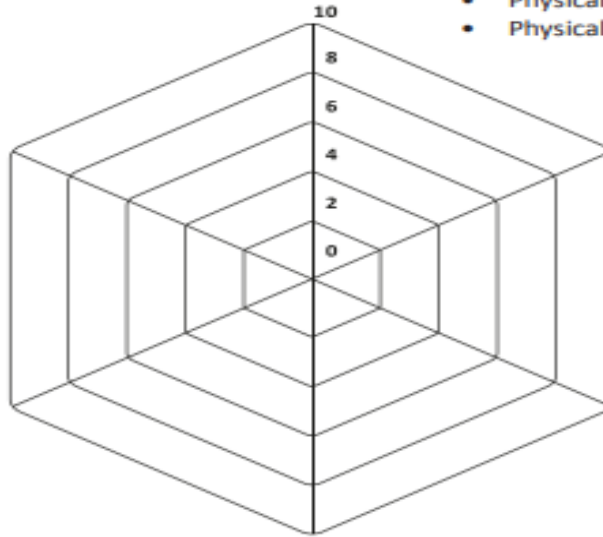


PARTICIPATION



BODILY FUNCTIONS

- Feeling healthy
- Feeling fit
- No physical complaints and/or pain
- Sleeping
- Eating
- Physical condition
- Physical activity



MENTAL WELL-BEING

- Being able to remember things
- Being able to concentrate
- Being able to communicate
- Being cheerful
- Accepting yourself
- Being able to handle change
- Feeling in control



MEANINGFULNESS

- Having a meaningful life
- Having a zest for life
- Pursuing ideals
- Feeling confident
- Accepting life
- Being grateful
- Lifelong learning



QUALITY OF LIFE

- Enjoyment
- Being happy
- Feeling good
- Feeling well-balanced
- Feeling safe
- Housing circumstances
- Having enough money





Social Determinants of Health (SDOH)

What they are



Determinants of Health

- Determinants of health include: the range of personal, social, economic, environmental factors which determine the health status of the population. These factors interact and these interactions may be health-promoting or deleterious.

- 1. Biological Determinants**
- 2. Environmental Determinants**
- 3. Behavioural Determinants**
- 4. Socioeconomic Determinants**
- 5. Health Services**
- 6. Aging of the Population**
- 7. Gender**
- 8. Other Factors**



1. Biological Determinants

- The physical and mental traits of every human being are to some extent determined by the nature of his genes at the moment of conception.
- The genetic make-up is unique in that it cannot be altered after conception.
- A number of diseases are now known to be of genetic origin, like chromosomal anomalies, errors of metabolism, mental retardation, some types of diabetes etc.
- The state of health, therefore depends partly on the genetic constitution of man. Now a days, medical genetics offers hope for prevention and treatment of a wide spectrum of diseases, thus the prospect of better medicine and longer, healthier life. A vast field of knowledge has yet to be exploited. It plays a particularly important role in genetic screening and gene therapy.



2. Behavioural and socio-cultural conditions

The term "lifestyle" is a concept often used to denote "the way people live", reflecting a whole range of Social values, attitudes and activities.

- Lifestyles are composed of cultural and behavioural patterns and lifelong personal habits that have developed through processes of socialization.
- Lifestyles are learnt through social interaction with parents, peer groups , friends and siblings and through school and mass media.
- Lifestyles can be positive and negative...
- Many health problems especially in the developed countries (e.g. coronary heart disease, obesity, lung cancer drug addiction) are associated with lifestyle changes.
- Many lifestyles can promote health. Examples physical activity and training, eating patterns, enough sleep among otheretc.



3. Environment

- The Environment has a direct impact on the those living in it.
- The environmental, physical, mental and social well-being of factors range from housing, water supply, psychosocial stress and family structure through social and economic support systems to the organization of health and Social welfare services in the community.



3. Environment

HOUSING

- Housing “ in modern concept includes:

the physical structure providing shelter, as well as

- the immediate surroundings and the related community

services and facilities In the past it was called as Human

settlement which was defined as- all places in which a

group of people reside and pursue their life goals.

But the size of settlement varies from a single family to millions of

people.



4. Socio-Economic Conditions

Socio-economic conditions have long been known to influence human health.

For the majority of the world's people, health status is determined primarily by:

- their level of socio-economic development, e.g. per capita GNP,
- education,
- nutrition,
- employment,
- housing,
- the political system of the country etc.



4. Socio-Economic Conditions

Those of major importance are:

(i) Economic status:

- The per capita Gross National Product is the most widely accepted measure of general economic performance.
- The economic status, - purchasing power, standard of the living, quality of life.
- Family size and the pattern of disease and deviant behaviour in the community. It is also an important factor in seeking health care.
- Ironically , affluence may also be a contributory cause of illness as exemplified by the high rates of coronary heart disease, diabetes and obesity in the upper socio-economic groups.



4. Socio-Economic Conditions

(ii) Education:

- A second major factor influencing health status is education especially female education.
- The World map of illiteracy closely coincides with the maps of poverty, malnutrition, ill health high infant and child mortality rates.
- Studies indicate that education to some extent compensates the effects of poverty on health. Irrespective of the availability of health facilities.



4. Socio-Economic Conditions

(iii) Occupation :

- The very state of being employed in productive work promotes health, because the unemployed usually show a higher incidence of ill health and death.
- For many, loss of work may mean loss of income and status. It can cause psychological and social damage.

4. Socio-Economic Conditions

(iv) Political system :

- Health is also related to the country's political system and decisions concerning resource allocation.
- Manpower policy, choice of technology and the degree to which health services are made available and accessible to different segments of the society are examples of the manner in which the political system can shape community health services.
- The percentage of Gross National Product (GNP) of Spent on health is a quantitative indicator political commitment.



5. Health services:

- The term health and family welfare services cover a wide spectrum of personal and community services for treatment of disease, prevention of illness and promotion of health.
- The purpose of health services is to improve the health status of population.
- For example, immunization of children can influence the incidence/prevalence of particular diseases .

The care of pregnant women and children would contribute to the reduction of maternal and child morbidity and mortality.



6. Aging of the population

- By the year 2020, the world will have more than one billion people aged 60 and over, and more than two-thirds of them living in developing countries.
- Although the elderly in many countries enjoy better health than hitherto, a major concern of rapid population aging is the increased prevalence of chronic diseases and disabilities, both being conditions that tend to accompany the aging process and deserve special attention.



7. Gender

- The 1990s there was an increased focus on women issues. In 1993, the Global Commission on Women's Health established.
 - The commission drew up an agenda for action on women's health covering nutrition , reproductive health, the health consequences of violence, aging.
 - Life style related conditions and the occupational environment. It has brought about an increased awareness among policy makers of women's health issues and encourages their inclusion in all development plans as a priority.
- Today – increased attention for Sexual and Gender issues including LGBTQ community.



8. Other factors

- We are witnessing the transition from post industrial age to an information age and experiencing the early days of two interconnected revolutions, in information and in communication.
- The development of these technologies offer tremendous opportunities in providing an easy and instant access to medical information once difficult to retrieve.
- It contributes to dissemination of information worldwide, serving the needs of many physicians, health professionals, biomedical scientists and researches, the mass media and the public.

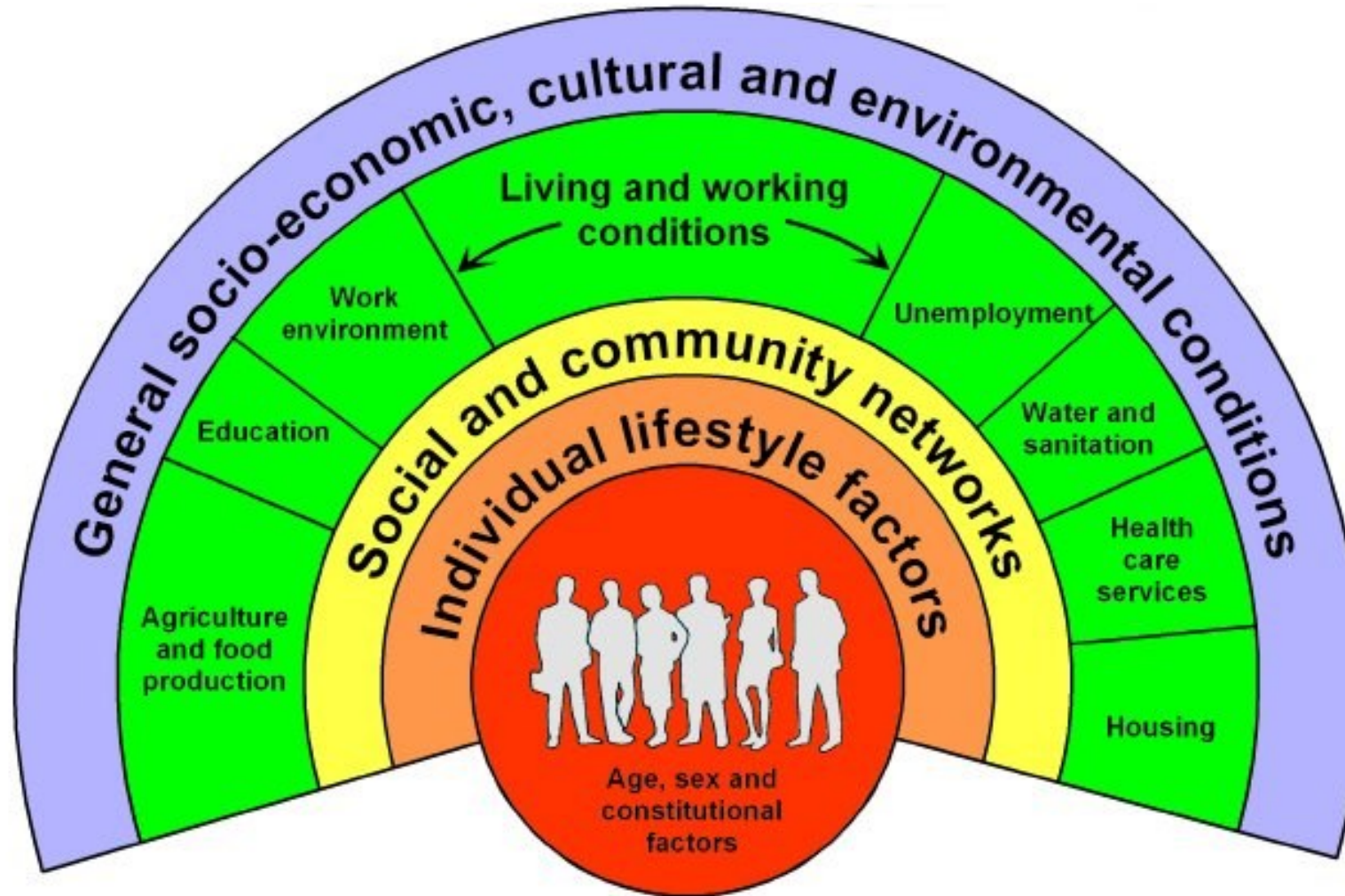


Determinants of Health

- The majority of factor that contribute to ill health and health

inequities lie outside the traditional mandate of the health sector.

- The social determinants of health must must be considered within health programs and across government polices in order to reach broader societal.
- Policy makers and bureaucrats must be held accountable for reducing health inequities.



Source: Dahlgren and Whitehead, 1991



Social Determinants of Health

Social Determinants of Health

are the conditions in which people are born, grow, live, work and age.

They include factors like

- socioeconomic status,
- education,
- neighborhood and physical environment,
- employment,
- social support networks,
- access to health care (Figure 1).

Social Determinants of Health

Economic Stability	Neighborhood and Physical Environment	Education	Food	Community and Social Context	Health Care System
Employment	Housing	Literacy	Hunger	Social integration	Health coverage
Income	Transportation	Language	Access to healthy options	Support systems	Provider availability
Expenses	Safety	Early childhood education		Community engagement	Provider linguistic and cultural competency
Debt	Parks	Vocational training	Stress	Discrimination	Quality of care
Medical bills	Playgrounds	Higher education			
Support	Walkability				
	Zip code / geography				

Health Outcomes
Mortality, Morbidity, Life Expectancy, Health Care Expenditures, Health Status, Functional Limitations

(Henry J Kaiser Family Foundation).



Social Determinants of Health (SDOH)

What they are



Why are SDOH important for Nursing?

When caring for patients we may overlook a patients' social determinants of health (SDOH) which significantly influence their health.

This term SDOH refers to the conditions that people are born into and live under and affect the health of individuals.

A patient's SDOH include his or her neighborhood, environment, culture, socioeconomic status, and access to health care and healthy food.



Examples

Examples of SDOH include the individuals/patient's opportunities for education and employment, level of income, ethnicity, race, access to housing and affordable utilities, access to health care, social and community support, early childhood education, neighborhood crime rates, and access to transportation and leisure activities

(Social determinants of health (SDOH). NEJM Catalyst. <https://catalyst.nejm.org/social-determinants-of-health/>. Published December 1, 2017. Accessed <https://catalyst.nejm.org/social-determinants-of-health/>)



Nurses need to include SDOH

Nurses need to adopt a holistic view of their patients, which includes their SDOH.

Thereby nurses should:

- actively participate in community activities that support SDOH,
- treat patients equally,
- integrate a patient's request for cultural preferences into his or her care,
- understand how inequities may affect patient outcomes,
- speak up if they know a patient will be leaving the facility and going to a place that is not safe or healthy,
- lead by example, and
- incorporate concepts from the

(ANA Code of Ethics 2019)



Some health care providers are now partnering with organizations in their communities to provide better access to the various components of SDOH and improve patient health outcomes (Spruce 2019).

When patients struggle with social, behavioral, and medical issues, they often seek routine care in emergency rooms, which increases the cost of care and may not provide continuity of care for these patients.

For example:

Nurses should use a patient-centered approach to care that recognizes how a patient's SDOH affect his or her health choices and outcomes *(Committee on Health Care for Underserved Women. ACOG Committee Opinion No. 729, 2918).*

Fx: During the preoperative visit, a patient may express concern about the scheduled surgery time because of a lack of reliable transportation and uncertainty about making the scheduled arrival time at the hospital.



Strategies that health care providers can implement to affect the SDOH of their patients in a positive way are varied.

Because it is not always obvious that a patient is being affected by SDOH, nurses can work to foster open communication and identify a patient's SDOH by asking tactful questions, providing information about local resources, and advising patients on actions they can take.

Social determinants of health may be directly related to the patient's health condition.

A patient with a sedentary lifestyle because he or she does not have access to a safe place to exercise. Besides transportation concerns, these patients may lack the resources for adequate preoperative nutrition and may be unable to pay for their medications.



Nurses should ask questions with compassion and empathy (8)

Nurses can ask screening questions to determine if the patient is having difficulty making ends meet or ask him or her to describe any fears related to undergoing the procedure. These types of questions can help identify problems that patients are experiencing in a nonthreatening manner. When health care providers ask questions with empathy, patients may be more honest about their concerns, symptoms, and situation.



When nurses identify a situation that involves SDOH, they should refer the patient to community resources available both inside and outside the health system.

Resources such as housing organizations, employment agencies, women's groups, religious-based groups, disease-specific groups (like diabetes, Alzheimer disease, mental health) groups or social services can be invaluable in assisting with patients' SDOH (ref)

A small study in the United Kingdom showed that a group of patients with psychological concerns who received referrals to community-based support groups experienced less anxiety and felt better about their overall health than a similar group of patients who only received general care and did not receive a **referral for support**

(Grant et al. A randomised controlled trial and economic evaluation of a referrals facilitator between primary care and the voluntary sector. BMJ. 2000;320(7232):419-423. 11.



Take home message

Social determinants of health (SDOH) affect a patient's ability to recover. These determinants include the patient's neighborhood, environment, culture, socioeconomic status, and access to health care and healthy food.

In certain environments, nurses can see the effect that SDOH have on their patients; for example, patients with chronic conditions that require treatment who are of lower socioeconomic status may lack support systems and adequate access to health care.

Nurses should use a patient-centered approach to care that recognizes how a patient's SDOH affect his or her health choices and outcomes. Nurses are in a unique position to identify and begin addressing some patients' SDOH needs.

Social determinants of health affect patients in the all health care settings; nurses should recognize SDOH as a major issue and take action to help improve patient care and address the underlying issues related to poor patient health and morbidity.

Questions?



*THANK YOU
FOR THE
ATTENTION!*

