

The Role of Social Determinants of Health in Clinical Practice and Subsequent Health Outcomes



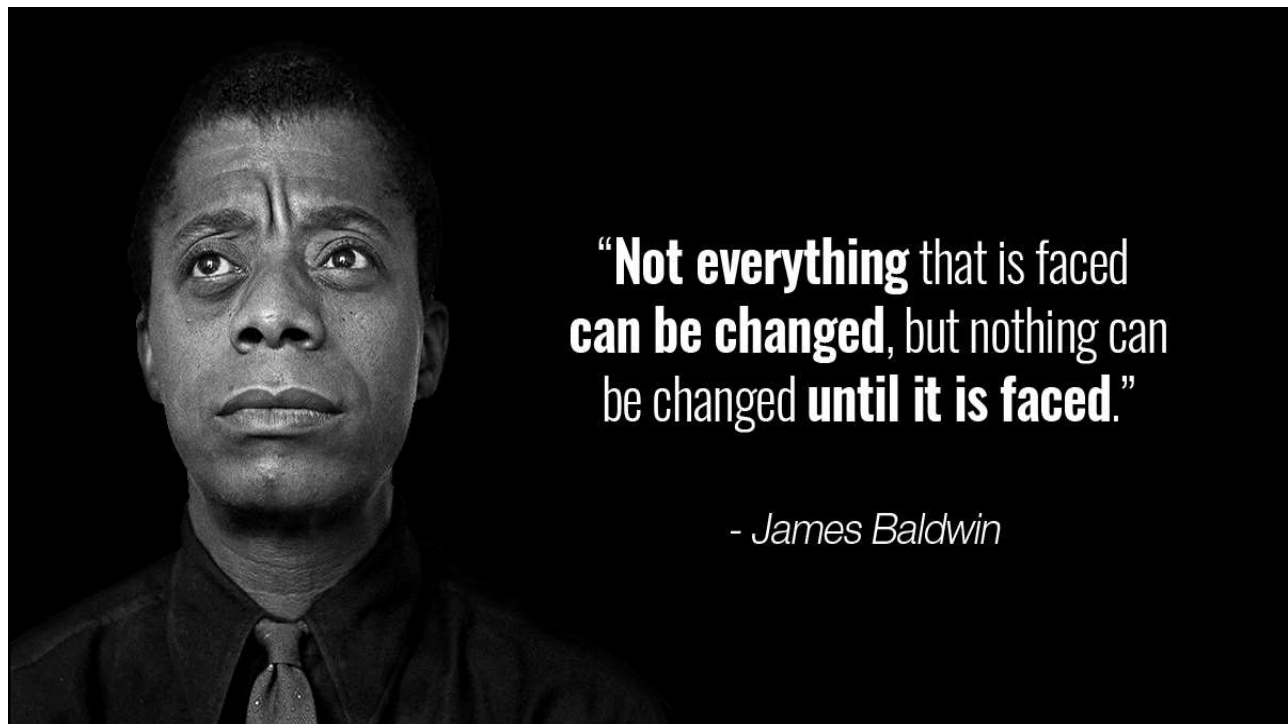
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Disclosures

Daytheon Sturges, MPAS, PA-C, CAHIMS, CHES® has no disclosures

Objectives

1. Define social determinants of health (SDOH).
2. Discuss the effects of SDOH on population health.
3. Apply SDOH into clinical practice encounters and medical decision-making.
4. Recognize the relationship between SDOH and health outcomes.



WHO IS THIS GUY?












**Personal pronouns:
He/Him**

According to a 2017 publication from the **Commonwealth Fund**, the USA is ranked last out of 11 Countries for overall health ranking.

EXHIBIT ES-1. OVERALL RANKING

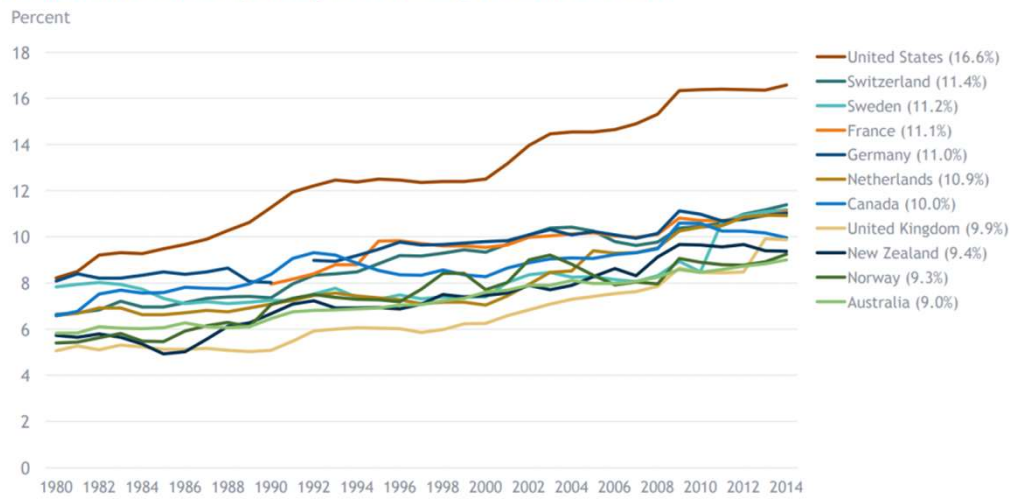
COUNTRY RANKINGS

Top 2*
Middle
Bottom 2*

											
	AUS	CAN	FRA	GER	NETH	NZ	NOR	SWE	SWIZ	UK	US
OVERALL RANKING (2013)	4	10	9	5	5	7	7	3	2	1	11
Quality Care	2	9	8	7	5	4	11	10	3	1	5
Effective Care	4	7	9	6	5	2	11	10	8	1	3
Safe Care	3	10	2	6	7	9	11	5	4	1	7
Coordinated Care	4	8	9	10	5	2	7	11	3	1	6
Patient-Centered Care	5	8	10	7	3	6	11	9	2	1	4
Access	8	9	11	2	4	7	6	4	2	1	9
Cost-Related Problem	9	5	10	4	8	6	3	1	7	1	11
Timeliness of Care	6	11	10	4	2	7	8	9	1	3	5
Efficiency	4	10	8	9	7	3	4	2	6	1	11
Equity	5	9	7	4	8	10	6	1	2	2	11
Healthy Lives	4	8	1	7	5	9	6	2	3	10	11
Health Expenditures/Capita, 2011**	\$3,800	\$4,522	\$4,118	\$4,495	\$5,099	\$3,182	\$5,669	\$3,925	\$5,643	\$3,405	\$8,508

Notes: * Includes ties. ** Expenditures shown in \$US PPP (purchasing power parity); Australian \$ data are from 2010.
Source: Calculated by The Commonwealth Fund based on 2011 International Health Policy Survey of Sicker Adults; 2012 International Health Policy Survey of Primary Care Physicians; 2013 International Health Policy Survey; Commonwealth Fund National Scorecard 2011; World Health Organization; and Organization for Economic Cooperation and Development, *OECD Health Data, 2013* (Paris: OECD, Nov. 2013).

Exhibit 1. Health Care Spending as a Percentage of GDP, 1980–2014



Notes: GDP refers to gross domestic product. Data in legend are for 2014.
 Source: OECD Health Data 2016. Data are for current spending only, and exclude spending on capital formation of health care providers.

commonwealthfund.org

July 2017

Foundational Definitions

- **Health disparities**

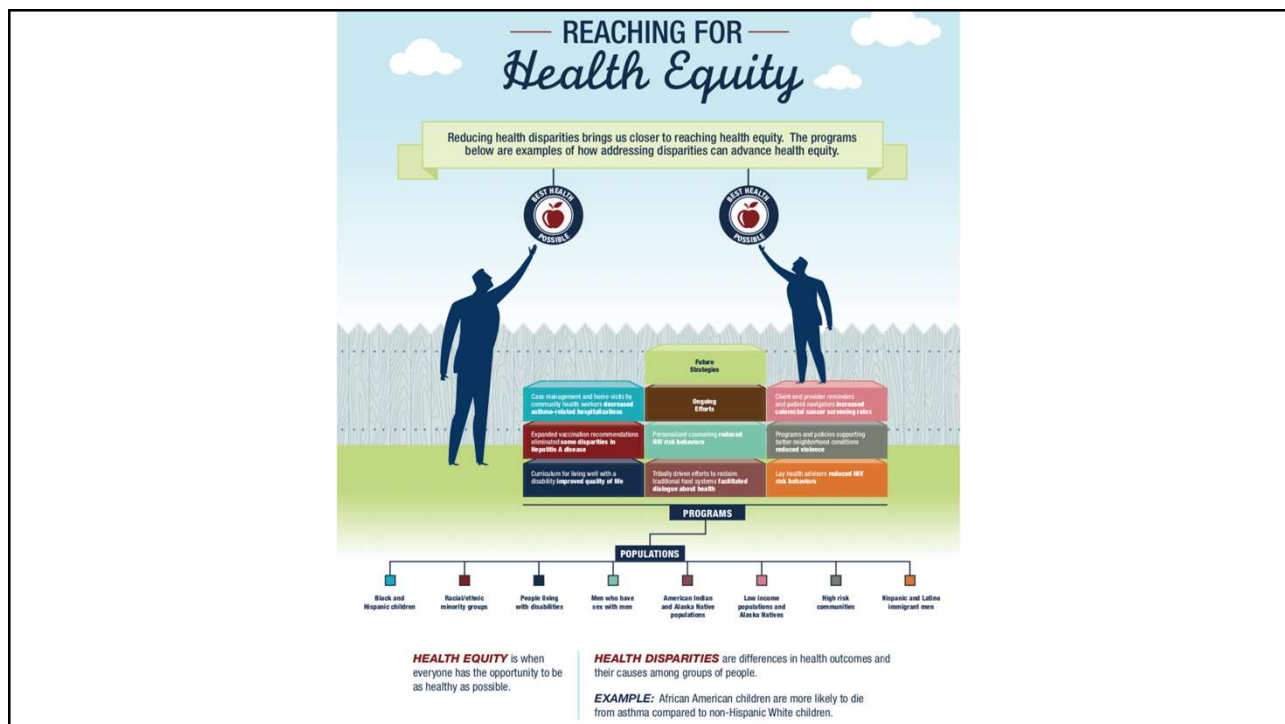
- Gaps in health or health determinants between segments of the population. Disparities are the differences in health outcomes and their causes among groups of people
- Examples: disease rates, uptake of preventive vaccines

- **Health equity**

- When everyone has the opportunity to be as healthy as possible
- Inequities in health are avoidable, unfair differences in health status seen within or between populations

CDC Health Disparities and Inequalities Report – U.S. 2013 - <https://www.cdc.gov/minorityhealth/CHDIReport.html>

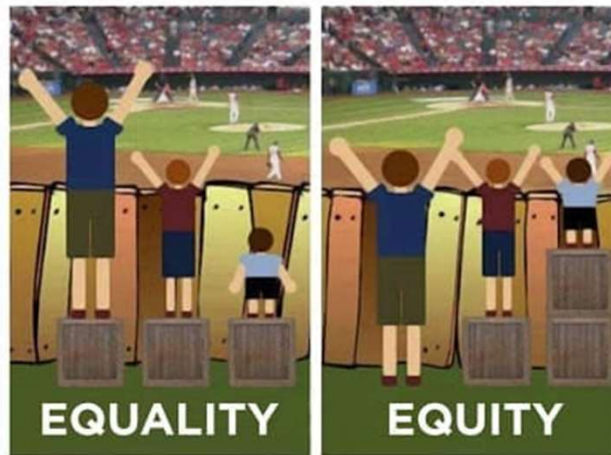
CDC – Health Equity – Strategies for Reducing Health Disparities <https://www.cdc.gov/minorityhealth/strategies2016/index.html>



Equity vs. Equality
Are they the same?



Equity is giving everyone **what** they need to be successful. **Equality** is treating everyone the same. **Equality** aims to promote fairness, but it can only work if everyone starts from the same place and needs the same help.



<https://everydayfeminism.com/2014/09/equality-is-not-enough/>

EQUALITY VERSUS EQUITY



In the first image, it is assumed that everyone will benefit from the same supports. They are being treated equally.



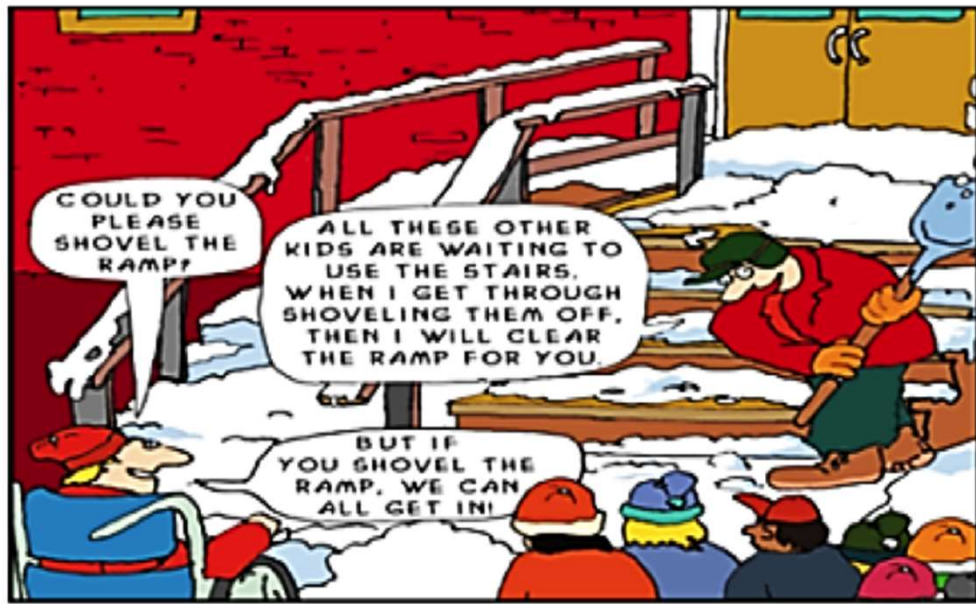
In the second image, individuals are given different supports to make it possible for them to have equal access to the game. They are being treated equitably.



In the third image, all three can see the game without any supports or accommodations because the cause of the inequity was addressed. The systemic barrier has been removed.

[Courtesy Advancing Equity and Inclusion: A guide for municipalities](#), City for All Women Initiative (CAWI), Ottawa

Another perspective...





Social Determinants of Health (SDOH)

- Conditions in which people are born, grow, live, work, age, play, and worship.
- Circumstances shaped by financial distribution, power, and resources at the local, national, and world levels.
- SDOH are responsible for health inequities (*unfair and avoidable differences in health status seen within and between countries*).
- Considering both social and physical determinants, how populations interact and experience “place” (environmental conditions), and the impact of “place” on health is fundamental.

Healthy People 2030

Healthy People 2030 – *which sets national health goals across a 10-year span* – has included SDOH as a stand-alone topic area.

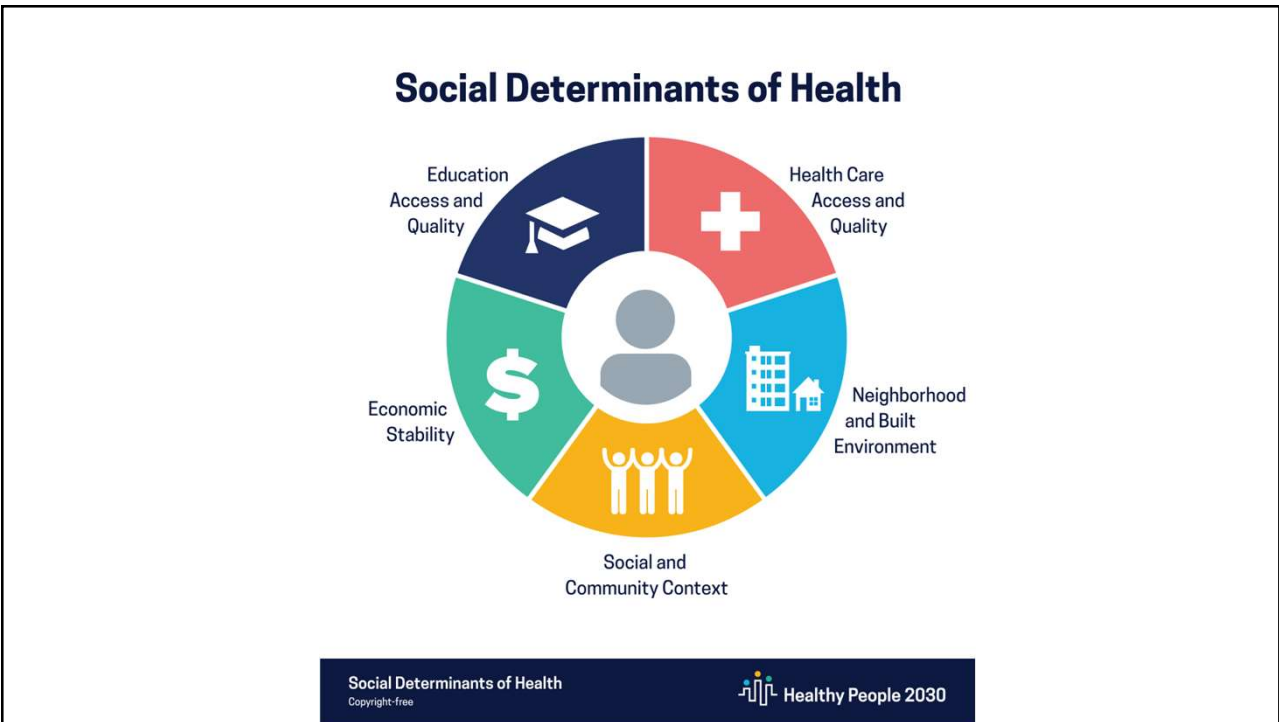
Overarching Goal:

- Create social and physical environments that promote health for all.

- Importance of "upstream" factors — usually unrelated to health care delivery — in improving health and reducing health disparities.

- Where does health start?
 - Homes, schools, workplaces, neighborhoods, and communities
 - Living conditions partly explain why health disparities exist in America.

- All American citizens should have equal opportunities to make choices that result in good health. To adequately address this gap, we have to look beyond the walls of health.












Examples of SDOH include:

- Safe housing, transportation, and neighborhoods
- Racism, discrimination, and violence
- Education, job opportunities, and income
- Access to nutritious foods and physical activity opportunities
- Polluted air and water
- Language and literacy skills

SOCIAL DETERMINANTS
FACTORS THAT INFLUENCE YOUR HEALTH

The conditions in which you live, learn, work and age affect your health. Social determinants such as these can influence your lifelong health and well-being.

HOUSING 	INCARCERATION The incarceration rate in the U.S. grew by more than 220% between 1980 and 2014, though crime rates have fallen. 	POVERTY 
HEALTHY FOOD 6.5 million children live in low-income neighborhoods that are more than a mile from a supermarket. 	GRADUATION 	HEALTH COVERAGE More than 89% of U.S. adults had health coverage in 2014. But 33 million Americans still lacked insurance. 
LITERACY 	ENVIRONMENT 	ACCESS TO CARE 

The **NATION'S HEALTH**
A PUBLICATION OF THE AMERICAN PUBLIC HEALTH ASSOCIATION
www.thenationshealth.org/sdoh

Figure 1

Social Determinants of Health

Economic Stability	Neighborhood and Physical Environment	Education	Food	Community and Social Context	Health Care System
Employment	Housing	Literacy	Hunger	Social integration	Health coverage
Income	Transportation	Language	Access to healthy options	Support systems	Provider availability
Expenses	Safety	Early childhood education		Community engagement	Provider linguistic and cultural competency
Debt	Parks	Vocational training		Discrimination	Quality of care
Medical bills	Playgrounds	Higher education		Stress	
Support	Walkability				
	Zip code / geography				

SDOH typically play a larger role in health and health outcomes than medical factors.

SDOH play a significant role in morbidity and mortality.

Health Outcomes
 Mortality, Morbidity, Life Expectancy, Health Care Expenditures, Health Status, Functional Limitations



Advice when SDOH are not considered:

1. Don't be poor. If you can, stop. If you can't, try not to be poor for long.
2. Don't live in a deprived area. If you do, move.
3. Don't be disabled or have a disabled child.
4. Don't work in a stressful, low-paid manual job.
5. Don't live in damp, low-quality housing or be homeless.
6. Be able to afford to pay for social activities and annual vacations.
7. Don't be a single parent.
8. Claim all benefits to which you are entitled.
9. Be able to afford to own a car.
10. Use education to improve your socioeconomic position.



Let's consider COVID-19



through a SDOH lens.

SDOH contributors → COVID-19

- U. S. spends more money on curative & reactive medicine and less on social contributors to health e.g., housing, education, childcare, public safety, the environment, and public health.
- This lack of investment in SDOH made the U.S. vulnerable to the consequences of COVID-19 and created an environment for rapid, disparate spread affecting different populations.

SDOH contributors → COVID-19

- Poor housing conditions, overcrowding, and substandard sanitation increases risk of COVID-19 transmission.
- Neighborhoods that are not conducive to physical activity and have decreased access to health foods places residents at risk for comorbidities that increases complication risk from COVID-19.
- The ability to work from home allows for physical distancing. Without this option, transmission increases.
- People relying on public transportation are at increased risk.

SDOH contributors → COVID-19

- Due to inequitable policies and practices, race, ethnicity, and immigration status in the U.S. are related to lower income and less education placing them at increased risk for COVID-19 transmission.
 - Poor housing conditions
 - Lower paying jobs
 - Less access to healthy foods
 - Disparate access to health care
- High copay and insurance deductibles delays medical care, which can be harmful to patients with COVID-19.
- Social conditions must be priority when considering policies to address COVID-19.

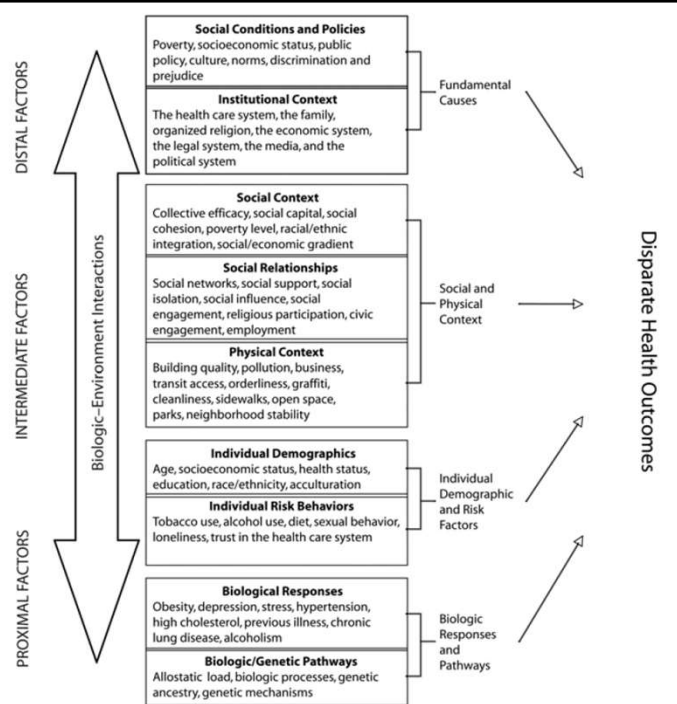
Strategies to address SDOH

- Explore how programs, practices, and policies affect individual health, families, and communities.
- Establish common goals, complementary roles, and ongoing constructive relationships between the health sector and the above areas.
- Maximize opportunities for collaboration among Federal-, state-, and local-level partners related to SDOH.

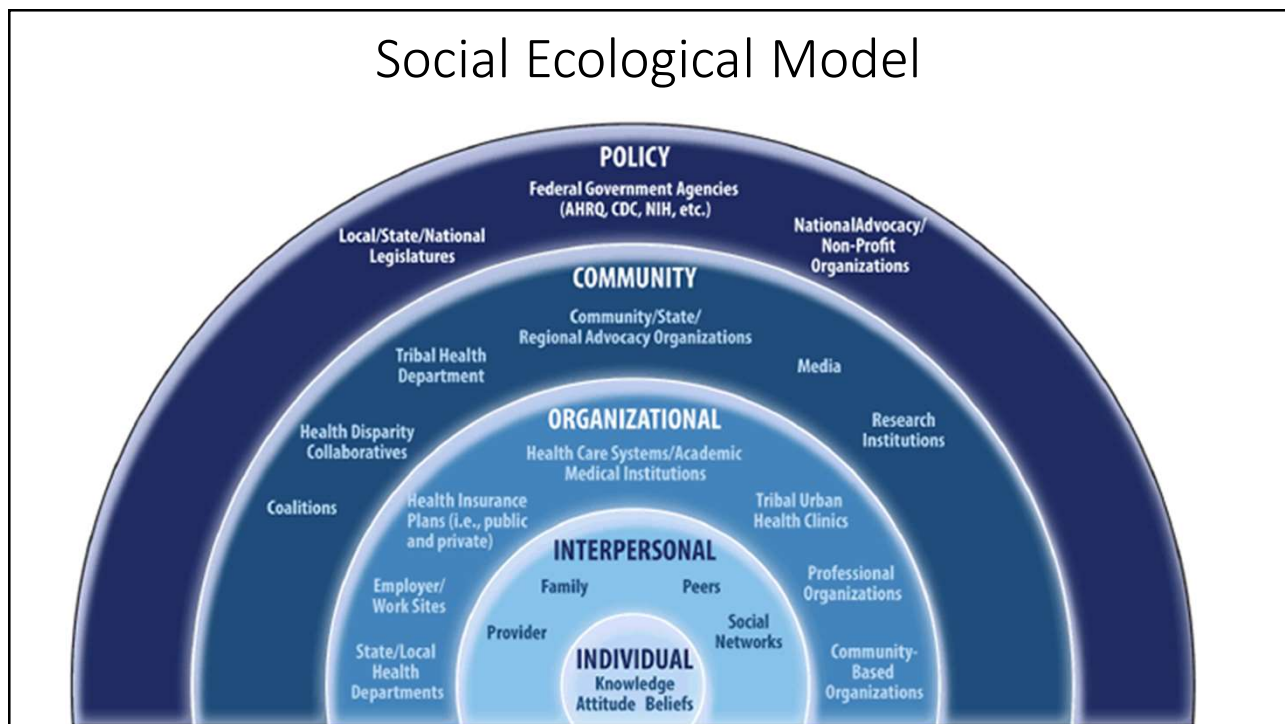


Warnecke Model

- Distal determinants
 - Population social conditions, policies affecting social condition, influential policymaking bodies
 - Influence reflected at the population level
- Intermediate determinants
 - Immediate social & physical contexts & social relationships in which the distal factors are experienced e.g., community
- Proximal determinants
 - Refer to individuals.
 - Demographic factors characterize both contexts and individuals and can have independent effects.



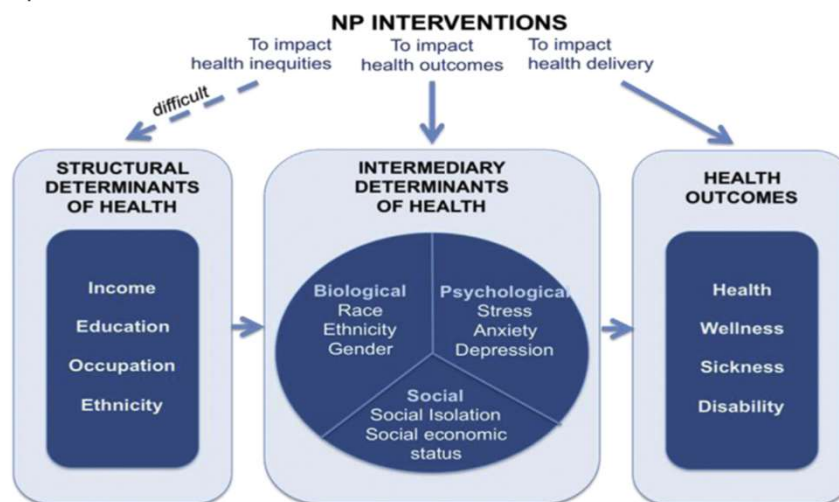
Social Ecological Model



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Let's hear from our NP colleagues...

Figure 2. How nurse practitioners can intervene on the social determinants of health.



Next steps . . .

- Targeting individual behaviors does not significantly increase overall health, and medical care solely does not adequately reduce health disparities.
- So, what can we do?
 - Consider the contributors to include social and environmental factors e.g., education, housing, built environment, family income, and race.
- Considering SDOH is important to health, health care, and associated health outcomes.

Call to Action:
Promote and Prioritize
these Recommendations
in Your Clinical Practice.



- Care for patients from all social strata, and particularly patients from vulnerable populations while espousing a deep commitment to the recognition and mitigation of SDOH.
- Address SDOH to improve health outcomes & promote progressive health care strategies on individual, community, & policy levels.
- Interprofessional collaboration as social change agents to actively engage in public policy strategies to improve health access for patients.
- Insist that both health care & non-health care policies incorporate a SDOH approach.

Impact on Health Care Delivery

- The new SOAP note.
 - Elicit a psychosocial history.
 - Ask patients specific questions about income, occupation, housing, food, transportation, neighborhood, and social support.
- Ask patients about social determinants when planning follow-up and treatment plans.
- Know what government, private, and community resources are available to patients.

Questions?

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*Thank
you*

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