Social Determinants of Health: Promoting Health Equity

- Neighborhood and Built Environment
- Health and Health Care
- Economic Stability
- Education
- Social and Community Context

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Learning Objectives

• Define social determinants of health
• Describe the connection between health disparities and social determinants of health
• Describe at least one causal pathway particular social determinants create for accessing care
• Identify at least one strategy to address social determinants to promote healthcare access
Tips for using zoom

**MICROPHONE**
Mute or Unmute your Microphone
(Mute during presentations-unmute to speak and while in break-out sessions)

**CAMERA**
Please use your camera as much as possible—especially for small breakout group activities. We want to see your face and it helps us all to connect!

**CHAT FUNCTION**
Please use this function to communicate to the group and respond to questions posed during the course

**YOUR NAME**
Please make sure your name shows in the participant list so we know who is in the (virtual) room.

Poll #1

• I believe it is difficult to adequately address social determinants of health
  
• 1- Agree
• 2- Disagree
Social Determinants and Health Equity
How would you define health?

How would define what being healthy means for you personally?

What are the things that support you in being healthy?
Health

“A state of complete physical, mental and social well-being, and not merely the absence of disease or infirmity.”

Preamble to the Constitution of the World Health Organization 1946
http://www.who.int/about/mission/en/
Wellness: The Holistic Model

Physical

Psychological

Social

Spiritual

Optimum Health
Determinants of Health

1. Individual Behaviors
2. Biology & Genetics
3. Social Environment
4. Physical Environment
5. Health Services
Social Determinants of Health (SDH): Conditions in which people are born, grow, live, work, pray and age

- shaped by distribution of money, power and resources at global, national, local levels
- influenced by policies and regulations

Adapted from World Health Organization (WHO)
Health equity means that everyone has a fair and just opportunity to be healthier.

This requires removing obstacles to health such as poverty, discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care.

Robert Wood Johnson Foundation (RWJF)
Health Disparity

“...the term used in epidemiology to describe differences, variations and disproportions in the health status of individuals or groups.”

African Americans make up 13 percent of the U.S. population …

... but represent almost half of all new HIV cases.

Adapted from:
Health Inequity

“refers to those inequalities in health that are deemed to be unfair or stemming from some form of injustices”

Social Determinants and Health Outcomes
Perspective

Life is all about how we see things
Poll #2

I believe COVID-19 disparities in cases are most attributed to:

- 1- individual behaviors
- 2- biology/genetics
- 3- social environment
- 4- physical environment
- 5- health systems
COVID-19 Example

Disparity:

Inequity

SDH contributing to the inequity
COVID-19: Disparity Example

Alameda County Total Case Rates per 100,000 Population by Race/Ethnicity

- Hispanic/Latino: 11576.7
- Asian: 2907.7
- African American: 7443.2
- White: 3403.4
- Pacific Islander: 8292.1
- Native American: 7211.4
- Multirace: 6139.4
- Overall Known: 5606.1
- Overall: 7003.7

Alameda County Total Death Rate per 100,000 by Race/Ethnicity

- Hispanic/Latino: 83.0
- Asian: 53.6
- African American/Black: 153.0
- White: 70.9
- Pacific Islander: 143.8
- Multirace: 133.9
- Overall Known Race/Ethnicity: 77.1
- Overall: 84.2
Vaccinations

Doses by Race/Ethnicity (% of population ≥12 Years)

- Hispanic/Latino: 72.4% (78.3%)
- Asian: 86.1% (90.5%)
- African American/Black: 66.1% (71.7%)
- White: 73.7% (77.1%)
- Pacific Islander: 84.9% (91.9%)
- Native American: 96.3% (97.5%)
- Multirace: 50.3% (52.3%)
- Overall Known Race/...
- Overall: 84.4% (89.8%)

An Initiative of Alameda County Health Care Services Agency
Examples of Social Determinants of Health

1. Housing Stability
2. Residential Segregation
3. Food Security
4. Social Norms and Attitudes—(e.g. stigma)
5. Racism
6. Socioeconomic Conditions
7. Culture
8. Social Support
9. Gender Identity
10. Access to Health Care Services
11. Educational Attainment
12. Transportation Options
13. Language/Literacy
14. Exposure to violence, crime, social disorder
15. Access to mass media, and emerging technologies
In looking at disparity data re: COVID-19, discuss

1- What are the inequities that contribute- (unfair advantages/disadvantages for example)?

2- What social determinants do you feel most contribute to this inequity or contribute directly to disparity? (Pick 2-3 main SDoH)
Responding to Social Determinants of Health
• **Structural competency** is a term used in American health professional education to describe the ability of health care providers and trainees to appreciate how symptoms, clinical problems, diseases and attitudes toward patients, populations and health systems are influenced by 'upstream' social determinants of health.
An Initiative of Alameda County Health Care Services Agency

Getting to the Root

TO TAKE DOWN A TREE, YOU MUST GET TO ITS ROOTS

The Black Church & HIV: THE SOCIAL JUSTICE IMPERATIVE

Lack of Education

Lack of Access to Care

Poverty

Unhealthy Eating

Smoking

Exposure to STDs

High Blood Pressure

Obesity

Cancer

Diabetes

HIV

HEALTH DISPARITIES

BEHAVIORS

SOCIAL DETERMINANTS OF HEALTH
A Social Ecological Model

- **Individual**: Individual attitudes, beliefs, knowledge, and behaviors.
- **Interpersonal**: Individual relationships, support groups, social networks, cultural context.
- **Institutions and Organizations**: Schools, health care administration, businesses, faith based organizations, institutions.
- **Community**: Relationships and communications between organizations and institutions.
- **Structures and Systems**: Federal, state, and local regulations, laws, the built environment (public works, infrastructure, etc.).
<table>
<thead>
<tr>
<th></th>
<th>Strategies to Address SDH</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Create greater awareness of importance and consideration of social: educate, inform and empower</td>
</tr>
<tr>
<td>2</td>
<td>Improve assessment of SDH factors</td>
</tr>
<tr>
<td>3</td>
<td>Collaborate more effectively across sectors-</td>
</tr>
<tr>
<td>4</td>
<td>Participate and support systems change</td>
</tr>
</tbody>
</table>
1. Communicating SDH

The following table summarizes the key guidelines for effectively communicating SDH:

<table>
<thead>
<tr>
<th>WHAT TO DO</th>
<th>WHAT TO AVOID</th>
</tr>
</thead>
<tbody>
<tr>
<td>✓ Use clear, plain language</td>
<td>× Technical language or jargon</td>
</tr>
<tr>
<td>✓ Make issues tangible with analogies and stories</td>
<td>× Abstract concepts or terms</td>
</tr>
<tr>
<td>✓ Break down and round numbers; place numbers in context</td>
<td>× Complex numbers, or large numbers without any context</td>
</tr>
<tr>
<td>✓ Challenge conventional wisdom with one unexpected fact</td>
<td>× Exhaustive documentation</td>
</tr>
<tr>
<td>✓ Use inclusive language (we, our, us)</td>
<td>× Creating distance between groups (them, they)</td>
</tr>
<tr>
<td>✓ Identify people by shared experiences</td>
<td>× Labeling people by group membership</td>
</tr>
<tr>
<td>✓ Prime your audience with a fact, image or story they are likely to believe, based on their values, interests and needs</td>
<td>× Facts, images or stories that audiences may find too contentious or extreme to be believable (even if they are true)</td>
</tr>
<tr>
<td>✓ Leave the audience with a memorable story or fact that can be easily repeated</td>
<td>× Being forgettable</td>
</tr>
<tr>
<td>✓ Use a conversational and familiar tone</td>
<td>× A clinical or academic tone</td>
</tr>
<tr>
<td>✓ Take the time to understand your audience—this includes customizing your message by selecting appropriate tools, approaches and information</td>
<td>× Assuming the same message will work for all audiences</td>
</tr>
<tr>
<td>✓ Prepare your message content and presentation</td>
<td>× Speaking off the cuff</td>
</tr>
<tr>
<td>✓ Focus on communicating one thing at a time</td>
<td>× Trying to do too many things at once</td>
</tr>
</tbody>
</table>
2. Improving Assessment of SDH

- PRAPARE
- EveryONE Project
- Health Related Social Needs Screening Tool

3. Cross-Sector Coordination

Complexity of Social Problems Vs. Our Solutions

**Traditional Approaches > Isolated Impact**

- Funders select individual grantees
- Organizations work separately and compete
- Evaluation attempts to isolate a particular organization’s impact
- Large scale change is assumed to depend on scaling organizations
- Corporate and government sectors are often disconnected from foundations and nonprofits

Large-scale social change requires broad cross-sector coordination, not the isolated intervention of individual organizations.

Cross Sector Coordination and ACCC
4. Systems Change

What is Systems Change?

A fundamental change in policies, processes, relationships, and power structures, as well as deeply held values and norms, as the pathway to achieve common goals and make positive social gains sustainable at scale, whether it’s around increasing equity, improving health, or reducing poverty.

Breakout #2

What recommendations would you make regarding each of these strategies for addressing social determinants of health?

• 1- Increasing awareness, informing re: the significance of SDH
• 2- Assessment of Impact of SDH
• 3- Cross Sector Coordination
• 4- Systems Change
Jamboard Post-It Notes

1. Click on sticky note icon on the left side of the screen
2. Choose the corresponding color of your breakout room
3. Type one thought per note and click ‘Save’
4. Type another thought and click ‘Save’
5. Click ‘Cancel’ when done to rearrange notes underneath your breakout number
4. Type another thought and click ‘Save’

5. Once done with thoughts, click ‘Cancel’ when done to rearrange notes underneath your breakout number
4. Type another thought and click ‘Save’

5. Once done with thoughts, click ‘Cancel’ when done to rearrange notes underneath your breakout number

6. Resize for easy reading by clicking on the note and dragging the corner out

Click on the 3 dots to edit, duplicate or delete
Place recommendations on their corresponding pages

Please have someone or the group be able to summarize what you added to the jamboard

Group 1 - use yellow

Group 2 – use green

Group 3 - use blue
What ideas will you move forward?

• What can you do now within your agency and role?

• How will it get done?
## Upcoming Trainings

<table>
<thead>
<tr>
<th>Date</th>
<th>Topic</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>July</td>
<td>Motivational Interviewing: Core Skills for Empathic Communication (Module 2)</td>
<td>10:00-12:00</td>
</tr>
<tr>
<td>28-Jul</td>
<td></td>
<td></td>
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<tr>
<td>August</td>
<td>Motivational Interviewing: Demonstrating and Practicing MI Skills (Module 3)</td>
<td>10:00-12:00</td>
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<tr>
<td>4-Aug</td>
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<tr>
<td>11-Aug</td>
<td>Compassionate Resilience</td>
<td>10:00-12:00</td>
</tr>
<tr>
<td>18-Aug</td>
<td>Empathy Effect: Countering Bias to Improve Health Outcomes (Part 1)</td>
<td>10:00-12:30</td>
</tr>
<tr>
<td>25-Aug</td>
<td>Empathy Effect: Tools to Counter Bias or Judgement (Part 2)</td>
<td>10:00-12:30</td>
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