Slide 1

Promoting Health Equity in Communities: Addressing SDOH

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Alabama A+ Summit

July 24 – 27, 2023

1

Slide 2

About the Presenter

- Born in the Midwest (Michigan)
- Raised in the Southeast
  - Family in MS
  - Grew up in GA
- Education
  - BS in Biology from TSU (Nashville, TN)
  - MSPH in Health Promotion, Education, & Behavior from UofSC (Columbia, SC)
  - PhD in Health Services, Policy, & Management from UofSC (Columbia, SC)
- Currently research and provide training in the fields of community health and human services

2

Slide 3

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 of bringing people together for the purpose of problem solving within communities.

The **Wilkinson** Wellness Lab

www.wilkinsonwellnesslab.com

3

Slide 4

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 critical resources.

4

Slide 5

Healthy People 2030

Social Determinants of Health

Education Access and Quality

Health Care Access and Quality

Economic Stability

Neighborhood and Built Environment

Social and Community Context

Social Determinants of Health
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Healthy People 2030

5

Slide 6

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—an established priority area 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.

OHEMH OFFICE OF HEALTH EQUITY AND MINORITY HEALTH

6

Slide 7

Health Equity – Commonalities

What is Health Equity? CDC

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Slide 8

Achieving Understanding on Health Equity

- Towards better health…attaining their health potential.
- Act! Addresses myriad of SDOH 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

Slide 9

Our Country's DestiNation

HEALTHY PEOPLE

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.

Healthy People 2020

Slide 10

Hard to reach DESTINATION with a flat tire!

1) Age of your tires
2) Road debris
3) Temperature ?
4) Vandalism
5) Valve damage
6) Over-inflated tires

Healthy People 2030 · QASH

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

Slide 11

Health Equity is "Not" Health Equality

Equality

Equity

Slide 12

Reflections

What are your thoughts about some of the information shared?

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

Additional Health Outcomes (not included in overall ranking)	Mobile (MO) County	Alabama	United States	
Life Expectancy	74.4	74.8	78.5	⌄
Premature Age-Adjusted Mortality	530	500	360	⌄
Child Mortality	70	70	50	⌄
Infant Mortality	9	8	6	⌄
Frequent Physical Distress	12%	11%	9%	⌄
Frequent Mental Distress	17%	16%	14%	⌄
Diabetes Prevalence	13%	13%	9%	⌄
HIV Prevalence	564	342	380	⌄

County Health Rankings & Roadmaps, 2023

13

Health Factors – Alabama – Mobile Co.

Health Behaviors		Mobile (MO) County	Alabama	United States	
Adult Smoking		20%	20%	16%	⌄
Adult Obesity		39%	39%	32%	⌄
Food Environment Index		6.6	5.3	7.0	⌄
Physical Inactivity		28%	28%	22%	⌄
Access to Exercise Opportunities		64%	61%	84%	⌄
Excessive Drinking		17%	16%	19%	⌄
Alcohol-Impaired Driving Deaths	∿	33%	26%	27%	⌄
Sexually Transmitted Infections	∿	731.3	552.2	481.3	⌄
Teen Births		31	28	19	⌄

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14

Clinical Care Factors – Alabama – Mobile Co.

Clinical Care		Mobile (MO) County	Alabama	United States	
Uninsured	∿	12%	12%	10%	⌄
Primary Care Physicians	∿	1,410:1	1,520:1	1,310:1	⌄
Dentists	∿	1,950:1	2,050:1	1,380:1	⌄
Mental Health Providers		880:1	800:1	340:1	⌄
Preventable Hospital Stays	∿	4,148	3,599	2,809	⌄
Mammography Screening	∿	32%	36%	37%	⌄
Flu Vaccinations	∿	44%	44%	51%	⌄

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15

Social & Economic Factors – Alabama – Mobile Co.

Social & Economic Factors		Mobile (MO) County	Alabama	United States	
High School Completion		88%	87%	89%	⌄
Some College		58%	62%	67%	⌄
Unemployment	∿	4.7%	3.4%	5.4%	⌄
Children in Poverty	∿	25%	23%	17%	⌄
Income Inequality		5.2	5.2	4.9	⌄
Children in Single-Parent Households		35%	31%	25%	⌄
Social Associations		10.9	11.9	9.1	⌄
Injury Deaths		86	87	76	⌄

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16

More Social & Economic Factors – Alabama – Mobile Co.

Additional Social & Economic Factors (not included in overall ranking)		Mobile (MO) County	Alabama	United States
High School Graduation		88%	91%	87%
Disconnected Youth		10%	8%	7%
Reading Scores		2.8	2.9	3.1
Math Scores		2.7	2.7	3.0
School Segregation		0.25	0.28	0.25
School Funding Adequacy	∿	-$5,954	-$3,869	$1,062
Gender Pay Gap		0.71	0.74	0.81
Median Household Income		$49,800	$54,000	$69,700
Living Wage		$40.75	$40.29	$45.00
Children Eligible for Free or Reduced Price Lunch		68%	53%	53%
Residential Segregation - Black/White		57	58	63

County Health Rankings & Roadmaps, 2023

17

More Social & Economic Factors – Alabama – Mobile Co.

	Mobile (MO) County	Alabama	United States
Child Care Cost Burden	28%	27%	27%
Child Care Centers	7	6	7
Homicides	16	11	6
Suicides	15	16	14
Firearm Fatalities	25	22	12
Motor Vehicle Crash Deaths	19	20	12
Juvenile Arrests	22		24
Voter Turnout	58.7%	62.6%	67.9%
Census Participation	60.5%		65.2%

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18

Slide 19

Physical Environment Factors – Alabama – Mobile Co.

Physical Environment		Mobile (MO) County	Alabama	United States
Air Pollution - Particulate Matter	~	8.3	9.3	7.4
Drinking Water Violations		No		
Severe Housing Problems		15%	13%	17%
Driving Alone to Work		85%	84%	73%
Long Commute - Driving Alone		37%	35%	37%

Additional Physical Environment (not included in overall ranking)	Mobile (MO) County	Alabama	United States
Traffic Volume	317	214	505
Homeownership	64%	69%	65%
Severe Housing Cost Burden	14%	12%	14%
Broadband Access	80%	82%	87%

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19

Slide 20

What about Health Disparities?
Samples from the Alabama Department of Public Health reports.

20

Slide 21

Years of Potential Life Lost Rate

Disaggregated by Race	Value	Error Margin
Years of Potential Life Lost Rate	**11,000**	**10,600-11,300**
American Indian & Alaska Native	12,600	9,000-17,300
Asian	4,900	3,400-6,700
Black	13,900	13,200-14,600
Hispanic	3,700	2,600-5,100
White	9,600	9,100-10,000

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21

Slide 22

Health Trends – Heart Disease

Cardiovascular Diseases

Alabama's #8 Health Indicator

Cardiovascular Diseases (CVDs) are identified as the eighth most prominent health indicator in AL. It refers to a group of serious health conditions which can result in death and disability (CDC Heart Disease). CVD was the leading cause of death in AL for 2019 (America Health Rankings).

Disproportionately Affected Populations

CVDs are considered an aging disease, which means your risk of receiving the diagnosis increases with age. White males have the highest risk of developing CVDs, followed by AA/black males, AA/black females, and Asian males (CDC Heart Disease). Individuals that live in food deserts (i.e., places with limited access to healthy and affordable food choices) and low-income neighborhoods with little green space have higher rates of CVD morbidity (American Heart Association).

BRFSS, 2021

ADPH. Cardiovascular Diseases

22

Slide 23

Health Trends – Diabetes

Are You At Risk?

Diabetes Alert Day, March 28, 2023

In Alabama, more than 550,000 people have diabetes. Even more, Alabamians have prediabetes, which increases their risk of developing Type 2 diabetes. You may be at risk of developing Type 2 diabetes if you:

- Have prediabetes
- Are overweight
- Are 45 years or older
- Have a parent, brother, or sister with type 2 diabetes
- Are physically active less than 3 times a week
- Have ever had gestational diabetes (diabetes during pregnancy) or given birth to a baby who weighed over 9 pounds
- Are an African American, Hispanic or Latino, American Indian, or Alaska Native person. Some Pacific Islanders and Asian American people are also at higher risk.
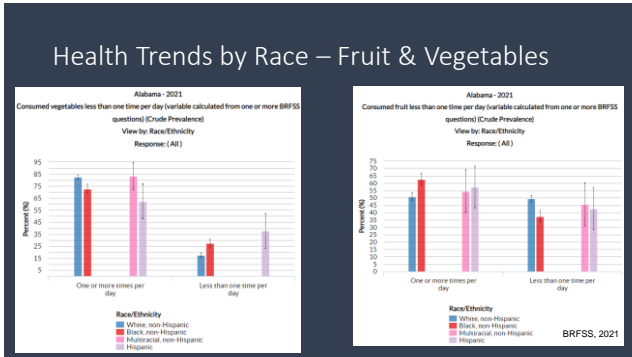
BRFSS, 2021

23

Slide 24

Health Trends by Gender/Race - Cancer

Figure 1. All Sites Cancer Incidence and Mortality Rates, by Sex and Race, Alabama

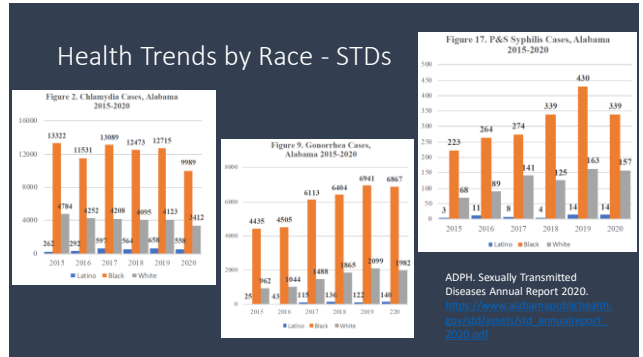| Estimated Number of Cancer Deaths for Selected Cancer Sites, Alabama, 2021	
Site	Deaths
All Sites	10,590
Brain/Nervous System	310
Female Breast	720
Colon & Rectum	920
Leukemia	350
Liver	470
Lung & Bronchus	2,860
Non-Hodgkin Lymphoma	270
Ovary	220
Pancreas	820
Prostate	480

Source: American Cancer Society. Cancer Facts & Figures 2021. Atlanta. American Cancer Society.

24

Health Trends by Race – Fruit & Vegetables

BRFSS, 2021

25

Health Trends by Race - STDs

ADPH. Sexually Transmitted Diseases Annual Report 2020. https://www.alabamapublichealth.gov/std/assets/std_annualreport_2020.pdf

26

Addressing Health Disparities
Promoting Health Equity in Communities

27

https://www.cdc.gov/nccdphp/dch/programs/healthycommunitiesprogram/tools/pdf/SDOH-workbook.pdf

28
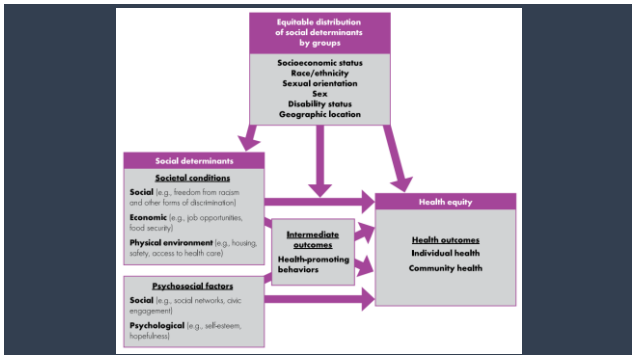
29

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.

30

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.
- What would addressing the SDOH factor "mean" to your community?

31

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?

32

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!

33

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!

34

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.

35

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.

36

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.
  - Knowledge, Skill development, Cultural competence, Advocacy!
- Be responsive to changes.
  - Social, economic, political, 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! Celebrate small wins!

37

Closing Thoughts

38

Embrace and Enjoy the Journey & Outcome!

Questions ?

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39