



## SAMHSA-HRSA Center for Integrated Health Solutions


# Disparities, Equity, and the Social Determinants of Health: How do these Issues Impact Our Communities?

May 15, 2015

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STATE ASSOCIATIONS OF ADDICTION SERVICES

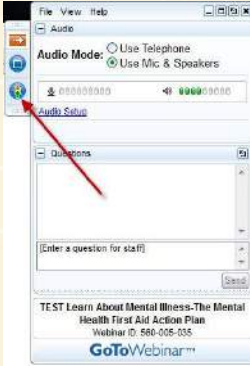
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# How to ask a question during the webinar



If you dialed in to this webinar on your phone please use the “raise your hand” button and we will open up your lines for you to ask your question to the group. **(left)**



If you are listening to this webinar from your computer speakers, please type your questions into the question box and we will address your questions. **(right)**

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### THE TRADITIONAL TEN TIPS FOR BETTER HEALTH

1. Don't smoke. If you can, stop. If you can't, cut down.
2. Follow a balanced diet with plenty of fruit and vegetables.
3. Keep physically active.
4. Manage stress by, for example, talking things through and making time to relax.
5. If you drink alcohol, do so in moderation.
6. Cover up in the sun, and protect children from sunburn.
7. Practice safer sex.
8. Take up cancer screening opportunities.
9. Be safe on the roads: follow the Highway Code.
10. Learn the First Aid ABCs: airways, breathing, circulation.

Donaldson, L., Ten Tips for Better Health., London UK: Stationary Office, 1999. Available at <http://www.archive.official-documents.co.uk/document/cm43/4386/4386-tp.htm>

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### THE SOCIAL DETERMINANTS TEN TIPS FOR BETTER HEALTH

1. Don't be poor. If you can, stop. If you can't, try not to be poor for long.
2. Don't have poor parents or grandparents.
3. Own a car.
4. Don't work in a stressful, low paid manual job.
5. Don't live in damp, low quality housing in high crime neighborhood.
6. Have a college degree, at least be fully literate
7. Practice not losing your job and don't become unemployed.
8. Access community resources needed when you are unemployed, retired or sick or disabled.
9. Don't live next to a busy major road or near a polluting factory.
10. Learn how to fill in the complex housing and health benefits application forms before you become homeless and destitute.

Gordon, D., Posting (April, 1999) Spirit of 1848 listserv.

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### Today's Purpose

- Define and illustrate the social determinants of health
- Describe how social and economic inequities impact health status
- Identify how health disparities are manifested in racial, ethnic, and culturally diverse populations
- Create a shared definition and language for addressing health disparities systemically

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**Poll Question:**  
**What is your current understanding of the different social determinants of health in your community?**

My current understanding is:

- Strong
- Fair
- Limited



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**Define and illustrate the social determinants of health**

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## Titanic Survival Statistics by Class, Gender, and Maturity

*Titanic Survival Statistics Breakdown by Class, Gender, and Maturity*

	Men			Women		
	On Board	Survived	Percent Survived	On Board	Survived	Percent Survived
First Class	175	57	33%	144	140	97%
Second Class	168	14	8%	93	80	86%
Third Class	462	75	16%	165	76	46%
Crew	896	192	21%	22	20	91%
<b>Total</b>	<b>1,701</b>	<b>338</b>	<b>20%</b>	<b>424</b>	<b>316</b>	<b>75%</b>

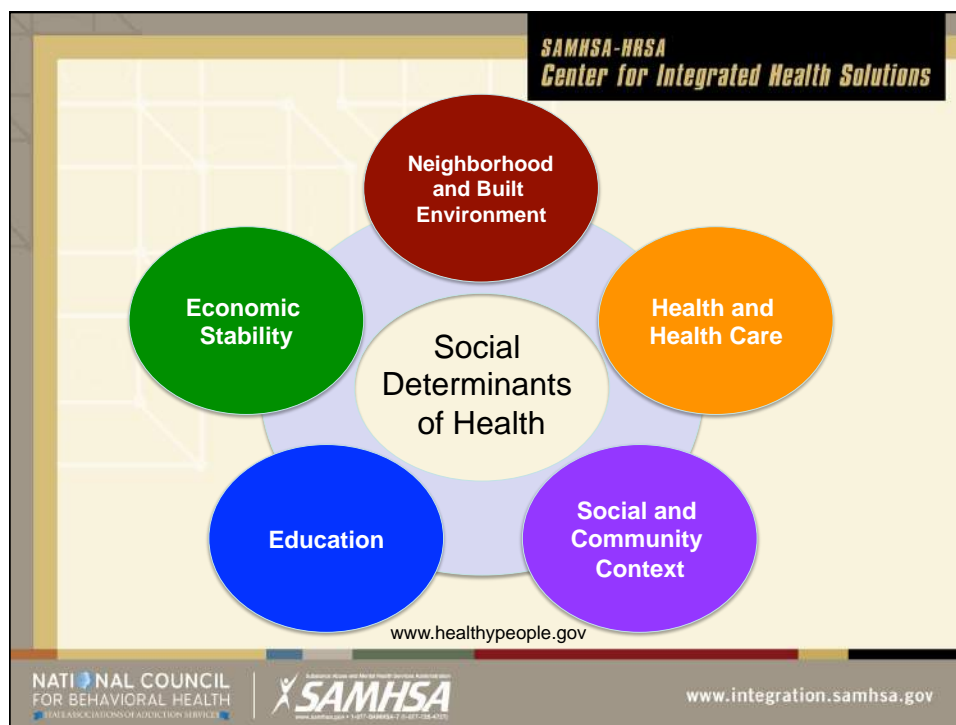
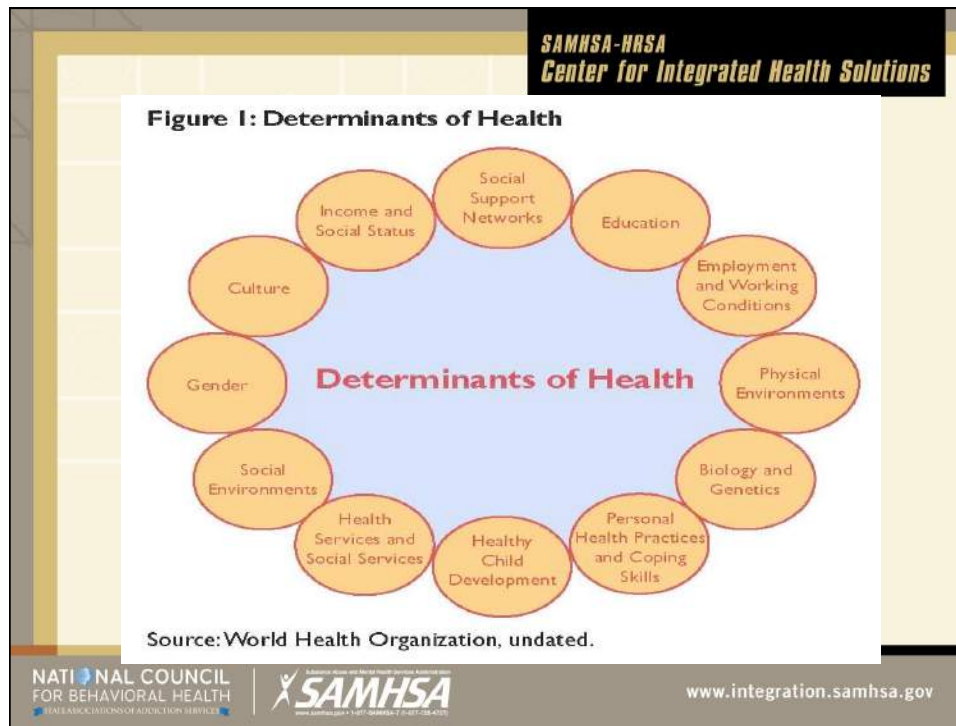
	Children			Grand Total		
	On Board	Survived	Percent Survived	On Board	Survived	Percent Survived
First Class	7	6	86%	326	203	62%
Second Class	25	25	100%	266	119	42%
Third Class	80	25	31%	707	176	25%
Crew	-	-	-	918	212	23%
<b>Total</b>	<b>112</b>	<b>56</b>	<b>50%</b>	<b>2,237</b>	<b>710</b>	<b>32%</b>

Henderson, John R. - *Titanic* Demographics, Ithaca College

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**Economic Stability**

**WE'RE HIRING!**

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The poster features a green circle with the text "Economic Stability" and a red stamp that says "WE'RE HIRING!". Below the stamp is an illustration of construction workers in red and black uniforms. To the right, there are images of US dollar bills, including a \$100 bill.

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**Economic Stability**

**SDOH**

**Neighborhood and Built Environment**

ZIP CODE 95219 Life Expectancy **73** < **88** ZIP CODE 92657 Life Expectancy

**health happens here**

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The poster features a central diagram with a white circle labeled "SDOH" surrounded by five colored circles: green (Economic Stability), red, orange, blue, and purple. Below this is a large red oval with the text "Neighborhood and Built Environment". The bottom section shows a comparison of life expectancy between ZIP code 95219 (73) and ZIP code 92657 (88), with a less-than sign between the numbers. The background includes images of a child running in a park and a busy city street. The "health happens here" logo is at the bottom right.



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Neighborhood and Built Environment  
Economic Stability  
SDOH

**Health and Health Care**

**AFFORDABLE CARE ACT**

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This graphic features a central orange oval labeled "Health and Health Care". To its left is a diagram with a central white circle labeled "SDOH" (Social Determinants of Health) surrounded by five colored circles: green for "Economic Stability", red for "Neighborhood and Built Environment", orange, blue, and purple. To the right of the SDOH diagram is a photograph of a document titled "AFFORDABLE CARE ACT" with a stethoscope. Below the SDOH diagram is a computer monitor and a tablet displaying data charts. To the right of the monitor is a photograph of a doctor examining a patient. The top right corner contains the text "SAMHSA-NRSA Center for Integrated Health Solutions". The bottom left corner features the logo for the National Council for Behavioral Health, and the bottom right corner features the SAMHSA logo and the website address "www.integration.samhsa.gov".

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Neighborhood and Built Environment  
Economic Stability  
SDOH  
Health and Health Care

**Social and Community Context**

**COMMUNITIES**

**DIRECTORY**

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U.S. DEPARTMENT OF HEALTH & HUMAN SERVICES

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This graphic features a central purple oval labeled "Social and Community Context". To its left is a diagram with a central white circle labeled "SDOH" (Social Determinants of Health) surrounded by four colored circles: green for "Economic Stability", red for "Neighborhood and Built Environment", orange for "Health and Health Care", and blue. To the right of the SDOH diagram is a photograph of a diverse group of people at an outdoor community event. Below the SDOH diagram is a book cover titled "COMMUNITIES DIRECTORY: A Comprehensive Guide to Intentional Communities and Cooperative Living". The book cover includes the text: "Includes up-to-date information on over 600 intentional communities, meetings, cooperatives, co-ops, and cohousing projects in North America and 100 from around the world. Plus detailed descriptions, maps, and an index to help you find the community you are looking for." To the right of the book cover is a photograph of a diverse group of people smiling. The top right corner contains the text "SAMHSA-NRSA Center for Integrated Health Solutions". The bottom left corner features the logo for the National Council for Behavioral Health, and the bottom right corner features the SAMHSA logo and the website address "www.integration.samhsa.gov".

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Neighborhood and Built Environment  
Health and Health Care  
Social and Community Context  
Economic Stability  
SDOH

**Education**

**EDUCATION  
~~IS A LUXURY~~  
~~IS A MORTGAGE~~  
~~IS A BUSINESS~~  
IS A RIGHT**

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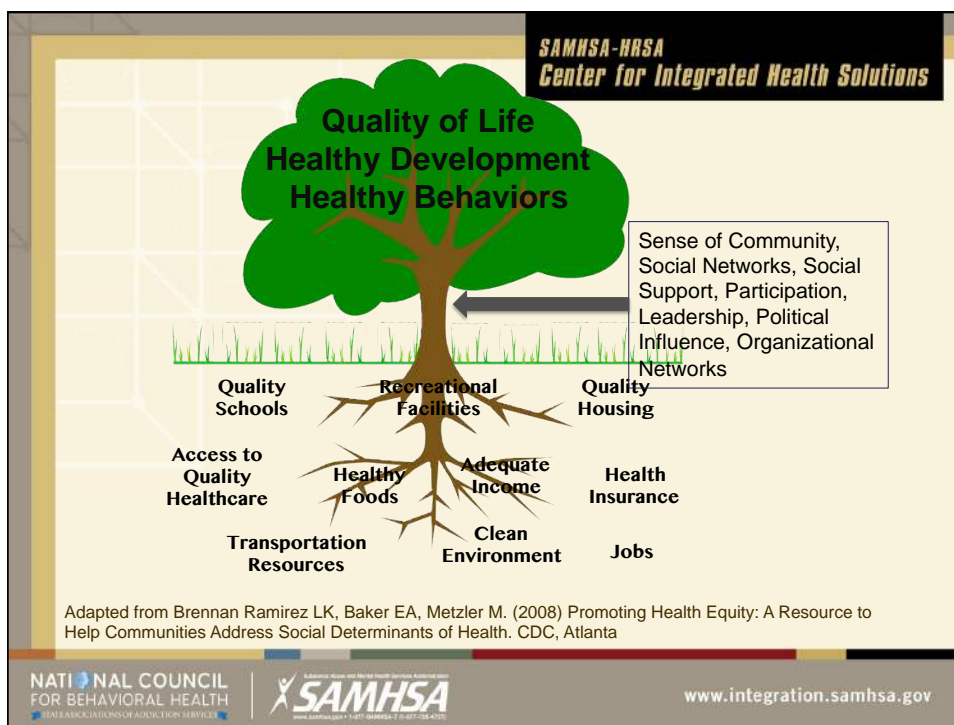
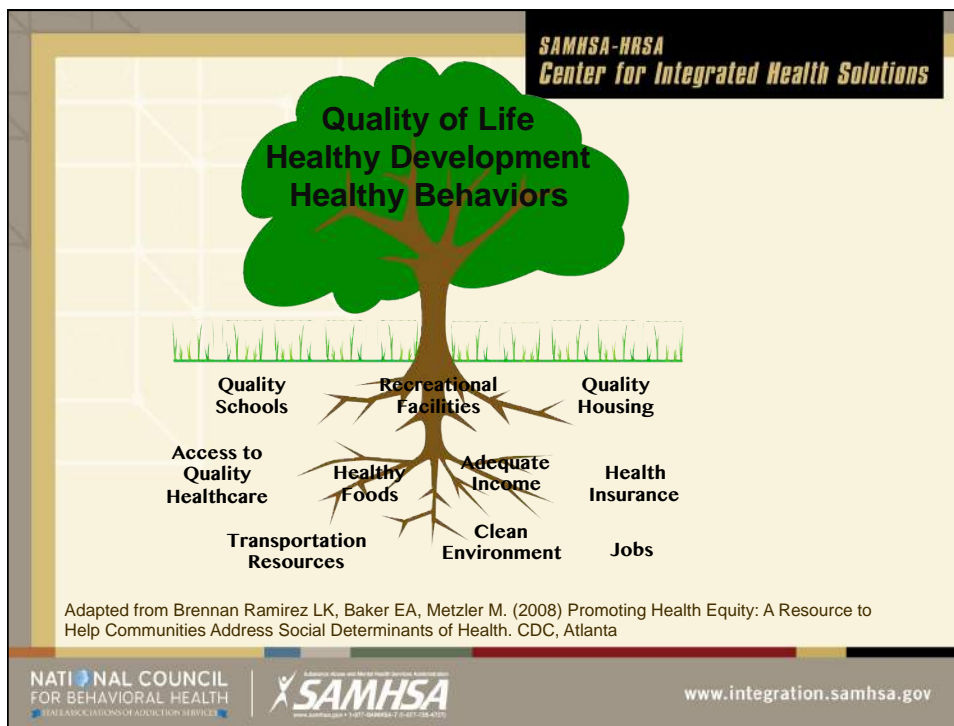
**Quality of Life  
Healthy Development  
Healthy Behaviors**

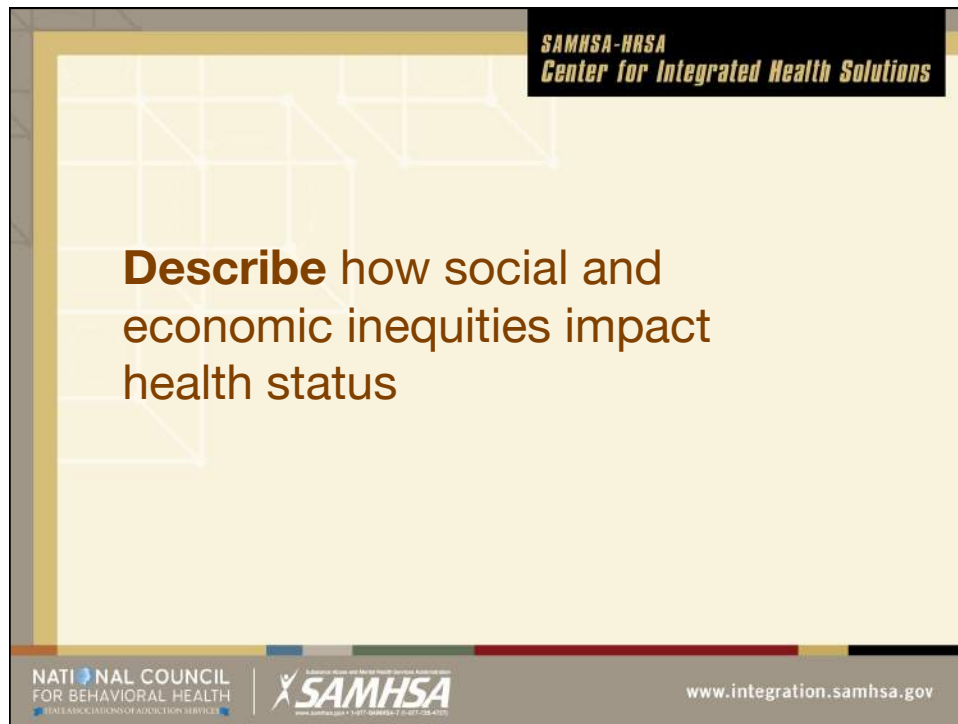
Adapted from Brennan Ramirez LK, Baker EA, Metzler M. (2008) Promoting Health Equity: A Resource to Help Communities Address Social Determinants of Health. CDC, Atlanta

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**Describe** how social and economic inequities impact health status

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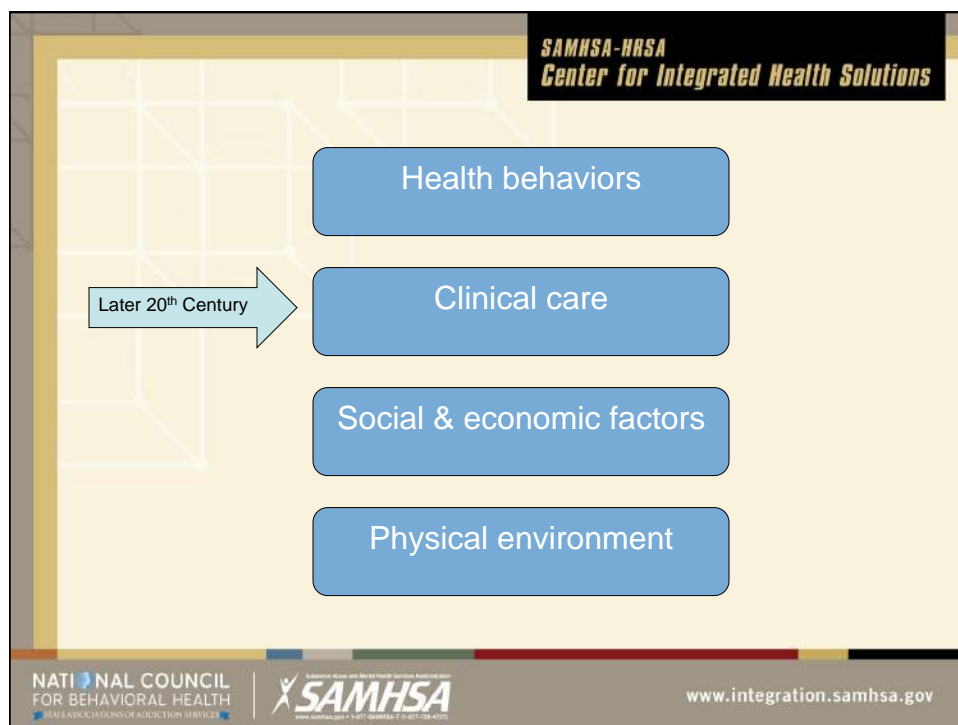
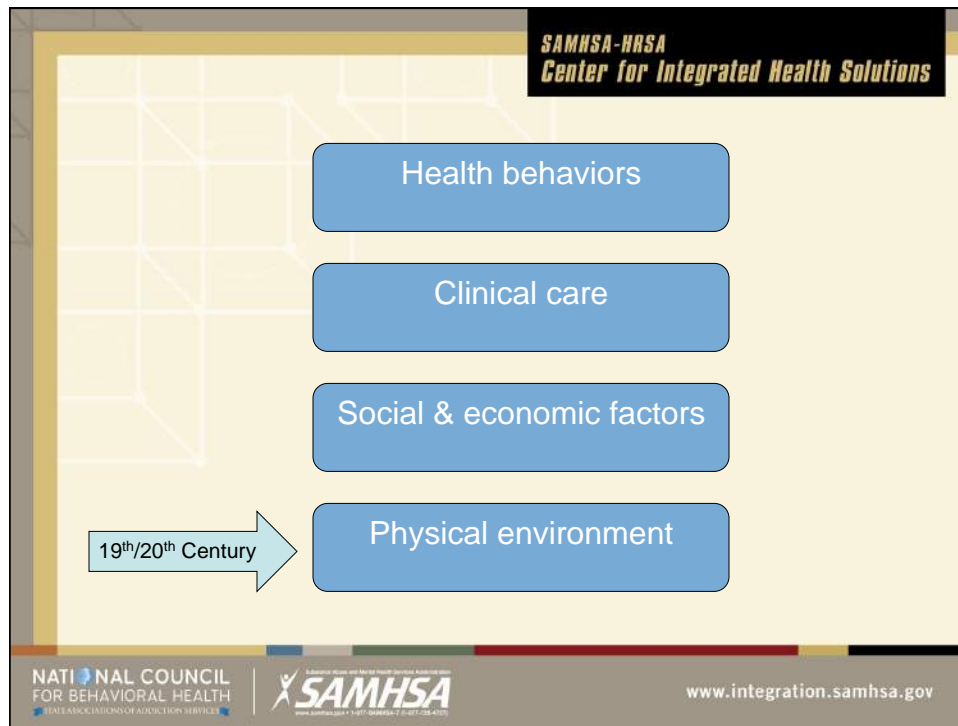
- Health behaviors
- Clinical care
- Social & economic factors
- Physical environment

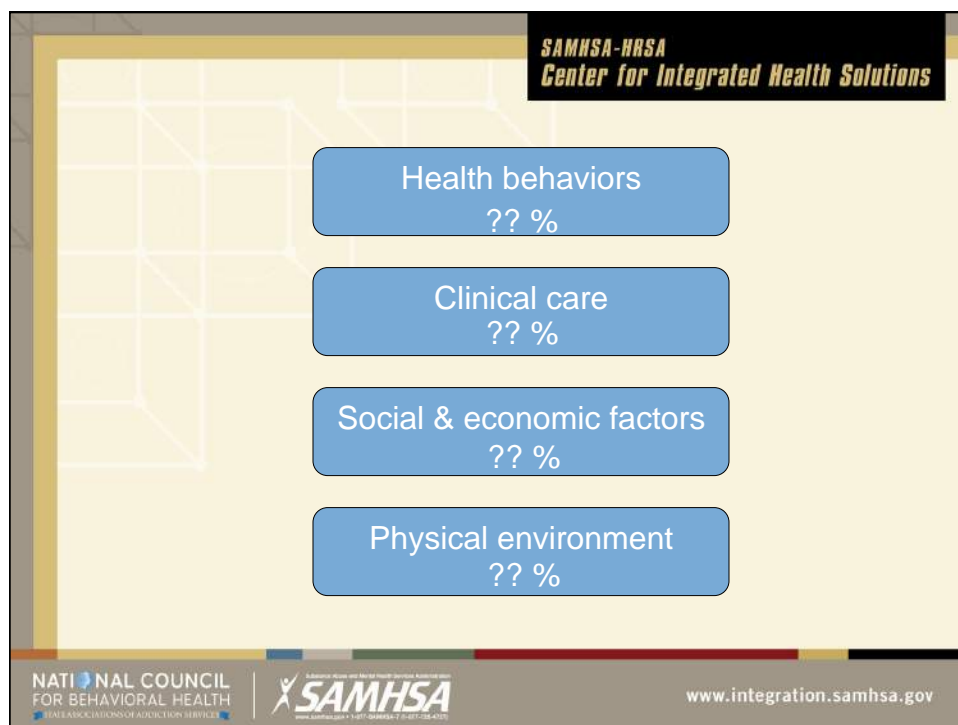
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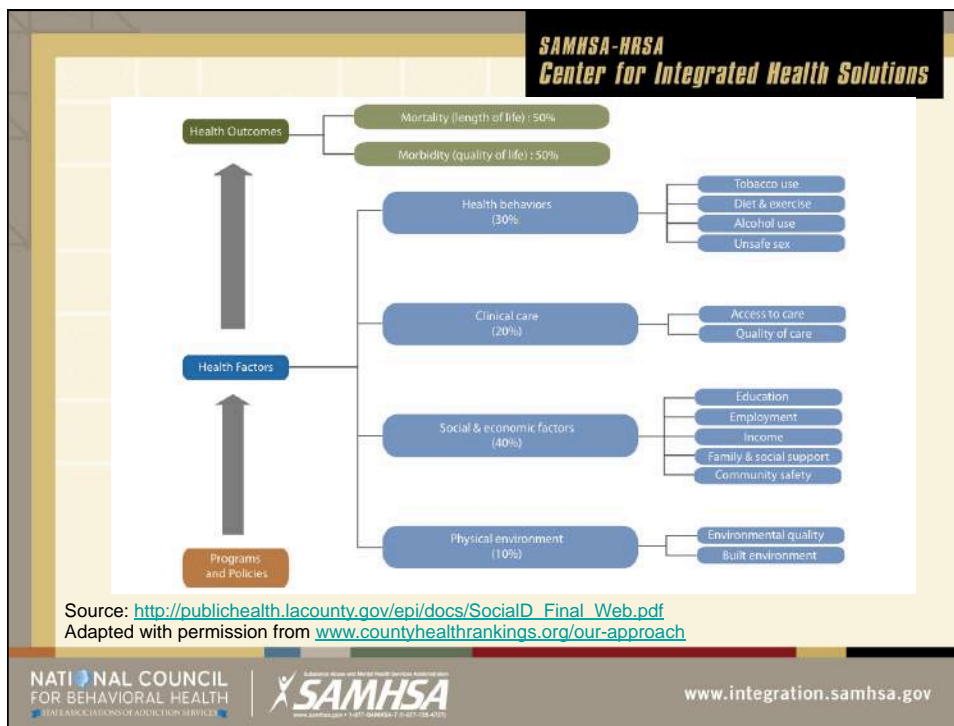
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**SIX WAYS TO TALK ABOUT SOCIAL DETERMINANTS OF HEALTH:**

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A New Way to Talk About the Social determinants of health <http://www.rwjf.org/content/dam/farm/reports/reports/2010/rwjf63023>

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**SIX WAYS TO TALK ABOUT SOCIAL DETERMINANTS OF HEALTH:**  
Health starts-long before illness-in our homes, schools and jobs.

.....  
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.....  
.....

A New Way to Talk About the Social determinants of health <http://www.rwjf.org/content/dam/farm/reports/reports/2010/rwjf63023>

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**SIX WAYS TO TALK ABOUT SOCIAL DETERMINANTS OF HEALTH:**  
Health starts-long before illness-in our homes, schools and jobs.  
All Americans should have the opportunity to make the choices that allow them to live a long, healthy life, regardless of their income, education or ethnic background.

.....  
.....  
.....

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- Health starts-long before illness-in our homes, schools and jobs.
- All Americans should have the opportunity to make the choices that allow them to live a long, healthy life, regardless of their income, education or ethnic background.
- Your neighborhood or job shouldn't be hazardous to your health.

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- Your opportunity for health starts long before you need medical care.

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- Health begins where we live, learn, work and play.

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- Health begins where we live, learn, work and play.
- The opportunity for health begins in our families, neighborhoods, schools and jobs.

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*Colloquial, values-driven language*  
*Solution-based*  
*Acknowledge personal responsibility*

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**Identify** how health disparities are manifested in racial, ethnic, and culturally diverse populations

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## BEHAVIORAL HEALTH DISPARITIES

- AI/AN communities – elevated levels of SUDs and higher suicide rates than general population
- Latina youth – highest rates of suicide attempts
- Native Hawaiian and Pacific Islander youth – among highest rates of illicit drug use and underage drinking
- African Americans – among highest unmet needs for treatment of depression and other MH disorders
  - Only ~ 13 percent U.S. population; yet ~ half (49 percent) of people who get HIV and AIDS
- LGBT population – elevated rates of tobacco use, certain cancers, obesity, and depression

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## AHRQ: DISPARITIES IN **QUALITY OF AND ACCESS TO CARE ARE COMMON**

→ **Compared to Whites**

- Blacks received worse care for **41 percent** of quality measures; worse access to care for **32 percent** of access measures
- Asians received worse care for **30 percent** of quality measures; worse access to care for **17 percent** of access measures
- AI/ANs received worse care for **30 percent** of quality measures; worse access to care for **62 percent** of access measures
- Hispanics received worse care than non-Hispanic Whites for **39 percent** of quality measures; worse access to care for **63 percent** of access measures

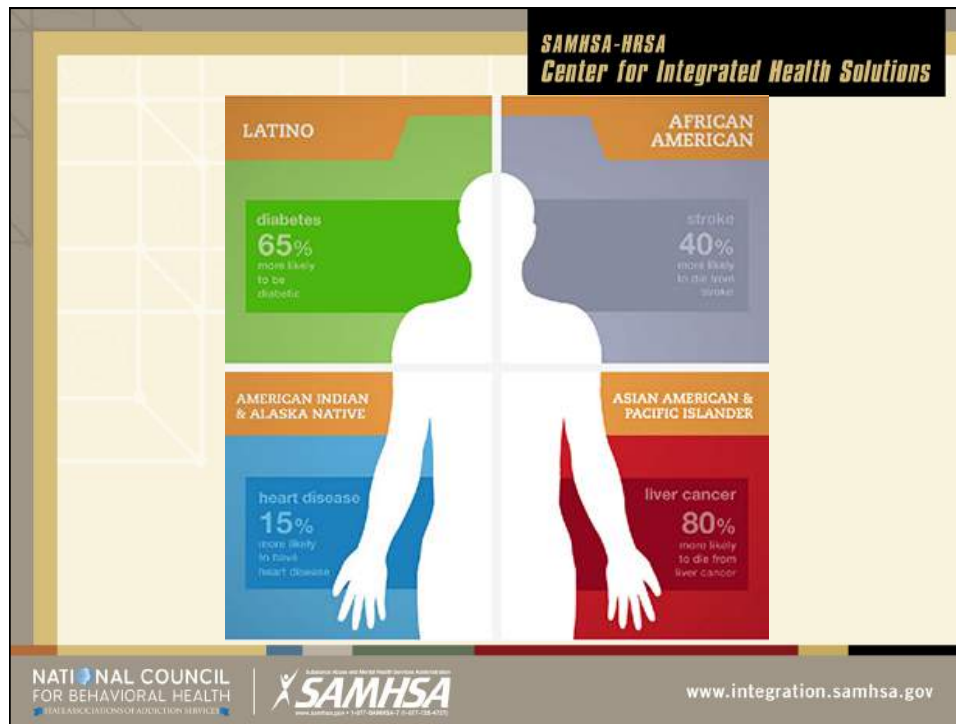
→ **Compared to High-Income People, Low-Income People:**

- Received worse care for **47 percent** of quality measures
- Had worse access to care for **89 percent** of measures

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www.integration.samhsa.gov



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**Poll Question:**  
Is your data able to identify disparities in your community on the basis of access?

- Yes
- No
- Not sure

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Substance Abuse and Mental Health Services Administration  
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**Poll Question:**  
**Is your data able to identify disparities in your community on the basis of treatment?**

- Yes
- No
- Not sure



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**Poll Question:**  
**Is your data able to identify disparities in your community on the basis of outcomes?**

- Yes
- No
- Not sure



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**Create** a shared definition and language for addressing health disparities systemically

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**What's in a Name?**

Differences  
Disparities  
inequity

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## What's in a Name?

“Differences” or “variations”

Meyers, K (2007) Racial and Ethnic Health Disparities: Influences, Actors, and Policy Opportunities. Kaiser Permanente Institute for Health Policy: Oakland, CA.

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## What's in a Name?

“Differences” or “variations”

- conveys neither a positive or negative connotation

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## What's in a Name?

“Differences” or “variations”

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“Disparities” and “inequalities”

- hold negative connotations, that one group is losing or being harmed

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Health “inequity”

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- hold negative connotations, that one group is losing or being harmed

Health “inequity”

- ethical or moral judgement, civil rights issue

Meyers, K (2007) Racial and Ethnic Health Disparities: Influences, Actors, and Policy Opportunities. Kaiser Permanente Institute for Health Policy: Oakland, CA.

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## Defining Disparities

“racial or ethnic differences in the quality of healthcare that are not due to access-related factors or clinical needs, preferences, and appropriateness of intervention.”

- Institute of Medicine



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## Defining Disparities

“racial or ethnic differences in the quality of healthcare that are not due to access-related factors or clinical needs, preferences, and appropriateness of intervention.”

- Institute of Medicine

“... differences that occur by gender, race or ethnicity, education or income, disability, geographic location, or sexual orientation.”

- Health People 2020



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## Defining Inequities

“Health inequalities can be defined as differences in health status or in the distribution of health determinants between different population groups.”

- World Health Organization

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## Defining Inequities

“Health inequalities can be defined as differences in health status or in the distribution of health determinants between different population groups.”

- World Health Organization

“Disparities in health [or health care] that are systemic and avoidable and, therefore, considered unfair or unjust.”

- Virginia Dept. of Health

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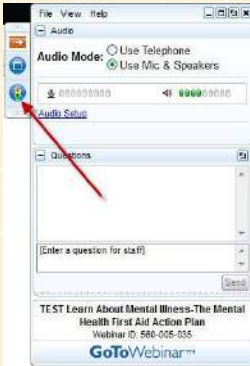
## My Terms: In my own words

Term/Concept	In my own words...
Health	
Health disparities	
Health Inequities	


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If you dialed in to this webinar on your phone please use the “raise your hand” button and we will open up your lines for you to ask your question to the group. **(left)**



If you are listening to this webinar from your computer speakers, please type your questions into the question box and we will address your questions. **(right)**


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**Additional Questions?**  
Contact the SAMHSA-HRSA Center for Integrated Health Solutions  
[integration@thenationalcouncil.org](mailto:integration@thenationalcouncil.org)

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### Health Disparities Series

**The Integration of Cultural and Linguistic Competence in Service Delivery**  
Webinar: June 12, 2015, 2-3 PM EDT  
Follow-up Q&A Session: June 26, 2015, 2-3 PM EDT

**Understanding the Enhanced CLAS Standards**  
Webinar: July 10, 2015, 2-3 PM EDT  
Follow-up Q&A Session: July 24, 2015, 2-3 PM EDT

**Performance Indicators for Integration of Cultural and Linguistic Competence**  
Webinar: August 14, 2015, 2-3 PM EDT  
Follow-up Q&A Session: August 28, 2015, 2-3 PM EDT

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