

# Social Determinants of Health...to Achieve EQUITY

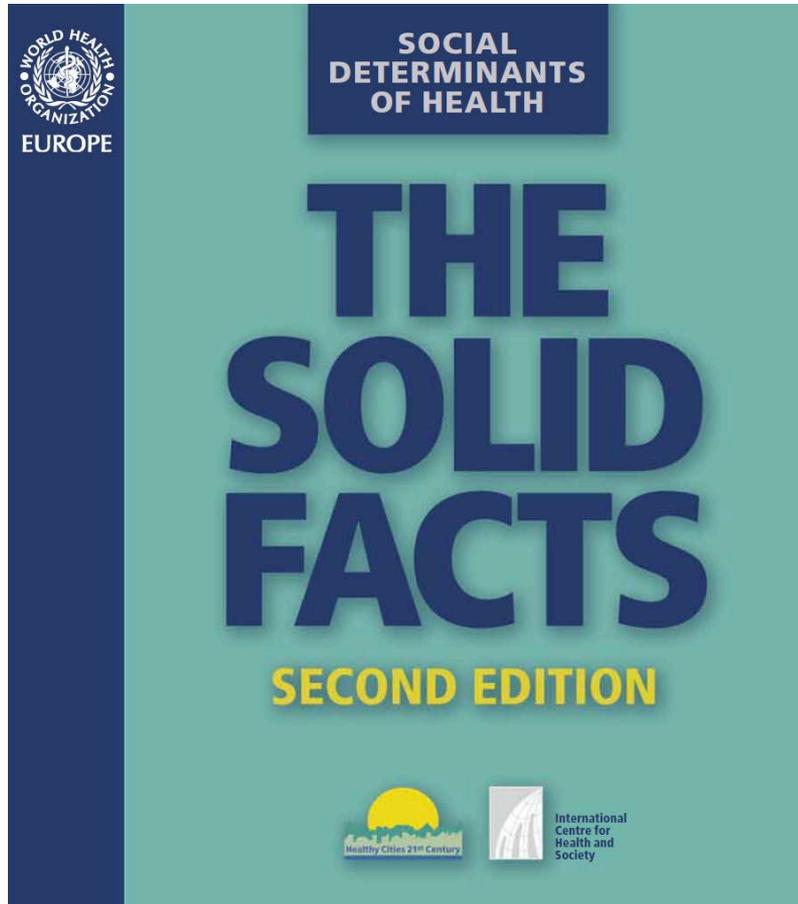
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Member, FCPH BoD

August 23, 2018

# The Solid Facts:

## *Social Determinants of Health:*



### Introduction:

“Even in the most affluent countries (*communities*), people who are less well off have substantially shorter life experiences and more illnesses than the rich. Not only are these differences in health an important social injustice, they have also drawn scientific attention to some of the most powerful determinants of health in modern societies. They have led in particular to a growing understanding of the remarkable sensitivity of health to the social environment and to what have become known as the social determinants of health.”

# The Solid Facts:

## *Social Determinants of Health:*

- “Poor social and economic circumstances affect health throughout life
- People further down the social ladder usually run at least twice the risk of serious illness and premature death as those near the top.
- These effects are not just confined to the poor: the social gradient runs right across society, so that even the middle-class suffer much more disease and earlier death than the upper class.
- Disadvantage has many forms and may be absolute or relative. It can include having few family assets, having a poorer education, having insecure employment, becoming stuck in a hazardous or dead-end job, living in poor housing, trying to bring up a family in difficult circumstances and living on an inadequate retirement pension.
- These disadvantages tend to concentrate among the same people, and their effects on health accumulate during life.
- The longer people live in stressful economic and social circumstances, the greater the physiological wear and tear they suffer, and the less likely they are to enjoy a healthy old age.
- **If policy fails to address these facts, it not only ignores the most powerful determinants of health, it also ignores one of the most important social justice issues facing modern societies.”**

# The Solid Facts:

## *Social Determinants of Health:*

- “Life contains a series of critical transitions: emotional and material changes in early childhood, the move from primary to secondary education, starting work, leaving home and starting a family, changing jobs and the possibility of being laid–off, and eventually retirement.
- Each of these changes can affect health by pushing people onto a more or less advantaged path.
- Because people who have been disadvantaged in the past are at the greatest risk in each subsequent transition, welfare policies need to provide not only safety nets but also springboards to offset earlier disadvantage.
- **Good health involves reducing levels of educational failure, reducing insecurity and unemployment and improving housing standards.**
- **Societies that enable all citizens to play a full and useful role in the social, economic and cultural life of their society (community) will be healthier than those where people face insecurity, exclusion and deprivation.”**

# World Health Commission on the Social Determinants of Health (2008):

“[I]nequities in health [and] avoidable health inequalities arise because of the circumstances in which people grow, live, work, and age, and the systems put in place to deal with illness. The conditions in which people live and die are, in turn, shaped by political, social, and economic forces.”



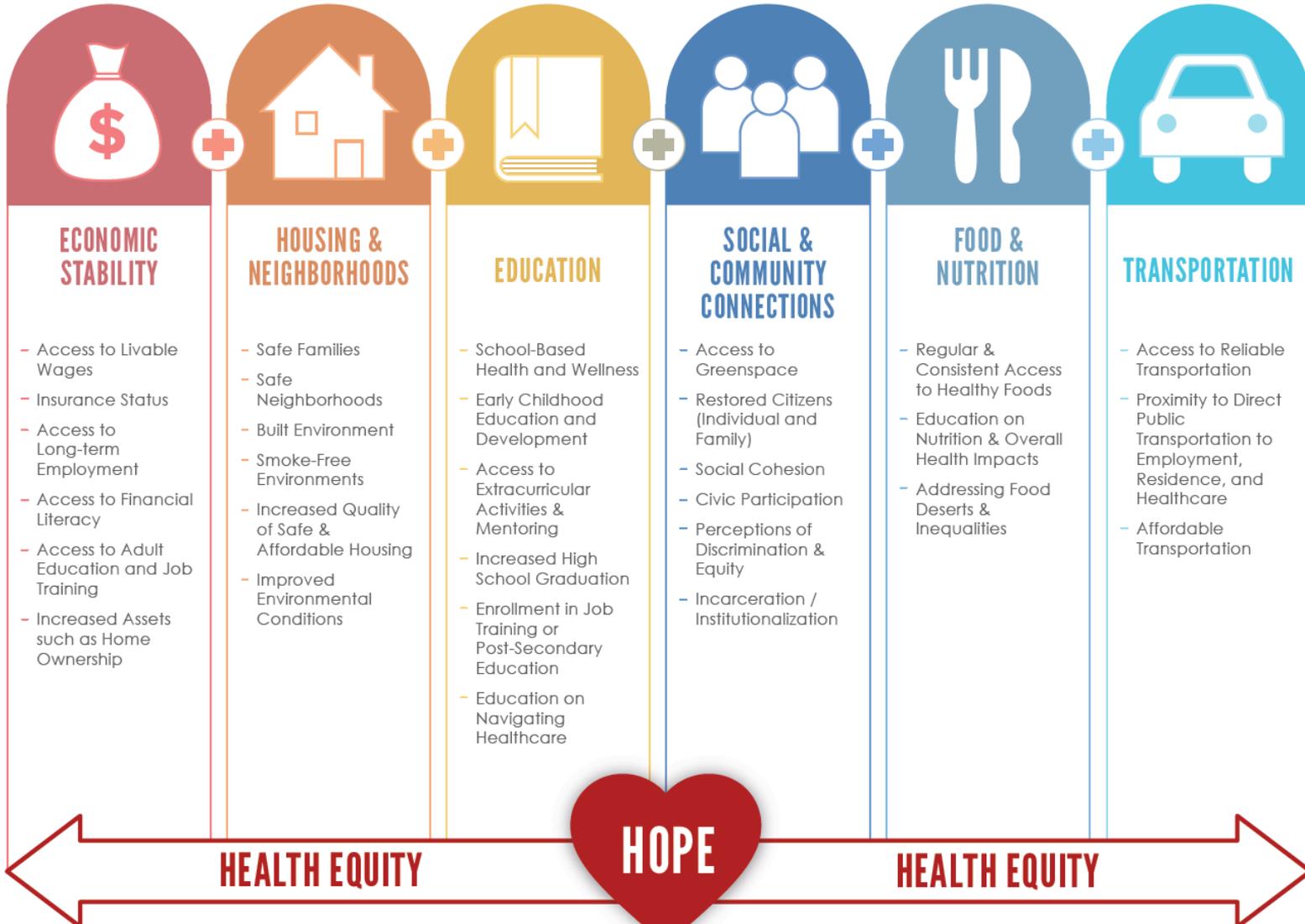
# Social Determinants of Health:



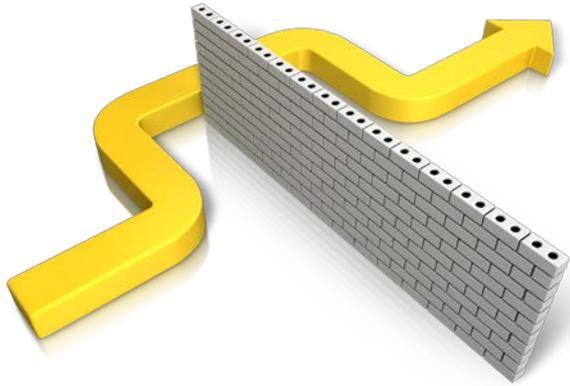
# Social Determinants of Health



Health-Related Social Needs are found where people live, learn, work, and socialize. They have a direct influence on health outcomes.



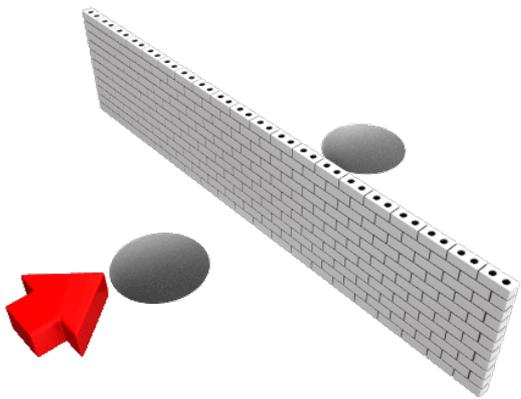
# Many (most) of our Policy Prescriptions and Programmatic Interventions: try to help families “circumvent” obstacles...



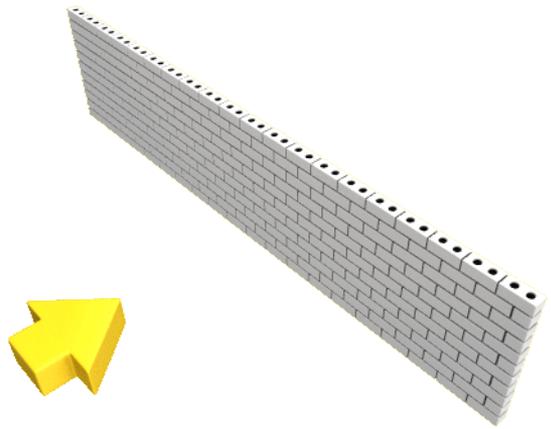
Most of these programs help



In some cases, they make a huge difference



BUT...most programs represent temporary solutions. Once illness ends, we return families to the same circumstances that required help in the first place...and the cycle repeats itself within the same individual, within a family and neighborhood AND it does so generation after generation.





# YMP Component & BIMA Element: DEVELOP & IMPLEMENT STRATEGIES

## Education



## Health & Food



## Social Services



## Child & Family Services



## Mental Health & Probation



Children's Services in LA County Source: Margaret Dunkle, IEL



Mom



Dad



9 year old



5 year old



Baby 1 1/2



Mom's sister



Boyfriend in trouble

# Why treat people's illnesses without changing the conditions that made them sick?

(WHO Commission on Social Determinants of Health, 2008)

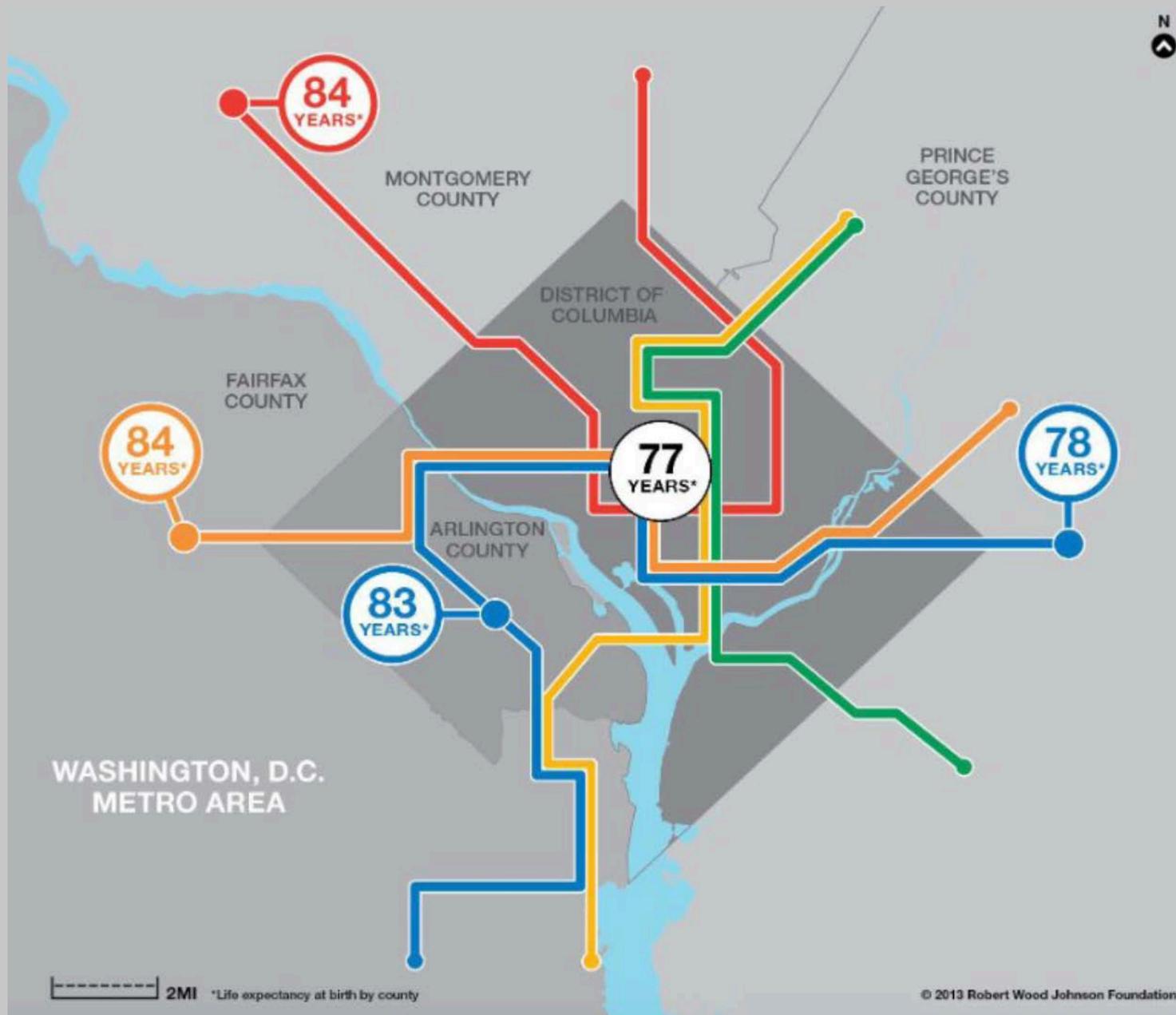


# PLACE MATTERS:

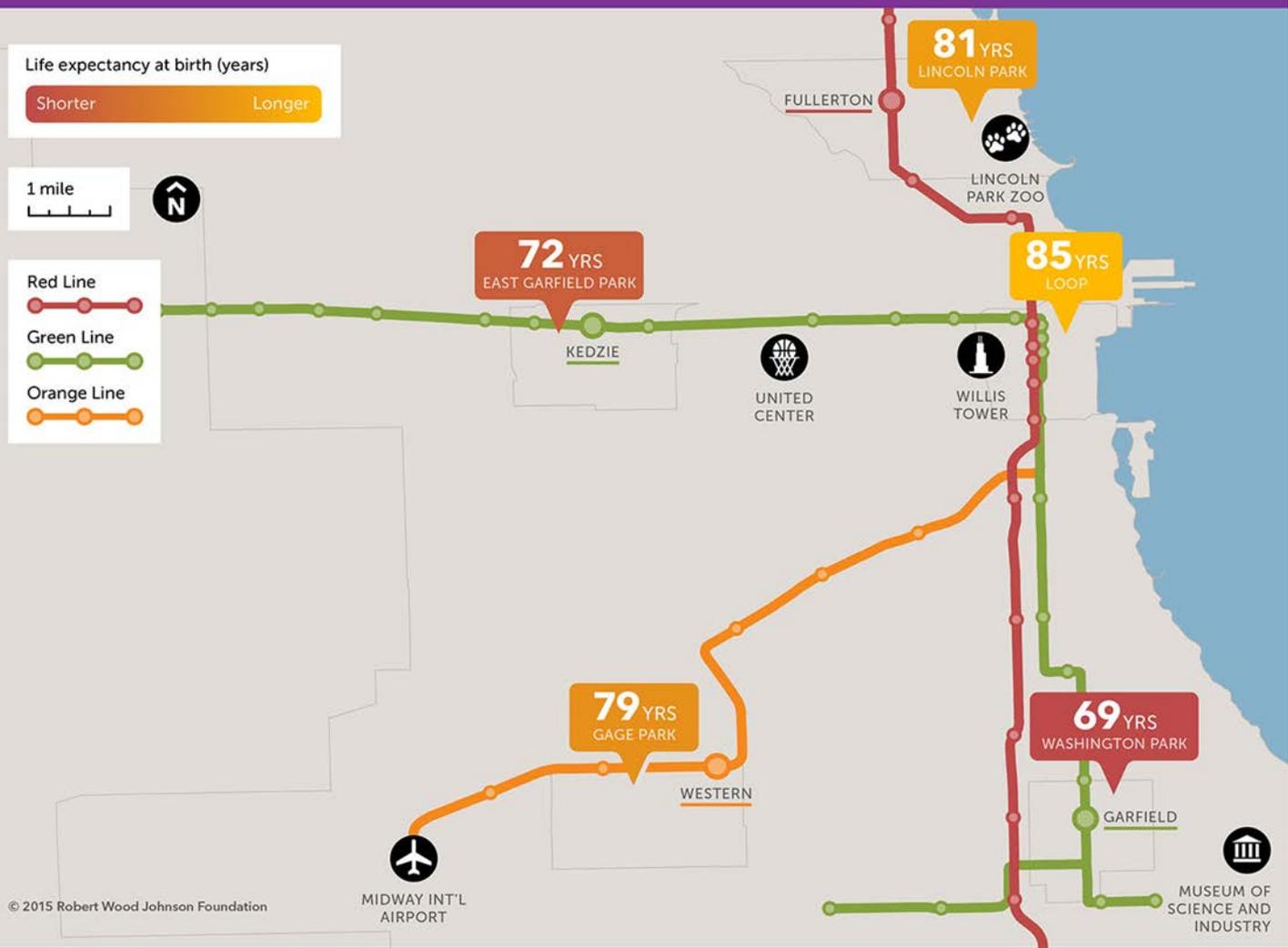
Does Your *Zip Code* Matter More Than Your *Genetic Code*?



# Your Zip Code vs Your Genetic Code:



# Short Distances to Large Gaps in Health



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6'0"  
5'10"  
5'8"  
5'6"  
5'4"  
5'2"  
5'0"  
4'10"

**PRISON**  
**\$62,300**

**SCHOOL**  
**\$9,100**

health happens here

**Do the math.**

CSA





**STRUCTURAL Determinants (policies/systems/"isms")**

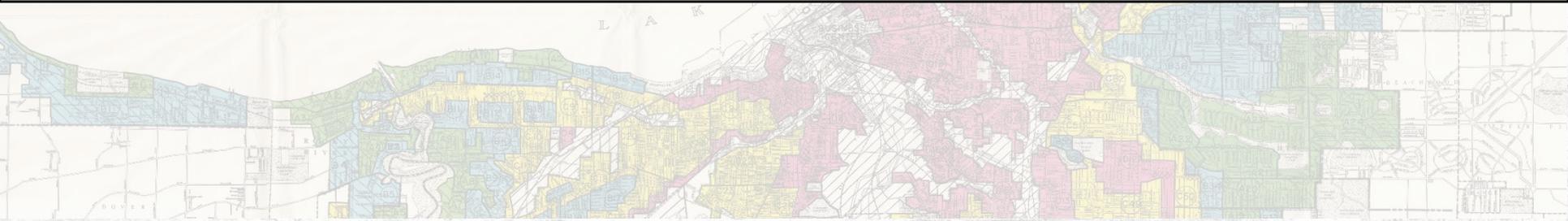
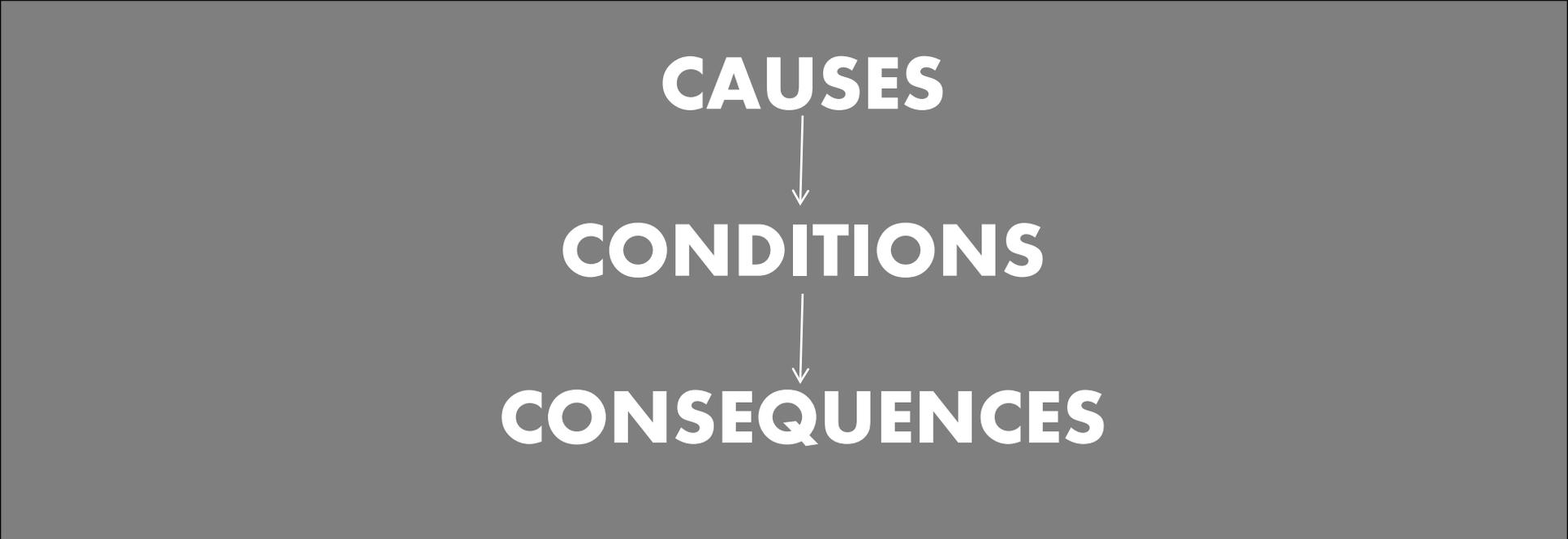


**CONDITIONS (Social Determinants)**



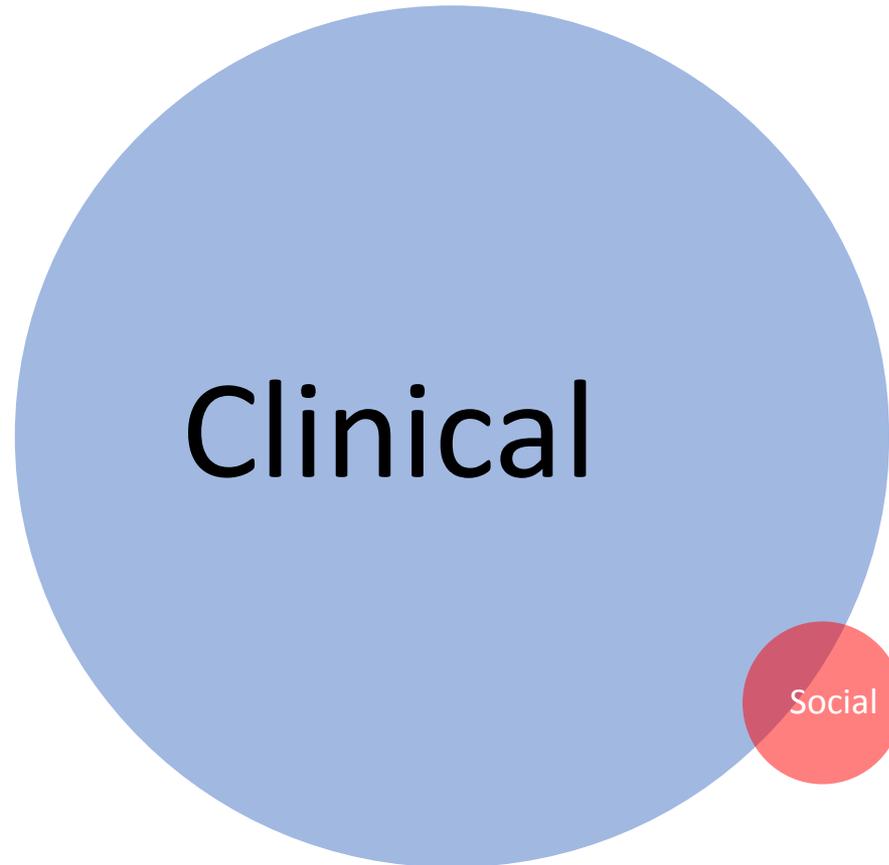
**CONSEQUENCES ("marginalization", increased risk  
more frequent illness and earlier death)**



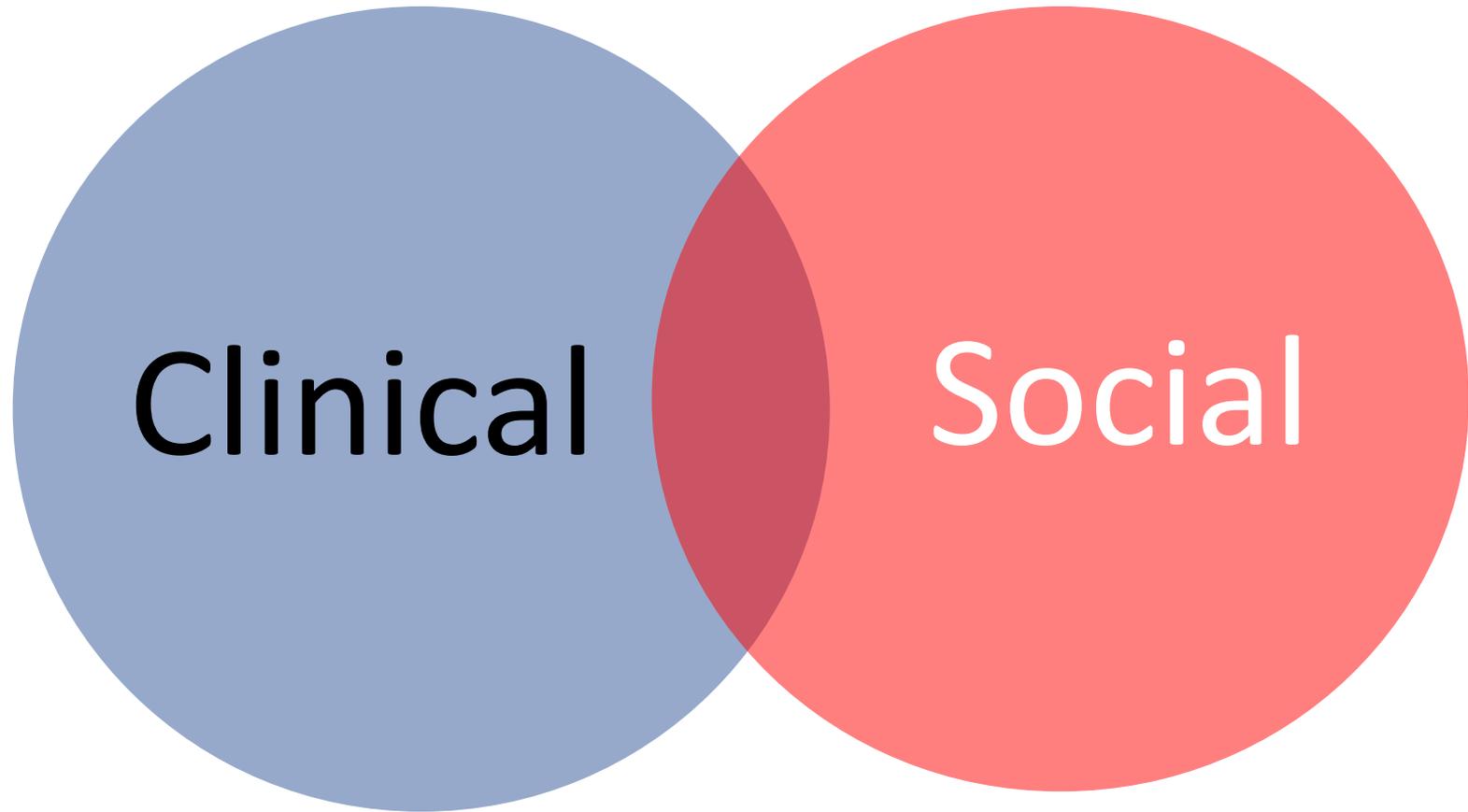




# Clinical-Social Dyads (CSDs)

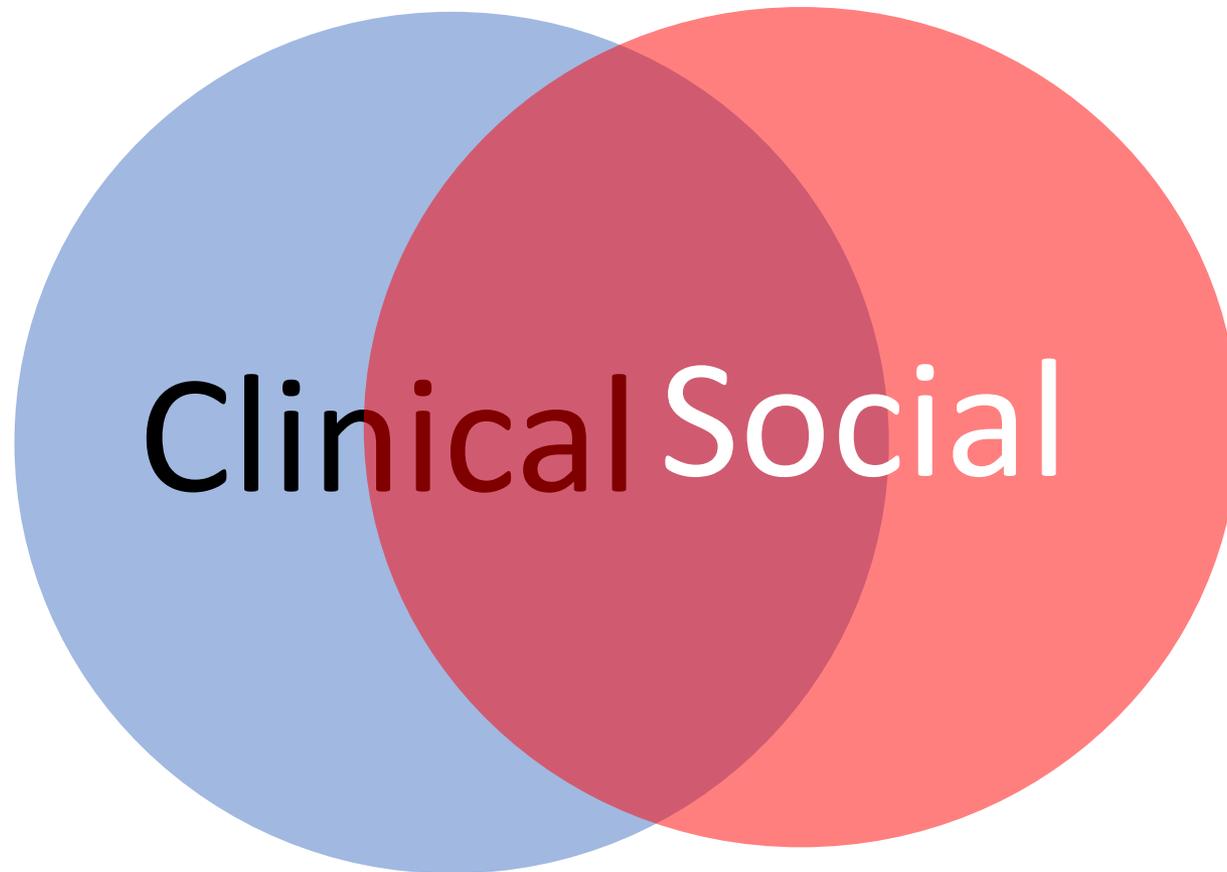


# CSD's:



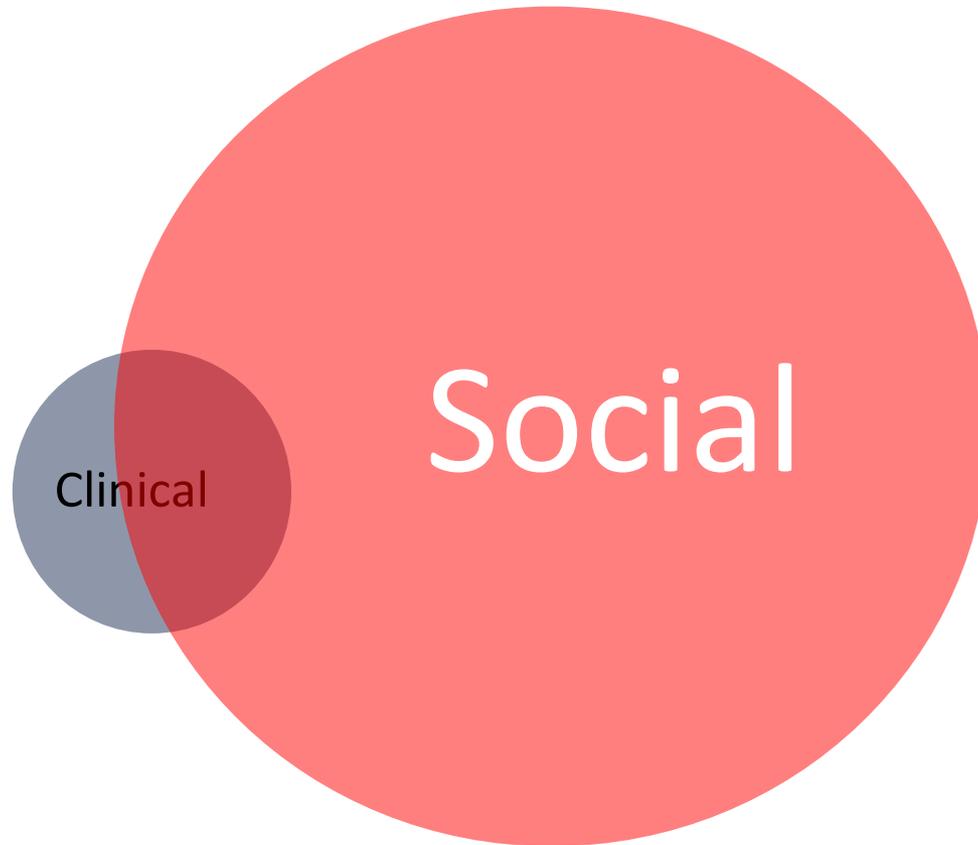
I think the non-clinical is at least as important as the clinical

# CSD's:



I also think we make our best decisions in the area of overlap, where “clinical” and “non-clinical” work together for the best interest of the patient. I am also of the opinion that working in this area of overlap is part of the reason why programs like HS, Case-management, NFP, and Centering experience much of their success.

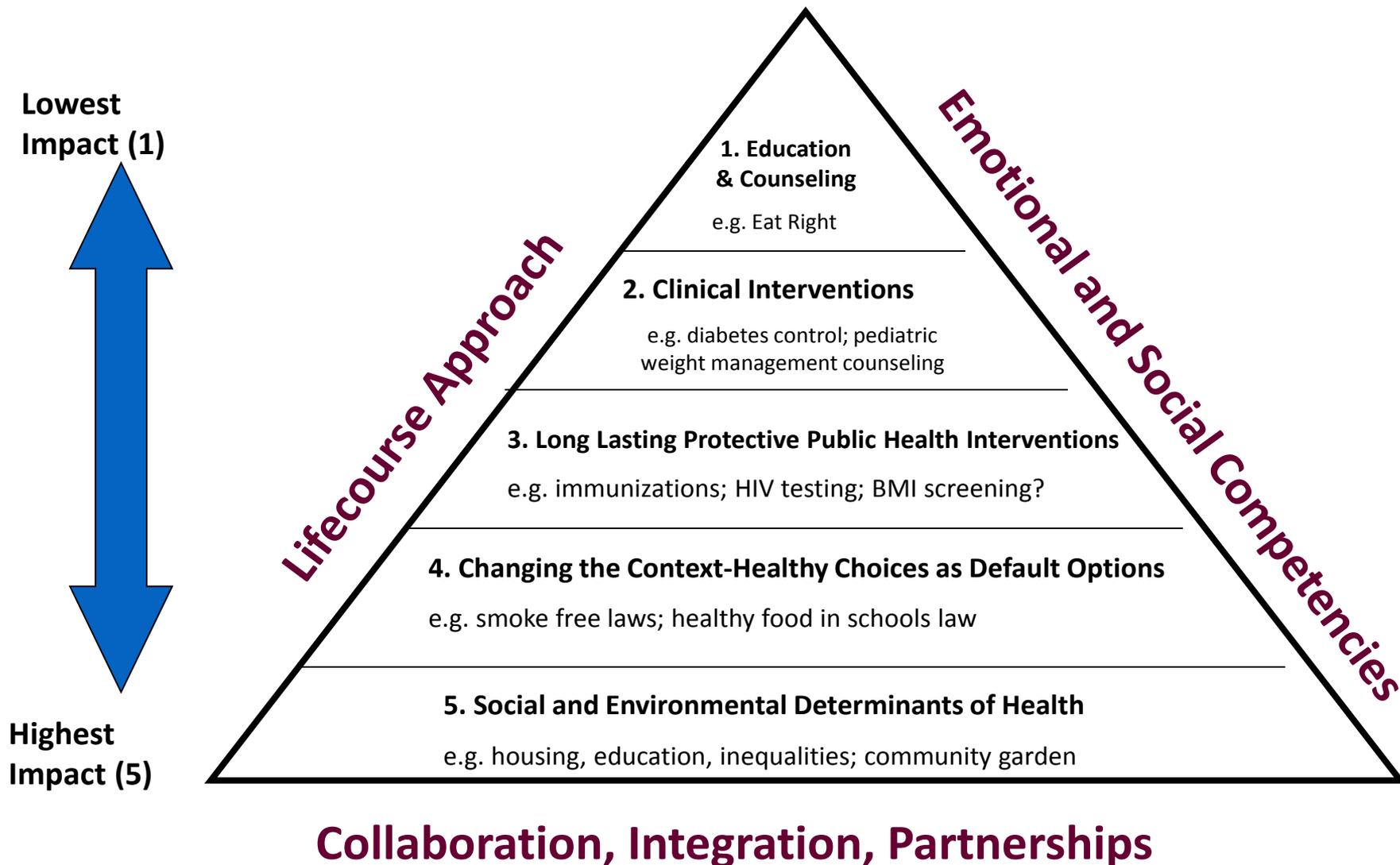
# CSD's:



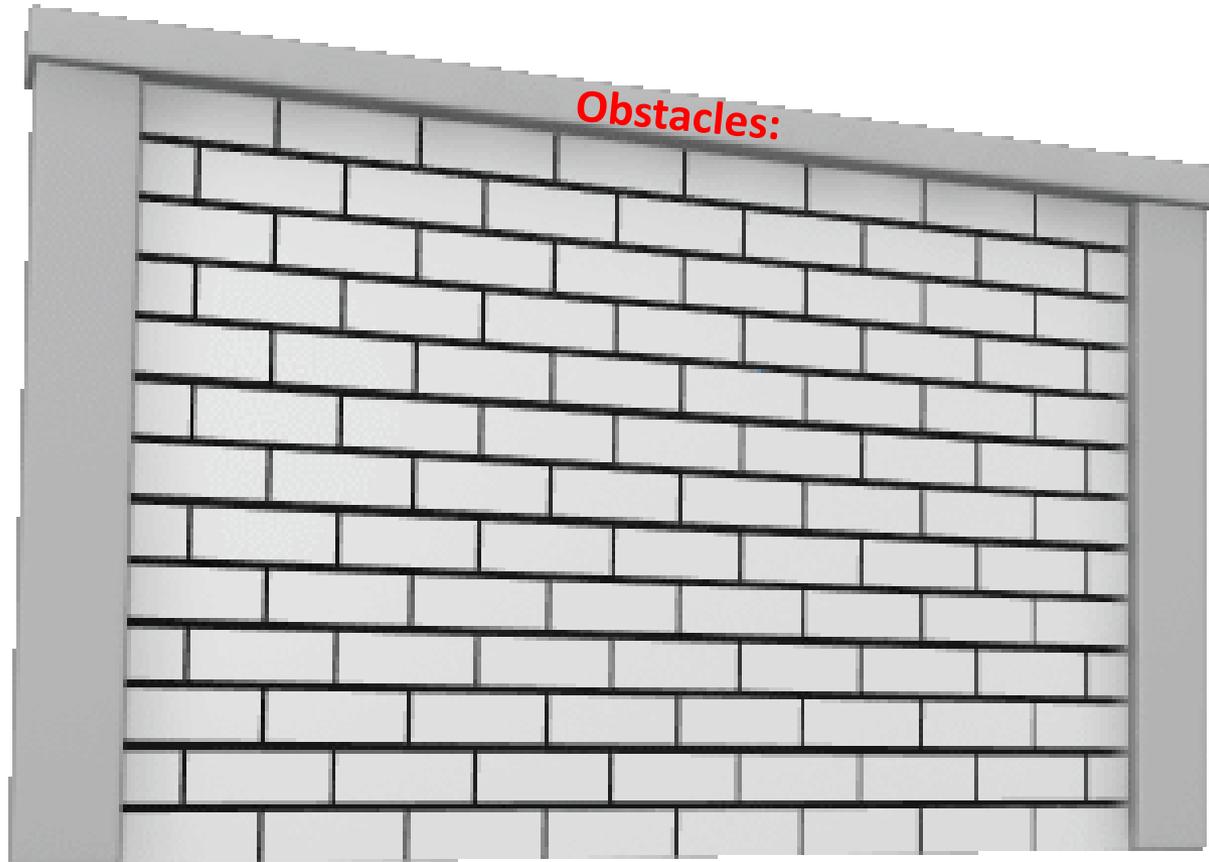
In my opinion, this is probably how our public health investments and prescriptions should look.

# Equity Pyramid

This pyramid is adapted from Thomas Frieden, MD, MPH, Health impact Pyramid presentation at the Weight of the Nation conference, Washington D.C., July 27, 2009



# A Social Determinants approach: challenges us to “eliminate the obstacles”



# We are often asked...which Social Determinants to improve?

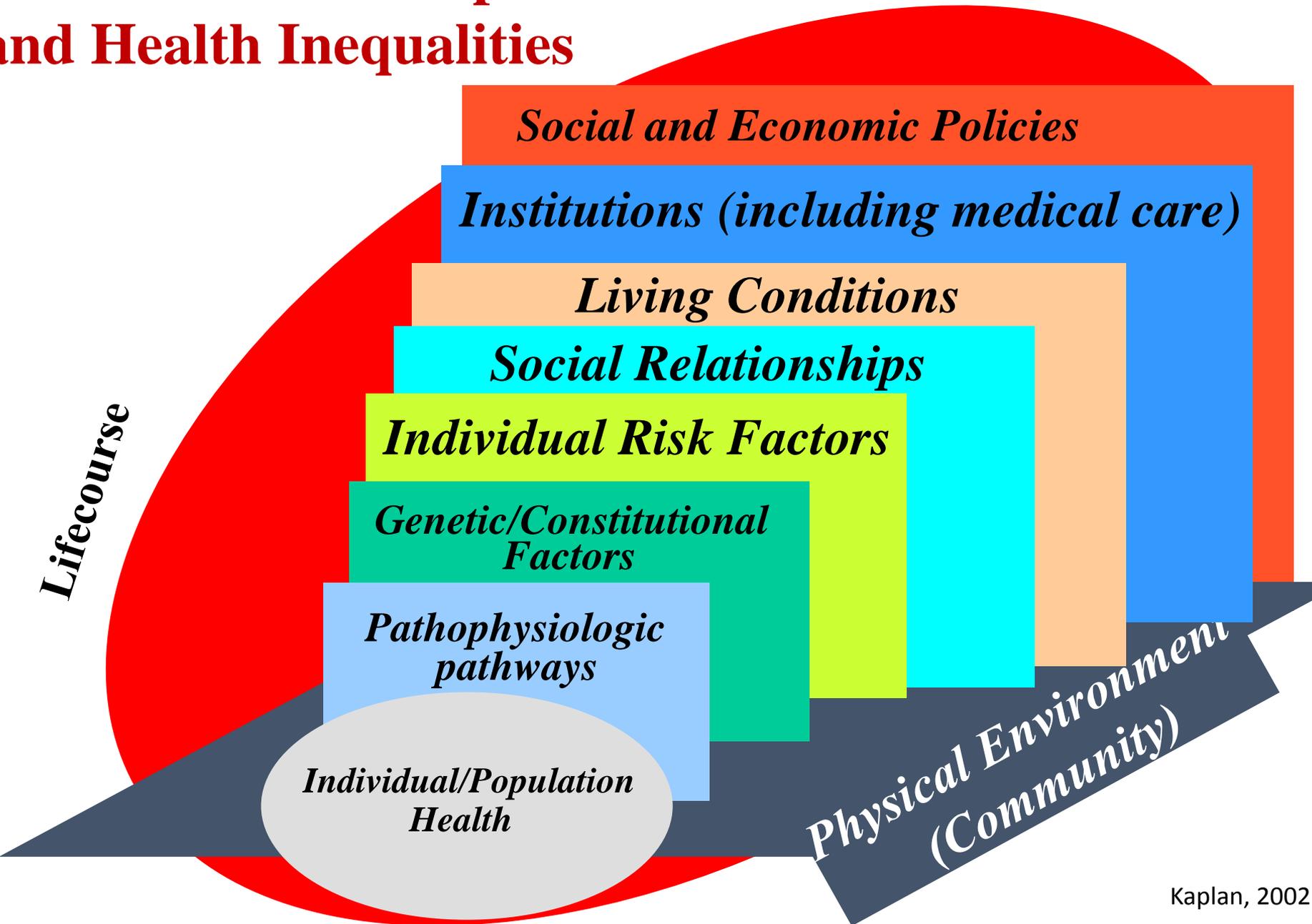




“...a moral obligation, a matter of social justice.”

**Our profession seeks not only to understand but also to improve things.** Some doctors (*and people in public health*) feel queasy about the prospect of social action to improve health, which smacks of social engineering. Yet, a clinician faced with a suffering patient has an obligation to make things better. If she sees 100 patients the obligation extends to all of them. **And if a society is making people sick?** We have a duty to do what we can to improve the public’s health and to reduce health inequalities in social groups where these are avoidable and hence inequitable or unfair. **This duty is a moral obligation, a matter of social justice.”**

# Determinants of Population Health and Health Inequalities



# What's our Goal?

*Health Equity*

Universal Health Insurance

Neighborhood  
Revitalization

Access to Care

Poverty Reduction

Decrease  
Health Disparities

Cultural Competency

Immigrant Deportation



**“ Social inequality kills.** It deprives individuals and communities of a healthy start in life, increases their burden of disability and disease, and brings early death.

- Poverty and discrimination,
- Inadequate medical care,
- and violation of human rights

all act as powerful social determinants of who lives and who dies, at what age, and with what degree of suffering.”

**EQUITY should be our primary goal...all else is derivative**





# A new approach to reduce infant mortality and achieve equity

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Policy recommendations to improve  
housing, transportation, education  
and employment

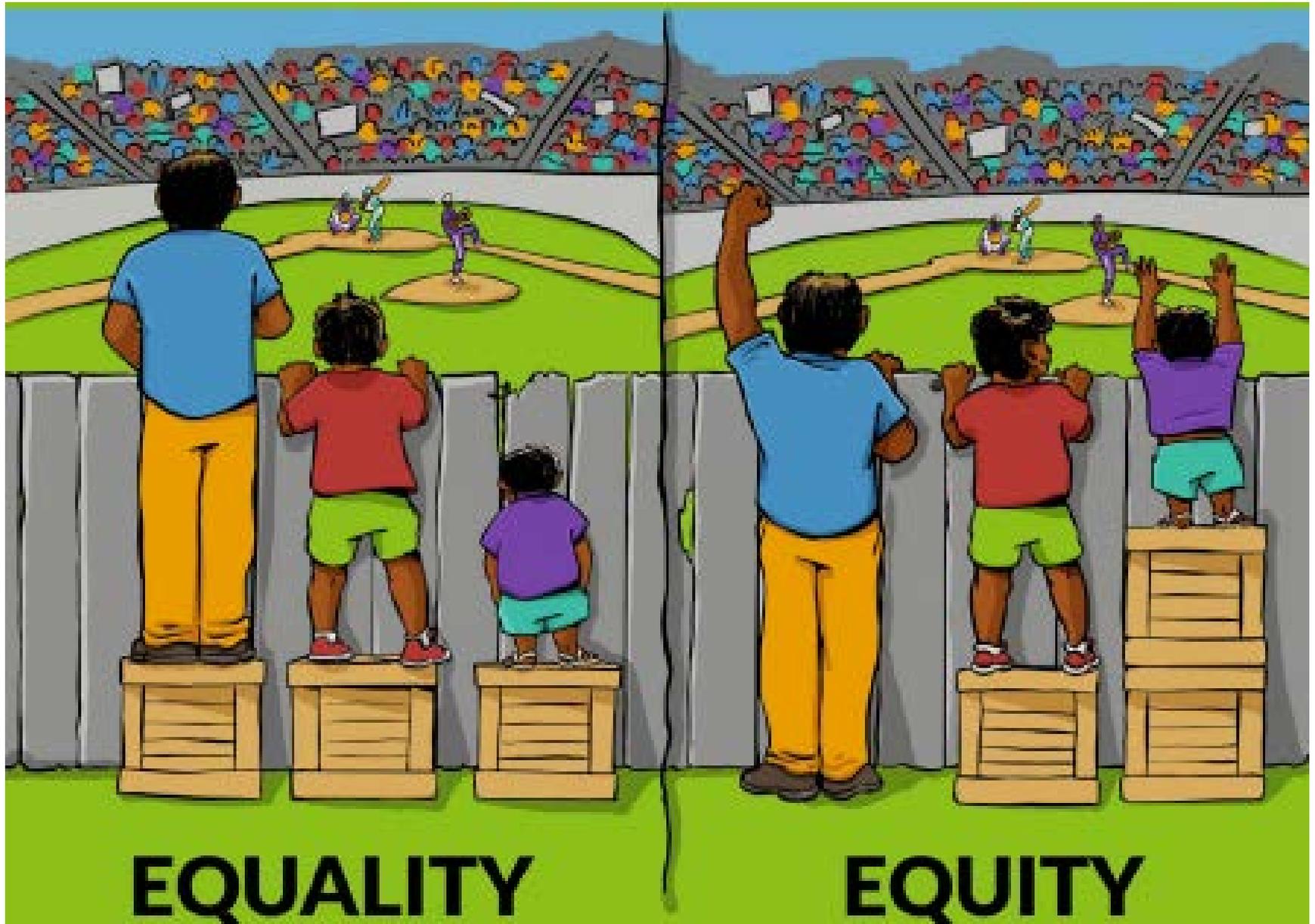


Prepared by the Health Policy Institute of Ohio  
for the Ohio Legislative Service Commission

Dec. 1, 2017

# **Proportionate Universalism or “Targeted Universalism”**

# We must strive for EQUITY...

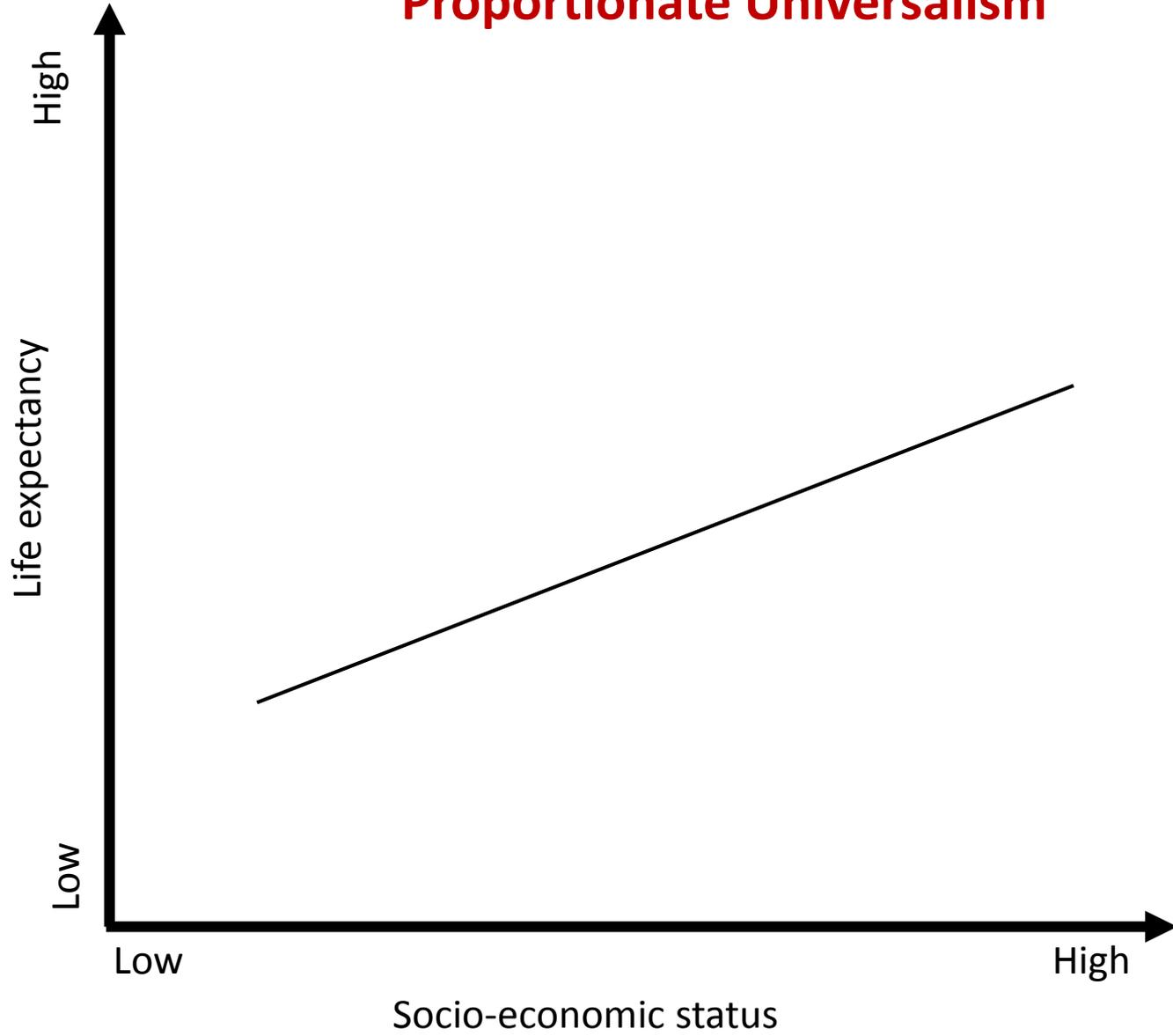


**EQUALITY**

**EQUITY**

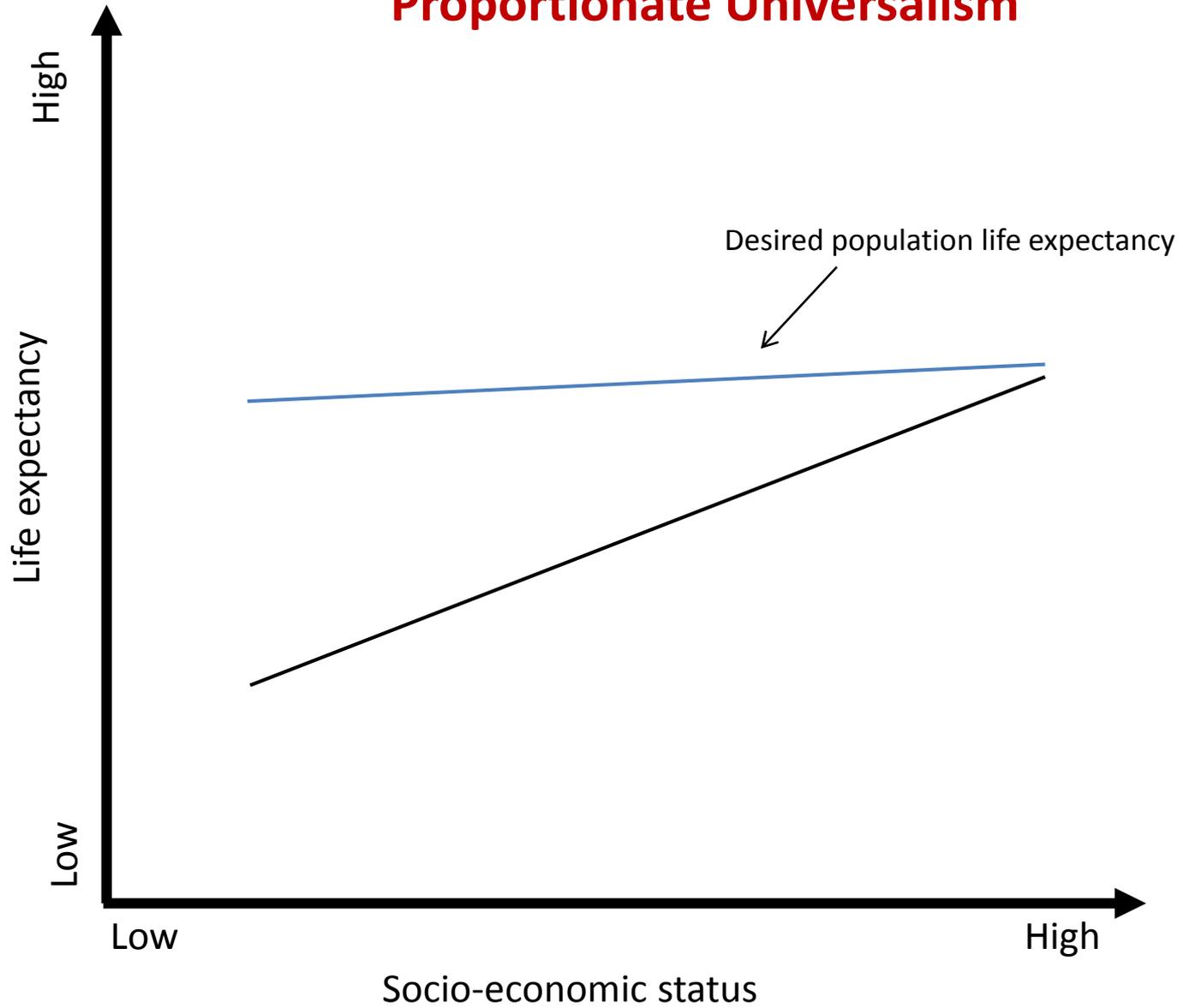


# Proportionate Universalism



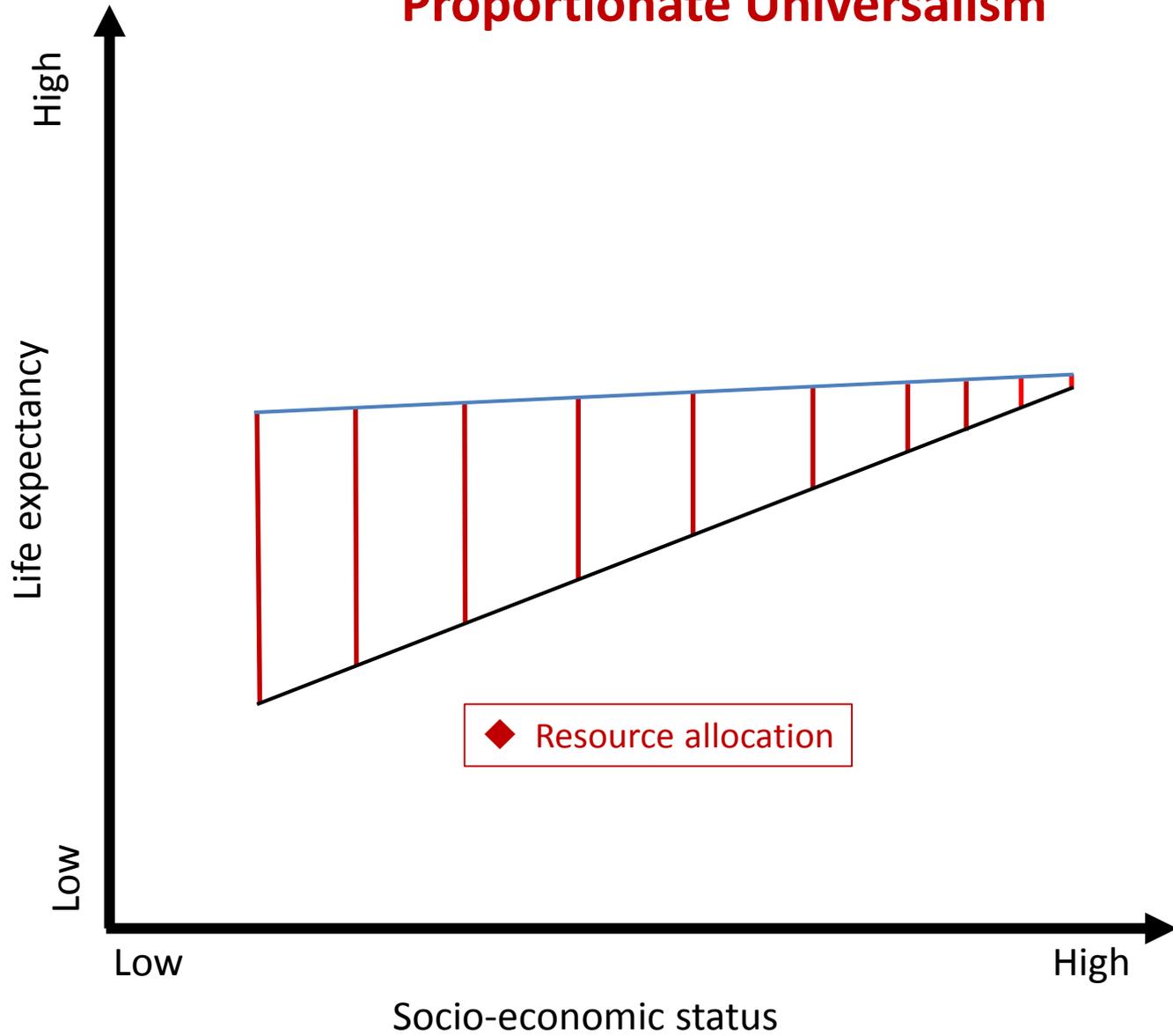


# Proportionate Universalism





# Proportionate Universalism



## Key themes from the evidence

- Reducing health inequalities is a matter of social justice – where inequality is avoidable by policy means it is unfair and unjust.
- Health inequalities result from social inequalities – requires action on the social determinants – the causes of the causes
- **Action across all the policy objectives is necessary across the social gradient with a scale and intensity proportionate to the level of disadvantage.** ( Proportionate universalism)
- Reducing health inequalities is vital for the economy – cost of inaction immense .
- Concerted action with a shift to prevention across central and local government, the NHS, 3<sup>rd</sup> and private sectors and community groups.
- Empowering individuals and communities reduce health inequalities .



**“There is nothing so unfair as the equal treatment of unequal people.”**

**Thomas Jefferson**

# It takes a Village...

(no single organization has the resources, scope of influence or expertise to eliminate neighborhood or jurisdictional inequities by themselves...it takes all of us)

**Our purpose is to mobilize that village...**

## Community Engagement Matrix

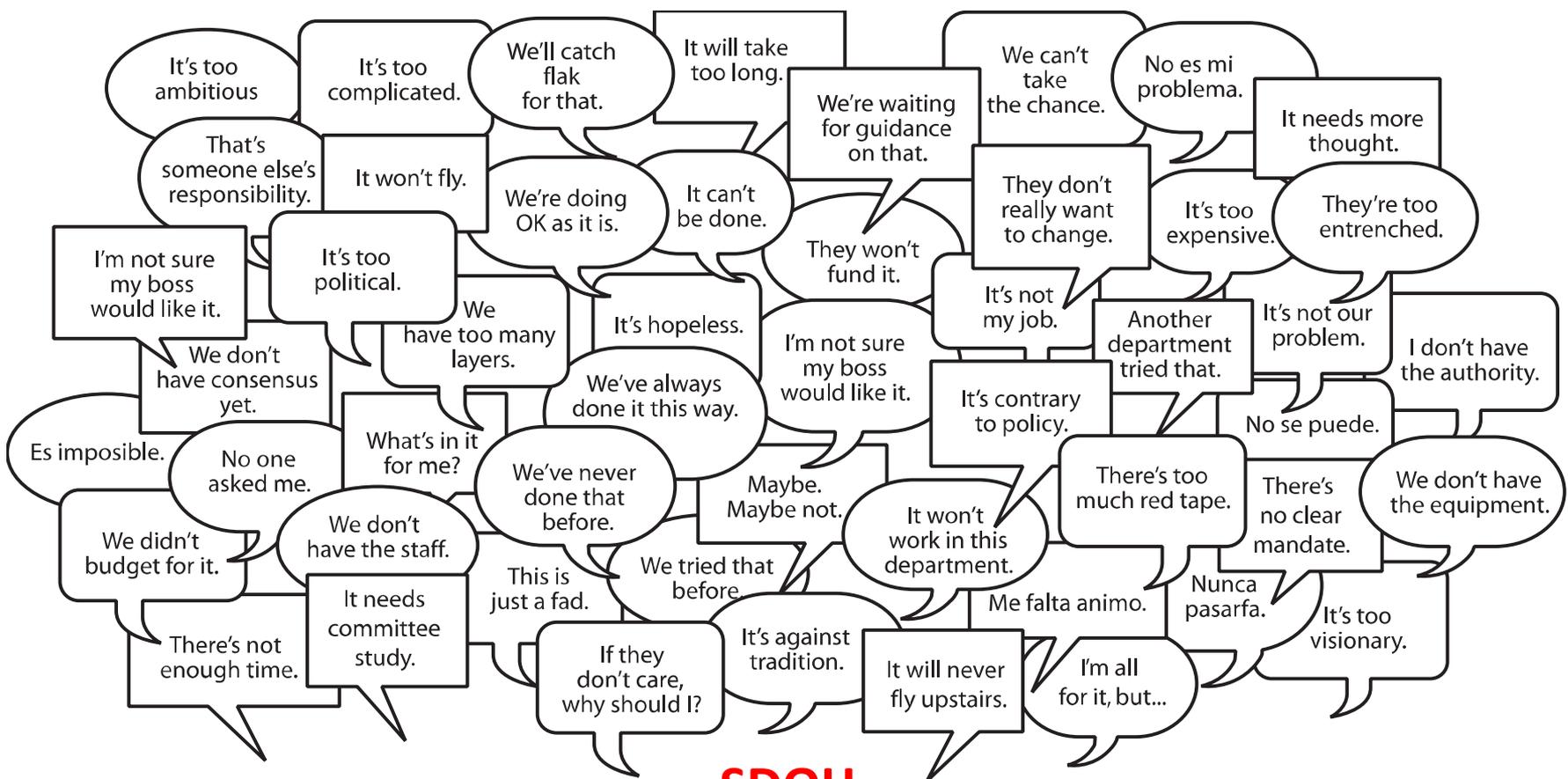
Just as the preceding matrix was used to orient health agency members to their contributions to the performance of the Essential Public Health Services, the following matrix can be used to stimulate discussion about external partnerships. You may later want to expand your thinking to partners that may be located outside of the local community but are related to or can influence the community's health outcomes and quality of life.

ESSENTIAL PUBLIC HEALTH SERVICES	External Partnerships ⇨														Community	County	State	Region / Nation	
	LHD	Hospitals	Managed Care Organizations	Primary Care Clinics	Physicians	Social Services Providers	Civic Organizations	Professional Organizations	Local Businesses	Neighborhood Organizations	Faith Institutions	Transportation Organizations	Educational Institutions	Public Safety & Emergency Response Agencies					Environmental Health Agencies
Monitor health status to identify community health problems																			
Diagnose and investigate health problems and health hazards in the community																			
Inform, educate, and empower people about health status																			
Mobilize community partnerships to identify and solve health problems																			
Develop policies and plans that support individual and community health efforts																			
Enforce laws and regulations that protect health and ensure safety																			
A. Link people to needed personal services																			
B. Assure the provision of health care when otherwise unavailable																			
Assure a competent public health and personal health care workforce																			
Evaluate effectiveness, accessibility and quality of personal and population-based health services																			
Research for new insights and innovative solutions to health problems																			

### Suggestions for its use include the following:

- Identification of organizations that are currently contributing to the performance of the essential services
- Identification of potential community partners and areas for possible coordination and/or collaboration
- Orientation of community stakeholders to the concept of the essential public health services; identification of areas of current and potential contributions or shared responsibility
- Identification of essential services where community partnerships could energize performance

Define who is doing what to influence the drivers (root causes) of incidents and deaths of infants/children in your county. Remember to involve and engage the dis-affected community.



## SDOH



**We continue to find excuses to avoid addressing the SDOH...But, we must muster the courage to go through this door.**

Thank you

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