Health and Health care

Health professionals often question the role of medical care with the SDH context. Importantly, **good medical care is usually considered vital to individual and population health but well-being will not be achieved if the wider SDH are not addressed**. Resources which deal with illness and disease including health care are considered as part of the SDH.

Labonte and Schreker have considered health systems as a SDH for two reasons. Firstly, **access to care is crucial in determining health outcomes and often reflects the same distributions of (dis)advantage that characterize other SDH**. Further, **how health care is financed functions as a SDH**. Lack of access to publicly funded care can create destructive downward spirals in terms of other SDH when households have to pay large amounts out of pocket for essential services, lose earnings as a result of illness, or both. (Labonte and Schreker)

Health care as a social determinant of health

As is evident from the introduction to this course, **health care systems are not the most important factor** in determining a person's health.

However, **health systems remain a key ingredient in SDH, and are influenced by other SDH and influence the effect of these**.

Gender, education, income, ethnicity and other SDH are linked to health care, and interact with issues such as access to, experiences of, and benefits from health care (Closing gap, WHO).

It is both one of the factors that determines an individual's health, as well as one of the tools with which SDH can be mediated.

Health systems vs health care systems

In order to begin discussing health systems and health care systems and their relationship to SDH, we need to distinguish between these two terms (often used interchangeably).

A "**health system**" could be considered broader in scope than a "**health care system**".

A health system contains all aspects of health, including institutional, material, cultural and human elements of the system. This definition, then, would contain cultural beliefs about health and health care.

A health care system, then, is narrower in scope, and would focus on the way that health is given to people. This would include the people involved in services; support for stakeholders; resources used for improving health; and actions taken to prevent and cure illness and promote health.

This distinction helps us think about health systems in terms of being a SDH and a consequence of SDH. Health systems could be considered part of SDH; while the health care system could be considered a tool with which to address these, or a consequence of SDH.

Please watch a first video clip about Primary health care and SDH

Maldistribution of health care

Health systems as SDH was considered by Labonte and Schreker.
Firstly, **access to care is crucial in determining health outcomes and often reflects the same distributions of (dis)advantage that characterize other SDH.**

Further, **how health care is financed functions as a SDH**. Lack of access to publicly funded care can create destructive downward spirals in terms of other SDH when households have to pay large amounts out of pocket for essential services, lose earnings as a result of illness, or both. (Labonte and Schreker).

Key to health systems as a SDH is that the main SDH can be **access to health care**. Access does not denote only the physical ability to attend to health care, but is a combination of the social, biological, psychological and environmental factors that a person is surrounded with.

For example, access for mothers with children may be reduced, when they don't have childcare during the time to attend a health care centre; access to poor people without money for transport is reduced when they live far from the health centre; and access for those who may be marginalized in the community may be diminished because of psychological issues of attending health care centres, including trust in the health care provider.

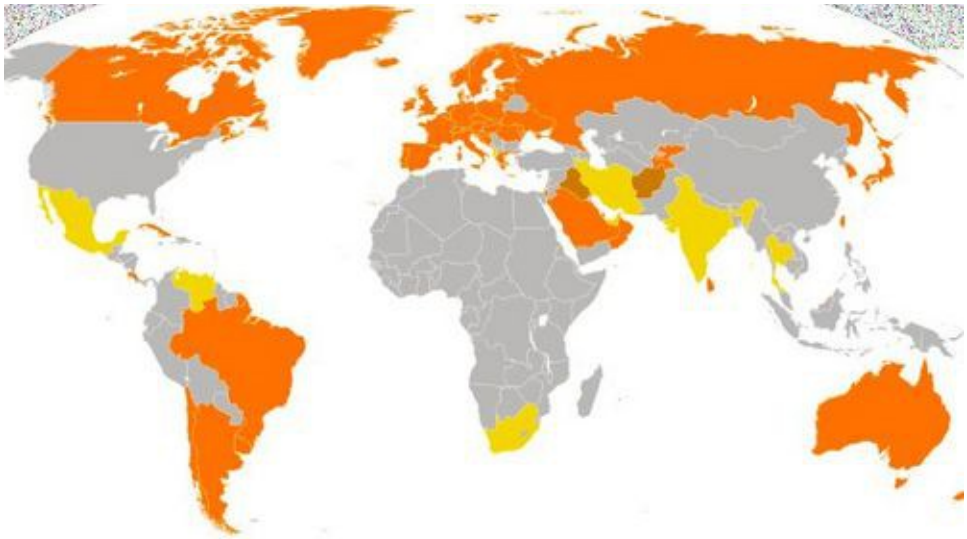
In short, maldistribution of health care is a social determinant of health. Health systems as SDH is therefore linked to health equity, discussed in a separate section of this course.

There are various options to address issues of maldistribution within healthcare. Some of these are listed below:
- using lay health workers or other outreach systems to reduce patient travel to health centres
- providing health services for free for certain groups or populations within a country
- instituting a health insurance system for the disadvantaged in a country and many others

Please watch a second video about primary health care and SDH

Universal coverage and multi-sectoral action

Nations around the world with universal health care.



Source: Baker W. America's economic crisis: Health care and the food gap, 2011.

Orange countries have some form of universal health care. Yellow countries are in the process of extending universal coverage. Shown in brown are Iraq and Afghanistan where the U.S. is supplementing the health care system. Gray countries have no universal health care.

Universal coverage

The term 'universal coverage' is an important term across health systems as a social determinants of health. The Alma Ata declaration in 1978 claimed to achieve "health for all".

Providing healthcare for everyone in the world is an important goal, to increase quality of life, equity and equality.

The terms **universal coverage of health care and multisectoral action are key to health systems as a social determinant of health.**

Universal coverage means that all people have equal access to health care. This is often not possible, as certain groups face more barriers to accessing health care than others – either due to their own living conditions, gender, unofficial patient payments, or even the "cultural competence" (McGibbon et al 2008) of the healthcare personnel. There is also an ongoing debate that universal access does not necessarily result in improved

outcomes for outpatient care – instead, it is argued, a focus on self management and social conditions may have a larger impact on health outcomes (Pincus et al 1998).

It could further be argued that a **key component of self management of care is empowerment**, or the sense of self efficacy that a patient has – that they feel able to take control of their treatment.

Patient empowerment, self efficacy, and issues surrounding that are a large area of study that should not be neglected when considering approaches to providing universal coverage, and reducing maldistribution of health care.

In calling for addressing health systems as a social determinant of health, the **WHO recommends universal health care, health care systems based on equity, disease prevention and health promotion – as well as building and strengthening the health workforce and importantly, expanding their ability to act on SDH.**

Medical and health practitioners are often respected leaders of communities, whose words and actions can have powerful effects in their society. They can be key individuals to support change in the communities in which they live and work.

Further reading: Working for health equity: the role of health professionals

Please watch the third video for insight into primary health care and social determinants of health