

Promoting Health Equity in Communities: Addressing SDOH

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Presenters Disclosures

- No relationships to disclose.
- My thoughts and ideas communicated are my own and may not represent my employer.
- Efforts have been made to include information that is not meant to offend or bring harm to members of the audience. However, information within “acknowledges” challenges that exist within society with an aim bringing people together for the purpose of problem solving within communities.

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Health Equity – How do we define?

What is Health Equity? CDC

Health equity is the state in which everyone has a fair and just opportunity to attain their highest level of health. Achieving this requires focused and ongoing societal efforts to address historical and contemporary injustices; overcome economic, social, and other obstacles to health and healthcare; and eliminate preventable health disparities.

Similar to Healthy People 2020, Healthy People 2030 defines health equity as “the attainment of the highest level of health for all people. Achieving health equity requires valuing everyone equally with focused and ongoing societal efforts to address avoidable inequalities, historical and contemporary injustices, and the elimination of health and health care disparities.” HP 2030

What is health equity? HRSA

Health equity is the absence of disparities or avoidable differences among socioeconomic and demographic groups or geographical areas in health status and health outcomes such as disease, disability, or mortality.

OHEMH

The ADPH Office of Health Equity and Minority Health (OHEMH): Establishing and Maintaining a Culture of Health Equity

“Bringing vision and imagination through a multisector frame to achieve equity in health” is the mission of the Alabama Department of Public Health’s Office of Health Equity and Minority Health—on established priority areas for the ADPH.



The Alabama Department of Public Health, like the Centers for Disease Control and Prevention, recognizes that health equity is achieved when every person has the opportunity to “attain his or her full health potential” and no one is “disadvantaged from achieving this potential because of social position or other socially determined circumstances.” Health inequities are reflected in differences in length of life, quality of life, rates of disease, disability, and death; severity of disease; and access to treatment.

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Key Terms

- Health disparity (HP 2030) is a particular type of health difference that is closely linked with social, economic, and/or environmental disadvantage.
- Health disparities adversely affect groups of people who have systematically experienced greater obstacles to health based on their:
 - Racial or ethnic group; religion; socioeconomic status; gender; age; mental health; cognitive, sensory, or physical disability; sexual orientation or gender identity; geographic location; or other characteristics historically linked to discrimination or exclusion.
- Health disparities are referred to as health inequities when they are the result of the systematic and unjust distribution of these critical conditions.

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Healthy People 2030



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Health Equity – Commonalities

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Achieving Understanding on Health Equity

- Towards better health...attaining their health potential.
- Act! Addresses myriad of factors contributing to poorer health outcomes.
- Targeting health disparities/inequities.
 - Focused effort where evidence of concentrated negative outcomes guide us.
- Focused efforts on health disparities/inequities.
 - Socially > working through human relationships and groups of individuals
 - Societally > working through systems, policies, and institutions within society

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DestiNation





Healthy People 2000, the second iteration of the initiative, was guided by 3 broad goals:

- Increase the span of healthy life
- Reduce health disparities
- Achieve access to preventive services for all

Goal 2: Eliminate Health Disparities

The second goal of Healthy People 2010 is to eliminate health disparities among different segments of the population.

Overarching Goals

- Attain high-quality, longer lives free of preventable disease, disability, injury, and premature death.
- Achieve health equity, eliminate disparities, and improve the health of all groups.
- Create social and physical environments that promote good health for all.
- Promote quality of life, healthy development, and healthy behaviors across all life stages.

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What are the most common causes for a flat tire?

- 1) Age of your tires
- 2) Road debris
- 3) Temperature ?
- 4) Valves
- 5) Valve damage
- 6) Overinflated tires




Healthy People 2030
OASH

- Eliminate health disparities, achieve health equity, and attain health literacy to improve the health and well-being of all.

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Health Equity is "Not" Health Equality



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Health factors and outcomes for where we live?

Health & Quality of Life Indicators

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Health Outcomes – Alabama – Jefferson Co.

Health Outcomes	Jefferson (JE) County	Alabama	United States	
Length of Life				—
Premature Death	11,400	10,400	7,300	▼
Quality of Life				—
Poor or Fair Health	17%	19%	12%	▼
Poor Physical Health Days	3.3	3.5	3.0	▼
Poor Mental Health Days	5.0	5.1	4.4	▼
Low Birthweight	11%	10%	8%	▼

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Health & Quality of Life Outcomes – Alabama – Jefferson Co.

Additional Health Outcomes (not included in overall ranking)	Jefferson (JE) County	Alabama	United States
Life Expectancy	74.1	74.8	78.5
Premature Age-Adjusted Mortality	820	900	360
Child Mortality	80	70	50
Infant Mortality	10	8	6
Frequent Physical Distress	10%	11%	9%
Frequent Mental Distress	15%	16%	14%
Diabetes Prevalence	12%	13%	9%
HIV Prevalence	680	942	380

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Health Factors – Alabama – Jefferson Co.

Health Factors	Jefferson (JE) County	Alabama	United States
Health Behaviors			
Adult Smoking	16%	20%	16%
Adult Obesity	39%	39%	32%
Food Environment Index	6.7	5.3	7.0
Physical Inactivity	25%	28%	22%
Access to Exercise Opportunities	80%	61%	84%
Excessive Drinking	15%	16%	19%
Alcohol-Impaired Driving Deaths	14%	26%	27%
Sexually Transmitted Infections	777.6	552.2	481.0
Teen Births	25	28	19

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Additional Health Factors – Alabama – Jefferson Co.

Additional Health Behaviors (not included in overall ranking)	Jefferson (JE) County	Alabama	United States
Food Insecurity	14%	15%	12%
Limited Access to Healthy Foods	13%	9%	6%
Drug Overdose Deaths	33	17	23
Insufficient Sleep	38%	39%	33%

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Clinical Care Factors - Alabama

Clinical Care	Jefferson (JE) County	Alabama	United States
Uninsured	10%	12%	10%
Primary Care Physicians	870:1	1,520:1	1,310:1
Dentists	1,110:1	2,050:1	1,380:1
Mental Health Providers	440:1	800:1	340:1
Preventable Hospital Stays	3,115	3,599	2,809
Mammography Screening	41%	36%	37%
Flu Vaccinations	48%	44%	51%

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Additional Clinical Care Factors – Alabama – Jefferson Co.

Additional Clinical Care (not included in overall ranking)	Jefferson (JE) County	Alabama	United States
Uninsured Adults	13%	15%	12%
Uninsured Children	3%	4%	5%
Other Primary Care Providers	560:1	920:1	810:1

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Social & Economic Factors – Alabama – Jefferson Co.

Social & Economic Factors	Jefferson (JE) County	Alabama	United States
High School Completion	91%	87%	89%
Some College	69%	62%	67%
Unemployment	3.6%	3.4%	5.4%
Children in Poverty	24%	23%	17%
Income Inequality	5.4	5.2	4.9
Children in Single-Parent Households	37%	31%	25%
Social Associations	14.2	11.9	9.1
Injury Deaths	108	87	76

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More Social & Economic Factors – Alabama – Jefferson Co.

Additional Social & Economic Factors (not included in overall ranking)	Jefferson (JE) County	Alabama	United States
High School Graduation	90%	91%	87%
Disconnected Youth	8%	8%	7%
Reading Scores	2.8	2.9	3.1
Math Scores	2.6	2.7	3.0
School Segregation	0.35	0.28	0.25
School Funding Adequacy	-\$4,312	-\$3,869	\$1,062
Gender Pay Gap	0.78	0.74	0.81
Median Household Income	\$55,200	\$54,000	\$69,700
Living Wage	\$41.28	\$40.29	\$45.00
Children Eligible for Free or Reduced Price Lunch	54%	53%	53%
Residential Segregation - Black/White	64	58	63

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More Social & Economic Factors – Alabama – Jefferson Co.

Child Care Cost Burden	25%	27%	27%
Child Care Centers	7	6	7
Homicides	22	11	6
Suicides	14	16	14
Firearm Fatalities	31	22	12
Motor Vehicle Crash Deaths	16	20	12
Juvenile Arrests	12		24
Voter Turnout	66.0%	62.6%	67.9%
Census Participation	64.1%		65.2%

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Physical Environment Factors – Alabama – Jefferson Co.

Physical Environment	Jefferson (JE) County	Alabama	United States
Air Pollution - Particulate Matter	10.7	9.3	7.4
Drinking Water Violations	No		
Severe Housing Problems	15%	13%	17%
Driving Alone to Work	81%	84%	73%
Long Commute - Driving Alone	35%	35%	37%

Additional Physical Environment (not included in overall ranking)	Jefferson (JE) County	Alabama	United States
Traffic Volume	483	214	505
Homeownership	64%	69%	65%
Severe Housing Cost Burden	15%	12%	14%
Broadband Access	85%	82%	87%

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Reflections

What are your thoughts about some of the data shared?

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What about Health Disparities?

Samples from the Alabama Department of Public Health reports.

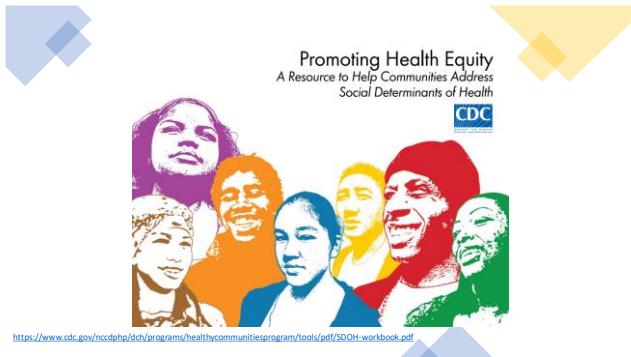
23

Years of Potential Life Lost Rate

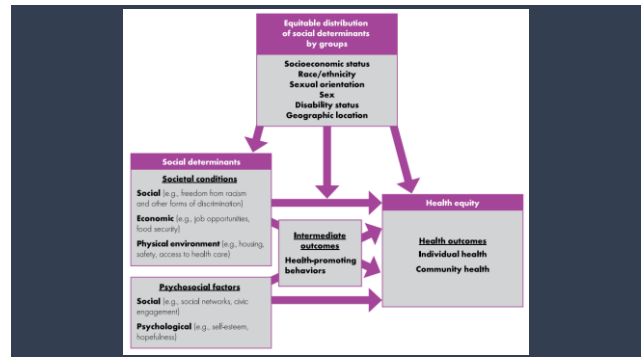
Disaggregation		
Disaggregated by Race	Value	Error Margin
Years of Potential Life Lost Rate	11,400	11,100-11,700
Asian	3,300	2,300-4,800
Black	14,300	13,800-14,800
Hispanic	7,200	6,000-8,400
White	9,300	8,900-9,700

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Create/Strengthen Partnerships to Address SODH

- How many of you are a part of partnerships to address a specific issue?
- Partnerships can:
 - Provide information, understanding of needs/assets, advocate for public policies, advance support for a cause/issue etc.
 - Minimize duplication of effort/services, broaden talent pool to align with community diversity, have increased odds of making meaningful change.
- Let's get started (in practice!)
- Discuss at your table and come to agreement on a particular topic you would like to address.

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Focus Partnership Efforts on SDOH

- Get useful information -> Health rankings, other data, & stories!
 - Also, discuss with your partners. Who do they represent?
 - What information is missing that you will still need to collect?
- Conduct community assessments for needs and strengths.
- Collect and organize information to be shared with all partners, community organizations, and community members!
- Now you can prioritize the SDOH factors the partnership wants to address: Education, Health Care, Economic Stability, Social/Community Context, and/or Built Environment.

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Build Capacity to Address SODH

- What are the resources, infrastructures, relationships, and operations that enable a community to create change?
 - Parks, Libraries...
 - Schools, health care facilities...
 - Small businesses, corporations...
 - Faith-based groups, social services, volunteer groups...
 - Local government, law enforcement
- What are the relevant skills, capacities, and experiences of community members and organizations that can help address SDOH for your problems? What is missing?

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Select the Approach to Create the Change

- Employ Consciousness raising
 - Discuss and raise the profile of individual and group experiences or concerns and the social/structural factors that influence them.
 - Barrier: Social connectedness and dissimilarity.
- Employ Community development
 - Processes/efforts to create local community change through strengthening social ties, **increasing awareness** of issues affecting the community, and enhancing community member participation in **addressing** these issues.
 - Trust is a must!
- Take Social action!

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Select the Approach to Create the Change

- Health promotion
 - Activities designed to help people improve their health or prevent illness through changes in environments, lifestyle, and behavior.
 - Within community settings is best!
- Media Advocacy
 - Strategic use of media coverage to encourage social, economic, or environmental change.
 - Always communicate in consideration of your overall goal(s)/objective(s).
- Policy & Environmental Change
 - May take time and persistence from your partnership. Patience!

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Action: Moving towards Progress

- What are your goals (1 – 3)?
- What are your SMART(er) objectives?
 - Specific
 - Measurable
 - Achievable
 - Relevant
 - Time-bound
 - Evaluate
 - Refine (re-adjust)
- Take a few minutes to write down your SMARTER goal/objective.

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Assess Partnership Progress

- Evaluate your efforts, impact, and outcomes.
 - How is your partnership working?
 - How well has your action plan worked?
 - Are your partners making progress in sub-goals/objectives?
 - Have you observed changes within the community?
 - Individual Level
 - Interpersonal Level
 - Neighborhood Level
 - Societal Level
 - Have you observed changes in the health/quality of life measures?
 - Look back at your community assessment information.

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Movement Momentum & Maintenance

- What is the maintenance schedule for the car that you drive?
 - Yes, we are going back to the car analogy....a little.
- Be responsive to changes.
 - Social, economic, and environment conditions.
 - Road hazards, seasons, etc.
- Community fatigue is real!
 - Prepare your partnership for the long journey.
 - Change the oil.
 - Enjoy some tune-ups on regular intervals.
 - Play some jams!

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Closing Thoughts

Our environments cultivate our communities and our communities nurture our health.

When inequities are high and community assets are low, health outcomes are worst.

When inequities are low and community assets are high, health outcomes are best.

Violence
Substance Abuse
HIV/AIDS
Infant Mortality
Malnutrition
Obesity
Depression
Heart Disease

Air Quality
Water Quality
Housing
Transportation
Food Access
Economic Stability
Social Support
Education
Healthcare Access

Image adapted from Anderson et al. 2010, Momeni, 1999, and Wilkerson et al. 2003.

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Embrace and Enjoy the Journey & Outcome!

Questions ?

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