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Social determinants - Impacting or causing disparities in patient care?

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Health disparities secondary to socioeconomic status, race, gender and ethnicity are well known to the health community and are a troubling issue in the United States. This is the case of TL, a 49 year old African American (AA) female who presented to the emergency department (ED) three times with atypical coronary disease symptoms, identical to her symptoms during a recent non-ST segment elevation myocardial infarction (NSTEMI) necessitating multi-vessel coronary artery bypass graph (CABG) 6 weeks prior. She was found to have multi-vessel restenosis and required emergent stenting.

This case is a good illustration of the effects of social determinants of health. Not only is TL an AA of low socioeconomic status, she is also deaf, communicating only via lip reading and written word – all of which likely contributed to the delay in her care.

Health disparities including socioeconomic status, race, gender and ethnicity are well known to the health community and are a troubling issue in the United States. Increasing health care access and funding has not resulted in a significant decrease of adverse health outcomes associated with avoidable inequalities. Social determinants are defined by the WHO as the structural “conditions people are born, live, grow, work and age in…determined by wealth distribution and available resources…that are mostly responsible for health inequalities.”

TL’s delay in care was secondary to several factors:

• **BIOLOGICAL** – African American, female, deaf

• **SOCIAL** – low socioeconomic status, lack of community resources to learn ASL, limited access to health care, communication barrier, limited education

• **INDIVIDUAL HEALTH BEHAVIORS** – smoker, reduced ability to manage illness

• **ENVIRONMENTAL** – poor living environment

The purpose of this case presentation is to identify the serious health and financial impacts of social determinants. In this case, the most likely impeding factor was due to TL’s communication barrier, only communicating via lip reading, sounding out words and writing. Not having the ability to communicate by ASL is a direct result of a lack of available community resources, supporting the statement that increasing healthcare spending and access without improving community resources – education, jobs, neighborhood restoration and the availability of affordable healthy food options – will not result in better health outcomes. Further research should be directed at methods to intervene with existing community inequalities early in life in order to prevent adverse health outcomes later.

**REFERENCES**


Harry J. Heiman and Samantha Artiga. Beyond Health Care: The Role of Social Determinants in Promoting Health and Health Equity Nov 04, 2015