Social Determinants of Health, the Chronic Care Model, and Systemic Lupus Erythematosus

Background

• Systemic lupus erythematosus (SLE) is a chronic inflammatory rheumatic disease

• SLE disproportionately affects African Americans and other minorities in the USA

• To better understand this health disparity more research is needed on social determinants of SLE (e.g., health impact of social, environmental, economic conditions)

(Williams, Ortiz, & Browne, 2014)
This paper presents a review of transdisciplinary research literature focused on the role of place (i.e., context, community-level factors) and how a focus on the role of place could improve access to care for SLE patients, particularly the most vulnerable patients (Williams, Ortiz, & Browne, 2014).
Methods

This paper is a concise literature review on the Social Determinants of Health (SDH) framework, the Chronic Care Model (CCM), and their connection to the accessibility to health care for SLE patients.

(Williams, Ortiz, & Browne, 2014)
Findings

Social Determinants of Health (SDH) Framework (Whitehead & Dahlgren, 1991):

• Considers both individual-level and community-level factors as they impact health (e.g., health impact of social, environmental, economic conditions)

• An expansion of the SDH framework (Robinson, 2005) also includes consideration of community and race/ethnicity factors on individual health

• Application of the SDH model to SLE patients needs to address community factors, but also include activities that are participatory for the SLE patients

(Williams, Ortiz, & Browne, 2014)
Chronic Care Model (Wagner et al., 2001):

- A widely accepted model for understanding how to best organize the delivery of care to improve patient health outcomes; includes six interrelated system changes that aim to make care more patient-centered and oriented around evidence based practices.

- Main goal is to transform daily care for patients with chronic illnesses from acute/ambulatory treatments to more proactive approaches (i.e., increase in use of primary care).

- One use of this model is the self management approach in which self management support is bolstered by more effective use of community resources (i.e., education on health issues).

- The model is complimentary to the SDH framework and may help provide a framework to better understand how community-level factors can exacerbate disparities.

(Williams, Ortiz, & Browne, 2014)
Findings (cont.)

Accessibility/Travel:

• There is little in-depth research on the travel impediments that might influence accessibility to care

• Some Medicaid patients indicated that they had to travel longer distances to their primary SLE providers, so they were also more likely to be seen by a general practitioner or in the emergency room (ER) for SLE complications (Gillis et al., 2007)

• Some Medicaid patients indicated that Medicaid supported travel was not as reliable, or required prior scheduling well in advance (unpublished observations)

• Understanding health system infrastructure and community resources is a plausible step toward improving accessibility, potentially ensuring improved care for SLE patients, and decreasing health care costs associated with ER overuse

• Main areas of travel burden for accessing patients’ rheumatologists: general travel issues; competing priorities; social/economic support challenges; and challenges surrounding general health (unpublished observations)
Implications for Practice

- More transdisciplinary approaches are necessary to appropriately address the complex issues faced by SLE patients

- Further investigation is needed regarding whether travel burden contributed to stress that may also impact the effectiveness of disease self management programs for SLE patients

- More research is needed on the limitations and barriers to current approaches to addressing SLE; such research would offer insight into “upstream” influences as a way to improve quality of life and health outcomes for SLE patients

(Williams, Ortiz, & Browne, 2014)
• Additional research is needed on the social determinants that are barriers to care of SLE (i.e., accessibility and health-related travel).

• To better understand place-related disparities future research could consider the geographic coverage of clinical trials studying SLE (i.e., use of GIS research methods).

• Future studies could utilize both the social determinants of health and the chronic care model as a way to more comprehensively address adverse health trajectories in SLE and other chronic conditions.

(Williams, Ortiz, & Browne, 2014)
References


Prepared by Meredith C. F. Powers