Socio-Economic & Health Disparities: Improving Community Well-Being

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Health

World Health Organization (WHO):

A state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.
Health Determinants

Socioeconomic Factors:
- Education
- Job Status
- Family/Social Support
- Income
- Community Safety

Physical Environment

Health Behaviors:
- Tobacco Use
- Diet & Exercise
- Alcohol Use
- Sexual Activity

Health Care:
- Access to Care
- Quality of Care

Source: Institute for Clinical Systems Improvement, Going Beyond Clinical Walls: Solving Complex Problems (October 2014)
Social Determinants of Health

World Health Organization (WHO):

The **conditions in which people are born, grow, live, work and age, and the wider set of forces and systems shaping the conditions of daily life**. These forces and systems include economic policies and systems, development agendas, social norms, social policies, and political systems at global, national and local levels.

They affect a wide range of health, functioning, and quality of life outcomes and risks.
Social Determinants of Health

Economic Stability
- Poverty
- Employment
- Food Insecurity
- Housing Instability

Education
- High School Graduation
- Enrollment in Higher Education
- Language & Literacy
- Early Childhood Education

Health and Health Care
- Access to Health Care
- Access to Primary Care
- Health Literacy

Neighborhood and Built Environment
- Access to Foods that Support Healthy Eating Patterns
- Quality of Housing
- Crime and Violence
- Environmental Conditions
- Neighborhood Density

Social and Community Context
- Social Cohesion
- Civic Participation
- Discrimination and -isms
- Incarceration
- Immigration Legal Status
- Social Mobility

Economic Stability

Education

Health and Health Care

Neighborhood and Built Environment

Social and Community Context
Social Determinants of Health Data

Economic Stability

SDOH-1 Proportion of children aged 0-17 years living with at least one parent employed year round, full time

SDOH-3 Proportion of persons living in poverty

SDOH-4 Proportion of households that experience housing cost burden

SDOH-4.1 Proportion of households that spend more than 30% of income on housing

SDOH-4.1.1 Proportion of all households that spend more than 30% of income on housing

SDOH-4.1.2 Proportion of households earning less than 200% of the poverty threshold that spend more than 30% of income on housing

SDOH-4.2 Proportion of households that spend more than 50% of income on housing

SDOH-4.2.1 Proportion of all households that spend more than 50% of income on housing

SDOH-4.2.2 Proportion of renter households that spend more than 50% of income on housing

NWS-12 Eliminate very low food security among children

NWS-13 Reduce household food insecurity and in doing so reduce hunger

At baseline, 79 percent of students attending public schools graduated with a regular diploma in 2010–11 4 years after starting 9th grade. The target is 87 percent, based on a target-setting method of 10 percent improvement.

Data Source: Common Core of Data (CCD), EDNCE

Note: Further information about the data used to track this objective is available on the Data Details page. Additional footnotes may apply to the objective data and to the population subgroups, if any, that appear in this National Snapshot.

https://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-of-health
Economic Disparities

Economic disparities include how economic variables are distributed—among individuals in a group or among groups in a population.

There are disparities in both:
• outcomes
• opportunity

EXAMPLE: Children Living in Poverty
EXAMPLE: Economic Disparities

Full employment
Do racial inequities in employment persist after controlling for education?

Unemployment decreases as educational attainment rises, but racial gaps remain. Black workers are two to three times as likely to be unemployed as their White counterparts across education levels. Latinos with very low education have lower unemployment than their White counterparts.

Unemployment Rate by Educational Attainment and Race/Ethnicity, 2015

<table>
<thead>
<tr>
<th>Education Level</th>
<th>White</th>
<th>Black</th>
<th>Latino</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than a HS Diploma</td>
<td>12%</td>
<td>7%</td>
<td>5%</td>
</tr>
<tr>
<td>HS Diploma, no College</td>
<td>9%</td>
<td>5%</td>
<td>9%</td>
</tr>
<tr>
<td>More than HS Diploma but less than BA Degree</td>
<td>9%</td>
<td>4%</td>
<td>3%</td>
</tr>
<tr>
<td>BA Degree or higher</td>
<td>6%</td>
<td>4%</td>
<td>2%</td>
</tr>
</tbody>
</table>

Source: IPUMS. Universe includes the civilian noninstitutional population ages 25 through 64.
Note: Unemployment for Blacks with less than a HS diploma is excluded because of a small sample size. Data represents a 2011 through 2015 average.

EXAMPLE: Economic Disparities

Access to good jobs
Can all workers earn a living wage?

People of color earn lower wages than Whites at every education level. People of color with college and graduate degrees still earn $3/hour less than their White counterparts. People of color with a high school diploma but no college earn nearly $4/hour less than their White counterparts.

Median Hourly Wage by Educational Attainment and Race/Ethnicity, 2015

Source: IPUMS. Universe includes civilian noninstitutional full-time wage and salary workers ages 25 through 64. Note: Data represents a 2011 through 2015 average. Values are in 2015 dollars.

EXAMPLE: Economic Disparities

Skilled workforce
Do workers have the education and skills needed for the jobs of the future?

Some of the fastest-growing segments of the region’s workforce lack the education levels required for the jobs of the future. By 2020, an estimated 44 percent of jobs will require at least an associate’s degree. Yet, only 30 percent of U.S.-born Latinos, 32 percent of U.S.-born Blacks, and 9 percent of Latino immigrants have that level of education.

Source: Georgetown Center for Education and the Workforce, IPUMS. Universe for education levels of workers includes all persons ages 25 through 64.
Note: Data for 2015 by race/ethnicity/nativity represents a 2011 through 2015 average and is at the regional level; data on jobs in 2020 represents a regional job-weighted average of state-level projections for Nebraska and Iowa.

Health Disparities

Centers for Disease Control and Prevention (CDC):

A particular type of health difference that is closely linked with social, economic, and/or environmental disadvantage that adversely affects groups of people who have systematically experienced greater obstacles to health based on:

- Race or ethnicity
- Religion
- Socioeconomic status
- Gender
- Age
- Mental health
- Cognitive, sensory, or physical ability
- Sexual orientation or gender identity
- Geographic location
- Other characteristics historically linked to discrimination or exclusion
EXAMPLE: Health Disparities

**Mental Health**

**Suicide Rate by Sex, 2017**
In 2017, females had a lower suicide rate than males. The rate for males was more than 3.5 times the rate for females.

- **Males**: 22.4 per 100,000 population (age adjusted)
- **Females**: 6.1 per 100,000 population (age adjusted)


**Healthy People 2020 Targets**

**Suicides**
In 2017, there were 14.0 suicides per 100,000 population (age adjusted).

- **2017**: 14.0
- **2020 Target**: 19.2

27.1% decrease needed.


**Major Depressive Episodes (MDEs)**
In 2017, 13.3% of adolescents aged 12–17 years had an MDE in the past 12 months.

- **2017**: 13.3%
- **2020 Target**: 7.9%

43.0% decrease needed.

Data source: National Survey on Drug Use and Health (NSDUH), SAMHSA.

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**Tobacco**

**Current Cigarette Smoking Among Adults by Metropolitan Status, 2017**
Among adults aged 18 years and over, age-adjusted rates of current cigarette smoking were higher among adults living in non-metropolitan areas.

- **Metropolitan**: 12.9%
- **Non-metropolitan**: 22.7%

Data source: National Health Interview Survey (NHIS), CDC/NCHS.

**Healthy People 2020 Targets**

**Adult Cigarette Smoking**
In 2017, 14.1% of adults aged 18 years and over were current cigarette smokers (age adjusted).

- **2017**: 14.1%
- **2020 Target**: 12.8%

14.9% decrease needed.

Data source: National Health Interview Survey (NHIS), CDC/NCHS.

**Adolescent Cigarette Smoking**
In 2017, 8.8% of students in grades 9–12 smoked cigarettes in the past 30 days.

- **2017**: 8.8%
- **2020 Target**: 16.0%

Target has been met.

Data source: Youth Risk Behavior Surveillance System (YRBS), CDC/NCHS/FTP.
EXAMPLE: Health Disparities

Social Determinants

On-Time High School Graduation Rates by Race/Ethnicity, 2016–17 School Year

On-time high school graduation rates, defined as the percentage of students awarded a high school diploma within 4 years of starting 9th grade, varied among racial and ethnic groups in the 2016–17 school year.

- Asian or Pacific Islander, not Hispanic: 91%
- White, not Hispanic: 89%
- Hispanic: 80%
- Black, not Hispanic: 78%
- American Indian or Alaska Native, not Hispanic: 72%

Data source: Common Core of Data (CCD), EDNCES.

Access to Health Services

Persons with Health Insurance by Educational Attainment, 2017

For persons aged 25–64 years, the health insurance rate for those with an advanced degree was 44.2% higher than the rate for those without a high school education.

- 96.9% Advanced degree
- 67.3% Less than high school

Data source: National Health Interview Survey (NHIS), CDC/NCHS.

Healthy People 2020 Targets

Persons with Health Insurance

In 2017, 89.3% of persons aged less than 65 years had health insurance.

Data source: National Health Interview Survey (NHIS), CDC/NCHS.

Healthy People 2020 Target

On-Time High School Graduation Rate

In the 2016–17 school year, 85% of students attending public schools graduated with a regular diploma within 4 years of starting 9th grade.

Data source: Common Core of Data (CCD), EDNCES.

EXAMPLE: Uninsured Rate by State, 2017

More than 12 years difference in life expectancy in Douglas County!
Health Equity

Equality

Equity

## Reframe the Questions

<table>
<thead>
<tr>
<th>Instead of only asking:</th>
<th>We should also ask:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Why do people smoke?</td>
<td>What social conditions and economic policies predispose people to environments that encourage smoking?</td>
</tr>
<tr>
<td>Who lacks healthcare insurance coverage and why?</td>
<td>What policy changes would redistribute healthcare resources more equitably?</td>
</tr>
<tr>
<td>How do we connect isolated individuals to social supports?</td>
<td>What institutional policies and practices maintain isolation rather than counteract it by building strong social support networks?</td>
</tr>
<tr>
<td>How can we create more parks, bike lines, and farmers’ markets in vulnerable neighborhoods?</td>
<td>What policies and practices do not allow or discourage access to recreational spaces, transportation resources, and healthy food in neighborhoods where health is the poorest?</td>
</tr>
</tbody>
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Improving Public Health Initiatives and Practices

“Health is a resource for everyday life, not the objective of living.”

- WHO, Ottawa Charter for Health Promotion, 1986
Addressing the Social Determinants of Health

National Academies. Communities in Action: Pathways to Health Equity
Effective Approaches

“There is sufficient evidence to support policy interventions that focus on the social determinants of health…”

• Education and Early Childhood
• Urban Planning and Community Development
• Housing
• Income Supplements
• Employment Interventions

“Social determinant-related interventions designed to create structural changes must be coordinated with long-term efforts to change social and cultural norms, build on existing community strengths, and change the opportunity costs associated with healthy behaviors to make the healthy choice the default choice.”

Policies?? A Health Intervention

YES!!!

Policies that may impact the social determinants of health include:

- Minimum wage
- Zoning
- Density
- Rental housing inspections
- Environmental protections
- SNAP, WIC, SSI, TANF
- Free and reduced school lunch
- Multi-modal connectivity
Housing policy = health policy
Economic policy = health policy
Civil rights policy = health policy
Social policy = health policy
Education policy = health policy

ALL POLICY THAT AFFECTS HEALTH IS HEALTH POLICY.
Activity

Let’s break up into small groups (ideally with people who you do not regularly work with 😊)

1. What disparities or inequities do you see in your local community?

2. What factors might contribute to these disparities? Where is it that we can intervene to help people who suffer from poor health or those struggling to get by?

Within your small group, brainstorm how your community could be improved…how can it become one that promotes health and well-being:

– What does your community need in order to be healthy, equitable, and cohesive?
– What are the assets that currently exist that could be used to promote well-being? What types of resources are needed? What kinds of programs should there be? Why?
– What types of policies should be implemented or revised? Why?
– What additional data or research may be necessary?
Vital Conditions for Community Well-being

- Basic Needs for Health + Safety
- Lifelong Learning
- Meaningful Work + Wealth
- Humane Housing
- Thriving Environment
- Reliable Transportation
- Belonging + Civic Muscle
TOOL: County Health Rankings

https://www.countyhealthrankings.org/

What Works for Health

Evidence matters. Our What Works for Health tool will help you find policies and programs that are a good fit for your community’s priorities.

Find Strategies by Topic

- **Health Behaviors**
  - Alcohol and Drug Use
  - Diet and Exercise
  - Other Health Behaviors
  - Sexual Activity
  - Tobacco Use

- **Clinical Care**
  - Access to Care
  - Quality of Care

- **Social & Economic Factors**
  - Community Safety
  - Education
  - Employment
  - Family and Social Support
  - Income

- **Physical Environment**
  - Air and Water Quality
  - Housing and Transit
TOOL: Life Expectancy Calculator

https://publichealth.unmc.edu/lec/
Data & Mapping Resources

500 Cities (CDC)

Broad Street

Census

Community Commons

Community Need Index

County Health Rankings and Roadmaps

Healthy People

Heartland 2050 Equity Profile

Opportunity Index

PolicyMap

RWJF Data Across Sectors for Health (AllinData – or – DASH)
Review

The SOCIAL DETERMINANTS OF HEALTH are…
the conditions in which people are born, grow, live, work and age, and the wider set
of forces and systems shaping the conditions of daily life.

The SOCIAL DETERMINANTS OF HEALTH include things like…
• Education
• Income
• Social and community context
• Neighborhood and built environment

Data and appropriate research are needed to drive programming, service
delivery, and policy change that is relevant and responds to community
concerns.

There are a number of ways that SOCIAL DETERMINANTS OF HEALTH can be
incorporated into what we do such as…
• Consistent assessments (e.g., incorporate into EHR systems)
• Strong referral system to address social needs
• Ensure outreach and education efforts address social and structural
determinants of health (e.g., culturally and linguistically appropriate information,
historical context, etc.)
• Develop partnerships with community and neighborhood organizations
• Advocacy, monitoring, and policy change
Questions?

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