The Social Determinants of Participation

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1. The Social Determinants of Health

- **Not** the individual risk factors – like biological, molecular, behavioural, genetic factors, etc.
- The economic and social conditions that influence individual and group health status.
- The risk factors found in our circumstances / context / living conditions that influence risk or vulnerability to disease / injury / poor health.

2. Commonly accepted Social Determinants of Health

- Poverty and the social gradient
- Early childhood development
- Clean environment
- Availability of healthy food
- Safe environment

3. What has the SDoH approach given us?

- Valuable new insights and frameworks for health at population level (but also at individual level).
- Deeper understanding of causal factors and interactive factors in health.
- How might we optimise interactive factors?
- What interventions are essentially pointless in their traditional formats?
- What interventions may provide the best value?
- SDoH also challenges the traditional health care paradigm

4. Participation

- Participation is "core" in all models of disability (WHO, 2001).
- The goal of rehabilitation after brain injury is to achieve good participation in society (Larsson et al., 2013)
Participation restrictions and difficulties

- **Pervasive** – 81% of people with moderate to severe TBI had not returned to pre-injury level of leisure participation after one year (Wise et al., 2010)
- **Enduring** – even people who are living and working independently after 6 years still had severely constrained social participation (Huang et al., 2010)

Participation is complex

- There is no single predictor for participation, but we do know that social and emotional factors play a major role and that motor deficits have limited significance (Larsson 2010).
- Participation aligns most clearly with social (and environmental) models of disability, not the medical model (Dijkers, 2010).
- Understanding the link between participation and environment is very challenging (Noreau, 2010).

Participation is complex

- Participation is associated with emotional well-being (and vice versa), and both are linked with income (Egan et al., 2014).
- Trying to measure participation can be subjective, ambiguous and even paradoxical (Schwartz, 2010).
- The most meaningful way to measure outcome in rehabilitation is by measuring participation (but it is probably also the most challenging way) (Cicerone, 2004)

Social determinants which interact with participation are complex

- Stress
- Social Exclusion
- Unemployment
- Limited Social Support Networks
- Addiction
- Inadequate Transportation
- Poor Housing

How do we respond to complex social determinants?

### Complicated vs Complex

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<td>Evidence based practice is vital.</td>
<td>Have to look for patterns. Order is emergent.</td>
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### How do we respond to complex social determinants?

- Complexity should be acknowledged
- Avoid over-simplifying (and over-complicating)
- An enquiring frame of mind is preferable

### How do we respond to complex social determinants?

- Appropriate responses are incremental
- The capacities to deal with complex problems are often distributed across all players.
- Ensure a broad range of stakeholders, and encourage self organisation and reflection.
- Our ability to deal constructively with complex social issues is largely determined by how well we understand the situation (which is based on engagement with all stakeholders).
How do we respond to complex social determinants?

- Consider the person with ABI in their context, their family, their community, social settings and occupational settings.
- Local knowledge is key.
- Appropriate interventions are likely to focus on building capacity in and around the person with ABI.
- Act in a cross sectoral manner with others outside the health system.

How do we respond to complex social determinants?

- Strategies may comprise a “meta” approach - addressing multiple domains (medical, educational, social, economic, psychological, legal, etc).
- Mapping of community and participation assets.
- We have to become more comfortable in dealing with factors that are the causes of the causes.
- Recognise that there are proximal and distal factors & that factors interact with each other.

How do we respond to complex social determinants?

- What worked yesterday, may not work today. Generalising and scaling-up are not likely to be linear or predictable.
- If an intervention is complex you probably can’t just replicate what happened on a small scale, and under relatively controlled conditions.

How do we respond to complex social determinants?

- Strict fidelity to a protocol may be inappropriate.
- The relevance of ‘practice based evidence’
- A values-based approach is important (including openness and integrity).

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