

Patient centered
care social
factors, equity and
mental health

Dr Kwame McKenzie

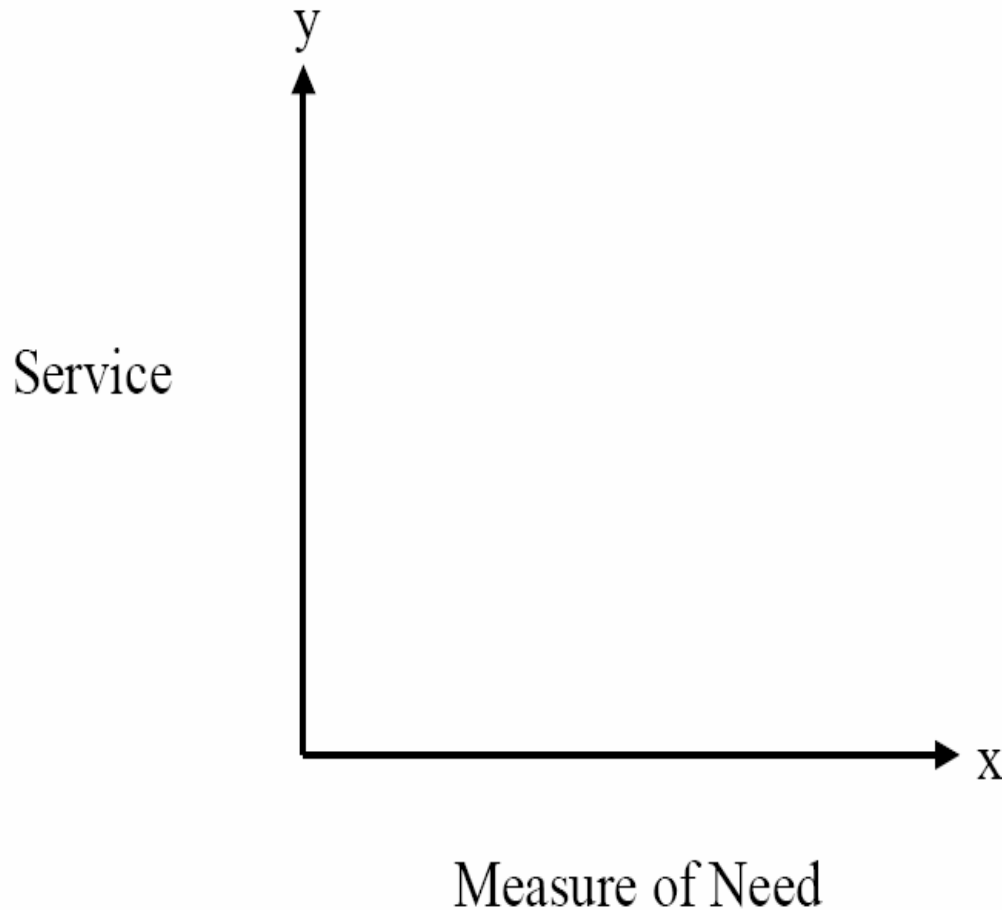


My talk...

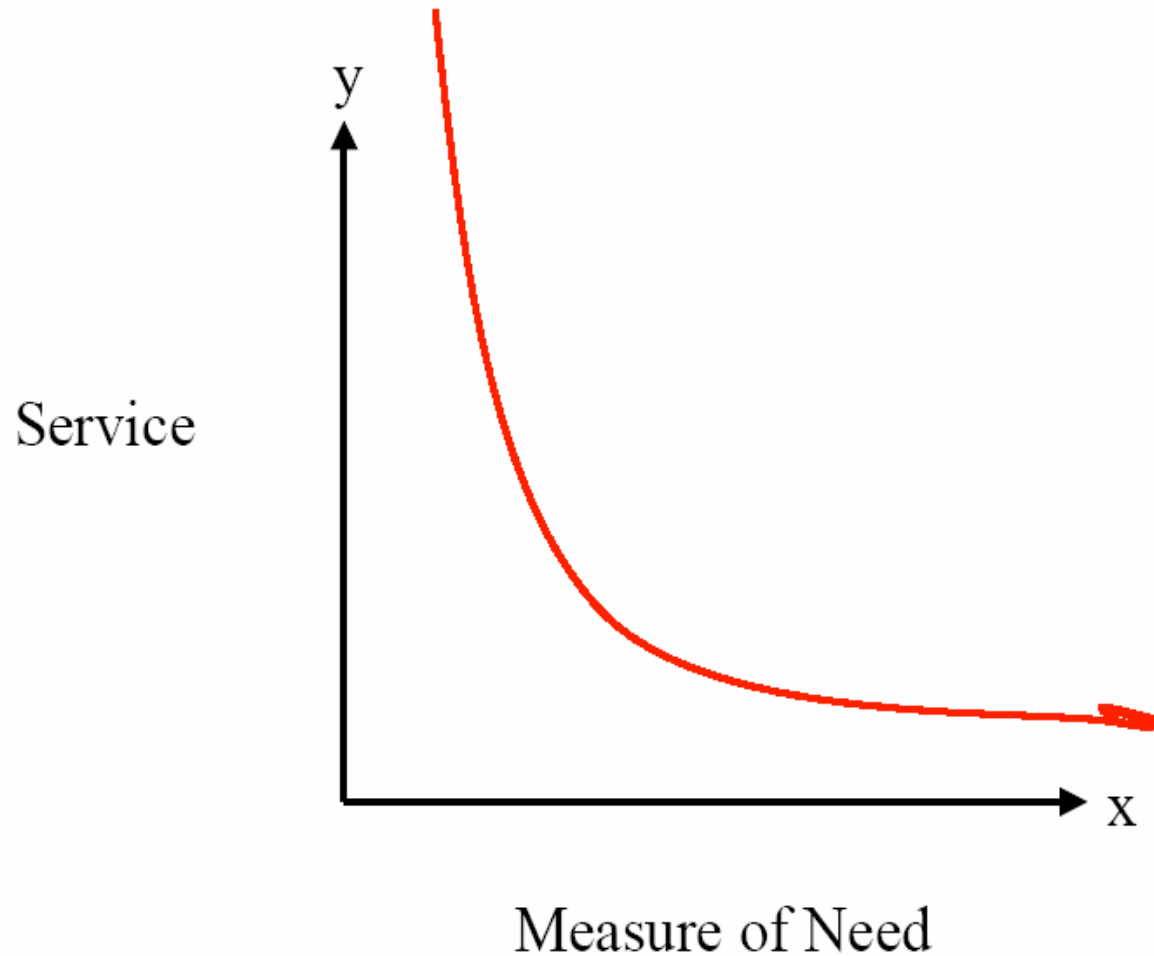
- some thoughts on patient centered care using lens of:
 - Social determinants of health
 - Equity
 - Mental health

Premise: aim of patient centered care is to improve quality and efficiency of services

In a cash challenged health system
maximum quality is gained by matching service to
need



Unfortunately, most health systems do not match service and need: the inverse care law is typical

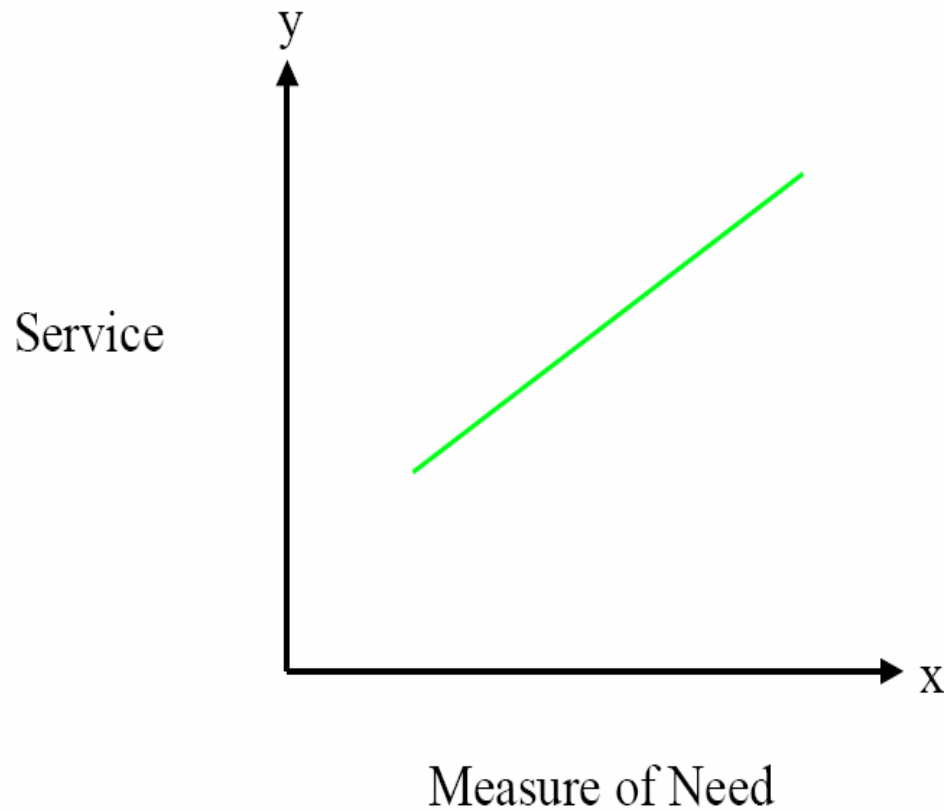


Patient Centered Care definition

(institute of medicine)

- **Patient-centered care** supports active involvement of patients and their families in the design of new care models and in decision-making about individual options for treatment.
- The IOM defines patient-centered care as: "Providing care that is respectful of and responsive to individual patient preferences, needs, and values, and ensuring that patient values guide all clinical decisions."
- Patient-centered care is also one of the overreaching goals of [health advocacy](#). Given that non-consumer stakeholders often don't know what matters most to patients regarding their ability to get and stay well, care that is truly patient-centered cannot be achieved without active patient engagement at every level of care design and implementation.

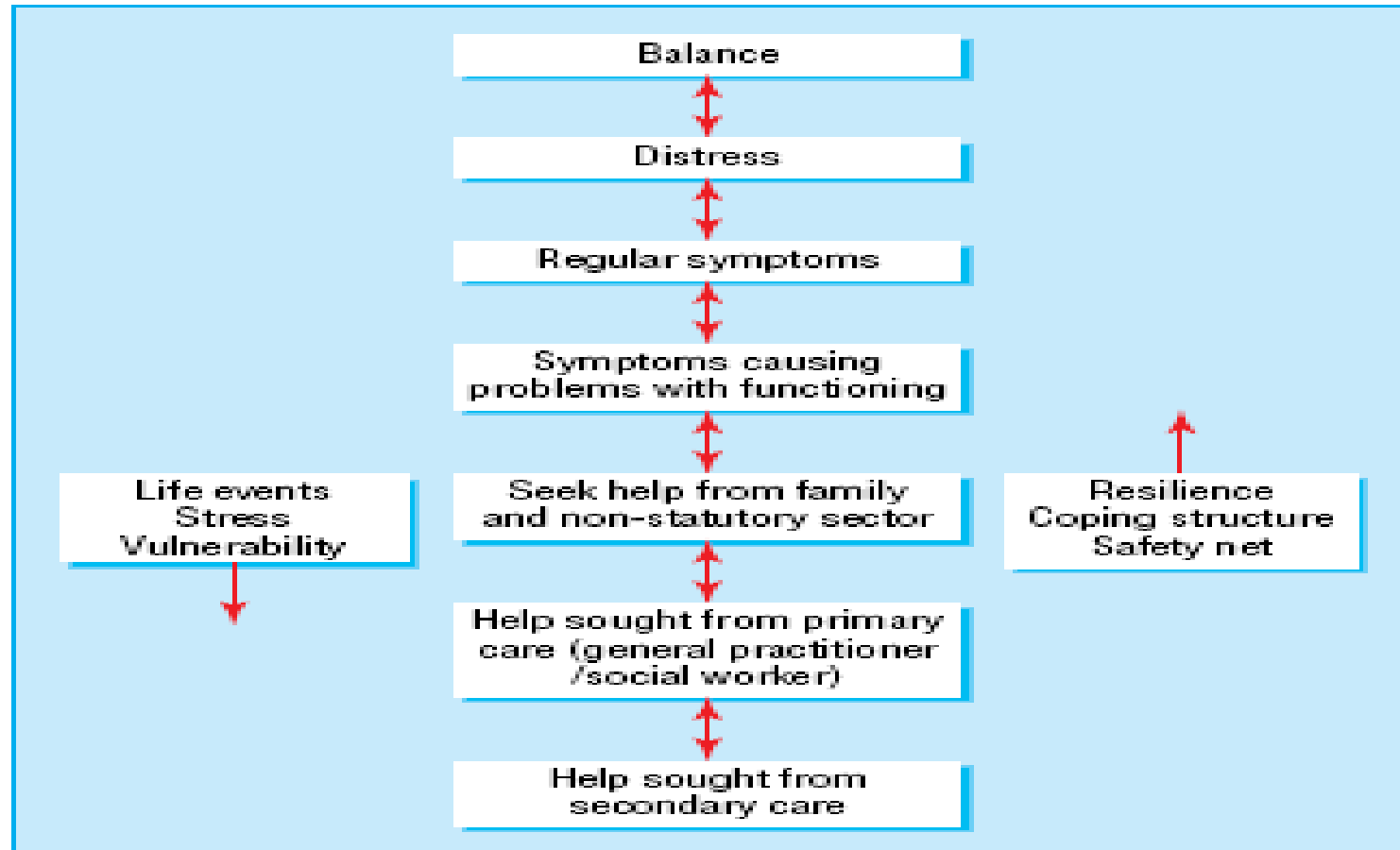
Better alignment between needs & service can be gained by involving patients and communities



**But why should patient
centered care focus only on
treatment services?**

Causes of illness & pathways to care

(McKenzie 2004)



Pathway through care for someone in psychological distress

Determinants of Health PHAC-12

- Income and Social Status
- Social Support Networks
- Education and Literacy
- Employment/Working Conditions
- Social Environments
- Physical Environments
- Personal Health Practices and Coping Skills *
- Healthy Child Development
- Biology and Genetic Endowment *
- Health Services
- Gender
- Culture
- Notable missing – racism, language, migration, violence, food

What caused Bill Clinton's heart problem?



- Chest pain in 2004
- Coronary artery disease
- Possible causes from his medical history:
 - Family history of heart problems
 - Fast food eater
 - High cholesterol
 - Smoker - cigars
 - High blood pressure
 - Stress - President from 1993-2000, difficult end

Preventing heart problems

- Lots of factors act together to increase his risk
- They “decreased his hearts resilience to stress”
- Biological final pathway but health promotion and illness prevention can decrease risk.
- Strategies to decrease heart problems
 - Individual: exercise, stress reduction, decrease fat,
 - Community: income inequality, pollution, work autonomy, green space, access to cheap healthy food, heart healthy culture, regulation (sugar and salt tax)

Clinton is still making > \$100,000 a speech



- Clinton did not have a heart attack
- He had prompt treatment of his symptoms which prevented it
- High blood pressure treated
- His cholesterol was lowered
- He became a Vegan
- He changed his jobs
- He stopped cigars...

Others are not as fortunate: distance between kids 16 km difference in life expectancy of 28 years



- A difference of 16 km in Scotland can result in a 28 year drop in life expectancy
- A boy from the poor Glasgow suburb of Calton could expect to live to 54, while a boy born in nearby affluent Lenzie is likely to reach 82. ¹

Social Factors Key to Ill Health
BBC Video ²



**Social factors have bigger impact
on health than physical factors.**

**Social factors have greater
potential impact on wellness than
medical services.**

Canada stats

Public health agency of Canada

- Impact of risk factors for heart disease worse in those with poor social conditions
- Highest income neighborhoods live 3 years longer than lowest income neighborhoods
- Most deprived neighborhoods mortality rates 28% higher than least deprived

- Quality education available to all could save 8 times as many lives as medical advances
- Supportive parenting helps protect children from the negative impacts of poverty on health

Health inequity

Health inequities are avoidable differences in health

usually caused by:

Social determinants of health

Inadequate social response to differences in need

Inadequate health response to differences in need

If patient centered care is to improve health service efficiency and effectiveness it needs to impact the social causes of health and health inequity.

**But many interventions such
as patient centered care do not
improve equity:
they make it worse**

Fundamental social causes

- Link and Phelan (2010) tried to explain why health disparities persisted over time despite interventions
- Higher social status is linked to money, knowledge, power, and beneficial social connections
- Higher social status people more likely to be able to use interventions so disparities continue
- Interventions must specifically target the factors and mechanisms that sustain power differences
- For patient centered care to improve health equitably it will need to act on the SDOH and will require approaches that target the fundamental social causes.

Improving health equitably requires...

- Targeting the fundamental social causes of disparities – eg power and linkages to power.
- But include strategies that promote greater choice, active citizenship and co-production to deliver public services.

**Good artists copy
Great artists steal...
Picasso, Jobs..**

“IF YOU COULD DO ONE THING...”

Nine local actions to reduce health inequalities

JANUARY 2014



BRITISH
ACADEMY

for the humanities and social sciences



advancing urban health

Moving towards rights and power

- To promote health, decrease inequalities and improve active citizenship we need more than health interventions.
- We need an effective strategy to increase the access of the most marginalised in society to opportunities to influence decision makers and resource allocation.



Fundamental causes may need fundamental change

- We need to increase scope of patient centered care
- Move from community engagement to community marriage.
- The introduction of participatory budgeting may help more equitable decisions to be made, while increasing public engagement in decision making.
- PB could be a public health intervention

What is participatory budgeting

Participatory budgeting directly involves communities in making decisions about how to spend public money.

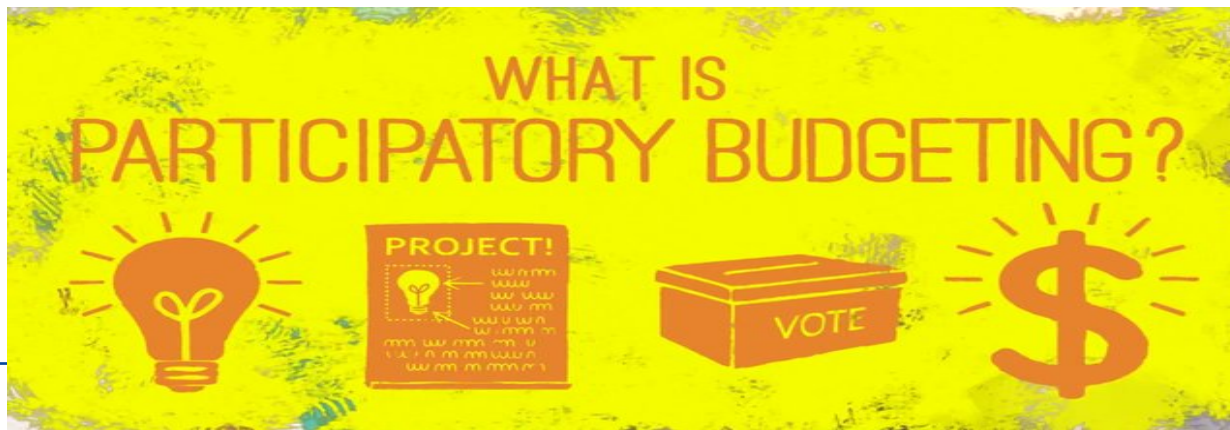
A percentage of core budgets go to community led schemes

Citizens identify, discuss and prioritise public spending and have the power to make decisions on how the money is spent.



How is it done

- Community members identify priorities and identify people from within their ranks to help work them up
- They then sit with experts and planners to produce actual proposals.
- Community members vote on which proposals to fund and the municipality implements the top proposals within the money allocated



Participatory budgeting being used world wide – but rarely for health



Advantages of participatory budgeting

- health sector demonstrate their vision of a population having shared responsibility for public health;
- engage the population in discussions of public health and offer an avenue for identifying local priorities, and for consultation;
- develops vertical social capital locally and directly
- target fundamental causes of disparities such as power and access;
- produce fairer, better-informed decisions about priorities which improve the effectiveness of existing and well known mental health interventions.

A note about mental health...

Challenges to concept from mental health

- Patient centered care or client driven care?
- Recovery principles are based on, hope, individual journeys, autonomy and support in achieving non medical goals
- What do you do about patients who are capable but make bad choices?
- Much of the time people are not ill and say they are not patients...

Thank you

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