Understanding the Social Determinants of Health

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Addressing Health Equity in the Pee Dee Conference

Florence-Darlington Technical College Southeastern Institute of Manufacturing and Technology

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Learning Objectives

1. Explain the concepts of health and well-being
2. Recognize the role of healthcare providers in identifying and addressing health inequities
3. Identify the socioeconomic factors that influence health
4. Define and explain the social determinants of health

Definition of Health

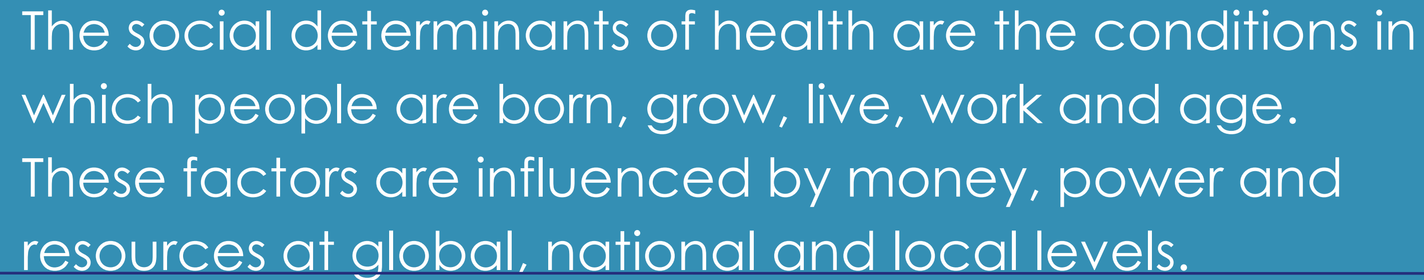
Health is a state of complete physical, mental and social well-being, and not merely the absence of disease or infirmity (World Health Organization, 1948).

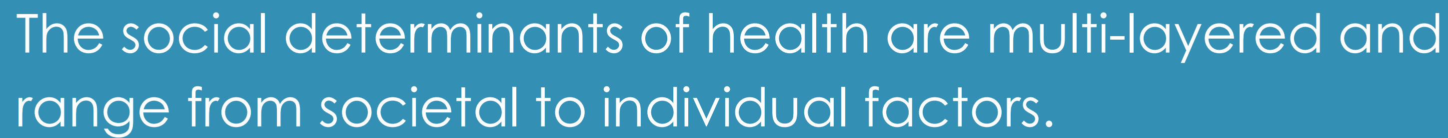
Health is an individual right and a social justice issue. It is also a public good.

The health of their population which can be fulfilled by access to adequate health services.

Factors Determining Health

Social Determinants of Health (SDoH)





Social Determinants of Health (SDoH)

<u>**According to CDC, SDoH are :**</u>

The conditions in the places where people live, learn and work can affect a wide range of health risks and outcomes.

Poverty limits access to healthy food and safer neighborhoods and limits the level and quality of education available.

Impact of Adverse Childhood Experiences (ACEs) on Health

Social and environmental factors have an impact on patients' health (Olsen & Warring, 2018).

In a landmark study that took place within the Kaiser Permanente healthcare group, Felitti et al. (1998) demonstrated the relationship between adverse childhood experiences (ACEs) and adverse health outcomes in adulthood.

ACEs can contribute to an increased risk for the development of both medical (physical) problems in later life, as well as psychological disorders (including depression and substance use disorder), and even reduced employment opportunities (CDC, 2021).

ADVERSE CHILDHOOD EXPERIENCES IMPACT ADULTHOOD

If ACEs could be eliminated...

61↑ Work productivity could increase by 61%.

67↓ Suicide & life dissatisfaction could decrease by 67%.

56↓ Anxiety could be reduced by 56%.

Source: http://www.aceinterface.com

CHILD ABUSE & NEGLECT ARE PREVENTABLE ACEs.

Types of ACEs

- Childhood violence, abuse, or neglect
- Observing violence at home or in the community
- Having a family member who commits suicide or attempts suicide
- Substance use in the home
- Mental health diagnoses in the home
- Lack of stability due to parents being separated or incarcerated (CDC, 2021).

ACEs = Adverse Childhood Experiences

The 3 types of ACEs include

ABUSE

Physical

Emotional

Sexual

NEGLECT

Physical

Emotional

HOUSEHOLD DYSFUNCTION

Mental Illness

Incarcerated Relative

Abuse toward Parent

Substance Abuse

Divorce

What do you see as the most significant SDoH in the population that you serve?

Healthy Equity

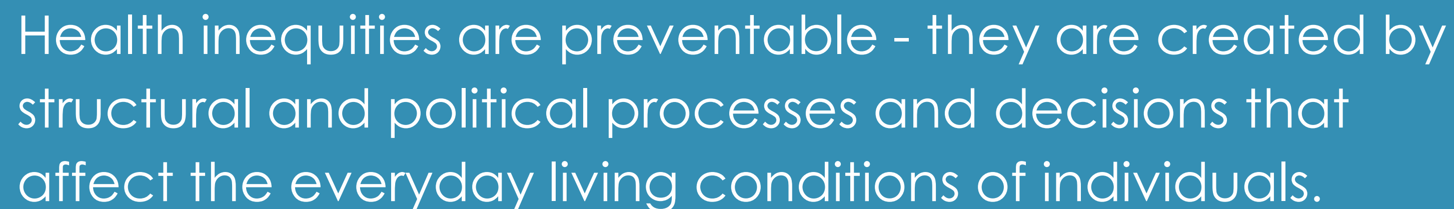
THE WORLD HEALTH ORGANIZATION DEFINES HEALTH EQUITY AS:

"*The absence of unfair and avoidable or remediable differences in health among population groups defined socially, economically, demographically or geographically.*"

– World Health Organization, 2008

Health Equality vs. Health Equity

The Social Determinants of Health and Health Inequities



The Social Determinants of Health and Health Inequities

Action on health inequities requires action across all the social determinants of health.

The SDoH are conditions in which people are born, grow, work, live, and age, and the wider set of forces and systems shaping the conditions of daily life.

These forces and systems include economic policies and systems, development agendas, social norms, social policies and political systems.

Dimensions of Inequality

Health inequalities tend to stem from social inequalities

Dimensions of inequality typically reflect social conditions

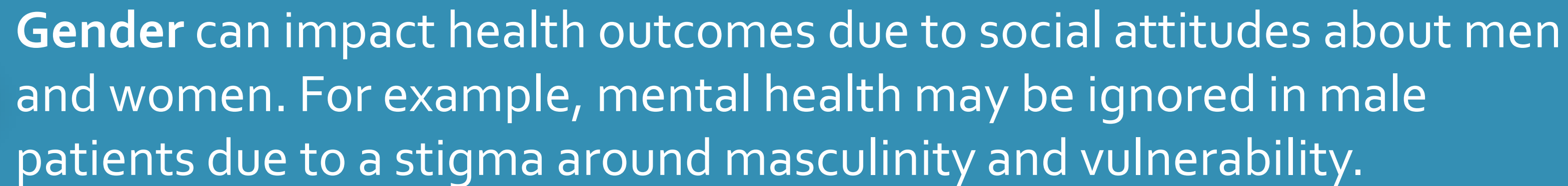
There are several dimensions that are used to distinguish groups and individuals:

- Socioeconomic status
- Education
- Place of residence (rural, urban etc.)
- Race or ethnicity
- Occupation
- Gender
- Religion

Dimensions of Inequality

Income can have an impact on health equity.

Education can impact health outcomes.
Education increases health literacy.



Gender can impact health outcomes due to social attitudes about men and women. For example, mental health may be ignored in male patients due to a stigma around masculinity and vulnerability.

Overall, the inequalities as measured by dimensions and how the intersection of multiple factors driving health inequalities.

What resources are available to address SDoH in the Pee Dee?

Disparities in Cancer

- Due to social, environmental, and economic disadvantages, certain groups are disproportionately impacted by cancer.

- Cancer disparities include:
  - incidence (new cases)
  - prevalence (all existing cases)
  - mortality (deaths)
  - survival morbidity (cancer-related health complications)
  - survivorship (quality of life after treatment)
  - financial burden
  - screening rates
  - stage at diagnosis

Cancer disparities can also be seen when outcomes are improving overall but the improvements are not seen in some groups relative to other groups.

Key cancer disparities in the US include:

- Blacks/African Americans have higher death rates than all other racial/ethnic groups for many types of cancer
- Black/African-American women are more likely than White women to die of Breast Cancer.
- People with more education are less likely to die prematurely (before the age of 65) from colorectal cancer.
- Hispanic/Latino and Black/African-American women have higher rates of cervical cancer than women of other racial/ethnic groups, with Black/African-American women having the highest rates of death from the disease.
- Research indicates lower participation in cancer screening for people with disabilities due to physical, institutional, financial, and attitudinal barriers.
- People with disabilities have a higher rate of colorectal and prostate cancer. Providers are often reluctant to refer people with disabilities possibly due to diagnostic overshadowing, and a reluctance to adapt screening processes to be more disability inclusive.

Contributing Factors to Cancer Disparities

- People with low incomes, low health literacy, lack health insurance, or lack transportation are less likely to have recommended cancer screening and treatment.
- People who live in communities that lack clean water or air may be exposed to cancer-causing substances.
- People who live in neighborhoods that lack affordable healthy foods or safe areas for exercise are more likely to have poor diets, be physically inactive, and obese, all of which are risk factors for cancer.
- Even people with higher incomes and access to care may experience institutional racism, conscious or unconscious bias from providers, and/or mistrust of the health care system.

Case Study: Traditional Care

Susan is 58 years young and attending a clinic visit for her constant stomach pains and migraines.

She tells her provider how often she is in pain, how the migraines cause her to feel fatigued. She answers questions regarding when the symptoms started, how long they last and what methods she has used for relief thus far.

Susan mentions that she does not eat at regular times and often in a hurry because she is busy. No further questions were asked about her home life.

She is sent home with a higher dose of medication for migraines and told if her stomach pain doesn't subside in a couple of weeks, to return for an abdominal ultrasound.

Her visit ends.

Case Study:

Holistic Care

Susan is 58 years young and attending a clinic visit for her stomachaches and migraines. She is asked about her diet, activity level, stress at work and home, employment, transportation and home responsibilities.

During the discussion, she reveals:

- She cares for her mother with dementia and a 4-year old grandchild because her son is working long hours.
- She has her own vehicle but it has broken down a few times. She works overnight shifts because her husband works days and they need someone home at all hours for her mother and grandchild.
- She often picks up fast food for the family and naps after work and right before she goes in to work.
- Her provider team connects her with services for an in-home caregiver & support, local food pantries and informs her about the YMCA and SNAP benefits collaboration and providers her with lists of low income childcare services. They discuss healthy diet, stress relief tactics and importance of getting enough sleep.
- The visit ends with Susan feeling supported and motivated.

How can you incorporate SDoH when providing care to your patients?

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