**Social Determinants of Health- part 3**

*Objectives:*

Following completion of this session, learners will be able to

1. Evaluate the impact of SDoH on individual patients
2. Acknowledge how the causes of causes is relevant to SDoH
3. Apply the causes to causes to real patient settings

*Preparatory Work:*

Prior to attending this session, learners have been asked to:

Watch Unnatural Causes Episode 1: In Sickness and in Wealth (shown in SDoH Part 2; should watch independently if not at that session)

*In Session Facilitator Guide*

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| **Duration** | **Format** | **Activity** | **Materials Required** |
| 10min |  | Review of discussion on SDoH (re-orient to material)  Reminder- watched video “in sickness and in wealth” showing that wealth is an incredibly powerful predictor of health  Wealth distribution video—this is from 2012 so it’s old and things have only gotten worse! <https://www.youtube.com/watch?v=QPKKQnijnsM> |  |
| 25 min | Small Group  Discussion | Use question prompts to lead a discussion of the Unnatural Causes video   1. Dr. Adewale Troutman says that he promotes individual responsibility, but always within the context of social determinants. Why does he link the two? What is missing if we focus exclusively on individual responsibility? How does this affect possibilities for change? 2. Dr. Troutman says: “There’s almost a cultural demarcation in the city where on one side of this particular street, Ninth Street, there’s a tremendous amount of new development going on, condos rising up….And right across the street is where the public housing projects begin…. Every city has a Ninth Street.” Where is the Ninth Street, the dividing line, in Madison? How would you characterize either side of the line? List and compare the health promoters and health threats. Who lives there and who doesn’t? Why? Were these areas different in the past? What government, land use, development and other investment decisions changed them?   \*\*During this discussion, **SHOW VIDEO** on redlining, one of the most powerful policies with an enduring legacy severely impacting wealth and health by neighborhood. **SHOW SLIDE** linking redlining map to racial distribution w/in the city and health outcomes. Video: <https://www.youtube.com/watch?v=2o-yD0wGxAc>   1. Whitehall study director Sir Michael Marmot says, “If inequalities in health were a fixed property of society, then you’d say, ‘We can’t do anything about it.’ But that’s not the case. The magnitude of inequalities in health changes over time. It can get rapidly worse, and if it can get rapidly worse, it ought to be possible to make it rapidly better.” What social policies have historically promoted better health for everyone? What potential future policies could make things better?   Optional: facilitator may choose to skim the full Unnatural Causes facilitator guide (pdf). Please note, we will not have time to review all of the Episode One questions. Focus on the questions highlighted in the “preparatory work” section. | Small group facilitators need question prompts available to them |
| 10 min | Large Group Intro to Causes of Causes Powerpoint | 1. Intro to causes of causes 2. Poem 3. Review of possible causal diagrams 4. Intro to individual activity | Powerpoint |
| 5 min | Individual Work | 1. Each individual makes a causes of causes diagram based on one of the prompts relevant to our community (individual can choose) | Each individual needs pen and paper |
| 10 min | Return to Small Groups | 1. Using cameras—individuals are invited to show their diagrams and discuss 2. Possible facilitator prompts if conversation lags:    1. Are there a few common root causes that are common over all or most of the diagrams?    2. Are there some causes that seem more important to address than others? (If so, you could make those lines heavier on your diagram.)    3. Do you know if there is evidence that some root causes have more impact than others?    4. Now that you think about these root causes, how has this diagramming changed your perspective on the problem you drew? How/when do we engage in victim blaming in medicine?    5. How could you envision engaging in this sort of exercise around individual patient presentations? How might this change the way you interact with individual patients OR with communities? | Ability to see one another in small groups  Be able to guide folks to transition from “grid view” to “speaker view” to see the person holding up their creation  Move to verbal description if needed |
| 5 | Wrap Up PowerPoint | 1. Acknowledgement of the difficulty of this work 2. Encourage to sit in discomfort 3. Link to rotations    1. Newborn nursery    2. CPAX    3. Patients you see every day    4. Power of listening, understanding | PowerPoint |