

Social Determinants of Health: Knowledge to Effective Action for Change

Sandra L. Davis, PhD, ACNP-BC, and Deborah W. Chapa, PhD, ACNP-BC

ABSTRACT

For centuries, epidemiologists have affirmed the association between social conditions, environmental factors, and health. Not until recent years has serious attention been given to the importance of social determinants in shaping health. In this article we provide a framework for understanding how social determinants influence health. The findings demonstrate connections between social conditions, environmental factors, and policy with relevance to health disparities, health equity, and social justice. Finally, we examine the challenges associated with understanding the social determinants of health and offer a model for nurse practitioners to translate knowledge into effective action for change.

Keywords: Health disparities, health equity policy, nurse practitioners, social determinants of health

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INTRODUCTION

Social determinants of health (SDH) are the conditions in which people are born, grow, live, work, and age.¹ From Florence Nightingale to the early pioneers of the nurse practitioner movement, the tenets of nursing have always been driven by a commitment to meet not only the health needs but also the social, economic, and environmental needs of populations, especially underserved populations.² However, only recently has serious attention been given to the importance of social determinants in shaping health, health care, and health outcomes.

Increasing focus on health disparities has spawned renewed interest in the SDH.³ It has become evident that targeting individual behaviors does not significantly increase overall health, and medical care alone does not adequately reduce health disparities. There is heightened awareness of the complex interplay between social conditions, economics, politics, and health.⁴

Social and environmental factors, such as education, housing, neighborhoods, family income, and

race, all matter when it comes to health, health care, and health outcomes.^{5,6} In fact, studies have shown that education is one of the most powerful predictors of health.^{5,6} Children whose parents did not complete high school are 6 times more likely to be in poor or fair health compared with children of parents who graduated from college.⁷ Moreover, inadequate educational preparation can lead to unemployment, inferior housing, and poor neighborhoods, with limited access to fresh, healthy food choices and places to exercise.⁷ Throughout the course of life there are opportunities and obstacles for either health or illness and the opportunities for health start long before illness.⁸

PURPOSE

This article provides a framework for understanding how social determinants influence health. It is imperative that nurse practitioners (NPs) understand the inextricable connections between social conditions, environmental factors, and policy with wider relevance to health disparities, health equity, and social justice. In addition, we examine the challenges

associated with addressing SDH and present a model to assist NPs with translating knowledge about SDH into effective action for change. This will not only impact delivery of care but will also inspire NPs to take strong measures to impact health policy.

BACKGROUND AND SIGNIFICANCE

SDH is not a new concept. For centuries epidemiologists and social scientists have affirmed the relationship between social factors, environmental conditions, and health.⁹ The mid-nineteenth century writings of Friedrich Engels, Rudolf Virchow, and John Snow provided compelling evidence that social and environment factors were primary determinants of health.^{10,11} Virchow proposed the question: “Do we not always find the diseases of the populace traceable to defects in society?”^{9(p.236),10} Despite the accumulation of new evidence over the past 20 years substantiating the relationship between health and factors such as poverty, discrimination, housing, and education, efforts to tackle the social and environmental causes of illness have been slow to take hold.^{8,12} The resistance to finding a solution is primarily due to the fact that focusing on SDH is a complicated problem requiring significant health policy changes that impact the unequal distribution of SDH.¹

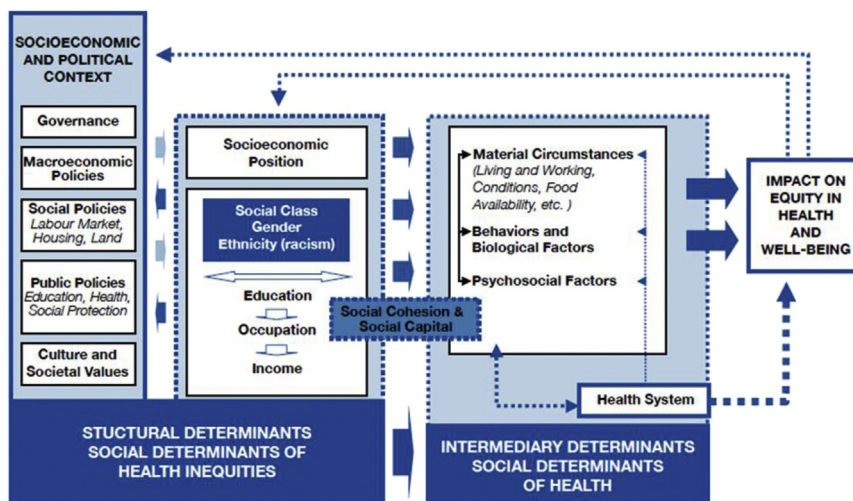
HOW SOCIAL, POLITICAL, AND ECONOMIC FACTORS INFLUENCE HEALTH

It is well known that, throughout the world, populations at the lower end of the socioeconomic scale have worse health than wealthier populations.¹³ It is also well known that African Americans and other groups who have persistently experienced social disadvantage or discrimination have poorer health and greater health risks than more advantaged social groups.¹⁴ It is clear that, at both population and individual levels, poor health is linked to social and economic disadvantage.^{15,16}

The exact ways in which SDH operate has been an area of intensive investigation and much is known.^{13,17} SDH are inextricably intertwined to the distribution of money, power, and resources.^{13,17} They are shaped by governmental and social policies as well as societal and cultural values. The concept of SDH is best understood when framed within a socioeconomic-political context.¹³ The World Health Organization (WHO) Commission on SDH conceptualized a socioeconomic-political framework for understanding, addressing, and intervening on the SDH. In the model, SDH are divided into 2 categories: structural and intermediary (see Figure 1).¹³

Structural determinants of health, also known as upstream or distal determinants of health, are rooted in socioeconomics and politics.^{13,16} They are the

Figure 1. Commission on the SDH final framework.



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