

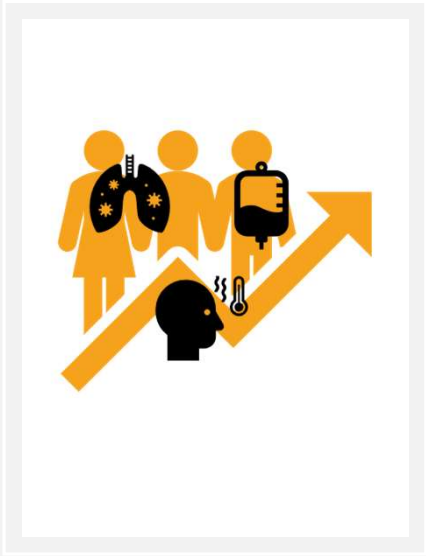


**Social Determinants Of Health And Health Equity**


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**WHAT ARE SOCIAL DETERMINANTS OF HEALTH (SDOH)?**

Factors external to an individual that shape the conditions in which people live, work, and grow in ways that can both promote well-being and confer disease risk



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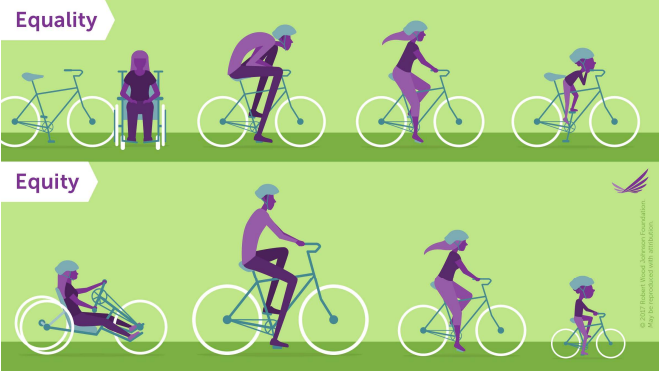
**WHY ARE SDOH IMPORTANT TO HEALTH PROFESSIONALS?**

Understanding SDOH in relation to specific health outcomes provides information about the context for the conditions that predict health and disease.

This knowledge helps our understanding of why health inequities (socially produced, systematic inequalities in health between groups) exist in the population

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**EQUALITY VS EQUITY**



The illustration shows two scenarios of people on bicycles. In the 'Equality' scenario, four people of different heights are each on their own bicycle. The shortest person cannot see over the handlebars. In the 'Equity' scenario, the shortest person is standing on the ground, and the tallest person is standing on their shoulders, allowing everyone to see over the handlebars.

**Equality**

**Equity**

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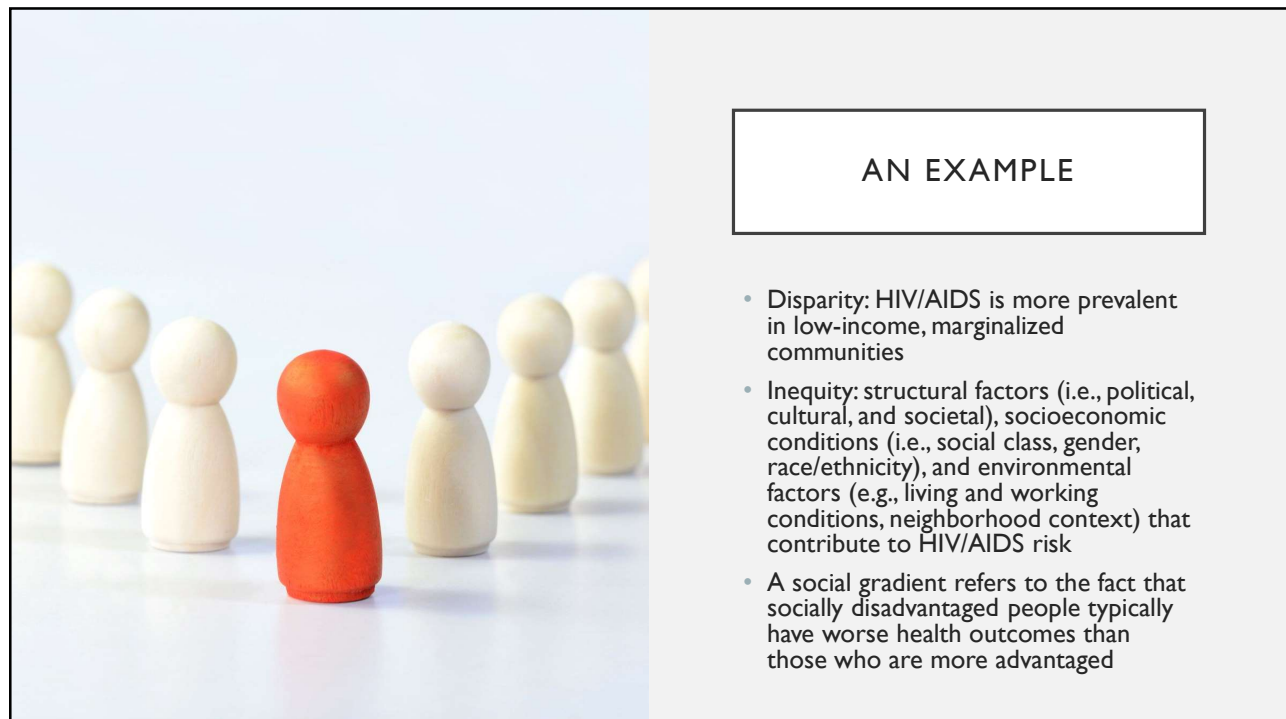


## DISPARITY VS INEQUITY

Disparity means there is a difference

Inequity means that an injustice or unfairness is driving the difference

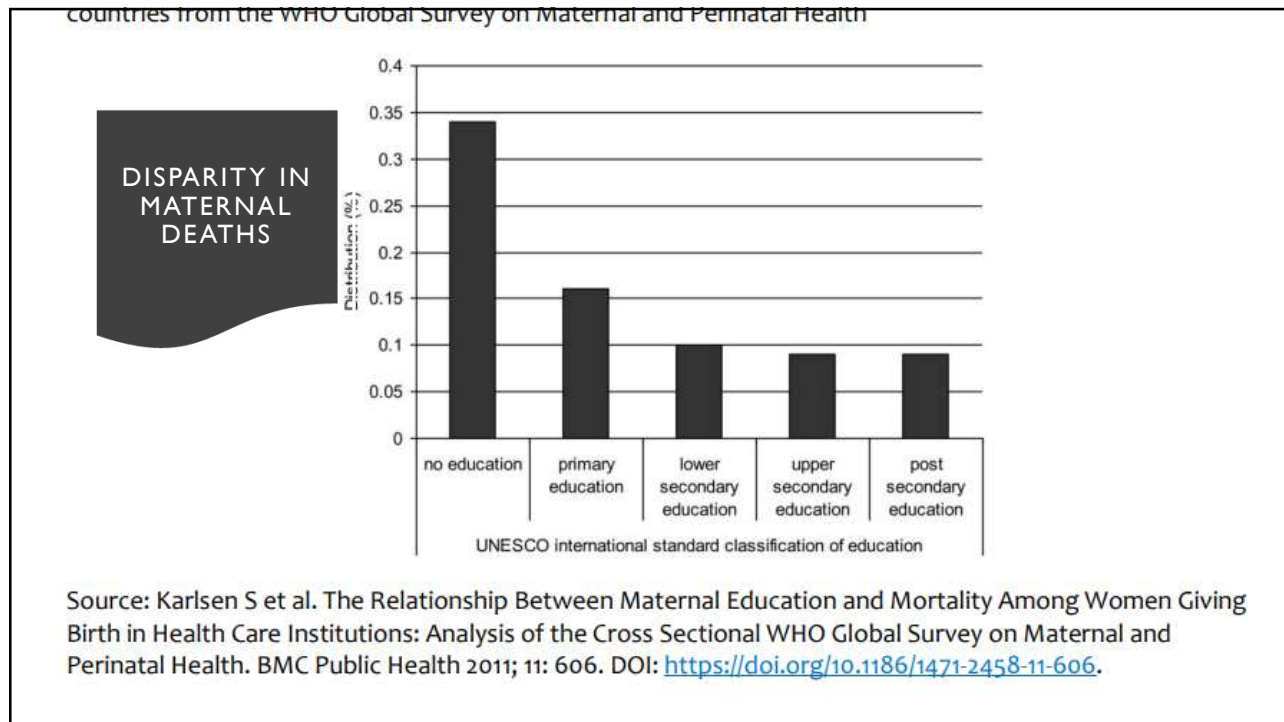
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## AN EXAMPLE


- Disparity: HIV/AIDS is more prevalent in low-income, marginalized communities
- Inequity: structural factors (i.e., political, cultural, and societal), socioeconomic conditions (i.e., social class, gender, race/ethnicity), and environmental factors (e.g., living and working conditions, neighborhood context) that contribute to HIV/AIDS risk
- A social gradient refers to the fact that socially disadvantaged people typically have worse health outcomes than those who are more advantaged

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**APPLICATION EXERCISE**  
**WHAT ARE SOME INEQUITIES THAT MAY DRIVE MATERNAL DEATHS?**



Structural factors (i.e., political, cultural, and societal)

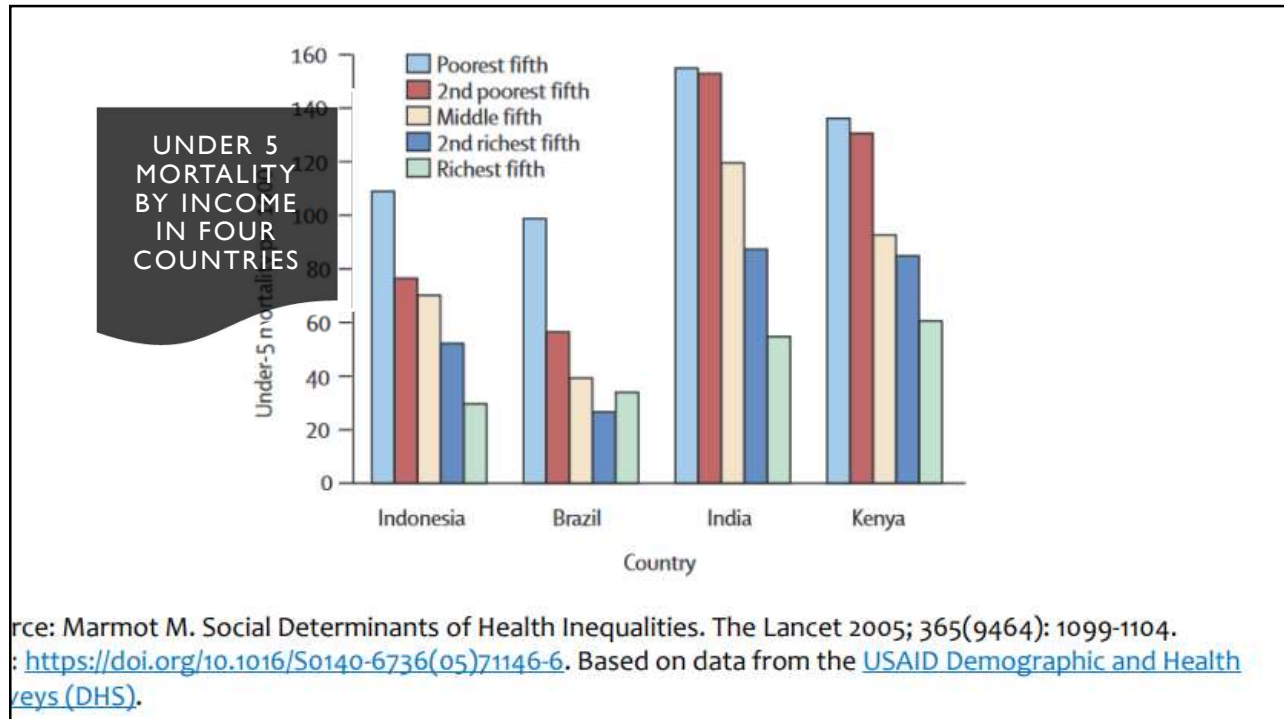


Socioeconomic conditions (i.e., social class, gender, race/ethnicity)




Environmental factors (e.g., living and working conditions, neighborhood context)

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**APPLICATION EXERCISE**  
**WHAT OTHER INEQUITIES MAY DRIVE UNDER 5 DEATHS?**



Structural factors (i.e., political, cultural, and societal)



Socioeconomic conditions (i.e., social class, gender, race/ethnicity)

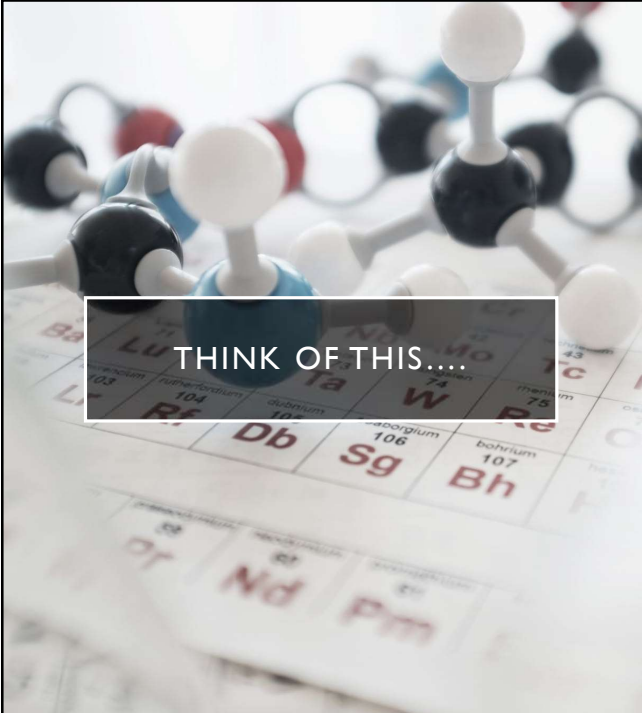


Environmental factors (e.g., living and working conditions, neighborhood context)

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## CLINICAL CARE AND SDOH

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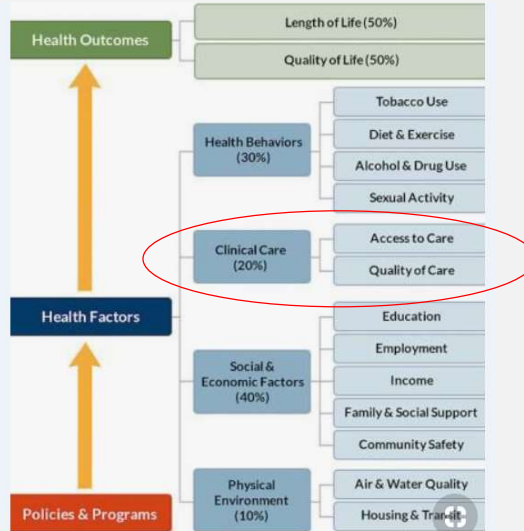


THINK OF THIS....

- According to the National Academy of Medicine (aka IOM), what portion of the modifiable contributors to population health is attributable to medical clinical care?
  - a. 65-75%
  - b. 40-50%
  - c. 25-35%
  - d. 10-20%

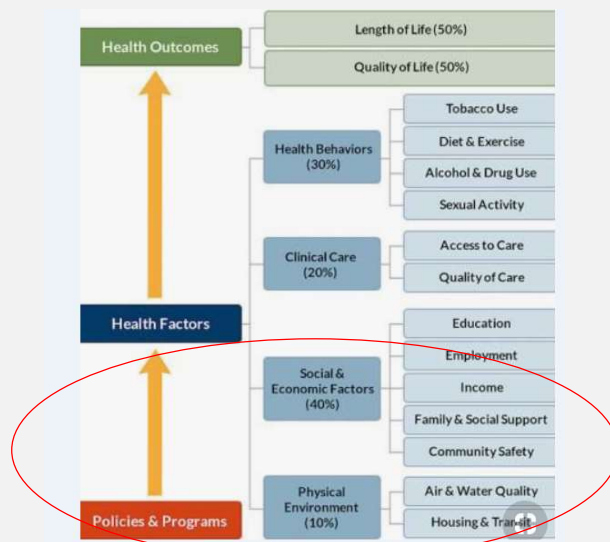
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## MODIFIABLE CONTRIBUTORS TO POPULATION HEALTH OUTCOMES

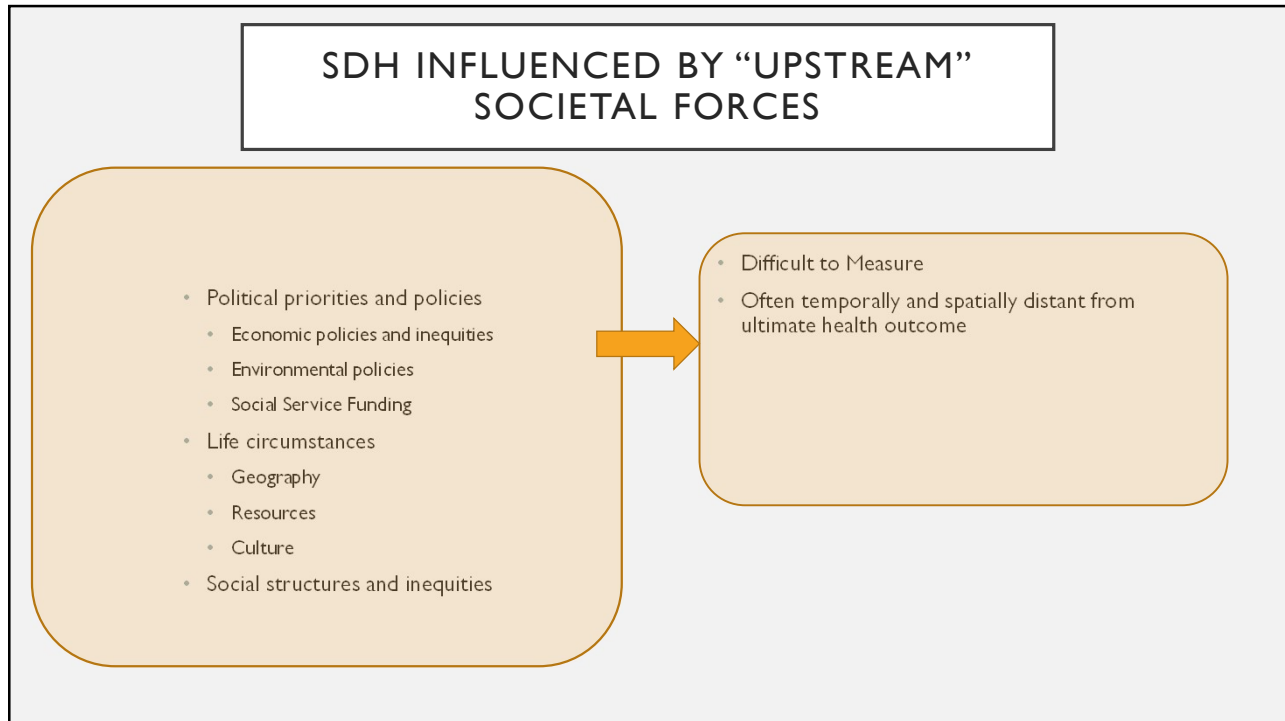


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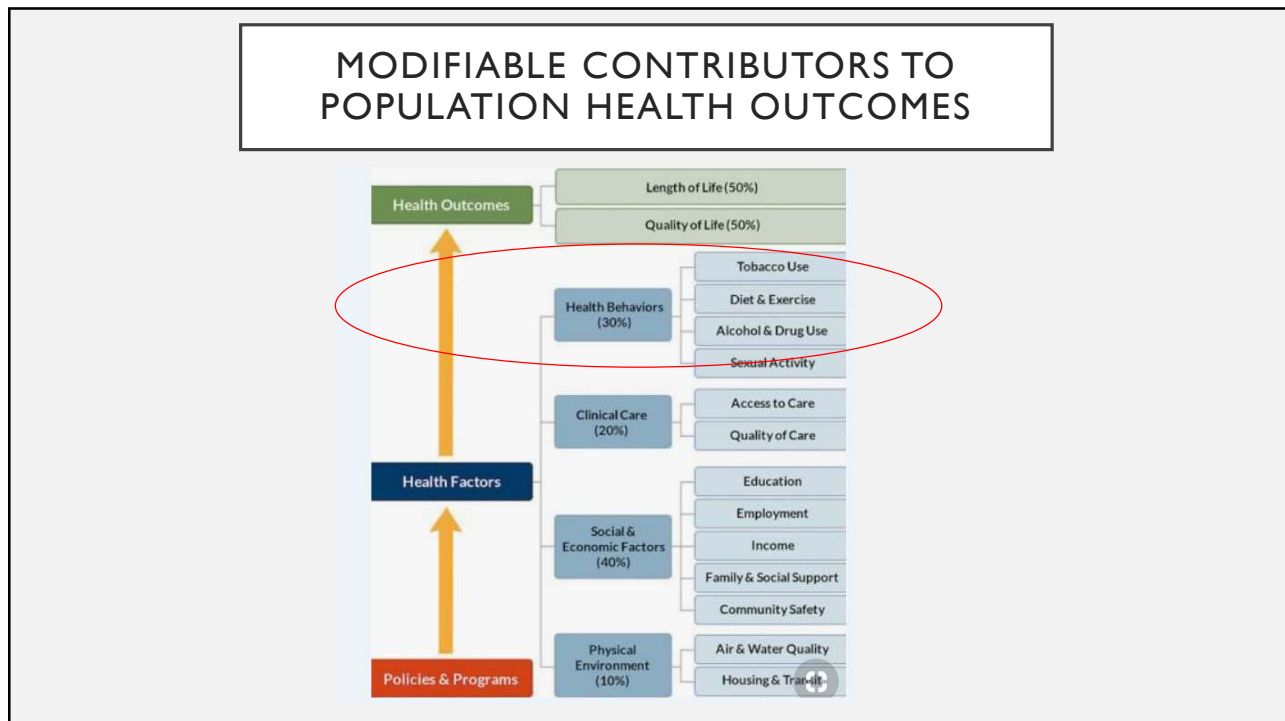
## MODIFIABLE CONTRIBUTORS TO POPULATION HEALTH OUTCOMES



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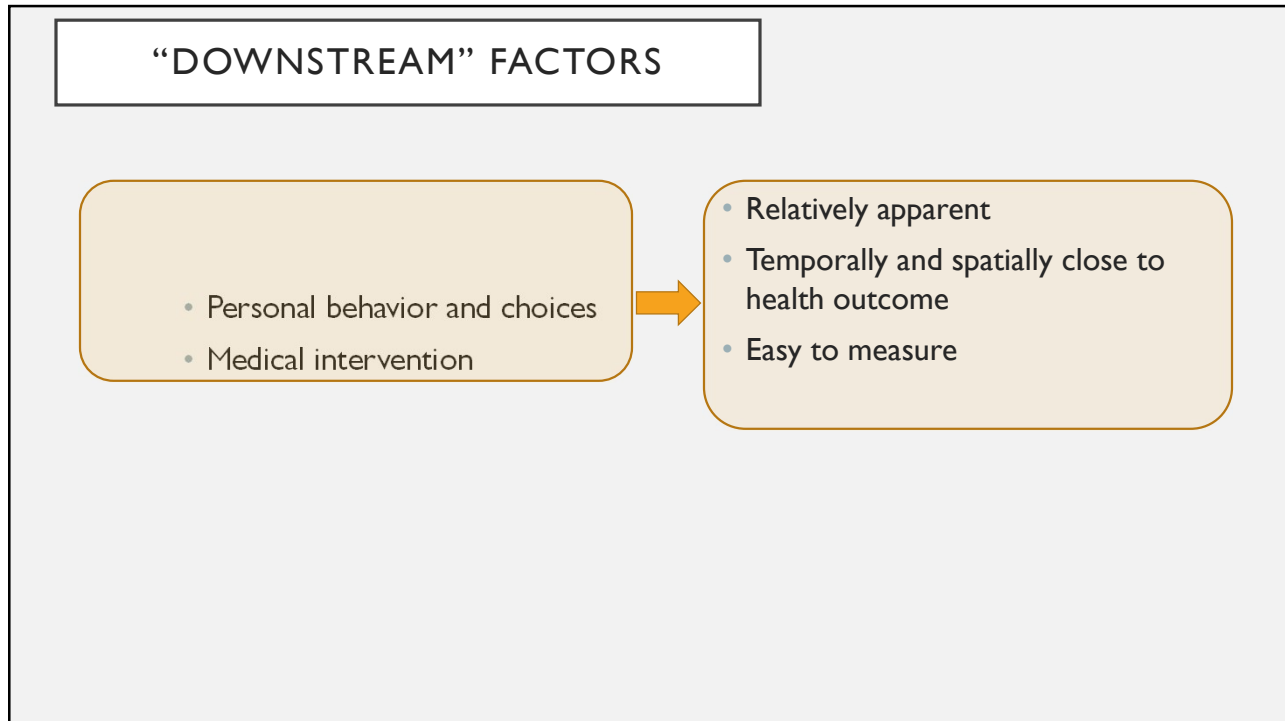


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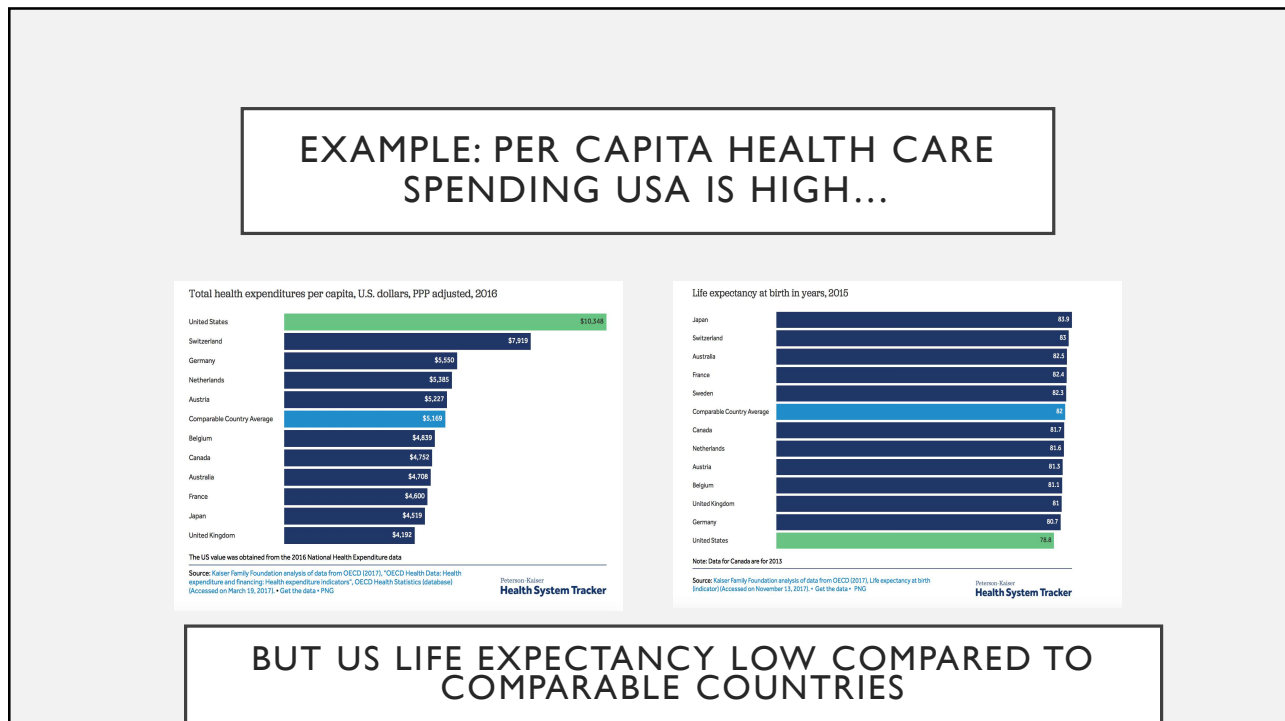


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Disparity	Native AI/AN	Asian	Black	Hispanic	White
Maternal death/100,000 live births		8	26	5	7
Gonorrhea/100,000 population	96	18	570		24
Cervical cancer/100,000 pop	7	7	10	11	7
Breast cancer deaths/100,000 pop	15	11	31	15	22
Diabetes-related deaths/100,000 pop	22	11	33	13	24
Prenatal care in 1 <sup>st</sup> trimester (% of live births)	69	84	75	76	89
Preterm birth (% of live births)	13	10	17	12	10

## SDH EXAMPLE: RACIAL DISPARITIES\*

ACOG CO #649\* Editors note these data are subject to many limitations described in document.

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## LEVELS OF CAUSATION

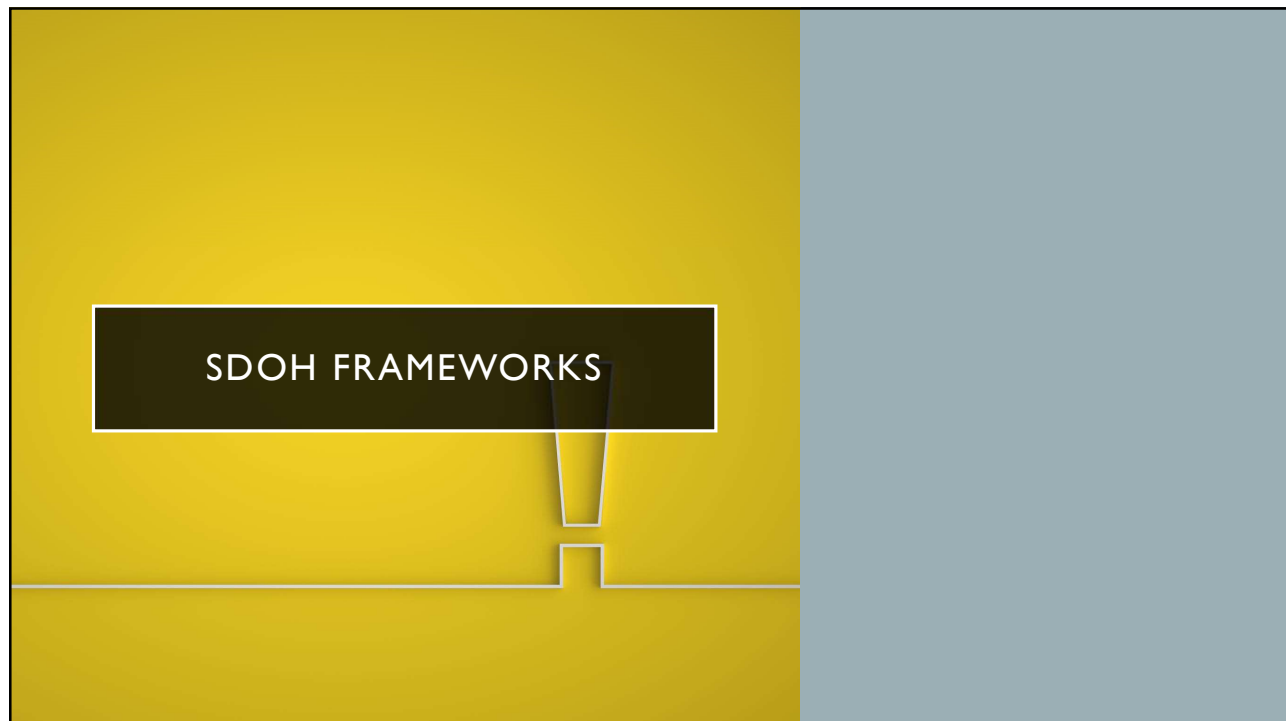
Distal  
Intermediate  
Proximal

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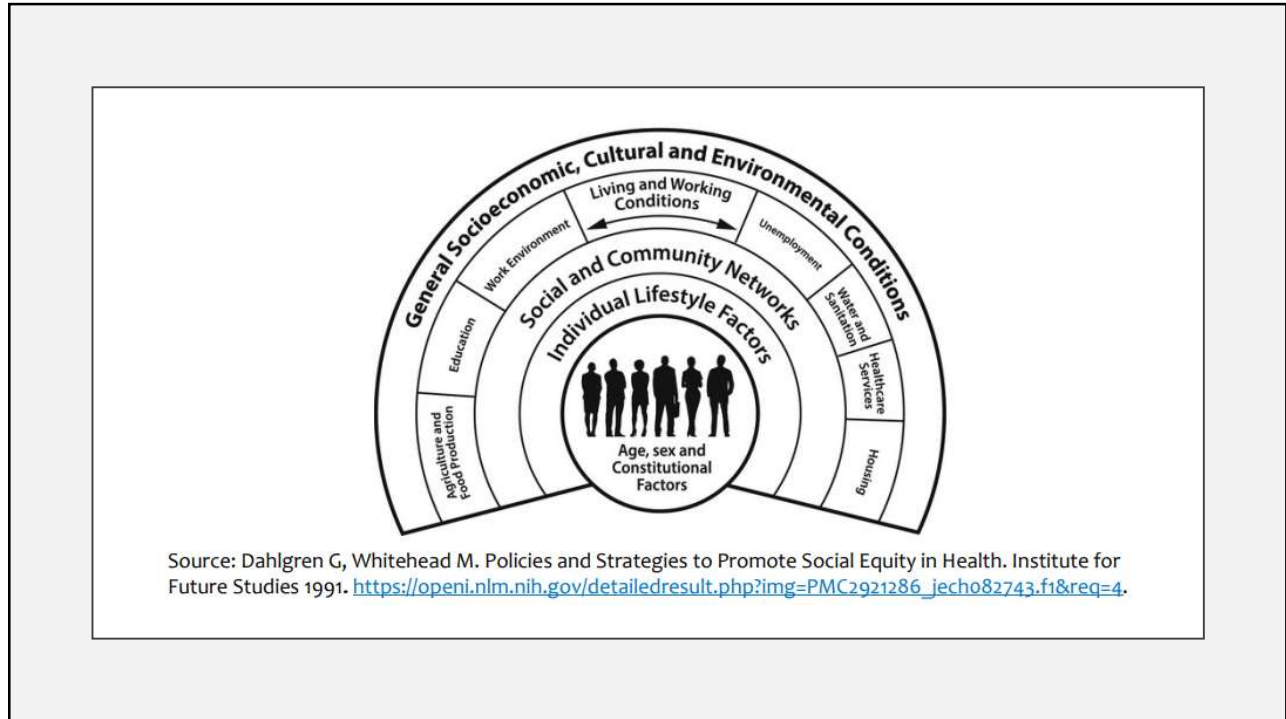
*Table 1 – Causes of health inequities at three levels*

Level of the Cause	Description	Examples
Distal (farthest away from an individual's health status) or societal	Cultural, political, and infrastructural causes	Education, income, housing conditions, air quality, access to food and water, road safety
Intermediate	Relationships, social contexts	Community factors, including those related to work, school, family, and peer environments
Proximal (closest to an individual's health status) or individual	Behaviors, capabilities, attitudes, and direct biological threats to health	Hygiene habits, exposure to disease vectors that cause diarrhea, dengue, malaria

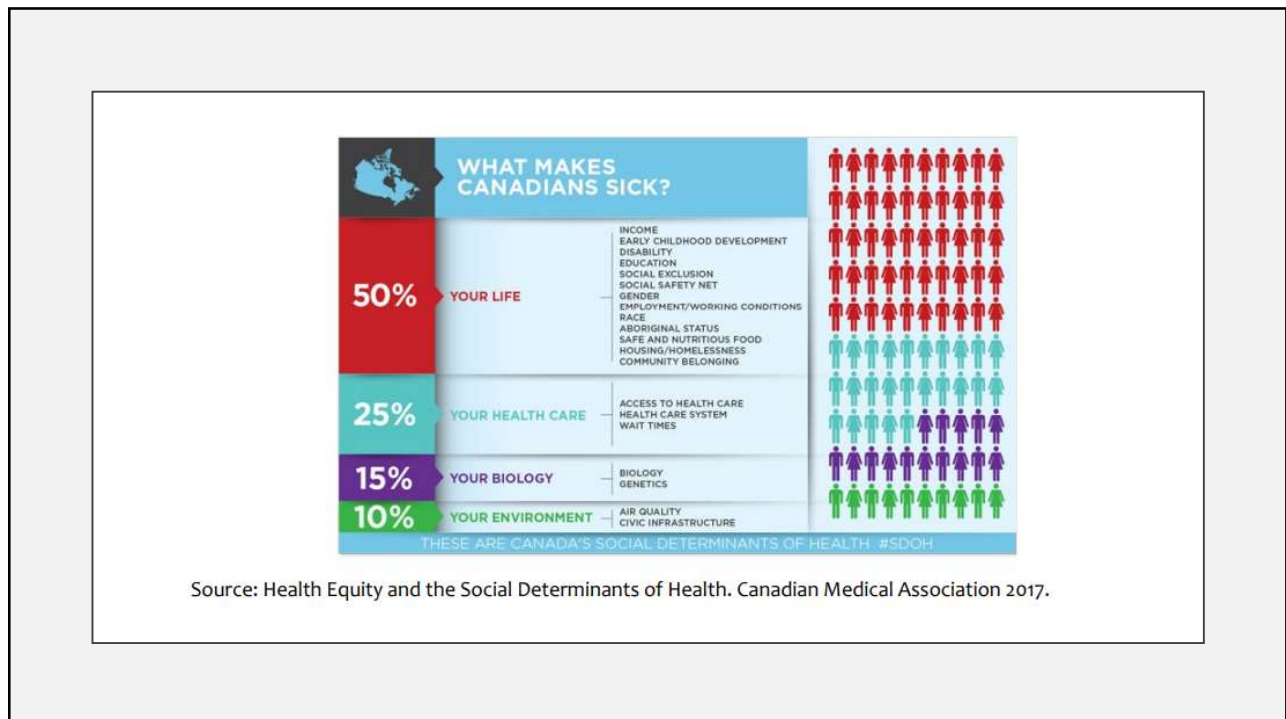
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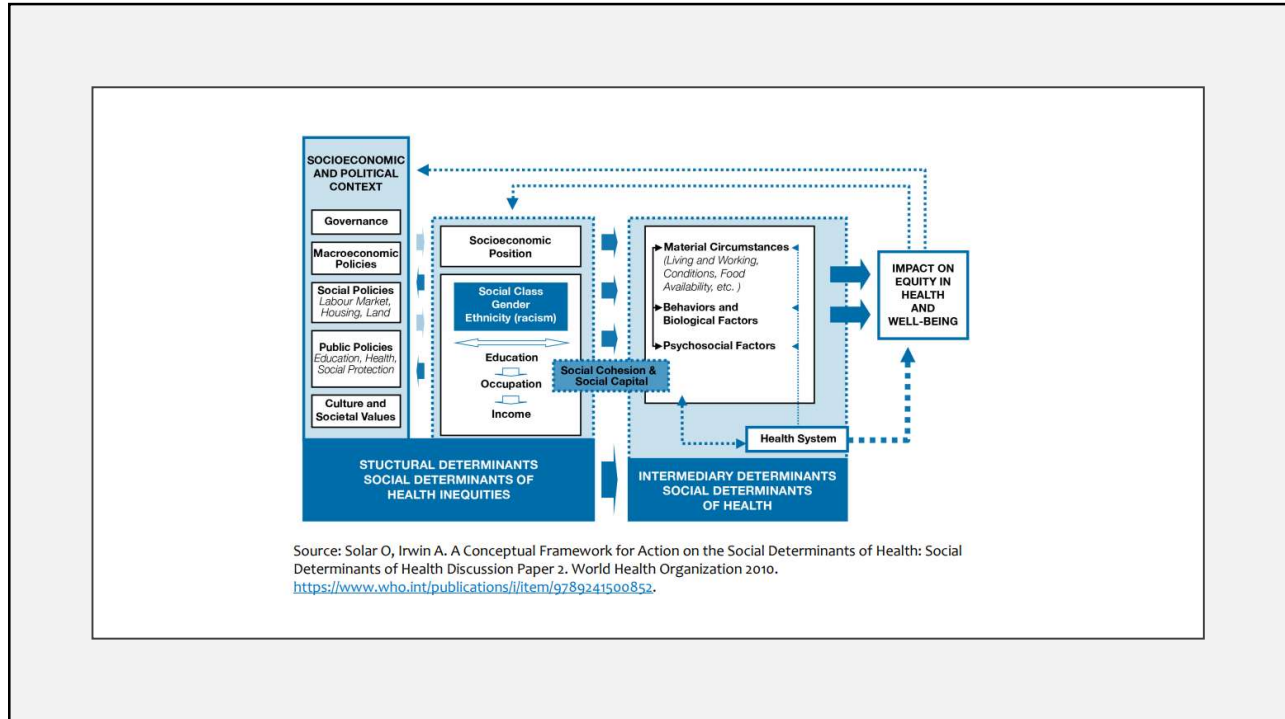
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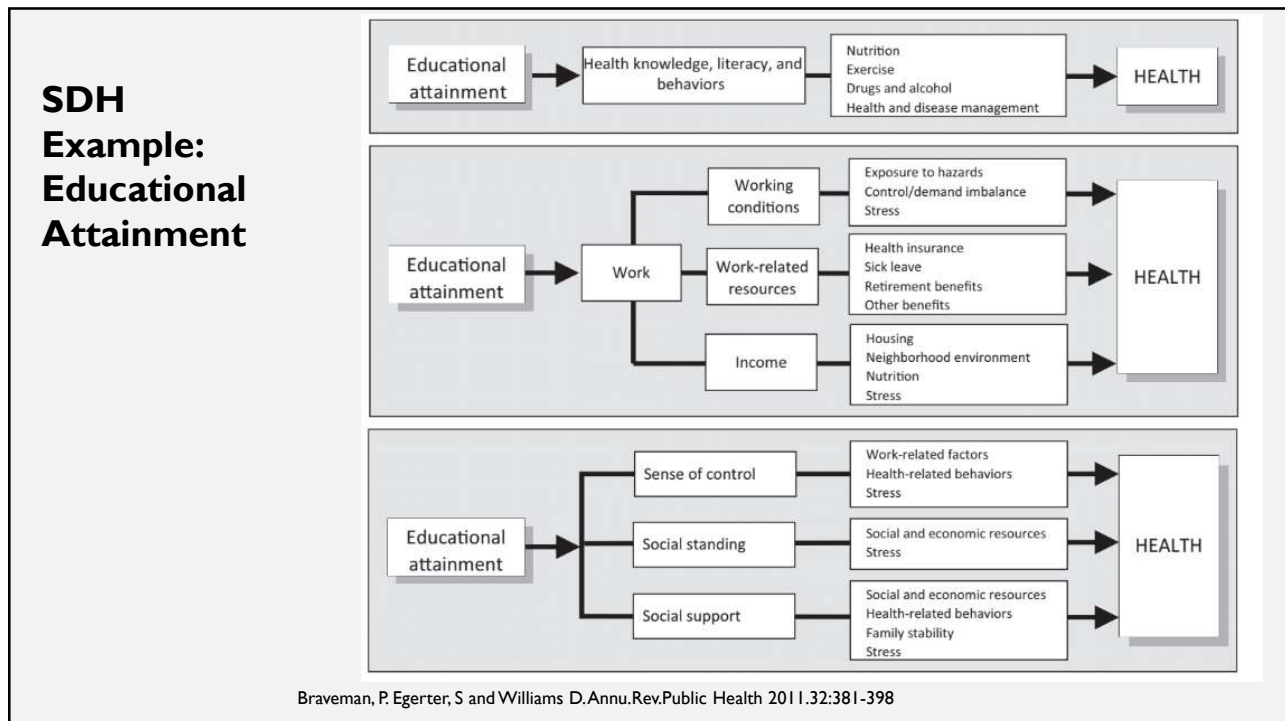
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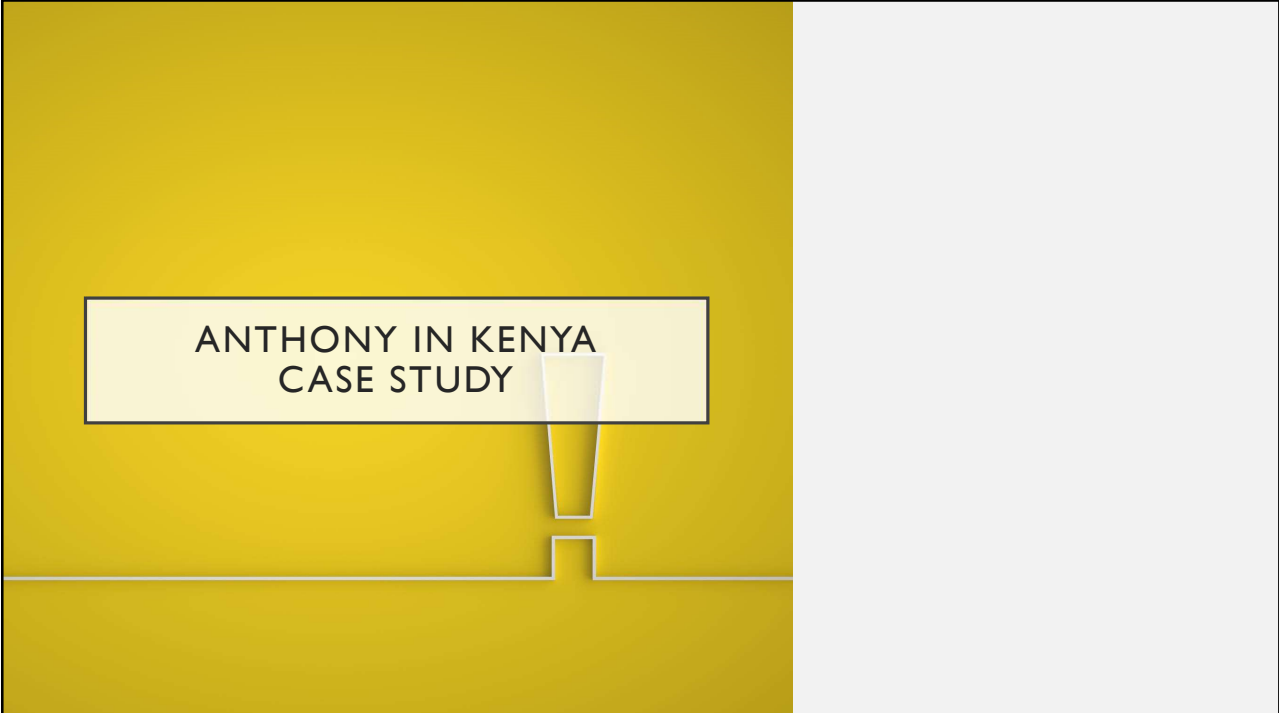
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**SDH EXAMPLE: HOUSING**


- Heat
- Electricity
- Safety
- Accessibility
- Age of dwelling
  - Lead
- Water supply
  - Contaminated wells
- Toxic exposures
  - Pesticides
  - Radon

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**ANTHONY IN KENYA  
CASE STUDY**

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APPLICATION CASE STUDY:  
ANTHONY IN KENYA

- Anthony is a street vendor in Mombasa. He lives in a dense, urban neighborhood. He is lucky enough to have a small apartment in a permanent housing unit for his family and himself, but his neighborhood does not have access to clean water, fresh food, or toilet facilities.
- Although his seven-year-old son and an eleven-year-old daughter attend school, Anthony only attended school until second grade, and his wife never attended.
- Because Anthony works vending on the streets during the day, he often purchases, barter for, and handles the food his family uses in meal preparations.
- These social and neighborhood factors impact Anthony's day-to-day life in various ways that shape his and his family's health.


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APPLICATION CASE STUDY:  
ANTHONY IN KENYA

Anthony's family barely has enough income to feed itself. This prevents them from moving to a less densely populated area with more community resources.

As a result, they face all of the health risks associated with living in a poorer neighborhood, including exposure to high volumes of mosquitoes that carry malaria and dengue, and a lack of access to adequate health facilities to treat diseases if family members get sick.

Therefore, the social determinant of low income has hindered Anthony's family's mobility, which in turn results in increased exposure to disease agents in the environment and limited ability to receive proper health care services if necessary.



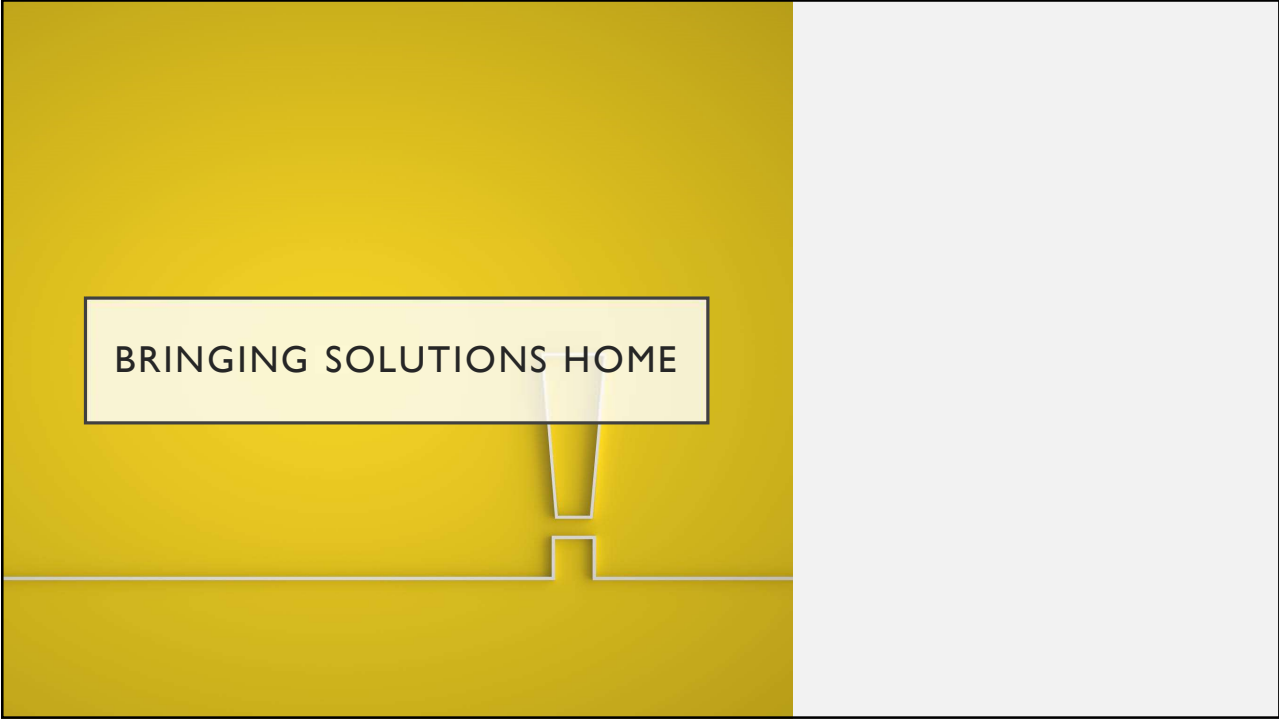
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## APPLICATION CASE STUDY: ANTHONY IN KENYA

- Due to the social circumstances in which Anthony grew up, he has limited knowledge about health and hygiene.
- As a result, he does not wash his hands with soap after using the toilet, and his family often gets diarrhea due to the bacterial contamination in the food he handles and cooks.
- What can we do?

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BRINGING SOLUTIONS HOME

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## IDENTIFYING LOCAL DISPARITIES

Your own experience – what are the unmet needs of your patients that adversely impact their health?

**Examples:**


- Access to health care
- Nutritional counseling/Healthy food options
- Transportation to appointments
- Limited health literacy




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## LOCAL RESOURCE IDENTIFICATION

- Learn what resources are already available within your community to combat health disparities
- Examples
  - Nutritional Support
  - Literacy support



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LOCAL RESOURCE IDENTIFICATION

- Who can help me learn about this?
- Your own exploration and web searches

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IMPORTANT SUMMARY

- [https://www.youtube.com/watch?v=u\\_loBt7Nicw&ab\\_channel=CentersforDiseaseControlandPrevention%28CDC%29](https://www.youtube.com/watch?v=u_loBt7Nicw&ab_channel=CentersforDiseaseControlandPrevention%28CDC%29)

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