Social Determinants of Health—Using a Holistic Approach to Cancer Care

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The recent emphasis on social determinants of health (SDOH) has shifted to the forefront of conversations on health inequities among leading health organizations worldwide. The World Health Organization (WHO), Center for Disease Control (CDC), Robert Wood Johnson, National Association of Medicine (NAM), and National League for Nursing (NLN), for example, have position statements that place emphasis on SDOH as an important determinant in health outcomes. A common theme apparent from these position statements is that SDOH are “the conditions in which people are born, grow, live, work and age.” The WHO further delineates SDOH as “those conditions that influence a person’s opportunities to be healthy and their risk of illness and life expectancy.” A related concept, also the topic of discussion, is the social inequities in health, which are the unfair and unavoidable differences in individual health status that exists as a result of the uneven distribution of social determinants (WHO). These and other conceptualizations of SDOH are widely accepted among healthcare scholars and practitioners and have been instrumental in drawing much needed attention to the inequities that contribute to health disparities particularly among underrepresented racial/minority groups. Scholars have addressed SDOH using a fragmented approach—i.e., poverty, social policies, food deserts, accessible healthcare, and unsafe neighborhoods. However, I propose that SDOH should be viewed as interwoven concepts of a whole, which at any given time, an individual’s health outcomes are influenced by social, cultural, environmental, and political conditions, an interwoven, dynamic collective of conditions similar to a woven bamboo basket or woolen broadcloth. In other words, similar to

SDOH, that woven bamboo basket or woolen broadcloth represents a whole of conditions influencing health outcomes and the weakening of one strand of bamboo or thread in that broadcloth affects the whole individual.

The overarching goal of the American Association for Cancer Education (AACE) is to alleviate the burden of cancer worldwide. Our theme for last years’ International Cancer Education Conference (ICEC), co-sponsored with the Cancer Patient Education Network (CPEN), and the European Association of Cancer Education (EACE), was “Using Cancer Education to Address Social Determinants of Health.” Given the overwhelming success of that conference, we extended last years’ theme for the 2021 ICEC Conference to include “Integrating Culture, Spirituality, and Social Support into Cancer Education to Improve Health Inequity.” In the discourse on SDOH, spirituality and social support have not been emphasized, albeit they are extremely important to the understanding of health inequities. Admittedly, culture is a nebulous concept, conceptualized as a pattern of beliefs, behaviors, and social norms among a group of people. The culture of a people includes a pattern of social norms, religious beliefs, spirituality, celebrated holidays, experiences with racism, and even beliefs as they relate to behaviors in response to life-threatening illness such as cancer. Spirituality, a concept interwoven with culture, is conceptualized as dimensions of connectedness—to God, one’s inner self, to family and friends, and a search for meaning and purpose in one’s life [12]. Social support is generally conceptualized as those resources that make one feel loved and cared for or more specifically as emotional, informational, or tangible assistance available through an individuals’ social networks with family, friends, or fellow congregants [7]. Although presented as independent concepts in this text, culture, spirituality, and social support are indeed interwoven, dynamic concepts [10].

The interwoven and dynamic nature of culture, spirituality, and social support are best illustrated as coping strategies used in response to the experience of structural racism

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among African American cancer patients. As an underrepresented racial/minority group, it is widely known that the culture of systemic racism in the USA has resulted in social inequities and health disparities and is especially evident among African American cancer survivors. For most cancers, African American cancer survivors have the lowest survival rates and highest mortality rates than other racial ethnic groups, and this racial disparity is the result of limited access to health care facilities, delays in treatment, suboptimal cancer care, and the lack of financial resources, to name a few [1]. Not surprisingly, the experience of racism among African Americans and the injustices and refusal of care from majority white healthcare institutions have undoubtedly contributed to widespread and persistent mistrust of these institutions. However, in spite of these injustices, African Americans have historically adapted and developed cultural strategies that are sources of strength and endurance in the context of adversity [2, 9]. This is not to say that the attention to systemic racism should be aborted or that anti-racism work is not important, but rather, there is a need to understand not only the weaknesses of a population but also their strengths. Healthcare practitioners should extend their focus on the physical treatment for cancer to also understand the positive influence of spirituality and social support on the psychological well-being of the cancer survivor and incorporate these SDOH conditions into the care of our underserved populations. An understanding of a population's cultural strengths is necessary in order to assist the cancer survivor to maximize those cultural strengths and support weakened strands in that bamboo basket or broadcloth in the alleviation of health inequities.

As mentioned previously, spirituality and social support are interwoven, dynamic cultural strengths of African Americans, a set of beliefs, values, and social norms believed by historical scholars and theologians to be largely shaped by the system of structural racism that began during slavery [11]. Scholars have argued that the spirituality of African Americans was born in part from the experience of slavery. During slavery, African Americans without rights or control over their bodies learned to survive through a belief in a God who would right all wrongs and provide a future life after death free from sorrow and pain [11]. African Americans embraced this belief then and likely now of a God whom can protect and provide types of support not available from mortal beings and has the ultimate power to heal sickness [11]. Another aspect of spirituality likely prevalent among African Americans is the positive sense of self from a consciousness of being a child of God and the inherent self-worth and value derived from that relationship. And, finally, a spirituality for African Americans is likely to rely heavily on the religious practices of singing hymns, stories that emphasize healing from the Holy Bible, and prayers to God for healing, strength, and endurance [4, 5, 8].

The social support from a naturally occurring network of family, friends, and fictive kin has enabled generations of African Americans to survive oppression and adversity [9]. African Americans have a history of caring for each other through collective efforts, sharing whatever resources were available to them, sitting with each other during illness, and assisting each other with the fulfillment of family, church, and work responsibilities [7]. The social support to cancer survivors from these networks is also likely to include distracting activities including humor or stories of faith with a focus on optimism [7]. However, a history of racism in healthcare and the lack of attention to the SDOH inclusive of spirituality and social support have contributed to some health care providers being unable to effectively assist this underserved population with their psychological distress during treatment. Families are inadequately equipped to meet not only the African American cancer patients' needs for support but also deeply rooted beliefs related to cancer being a death sentence has contributed to a great deal of guilt and shame [6]. The combination of unmet needs for social support and a spirituality void of positive connections to God, self, and others as well as an inability to move beyond suffering to finding meaning and purpose is a recipe for a poor cancer outcome [3].

In conclusion, systemic racism has contributed to not only SDOH such as access to care, suboptimal cancer care, limited financial resources to enable the African American cancer survivor to afford transportation, co-pays, and medications for treatment but also the ways in which spirituality and social support are traditionally used as coping resources. Access to affordable healthcare is absolutely necessary for optimal cancer care; however, equally important is our ability to extend care beyond the physical being to the psychosocial and spiritual being. Critical to alleviating health disparities and health inequities is a consideration for SDOH as a set of interwoven, dynamic concepts that include the social condition, the cultural condition, the environmental condition, and the political conditions.

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