Health & Social Justice: Understanding Social Determinants of Health to Achieve Health Equity

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AGENDA

I. Objectives
II. A Suggested Framework
III. Health Disparities
IV. Health Equity
V. Social Determinants of Health
VI. Implications for Policy and Practice
VII. Additional Resources

Activities:

- Mapping Inequity
- Equality versus Equity
- Why Race and Place Matter
- Disparities in Context
- Eliminating Health Disparities

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MODULE OBJECTIVES

By the end of this module, participants will be able to:

• Define key terms and their meanings related to health disparities, health equity and social determinants of health.
• Understand why public health social work practitioners need to address health disparities in their work.
• Apply key concepts to their own practice contexts based on skills introduced in reflection activities.
• Utilize key resources and readings to enhance their knowledge on this content.
A SUGGESTED FRAMEWORK

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HEALTH AS A HUMAN RIGHT

• Ground our thinking in the **human right to health** (a value judgment) and treat each and every health disparity as unfair and unjust until we can prove otherwise.

• According to the [National Economic and Social Rights Initiative](https://www.nisers.org/), “The human right to health means that everyone has the right to the highest attainable standard of physical and mental health, which includes access to all medical services, sanitation, adequate food, decent housing, healthy working conditions, and a clean environment.”

• The United Nations and the [World Health Organization](https://www.who.int) define the human right to health (and health care) as having four elements:

  Availability  
  - Accessibility  
  Quality  
  - Acceptability

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SOCIAL JUSTICE AND HEALTH

- **Social justice** refers to the equitable distribution of social, economic and political resources, opportunities, and responsibilities and their consequences.

A Social Justice Framework for Health

1. **Marginalization**
   - based on race, class, gender, and other social classifications underlies the inequitable distribution of social, economic, and political resources and opportunities.

2. **Unequal Distribution**
   - of resources and opportunities manifests through inequitable access and exposure to social determinants of health.

3. **Health Inequities**
   - result through direct and indirect mechanisms.
HEALTH DISPARITIES
DEFINING HEALTH DISPARITIES

• **Health disparities** are “differences in length and quality of life and rates and severity of disease and disability because of social position, race, ethnicity, gender, sexual orientation, education, or other factors.” (Health Services and Resources Administration)

• “Healthy disparities adversely affect **groups of people who have systematically experienced greater social or economic obstacles** to health based on their racial or ethnic group, religion, socioeconomic status, gender, age, or mental health; cognitive, sensory, or physical disability; sexual orientation or gender identity; geographic location; or other characteristics **historically linked to discrimination or exclusion.**” (Healthy People 2020)
What is a health disparity?
A disproportionate number of health conditions and deaths compared with the general population

African Americans make up 13 percent of the U.S. population …

…but represent almost half of all new HIV cases.

Source: http://info.umkc.edu/research/faith-in-research
DISPARITIES BY RACE AND ETHNICITY

• Non-Hispanic Black women are more than twice as likely as non-Hispanic White women to lose an infant within the first year of life: 12.40 deaths per 1,000 live births compared to 5.33 deaths per 1,000 live births (Mathews & MacDorman, 2013).

• The age-adjusted rate of obesity among Hispanics is 42.5%, compared to a rate of 32.6% among non-Hispanic Whites and just 10.8% among non-Hispanic Asians (Ogden, Carroll, Kit, & Flegal, 2014).

• American Indian and Alaska Native adults are 2.3 times more likely to have diagnosed diabetes compared with non-Hispanic Whites (CDC, 2011), while American Indian and Alaska Native youth are 9 times more likely to have diagnosed type 2 diabetes compared with non-Hispanic Whites (SEARCH, 2006).
DISPARITIES BY SEX

• In the United States, women report worse health status and experience more hospitalization episodes, yet live about five years longer than men (Case & Paxson, 2005; Gorman & Read, 2006).

• One in 12 women, compared to 1 in 20 men, will develop some kind of autoimmune disease (Crowson et al., 2011).

• Among both African Americans and Whites, men are twice as likely as women to die from accidents, suicide, cirrhosis of the liver, and homicide (Williams, 2003).
DISPARITIES IN MATERNAL AND CHILD HEALTH

• During 2006-2010, the rate of pregnancy-related mortality among African American women was 38.9 deaths per 100,000 live births, as compared to 12.0 deaths per 100,000 for White women and 11.7 deaths per 100,000 for Hispanic women (Creanga et al., 2015).

• African American women are nearly twice as likely as White women to have low birthweight babies: 13.08% vs 6.98% according to 2013 data (Martin et al., 2015).
DISPARITIES AFFECTING LGBT POPULATIONS

• Lesbian, gay, bisexual, and transgender youth are 2 to 3 times more likely to attempt suicide than are heterosexual youth (Garofalo, 1999).

• Women in same-sex relationships are less likely to receive preventive services for cancer, such as Pap smears and mammograms, than women in different-sex relationships (Buchmueller & Carpenter, 2010).

• LGBT populations use tobacco at significantly higher rates than the general population (Lee et al., 2007).

• Transgender individuals have a high prevalence of HIV/STDs and mental health issues than heterosexual individuals or lesbian, gay, and bisexual individuals (Herbst et al., 2008; Diaz et al., 2001).
## DISPARITIES BY GEOGRAPHY

### A National Rural Health Snapshot

<table>
<thead>
<tr>
<th>Category</th>
<th>Rural</th>
<th>Urban</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percentage of USA Population**</td>
<td>nearly 25%</td>
<td>75% +</td>
</tr>
<tr>
<td>Percentage of USA Physicians**</td>
<td>10%</td>
<td>90%</td>
</tr>
<tr>
<td>Num. of Specialists per 100,000 population**</td>
<td>40.1</td>
<td>134.1</td>
</tr>
<tr>
<td>Population aged 65 and older</td>
<td>18%</td>
<td>15%</td>
</tr>
<tr>
<td>Population below the poverty level</td>
<td>14%</td>
<td>11%</td>
</tr>
<tr>
<td>Average per capita income</td>
<td>$19K</td>
<td>$26K</td>
</tr>
<tr>
<td>Population who are non-Hispanic Whites</td>
<td>83%</td>
<td>69%</td>
</tr>
<tr>
<td>Adults who describe health status as fair/poor</td>
<td>28%</td>
<td>21%</td>
</tr>
<tr>
<td>Adolescents (Aged 12-17) who smoke</td>
<td>19%</td>
<td>11%</td>
</tr>
<tr>
<td>Male death rate per 100,000 (Ages 1-24)</td>
<td>80</td>
<td>60</td>
</tr>
<tr>
<td>Female death rate per 100,000 (Ages 1-24)</td>
<td>40</td>
<td>30</td>
</tr>
<tr>
<td>Population covered by private insurance</td>
<td>64%</td>
<td>69%</td>
</tr>
<tr>
<td>Population who are Medicare beneficiaries</td>
<td>23%</td>
<td>20%</td>
</tr>
<tr>
<td>Medicare beneficiaries without drug coverage</td>
<td>45%</td>
<td>31%</td>
</tr>
<tr>
<td>Medicare spends per capita compared to USA average</td>
<td>85%</td>
<td>106%</td>
</tr>
<tr>
<td>Medicare hospital payment-to-cost ratio</td>
<td>90%</td>
<td>100%</td>
</tr>
<tr>
<td>Percentage of poor covered by Medicaid</td>
<td>45%</td>
<td>49%</td>
</tr>
</tbody>
</table>

*Statistics used with permission from "Eye on Health" by the Rural Wisconsin Health Cooperative, from an article entitled "Rural Health Can Lead the Way," by former NRHA President, Tim Size; Executive Director of the Rural Wisconsin Health Cooperative.*

ACTIVITY – Mapping Inequity

• Across America, babies born just a few miles apart have dramatic differences in life expectancy.

• Please use the following maps provided by the Robert Wood Johnson Foundation to identify and discuss risk and protective factors that contribute to these differences in life expectancy.

  – What are unique contextual factors about each location?
  – What, if any, similarities exist between these locations?
3 miles could equal up to a 13-year life span difference.
WHY STUDY HEALTH DISPARITIES?

• Social justice mandate by professional codes of ethics
  – National Association of Social Workers
  – Public Health Leadership Society

• Healthy People 2010, 2020

• Consensus that U.S. healthcare system is a mess

• Socioeconomic status (SES) = #1 determinant of health

• Health disparities, illness, and ideology

• Discrimination can be covert and/or overt:
  – According to Jones (2000), three levels of racism include institutionalized racism, personally mediated or interpersonal racism, and internalized racism.
“[At the heart of the concept of health disparities is...social justice]—that is, justice with respect to the treatment of more advantaged vs. less advantaged socioeconomic groups when it comes to health and health care”

(Braveman, 2014)
HEALTHY PEOPLE

• *Healthy People* is a national health promotion and disease prevention initiative started in 1979.
• During the past two decades, one of *Healthy People’s* overarching goals has been to address disparities:
  – In *Healthy People 2000*, it was to reduce health disparities among Americans.
  – In *Healthy People 2010*, it was to eliminate, not just reduce, health disparities.
  – In *Healthy People 2020*, that goal was expanded even further: to achieve health equity, eliminate disparities, and improve the health of all groups.
# EVOLUTION OF HEALTHY PEOPLE

<table>
<thead>
<tr>
<th>Target Year</th>
<th>1990</th>
<th>2000</th>
<th>2010</th>
<th>2020</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Overarching Goals</strong></td>
<td>Decrease mortality: infants-adults</td>
<td>Increase span of healthy life</td>
<td>Increase quality and years of healthy life</td>
<td>Attain high quality, longer lives free of preventable disease...</td>
</tr>
<tr>
<td></td>
<td>Increase independence among older adults</td>
<td>Reduce health disparities</td>
<td>Eliminate health disparities</td>
<td>Achieve health equity, eliminate disparities...</td>
</tr>
<tr>
<td></td>
<td>Achieve access to preventive services for all</td>
<td></td>
<td></td>
<td>Create social and physical environments that promote good health...</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Promote quality of life, healthy development, healthy behaviors across life stages...</td>
</tr>
<tr>
<td><strong>Topic Areas</strong></td>
<td>15</td>
<td>22</td>
<td>28</td>
<td>42*</td>
</tr>
<tr>
<td><strong># Objectives</strong></td>
<td>226</td>
<td>312</td>
<td>467</td>
<td>&gt; 580</td>
</tr>
</tbody>
</table>

*39 Topic areas with objectives

Source: Tebo, 2011
Healthy People 2020

A society in which all people live long, healthy lives

Overarching Goals:

- Attain high quality, longer lives free of preventable disease, disability, injury, and premature death.
- Achieve health equity, eliminate disparities, and improve the health of all groups.
- Create social and physical environments that promote good health for all.
- Promote quality of life, healthy development and healthy behaviors across all life stages.

Source: Tebo, 2011
HEALTH—IS IT JUST FOR THE 1%?

• The wider the income gap, the higher a country’s mortality and morbidity rates (Wilkinson, 2006).

• The U.S. is the wealthiest nation in the world and spends more per capita on health care than any other country, yet it has poorer health outcomes than 16 other developed countries (Woolf & Aron, 2013).

• Wealth begets wealth, and this can lead to health begets health:
  – Link and Phelan’s (1995) *Fundamental Causes of Health Inequalities* theory highlights how SES embodies an array of resources, (i.e., money, knowledge, prestige, power, social capital) that protect health no matter what mechanisms are relevant at any given time.
**Health equity** refers to the absence of systematic disparities in health (or in the major social determinants of health) between groups with different social advantage/disadvantage (i.e., wealth, power, prestige).

**Health inequity** refers to the presence of such differences, disparities in health (or health care) that are systemic and avoidable and, therefore, considered unfair or unjust.
GOALS OF HEALTH EQUITY

*Healthy People 2020* identifies two major goals of health equity, and ties in the theme of social justice:

1. To achieve the highest level of health for all people.
2. To address avoidable inequalities by equalizing the conditions for health for all groups, especially for those who have experienced socioeconomic disadvantage or historical injustices.
Source: https://uofa.ualberta.ca/nursing/research/areas-of-excellence/health-equity

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King County Strategic Plan—Fair And Just Guiding Principle

Determinants of Equity

- Affordable, safe, quality housing
- Access to parks and natural resources
- Equity in county practices
- Access to affordable, healthy, local food
- Equitable law and justice system
- Community and public safety
- Access to safe and efficient transportation
- Quality education
- Healthy built and natural environments
- Family wage jobs and job training
- Early childhood development
- Economic development
- Strong, vibrant neighborhoods

Source: Beatty & Foster, 2015

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ACTIVITY—Equality versus Equity

Is *equality* the same as *equity*?

Consider this image. Why and how these are two different issues?
Equality doesn’t mean Equity

Source: http://www.main.gov/dhhs/mecdc/health-equity/
SOCIAL DETERMINANTS OF HEALTH
SOCIAL DETERMINANTS OF HEALTH

According to Raphael (2009), *social determinants of health*

- Are the economic and social conditions that shape the health of individuals, communities, and jurisdictions as a whole.
- Are the primary determinants of whether individuals stay healthy or become ill (a narrow definition of health).
- Determine the extent to which a person possesses the physical, social, and personal resources to identify and achieve personal aspirations, satisfy needs, and cope with the environment (a broader definition of health).
ACROSS AMERICA, DIFFERENCES IN HOW LONG AND HOW WELL WE LIVE

Source: https://www.apha.org/topics-and-issues/healthiest-nation/disparities-in-the-us
DISPARITIES IN LIFE EXPECTANCY

This chart shows the difference between the highest and lowest life expectancies (based on county-level data*) found in each state.

*No data included for Alaska or the District of Columbia (Murray, et al., 2006)
SOCIAL DETERMINANTS OF HEALTH

• *Social determinants of health* include, but are not limited to:
  - Socioeconomic status
  - Discrimination
  - Housing
  - Physical environment
  - Food security
  - Child development
  - Culture
  - Social support
  - Healthcare services/access
  - Transportation
  - Working conditions
  - Civic participation

• *Social epidemiology* “is distinguished by its insistence on explicitly investigating social determinants of [...] health, disease, and wellbeing, rather than treating such determinants as mere background to biomedical phenomena” (Krieger, 2001).
NEIGHBORHOOD AND HEALTH

Where you live affects your health and the choices/constraints that impact your ability to make changes and improve your neighborhood and health conditions.
ACTIVITY – Why Race and Place Matter

Consider your neighborhood or community and the qualities that characterize it. For each domain listed below,

• What are strengths or protective factors associated with your neighborhood or community?

• What are risk factors associated with your neighborhood or community?

• How might these factors impact residents’ health outcomes or ability to achieve health equity?

• How do the levels of racism delineated by Jones (2000) relate to these domains?
IMPLICATIONS FOR POLICY AND PRACTICE
ACTIVITY – Disparities in Context

What does it mean to recognize and address health disparities in the context of public health social work practice?

• Read the linked Equity Stories from the American Public Health Association and choose one as your focus.

• In small groups or on your own, answer the following:
  1. How would you summarize the health disparity in this story? What specific factors contributed to this issue?
  2. What was done to improve outcomes for the population affected? In particular, how did public health social work leaders partner with the population affected?
  3. What lessons could you take away to use in your own context or with your population of interest?
THE IMPACT OF ENVIRONMENT

Economic Environment
Wealth, employment and economic mobility are important to foster good health, now and in the future.

Social Environment
Communities that have strong social networks and foster social inclusion are healthier and able to build social and human capital.

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EXAMPLES OF POLICIES THAT IMPACT NEIGHBORHOOD CHARACTERISTICS

- Zoning laws
- Transportation policy
- Housing policy
- Community development
- Social welfare policy
- Access to markets and other retail options
- Education policy
- Others?

All policy is health policy
ELIMINATING HEALTH DISPARITIES

The Commonwealth Fund recommends the following steps in developing policies to eliminate racial and ethnic disparities:

1. Consistent racial and ethnic data collection by health care providers
2. Effective evaluation of disparities-reduction programs
3. Minimum standards for culturally and linguistically competent health services
4. Greater minority representation within the health care workforce
5. Establishment or enhancement of government offices of minority health
6. Expanded access to services for all ethnic and racial groups
7. Involvement of all health system representatives in minority health improvement efforts
ACTIVITY – Eliminating Health Disparities

Discuss **specific steps** you would need to take in order to address **at least three** of the Commonwealth Fund recommendations on the previous slide.

1.
2.
3.
REFERENCES AND ADDITIONAL RESOURCES
REFERENCES


REFERENCES, cont’d.


REFERENCES, cont’d.


ADDITIONAL RESOURCES

**Readings**


ADDITIONAL RESOURCES, cont’d.

Websites

Kaiser Family Foundation
Medicare
Centers for Medicare & Medicaid Services (CMS)
National Association of County and City Health Officials
The Commonwealth Fund
National Association of State Medicaid Directors
Center on Budget and Policy Priorities
Robert Wood Johnson Foundation

Multimedia

Unnatural Causes
THANK YOU

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