**Worksheet 2 Asthma(Facilitator Version 1.0) – Studying the system: Social determinants**

Background information

The social determinants of health are non-medical factors which contribute to a person’s health. They are the conditions within which we are born, live, grow, work and age. These factors such as education, housing, employment, childhood experiences, access to services, community involvement and overall well-being all contribute to what makes us healthy. When we work within the health system, we encounter inequalities in the social determinants of health and often see how these wider conditions of society contribute to our patients becoming ill or how they manage their disease. Understanding social determinants will help us firstly to get to the root of the problem, help us to identify important inequalities in our patient populations, and allow us to focus on preventing disease in the first place. This will reduce healthcare activity by reducing demand, which is the most important driver for sustainable healthcare.

**Activity 1 – Studying the system: Scanning for social determinants**

**Task: Read the scenario below and look at the Scanning for Social Determinants Table. How might each of the social determinants be contributing to the problem of frequent readmissions in this adolescent population group?** Consider each of the social determinants of health in turn, and think about how each one might contribute to the living conditions of these patients and have consequences on how they experience life and their chronic diseases. Write your answers in the **Scanning for Social Determinants Table below**. (Please appoint a scribe in your group and someone to feedback your answers when you return to the whole group).

***Facilitator note:*** *Encourage students to think about each social determinant of health in turn, but also recognise that some are more relevant than others in our population group. (They may not get time to think of all the various determinants in 15 mins). The main goal is that they learn the approach for considering these determinants for all patient groups in all settings, and also think about how they might find the data to measure it as part of a Quality Improvement project.*

**Scenario**

Ali is 13 years old. He is admitted to hospital via ambulance with breathlessness and wheeze. He is treated in ED for a severe acute exacerbation of asthma. He has a medical history of asthma and has been admitted to hospital 3 times in the last year. He is treated with nebulised salbutamol and steroids in the Emergency Department and admitted to the Paediatric Inpatient Unit.

Ali is discharged after 4 days and is encouraged to continue taking his regular medications. On speaking with Ali, he tells the team that he often forgets to take his preventer inhaler, particularly during the week when he is busy with school. He is prescribed a new Ventolin inhaler and given his Asthma Plan for managing exacerbations.

Ali lives at home with his family in the centre of town near the ring road in a ground floor flat, and walks to school along a busy road.

You discuss the case with your team who tell you of many similar teenage patients who are regularly re-admitted with exacerbations of asthma in your area.

You decide to do an audit with your ward clerk to find out more about this problem. You discover that 200 asthma patients are admitted at least 4 times per year, with an average length of stay of 4 days. They are usually brought to the hospital by ambulance and go home by taxi or private vehicle after discharge. You also notice that 80% are prescribed a new Ventolin MDI inhaler on discharge, 25% report poor adherence to their asthma plans and 30% live within a mile of the local ring road.

***Facilitator Note:*** *The purpose of this scenario is to encourage students to think about what might be the best solutions to this complex problem of frequently re-admitted adolescent patients with exacerbations of asthma. The assumption is that they are receiving optimal medical therapy and therefore reviewing their medical management plan is not the sole solution. Learners might think about adding in alternative therapy such as Monteleukast or regular oral steroids-we are assuming the patients have been medically optimised as per current NICE guidance. Instead, this scenario gets learners to think about avoidable and preventable hospital admissions, or ways in which the pathway could be adapted to better suit these patients. The focus should be on how we help patients like Alito better manage their illness to avoid a cycle of re-admissions with relatively little clinical benefit.*

*This scenario could equally be adapted to other chronic illness which cause cycles of readmissions in your area of work*

**[Answers for a selection of the social determinants are given below. Please feel free to also present your own examples.]**

