

Addressing Social Determinants of Health for Health Equity

Health Equity Assessment and Resource Team Office of Policy and Practice Alignment

To protect and promote the health and safety of the people of Wisconsin

Land Acknowledgement

Native/Tribal Nations of Wisconsin

- Bad River Band of Lake Superior Chippewa
- Brothertown Nation* (not federally/state recognized)
- Forest County Potawatomi
- Ho-Chunk Nation
- Lac Courte Oreilles Band of Lake Superior Chippewa
- Lac Du Flambeau Band of Lake Superior Chippewa
- Menominee Indian Tribe of Wisconsin
- Oneida Nation
- Red Cliff Band of Lake Superior Chippewa
- Sokaogon Chippewa Community
- St. Croix Chippewa Indians of Wisconsin
- Stockbridge-Munsee Community Band of Mohican Indians

Learn more at: https://wisconsinfirstnations.org/ and https://native-land.ca/





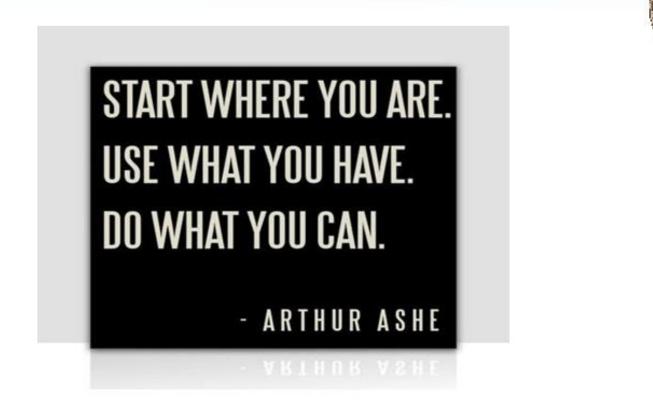


EXHIBIT 3 Health Care Spending as a Percentage of GDP, 1980–2019

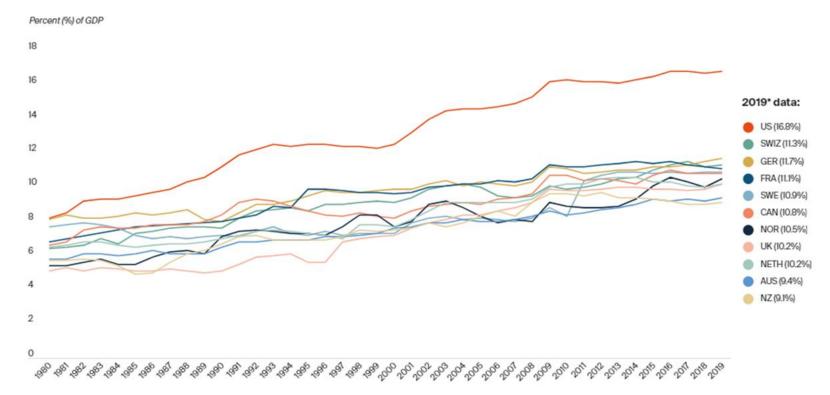


EXHIBIT 4

Health Care System Performance Compared to Spending



What is Health Equity? Differences in health that are <u>unnecessary</u>, <u>avoidable</u> <u>unfair and unjust</u>. Equity in health implies that ideally everyone should have a fair opportunity to attain their full health potential, and no one should be disadvantaged from achieving this potential, if it can be avoided.

This requires <u>removing obstacles</u> to health such as poverty, discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care.

Whitehead, M. 1992. The concepts and principles of equity in health. International Journal of Health Services 22(3):429-445. https://doi.org/10.2190/986L-LHQ6-2VTE-YRRN

Braveman P, Arkin E, Orleans T, Proctor D, and Plough A. What Is Health Equity? And What Difference Does a Definition Make? Princeton, NJ: Robert Wood Johnson Foundation, 2017.

Terms	Definition	Populations targeted	Level of change		
Social needs/health- related social needs (HRSNs)	"The effects of the causes" Individual material and psychosocial circumstances	Specific individuals or defined populations	Micro		
Social determinants of health (SDH)	"The causes of poor health" Underlying community-wide social, economic, and physical conditions	Defined communities or regions	Meso		
Structural determinants/ SDH inequities	"The causes of the causes" The climate, socioeconomic political context, and the structural mechanisms that shape social hierarchy	Cities, states, nations, or the world	Macro		

Slide courtesy of www.Vote-ER.org

BEYOND Social Determinants of Health



SOCIAL DETERMINANTS OF HEALTH EQUITY

- Systems of power (the –isms) that determine how resources are allocated to socially defined populations.
- Addressing SDoE requires:
 - monitoring for inequities in exposures and opportunities, as well as for disparities in outcomes;
 - examination of structures, policies, practices, norms, and values; and
 - intervention on societal structures and attention to systems of power.

Jones CP, Jones CY, Perry GS, Barclay G, Jones CA. Addressing the social determinants of children's health: A cliff analogy. Journal of Health Care for the Poor and Underserved. 2009: 20(4) 1-12. Jones C. Presentation at CDC. https://minorityhealth.hhs.gov/Assets/pdf/Checked/1/CamaraJones.pdf.

THE FUTURE NEEDS US NOW



SOURCE: https://milwaukeenns.org/2020/11/04/photos we see you milwaukee a look at the faces of democracy/?mc_cid=1668cb2722&mc_eid=969de8cb4



School of Medicine and Public Health UNIVERSITY OF WISCONSIN-MADISON

What are the Social Determinants of Health?

Social Determinants of Health Defined

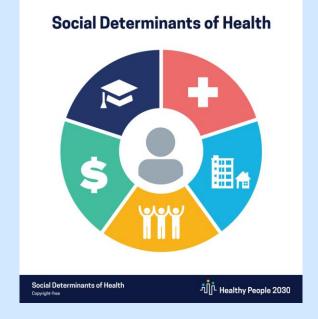
The circumstances in which people are born, grow, live, work, and age. These determinants interact with individual behavior and shape the choices that are available to them.



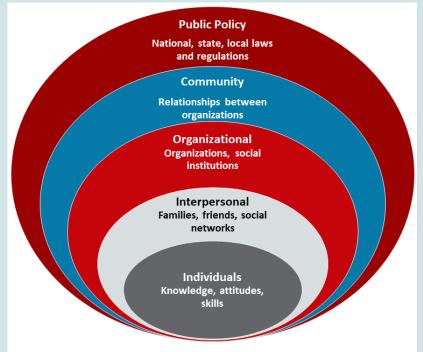
These circumstances are in turn shaped by a wider set of forces including economics, social policies on education and housing, and politics that enhance or impede access to opportunities for health based on social hierarchies of advantage and disadvantage (e.g., race/ethnicity, class, and gender).

Domains

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



Framework: Social Ecological Model

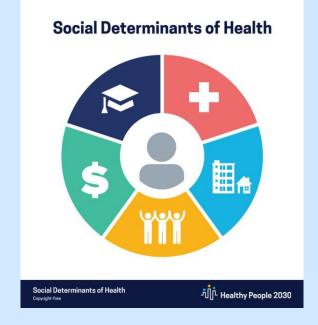


"An ecologic or population health model... emphasizes the importance of the social and physical environments that strongly shape patterns of disease and injury as well as our response to them over the entire life cycle" (Fielding, Teutsch, Breslow, 2010).

Adapted from McLeroy, Bibeau, Steckler & Glanz (1988).

SDoH & Social Ecological Model (SEM)

- The social ecological model understands health to be affected by the interaction between the individual, the group/community, and the physical, social, and political environments (Israel et al., 2003; Sallis et al., 2008; Wallerstein et al., 2003).
- SEM shows how SDoH interacts with health with different factors and levels
- Used for identify and implement strategies for prevention.



Trigger warning: Suicide Strategy: Ecological Approach

Social-Ecological Model Level	Sample Intervention and Prevention Programming
Societal (public policy – national, state, local laws and regulations)	1. Culturally responsive public awareness campaign targeting mental health and therapy stigma reduction.
	2. Policies that expand access to healthcare services to all people – such as universal healthcare, paid sick leave, and programs to increase educational/training opportunities for underrepresented populations in mental healthcare
	3. Policies that address forms of systemic marginalization, improve financial stability, create employment opportunities, decrease barriers to housing/transportation, and other measures to reduce sources of stress and trauma.
Community	1. Free mental health screenings/services provided by community mental health centers/clinics treating high-risk populations.
(relationships between organizations) and Organizational (organizations, social institutions)	2. School-based programs targeting diversity-related social norms, mental health care access, and suicide awareness.
	3. Employer programs that ensure coverage for mental health services for employer-sponsored coverage; employer programs that allow time-off for themselves or a dependent to seek mental health services.
Relational	1. Access to lethal means safety counseling for populations at high risk for suicide ideation
(interpersonal – family, friends, networks)	2. Increase access to support groups and familial/group therapy and connections.
Individual (knowledge,	1. Mental health literacy courses for high-risk populations.
attitude, skills)	2. I Ensure that all healthcare providers have comprehensive education and training for how to address mental health concerns, especially suicidal ideation and attempts with a trauma-informed lens and focused on reducing stigma
	Wisconsin Department of Health Services 17

Strategy: Ecological Approach

Another example of how the Social Ecological Model was used to address childhood obesity

Eddie, Regina S.. "A Socio-Ecological Analysis of Childhood Obesity and School Nutrition Policies and Practices in Select Elementary and Middle Schools on the Navajo Reservation." (2017). https://www.semanticscholar.org/paper/A-Socio-Ecological-Analysis-of-Childhood-Obesity-in-Eddie/7d845f9a881423b69710aa8577ff6c8c6c74b7b3



What is Health Equity?

Health Equity Defined

1. A concept of health that encompasses physical and mental health in addition to well-being.

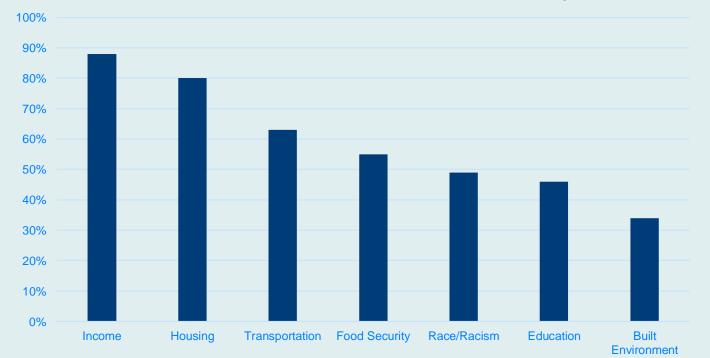
2. The idea that everyone has a fair and just opportunity for health which requires removing obstacles to health such as poverty and discrimination.

Health Equity Defined

3. Providing equal access to the conditions and opportunities that support health, such as living wage jobs, quality education, and safe environments, especially for those who lack access and have worse health.

SDoH in Wisconsin

Most Prevalent SDoH Indicated from HEART Survey



SDOH by Region

Housing	Northeastern					79%					18%		N = 39
	Northern		84%						16%		N = 25		
	Southeastern				73%					20%)		N = 30
	Southern			86%					14%			N = 22	
	Western			76%				21%				N = 34	
Income N	Northeastern		87%								13%	N = 39	
		92%							8%	N = 25			
		79% 17%							N = 29				
		91%						9%	N = 22				
	Western				91%							6%	N = 35
N Si Si	Northeastern			46%	6				44%				N = 39
	Northern		20%					76%					N = 25
	Southeastern				70%					27%)		N = 30
	Southern				64%					32%			N = 22
	Western			46%	6				46%				N = 35
Transportation	Northeastern				67%	ò				33%)		N = 39
	Northern			56%					44%				N = 25
	Southeastern			57%					43%			N = 30	
	Southern			64%					36%				N = 22
	Western				66%					29%			N = 35
		0%	10%	20%	30%	40%	50%	60%	70%	80%	909	6 1	.00%
							% of Total	Posnonsos					

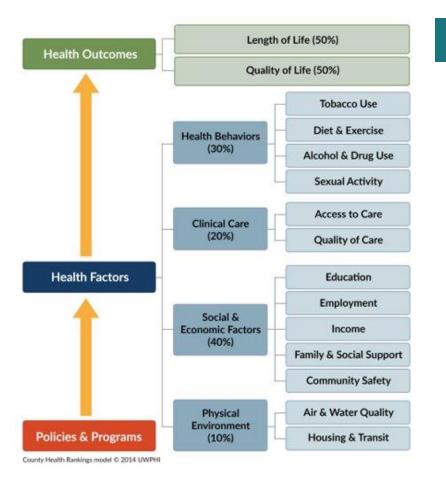
Why Address Social Determinants of Health?

Timeline

- The idea that physical environment affects health is as old as Hippocrates: On Airs, Waters, and Places circa 5th century BCE (approximately 2500 years ago!)
- The term "determinants of health" was first coined by British physician, epidemiologist, and medical historian Thomas McKeown: *The Role of Medicine: Dream, Mirage, or Nemesis?*, pub. 1979.

- 2003: World Health Organization (WHO) recognizes and defines social determinants of health.
- 2008: WHO publishes its first report aimed to understand how health inequity could be remedied and what actions could combat forces that exacerbate such inequities: see Closing the Gap in a Generation

- 2016: CDC publishes its first article that explicitly names health equity and the social determinants of health: see *Policy Approaches to Advancing Health Equity*
- 2019: Governor Evers makes Executive Order #17, which establishes the Governor's Health Equity Council with charges to assess and improve all determinants of health.

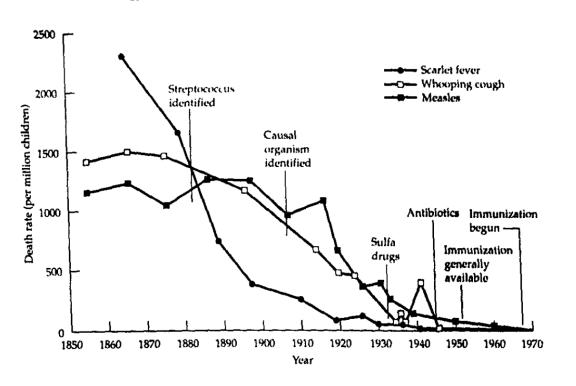


County Health Rankings Model

- Social, economic, and physical environment factors account for 50% of health outcomes.
- Policies and programs drive the conditions which create health.
- Length of life and quality of life are given equal weight in measuring health outcomes.
- Visit CHR's website for more information.

McKeown Figure 1

74 Bioarchaeology and the History of Health



Graph tracks the mortality rate in children of the three leading causes of death in England and Wales over the course of a century.

- The causal bacteria for Scarlet Fever is Group A Streptococcus.
- Before antibiotics, scarlet fever was deeply feared with no reliable clinical cure.

How Can We Act on Social Determinants of Health?

Incorporating SDoH into Priorities

- CDC Resource: <u>Ten Essential Public Health Services and How They Can Include</u> <u>Addressing Social Determinants of Health Inequities</u>
- Examples:
 - Ensure CHA/CHIP includes SDoH measures
 - $_{\odot}$ Ensure outreach efforts address SDoH
 - Engage with diverse community partners (e.g., housing authorities, law enforcement, schools)
 Leverage policies addressing SDoH
- Data is <u>a</u> good place to start!

Why is SDoH data important?

- Data is a catalyst for change.
 Set priorities and track progress
- Expands our understanding of what creates health
 Tells the story of root causes
 - Provides context to health disparities.
 - Avoids stigmatizing or blaming communities for their health

Where do I get SDoH data?

- County Health Rankings & Roadmaps
 - o Geography: County
 - SDoH Domains: Education, Employment, Income, Social Support, Community Safety
- <u>AHRQ SDoH Environmental Scan</u>
 List of SDoH data sources
- AHRQ SDoH Database
 - Geography: County, Zip Code, Census Tract
 - SDoH Domains: Economy, Education,

Physical Infrastructure, Healthcare Context

DHS Resource: SDoH Dataset

- Developed by Data Management Advisory Team (DMAT) at DPH
- Goal: Provide single dataset that includes important SDoH data at a granular level (e.g., county, census tract)



SDoH Dataset (version1)

- Three SDoH Domains:
 - Housing
 - Transportation
 - Child Care
- Geographic specificity:
 County, Census tract, block group



SDoH dataset demonstration

Work in Progress

- Expanding SDoH Dataset (version 2)
 - Adding 4 domains
 - Economy, Education, Employment, Behavioral Health
 - Exploring ways to make the dataset more user-friendly
 Increasing training opportunities
- CHA Data Sharing Project (formerly known as the Data Roadmap Project)

 includes some SDoH data

Wrap-up & Next Steps

- SDoH data is a starting point.
 - Can help inform priorities, tell stronger narratives, and track progress
 - Can help spark ideas for qualitative community engagement (e.g., focus groups, interviews)

Questions & Feedback

Chelsea Robinson, SDoH Epidemiologist (chelsea.robinson@dhs.wisconsin.gov)

Data Resource Center (<u>dhsdphdataresourcecenter@dhs.wisconsin.gov</u>)

Thanks for Listening!

