Theory - SDOH Cheat Sheet

by Emilie Lamarche via cheatography.com/171396/cs/35965/

SDOH

Describe a person's place in the world	Social status, social inclusion or exclusion
Influence of enviro-nment on your health	Dr. Verchow, hippocrates and freud
Praviously used medical model when diseases were mainly infectious:	Now have chronic illnesses: figure out what causes them
Address SDOH to reduce health dispar-ities:	Will improve health

The non-medical factors that influence overall health outcomes
-conditions in which people are born, grow, work, live and age in
and the systems shaping these conditions

What do you have for love?

Relationships and supports	Childhood environme-nt/development
Family dynamics	Culture
Race	Discrimination
Gender/gender identity	Sexual orientation

Influences lifetsyle

-childhood influences what type of adult you turn out to be

What do you have for work?

Education	Food security
Employment/job security/income	Housing/ neighb-ourhood
Geography	Basic amenities
Exposure to crime/-violence	Access to HC/den-tist/physio

Education most influential since it determines your employment

The systems that influence SDOH

Economic policies	Lenght of mat leave: conditions to meet for EI

Social policies

Social norms	Golf cart with drinks - drinking as a societal influence

Political systems - the party in power

Development agendas

The social gradient

The lower the socioeconomic status the worse their health tends to be - vice versa
-> due to uneven distribution of resources, money and power

The SDOH

Early childhood develo-pment	Housing
Employment/working conditions	Education
Unemployment/job security	Disability
Food insecurity	Gender
Geography	Globalization
Health services	Immigration
Income	Indigenous ancestory
Race	Social exclusion

Disability is linked to decreased employment rate and increased Without employment cannot make an income and do not have basic needs
Affordable housing is a big issue - link btw poor housing and poor health outcomes
Geography affects HC, food and housing - worse conditions due to lack of PHC
Immigrants have harder time finding work -> unemployment and worse mental health
Indigneous = double the unemployment rate, more poverty

Why do SDOH matter?

30-55% of outcomes are directly attributed

They are more powerful than medical interventions

The complexities make it more difficult to address the health concern	-the more complxities the less likely to receive care

-> Promote health adn prevent illness: by understanding the SDOH then can help to improve pt outcomes
- need to understand the environment they come from
-have cultural humility and understand own biases

Client Care ELC addressing SDOH

Culturally appropriate communication

Understanding ancestry and race

Apply best evidence to pt situation:	cost, access to pharmacy

Know impact of SDOH to guide strategies to health promotion

Quality improvement ELC on SDOH

Evidence-informed practice

Participate in research

Leadership ELC on SDOH

Facilitate system change

Improve client care

Participate in professional associations, writing letters to politicians to advocate for health care

Education ELC on SDOH

Educate:

Self (reflection)	Client and community

members of the healthcare team

By **Emilie Lamarche**
cheatography.com/emilie-lamarche/

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SDOH of indigenous populations

Impacted by discrimination and health inequities	
Proximal:	daily aspect, education, employment
Interm-ediate:	Systemic: health care system
Distal:	Hx of discrimination, racism

Rural and remote populations

Lower overall education levels
Decreased access to education and employment
Higher smoking rates
Less access to healthy food

Rural and remote populations

Factors:	Considerations:
Lower overall education levels	Decreased healthcare resources
Decreased access to education and employment	Travel time
Higher smoking rates	Less practitioners
Less access to healthy food	Ethical dilemmas providing care in small community
More indigenous populations	Telehealth

Education level is more influential determ-inant
-pregnancy and childbirth: they sometimes need to stay in other communities after 36 weeks
-may not have specialized services
-SLP, dietetics can be facilitated through telehealth

Inner-city populations

Factors:	Considerations:
Poverty and unempl-oyment	Access to care
Homelessness	Trauma informed, harm reduction
Food insecurity	Support servic-es/resources
Racism	Policy/advocate
Infectious diseases, substance use, trauma	-> programs

Harm reduction: safe injection sites, safe supply of opioids
Recgonize psychological aspects
advocate to address health inequities: harm reduction, housing
Screen Hep C/HIV

Refugee and immigrant populations

Poor living conditions	Limited access to HC
Employment	Housing
Poverty	Social safety net

Decreased employmnet - language barrier, discrimmination
Trauma and stress they experienced in their homeland

LGTB2SQ

Factors:	Barriers:
Depression and anxiety	Homophobia (real or perceived)
Substance abuse	Heteronormative care
Family planning	Providers with limited knowledge
	Limited coverage for gender-affirming surgery/ hormones

LGTB2SQ (cont)

Long application process

Non-disclosure affects quality of care
-creates delays in medical diagnosis and treatment if they do not disclose

Asking about SDOH in practice

Include social Hx in SOAP note	Cultural humility
Help access resource and supports	Self reflection of biases
CLEAR or RESPECT formats to help with questions	Improving access to care
Partner with local groups and PHC angencies	Be aware of available resources in community
Municipal committees and elections	Research

If you don't ask they don't usually bring it up

CLEAR tool kit

1. Treat
2. Ask
3. Refer
4. Advocate

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