

Introduction to the Social Determinants of Health

Objectives

- To describe social determinants of health (SDH).
- To outline models used to address the SDH.
- To provide examples of programs addressing SDH.

Practice Points

1. The SDH are the conditions in which people are born, grow, work, live and age, and the wider set of forces and systems shaping the conditions of daily life. These forces and systems include economic policies and systems, development agendas, social norms, social policies and political systems.
2. Socioeconomic development and health systems development are mutually reinforcing; addressing determinants of health alongside clinical services leads to greater sustainability of results.

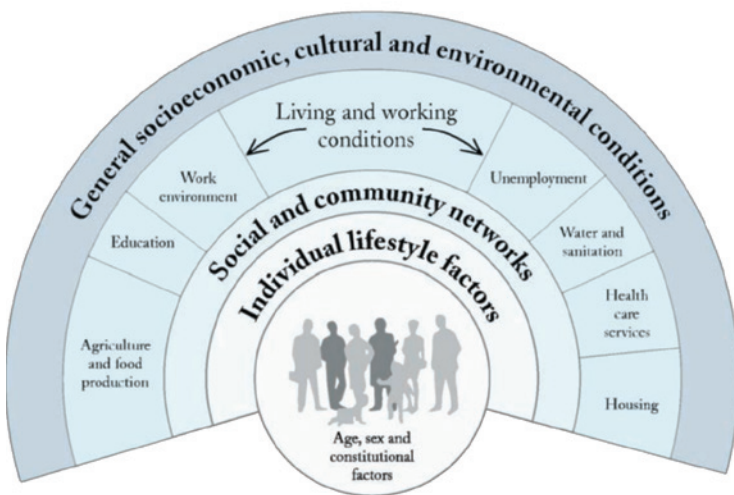


Figure shows one influential model of the determinants of health that illustrates how various health-influencing factors are embedded within broader aspects of society.

Source: Dahlgren G. and Whitehead, M (1991), Policies and Strategies to Promote Social Equity in Health (Stockholm: Institute for Futures Studies, 1991).

Figure 1. The Classic Diagram That Encompasses the SDH

Model to Address SDH



Figure 2. Model Outlining How to Address the Health Inequities Resulting From the SDH

- This model is taken from resources on the website of the National Alliance to Impact the Social Determinants of Health (NASDOH) <https://www.nasdoh.org/>.

Examples of Programs Addressing SDH

- A. A framework for clinical practice on taking action on the SDH in clinical practice was published in CMAJ, Dec 2016.

The key points were:

- Asking patients about social challenges in a sensitive and caring way.
- Referring patients and helping them access benefits and support services.
- Improving access and quality of care for hard-to-reach patient groups/organizations.

- Integrating patient social support navigators into the primary care team.
- Partnerships with community groups, public health, and local leaders.
- Using clinical experience and research evidence to advocate for SDH.
- Getting involved in community needs assessment and health planning.
- Community engagement, empowerment and changing SDH.

Table 1. The Barriers to and Facilitators for Taking Action on the SDH in Clinical Practice

Barrier	Facilitator
Medical model bias and the treatment imperative in health care	Health care provider reminder and recall systems to adopt a more holistic and biopsychosocial approach
Patients who experienced prior stereotyping and discrimination in clinical care	Treating patients with dignity and respect and creating “safe spaces” for disclosure
Physicians feeling overwhelmed, overworked and lacking time	Taking a few extra minutes per consultation to address complex health and social needs
Physicians not knowing what resources exist in the local community	Providing a mapping of benefits and local referral resources for specific social challenges
Physicians unsure of what concrete actions to take to address social determinants	Resources, training and ongoing support of physicians and allied health care workers

B. Social prescribing in health centres in Ontario has been initiated.

- To view *Social Prescribing In Ontario Final Report-March 2020*, visit https://cdn.ymaws.com/aohc.site-ym.com/resource/group/e0802d2e-298a-4d86-8af5-21156f9c057f/rxcommunity_final_report_mar.pdf.

The key points for taking action on SDH include:

- Build around Community Health Centres.
- Requires a shift in health care culture.
- Dedicated staff (or time) crucial to success.
- Involving clients in the process is crucial to success.
- Need to continually adapt model to best fit local community needs.

Conclusions

1. The SDH encompass many aspects of society and include geography, economics, housing, culture, education, and political policy — to name a few.
2. Programs to address the SDH require inclusiveness, consultation, adaptability and a shift in the culture of traditional health care delivery.