**SOCIAL DETERMINANTS OF HEALTH: KEY CONCEPTS**

**2018 Health Equity Summit**
April 26, 2018 – Milwaukee, WI

Geoffrey R. Swain, MD, MPH
Professor, UW School of Medicine & Public Health
Emeritus Medical Director, City of Milwaukee Health Dept.
Center Scientist, Center for Urban Population Health
Founding Director, Wisconsin Center for Health Equity

---

**Health Disparities, Inequities, Equity**

**Health Disparity**
A difference in health between groups of people.
By itself, *disparity* does not address the chain of events that produces it.

**Health Inequity**
Differences in population health status and mortality rates that are systemic, patterned, unfair, unjust, and actionable, as opposed to random or caused by those who become ill.

*Margaret Whitehead*

**Health Equity**
A fair, just *distribution* of the social resources and social opportunities needed to achieve well-being.

**ASTHO, 2000**

*Paula Braveman, 2017*

"An environment where everyone has a fair and just opportunity to be healthy."

*This slide based on consensus definitions originally compiled by Ingham Co, MI*

---

**When the External Becomes Internal: How Health Inequities Get Inside the Body**

Modified from Alameda County Department of Public Health and Prevention Institute

---

SDoH Mechanisms

SDoH = the conditions in which people are born, grow up, live, work, and age. (WHO)

---

Health Disparities, Inequities, Equity

<table>
<thead>
<tr>
<th>Health Disparity</th>
<th>Health Inequity</th>
</tr>
</thead>
<tbody>
<tr>
<td>A difference in health between groups of people.</td>
<td>Differences in population health status and mortality rates that are systemic, patterned, unfair, unjust, and actionable, as opposed to random or caused by those who become ill.</td>
</tr>
</tbody>
</table>

*Margaret Whitehead*

**Health Equity**
A fair, just *distribution* of the social resources and social opportunities needed to achieve well-being.

**ASTHO, 2000**

*Paula Braveman, 2017*

"An environment where everyone has a fair and just opportunity to be healthy."

*This slide based on consensus definitions originally compiled by Ingham Co, MI*
**Social Determinants of Health: Key Concepts**

**April 26, 2018**

---

**SDoH – health pathways**

1. SES affects access to & quality of healthcare
2. SDoH affect likelihood of healthy behaviors (e.g., diet and exercise)
3. SDoH affects one’s biology directly
   - Example: toxic physical environments
   - Example: toxic stress -> chronic stress hormone elevation -> ↑BP, glucose metabolism, immune dysfunction, fetal issues
   - Example: epigenetic mechanisms / DNA methylation
4. Racism - - and other forms of discrimination - - have additive effects over and above the effects of SES, probably also through the effects of chronic stress hormone elevation

---

**Across the Life Course & from Generation to Generation**

- Health Potential
- Health Inequities reflect the differences in lived experience between different groups of people
- Health Inequities arise not mainly from differences in healthcare access and quality
- Power and privilege, or lack thereof
  - supports or constrains individual health behaviors
  - gets directly under the skin, via chronically lower or higher levels of stress hormones
- Power and privilege, or lack thereof, are driven by societal-level root-causes

---

**Power and Privilege Drive Health**

- Health Inequities reflect the differences in lived experience between different groups of people
- Health Inequities arise not mainly from differences in healthcare access and quality
- Power and privilege, or lack thereof
  - supports or constrains individual health behaviors
  - gets directly under the skin, via chronically lower or higher levels of stress hormones
- Power and privilege, or lack thereof, are driven by societal-level root-causes

---

See UW’s “What Works for Health” for a long list of evidence-based policies to address WHO Structural Determinants of Health.

http://whatworksforhealth.wisc.edu/

**Acknowledgements**

- Paula Tran Inzeo, Victoria Faust, Lauri Andresen, Carly Hood, Renee Canady, & many others
- NACCHO, ASTHO, BARHII, Human Impact Partners, & many other national colleagues
- The collaborators on the 7 Foundational Practices:
  - MN Dept. of Health
  - Jeanne Ayers
  - Dorothy Bliss
  - Susan Castellano
  - Jeannette Raymond
  - Megan Waltz
  - Cook Co. Dept. of Health
  - Jim Bloyd
  - MI Dept. of Health and Human Services
  - Ann Batdorf-Barnes
  - Brenda Fink
  - UW Extension / UW MATCH Program
  - Paula Tran Inzeo
  - UW SMPH / City of Milwaukee Health Dept.
  - Geof Swain
  - Center for Urban Population Health (Milwaukee)
  - Lilliann Paine
  - CDC
  - Marilyn Metzler
  - Angela Rohan (WI Assignee)

**Health Equity**

An environment where everyone has a fair and just opportunity to be healthy.

-Paula Braverman, 2017

Thank You!
Policy Examples: Addressing Inequities in Health Outcomes

**SOCIOECONOMIC and POLITICAL CONTEXT**

**Governance**
- Macroeconomic (state)
  - Policies that support livable incomes:
    - Increase min wage to living wage and index to inflation
  - Policies that support (livable income) through tax mechanisms, e.g.:
    - EITC / Child Tax credit
    - Income tax threshold

**Labor Market Policies**
- Economic development policies that ensure full employment
- Housing Policies
  - Policies that ensure access to affordable, safe housing
- Land Use Policies
  - Community revitalization policies & programs with equity focus
  - Policies that reduce segregation & integration in neighborhoods, work environment, etc.
- Education Policies
  - Policies that ensure early childhood education for all children, e.g.:
    - Early Head Start; Universal Pre-K
  - Policies that ensure quality K-12 education for all

**Health & Public Health Policies**
- Public Safety / Criminal Justice Policies
- Social Protection Policies
  - Policies that incr. access, affordability & quality childcare
  - Policies that mandate paid family & medical leave
  - Policies that ensure unemployment insurance
- Cultural & Societal Values

**MATERIAL CIRCUMSTANCES**
- (Living & working conditions)
- High school retention programs
- Targeted programs to increase college enrollment
- Policies & programs to increase workplace safety
- Vocational training & job placement services
- Transitional jobs programs that pay living wages
- Policies & programs that improve neighborhood safety

**Behavioral & Biological Factors**
- Psychosocial Factors
  - Increases social support within families
  - Build social connectedness among adults & among youth

**Health & Social Services Systems**
- Policies that increase access to healthcare and social services e.g., treatment alternatives to prison for non-violent drug offenders; expanded clinic hours; “Health Leads approaches, etc.”

**Cross-cutting Determinants**
- Policies and practices to improve civic participation to assure the conditions in which all people can be healthy
- Correct narrative about what creates health
- Build social cohesion, social capital, and community capacity / power / agency

**INTERMEDIARY DETERMINANTS**
- Policies to assure equality of opportunity, mitigate effects of stratification

**IMPACT ON EQUITY IN HEALTH OUTCOMES**
- Policies to reduce exposures (of disadvantaged people) to health-damaging conditions
- Policies to reduce vulnerabilities (of disadvantaged people)

Sources: WHO CSDH; UW “What Works for Health” Database; HRSA COIN Foundational Practices Group
### Strategies for Health, Healthcare, and Public Health Professionals

#### Individual / Clinical Level
- Screen during patient/client interactions for socioeconomic issues and access to basic needs (food, employment, benefits, education).
- Screening tools include the mnemonic IHELLP (for income, housing, education, legal status, literacy, and personal safety).
- Coordinate services for individual patients by partnering with social workers, health advocates, community health workers, legal aid agencies, and other professionals.
- Assure implementation of CLAS Standards (Culturally and Linguistically Appropriate Services).

#### Organizational Policy Level
- HR policies for diverse workforce recruitment, retention, and development.
- Career development programs & policies, e.g. career ladders/pipelines in low income communities.
- Procurement policies to support local businesses.
- Living wage, paid sick leave, paid family & medical leave (employees and contractors).

#### Community Level
- Be active in and provide support to community-wide programs and initiatives that address the social determinants of health.
- Provide support to local community-based organizations whose mission focuses on addressing the social and economic needs of community members, e.g.:
  - financial support
  - serving on the advisory boards of advocacy or social service organizations
- Engage in cross-agency, cross-sector collaborations.
Local, State & Federal Policy Level (1)

- Speak out on the importance of SDoH; help decision-makers better understand the health impact of all policies (including those far beyond healthcare policies).
- Develop relationships with and educate policy-makers directly
- Focus media appearances (e.g., TV interviews, radio show call-ins, and writing op-eds and letters to the editor) on Equity and SDoH.

Policy Tips for Practitioners - Summary

1. Understand the policy spectrum (WHO).
2. Pick a policy area that winds your clock.
3. Advocate for pro-health social and economic policies (“What Works”, others).
4. Work collectively with peers and community partners.
5. Work collectively with professional associations.
6. Be both patient and persistent.

Local, State & Federal Policy Level (2)

- Work collectively
  - Leverage organizational power (healthcare systems, professional organizations, governmental agencies, etc.)
  - Work across sectors, break down silos.
  - Partner with community and faith-based organizations with overlapping interests, education sector leaders, business leaders, community organizers, public safety officials, etc.

Two Other Resources

- 14 Inside and Outside Strategies to Advance Health Equity

- Foundational Practices for Health Equity – Learning and Action Tool
6 Outside Strategies (Human Impact Partners)

1. Build partnerships with communities experiencing health inequities in ways that intentionally share power and decision-making, and that allow for meaningful participation
2. Build alliances and networks with community partners to protect against risk and build power
3. Build alliances with other public agencies
4. Engage strategically in social justice campaigns and movements
5. Change the administrative and regulatory scope of public health practice
6. Join broader public health movements to advance equity

8 Inside Strategies (Human Impact Partners)

1. Focus on addressing the “causes of the causes of health inequities” – oppression and power
2. Prioritize improving the social determinants of health through policy change
3. Build understanding of and capacity to address equity across the organization
4. Support leadership, innovation, and strategic risk-taking to advance equity
5. Change the narrative of what leads to health
6. Commit the organization and its resources to advance equity
7. Use data, research, and evaluation to make the case
8. Change internal practices such as hiring & contracting

Foundational Practices Learning and Action Tool: an overview

- A Framework for Improving Health and Advancing Health Equity (WHO)
- 7 Foundational Practices (implicit in the framework, but made explicit in the Tool, along with detailed descriptions of each Foundational Practice)
- Key Critical Capabilities Questions for each Foundational Practice (designed to help an organization identify and document its current capabilities as well as areas for improvement in relation to the foundational practices)

Seven Foundational Practices for Advancing Health Equity

I. Expand the Understanding of Health
II. Assess & Influence the Policy Context
III. Lead with an Equity Focus
IV. Use Data to Advance Health Equity
V. Develop Workforce via Continuous Learning
VI. Build Partnerships & Community Capacity
VII. Use & Target Resources Strategically
Expand Understanding of Health

- The organization and its partners are intentionally engaged in understanding the structural and system-based issues that contribute to health inequities.
- The organization aligns its actions and investments to reinforce this expanded understanding of what creates health.

Assess & Influence the Policy Context

- The organization assesses the policy environment that creates underlying systems issues that both drive and perpetuate health inequities.
- The organization influences / leverages / changes policies (internal & external) to address social determinants of health and advance health equity.

Lead with an Equity Focus

- The organization has strong leadership that is committed to addressing SDoH and advancing health equity.
- All levels of leadership clearly articulate an equity framework.
- The organization takes action, including engaging stakeholders & committing resources, focused on achieving health equity.

Use Data to Advance Health Equity

- The organization develops and maintains data systems with an expanded understanding of intermediary, cross-cutting, and structural determinants.
- The organization’s data and performance systems provide actionable data to promote improvement and accountability in organizational and stakeholder performance in advancing health equity.
Develop Workforce through Continuous Learning
- The organization develops and maintains a highly qualified, well-trained and diverse workforce
- The organization assures optimal workforce development and builds a culture of learning and improvement - including an explicit focus on SDoH and health equity
- The organization incorporates continuous quality improvement into daily work to advance health equity

Build Partnerships and Community Capacity
- The organization strategically engages multiple partners to transform its practices, collectively address SDoH, and advance health equity
- The organization explicitly develops and deepens relationships with communities experiencing health inequities
- The organization develops and deepens cross-sector and interagency relationships

Use & Target Resources Strategically
- The organization optimizes and aligns funding streams, and directs investments to address SDoH and health inequities
- The organization invests in programmatic and policy interventions targeted at advancing health equity
- The organization invests in building system capacity to advance health equity

WHO CSDH Domains
- **Structural Determinants: Socioeconomic Political Context.** The structural, cultural, and functional policies and processes that shape how societies are organized—governance structures, macroeconomic policies, social policies, etc.
- **Structural Determinants: Socioeconomic Position.** This domain describes how structural policies and processes interact to effectively assign socioeconomic position based on social characteristics (e.g., race/ethnicity, gender) through more or less access to essential resources including education, occupation, and income.
- **Intermediary Determinants.** Broadly encompassing living and working conditions (material circumstances), this domain also includes psychosocial, behavioral and biological characteristics, as well as the health system.
- **Cross-cutting Determinants (social capital and social cohesion).** This domain acknowledges human agency and the role of people in the shaping of policies and processes that effectively determine how societies are organized.
- **Health Equity:** fairness in the distribution of social resources and opportunities (and power) needed to achieve well-being between groups with differing levels of social disadvantage (ASTHO); an environment where everyone has a good chance to be healthy.