Social Determinants of Health – State of the Evidence

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Outline

• Identify Social Determinants of Health
• Review relationship between life expectancy and social factors
• Describe progress toward Healthy People 2020 measures
• Consider next steps for clinic-to-community integration
What causes health inequities?

“The social determinants of health are mostly responsible for health inequities - the unfair and avoidable differences in health status seen within and between countries. The structural roots of health inequities lie within education, taxation, labor and housing markets, urban planning, government regulation, health care systems, all of which are powerful determinants of health, and ones over which individuals have little or no direct personal control but can only be altered through social and economic policies and political processes.”

WHO Commission on the Social Determinants of Health

Addressing Social Determinants in the US

Healthy People 2020 defines social determinants of health as

“conditions in the environments in which people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks.”

Goal: Create social and physical environments that promote good health for all
Social Determinants of Health

Social Determinants
- **Availability** of resources to meet daily needs, such as educational and job opportunities, living wages, or healthy foods
- Social norms and attitudes, such as discrimination
- Exposure to crime, violence, and social disorder, such as the presence of trash
- **Social support and social interactions**
- Exposure to mass media and emerging technologies, such as the Internet or cell phones
- Socioeconomic conditions, such as concentrated poverty
- Quality schools
- Transportation options
- Public safety
- Residential segregation

Physical Determinants
- Natural environment, such as plants, weather, or climate change
- Built environment, such as buildings or transportation
- Worksites, schools, and recreational settings
- Housing, homes, and neighborhoods
- Exposure to toxic substances and other physical hazards
- Physical barriers, especially for people with disabilities
- Aesthetic elements, such as good lighting, trees, or benches


Deaths and Mortality in the US

Number of deaths for leading causes of death:
- Heart disease: 633,842
- Cancer: 595,930
- Chronic lower respiratory diseases: 155,041
- Accidents (unintentional injuries): 146,571
- Stroke (cerebrovascular diseases): 140,323
- Alzheimer’s disease: 110,561
- Diabetes: 79,535
- Influenza and Pneumonia: 57,062
- Nephritis, nephrotic syndrome and nephrosis: 49,959
- Intentional self-harm (suicide): 44,193

Number of deaths: 2,626,418
- Death rate: 823.7 deaths per 100,000 population
- Life expectancy: 78.8 years
- Infant Mortality rate: 5.82 deaths per 1,000 live births

National Center for Health Statistics; https://www.cdc.gov/nchs/fastats/deaths.htm


Estimated Deaths Attributable to Social Factors in the US

- Low education 245,000
- Racial segregation 176,000
- Low social support 162,000
- Individual level poverty 133,000
- Income inequality 119,000
- Area level poverty 39,000

In comparison:
- Acute MI 192,898
- Cerebrovascular disease 167,661
- Lung cancer 155,521

Social factors accounted for over a third of total deaths in the United States in a year -- comparable to the number attributed to pathophysiological and behavioral causes.

Five-domain Model of Social Determinants of Health

Midcourse Status of the Social Determinants of Health Objectives


Social-ecological Framework: Levels of Influence on Behavior

- Highest level of community-level interventions involves large geographic communities and include broad changes, especially at the policy level.

- Interventions targeting the family, social networks and community are needed for changing the context in which individuals live, and for supporting the behavioral changes that they make at the individual level.

Clinic to Community Integration

Colorado Hunger Screening
- Creation of reliable referral system
- Process changes increased referrals from 5 to 78%
- Two broad questions integrated into existing clinical workflow

Clinic to Community Integration

Fresh Food Pharmacy
- Geisinger Health System – central PA
- Grocery with health staples and fresh produce, low-fat dairy, lean meats and fish
- 5 days of fresh food – free
- Meet with RDN
- $1000 per patient
  - A1C reduction saves $8000 per patient

Next Steps

- Community needs assessment involvement
- Identify integration opportunities
- Participate in HP2030 process
- Collect and report community level data
- Join coalitions such as Root Cause Coalition

Thank you

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