Social Determinants of Health: Impact on Community
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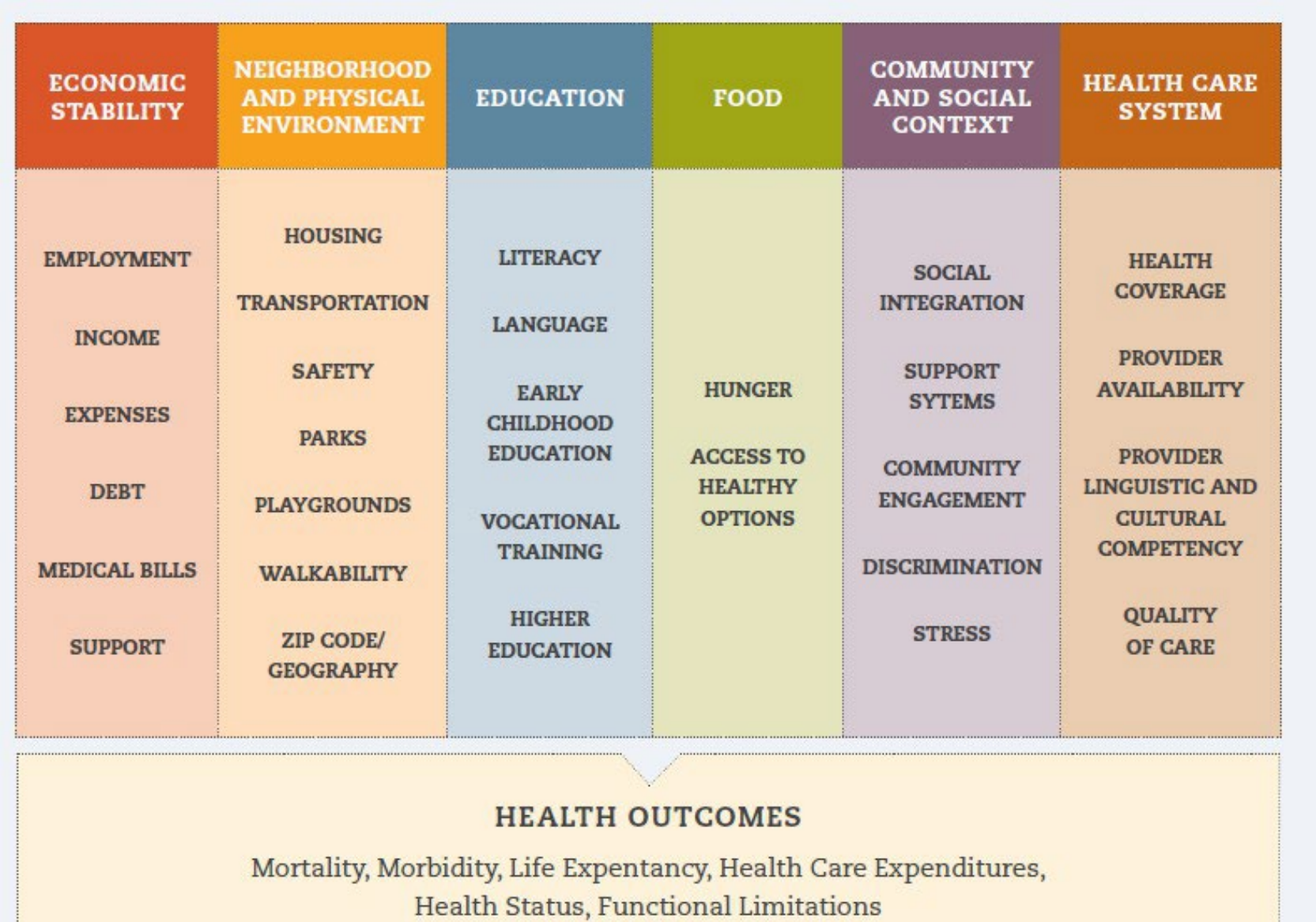
Conversation Today……

- Importance of Social Determinants of Health(SDOH), health outcomes and quality of life

- Data collection today around SDOH in healthcare and ongoing research

- A look at Pima County and Poverty

- Bigger conversation around community planning, engagement and policy

Social Determinants of Health—Not a New Concept

▶ The nonmedical factors that influence health outcomes.

▶ The conditions in which people are born, grow, work, live, and age, and the wider set of forces and systems shaping the conditions of daily life (CDC)

▶ The forces and systems include economic policies and systems, development agendas, social norms, social policies, racism, climate change and political systems (adopted by CDC from World Health Organization)

SOCIAL DETERMINANTS OF HEALTH

ECONOMIC STABILITY	NEIGHBORHOOD AND PHYSICAL ENVIRONMENT	EDUCATION	FOOD	COMMUNITY AND SOCIAL CONTEXT	HEALTH CARE SYSTEM
EMPLOYMENT	HOUSING	LITERACY		SOCIAL INTEGRATION	HEALTH COVERAGE
INCOME	TRANSPORTATION	LANGUAGE			PROVIDER AVAILABILITY
EXPENSES	SAFETY	EARLY CHILDHOOD EDUCATION	HUNGER	SUPPORT SYTEMS	
DEBT	PARKS		ACCESS TO HEALTHY OPTIONS	COMMUNITY ENGAGEMENT	PROVIDER LINGUISTIC AND CULTURAL COMPETENCY
MEDICAL BILLS	PLAYGROUNDS	VOCATIONAL TRAINING		DISCRIMINATION	
SUPPORT	WALKABILITY	HIGHER EDUCATION		STRESS	QUALITY OF CARE
	ZIP CODE/ GEOGRAPHY				

HEALTH OUTCOMES

Mortality, Morbidity, Life Expentancy, Health Care Expenditures, Health Status, Functional Limitations

29 Indicators

Pima County Health Department—Community Needs Assessment

▶ Every three years---comprehensive community needs assessment completed---currently 2024 underway inclusive SDOH queries

▶ Results of 2021 Assessment---Health Priorities included behavioral and mental health, substance abuse disorders, access to care and **Social Determinants of Health**

▶ Addresses the root causes of health issues----2021 key SDOHs included transportation, poverty and built environment

Pima County 2021 Supporting Data around SDOH Priorities…..

- ▸ ▫ 1 in 5 households in Pima County (19%) reported at least one of the following four housing problems from 2013-2017: overcrowding, high housing costs, lack of kitchen, or lack of plumbing facilities.

- ▸ ▫ In 2019, 1 in 7 (15.5%) of households without vehicles were beyond 1 mile from the nearest supermarket.

- ▸ ▫ In 2019, more than 1 in 10 (11.2%) of households received SNAP benefits (food stamps). More than half (52.6%) of those households include children.

- ▸ ▫ More than a quarter of Pima County residents (28.2%) speak a language other than English at home, and 30.1% speak English less than "very well"

Healthy People 2030

How Does Healthy People 2030 Address SDOH?
One of Healthy People 2030's 5 overarching goals is specifically related to SDOH: "Create social, physical, and economic environments that promote attaining the full potential for health and well-being for all."

In line with this goal, Healthy People 2030 features many objectives related to SDOH. These objectives highlight the importance of "upstream" factors — usually unrelated to health care delivery — in improving health and reducing health disparities.

More than a dozen workgroups made up of subject matter experts with different backgrounds and areas of expertise developed these objectives. One of these groups, the Social Determinants of Health Workgroup, focuses solely on SDOH.

Healthy People 2030 Leading Health Indicators…..

▶ A metric or indicator that aligns with a HP 2030 LHI. Most LHIs address important factors that impact US major causes of death and disease (https://health.gov/healthypeople/objectives-and-data/leading-health-indicators)

▶ EXAMPLE: Increase the proportion of adults with broadband internet—HC/HIT-05

▶ Most recent data(2020) 41.5% with Target 60.8% for 2030. Baseline was 55.9% in 2017; hence status is worsening

Current Reality and Change…

- Social Determinants of Health (SDOH) are estimated to account for about 50% of a person's health status…but yet, the healthcare system has historically not collected this critical data

- Today---many tools for SDOH are available for data collection, integration into electronic health records and available across the healthcare system where inter-operability is available—opportunities to better plan care and transitions

- National Association of Community Health Centers(NACHC)—PRAPARE

- American Academy of Family Physicians(AAFP)—EveryOneProject

- Centers for Medicare and Medicaid(CMS)– Health-related social needs screening tool

Additional Community Initiatives

▶ Contexture(Arizona's Health Information Exchange" and AHCCCS create Community Cares(Unite Us)

PROGRAM GOALS: Coordinating care, connecting communities, improving health recognizing SDOH and whole-person mindset and a data-driven approach

COMMUNITY BENEFITS: Centralized data repository, closed-loop referrals with outcome tracking, screenings and assessments for identifying client needs, resource directory

▶AHCCCS, Arizona's state Medicaid agency, launched its Whole Person Care Initiative (WPCI) to focus on the social factors that have an impact on individual health and well-being, such as housing, employment, criminal justice, non-emergency transportation and home and community-based services interventions.

▶**Whole Person Care Initiative**

▶SDOH research suggests that social risk factors, behaviors and physical environment contribute 80% to an individual's overall health while access to quality healthcare only contributes 20%.

▶

It's about resources…

BRIDGES' DEFINITION OF POVERTY

"The extent to which an individual does without resources."

Situational Poverty: A lack of resources due to a particular event (divorce, natural disaster, etc.)

Generational Poverty: Having been in poverty for at least two generations

Various Aspects of SDOH that impact health and quality of life---Poverty as root cause

- Tucson's poverty rate of 15.1% is **higher than 9 of the 11** comparison cities in the western U.S.
- More than one of seven Tucsonans lives in poverty.

Poverty Rate (2021)

U.S. Census Bureau via MAP (mapazdashboard.arizona.edu)
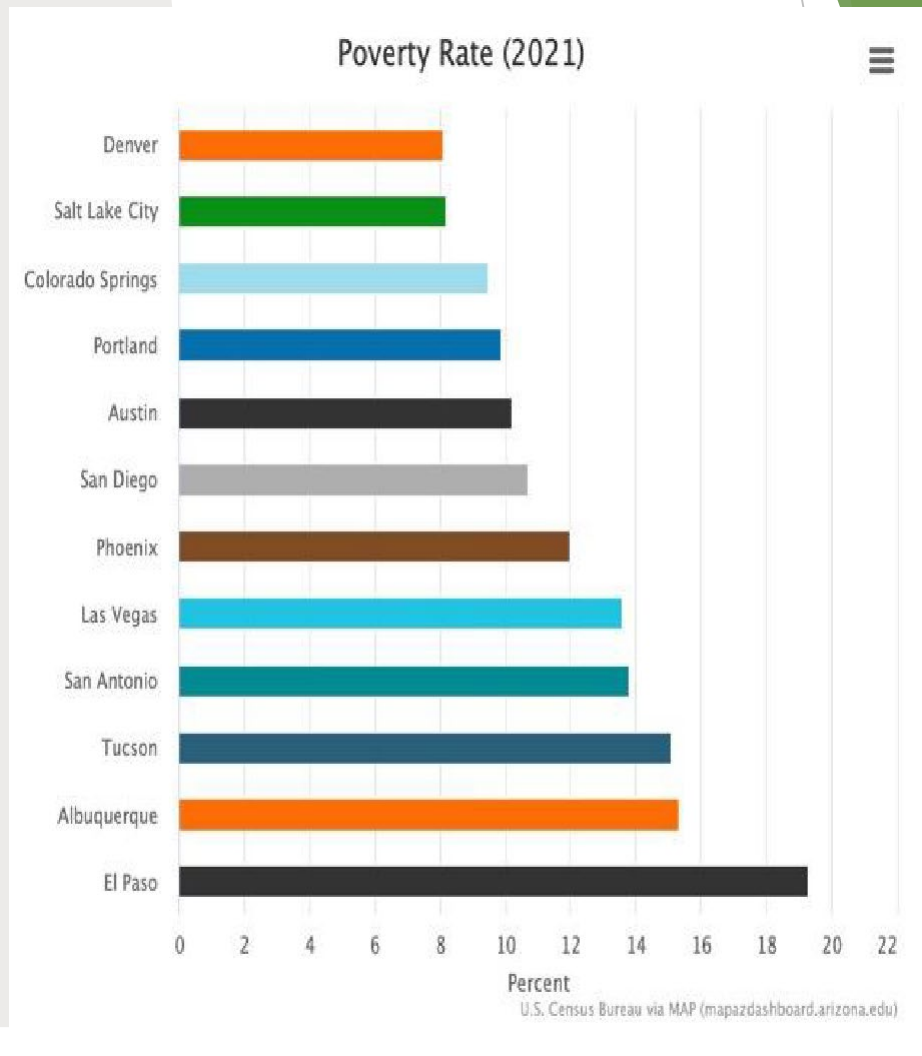
Prosperity Initiative

- **Develop a set of policies that are research and evidence-based and guide long-term efforts to create community wealth by addressing generational poverty and improving opportunity**

  - while also addressing the immediate needs of those currently experiencing poverty

  - for adoption or adaptation by local governments

The Prosperity Initiative is an opportunity to be architects of change for the next generation. Pima County Chair Adelita Grijalva