

*complex*

# The Social Determinants of Participation

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## 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.



## Commonly accepted Social Determinants of Health

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



## Commonly accepted Social Determinants of Health

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



## 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



## 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?

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Cause & effect are not direct, but clearly present	Cause and effect are inter-related

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Requires experts (with training and experience).	Requires input from many stakeholders
Evidence based practice is vital.	Have to look for patterns. Order is emergent.

### 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).

	Individual Therapy	Individual Advocacy, Networking	Self Help Groups	Community Leadership	Systems advocacy	Research
Individual						
Family						
Local						
Regional						
National						
Inter-national						

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