The Social Determinants of Health

The Way Forward!

BCASW Education Day

September 20, 2103

Vancouver, BC
Learning Objectives

- Gain an understanding of research supporting the link between the Social Determinants of Health and healthcare outcomes;
- Identify how these Determinants can be used as the basis for assessments, interventions and evaluation of outcomes;
- Be introduced to an electronic standardized psychosocial assessment tool which can be used to communicate effectively and efficiently with other care providers and to educate on the focus of social work practice in healthcare.
Context

- A brief history of social work in health
- Challenges facing Canadian healthcare system
- Roles of social workers associated directly and indirectly with healthcare
- Challenges and opportunities facing social work in this milieu
Background

- Healthcare is the largest field of practice for social workers (Holosko) and one of the largest industries in Canada.
- Health is one of the most important concerns for Canadians.
- Every Canadian is touched by healthcare issues — every Canadian will use the healthcare system.
- During the last two years of life, an individual consumes more healthcare resources than were used during all previous years of their life.
The Cost of Healthcare

- Healthcare spending in Canada reached $207 billion in 2012 (CIHI)
- Percentage of GDP spent is 11.6%
- Largest costs are:
  1. Hospitals (29%)
  2. Drugs (15%)
  3. Physician fees (14.4%)
Health Spending by Province

- In 2011 health care accounted for 38% of provincial/territorial spending
- Quebec spends least (30.1%)
- Nova Scotia spends most (47.9%)
Average Annual Growth Rate
Cost per Canadian 1975-2012
Average Cost by Country

- United States: $8,233
- Norway: $5,388
- Switzerland: $5,270
- Netherlands: $5,056
- Luxembourg*: $4,786
- Denmark: $4,464
- CANADA: $4,445
- Austria: $4,395
- Germany: $4,338
- France: $3,974
- Belgium: $3,969
- Sweden: $3,758
- Australia*: $3,670
- United Kingdom: $3,433
- Iceland: $3,309
- Finland: $3,251
- Spain: $3,056
- Japan*: $3,035
- New Zealand: $3,022
- Portugal: $2,728
- Slovenia: $2,428
- Slovak Republic: $2,095
- Israel*: $2,071
- Korea: $2,035
- Czech Republic: $1,884
- Hungary: $1,601
- Poland: $1,389
- Estonia: $1,294
- Mexico: $916
- Turkey*: $913

OECD Average: $3,340
Value for Money?

- Canada is second only to the US in per capita spending ($5948 per person) (CIHI 2012)

- Canada now ranks 10th among 17 countries in terms of outcomes

- Japan, Switzerland and Italy ranked higher
Canada maintains its “B” grade and 6th-place ranking among 17 peer countries.

The gap in life expectancy between Canada and the U.S. continues to widen; Canadians now live three years longer than Americans.

Life expectancy is a good indicator of overall health in a country.
## Health-Care Spending and Health Outcomes, 2008 or Most Recent Year

<table>
<thead>
<tr>
<th>Country</th>
<th>Health expenditures per Capita (US$PPP)</th>
<th>Life expectancy (years)</th>
<th>Infant mortality (deaths per 1,000 live births)</th>
<th>Potential years of life lost (years per 100,000 population)</th>
</tr>
</thead>
<tbody>
<tr>
<td>U.S.</td>
<td>$7,538</td>
<td>77.9 (17)</td>
<td>6.7 (17)</td>
<td>4965 (17)</td>
</tr>
<tr>
<td>Norway</td>
<td>$5,003</td>
<td>80.6 (8)</td>
<td>2.7 (4)</td>
<td>2799 (6)</td>
</tr>
<tr>
<td>Switzerland</td>
<td>$4,627</td>
<td>82.2 (2)</td>
<td>4.0 (12)</td>
<td>2660 (4)</td>
</tr>
<tr>
<td>Canada</td>
<td>$4,079</td>
<td>80.7 (7)</td>
<td>5.1 (16)</td>
<td>3365 (12)</td>
</tr>
<tr>
<td>Netherlands</td>
<td>$4,063</td>
<td>80.2 (10)</td>
<td>3.8 (10)</td>
<td>2767 (3)</td>
</tr>
<tr>
<td>Austria</td>
<td>$3,970</td>
<td>80.5 (9)</td>
<td>3.7 (8)</td>
<td>3019 (8)</td>
</tr>
<tr>
<td>Ireland</td>
<td>$3,793</td>
<td>79.9 (12)</td>
<td>3.1 (5)</td>
<td>3164 (10)</td>
</tr>
<tr>
<td>Germany</td>
<td>$3,737</td>
<td>80.2 (10)</td>
<td>3.5 (7)</td>
<td>3134 (9)</td>
</tr>
<tr>
<td>France</td>
<td>$3,696</td>
<td>81.0 (6)</td>
<td>3.8 (10)</td>
<td>3344 (11)</td>
</tr>
<tr>
<td>Belgium</td>
<td>$3,677</td>
<td>79.8 (14)</td>
<td>3.4 (6)</td>
<td>3587 (16)</td>
</tr>
<tr>
<td>Denmark</td>
<td>$3,540</td>
<td>78.8 (16)</td>
<td>4.0 (12)</td>
<td>3410 (14)</td>
</tr>
<tr>
<td>Sweden</td>
<td>$3,470</td>
<td>81.2 (5)</td>
<td>2.5 (1)</td>
<td>2541 (1)</td>
</tr>
<tr>
<td>Australia</td>
<td>$3,353</td>
<td>81.5 (3)</td>
<td>4.1 (14)</td>
<td>2823 (7)</td>
</tr>
<tr>
<td>U.K.</td>
<td>$3,129</td>
<td>79.7 (15)</td>
<td>4.7 (15)</td>
<td>3391 (13)</td>
</tr>
<tr>
<td>Finland</td>
<td>$3,008</td>
<td>79.9 (12)</td>
<td>2.6 (2)</td>
<td>3552 (15)</td>
</tr>
<tr>
<td>Italy</td>
<td>$2,870</td>
<td>81.5 (3)</td>
<td>3.7 (8)</td>
<td>2699 (5)</td>
</tr>
<tr>
<td>Japan</td>
<td>$2,729</td>
<td>82.7 (1)</td>
<td>2.6 (2)</td>
<td>2587 (2)</td>
</tr>
</tbody>
</table>

Note: Rankings are shown in parentheses for the health outcome indicators.
Source: OECD.
- Life expectancy
- Mortality due to diabetes
- Self-reported health status
- Mortality due to musculoskeletal system diseases
- Premature mortality
- Mortality due to mental disorders
- Mortality due to cancer
- Infant mortality
- Mortality due to circulatory diseases
- Mortality due to medical misadventures
- Mortality due to respiratory diseases
WHO Definition of Health

- “Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity”

- Social Determinants of Health are the economic and social conditions that influence the health of individual, communities and jurisdictions as a whole

- SDOH are about the quantity and quality of a variety of resources that society makes available to its members (D. Raphael, 2011)
Why treat people...

...without changing what makes them sick?
Social Work’s Roots

- Social Workers as “sanitary visitors” in US—took note of income, living conditions, education, employment
- Early training of US physicians and nurses included home visits
- UK social workers first called “almoners” referring to work with the poor
- Role was to “screen by a competent person of education and refinement who could consider the position and circumstances of patients” (Gehlert & Brown, 2012)
Further Elaboration of Purpose

“The social worker seeks to remove those obstacles, either in the patient’s surroundings or in his mental attitude, that interfere with successful treatment, thus freeing the patient to aid in his recovery” (Ida Cannon, 1923)

Treating the whole person: Social Work’s primary role

Person in Environment (Keefler, Duder & Lechman, 2001)
What is the Link?

- Strong empirical relationship between living circumstances and health and social problems in Canada
- Countries with the greatest wealth are not necessarily healthiest – US spends more per capita than any other country in the OECD but has poorer health
- The wider the income gap within a society the higher its mortality and morbidity rates (Picket & Wilkinson, 2009)
- Medical care plays a limited role in reducing mortality in Western nations compared to increased income, nutrition and public health efforts (Moniz & Gorin, 2010)
Health and social problems are a result of adverse living circumstances and these are shaped by public policy!

Half of all healthcare outcomes are linked to the social determinants

Only 15% of outcomes are linked to biology and genetics

Only 10% of outcomes are linked to environmental factors

One in 5 healthcare dollars is spent addressing problems related to POVERTY

Action taken to reduce health inequalities will have economic benefits (Marmot, 2010)
At every stage in life, health is determined by complex interactions between social and economic factors, the physical environment and behavior. They do not exist in isolation from each other.

It is the combined influence of the determinants of health that determines health status.

(Public Health Agency of Canada, 2011)
What determines health?

- Why is Jason in the hospital?
- Because he has a bad infection in his leg.
- But why does he have an infection?
- Because he has a cut on his leg and it got infected.
- But why does he have a cut on his leg?
- Because he was playing in the junk yard next to his apartment building and there was some sharp, jagged steel there that he fell on.
- But why was he playing in a junk yard?
- Because his neighbourhood is kind of run down. A lot of kids play there and there is no one to supervise them.
- But why does he live in that neighbourhood?
- Because his parents can't afford a nicer place to live.
- But why can't his parents afford a nicer place to live?
- Because his Dad is unemployed and his Mom is sick.
- But why is his Dad unemployed?
- Because he doesn't have much education and he can't find a job.
- But why ...

‘Toward a healthy future’ (www.phac-aspc.gc.ca)
Social Determinants of Health

1. Income and Income Distribution
2. Education
3. Unemployment and Job Security
4. Employment and Working Conditions
5. Early Childhood Development
6. Food Security
continued

- 7. Housing
- 8. Social Exclusion
- 9. Social Safety Network
- 10. Health Care Services
- 11. Aboriginal Status
- 12. Gender

(York University SDOH Across the Lifespan Conference 2004)
Wealth = Health!

- Poor Canadians are twice as likely to die as affluent Canadians 10 years after suffering a heart attack despite having similar access to quality medical care.
- The risk for almost any ailment from mental illness to infant mortality to asthma falls with each rung on the socioeconomic ladder a person climbs.
- In Ottawa a study poor people are twice as likely to be hospitalized for mental illness than those in higher income groups.
Income and Income Distribution

- Health improves with each rung of the socioeconomic ladder climbed

- Whitehall Studies
Diabetes mortality, males, urban Canada

Heart Attack Admission Rates by Area Income, Ontario, 1994 - 1997

Figure 1-1. Life Expectancy of Males and Females by Income Quintile of Neighbourhood, Urban Canada, 2001

- Q5 - Poorest
  - Females: 74.7
  - Males: 79
- Q4
  - Females: 77.1
  - Males: 82.3
- Q3
  - Females: 77.8
  - Males: 82.8
- Q2
  - Females: 78.6
  - Males: 82.8
- Q1 - Richest
  - Females: 82.3
  - Males: 82.6

Education

- Strong factor in achieving employment and therefore income
- 38% of university grads rated their health as excellent compared to 19% of those with less than high school
- Ability to understand goals of treatment and follow direction
Unemployment and Employment Security

- Unemployment and underemployment linked to poor health
- Link between unemployment and income
- Unemployment and self esteem
- Impact of potential job loss
Employment and Working Conditions

- Double edged sword
- Toxic working conditions
- Unsafe working conditions
- Work stress
- Unpaid work
Early Childhood Development

- Prenatal health
- Emotional attachment
- Birth weight and income
- Day care and early learning programs
Figure 2. Public expenditure on childcare and early education services, per cent of GDP, 2005

Public spending on childcare including pre-primary education, 2005

% GDP
- Childcare spending as a % of GDP
- Pre-primary spending as a % of GDP
- Total

OECD Average = 0.6%

Notes: Figures for Austria, Ireland and Spain cannot be disaggregated by educational level.
Child Poverty in Wealthy Nations

Figure 7.1. Child Poverty in Wealthy Nations, Mid-2000s

Percentage of Children Living in Relative Poverty Defined as Households with <50% of the National Median Household Income

Average Family Income and Percentage of Children with Poor Health
Map 2 - Singleton Low Birthweight Rates, Area Rates Compared to City Rates, Toronto, 1996-2000 Combined

City-wide Singleton Low Birthweight Rate = 5.2%

Area rates compared to city rate
- 20% to 36% higher
- 10% to 19% higher
- 9% lower to 9% higher
- 10% to 19% lower
- 20% to 36% lower

See Appendix E for methodological details of this map.
Extracted: March 2004, Health Planning Branch, Ontario Ministry of Health and Long-Term Care.
Produced by: Health Information and Planning, Toronto Public Health.

Raphael: SDOH, The Canadian Facts
Food Security

- One in eight families have inadequate access to regular healthy meals
- 1.1 million children living in a home with food insecurity
- Link to development of chronic diseases
- Increased use of food banks
Figure 5. Number of Canadians Assisted by Food Banks: 1989-2010 (March of Each Year)
Housing

- Lack of a housing framework although promised since 2005
- Successful Mental Health Commission Initiative
  - Housing First (Chez Soi)
- Costs of homelessness
- Rental costs
- Unsafe housing
Poor parts of the city generally align with those with the highest rates of diabetes.

Social Exclusion

- Importance of family support
- Value of community connections/support
- Link between social connections and lower premature death rates
- Impact of volunteering and community programming
Social Safety Net

- Social Assistance funding decreases as cost of living increases
- Deterioration of the traditional social safety net
- Impact of aging population
Figure 3.5: Total Average Income by Income Quintile, All Family Units, Canada, 1995-2008

- Lowest Quintile
- Second Quintile
- Middle Quintile
- Fourth Quintile
- Highest Quintile
## Welfare Assistance Situation for persons in Ontario, 2008

<table>
<thead>
<tr>
<th></th>
<th>Single Person Considered Employable</th>
<th>Single Person with a Disability</th>
<th>Lone Parent with Child Aged Two</th>
<th>Couple with Two Children Aged 10 &amp; 15</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Total Income</strong></td>
<td>$7,352</td>
<td>$12,647</td>
<td>$16,683</td>
<td>$21,215</td>
</tr>
<tr>
<td><strong>Benefits Decline</strong></td>
<td>$4,048</td>
<td>$3,069</td>
<td>$5,761</td>
<td>$8,674</td>
</tr>
<tr>
<td><strong>Decline from 1992</strong></td>
<td>36%</td>
<td>20%</td>
<td>12%</td>
<td>29%</td>
</tr>
</tbody>
</table>

Health Care Services

- Services not covered by Canada Health Act
- Lack of family doctors
- Long wait lists for tests and procedures
- Budget for health care ballooning with aging population, cost of drugs, new procedures
Age demographic shifting

British Columbia’s projected population growth by age group from 2004/2005 to 2029/2030.

<table>
<thead>
<tr>
<th>Age Group</th>
<th>2004/05</th>
<th>2029/30</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-4</td>
<td>11%</td>
<td>137%</td>
</tr>
<tr>
<td>5-9</td>
<td>6%</td>
<td>133%</td>
</tr>
<tr>
<td>10-14</td>
<td>0%</td>
<td>125%</td>
</tr>
<tr>
<td>15-19</td>
<td>-5%</td>
<td>107%</td>
</tr>
<tr>
<td>20-24</td>
<td>8%</td>
<td></td>
</tr>
<tr>
<td>25-29</td>
<td>9%</td>
<td></td>
</tr>
<tr>
<td>30-34</td>
<td>17%</td>
<td></td>
</tr>
<tr>
<td>35-39</td>
<td>23%</td>
<td></td>
</tr>
<tr>
<td>40-44</td>
<td>15%</td>
<td></td>
</tr>
<tr>
<td>45-49</td>
<td>20%</td>
<td></td>
</tr>
<tr>
<td>50-54</td>
<td>38%</td>
<td></td>
</tr>
<tr>
<td>55-59</td>
<td></td>
<td></td>
</tr>
<tr>
<td>60-64</td>
<td>82%</td>
<td></td>
</tr>
<tr>
<td>65-69</td>
<td></td>
<td></td>
</tr>
<tr>
<td>70-74</td>
<td></td>
<td></td>
</tr>
<tr>
<td>75-79</td>
<td></td>
<td></td>
</tr>
<tr>
<td>80-84</td>
<td></td>
<td></td>
</tr>
<tr>
<td>85+</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

SOURCE: PEOPLE 31
Aboriginal Status

- Prevalence of all major chronic disease higher in Aboriginal communities
- Higher rates of infection
- High mental health, addiction and suicide rates
- Life expectancies are 5-14 years less than those of total population
Gender

- Longer life expectancy for females
- Higher incidence of depression, stress overload and chronic conditions in females
- High risk for injuries and death from family violence
- Female households more likely to be poor
The psychosocial aspects of health

- Thoughts, feelings and moods significantly affect:
  a) Onset on disease
  b) Course of the disease
  c) Management of the disease

Empowering patients and addressing their psychosocial needs can be health and cost effective.
- Relationship between perceived health and future health
- Impact of self-determination and sense of control on illness
- Need to reorganize the health care hierarchy
This year, the richest one per cent of Canadians are each taking home $180,000 more annually today than they did in 1982. But the bottom 90 per cent of Canadians saw income gains of just $1,700 a year, 10.6 per cent of the increase enjoyed by their wealthiest fellow citizens.
Figure 3.6: Whose wealth has increased? Comparison of median net worth, 1984, 1999, and 2005

Improving Health

- Guaranteed annual income
- Living wage
- National food security program
- Affordable housing
- Accessible housing, transportation
- Pharmacare
Where are our Allies?

- What makes Canadians sick? Poverty, says a report from the Canadian Medical Association (Ottawa Citizen, July 2013)

- Public Health Agency of Canada’s 2011 report concluded “public health policy needs to be broadened to explore interventions that address socioeconomic determinants”

- Canadian Institute for Health Information 2008 report “people in lower socioeconomic groups were far more likely to be hospitalized for mental illness and childhood asthma”
What Can We Do About It?

- The World Health Organization suggests all nations establish policies and programs to:
  1. Improve the conditions of daily life
  2. Tackle the inequitable distribution of power, money and resources
  3. Measure the problem, evaluate action, expand the knowledge base, DEVELOP A WORKFORCE TRAINED IN THE SDOH
  4. Raise public awareness about the SDOH

(WHO, 2008, p.6)
Implications for Social Work Interventions

- Every intervention should be tied to a social determinant
- The outcomes should be identified
- The healthcare team should see how the intervention has the potential to improve health / quality of life and/or reduce the number of interfaces with the health care system
Evaluation

1. Which social determinants were influenced by the social work intervention?

2. What was the outcome?
   - Reduced visits to the ER?
   - Reduced visits to family physician?
   - Reduced admissions to hospital?
   - Improved self reported QOL?
   - Decreased stress levels or symptom levels?
     (ESAS scores)
Attention to concrete needs and ecological risks often is undervalued, but it is part of social work’s “uncelebrated strength” (Johnson, 1999).

Attention can lead to improved quality of life, reduced psychological stress and IMPROVED PHYSICAL HEALTH.

Identifying potential resources and services, discussing them with the client and facilitating referrals are important functions for social work and fulfill one of social worker’s key role: linking people to resources (Hepworth et al., 2002).
Social Workers Help Wound Healing by Addressing The Social Determinants of Health (SDOH)
Eileen Harper, M.S.W., R.S.W.

SOCIAL WORKERS ARE IMPORTANT MEMBERS OF THE WOUND CARE TEAM

- Effective wound healing requires an interprofessional approach (Sibbald, et al., 2011).
- Chronic wound issues impact the physical, psychological, and social domains of daily living (Sibbald, et al., 2011).
- The Social Determinants of Health (SDOH) are key in wound healing outcomes (Sibbald, et al., 2011).
- Inpatient acute care Social Workers carry out psychosocial assessments that address the SDOH; therefore, Social Workers are an important member of the interprofessional wound care team.

WHAT ARE THE SOCIAL DETERMINANTS OF HEALTH?

- Research indicates that social aspects of life greatly impact individuals’ health status (Raphael, 2009).
- SDOH include: aboriginal status; disability; early life; education; employment/work conditions/job security; food insecurity; access to health services; gender; housing; income/income distribution; race; social exclusion; social safety net.
- “Poverty is the single largest determinant of health.” (World Health Organization, 2008).

This is John, an amazing, resilient, strong individual with bilateral amputations. His current goal is to remain as independent as possible. His wound care include Negative Pressure Wound Therapy (NPWT) as well a series of hyperbaric treatments. These typically involve 30+ treatments that take between 60 and 90 minutes each treatment, 5 days a week. Due to his complex wound issues John worries his level of independence may be diminished.

John is medically stable. His wound care needs can be addressed as an outpatient through CCAC and follow up with the wound care clinic. But is John ready to go home? How is he coping emotionally with chronic wound care issues; can he afford to pay for medications; how is he going to get groceries; do housekeeping; get to his hyperbaric treatments. Unless John’s psychosocial issues are addressed, readmission to hospital may be a high likelihood. A Social Worker can help address John’s psychosocial barriers to successful wound healing.

References

WHY ARE SOCIAL DETERMINANTS OF HEALTH IMPORTANT IN WOUND HEALING?

- Effective wound healing requires:
  - appropriate medications
  - good nutrition
  - nursing care
  - regular clinic follow-up appointments
- To do all this requires access to:
  - financial resources, and
  - psychological/social resources.
- SDOH such as lack of financial resources negatively impact psychological well being and may cause depression, anxiety and stress (Mikkonen & Raphael, 2010).
- Psychological issues such as these can result in poor wound healing (Cole-King & Harding, 2001).

SOCIAL WORKERS ADDRESS PSYCHOSOCIAL BARRIERS TO SUCCESSFUL WOUND CARE

- Social Workers carry out psychosocial assessments that uncover key psychosocial stressors that may inhibit wound healing.
- Social Workers are particularly important in a hospital setting as – if consulted early – their in-depth psychosocial assessment will determine what services and supports are required.
- Social Workers connect clients to community services which enable clients to access clinics, support services, and financial assistance. All of this impacts clients’ ability to manage their wound care.
- As well, Social Workers provide counselling and support to those struggling with chronic health and wound issues.

“Canadians are largely unaware that our health is shaped by how income and wealth is distributed, whether or not we are employed, and if so, the working conditions we experience. Furthermore, our wellbeing is also determined by the health and social services we receive, and our ability to obtain quality education, food and housing, among other factors” (Raphael, 2009. p. 7)

CONTACT:
Eileen Harper, M.S.W., R.S.W.
The Ottawa Hospital
Tel. 613-798-5555, ext. 12688
eharper@toh.on.ca
The Role of Social Work within the Interprofessional Patient Care Team in Hematology at The Ottawa Hospital: Reframing the Whole Picture

A New Diagnosis of Leukemia...
- Occurs an average of 48 times per year at The Ottawa Hospital (Zuber, personal communication, 01/04/13).
- Is often unexpected, uncertain, and surrounded by an unexplained sense of urgency (McGovern, 1999, p. 8).
- Creates feelings of anxiety, anger, sadness and depression as people struggle to define and reason out a series of decisions at the onset of the disease (Niles, 1978 in Zuber, Britton/Brooks, Carlow, Hoekel, & Platnert, p. 13).
- Requires all social work interventions to simultaneously balance discharge planning activities and a patient and their caregiver's need for emotional support (Gregorian, 2005, p. 4).

A patient’s experience and health is...
- "...determined by the health and social services we receive and our ability to maintain quality education, food and housing... these living conditions are imposed upon us by the quality of the communities, housing situations, work settings, health and social service agencies and educational institutions with which we interact" (Repp, 2010).
- "...supported by social work through psychosocial follow up and collaboration of services within the Interprofessional Team (McGovern, p. 14).

Social Work in Focus: The Whole Picture
Acknowledges that leukemia brings a unique type of distress and emotional experience to individuals.
Uses a holistic approach to patient centred care.
Focuses attention upon Social Determinants of Health.
Collaborates with the Interprofessional Team.
Helps make meaning of a person’s experience.

the fast and the furious
- Prior to diagnosis of Leukemia many patients did not define themselves as "sick." Many patients self-identified as "healthy and active" prior to their diagnosis (Masuo, Inoue, personal communication, 2012).
- Patient experiences a state of shock, worry, anticipated grief and loss. Often there is a significant change in lifestyle, financial status and level of caregiver stress or burden.
- New diagnosis of Leukemia can create feelings of anxiety, anger, sadness and depression (Repp, 1999 in Zuber, Britton/Brooks, Carlow, Hoekel, & Platnert, p. 19).
- Early intervention is paramount: the Ottawa leukemia protocol ensures newly admitted patients receive assessment consultations from each Interprofessional Team member (Repp, Social Work, Occupational Therapy, Psychology, and Medicine) at the outset of treatment (Duane, personal communication, 2010/13).

distress: the 6th vital sign
- Cancer triggers aspects of daily life including family, work, finances and health (Weinstein, 1996 et al in Zuber, Britton/Brooks, Carlow, Hoekel, & Platnert, p. 15).
- Emotional distress is a core indicator of a patient’s health and well-being: Canadian Strategy for Cancer Control, 2003 as stated in Bulb and Carlow, p. 9).
- Clinical studies have demonstrated that patients benefit from psychosocial care (Mowll et al, 2002 in Bulb and Carlow, p. 9).
- In Canada, patients screened in the Tom Baker Cancer Centre (2004) in Alberta found high levels of fatigue in patients as well as high modes of pain, anxiety and depression; financial hardships; and psychosocial challenges (in Bulb and Carlow, p. 9).
- "Teaching the emotional burden of cancer care will reduce the economic burden by placing patient needs at the centre of the health care model. This involves a fundamental shift in spending but also in the overall approach to patient care" (Bulb and Carlow, p. 9).
- Social workers have the capacity to address these psychosocial issues at the grassroots level.

social determinants of health (SDOH)
- A patient’s adaptation to a diagnosis of Leukemia is influenced by existing psychosocial factors that patients bring to the cancer experience (D’Amuro, Ferreira-Vincenti, Van Roomen, & Boulet, p. 15).
- Repp (2010) identified these factors as SDOH:
  1. Income and income distribution
  2. Education
  3. Occupation and job
  4. Employment and working conditions
  5. Early childhood development
  6. Food insecurity
- Individualized social work interventions based on the patient’s situation helps to address a patient’s cognitive, physical and overall well-being.

meaning making
- "As a social worker, I am invited to bear witness to some of the most intimate and powerful moments of a patient’s life. I am always touched and amazed by their bravery, their grace and their resilience. It is a true privilege" (Gregorian, p. 13).

Collaboration
- The role of social work is multifaceted when providing care to a person with a new diagnosis of Leukemia (D’Amuro, Ferreira-Vincenti, Van Roomen, & Boulet, 2010).
- Social workers must be extremely flexible with the ability to provide work change to women in an instant (Gregorian, p. 8).
- Social workers must create a comfortable space for patients to talk about their concerns and fears, and to express their emotions (Gregorian, p. 8).
- Social workers must communicate with the Interprofessional Team and provide ongoing feedback (Gregorian, p. 8).

References
Social workers key to health care

Health care challenges

Dr. Anna Reid, president of the Canadian Medical Association, was quoted this week as saying "an estimated one in every five dollars spent on health is directly attributable to the social determinants of health."

Given this fact, it is imperative that social workers be part of the solution to this health care challenge. Social workers bring expertise and training in the social determinants of health which will impact the quality of people's lives and their health care outcomes. They work directly with patients, advocating on their behalf to find housing, access financial supports and connect with family and community agencies.

Through their activities, social workers are able to reduce pressures on the health care system by preventing readmission to hospital and assisting people to remain in the community.

Joan MacKenzie Davies, Executive Director, Ontario Association of Social Workers
Public Perception of Social Work

- Physicians, nurses and social workers view and frame patient problems and their solutions to those problems through separate lenses.

- Social Work is a profession whose purpose, logic and underlying rational differ from those of other professions. (Rolland, 1994)

- “Physicians and nurses have a surplus of technical medical information. They can have trouble seeing the psychosocial forest thru the technological lens they need to use to help the patient medically. And if they can switch lenses, often they have trouble deciding which trees in the medical forest are psychosocially important”. Ibid
CEO’s Perceptions

Exclusive roles of social work:

1. Teaching social work students
2. Liaison with/referral to other services
3. Assisting patients to cope with social problems associated with ill health

(Levine and Herbert, 1997)
Inner City Health Network

- A healthcare strategy addressing the social determinants of health
- Involves collaboration
- Cost effective
- Multi-disciplinary
- Patient Centered
Putting the Social Determinants into Action

Places of influence for social work:
1. Primary care
2. Family Health Teams
3. Community Health Centres
4. Community Care Agencies
5. Retirement homes, Nursing Homes
6. Social Planning Agencies
7. Community Mental Health
8. Seniors Centres
9. Hospitals especially ER
“Social Work occupies a unique position in that it has its feet in health and mental health, its hands in the social sciences, its viscera in clinical intervention skills, and its head and heart in a commitment to the issues of the quality of life of....persons in society”. (Romano, 1981)
Screening for SDOH

Case Example:

A 41 year old woman with no documented medical history or family history of disease presents with occasional chest pains on exertion.

Also is a smoker and high cholesterol

Earns less than $12,000 per year though part time work and rents a $600/month bachelor apartment

Which of these factors will prove most important when addressing her health?
“Let’s Talk About Health Without Talking About Healthcare” – Sudbury Public Health Department
Development and Use of Standardized Social Work Documentation Tools

The Ottawa Hospital Experience
Healthcare Providers Against Poverty

“Just as screening is important for other conditions or risk factors, like smoking, high cholesterol or domestic violence, so too is screening for poverty”

“The evidence shows that poverty is a major health condition and the biggest determinant of health”

Ontario College of Family Physicians has produced a primary care intervention tool on poverty for use by every Family Physician in Ontario and is lobbying to have screening for poverty as a risk factor for health as standard practice.

Opportunities for interventions that can increase income while advocating for government policies that can improve income supports and reduce income inequality
Assessing Psychosocial Conditions

- Accurate assessment is at the heart of effective social intervention.
- Assessment involves “the thinking process that seeks out the meaning of case situations, puts the particulars of the case in some order and leads to appropriate interventions” (Meyer, 1993).
- Social Workers as the “screener” for the SDOH on the part of the team.
Environmental Scan

- 130 social workers in large tertiary setting providing inpatient and outpatient care including trauma, ICU, rehabilitation, Family Health Teams, mental health services, cancer care, cardiac care
- Independence in style observed thru Chart Audits
- Ontario College of Social Work and Social Services Work guidelines
- Many and varied consumers of information
Pain Points

- Lack of time
- Lack of consistency
- Disorganization
- Illegible handwriting
- Poor or non existent relationship between assessment and interventions
- Limited use by consumers
Intercampus Charting Initiative
Action Team (CIAT)

**Goals:**

1. Improve the clarity, efficiency, clinical reflection and communication aspects of social work assessments
2. Improve interprofessional communication and quality of care planning
3. Make documentation more widely accessible through use of technology (a secondary goal and benefit)
Steps:
1. Literature search to find existing templates
2. Assessment of environment and needs
3. Peer review of psychosocial assessments from benchmark hospitals
4. Extensive consultation with IS/IT departments to create user friendly template
5. Change management training to encourage openness to new charting model
Implementation

- Mandatory education
- Clinical Practice Rounds to provide examples and discuss challenges to change
- Use of a Pre and Post Test to gather qualitative and quantitative feedback measuring:
  1. Efficiency
  2. Timeliness
  3. Clarity
  4. Clinical reflection
  5. Link to intervention/plan of care by Social Work
Electronic Templates

1. Assessment
2. Summary of Involvement
3. Discharge Summary
Social Work Assessment Content

- Demographics
- Relevant Health Information
- Financial Situation
- Living Situation/Functional status
- Family/Social/Community
- Clinical Impressions
- Interventions/Recommendations
Demographics

- Age, gender, marital status
- Reason for admission
- Reason for referral
- Presenting program/patient or family identified concerns
- Language/culture/religion/spiritual beliefs
- Sexual Orientation
Relevant Health Information

- Past medical history
- Mental health history
- Course in hospital
- Substance abuse history
- Cognition
- Family medical history
- Special diet
- Medication/treatment adherence
Financial Situation

- Source of income
- Employment/profession
- Household income
- Extended health coverage
- Expected time away from work
- Education
- POA/PGT involvement
Living Situation/Functional Status

- Housing/type/adapted
- AD/IADLS
- Mobility/ambulation
- Formal support (Community Care, homemaking, etc.)
- Subsidized housing
- Transportation
Family/Social/Community

- Family constellation/brief history
- POA for decision making
- Dynamics from patient’s perspective
- Family violence
- Social network/support
- Formal support (child welfare, mental health agency)
- History of trauma/loss
- Legal history
- Previous assessments (neuropsychological, geriatric, etc.)
Clinical Impressions

- Patient/family strengths
- Potential barriers to service delivery
- Mood/affect
- Insight/judgment
- Risk factors/safety concerns (fall risk, cognition)
- Coping/adjustment/problemsolving skills
- Premorbid conditions/personality/mood
- Psychological/emotional response to illness
- Observed dynamics (patient or family)
- Caregiver stress
- Patient unmet needs or concerns
Interventions/Recommendations

- Outcome of intervention thus far
- Plan (what still needs to be done)
- Desired outcome/expectations: patient, family, team
- Future planning (advance directives, POA)
- Potential referrals
- Team collaboration needed to execute plan
- Modality/action taken
- Recommendations for future care
- Plan to accomplish these
Summary of Involvement

- Used for brief interactions where patient may have been discharged before assessment completed
- If original assessment has been done by a previous worker
- Follow up contacts
- **ALL** social work referrals must be accompanied by some form of e-charting
- **All** social work interventions must be proceeded by a Social Work Assessment online
Discharge Summary

- Saving the best for last!
- Educates the team as to the value/importance of the social work role in the case
- Ensures future admissions/care providers know what was done/recommended be done
- Can reduce readmissions if ER and community workers can access and reaffirm plans
Outcome

- Increased staff engagement thru involvement in process
- Information in a consistent electronic format
- Frequent and regular use by team
- Legible, accessible timely reports relevant to achievable treatment and discharge plans
- Improvement in safety of transitions due to ease of access
- Ability to measure outcomes
Results

- **Improvements:**
  - Efficiency
  - Simplicity
  - Clarity
  - Clinical Reflection
  - Education showcasing the impact of SW intervention
  - Social Workers’ perception that teams showed more understanding of patients’ social situations

- **Challenges:**
  - Initially more time consuming due to learning curve
  - Use of Dragon (voice dictation) to increase speed
Efficiency Ratings: Previous vs. New Format

% of respondents

0 0
17
11
65
56
18
33
0
10
20
30
40
50
60
70

Not at All
Not Very
Somewhat
Very

Efficiency

Previous Format
New Format
Simplicity Ratings: Previous vs. New Format

% of respondents

Simplicity

Previous Format
New Format

Not at All 0 0
Not Very 20 8
Somewhat 52 36
Very 28 56
Clarity Ratings: Previous vs. New Format

<table>
<thead>
<tr>
<th>Clarity</th>
<th>Previous Format</th>
<th>New Format</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not at All</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Not Very</td>
<td>15</td>
<td>5</td>
</tr>
<tr>
<td>Somewhat</td>
<td>42</td>
<td>13</td>
</tr>
<tr>
<td>Very</td>
<td>42</td>
<td>82</td>
</tr>
</tbody>
</table>

% of respondents

- Previous Format
- New Format
Clinical Reflection Ratings: Previous vs. New Format

<table>
<thead>
<tr>
<th>Usefulness re Clinical Reflection</th>
<th>% of respondents</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not at All Useful</td>
<td>Previous Format</td>
</tr>
<tr>
<td>Not Very Useful</td>
<td>New Format</td>
</tr>
<tr>
<td>Somewhat Useful</td>
<td></td>
</tr>
<tr>
<td>Very Useful</td>
<td></td>
</tr>
</tbody>
</table>

100% of respondents rate the new format as either somewhat, very, or extremely useful.
Showcasing Social Work Ratings: Previous vs. New Format

% of respondents

Showcasing Social Work

Not at All Useful
Not Very Useful
Somewhat Useful
Very Useful

Previous Format
New Format

3 0
16
5
60
34
19
61

0 10 20 30 40 50 60 70

% of respondents

Showcasing Social Work Ratings: Previous vs. New Format

Previous Format
New Format
Staff Feedback

“This helps convey to colleagues and underlines for ourselves the current situation patients are in and the plan of action. It’s a roadmap”

“I like the structure and the fact that everyone is following the same format. Previously there could be quite a variety of styles. Sometimes consults were not necessarily pertinent to the problems at hand”

I really like the clear headings, the flow and especially that it allows us to share what will really make a difference for this patient”
The Way Forward!

- Social Workers must:
  1. Identify ourselves as the profession knowledgeable about the SDOH
  2. Identify ourselves as the profession who is trained to intervene to address the SDOH
  3. Conduct research to show how our interventions improve quality of life and produce savings for the healthcare system
  4. Demonstrate through our recording how we have identified and addressed the SDOH in our cases
  5. Advocate individually and through our professional organizations for policy changes to address poverty and all other determinants influencing health and health outcomes
Questions

For more information:

Karen Nelson, MBA, MSW, RSW
The Ottawa Hospital
Email: knelson@toh.on.ca
Linkedin: http://ca.linkedin.com/pub/karen-nelson/25/5aa/6a4/