

### SDOH

Describe a person's place in the world      Social status, social inclusion or exclusion

Influence of environment on your health      Dr. Verchow, hippocrates and freud

Previously used medical model when diseases were mainly infectious:      Now have chronic illnesses: figure out what causes them

Address SDOH to reduce health disparities:      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 environment/development

Family dynamics      Culture

Race      Discrimination

Gender/gender identity      Sexual orientation

Influences lifestyle

-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/ neighborhood

Geography      Basic amenities

Exposure to crime/-violence      Access to HC/dentist/physio

Education most influential since it determines your employment

### The systems that influence SDOH

Economic policies      Length 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 development      Housing

Employment/working conditions      Education

Unemployment/job security      Disability

Food insecurity      Gender

Geography      Globalization

Health services      Immigration

Income      Indigenous ancestry

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  
Indigenous = 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 complexities 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/](http://cheatography.com/emilie-lamarche/)

Not published yet.

Last updated 9th December, 2022.

Page 1 of 2.

Sponsored by [CrosswordCheats.com](http://CrosswordCheats.com)

Learn to solve cryptic crosswords!

<http://crosswordcheats.com>

### SDOH of indigenous populations

Impacted by discrimination and health inequities

Proximal: daily aspect, education, employment

Intermediate: 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 determinant

-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 unemployment	Access to care
--------------------------	----------------

Homelessness	Trauma informed, harm reduction
--------------	---------------------------------

Food insecurity	Support services/resources
-----------------	----------------------------

Racism	Policy/advocate
--------	-----------------

Infectious diseases, substance use, trauma	-> programs
--	-------------

Harm reduction: safe injection sites, safe supply of opioids  
 Recognize 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 employment - language barrier, discrimination  
 Trauma and stress they experienced in their homeland

### LGBTB2SQ

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

### LGBTB2SQ (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 agencies	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



By Emilie Lamarche

[cheatography.com/emilie-lamarche/](http://cheatography.com/emilie-lamarche/)

Not published yet.

Last updated 9th December, 2022.

Page 2 of 2.

Sponsored by **CrosswordCheats.com**

Learn to solve cryptic crosswords!

<http://crosswordcheats.com>