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Seeing the whole person: addressing the link between social determinants and health

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Introduction

The World Health Organization (WHO) recognises that health and well-being are strongly influenced by social and economic factors known as the social determinants of health. The WHO describes the social determinants of health as 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 can include economic policies, development agendas, social norms, social policies and political systems.¹

The distribution of social determinants such as money, power and resources at global, national and local levels has profound impacts on an individual's opportunities for optimal health. There is strong correlation between health inequities seen in society and the uneven distribution of social determinants. In general, moving even small incremental steps up the socioeconomic ladder can result in an improved health status. This phenomenon is known as the Social Gradient.

There is widespread evidence of the link between poverty and disadvantage and poor health outcomes, particularly in the area of chronic disease and mental illness. The prevalence of chronic conditions such as cardio vascular disease, diabetes and hypertension along with depression and anxiety is much higher in people who experience low socio economic circumstances.

The Australian Institute of Health and Welfare's report on Australia's Health 2018 includes other broad features of society and environment as determinants of health. As well as socioeconomic position it embraces a person's knowledge, attitudes and beliefs; health behaviours; psychological factors; safety factors; and biomedical factors.² Adequate health literacy, for example, allows people to actively engage in managing their own health but the 2006 Australian Bureau of Statistics Health Literacy Survey found that only 4 in 10 Australian adults had a level of health literacy that would allow them to meet the everyday demands of life.³

Similarly, the natural environment can affect the physical emotional well-being. Access to clean air and water and appropriate exposure to ultraviolet radiation are all important factors in a healthy population.

Isolation, social exclusion and loneliness have all been identified as potentially causing harm.⁴ And behavioural risk factors such as smoking, obesity and excessive drug and alcohol consumption, while

modifiable, need to be considered in a discussion about social determinants. Family, domestic and sexual violence presents a major health and welfare issue across the world. It is the leading causes of homelessness for women and children, and present a considerable burden on social services, hospitals and criminal justice systems.⁵

Rural perspective

In rural settings there are additional factors that can influence health outcomes such as low population density, access to services, considerable travelling times, limited employment opportunities and an ageing population. Rural healthcare organisations can be vulnerable to difficulties recruiting a skilled workforce and local availability of resources.

While rurality itself is a social determinant, it is also has a multiplier effect on the other social factors that may be affecting an individual, their family and community.

This results in compounding the poor health outcomes of people in rural populations evidenced by:

- higher mortality rates and lower life expectancy
- higher road injury and fatality rates
- higher reported rates of high blood pressure, diabetes, and obesity
- higher death rates from chronic disease
- higher prevalence of mental health problems
- higher rates of alcohol abuse and smoking
- poorer dental health.⁶

Taking action

A report by the National Centre for Social and Economic Modelling (NATSEM) modelled what the impact would be if social determinants such as income, employment and education were equally distributed on health, health service utilisation and cost.

Researchers found half a million Australians could be freed from chronic illness, \$2.3 billion in annual hospital costs could be saved and the number of Pharmaceutical Benefits Scheme prescriptions could be cut by 5.3 million annually; 60,000 fewer people would need to be admitted to hospital annually resulting in savings of \$2.3 billion in hospital expenditure; 5.5 million fewer Medicare services would be needed each year, resulting in annual savings of \$273 million; 5.3 million fewer Pharmaceutical Benefit Scheme scripts would be filled each year, resulting in annual savings of \$184.5 million each year.⁷

People working in chronic care—clinicians and carers—know firsthand how the social, cultural and economic environments in which their clients and loved ones live and work impact upon the cause and management of chronic conditions.

Faced with huge issues such as poverty, unemployment, isolation, limited access to services, inadequate housing and education and low health literacy, the challenges for health professionals can seem insurmountable. What can be done when so many of the social determinants appear to be outside the health system?

Developing a social determinants of health website

The Agency for Clinical Innovation (ACI) is one of the Pillars of NSW Health working to improve health outcomes through collaboration and innovation. The ACI's Chronic Care Network is made up of over 700 clinicians, health professionals, carers and consumers from metropolitan and regional NSW who are committed to improving the lives of people living with chronic conditions.

The Network has developed a site dedicated to exploring the relationship between chronic disease and social determinants. The website is a resource that directs people looking for ideas to inform practice. It provides evidence and examples of work from across NSW and internationally that have made a real difference in health outcomes for people by addressing social determinants.

The anticipated audience is predominantly clinicians but, potentially, also consumers and anyone else interested in social determinants of health. It is designed to provide basic information to define the social determinants of health; provide links to services and other resources including references and articles but most importantly, to show-case projects where success has been achieved. This final component can guide and inspire clinicians to view their practice through a different lens. By sharing and celebrating significant work already being undertaken locally, nationally and internationally and by thinking about influences outside of health, clinicians can make an enormous difference in people's lives.

The website seeks to build on and gather together examples of good work that has come from the significant investment that Health has made in social policy areas over many years, as well as showcase inter-sectoral collaboration and innovation. Implementation of strategies outlined in social policy frameworks that support and sustain integrated health service delivery in areas such as: Aboriginal Health, Women's Health, Family Violence, Early Childhood, Multicultural Health, Drug and Alcohol, Housing for Health are important foundations.

More to be done

However, despite the good intent in many of these policy frameworks, the landscape for health service delivery has become more complex and multi-faceted with many vulnerable and marginalised people falling through the gaps.

Clinicians engaged across the chronic care landscape, as well as health consumers, know that a more holistic approach is required where the social determinants of health are considered as fundamental components of the health profile, in order to be truly patient centred, compassionate, enabling and outcome-focused. As a health collective, wherever clinicians work, in whatever role, a better understanding all the issues facing individuals and their families in managing their health is essential.

Addressing the social determinants of health is often referred to as 'wicked' problem. This term describes a complex problem, apparently intractable and often multi factorial, the solution for which goes beyond the understanding or response capacity of one agency.

There are moral and economic reasons for addressing the social determinants of health and health professionals can make a difference by having a sustained focus on access and equity based on simple, achievable goals balanced with action to address structural issues.⁸

But it's unrealistic to undertake this in isolation. Just as people's lives are made up of networks and relationships, so too is the health care domain. Greater collaboration, sharing and exploring ways to better meet people's needs in and out of hospital settings is required. There is need for all health

partners to work together, both formally and informally, to provide quality care across the lifespan and improve the health of our population.

The Agency for Clinical Innovation's social determinants of health website is a small start to that process.

References

1. World Health Organization. Social determinants of health. Geneva: WHO; 2016.
2. Australian Institute of Health and Welfare. Australia's Health 2018. Canberra: AIHW; 2018. 164.
3. Australian Bureau of Statistics. 4228.0. Adult Literacy and Life Skills Survey, Summary Results, Australia, 2006 (Reissue). Canberra: ABS; 2013.
4. Brody J. The Surprising Effects of Loneliness on Health. The New York Times. 2017 Dec 11.
5. Australian Institute of Health and Welfare. Australia's Health 2018. Canberra: AIHW; 2018
6. Bureau of Health Information Insight Series: Healthcare in rural, regional & remote NSW. November 2016, p. 9.
7. Brown L, Thurecht L, Nepal B. The Cost of Inaction on the Social Determinants of Health. CHA-NATSEM Second Report on Health Inequalities. Canberra: NATSEM; 2012.
8. Harris E. Guest Editorial. ACI Chronic Care Network Newsletter Autumn 2015.

Presenter

Jenny Caspersonn has been the Manager of the Chronic Care Network at the NSW Agency for Clinical Innovation (ACI) since 2015 and has broad expertise in the health care sector. As a registered nurse, Jenny has comprehensive clinical experience across acute and primary care. With an economics degree from the University of Sydney and a Masters in Political Science from UNSW, Jenny has worked in government as a ministerial advisor and in policy roles. Jenny also has extensive media experience, including as a senior journalist in an editorial leadership role. Jenny is passionate about health equity and improving health outcomes, particularly for people living with chronic and complex conditions. Her focus is collaboration and improvement through building relationships with stakeholders across the social care and health care landscape.