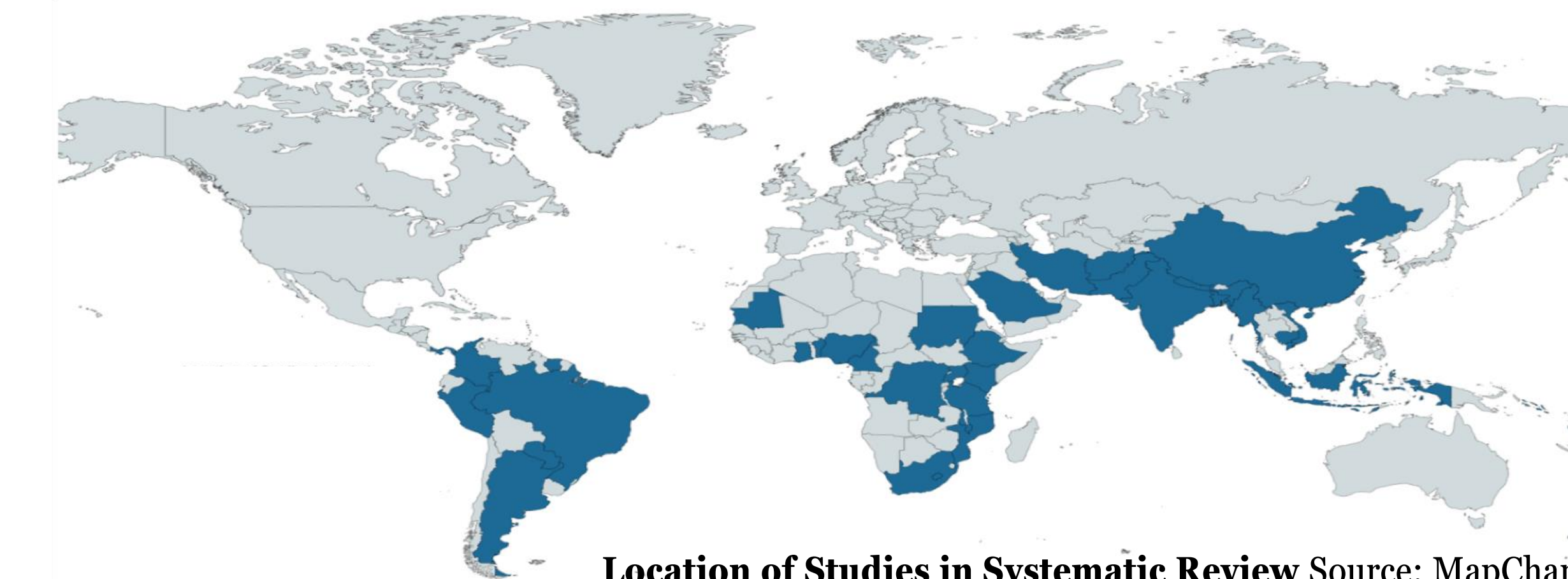




Shifting the Global Narrative on Social Determinants of Health – An Introduction of the Multi-Dimensional Determinants of Health Model to Advance Effective Health Equity Strategies

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Location of Studies in Systematic Review Source: MapChart

BACKGROUND

The dominant construct of social determinants of health (SDOH), the Dahlgren-Whitehead model, has been adopted by global health practitioners for decades. Its effectiveness in assessing societies' challenges to obtaining health equity in contemporary civilization is uncertain as drivers may be conflated and unable to be addressed in isolation as the model suggests. In recent years, an argument for a binary of social and structural determinants of health has also emerged, yet it may have oversimplified the nuances of societal barriers to care. To contextualize an assessment of the models, a systematic review of people living with tuberculosis (PLWTB) within the Global South was conducted to assert whether either model could capture the multi-factorial nature of health inequities. Numerous studies have examined barriers to quality tuberculosis (TB) care in individual states, yet few have identified trends in the obstacles to treatment delivery and retention. There are a myriad of drivers which influence the TB care continuum yet barriers found through qualitative and quantitative studies are our most concrete understandings of which determinants are evoked, thereby allowing for transnational comparison and illumination into how health inequities shift according to context.

METHODS

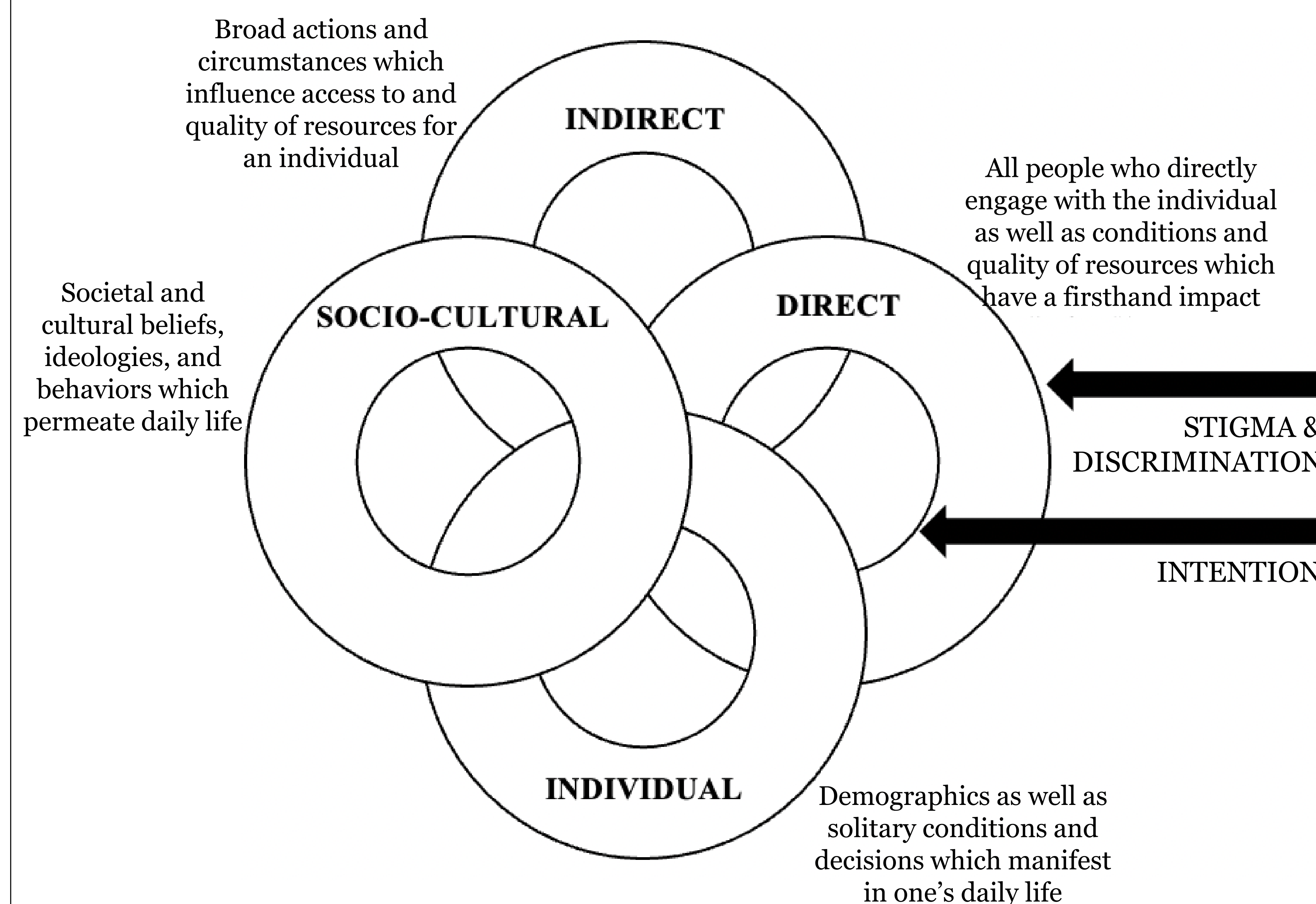
A systematic review of all published literature within the past ten years of barriers to care for PLWTB in any country with the Global South as well as analyses of determinants of health in the same region was included utilizing the PRISMA method. A total of 126 studies across 36 countries and 46 percent of the Global South were selected for final inclusion, which were extracted for macro, meso and micro barriers to care and subsequently assessed through thematic analysis. The results were then juxtaposed to current dominant models of social determinants of health.

RESULTS

Predominant themes among studies were political and economic failings, gender, socioeconomic status, inadequate patient care, urban and rural settings, education, financial burden mental health and, the most common of all, stigma. Each theme was found to interconnect with others which provided an intersectional understanding of the obstacles faced by people diagnosed with TB in the region. The studies which analyzed determinants of health solely within the Global South, including the complexities and critiques of various determinants and the concept of SDOH, negated the construct as it stands today and suggested contemporary modification to better understand the multiple drivers of health equity.

DISCUSSION

The Multi-Dimensional Determinants of Health Model



In response to the void of a model which reflects the interconnected drivers of health outcomes, the **Multi-Dimensional Determinants of Health Model** addresses their perpetually merged relationship. Each of the category of determinants – Indirect, Direct, Socio-Cultural and Individual, encompass their respective drivers and the intertwined structure of the model illustrates how each is linked to the other and influential in the conceptualization of health equity. The results of the systematic review informed the construction of the model, providing evidence of how barriers not only exist in isolation but are impacted by other concurrent challenges. Each category is simultaneously both individually identified and interwoven with the others, illustrating their interdependence and unified scope. The model purposefully lacks a hierarchy and can be rotated – maintaining its structure of neutrality, able to be used to measure both health equity and inequity, and is not embedded in any sort of tiered framework, contrary to the Dahlgren-Whitehead model.

DISCUSSION

Each category/ring is externally bordered by stigma and discrimination, the most common theme among PLWTB included in the systematic review. Stigma and discrimination infiltrated each aspect of society and influenced barriers at every stage (e.g., governmental, clinical, community, familial, individual). Similarly, discrimination (e.g., racial, gender) was often found to be embedded in the functioning of society, as negative perceptions burdened patients and discouraged treatment. The internal borders of intention at the core of the model are vital to the understanding of how drivers in health can be negatively or positively expressed through their intention towards a community, demographic or sub-population.

The model 's re-conceptualization of SDOH is meant to provide a holistic view of health equity in any Global South context. By first identifying drivers and their corresponding category, one can then apply drivers from the other intertwined categories as well as any existing stigmatized or discriminatory sentiments and specific intentions of each to formulate a comprehensive understanding of barriers and/or facilitators of poor health outcomes within a given society.

CONCLUSION

The leading construction of determinants of health, the Dahlgren-Whitehead model, has been accepted as global health canon for decades, and yet it is not a reflection of the true complexities of health inequities found among PLWTB within the Global South. Identified challenges include accessing and remaining in care due to concurrent drivers of poor health outcomes, governmental inaction, poor provider training, gender discrimination, community stigma, and self-isolation. The **Multi-Dimensional Determinants of Health Model** counters Dahlgren and Whitehead as well as the recent argument that determinants may fall solely within a binary of social and structural. It illustrates the interplay of drivers of health outcomes and provides a contemporary tool for analyzing health equity both across the Global South and, conceivably, internationally. The narrative within global health should no longer be to simply identify determinants of health and understand how they interact but rather assume that they are intertwined to begin with and seek to understand the dimensions of their inherent confluence.

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