Health Equity & the Social Determinants of Health

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Learning Objectives
Gaining a deeper understanding of:
• social determinants of health (SDoH), health disparities, and health inequities
• the drivers of health inequities, and the mechanisms by which they work
• how SDoH relate to Lifecourse Theory
• how to incorporate a health equity framework into clinical practice

What is Health? Public Health?
Health means physical, economic, emotional, and social well-being of individuals, families, and communities.
Public Health is what we do, collectively, as a society, to assure the conditions in which people can be healthy. (IOM)

Health Disparities, Inequities, Equity
Health Disparity
A difference in health between groups of people.
By itself, disparity does not address the chain of events that produces it.

Health Inequity
Differences in population health status and mortality rates that are systemic, patterned, unfair, unjust, and actionable, as opposed to random or caused by those who become ill.

Health Equity
A fair, just distribution of the social resources and social opportunities needed to achieve well-being. (ASTHO, 2000)
An environment where everyone has a good chance to be healthy

Addressing Inequity Requires Closing Gaps in Social Determinants
SDoH = the conditions in which people are born, grow up, live, work, and age. (WHO)

Caveat
“All models are wrong. Some are useful.”
• George Box, Professor of Statistics, UW-Madison, 1976

This slide based on consensus definitions originally compiled by Ingham Co, MI

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SDoH – health pathways

1. SES affects access to & quality of healthcare
2. SDoH affect likelihood of healthy behaviors (e.g., diet and exercise)
3. SDoH affects one’s biology directly
   - Example: toxic physical environments
   - Example: toxic stress -> chronic stress hormone elevation -> ↑BP, glucose metabolism, immune dysfunction, fetal issues
   - Example: epigenetic mechanisms / DNA methylation
4. Racism - - and other forms of discrimination - - have additive effects over and above the effects of SES, probably also through the effects of chronic stress hormone elevation

A word about “chronic stress”

- Everybody has stress, but some people have resources (income, education, a safe house and neighborhood, affordable healthy food, etc.) to mitigate that stress.
- AKA: “toxic stress”, “unmitigated stress”

When the External Becomes Internal: How Health Inequities Get Inside the Body

Modified from: Alameda County Department of Public Health and Prevention Institute

Societal Risk Factors
- e.g., housing, education, childcare, literacy, health insurance & health care, income / employment policies

Individual Causes
- e.g., tobacco, diet, alcohol consumption, sexual behavior, preventive health care

Environmental Causes
- e.g., microbes, toxins, motor vehicle safety, medical errors, food safety, water & air quality

Disease

Disability and Death

Across the Life Course & from Generation to Generation

Health Determinants
- e.g., income, education, childcare, housing, employment & voc training, literacy, food accessibility, transportation, social support

Health Outcomes and Health Inequities

Mediators of Health
- e.g., Lack of resources & access, Constraints on healthy behaviors, Chronic stress (immune system dysfunction, inflammatory response)

Sample pathways / mechanisms

http://www.rwjf.org/content/dam/web-assets/2009/09/education-matters-for-health
World Health Organization
Commission on Social Determinants of Health

WHO CSDH Domains

• **Structural Determinants: Socioeconomic Political Context.** The structural, cultural, and functional policies and processes that shape how societies are organized—governance structures, macroeconomic policies, social policies, etc.

• **Structural Determinants: Socioeconomic Position.** This domain describes how structural policies and processes interact to effectively assign socioeconomic position based on social characteristics (e.g., race/ethnicity, gender) through more or less access to essential resources including education, occupation, and income.

• **Intermediary Determinants.** Broadly encompassing living and working conditions (material circumstances), this domain also includes psychosocial, behavioral and biological characteristics, as well as the health system.

• **Cross-cutting Determinants** *(social capital and social cohesion).* This domain acknowledges human agency and the role of people in the shaping of policies and processes that effectively determine how societies are organized.

• **Health Equity:** fairness in the distribution of social resources and opportunities (and power) needed to achieve well-being between groups with differing levels of social disadvantage (ASTHO); an environment where everyone has a good chance to be healthy.
In what ways can our conceptual frameworks about what drives health inequities inform our practice?

How can we best organize ourselves, individually and collectively, to most effectively advance Health Equity?

The organization and its partners are intentionally engaged in understanding the structural and system-based issues that contribute to health inequities.

The organization aligns its actions and investments to reinforce this expanded understanding of what creates health inequities.

Foundational Practices Learning and Action Tool: an overview

- A Framework for Improving Health and Advancing Health Equity (WHO)
- 7 Foundational Practices (implicit in the framework, but made explicit in the Tool, along with detailed descriptions of each Foundational Practice)
- Key Critical Capabilities Questions for each Foundational Practice (designed to help an organization identify and document its current capabilities as well as areas for improvement in relation to the foundational practices)

World Health Organization
Commission on Social Determinants of Health

Seven Foundational Practices for Advancing Health Equity

I. Expand the Understanding of Health
II. Assess & Influence the Policy Context
III. Lead with an Equity Focus
IV. Use Data to Advance Health Equity
V. Develop Workforce via Continuous Learning
VI. Build Partnerships & Community Capacity
VII. Use & Target Resources Strategically
Assess & Influence the Policy Context

- The organization assesses the policy environment that creates underlying systems issues that both drive and perpetuate health inequities
- The organization influences/leverages/changes policies (internal & external) to address social determinants of health and advance health equity

Lead with an Equity Focus

- The organization has strong leadership that is committed to addressing SDoH and advancing health equity
- All levels of leadership clearly articulate an equity framework
- The organization takes action, including engaging stakeholders & committing resources, focused on achieving health equity

Use Data to Advance Health Equity

- The organization develops and maintains data systems with an expanded understanding of intermediary, cross-cutting, and structural determinants
- The organization’s data and performance systems provide actionable data to promote improvement and accountability in organizational and stakeholder performance in advancing health equity

Develop Workforce through Continuous Learning

- The organization develops and maintains a highly qualified, well-trained and diverse workforce
- The organization assures optimal workforce development and builds a culture of learning and improvement - including an explicit focus on SDoH and health equity
- The organization incorporates continuous quality improvement into daily work to advance health equity

Build Partnerships and Community Capacity

- The organization strategically engages multiple partners to transform its practices, collectively address SDoH, and advance health equity
- The organization explicitly develops and deepens relationships with communities experiencing health inequities
- The organization develops and deepens cross-sector and interagency relationships

Use & Target Resources Strategically

- The organization optimizes and aligns funding streams, and directs investments to address SDoH and health inequities
- The organization invests in programmatic and policy interventions targeted at advancing health equity
- The organization invests in building system capacity to advance health equity
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Strategies for Healthcare Practitioners and Public Health Professionals

In what ways can our conceptual frameworks about what drives health inequities inform our public health practice?

Returning to the Question: What can we do in practice to address Health Equity?

Equity Model vs Traditional PH

Traditional Model
- Narrow policy focus (e.g., seat belts, imms, smoking)
- Surveillance, healthy behavior promotion, communic. disease
- Home visits, immunization clinics, health education

Equity Model: Current approach plus
- Social systems, policies, & practices
- Policy development, policy analysis, upstream interventions
- Community capacity building
Equity Model vs Traditional PH

**Traditional Model**
- Collaborations with healthcare providers
- Community groups and CBOs representing marginalized or vulnerable community members

**Equity Model**
- Collaborations with current partners, plus
  - Human rights & civil rights groups
  - Social advocacy groups
  - Groups working on community interests even if they might seem far afield from "health"

Individual Level

**Clinical level**
- Screen during clinical interactions for socioeconomic issues and access to basic needs (food, employment, benefits, education). Screening tools include the mnemonic IHELLP (for income, education, housing, legal status, literacy, and personal safety)
- Coordinate services for individual patients by partnering with social workers, health advocates, community health workers, legal aid agencies, and other professionals

Organizational Policy Level

- HR policies for diverse workforce recruitment, retention, and development
- Career development programs & policies, e.g. career ladders/pipelines in low income communities
- Procurement policies to support local businesses
- Living wage, paid sick leave, paid family & medical leave (employees and contractors)
- Anti-racism / implicit bias mitigation programs

Community Level

- Be active in and provide support to community-wide programs and initiatives that address the social determinants of health
- Provide support to local community-based organizations whose mission focuses on addressing the social and economic needs of community members, e.g.:
  - financial support
  - serving on the advisory boards of advocacy or social service organizations
  - Engage in cross-agency, cross-sector collaborations

Local, State & Federal Policy Level (1)

- Speak out on the importance of SDoH; help decision-makers better understand the health impact of all policies (including those far beyond healthcare policies).
- Develop relationships with and educate policy-makers directly
- Focus media appearances (e.g., TV interviews, radio show call-ins, and writing op-eds and letters to the editor) on Equity and SDoH.

Local, State & Federal Policy Level (2)

- Work collectively
  - Leverage organizational power (healthcare systems, professional organizations, governmental agencies, etc.)
  - Work across sectors, break down silos.
  - Partner with community and faith-based organizations with overlapping interests, education sector leaders, business leaders, community organizers, public safety officials, etc.
Considering equity within issues

<table>
<thead>
<tr>
<th>Instead of only asking...</th>
<th>Perhaps we should also ask...</th>
</tr>
</thead>
<tbody>
<tr>
<td>Why do people smoke?</td>
<td>What social conditions or economic policies predispose people to the stress that encourages smoking?</td>
</tr>
<tr>
<td>Who lacks health care coverage?</td>
<td>What policy changes would distribute health care resources more fairly in our community?</td>
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<tr>
<td>How do we connect isolated individuals to a social network?</td>
<td>What institutional policies and practices maintain rather than address people’s isolation from others?</td>
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<tr>
<td>How can we create more green space, bike paths, and farmers’ markets in vulnerable neighborhoods?</td>
<td>What policies and practices decrease access to transportation, places to play, and healthy food in our most vulnerable neighborhoods?</td>
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</tbody>
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Source: UW “What Works for Health” Database

Policy Examples: Addressing Inequities in Health Outcomes

Policy Tips for Clinicians - Summary

1. Understand the policy spectrum (WHO).
2. Pick a policy area that winds your clock.
3. Advocate for pro-health social and economic policies (“What Works”, others).
4. Work collectively with peers and community partners.
5. Work collectively with professional associations.
6. Be both patient and persistent.

Health policy

It’s way more than just “healthcare policy”

As Harvard epidemiologist David Williams notes:
- education policy is health policy;
- child-care policy is health policy;
- housing policy is health policy;
- transportation policy is health policy;
- economic policy is health policy.

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Policy Examples: Addressing Inequities in Health Outcomes

**SOCIOECONOMIC and POLITICAL CONTEXT**

*Governance*
- Macroeconomic (state)
  - Policies that support livable incomes:
    - Increase min wage to living wage and index to inflation
  - Policies that support (livable income) through tax mechanisms, e.g.:
    - EITC / Child Tax credit
    - Income tax threshold

*Labor Market Policies*
- Economic development policies that ensure full employment

*Housing Policies*
- Policies that ensure access to affordable, safe housing

*Land Use Policies*
- Community revitalization policies & programs with equity focus
- Policies that reduce segregation & integration in neighborhoods, work environment, etc.

*Education Policies*
- Policies that ensure early childhood education for all children, e.g.:
  - Early Head Start; Universal Pre-K
- Policies that ensure quality K-12 education for all

*Health & Public Health Policies*

*Public Safety / Criminal Justice Policies*

*Social Protection Policies*
- Policies that incr. access, affordability & quality childcare
- Policies that mandate paid family & medical leave
- Policies that ensure unemployment insurance

*Cultural & Societal Values*

**STRUCTURAL DETERMINANTS**

- Policies to assure equality of opportunity, mitigate effects of stratification

**INTERMEDIARY DETERMINANTS**

**MATERIAL CIRCUMSTANCES** (Living & working conditions)

- High school retention programs
- Targeted programs to increase college enrollment
- Policies & programs to increase workplace safety
- Vocational training & job placement services
- Transitional jobs programs that pay living wages
- Policies & programs that improve neighborhood safety

**Behavioral & Biological Factors**

**Psychosocial Factors**
- Increases social support within families
- Build social connectedness among adults & among youth

**Health & Social Services Systems**

**Cross-cutting Determinants**
- Policies and practices to improve civic participation to assure the conditions in which all people can be healthy
- Correct narrative about what creates health
- Build social cohesion, social capital, and community capacity / power / agency

**IMPACT ON EQUITY IN HEALTH OUTCOMES**

- Policies to reduce exposures (of disadvantaged people) to health-damaging conditions
- Policies to reduce vulnerabilities (of disadvantaged people)

**Policies to reduce unequal consequences of illness in social, economic & health terms**

**Sources:** WHO CSDH; UW “What Works for Health” Database; HRSA COIIN Foundational Practices Group