Social Determinants of Health

MELANIE BUSH
CANSLER COLLABORATIVE RESOURCES, INC.
Understanding Social Determinants

- Annual expenditures now exceed $3 trillion a year
  - Health outcomes in the US continue to fall behind other developed countries

- Overall spending on social services and health care in the US is comparable to other Western countries
  - The US disproportionately spends less on social services and more on health care
Social determinants of health are

“the structural determinants and conditions in which people are born, grow, live, work and age”
Understanding Social Determinants

IMPACT OF FACTORS ON PREMATURE DEATH

- **INDIVIDUAL BEHAVIOR**: 40%
- **GENETICS**: 30%
- **SOCIAL/ENVIRONMENTAL FACTORS**: 20%
- **HEALTH CARE**: 10%
Understanding Social Determinants

- Social determinants of health affect:
  - Genetics
  - Individual behavior
  - Social and environmental factors

- Therefore social determinants affect 90% of all factors contributing to premature death
According to the Kaiser Family Foundation:

- a meta-analysis of nearly 50 studies shows that social factors, including education, racial segregation, social supports, and poverty accounted for over a third of total deaths in the United States in a year.

In the US, lower education levels are directly correlated with lower income, higher likelihood of smoking, and shorter life expectancy.
Understanding Social Determinants

- Children born to parents who have not completed high school are more likely to live in an environment that poses barriers to health:
  - More likely to live in areas that are unsafe, have exposed garbage or litter, and have poor or dilapidated housing and vandalism
  - Less likely to live in areas that have sidewalks, parks or playgrounds, recreation centers, or a library
# Understanding Social Determinants

<table>
<thead>
<tr>
<th>Economic Stability</th>
<th>Neighborhood and Physical Environment</th>
<th>Education</th>
<th>Food</th>
<th>Community and Social Context</th>
<th>Health Care System</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employment</td>
<td>Housing</td>
<td>Literacy</td>
<td>Hunger</td>
<td>Social Integration</td>
<td>Health Coverage</td>
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<tr>
<td>Income</td>
<td>Transportation</td>
<td>Language</td>
<td>Access to Healthy Options</td>
<td>Support Systems</td>
<td>Provider Availability</td>
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<tr>
<td>Expenses</td>
<td>Safety</td>
<td>Early Childhood Education</td>
<td>Higher Education</td>
<td>Community Engagement</td>
<td>Provider linguistic and cultural competency</td>
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<tr>
<td>Debt</td>
<td>Parks</td>
<td>Vocational Training</td>
<td>Health Options</td>
<td>Discrimination</td>
<td>Quality of care</td>
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<tr>
<td>Medical Bills</td>
<td>Playgrounds</td>
<td>Higher Education</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Support</td>
<td>Walkability</td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Health Outcomes</th>
<th>Mortality, Morbidity, Life Expectancy, Health Care Expenditures, Health Status, Functional Limitations</th>
</tr>
</thead>
</table>
Understanding Social Determinants

- County Health Rankings – Robert Wood Johnson Foundation (RWJF) ranks counties by:
  - Health outcomes
  - Health Factors
    - Health Behaviors
    - Clinical Care
    - Social/economic factors
    - Physical environment factors
RWJF NC Overall Rankings in Health Factors

See: http://www.countyhealthrankings.org/app/north-carolina/2016/overview
<table>
<thead>
<tr>
<th>Rank</th>
<th>County</th>
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<th>County</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>WAKE</td>
<td>91</td>
<td>BLADEN</td>
</tr>
<tr>
<td>2</td>
<td>ORANGE</td>
<td>92</td>
<td>SWAIN</td>
</tr>
<tr>
<td>3</td>
<td>UNION</td>
<td>93</td>
<td>NORTHAMPTON</td>
</tr>
<tr>
<td>4</td>
<td>CAMDEN</td>
<td>94</td>
<td>ANSON</td>
</tr>
<tr>
<td>5</td>
<td>MECKLENBURG</td>
<td>95</td>
<td>EDGECOMBE</td>
</tr>
<tr>
<td>6</td>
<td>WATAUGA</td>
<td>96</td>
<td>COLUMBUS</td>
</tr>
<tr>
<td>7</td>
<td>DARE</td>
<td>97</td>
<td>HALIFAX</td>
</tr>
<tr>
<td>8</td>
<td>CHATHAM</td>
<td>98</td>
<td>VANCE</td>
</tr>
<tr>
<td>9</td>
<td>POLK</td>
<td>99</td>
<td>SCOTLAND</td>
</tr>
<tr>
<td>10</td>
<td>CURRITUCK</td>
<td>100</td>
<td>ROBESON</td>
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</tbody>
</table>
### SOCIAL/ECONOMIC FACTORS

<table>
<thead>
<tr>
<th>Metric</th>
<th>NC</th>
<th>Wake</th>
<th>Robeson</th>
</tr>
</thead>
<tbody>
<tr>
<td>Severe Housing Problems (%)</td>
<td>17%</td>
<td>15%</td>
<td>19%</td>
</tr>
<tr>
<td>Injury Deaths/100K Pop</td>
<td>63</td>
<td>36</td>
<td>95</td>
</tr>
<tr>
<td>Violent Crime/100K Pop</td>
<td>355</td>
<td>261</td>
<td>819</td>
</tr>
<tr>
<td>Single-Parent Households (%)</td>
<td>36%</td>
<td>28%</td>
<td>54%</td>
</tr>
<tr>
<td>Children in Poverty (%)</td>
<td>24%</td>
<td>14%</td>
<td>47%</td>
</tr>
<tr>
<td>Unemployment (%)</td>
<td>6%</td>
<td>5%</td>
<td>9%</td>
</tr>
</tbody>
</table>
## HEALTH OUTCOMES AND BEHAVIORS

<table>
<thead>
<tr>
<th>Health Outcome</th>
<th>NC</th>
<th>Wake</th>
<th>Robeson</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>POOR PHYSICAL HEALTH DAYS</strong></td>
<td>3.9</td>
<td>3.2</td>
<td>5.6</td>
</tr>
<tr>
<td><strong>POOR MENTAL HEALTH DAYS</strong></td>
<td>3.7</td>
<td>3.3</td>
<td>4.9</td>
</tr>
<tr>
<td><strong>ADULT OBESITY</strong></td>
<td>29%</td>
<td>25%</td>
<td>39%</td>
</tr>
<tr>
<td><strong>ADULT SMOKING</strong></td>
<td>19%</td>
<td>15%</td>
<td>29%</td>
</tr>
<tr>
<td><strong>SEXUALLY TRANSMITTED INFECTIONS</strong></td>
<td>496.50</td>
<td>442.20</td>
<td>752.10</td>
</tr>
<tr>
<td><strong>PHYSICAL INACTIVITY</strong></td>
<td>25%</td>
<td>18%</td>
<td>34%</td>
</tr>
<tr>
<td><strong>TEEN BIRTHS</strong></td>
<td>39</td>
<td>23</td>
<td>68</td>
</tr>
<tr>
<td><strong>POOR OR FAIR HEALTH</strong></td>
<td>19%</td>
<td>14%</td>
<td>29%</td>
</tr>
</tbody>
</table>
Addressing Social Determinants

Health insurance companies, states, and even the federal government have tried to curb ever-rising costs in health care by:

- Implementing limits on the amount, scope, and duration of a service
- Requiring prior authorization and determinations of medical necessity
- Focuses on the health care delivery system, not on whole integrated person health
Addressing Social Determinants – Community Level

- PURPOSE-BUILT COMMUNITIES
  - Neighborhood specific
  - Community quarterback organization
  - Mixed-income housing
  - Cradle-to-career education
  - Community wellness
Addressing Social Determinants – Community Level

- Spartanburg, SC
  - Edward Via College of Osteopathic Medicine built a campus and provides health services, health education, and youth activities
  - Farmers’ market, small grocery store, and a cafe
  - Planned early childhood learning center and community center
  - Onsite financial education and services
  - Replacing vacant and blighted homes with new affordable and market-rate housing
Addressing Social Determinants – Community Level

- COLLECTIVE IMPACT
  - Engage the community
  - Focus on eliminating locally defined disparities
  - Develop a culture of continuous improvement
  - Leverage existing resources
Addressing Social Determinants – Community Level

- The Forsyth Promise
  - Collaborative Action Networks (CANs)
    - Kindergarten Readiness
    - High School Graduation
    - Post-Secondary Education Completion
- Schools, local government entities, local service providers, nonprofits, churches, and community members who form CANs use data and evidence-based best practice to improve education outcomes
- “All children need to be successful for our community to be successful”
Addressing Social Determinants – Community/State/Federal Level

- Health in All Policies
  - Decision-makers across different sectors are informed about the health, equity, and sustainability consequences of policy decisions in non-health sectors
  - King County, WA passed a “health lens” ordinance
  - California Health in All Policies Task Force 2010
  - National Prevention Council
    - Created by the ACA, brings together senior leadership from 20 federal departments, agencies, and offices around a shared health agenda
Addressing Social Determinants – State/Federal Level

- Centers for Medicare and Medicaid Services (CMS)
  - State Innovation Model (SIM) grants (11)
    - Multi-payer delivery and payment reforms that include a focus on population health and recognize the role of social determinants
    - Establish linkages between primary care and community-based organizations and social services
  - Accountable Health Communities (TBD)
    - 5-year grant to implement and test Medicaid models to link beneficiaries with community services
Addressing Social Determinants – State/Federal Level

- Oregon – Coordinated Care Organizations (CCOs)
  - Required to establish a community advisory council and develop a community health needs assessment
  - Have community health workers to help link pregnant or parenting teens to health services and address other needs, such as housing, food, and income
  - Work with providers and the local Meals on Wheels program to deliver meals to Medicaid enrollees discharged from the hospital who need food assistance as part of their recovery
Addressing Social Determinants – North Carolina

- Community Health Needs Assessments
  - Required by NC General Statute § 130A-34.1 for local health department accreditation

- North Carolina’s 1115 Medicaid Reform waiver
  - Proposal to create Person-Centered Health Communities (PCHCs) to engage primary care and community organizations to assess for and address social determinants of health
Questions
For More Information

- Kaiser Family Foundation

- Robert Wood Johnson Foundation

- County Health Rankings
  - http://www.countyhealthrankings.org/

- Centers for Medicare and Medicaid Services
  - https://innovation.cms.gov/initiatives/AHCM

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