Social Determinants of Health and the Socio-Ecological Model

What are social determinants of health?

Social determinants of health (SDOH) are the conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks.

SDOH can be grouped into 5 domains:
- Economic Stability
- Education Access and Quality
- Health Care Access and Quality
- Neighborhood and Built Environment
- Social and Community Context

Social determinants of health (SDOH) have a major impact on people's health, well-being, and quality of life. Examples of SDOH include:
- Safe housing, transportation, and neighborhoods
- Racism, discrimination, and violence
- Education, job opportunities, and income
- Access to nutritious foods and physical activity opportunities
- Polluted air and water
- Language and literacy skills

SDOH also contribute to wide health disparities and inequities. For example, people who don't have access to grocery stores with healthy foods are less likely to have good nutrition. That raises their risk of health conditions like heart disease, diabetes, and obesity — and even lowers life expectancy relative to people who do have access to healthy foods.
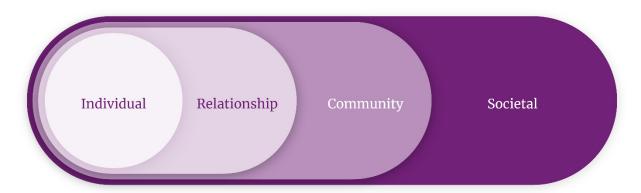
Just promoting healthy choices won't eliminate these and other health disparities. Instead, public health organizations and their partners in sectors like education, transportation, and housing need to take action to improve the conditions in people's environments.

Reference
Healthy People 2030, U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion. Retrieved [date graphic was accessed], from https://health.gov/healthypeople/objectives-and-data/social-determinants-health

The Social-Ecological Model (SEM)

The information below is adapted from the Minnesota Department of Public Health and the Centers for Disease Control and Prevention.

This model considers the complex interplay between individual, relationship, community, and societal factors.

Examples of factors at the various levels of an SEM that might influence a person's substance use include:

- Individual:
    - Physical and mental health
    - Trauma and resiliency
    - Social emotional learning and skills
    - Perception of risk
    - Knowledge of public health and harm reduction
    - Withdrawal symptom management
- Interpersonal
    - Access to opioids
    - Attitudes and opinions towards substance use and pain management
    - Acceptance of medication assisted treatment (MAT)
    - Substance use identification and prevention education
    - Access to peer support and family support
    - Naloxone education and carrying
    - Family history of substance use
- Community
    - Access to culturally-specific providers, peer networks, and behavioral health services
    - Prescriber's perception of risk and prescribing practices

- o Drug disposal facilities
- o Access to MAT
- o Access to naloxone and naloxone training
- o Public health and harm reduction programming
- Societal
  - o Stigma towards people who use drugs
  - o Legislation that supports syringe service programs, MAT, and expansion of behavioral health services
  - o Polices that promote racial and health equity
  - o Economic wellbeing and housing stability
  - o Health insurance coverage for mental health and substance use treatment
  - o Naloxone protocol for pharmacies
  - o Impacts of justice involvement on economic and social advancement

Substance use and overdose prevention programming can focus on a single level of the SEM, but interventions that work across multiple levels are more likely to be successful in preventing substance use and overdose. When discussing the social determinants of health, it is common to use the terms "upstream" and "downstream" to refer to the levels of an SEM. Upstream refers to policy changes and large scale prevention efforts, such as by a big hospital system, that have the potential to impact an entire community by addressing social determinants of health directly. Downstream refers to treatment and programs that are focused on individual behaviors and health outcomes rather than a larger group of people.

Using the social-ecological model of substance use and overdose prevention, we can trace how a societal change can influence an individual's health. At the societal level, legislation passed at the state level that supports expanding medication-assisted treatment (MAT) can have a positive impact on a community's access to MAT as more providers and clinics are able to offer MAT. This policy change would be an upstream intervention. If MAT becomes more accessible in a community, it is possible that people living in that community will learn more about MAT and accept MAT as a type of treatment that people who use drugs can benefit from. If there is greater acceptance of MAT at the interpersonal level, a person using drugs might feel more comfortable using MAT and benefit from a reduction in stigma surrounding this type of treatment. This behavior change would be a downstream outcome.

Preventing substance use and overdose requires a combination of upstream and downstream interventions.