THE SOCIAL DETERMINANTS OF HEALTH

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- Learners must participate in the full activity and complete the evaluation in order to claim continuing education credit/hours.

- **Presenter Conflicts of Interest/Financial Relationships Disclosures:**
- Jen Brais, MPH – none
- KC D'Onfro, MPH – none

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AGENDA

1. Health equity
2. Social determinants of health
3. Health-related social needs
4. Why it matters
5. Screening in clinical settings

HEALTH EQUITY

Health equity would mean that all people are able to achieve the highest level of health. That everyone has fair and equitable access to the resources needed for optimal life. This means that barriers like poverty, discrimination, and lack of access would be removed.

Equity ≠ Equality

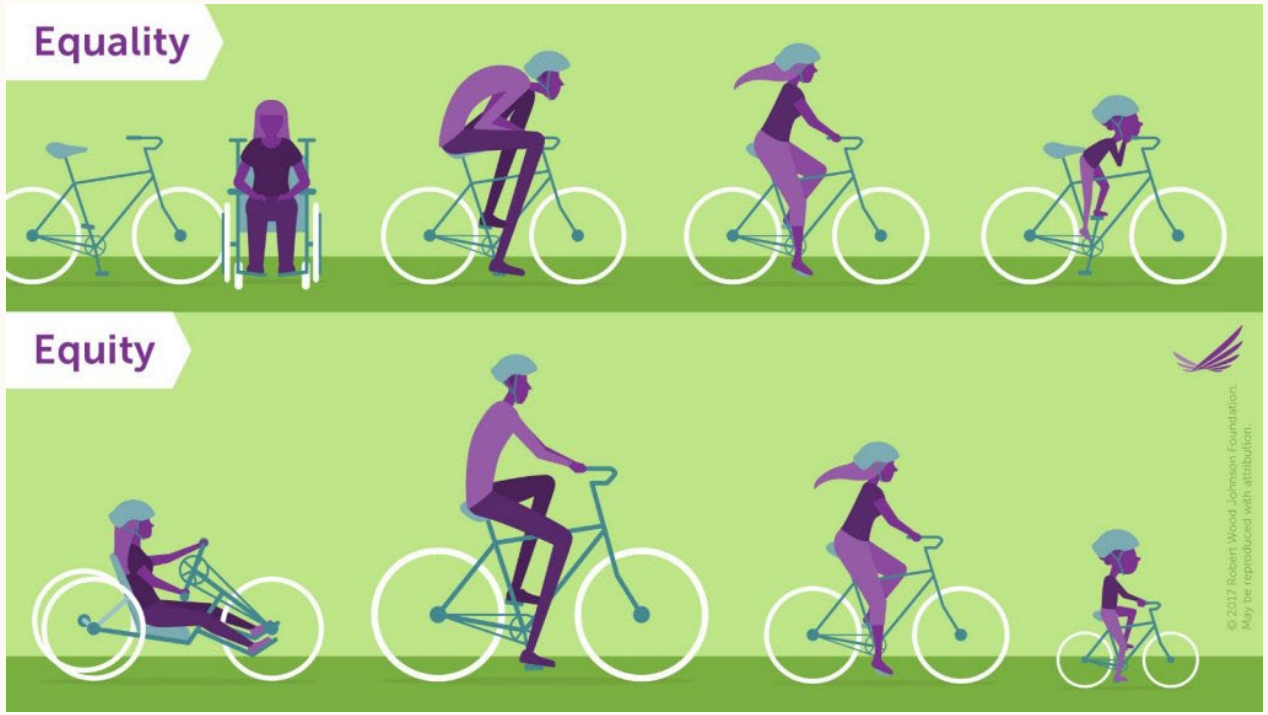

Photo credit: Robert Wood Johnson Foundation

HEALTH INEQUITIES

- Health inequities are the differences in health status and mortality rates across population groups that are systemic, avoidable, unfair, and unjust. These differences are rooted in social and economic injustice, and are attributable to social, economic and environmental conditions in which people live, work, and play.
- Health inequities are differences in opportunities that systemically impact a groups ability to reach optimal health – this leads to unfair differences in health outcomes.
- The factors that determine these opportunities for optimal health include race, ethnicity, gender, socioeconomic status, employment status, disability, immigration status, and more.
- Structural inequities such as racism, sexism, homophobia, etc. lead to large and preventable gaps in health outcomes and life expectancies.

SOCIAL DETERMINANTS OF HEALTH (SDOH)

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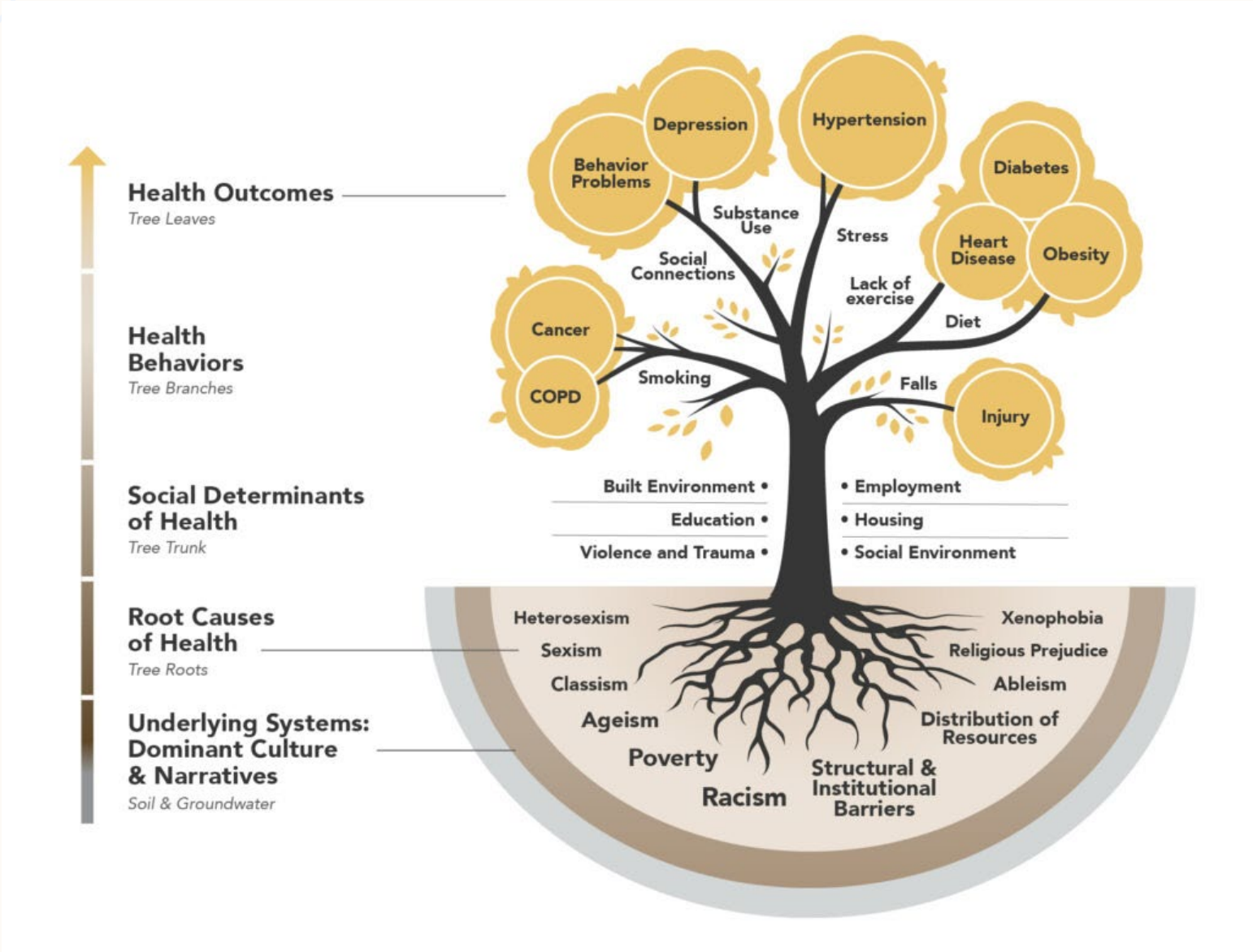
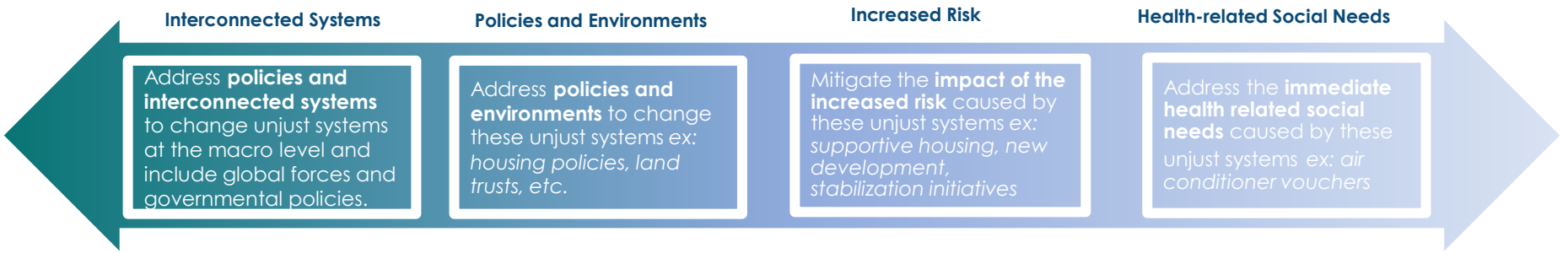
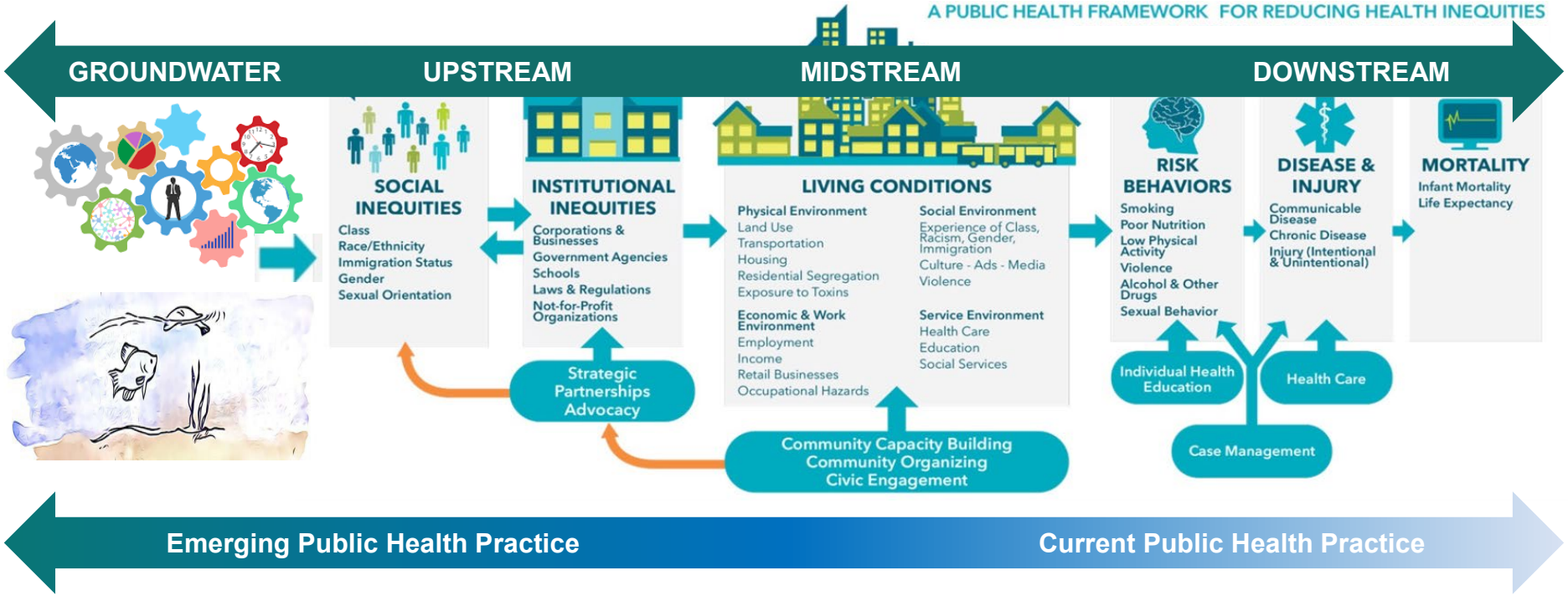


Source: https://mahealthfunds.org/what-we-fund/

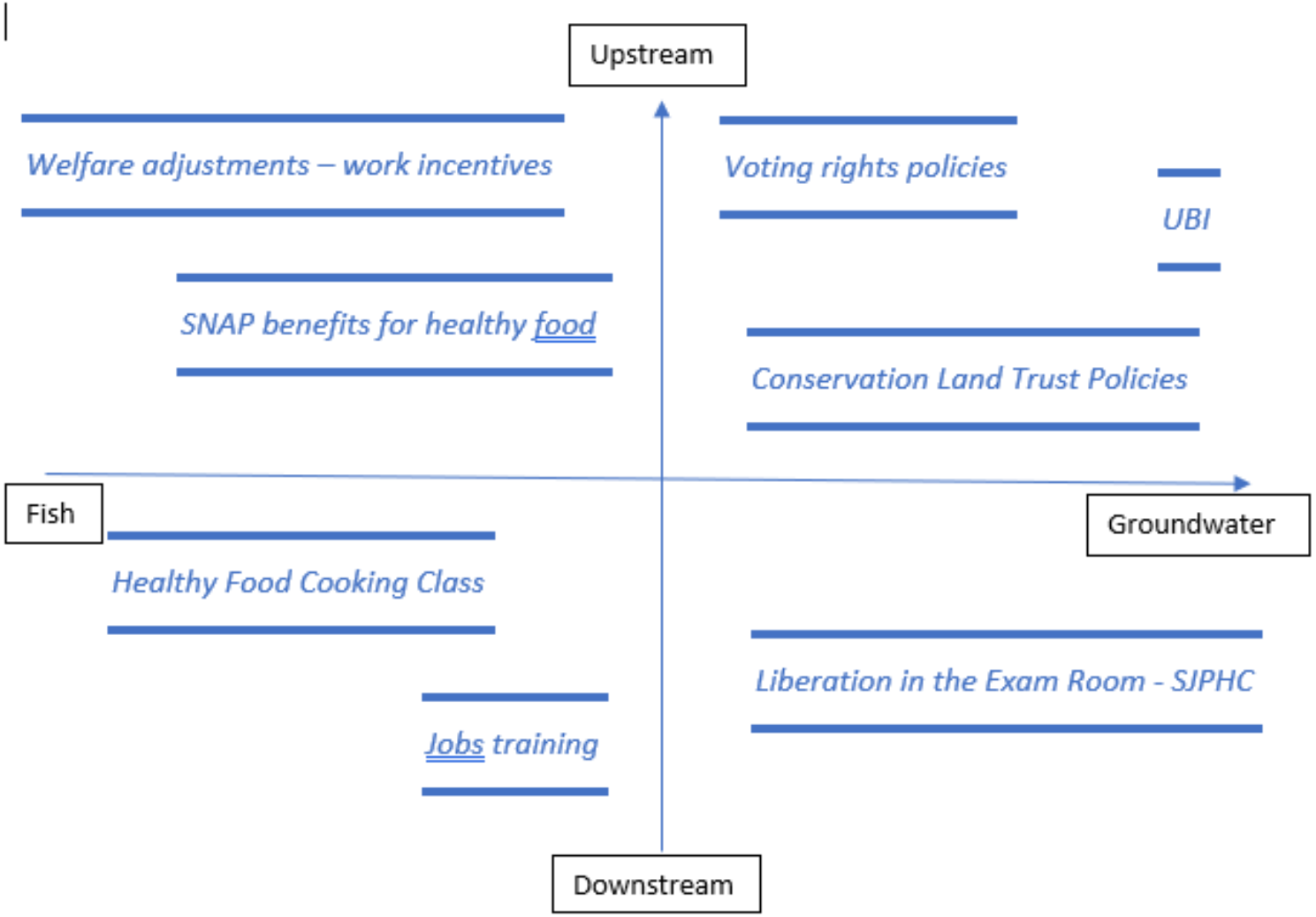
Addressing the Health Inequity Pathway: Groundwater, Upstream, Midstream, and Downstream





Sources: BCHAP SDOH Interventions Framework and Moving Massachusetts Upstream (MassUP) Conceptual Framework, both adapted from the Bay Area Regional Health Inequities Initiative

White paper on "The Groundwater Approach: building a practical understanding of structural racism" by Bayard Love and Deena Hayes-Greene of the Racial Equity Institute


Upstream
Welfare adjustments – work incentives
Voting rights policies
UBI
SNAP benefits for healthy food
Conservation Land Trust Policies
Fish
Groundwater
Healthy Food Cooking Class
Liberation in the Exam Room - SJPHC
Jobs training
Downstream

SOCIAL DETERMINANTS OF HEALTH (SDOH)



Image from: https://www.cdc.gov/publichealthgateway/sdoh/index.html



Image source: Institute for Clinical Systems Improvement, Going Beyond Clinical Walls: Solving Complex Problems (October, 2014)

HEALTH RELATED SOCIAL NEEDS (HRSN)

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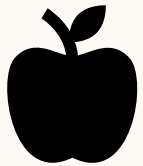
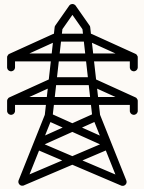
- Health related social needs (HRSN) are an individual's unmet social conditions that create barriers to optimal health or contribute to poor health.
- Examples of health-related social needs:
  - Food insecurity
  - Homelessness or unstable housing
  - Lack of transportation
  - Limited access to utilities like water, electricity, internet
  - Safety





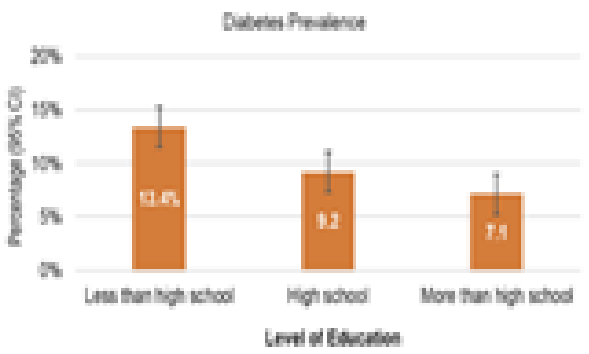
SDOH VS HRSN HOW ARE THEY RELATED?

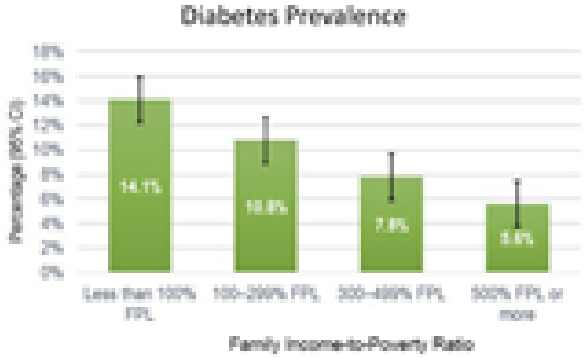
- SDOH refers to the social structures that impact health – these are structural and systemic barriers that need to be addressed through policy changes and societal shifts
- Health related social needs are individual or family needs that can be addressed or improved through services
- Acknowledging the social determinants of health will ensure a better understanding of the systemic and structural factors that influence health and health outcomes
- Screening for health-related social needs will help provide context to a patient's individual barriers to resources and allow staff to help connect patients to resources

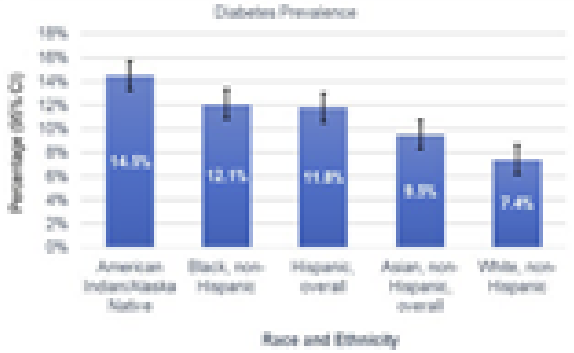
SDOH AND DIABETES

Diabetes has long-standing, well-documented socioeconomic and racial/ethnic inequities in disease prevalence and incidence, morbidity, and mortality.

Higher diabetes prevalence, for example, is associated with lower education, lower income, and non-White race/ethnicity. The figures below show current diabetes prevalence data in U.S. adults. These patterns demonstrate that diabetes is a disease highly influenced by nonmedical, SDOH factors.



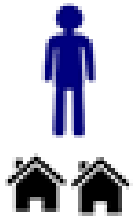




The World Health Organization SDOH framework includes **Socioeconomic and Political Contexts** as an upstream SDOH and **Ethnicity (Racism)** as a Socioeconomic Position SDOH factor.



vs.



U.S. SDOH frameworks do not include sociopolitical contexts or racism. They begin with the **Economic Stability** SDOH, which represents individual- and neighborhood-level factors.

Incorporating socioeconomic and political contexts and racism into U.S. SDOH frameworks enables an emphasis shift from primary individual- and neighborhood-level time-limited solutions to multisector and all-of-government initiatives that bring policy and permanent structural change.

FPL, federal poverty level; SDOH, social determinants of health.

American Diabetes Association®

From: **Overview of Social Determinants of Health in the Development of Diabetes:** Diabetes Care. 2023;46(9):1590-1598. doi:10.2337/dci23-0001

CYCLES OF SDOH

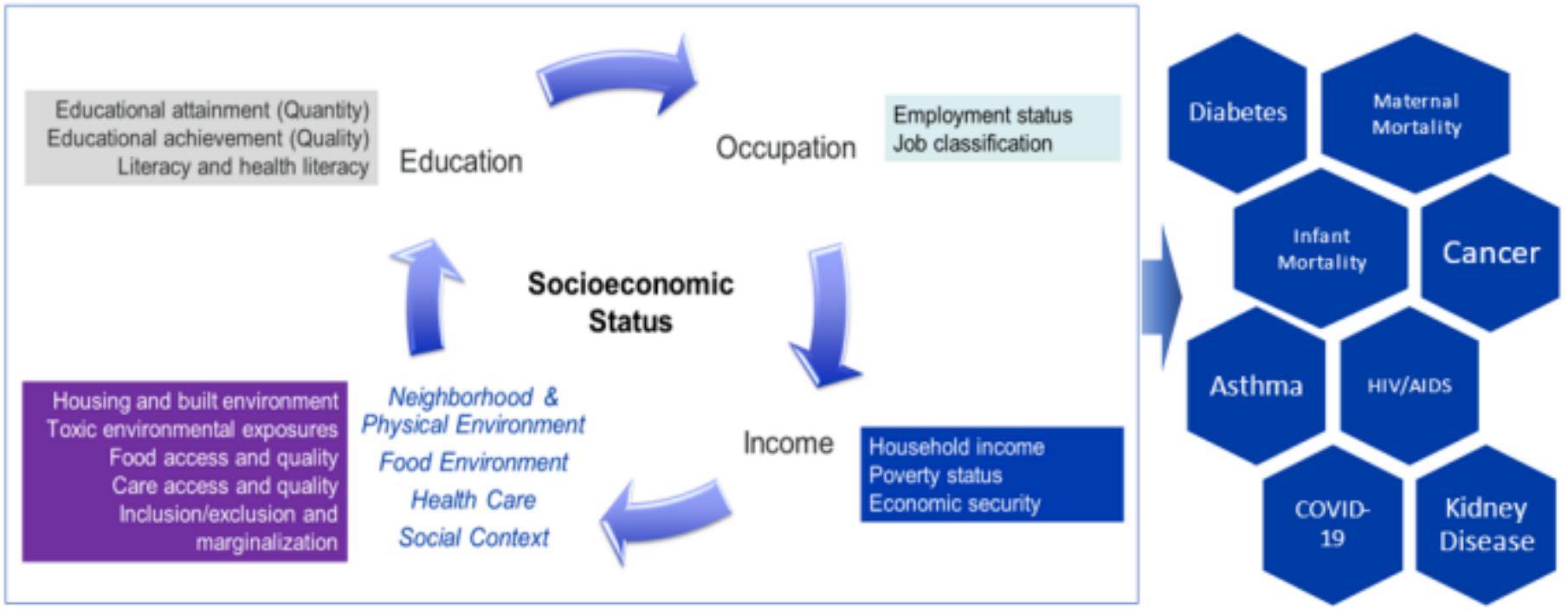


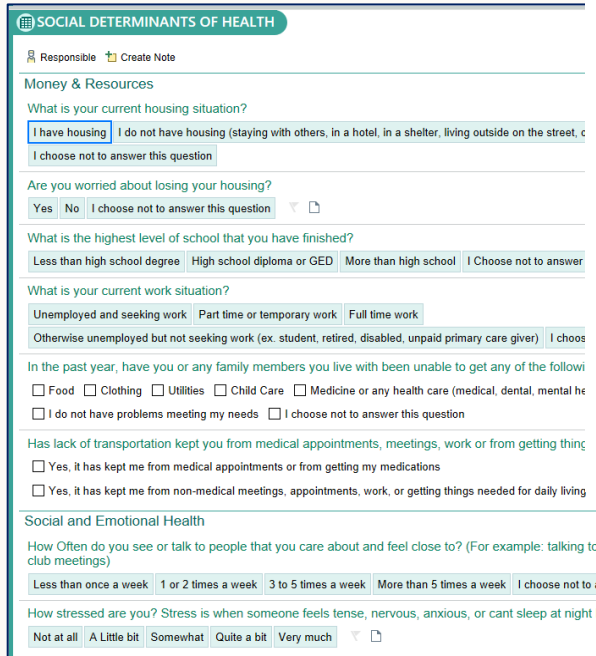
Figure legend. The cyclical, intergenerational, population-based, and systemic nature of social determinants of health and examples of their ubiquous contributions to health disparities.

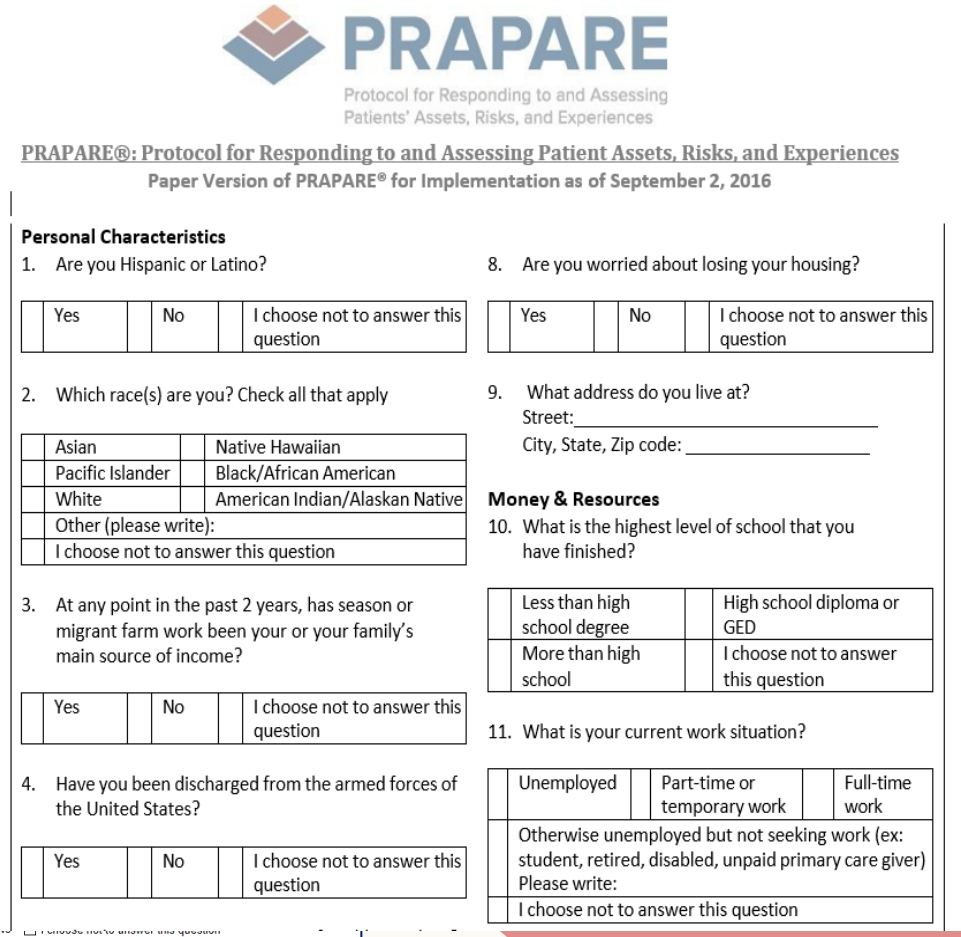
American Diabetes Association®

From: **Overview of Social Determinants of Health in the Development of Diabetes:** Diabetes Care. 2023;46(9):1590-1598. doi:10.2337/dci23-0001

SCREENING FOR SDOH IN CHCS

- What: A variety of validated tools, typically 8-10 questions, adjusted to fit needs of population
- Who: CHW, MA, Provider, ~**relationships matter**~
- When: At least annually and format can vary~ over the phone, in person, pre-visit, during visit
- What's next: Let's hear from the health centers!





THANK YOU

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