

Social Determinants of Health  
&  
Health Disparities:

A Local (U.S.) Perspective

# Objectives

- Define and give examples of health, community and social determinants of health.
- Recognize how individual health and community health are related.
- Analyze how social determinants of health can impact an individual's personal health and the health of the community.

# What does this sentence mean to you?

Health starts in our schools, homes and communities.

What is health?



# What is health?

According to the World Health Organization, health is:

**“A state of complete **physical, mental and social** well-being and not merely the absence of disease or infirmary”**

So, what are “*social determinants* of health”?

According to the World Health Organization, social determinants of health are:

“**circumstances** in which people are:

**born**

**grow up**

**live**

**work**

**age &**

**the systems put in place to deal with illness.”**

How can a community negatively impact people's health?







# CURRENT ENVIRONMENT

Social determinants of health are the circumstances in which people are born, grow up, live, work and age, and the systems put into place to deal with illness.

## ➤ Each Year In The U.S...

- ➔ **1.5 million** million individuals experience homelessness
- ➔ **3.6 million** people cannot access medical care due to lack of transportation
- ➔ **40 million** people face hunger, and
- ➔ **11.8 percent** of households are food insecure

Consider for a moment:

What are some factors that are related to health outcomes?



# Several factors related to health outcomes are listed below.

- How a person develops during the first few years of life (early childhood development)
- How much education a person obtains and the quality of that education
- Being able to get and keep a job
- What kind of work a person does
- Having food or being able to get food (food security)
- Having access to health services and the quality of those services
- Living conditions such as housing status, public safety, clean water and pollution
- How much money a person earns (individual income and household income)
- Social norms and attitudes (discrimination, racism and distrust of government)
- Residential segregation (physical separation of races/ethnicities into different neighborhoods)
- Social support
- Language and literacy
- Incarceration
- Culture (general customs and beliefs of a particular group of people)
- Access to mass media and emerging technologies (cell phones, internet, and social media)

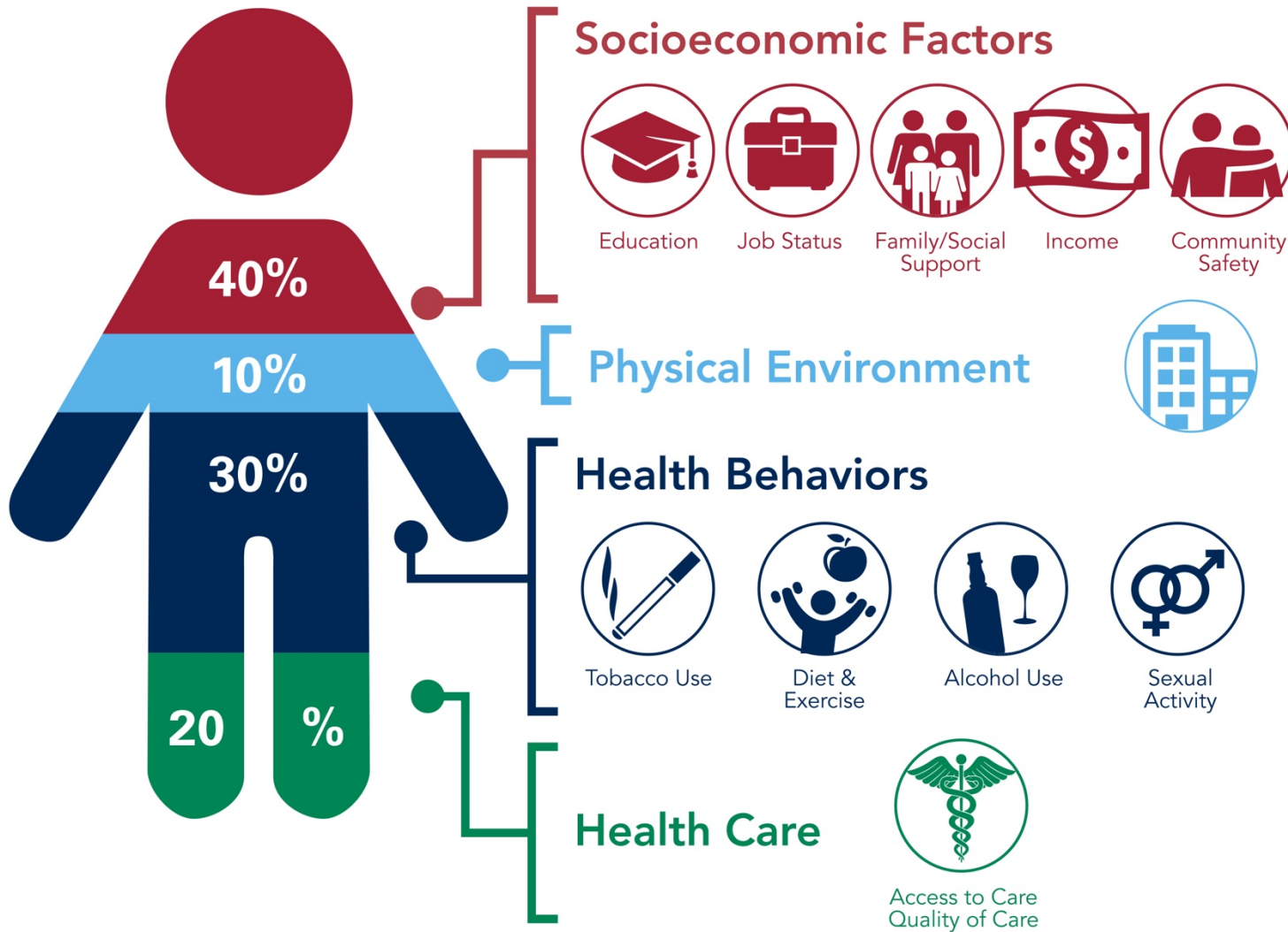
All of these factors are influenced by social circumstances. Of course, many of the factors in this list are also influenced by the other four determinants of health.

# Health is influenced by many factors....

- Health: influenced by many factors, can be organized into five broad categories:
  - **genetics, behavior, environmental and physical influences, medical care and social factors.** These five categories are interconnected.
- The fifth category (social determinants of health) encompasses economic and social conditions that influence the health of people and communities.
- These conditions are shaped by SES position:
  - which is the amount of money, power, and resources that people have, all of which are influenced by socioeconomic and political factors (e.g., policies, culture, and societal values).
- An individual's SES position can be shaped by various factors (education, occupation, or income).
  - All of these factors (social determinants) impact the **health and well-being of people and the communities they interact with.**

# IMPACT OF SOCIAL DETERMINANTS OF HEALTH

Social determinants of health have tremendous affect on an individual's health regardless of age, race, or ethnicity.



## ➤ SDOH Impact

➔ **20 percent** of a person's health and well-being is related to **access to care** and **quality of services**

➔ The **physical environment, social determinants** and **behavioral factors** drive **80 percent** of health outcomes

# IMPACT OF SOCIAL DETERMINANTS OF HEALTH

Social determinants of health have tremendous affect on an individual's health regardless of age, race, or ethnicity.

## Economic Stability:

- » Employment
- » Income
- » Expenses
- » Debt
- » Medical Bills
- » Support

## Neighborhood & Physical Environment:

- » Housing
- » Transportation
- » Safety
- » Parks
- » Playgrounds
- » Walkability

## Education:

- » Literacy
- » Language
- » Higher Education
- » Vocational Training
- » Early Childhood Education

## Food:

- » Hunger
- » Access to Healthy Options

## Community & Social Context:

- » Social Integration
- » Community Engagement
- » Support Systems
- » Discrimination

## Health Care Systems:

- » Health Coverage
- » Provider Availability
- » Provider Linguistic & Cultural Competency
- » Quality of Care

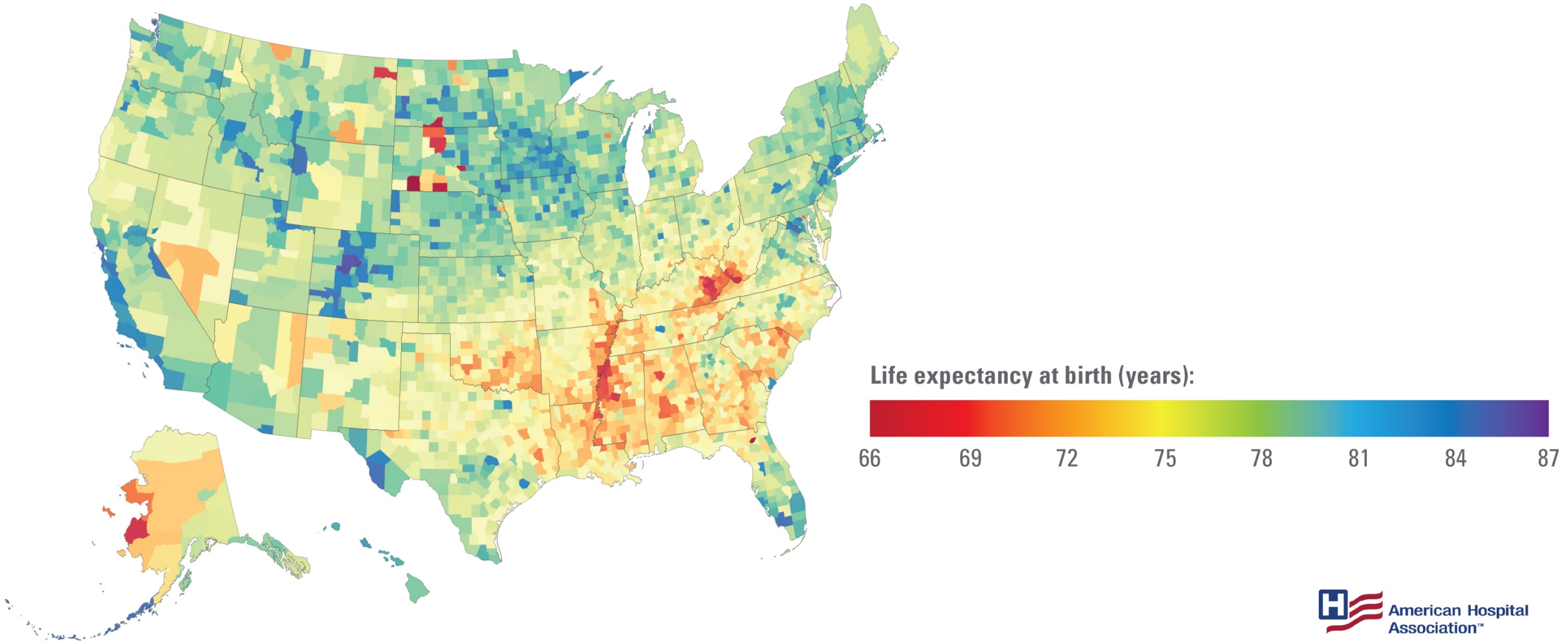
## Health Outcomes:

- » Mortality
- » Life Expectancy
- » Health Care Expenditures
- » Health Status
- » Functional Limitations



# PLACE MATTERS

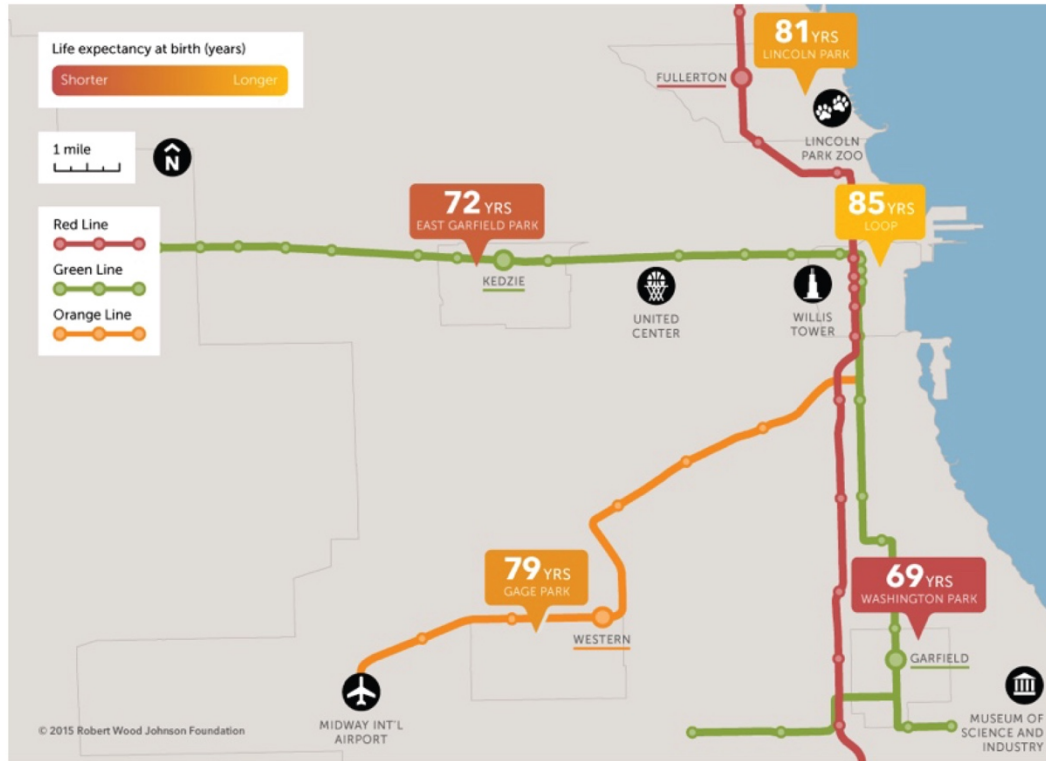
Where we live can determine how well we live and is a significant factor of life expectancy.



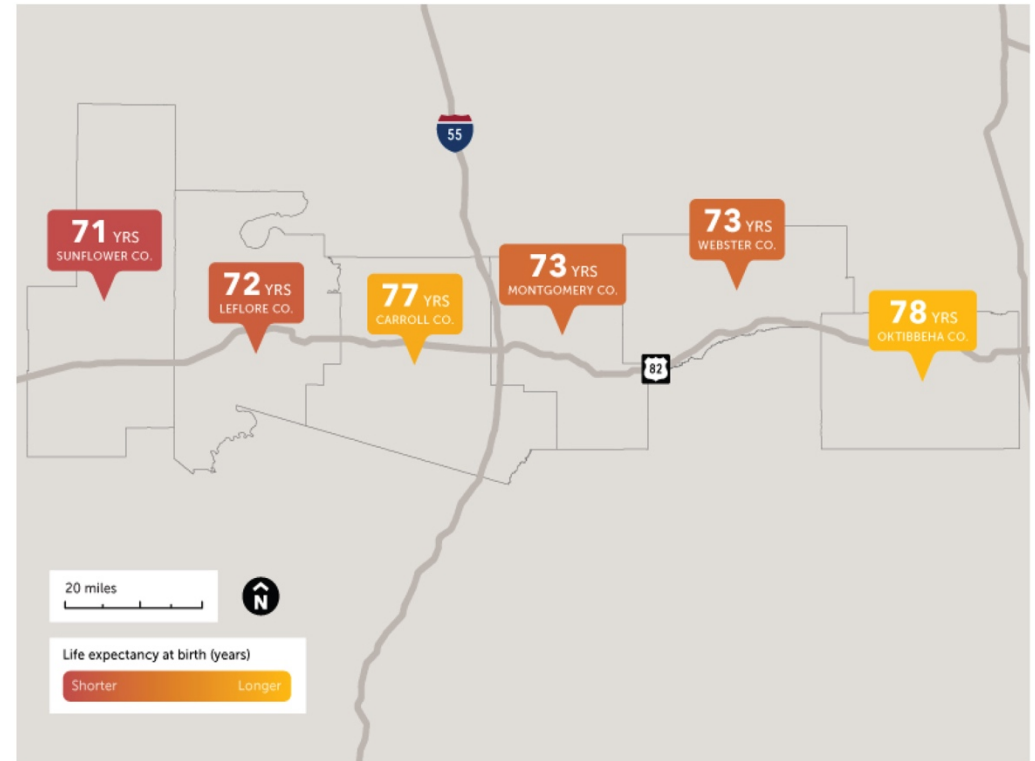
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# ZIP CODE MATTERS

Your zip code – where you actually live – also influences health.



Chicago, Illinois



Mississippi

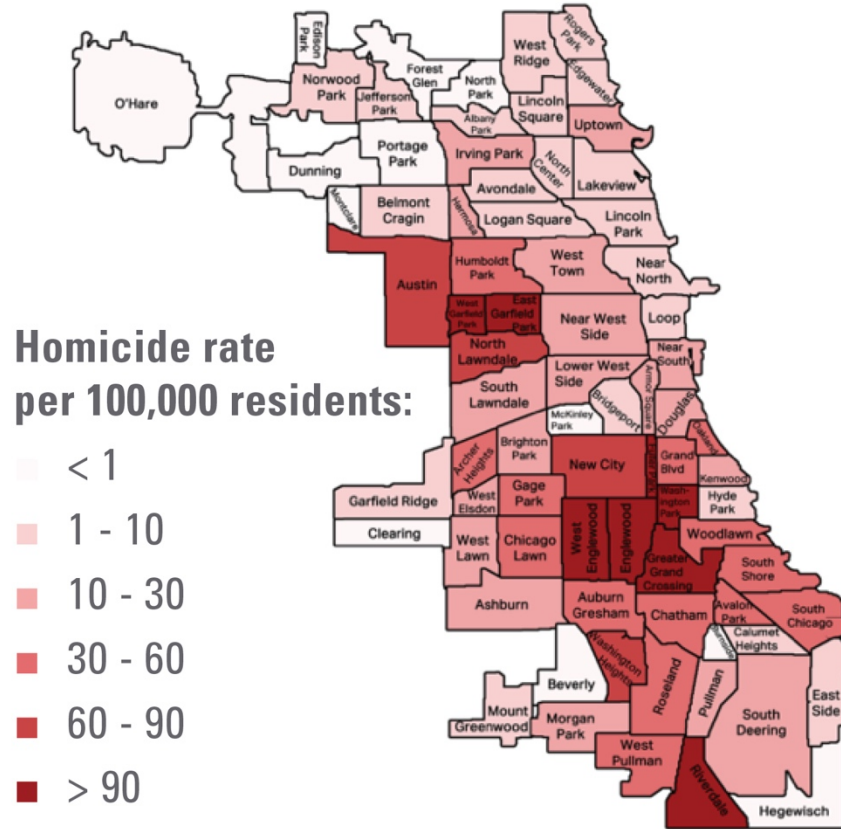
## Short Distances To Large Gaps In Health



Advancing Health in America

# COMMUNITY MATTERS

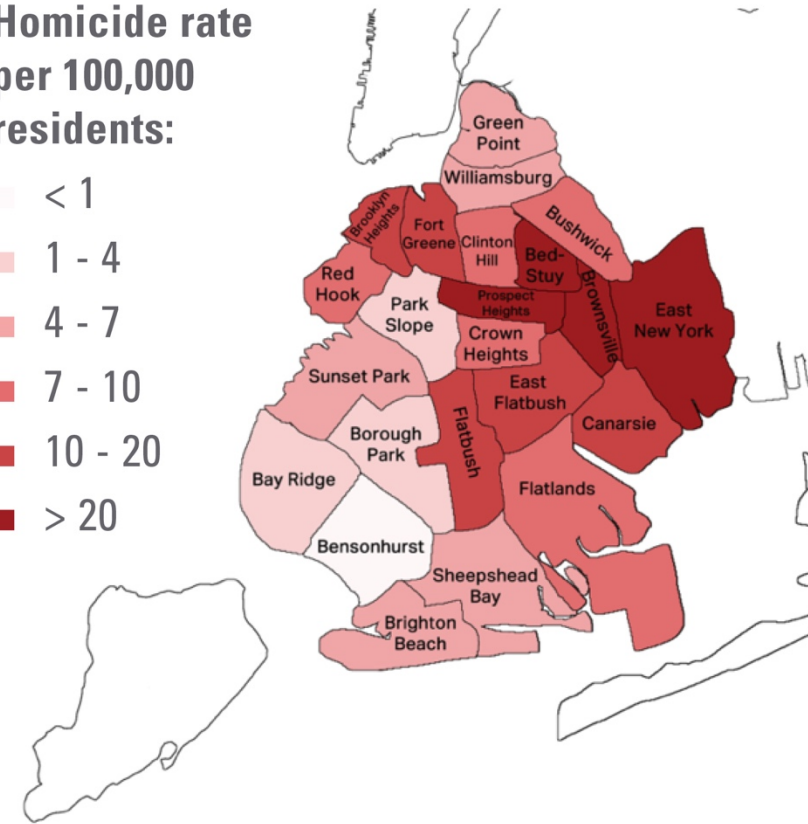
Community also matters and plays a role in how long and how well you live.



Homocides by Chicago Neighborhood  
As of December 12, 2016

**Homicide rate per 100,000 residents:**

- < 1
- 1 - 4
- 4 - 7
- 7 - 10
- 10 - 20
- > 20



Homocides by Brooklyn Neighborhood  
As of October 2016



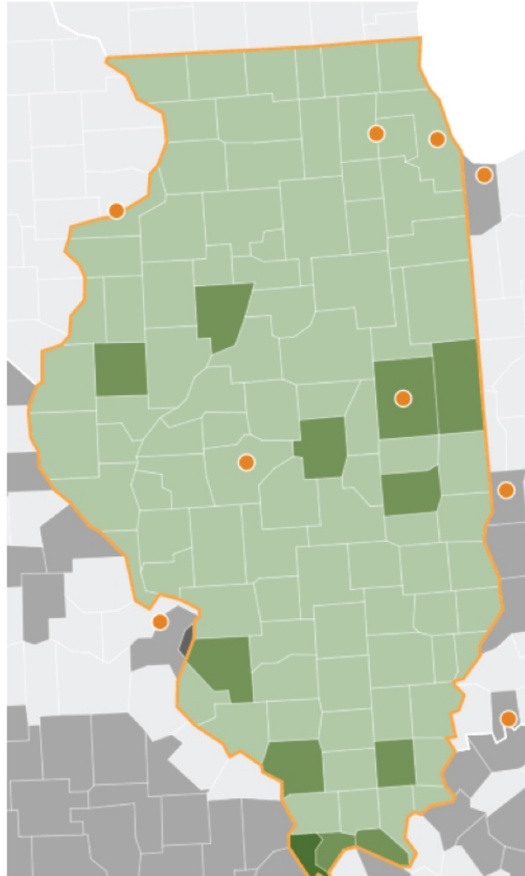
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# FOOD MATTERS

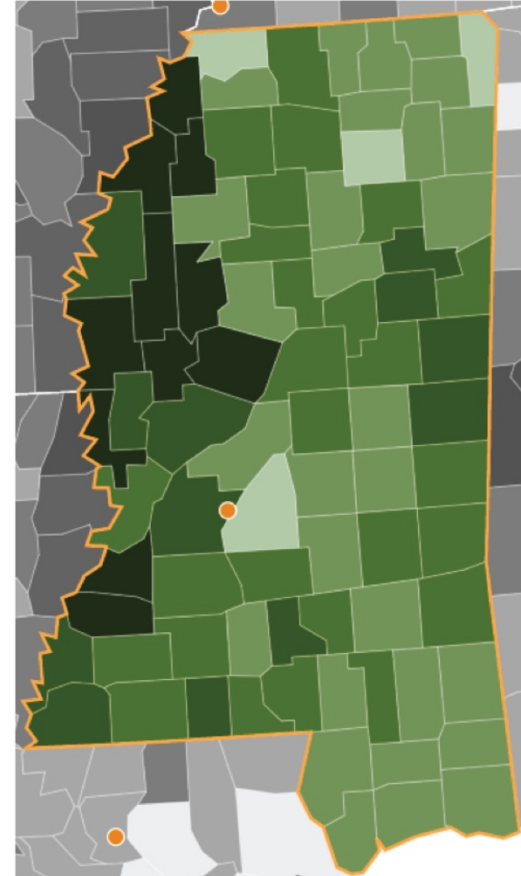
Food insecurity is a risk factor for various health issues, including chronic diseases, poverty, unemployment, homelessness, and developmental delays in children.



Illinois food insecurity rates:

- 4-14%
- 15-19%
- 20-24%
- 25-29%
- 30% +

**11.7%** are food insecure



Mississippi food insecurity rates:

- 4-14%
- 15-19%
- 20-24%
- 25-29%
- 30% +

**21.5%** are food insecure



# Health Disparities in the United States

Annu. Rev. Public Health 2008.29:235-252. Downloaded from www.annualreviews.org. Access provided by Washington University - St. Louis on 05/31/20. For personal use only.



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## U.S. Disparities in Health: Descriptions, Causes, and Mechanisms

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### Key Words

race/ethnicity, health disparities, socioeconomic status, social class, causal inference, mechanisms

### Abstract

Eliminating health disparities is a fundamental, though not always explicit, goal of public health research and practice. There is a burgeoning literature in this area, but a number of unresolved issues remain. These include the definition of what constitutes a disparity, the relationship of different bases of disadvantage, the ability to attribute cause from association, and the establishment of the mechanisms by which social disadvantage affects biological processes that get into the body, resulting in disease. We examine current definitions and empirical research on health disparities, particularly disparities associated with race/ethnicity and socioeconomic status, and discuss data

# Discuss: Factors That contribute to our health

- As a researcher, how would you define “disparity”?
- What factors contribute to national health disparities?
- Is there a fundamental cause behind these disparities?

# Health Disparities/Health Inequities

- **preventable** health differences between groups of people. These differences can affect how frequently a disease affects a group, how many people get sick, or how often a disease causes death.
- Health disparities are preventable differences in the burden of disease, injury, violence, or opportunities to reach your best health that are experienced by socially disadvantaged populations, according to the [Centers for Disease Control and Population](#) (CDC)

# What factors contribute to health disparities?

- Income
- Educational inequalities
- Employment status
- Language barriers
- Unequal access to health care
- Limited access to transportation
- Limited access to healthy food
- Limited housing options
- Environmental conditions



...and more



# Health Disparities in the United States

- Disparities result from both biological and social factors
  - Race/ethnicity and SES are common sources of social causes
- Patterns of health disparities change over time; this suggests they can be modified and avoided
- Differences in SES across blacks and whites may account for many racial/ethnic health disparities
  - It is important to utilize appropriate methods to identify such correlations

# Domestic health disparities to be aware of...

- HIV: African-Americans make up 45% of HIV diagnoses, but make up about 12% of the U.S. population
- Suicide: [Reported rates](#) of suicide attempts are up to seven times higher in LGBT youth than those who identify as heterosexual
- Diabetes: Native Americans have a greater chance of having diabetes than any other U.S. population
- Smoking: Rural Americans are more likely to be exposed to second-hand smoke, and have less access to smoking cessation programs

# COVID-19 and African Americans

## Chicago:

- more than 50% of COVID-19 cases and nearly 70% of COVID-19 deaths involve black individuals, although blacks make up only 30% of the population, deaths are concentrated mostly in just 5 neighborhoods on the city's South Side.

## Louisiana

- 70.5% of deaths have occurred among black persons, who represent 32.2% of the state's population.

## Michigan:

- 33% of COVID-19 cases and 40% of deaths have occurred among black individuals, who represent 14% of the population.

## New York City (epicenter):

- Blacks and now Hispanics have accounted for 28% and 34% of deaths, respectively (population representation: 22% and 29%, respectively)

# COVID-19 disparities

Underrepresented minorities are developing COVID-19 infection more frequently and dying disproportionately

This infection rate is more than **3-fold higher** than that in predominantly white counties. Moreover, this death rate for predominantly black counties is **6-fold higher** than in predominantly white counties.

Do these observations qualify as evident health care disparities?

# Case Study: Covid-19 and health inequity

- *“Data have already clearly demonstrated what many have feared: a pandemic in which the brunt of the effects fall on the already vulnerable US populations, and in which the deeply rooted social, racial, and economic health disparities in the country have been laid bare”*
- **How and why are vulnerable populations more susceptible to the negative effects of COVID-19?**



# WIDENING OUR LENS

**Conventional question:** How can we promote healthy behavior?

**Health equity question:** How can we target dangerous conditions and reorganize land use and transportation policies to ensure healthy spaces and places?

**Conventional:** How can we reduce disparities in the distribution of disease and illness?

**Health equity:** How can we eliminate inequities in the distribution of resources and power that shape health outcomes?

# WIDENING OUR LENS

**Conventional:** What social programs and services are needed to address health disparities?

**Health equity:** What types of institutional and social changes are necessary to tackle health inequities?

**Conventional:** How can individuals protect themselves against health disparities?

**Health equity:** What kinds of community organizing and alliance building are necessary to protect communities?