Strategies to Impact the Social Determinants of Health

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Mary Snodgrass, MPH
Policy and Planning Assistant

Andrea Yip, MPA
Planning Manager
Learning Objectives

• Understand the term “social determinants of health” (SDOH)

• Review research literature on what factors improve total population health

• Learn strategies to impact population health

• Discuss community-based models and project outcomes
Understanding the Social Determinants of Health

- What impacts health?
- Local and national trends
- Tools we use to improve equity and population health
  - Understanding Institutionalized Racism
  - Trauma-Informed Approaches
  - Results-Based Accountability
  - Community-Based Collective Impact Models
What Impacts Health?
Compared to Other Wealthy Countries, the U.S. Spends About Twice as Much on Health Care...

<table>
<thead>
<tr>
<th>Country</th>
<th>Total Health Expenditures Per Capita, U.S. Dollars, PPP Adjusted, 2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>United States</td>
<td>$10,348</td>
</tr>
<tr>
<td>Switzerland</td>
<td>$7,919</td>
</tr>
<tr>
<td>Germany</td>
<td>$5,550</td>
</tr>
<tr>
<td>Netherlands</td>
<td>$5,385</td>
</tr>
<tr>
<td>Austria</td>
<td>$5,227</td>
</tr>
<tr>
<td>Comparable Country Average</td>
<td>$5,169</td>
</tr>
<tr>
<td>Belgium</td>
<td>$4,839</td>
</tr>
<tr>
<td>Canada</td>
<td>$4,752</td>
</tr>
<tr>
<td>Australia</td>
<td>$4,708</td>
</tr>
<tr>
<td>France</td>
<td>$4,600</td>
</tr>
<tr>
<td>Japan</td>
<td>$4,519</td>
</tr>
<tr>
<td>United Kingdom</td>
<td>$4,192</td>
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</tbody>
</table>

The US value was obtained from the 2016 National Health Expenditure data.

...But Our Health Outcomes Are No Better
So, Then, What Determines Health?

- Environmental conditions & opportunities for healthy behavior: 60%
- Genetics: 30%
- Health Care: 10%

The Social Determinants of Health

- Childhood experiences
- Housing
- Education
- Social support
- Family income
- Employment
- Our communities
- Access to health services

Source: NHS Health Scotland
Example: The Built Environment
U.S. Spending on Social Services Relative to Health Services

Social Determinants of Health: Local and National Trends
Social Determinants of Health in King County

- Poor Housing Conditions
- Unemployment Rate
- Frequent Mental Distress
- Adverse Childhood Experiences

High Low

Color Scale:
- Red
- Orange
- Yellow
- White
- Light Blue
- Dark Blue
Health Measures in King County

- Tobacco Use
- Diabetes
- Preventable Hospitalization

High Low
Thirty-three percent of adults who earn less than $15,000 per year were obese, compared with 25.4 percent of those who earned at least $50,000 per year.

**Obesity Example:**

Social Determinants of Health Impact Disease Rates

- 35.3% of adults with no high school diploma are obese
- 22.1% of adults who graduated college or technical college are obese
Obesity Example:
Present Risk Factors Predict Future Causes of Death

Little physical activity → Obesity → Diabetes → Diabetes deaths

High [Color Scale] → Low
Unprecedented Gains in Human Longevity

1900
Life Expectancy at Birth = 48

2015
Life Expectancy at Birth = 81
Life Expectancy in King County

- **Highest** = 87 years
- **Average** = 81.7 years
- **Lowest** = 74 years
Place, Race, Income, and Health: a Strong Connection

People of Color

Income

Educational Attainment
What’s the History There?

**Redlining**

- Practice of drawing lines on city maps to define “ideal” locations for banks to lend
- Favoring segregated, all-white neighborhoods, blue areas were “ideal”
- Redlined areas were considered “hazardous” neighborhoods
Distribution of Racial and Ethnic Groups by Census Tract, 2010
Not Just a Local Trend

Percentage of Live Births at Low Birthweight

Percentage of Children Under Age 18 in Poverty
Summary So Far, and Next Up
Summary So Far...

• Health is not just health care!
• Social determinants have the greatest impact on health
• Race, place and health are all strongly linked in this country
Next Up: Tools King County is Using to Promote Equity and Address Social Determinants of Health

- Understanding Institutionalized Racism
- Using Surveillance Data to Inform Action
- Trauma-Informed Approaches
- Results Based Accountability
- Community-Based Collective Impact Models
Understanding Institutionalized Racism

America: Equity and Equality in Health 3

Structural racism and health inequities in the USA: evidence and interventions

Zinzi D Bailey, Nancy Krieger, Madina Agénor, Jasmine Graves, Natalia Linos, Mary T Bassett

Despite growing interest in understanding how social factors drive poor health outcomes, many academics, policy makers, scientists, elected officials, journalists, and others responsible for defining and responding to the public discourse remain reluctant to identify racism as a root cause of racial health inequities. In this conceptual report, the third in a Series on equity and equality in health in the USA, we use a contemporary and historical perspective to discuss research and interventions that grapple with the implications of what is known as structural racism on population health and health inequities. Structural racism refers to the totality of ways in which societies foster racial discrimination through mutually reinforcing systems of housing, education, employment, earnings, benefits, credit, media, health care, and criminal justice. These patterns and practices in turn reinforce discriminatory beliefs, values, and distribution of resources. We argue that a focus on structural racism offers a concrete, feasible, and promising approach towards advancing health equity and improving population health.

Introduction
Racial and ethnic inequalities, including health inequities, are well documented in the USA (table), and have been a part of government statistics since the founding of colonial America. However, controversies abound over explanations for these inequities. In this report, we offer a perspective not often found in the medical literature or taught to students of health sciences, by focusing on structural racism (panel 1) as a key determinant of population health.

To explore view—one that identifies and seeks to alter how such racism contributes to poor health—is required to understand, prevent, and address the harms related to structural racism. There is a rich social science literature conceptualising structural racism, but this research has not been adequately integrated into medical and scientific literature geared towards clinicians and other health professionals. In this report, we examine what constitutes structural racism, explore evidence of how it harms health, and provide examples of...
Good Intentions Are Not Enough

Empathy for hardships experienced by people of color

+ Assuming equal values (e.g., we all want the same thing)

+ Belief of “knowing better”

= Good intentions, but...

Without *representation* of people affected by public health decisions, good intentions can lead to unintended outcomes because...

*Nothing* about us without us is for us
Representation among Washington (WA) State Elected Officials

**WA State Population**
- 15% men of color
- 14% women of color
- 36% white women
- 35% white men

**WA State Elected Officials**
- 3% men of color
- 3% women of color
- 61% white men
- 33% white women

Source: Reflective Democracy, [https://wholeads.us](https://wholeads.us), 2/21/18
Promoting Health Equity: Failing Forward

White Guilt

“...the movement for racial justice will most certainly entail significant discomfort and resistance from white people. In fact, you’ll be able to measure your impact by the amount of white pushback you receive.”

– Jon Greenberg, Seattle public high school teacher

Personal Actions

“White people, no one is asking you to apologize for your ancestors. We are asking you to dismantle the systems they built and you maintain.”

– Yolanda @YoliWriter

Lifelong Process

“For white people working to pursue health equity there is no such thing as ‘getting it’ – it is critical to remember that we will never be able to represent communities of color.”

– Eli Kern, Seattle & King County public health practitioner

Embracing Discomfort

Discomfort is a catalyst for growth. It makes us yearn for something more. When you push yourself to grow, you will experience discomfort, but it will be worth it.

– Michael Hyatt
<table>
<thead>
<tr>
<th>Guiding principles may include...</th>
<th>Voice</th>
<th>Investment in social factors</th>
<th>Equity goals</th>
<th>Accountability</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Is enough thought being given to the opinions of people of color before health policy decisions are made?</td>
<td>Is the money, time, and effort used for equity improvement enough to have a significant impact, or just enough to pass the PR test?</td>
<td>Do policies and programs have equity goals, instead of aiming for just overall improvement?</td>
<td>Having accepted that white male-run systems support continued patterns of health inequity, who is responsible for making progress?</td>
</tr>
</tbody>
</table>
Promoting Equity: Health Impact Pyramid

Health Education

Clinical Interventions

Long-Lasting Protective Interventions

Change the Context: make the healthy choice the easiest

Socioeconomic Factors

Using Surveillance Data to Inform Action

Before and after the ACA: Uninsured adults age 18-64 by ZIP code

2009 - 2013

2016

Source: American Community Survey, US Census Bureau

Source: WA State Office of Financial Management
Trauma Informed: Adverse Childhood Experiences (ACEs)

**ABUSE**
- Physical
- Emotional
- Sexual

**NEGLECT**
- Physical
- Emotional

**HOUSEHOLD DYSFUNCTION**
- Mental Illness
- Incarcerated Relative
- Mother treated violently
- Substance Abuse
- Divorce
Trauma Informed: ACEs Impact Health and Longevity

- Early Death
- Disease, Disability, and Social Problems
- Adoption of Health-risk Behaviors
- Social, Emotional, and Cognitive Impairment
- Disrupted Neurodevelopment
- Adverse Childhood Experiences

Mechanism by Which Adverse Childhood Experiences Influence Health and Well-being Throughout the Lifespan
## Trauma Informed: Best Starts for Kids Levy

<table>
<thead>
<tr>
<th>Approach</th>
<th>Return on Investment</th>
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<tbody>
<tr>
<td>Early childhood development’s return on investment</td>
<td><strong>$3 to $17</strong> for every dollar invested</td>
</tr>
<tr>
<td>Investment in early treatment and prevention programs for addictions and mental illness</td>
<td><strong>$2 to $10</strong> savings in health costs, criminal and juvenile justice costs, educational costs, and lost productivity for every dollar invested</td>
</tr>
<tr>
<td>Investment in proven community-based programs to increase physical activity, improve nutrition, and prevent smoking</td>
<td><strong>$10 per person</strong> could save the country more than <strong>$16 billion</strong> annually within five years; That's a return of <strong>$5.60</strong> for every dollar invested</td>
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</table>
A Trauma-Informed Approach to Better Health: Guiding Principles

- Trauma understanding
- Safety
- Cultural humility & responsiveness
- Anti-racism & oppression
- Compassionate relationships
- Collaboration & empowerment
- Resilience & healing
King County voters approve more taxes as Proposition 1 passes easily

Voters approved the levy for a third time, this time including funding for seniors in addition to veterans, the homeless and other vulnerable populations. King County voters again approved a levy to fund services for veterans, the homeless and seniors Tuesday night, with 66 percent approval for the measure. The levy will raise roughly $354 million over the next six years, double the size of the previous veterans and human services levies approved in 2005 and again in 2011.
Levy Priorities: Housing Stability, Healthy Living, Social Engagement
Results Based Accountability (RBA)

• Based on *Trying Hard is Not Good Enough* by Mark Friedman
• Is a framework to drive towards results
• Provides common language
• Starts with the result in mind
• Identifies accountability between entire population vs. programs
• Measures impact instead of counting “things”
Key Elements of RBA

**Performance Metrics**
How we will measure progress

**Population Data**
Who we want to impact

**Strategies**
What we think will get us there

**Desired Result**
What we want to achieve in the community

**Racial Equity Goal**
How we will address racial disparities

**Indicator (baseline)**
How we know
Using RBA: Veterans, Seniors and Human Services Levy

- Community outreach process
  - Nearly 100 meetings
  - Asked participants to describe healthy community
  - What is government ultimately responsible for?
- Focused on equity
- Systems approach

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<thead>
<tr>
<th></th>
<th>Veterans</th>
<th>Seniors</th>
<th>Vulnerable Populations</th>
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<tr>
<td>Housing Stability</td>
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<td>Healthy Living</td>
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<tr>
<td>Social Engagement</td>
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<td>Financial Stability</td>
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<tr>
<td>System Access &amp; Improvement</td>
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Community-Based Collective Impact Models: Communities of Opportunity

• Creating greater health, social, economic and racial equity in King County so that all people thrive and prosper, regardless of race or place.

• Investing in community-driven solutions and strategies that affect long-term systems and policy change

Communities of Opportunity is transforming what it means to create health & well-being in King County
Life Expectancy in King County by Census Tract

- King County average: 81.6

- Difference of 25 years, accounting for unreliable tracts! (Low of 70; High of 95)

- The next question became: what is driving this extreme disparity?
Current Local Trends (E.g. Housing) Continue to Impact Health and Life Expectancy

Data Source: Zillow
Communities of Opportunity

- Driven by community-led strategies and solutions
- Geographic and cultural focus
- Policies and systems change
- Learning Community
Communities of Opportunity: Focus Areas

A community-led planning process developed four results to aim for:

- Quality affordable housing for all
- The right to be healthy
- Increased economic opportunity
- Strengthened connections to the community
Communities of Opportunity isn’t just about bringing new resources to the areas where they are most needed – it’s also about tapping into existing community assets, and strengthening the capacity of communities to proactively tackle these new challenges.”

DEANNA DAWSON, EXECUTIVE DIRECTOR, SOUND CITIES ASSOCIATION

“This new process of empowering local communities to identify their priorities, which exist at the intersection of health, housing and economic opportunity, will bring positive changes to places throughout King County that have struggled for much too long.”

GORDON MCHENRY JR., PRESIDENT AND CEO OF SOLID GROUND
Final Thoughts...

• Where you live, work and play matters to your health

• Race, place and health are linked through historical, racist practices

• Data and mapping help target efforts to improve equity

• Consider RBA and Trauma Informed approaches

• COMMUNITY INVOLVEMENT
Questions

• What are examples from your own communities?
• What questions do you have for us?
Contact

Mary Snodgrass
Public Health – Seattle & King County
mary.snodgrass@kingcounty.gov
(206) 263-5906

Andrea Yip
City of Seattle, Aging & Disability Services (King AAA)
Andrea.yip@seattle.gov
(206) 386-0035