

# HEALTH EQUITY ESSENTIALS: WHAT YOU NEED TO KNOW ABOUT THE SOCIAL DETERMINANTS OF HEALTH

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## Health Disparities, Inequities, Equity

### Health Disparity

A difference in health between groups of people.

By itself, *disparity* does not address the chain of events that produces it.

### Health Inequity

Differences in population health status and mortality rates that are **systemic, patterned, unfair, unjust, and actionable**, as opposed to random or caused by those who become ill.

- Margaret Whitehead

### Health Equity

A fair, just *distribution* of the social resources and social opportunities needed to achieve well-being.

-ASTHO, 2000

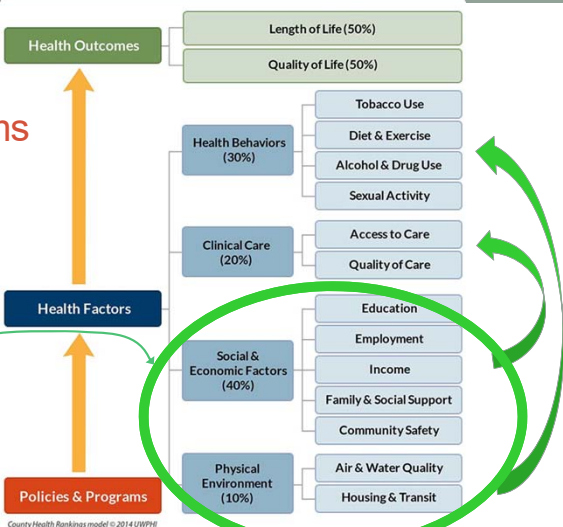
An environment where everyone has a fair and just opportunity to be healthy.

-Paula Braveman, 2017

*This slide based on consensus definitions originally compiled by Ingham Co, MI*

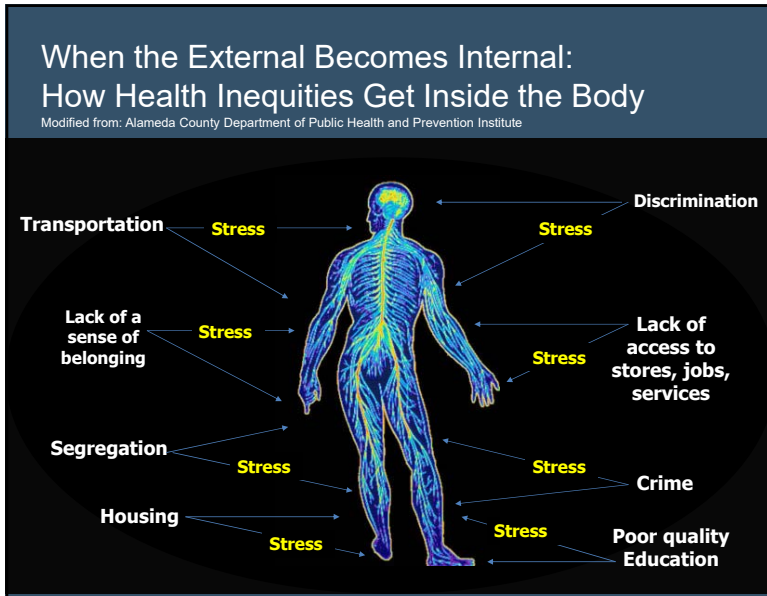
## SDoH Mechanisms

SDoH = the conditions in which people are born, grow up, live, work, and age. (WHO)



## SDoH – health pathways

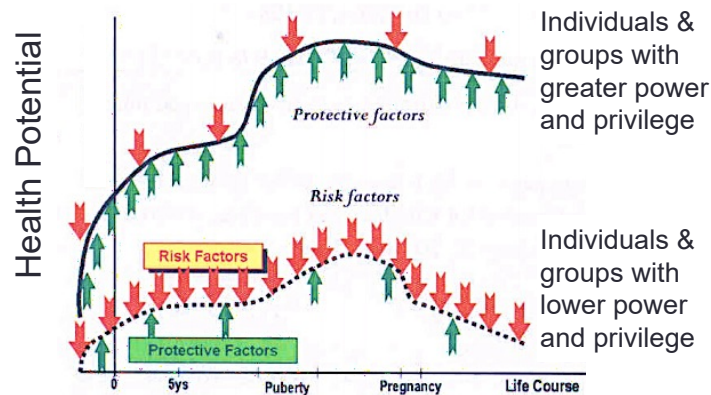
1. SES affects access to & quality of healthcare
2. SDoH affect likelihood of healthy behaviors (e.g., diet and exercise)
3. Low SES affects one's biology directly
  - Toxic physical environments
  - Epigenetic mechanisms / DNA methylation
  - **Toxic stress (multiple sources) -> chronic stress hormone elevation -> ↑BP, glucose metabolism, immune dysfunction, fetal issues**



## SDoH – health pathways

1. SES affects access to & quality of healthcare
2. SDoH affect likelihood of healthy behaviors (e.g., diet and exercise)
3. SDoH affects one's biology directly
  - Example: toxic physical environments
  - Example: toxic stress -> chronic stress hormone elevation -> ↑BP, glucose metabolism, immune dysfunction, fetal issues
  - Example: epigenetic mechanisms / DNA methylation
4. Racism - - and other forms of discrimination - - have additive effects over and above the effects of SES, probably also through the effects of chronic stress hormone elevation

## Across the Life Course & from Generation to Generation

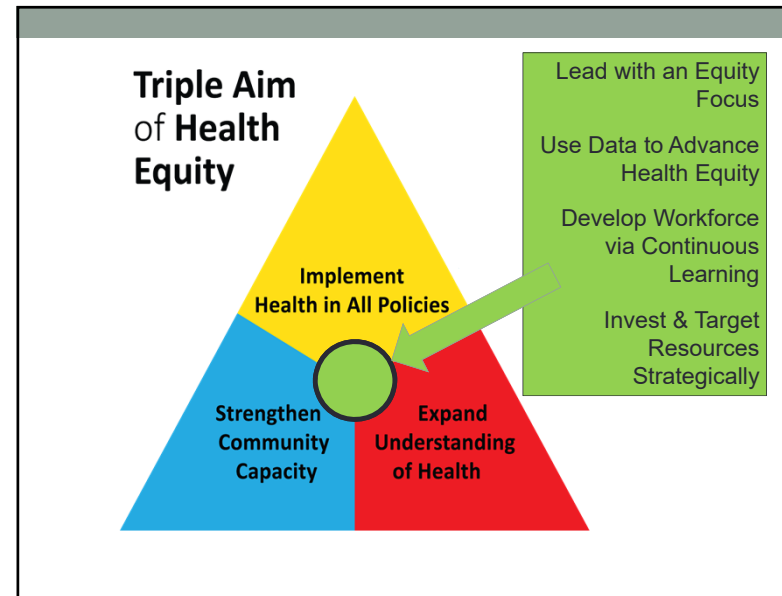
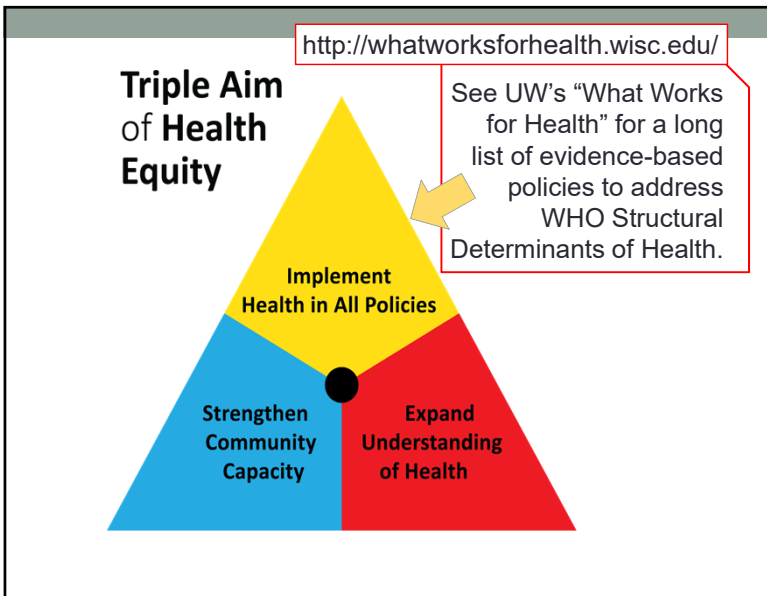
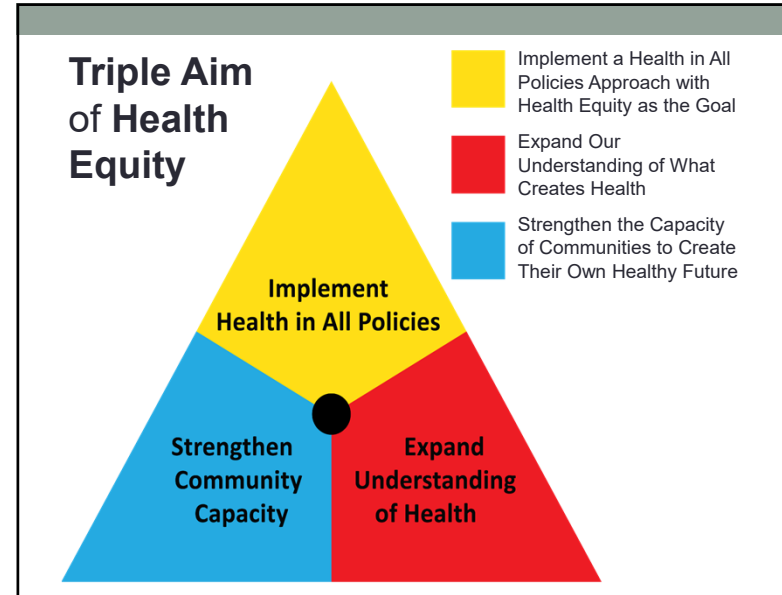


Modified from <http://www.wapcperinatalconference.org/2012/images/AnnualConference/whw1.pdf>

## Power and Privilege Drive Health

- Health Inequities reflect the differences in lived experience between different groups of people
- Power and privilege, or lack thereof
  - supports or constrains healthcare access and quality
  - supports or constrains individual health behaviors
  - gets directly under the skin, via chronically lower or higher levels of stress hormones
- Power and privilege, or lack thereof, are driven by societal-level root-causes

- See end of handout for
  - Full-page WHO Conceptual Framework
  - Evidence-based policies mapped to WHO Framework



## Foundational Practices for Health Equity – Learning and Action Tool

- I. Expand the Understanding of Health
- II. Assess & Influence the Policy Context
- III. Lead with an Equity Focus
- IV. Use Data to Advance Health Equity
- V. Develop Workforce via Continuous Learning
- VI. Build Partnerships & Community Capacity
- VII. Use & Target Resources Strategically

- <http://www.health.state.mn.us/divs/opi/healthequity/resources/coiin-hrsa-foundational.html>

## Strategies for Health, Healthcare, and Public Health Professionals

Individual / Clinical Level

Organizational Policy Level

Community Level

Public Policy Level

## Individual Level

- Screen during patient/client interactions for socioeconomic issues and access to basic needs (food, employment, benefits, education).
- Screening tools include the mnemonic IHELLP (for income, housing, education, legal status, literacy, and personal safety)
- Coordinate services for individual patients by partnering with social workers, health advocates, community health workers, legal aid agencies, and other professionals
- Assure implementation of CLAS Standards (Culturally and Linguistically Appropriate Services)

## Organizational Policy Level

- HR policies for diverse workforce recruitment, retention, and development
- Career development programs & policies, e.g. career ladders/pipelines in low income communities
- Procurement policies to support local businesses
- Living wage, paid sick leave, paid family & medical leave (employees *and* contractors)
- Anti-racism / implicit bias mitigation programs: See Harvard Implicit Association Test (IAT) and <http://breaktheprejudicehabit.com/>

## Community Level

- Be active in and provide support to community-wide programs and initiatives that address the social determinants of health
- Provide support to local community-based organizations whose mission focuses on addressing the social and economic needs of community members, e.g.:
  - financial support
  - serving on the advisory boards of advocacy or social service organizations
- Engage in cross-agency, cross-sector collaborations

## Local, State & Federal Policy Level (1)

- Speak out on the importance of SDoH; help decision-makers better understand the health impact of *all* policies (including those far beyond healthcare policies).
- Develop relationships with and educate policy-makers directly
- Focus media appearances (e.g., TV interviews, radio show call-ins, and writing op-eds and letters to the editor) on Equity and SDoH.

## Local, State & Federal Policy Level (2)

- Work collectively
  - Leverage organizational power (healthcare systems, professional organizations, governmental agencies, etc.)
  - Work across sectors, break down silos.
  - Partner with community and faith-based organizations with overlapping interests, education sector leaders, business leaders, community organizers, public safety officials, etc.

## Another Resource

- Inside and Outside Strategies to Advance Health Equity
  - <https://healthequityguide.org/strategic-practices/>
  - Tailored for local health depts, but broadly applicable
  - See also <https://humanimpact.org/14-inside-and-outside-strategies-to-advance-health-equity-within-local-public-health-practice/>

### Outside Strategies (Human Impact Partners)

1. Build partnerships with communities experiencing health inequities in ways that intentionally share power and decision-making, and that allow for meaningful participation
2. Build alliances and networks with community partners to protect against risk and build power
3. Build alliances with other agencies and organizations
4. Engage strategically in social justice campaigns and movements
5. Join broader movements to advance equity

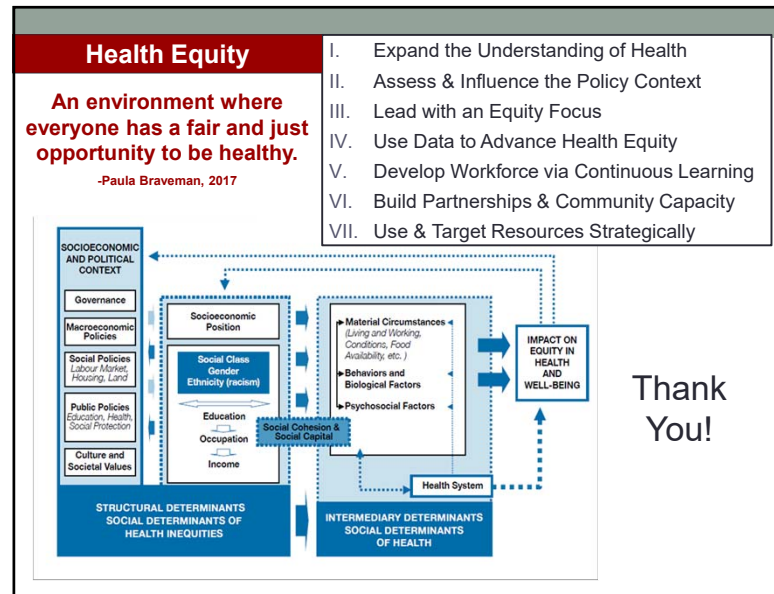
### Inside Strategies (Human Impact Partners)

1. Focus on addressing the “causes of the causes of health inequities” – oppression and power
2. Prioritize improving the social determinants of health through policy change
3. Build understanding of and capacity to address equity across the organization
4. Support leadership, innovation, and strategic risk-taking to advance equity
5. Change the narrative of what leads to health
6. Commit the organization and its resources to advance equity
7. Use data, research, and evaluation to make the case
8. Change internal practices such as hiring & contracting

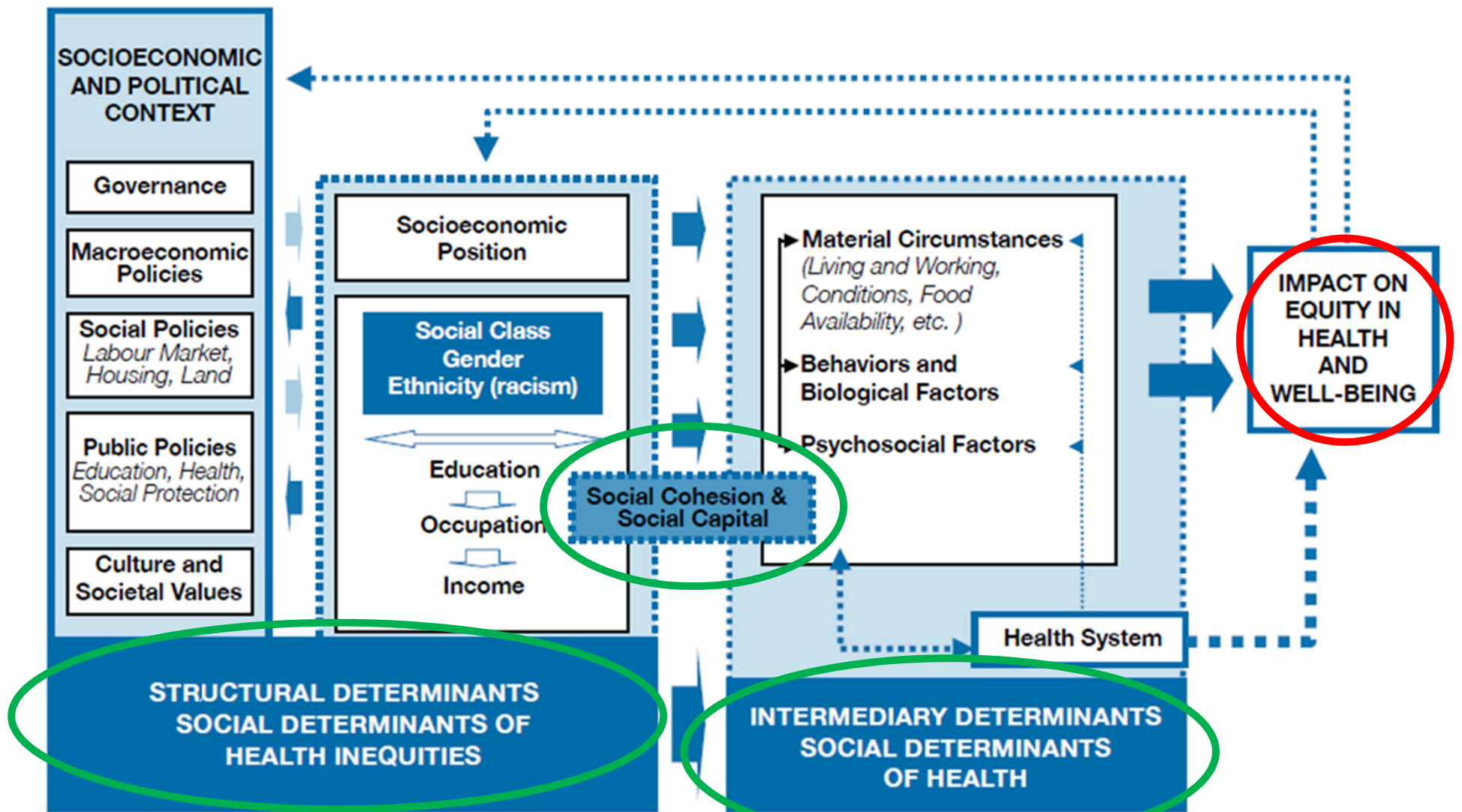
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- The collaborators on the 7 Foundational Practices:

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| <ul style="list-style-type: none"> <li>• MN Dept. of Health                     <ul style="list-style-type: none"> <li>• Jeanne Ayers</li> <li>• Dorothy Bliss</li> <li>• Susan Castellano</li> <li>• Jeannette Raymond</li> <li>• Megan Waltz</li> </ul> </li> <li>• Cook Co. Dept. of Health                     <ul style="list-style-type: none"> <li>• Jim Bloyd</li> </ul> </li> <li>• MI Dept. of Health and Human Services                     <ul style="list-style-type: none"> <li>• Ann Batdorf-Barnes</li> <li>• Brenda Fink</li> </ul> </li> </ul> | <ul style="list-style-type: none"> <li>• UW Extension / UW MATCH Program                     <ul style="list-style-type: none"> <li>• Paula Tran Inzeo</li> </ul> </li> <li>• UW SMPH / City of Milwaukee Health Dept.                     <ul style="list-style-type: none"> <li>• Geof Swain</li> </ul> </li> <li>• Center for Urban Population Health (Milwaukee)                     <ul style="list-style-type: none"> <li>• Lilliann Paine</li> </ul> </li> <li>• CDC                     <ul style="list-style-type: none"> <li>• Marilyn Metzler</li> <li>• Angela Rohan (WI Assignee)</li> </ul> </li> </ul> |
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# World Health Organization Commission on Social Determinants of Health



Commission on Social Determinants of Health. (2010). *A conceptual framework for action on the social determinants of health*. Geneva: World Health Organization.

# WHO CSDH Domains

- **Structural Determinants: Socioeconomic Political Context.** The structural, cultural, and functional policies and processes that shape how societies are organized—governance structures, macroeconomic policies, social policies, etc.
- **Structural Determinants: Socioeconomic Position.** This domain describes how structural policies and processes interact to effectively assign socioeconomic position based on social characteristics (e.g., race/ethnicity, gender) through more or less access to essential resources including education, occupation, and income.
- **Intermediary Determinants.** Broadly encompassing living and working conditions (material circumstances), this domain also includes psychosocial, behavioral and biological characteristics, as well as the health system.
- **Cross-cutting Determinants (social capital and social cohesion).** This domain acknowledges human agency and the role of people in the shaping of policies and processes that effectively determine how societies are organized.
- **Health Equity:** fairness in the distribution of social resources and opportunities (and power) needed to achieve well-being between groups with differing levels of social disadvantage (ASTHO); an environment where everyone has a good chance to be healthy.



# Policy Examples: Addressing Inequities in Health Outcomes

