Disparities, Equity, and the Social Determinants of Health: How do these Issues Impact Our Communities?

May 15, 2015

How to ask a question during the webinar

If you dialed in to this webinar on your phone please use the “raise your hand” button and we will open up your lines for you to ask your question to the group. (left)

If you are listening to this webinar from your computer speakers, please type your questions into the question box and we will address your questions. (right)
THE TRADITIONAL TEN TIPS FOR BETTER HEALTH

1. Don’t smoke. If you can, stop. If you can’t, cut down.
2. Follow a balanced diet with plenty of fruit and vegetables.
4. Manage stress by, for example, talking things through and making time to relax.
5. If you drink alcohol, do so in moderation.
6. Cover up in the sun, and protect children from sunburn.
7. Practice safer sex.
8. Take up cancer screening opportunities.
10. Learn the First Aid ABCs: airways, breathing, circulation.


THE SOCIAL DETERMINANTS TEN TIPS FOR BETTER HEALTH

1. Don’t be poor. If you can, stop. If you can’t, try not to be poor for long.
2. Don’t have poor parents or grandparents.
3. Own a car.
4. Don’t work in a stressful, low paid manual job.
5. Don’t live in damp, low quality housing in high crime neighborhood.
6. Have a college degree, at least be fully literate
7. Practice not losing your job and don’t become unemployed.
8. Access community resources needed when you are unemployed, retired or sick or disabled.
9. Don’t live next to a busy major road or near a polluting factory.
10. Learn how to fill in the complex housing and health benefits application forms before you become homeless and destitute.

Today's Purpose

- Define and illustrate the social determinants of health
- Describe how social and economic inequities impact health status
- Identify how health disparities are manifested in racial, ethnic, and culturally diverse populations
- Create a shared definition and language for addressing health disparities systemically
Poll Question:
What is your current understanding of the different social determinants of health in your community?

My current understanding is:

- Strong
- Fair
- Limited

Define and illustrate the social determinants of health
Titanic Survival Statistics by Class, Gender, and Maturity

<table>
<thead>
<tr>
<th>Class</th>
<th>Men</th>
<th>Women</th>
</tr>
</thead>
<tbody>
<tr>
<td>First Class</td>
<td>175 (87%)</td>
<td>144 (97%)</td>
</tr>
<tr>
<td>Second Class</td>
<td>140 (9%)</td>
<td>95 (49%)</td>
</tr>
<tr>
<td>Third Class</td>
<td>76 (10%)</td>
<td>166 (46%)</td>
</tr>
<tr>
<td>Crew</td>
<td>80 (21%)</td>
<td>22 (9%)</td>
</tr>
<tr>
<td>Total</td>
<td>1,741</td>
<td>424</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Gender</th>
<th>Men</th>
<th>Women</th>
</tr>
</thead>
<tbody>
<tr>
<td>On Board</td>
<td>175</td>
<td>144</td>
</tr>
<tr>
<td>Survived</td>
<td>67</td>
<td>140</td>
</tr>
<tr>
<td>Percent</td>
<td>38%</td>
<td>97%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Age Group</th>
<th>On Board</th>
<th>Survived</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>First Class</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Second Class</td>
<td>26</td>
<td>26</td>
<td>100%</td>
</tr>
<tr>
<td>Third Class</td>
<td>10</td>
<td>10</td>
<td>31%</td>
</tr>
<tr>
<td>Crew</td>
<td>-</td>
<td>-</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>112</td>
<td>56</td>
<td>50%</td>
</tr>
</tbody>
</table>
Figure 1: Determinants of Health


Social Determinants of Health

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

www.healthypeople.gov
Economic Stability

Neighborhood and Built Environment
Economic 
Stability
SDOH
Neighborhood 
and Built Environment
Health and 
Health Care
Social and 
Community Context

SAMHSA-NHSA
Center for Integrated Health Solutions
www.integration.samhsa.gov

TTA-PBHCI
Disparities, Equity, and the Social Determinants of Health
5/15/15

9
Describe how social and economic inequities impact health status

- Health behaviors
- Clinical care
- Social & economic factors
- Physical environment
Health behaviors

Clinical care

Social & economic factors

Physical environment

19th/20th Century

Later 20th Century
Health behaviors
Clinical care
Social & economic factors
Physical environment

Now

Health behaviors ?? %
Clinical care ?? %
Social & economic factors ?? %
Physical environment ?? %
SIX WAYS TO TALK ABOUT SOCIAL DETERMINANTS OF HEALTH:

1. Health behaviors: Tobacco use, diet & exercise, alcohol use, and unmet care needs.

Adapted with permission from [www.countyhealthrankings.org/our-approach](http://www.countyhealthrankings.org/our-approach)
SIX WAYS TO TALK ABOUT SOCIAL DETERMINANTS OF HEALTH:
Health starts-long before illness-in our homes, schools and jobs.

All Americans should have the opportunity to make the choices that allow them to live a long, healthy life, regardless of their income, education or ethnic background.
SIX WAYS TO TALK ABOUT SOCIAL DETERMINANTS OF HEALTH:

Health starts-long before illness-in our homes, schools and jobs.

All Americans should have the opportunity to make the choices that allow them to live a long, healthy life, regardless of their income, education or ethnic background.

Your neighborhood or job shouldn’t be hazardous to your health.

Your opportunity for health starts long before you need medical care.

A New Way to Talk About the Social determinants of health  http://www.rwjf.org/content/dam/farm/reports/reports/2010/rwjf63023
SIX WAYS TO TALK ABOUT SOCIAL DETERMINANTS OF HEALTH:

Health starts long before illness in our homes, schools and jobs.

All Americans should have the opportunity to make the choices that allow them to live a long, healthy life, regardless of their income, education or ethnic background.

Your neighborhood or job shouldn’t be hazardous to your health.

Your opportunity for health starts long before you need medical care.

Health begins where we live, learn, work and play.

A New Way to Talk About the Social Determinants of Health: http://www.rwjf.org/content/dam/farm/reports/reports/2010/rwjf63023
SIX WAYS TO TALK ABOUT SOCIAL DETERMINANTS OF HEALTH:

Health starts long before illness in our homes, schools and jobs.

All Americans should have the opportunity to make the choices that allow them to live a long, healthy life, regardless of their income, education or ethnic background.

Your neighborhood or job shouldn’t be hazardous to your health.

Your opportunity for health starts long before you need medical care.

Health begins where we live, learn, work and play.

The opportunity for health begins in our families, neighborhoods, schools and jobs.

A New Way to Talk About the Social determinants of health: http://www.rwjf.org/content/dam/farm/reports/reports/2010/rwjf63023
SIX WAYS TO TALK ABOUT SOCIAL DETERMINANTS OF HEALTH:

Health starts-long before illness-in our homes, schools and jobs.

All Americans should have the opportunity to make the choices that allow them to live a long, healthy life, regardless of their income, education or ethnic background.

Your neighborhood or job shouldn't be hazardous to your health.

Your opportunity for health starts long before you need medical care.

Health begins where we live, learn, work and play.

The opportunity for health begins in our families, neighborhoods, schools and jobs.

A New Way to Talk About the Social determinants of health http://www.rwjf.org/content/dam/farm/reports/reports/2010/rwjf63023

Identify how health disparities are manifested in racial, ethnic, and culturally diverse populations
BEHAVIORAL HEALTH DISPARITIES

- AI/AN communities – elevated levels of SUDs and higher suicide rates than general population
- Latina youth – highest rates of suicide attempts
- Native Hawaiian and Pacific Islander youth – among highest rates of illicit drug use and underage drinking
- African Americans – among highest unmet needs for treatment of depression and other MH disorders
  - Only ~ 13 percent U.S. population; yet ~ half (49 percent) of people who get HIV and AIDS
- LGBT population – elevated rates of tobacco use, certain cancers, obesity, and depression

AHRQ: DISPARITIES IN QUALITY OF AND ACCESS TO CARE ARE COMMON

- Compared to Whites
  - Blacks received worse care for 41 percent of quality measures; worse access to care for 32 percent of access measures
  - Asians received worse care for 30 percent of quality measures; worse access to care for 17 percent of access measures
  - AI/ANs received worse care for 30 percent of quality measures; worse access to care for 62 percent of access measures
  - Hispanics received worse care than non-Hispanic Whites for 39 percent of quality measures; worse access to care for 63 percent of access measures

- Compared to High-Income People, Low-Income People:
  - Received worse care for 47 percent of quality measures
  - Had worse access to care for 89 percent of measures
Poll Question:
Is your data able to identify disparities in your community on the basis of access?

- Yes
- No
- Not sure
Poll Question:
Is your data able to identify disparities in your community on the basis of treatment?

- Yes
- No
- Not sure

Poll Question:
Is your data able to identify disparities in your community on the basis of outcomes?

- Yes
- No
- Not sure
Create a shared definition and language for addressing health disparities systemically

What's in a Name?
- Differences
- Disparities
- inequity
What's in a Name?
“Differences” or “variations”

What's in a Name?

“Differences” or “variations”
- conveys neither a positive or negative connotation

“Disparities” and “inequalities”

What’s in a Name?

“Differences” or “variations”
- conveys neither a positive or negative connotation

“Disparities” and “inequalities”
- hold negative connotations, that one group is losing or being harmed

Health “inequity”

Defining Disparities

“racial or ethnic differences in the quality of healthcare that are not due to access-related factors or clinical needs, preferences, and appropriateness of intervention.”

- Institute of Medicine

“... differences that occur by gender, race or ethnicity, education or income, disability, geographic location, or sexual orientation.”

- Health People 2020
Defining Inequities

“Health inequalities can be defined as differences in health status or in the distribution of health determinants between different population groups.”
- World Health Organization

“Disparities in health [or health care] that are systemic and avoidable and, therefore, considered unfair or unjust.”
- Virginia Dept. of Health
My Terms: In my own words

<table>
<thead>
<tr>
<th>Term/Concept</th>
<th>In my own words...</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health</td>
<td></td>
</tr>
<tr>
<td>Health disparities</td>
<td></td>
</tr>
<tr>
<td>Health Inequities</td>
<td></td>
</tr>
</tbody>
</table>

How to ask a question during the webinar

If you dialed in to this webinar on your phone please use the “raise your hand” button and we will open up your lines for you to ask your question to the group. (left)

If you are listening to this webinar from your computer speakers, please type your questions into the question box and we will address your questions. (right)
Presenter Contact Information

- **Name:** Rachele Espiritu  
  **Organization:** Change Matrix, LLC  
  **Phone:** 720-446-0726  
  **E-mail:** respiritu@changematrix.org

- **Name:** Suganya Sockalingam  
  **Organization:** Change Matrix, LLC  
  **Phone:** 702-219-7379  
  **E-mail:** sssockalingam@changematrix.org

Additional Questions?  
Contact the SAMHSA-HRSA Center for Integrated Health Solutions  
integration@thenationalcouncil.org

Health Disparities Series

- **The Integration of Cultural and Linguistic Competence in Service Delivery**  
  Webinar: June 12, 2015, 2-3 PM EDT  
  Follow-up Q&A Session: June 26, 2015, 2-3 PM EDT

- **Understanding the Enhanced CLAS Standards**  
  Webinar: July 10, 2015, 2-3 PM EDT  
  Follow-up Q&A Session: July 24, 2015, 2-3 PM EDT

- **Performance Indicators for Integration of Cultural and Linguistic Competence**  
  Webinar: August 14, 2015, 2-3 PM EDT  
  Follow-up Q&A Session: August 28, 2015, 2-3 PM EDT