Social Determinants of Health:
Understanding and leveraging them to create more inclusive healthcare delivery and nursing training environments

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Social Determinants of Health (SDOH)
Definition (World Health Organization)

- “The circumstances in which people are born, grow up, live, work, and age, as well as the systems put in place to deal with illness. These circumstances are in turn shaped by a wider set of forces: economics, social policies, and politics.”

- “Where people are in the social hierarchy affects the conditions in which they grow, learn, live, work and age, their vulnerability to ill health and the consequences of ill health.”
Why Focus on SDOH?
Personal Motivations
Why Focus on SDOH?
America’s Demographic Transformation

Population by Race and Hispanic Origin: 2012 and 2060
(Percent of total population)

- White alone: 78% in 2012, 69% in 2060
- Black alone: 13% in 2012, 15% in 2060
- AIAN alone: 1.2% in 2012, 1.5% in 2060
- Asian alone: 5.1% in 2012, 8.2% in 2060
- NHPI alone: 0.2% in 2012, 0.3% in 2060
- Two or More Races: 2.4% in 2012, 6.4% in 2060
- Non-Hispanic White Alone: 63% in 2012, 43% in 2060
- Hispanic (of any race): 17% in 2012, 31% in 2060

AIAN—American Indian and Alaska Native; NHPI—Native Hawaiian and Other Pacific Islander

Source: U.S. Department of Commerce, Economics and Statistics Administration, U.S. Census Bureau
Why Focus on SDOH?
America’s Demographic Transformation
Why Focus on SDOH? 
America’s Demographic Transformation

Figure 1. In the U.S., the white portion of the working-age population (ages 25 to 64) is declining, while the minority portion is increasing.

Notes: Population projections are based on historical rates of change for immigration, birth, and death. Pacific Islanders are included with Asian-Americans. Alaska Natives are included with Native Americans. Projections for Native Americans are based on 1990 Census. The Census category “other races” is not included.
Why Focus on SDOH?
America’s progress towards workforce diversity

Why Focus on SDOH?
Diversity in the Healthcare Workforce

“As the U.S. becomes more ethnically and racially diverse, there is a need for healthcare systems and providers that can reflect and respond to an increasingly heterogeneous patient base. Knowing how to serve people with different values, health beliefs and alternative perspectives about health and wellness is a business imperative in the most diverse regions of the U.S.”

Why Focus on SDOH?
Four Hypothesis for Creating Diversity in the Healthcare Workforce

• Diverse health professionals are more likely to serve diverse patient populations

• Greater diversity in the healthcare workforce will increase trust in the healthcare delivery system among minority and socioeconomically disadvantaged populations.

• Increasing opportunity for diverse populations (e.g., racial/ethnic minorities) to see diverse providers will improve patient-provider relationships.

• Healthcare professionals from racial/ethnic minority and socioeconomically disadvantaged backgrounds.

Service Patterns
Concor-dance
Trust
Patient Advocacy

Source: The Rationale for Diversity in the Health Professions: A Review of the Evidence
U.S. Department of Health and Human Services Health Resources and Services Administration Bureau of Health Professions October 2006
Spotlight on Four Key SDOH

Social Determinants of Health

Race/ethnicity | Gender
---|---
Socioeconomic Status | Healthcare Access, Quality, and Delivery
Race/Ethnicity as a SDOH
Why race is social not biological

Outcomes Across Races are Sometimes More Similar Than Within Races

Source: Georgia State University, Institute for Public Health, Online Module on Social Determinant of Health for Graduate Certificate in Chronic Disease
Race/Ethnicity as a SDOH
Why race is social not biological

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Race/Ethnicity as a SDOH
How Race Effects Health

- Institutional Discrimination (institutions, policies, opinions/attitudes)
- Personally Mediated Experiences of discrimination
- Socioeconomic Status
- Internalized Racism Health behaviours and physiological stress responses
- Health

Source: Georgia State University, Institute for Public Health, Online Module on Social Determinant of Health for Graduate Certificate in Chronic Disease
Race/Ethnicity as a SDOH
Geography of a ‘Post-Racial America’

► Individual and institutional racial/ethnic discrimination continues to pervade American society.

► The nation has experienced setbacks in the promotion of racial and ethnic equality.

► “A new kind of intolerance is creeping into our country—one that shrouds its true identity and uses the law as a means to codify discrimination.”

Source: Race & Ethnicity in America: Turning a Blind Eye to Injustice (2007). ACLU.
Race/Ethnicity as a SDOH
A Gardener’s Tale of How Racism Impacts Health

Institutionalized Racism

- Initial historical insult
- Structural barriers
- Inaction in face of need
- Societal norms
- Biological determinism
- Unearned privilege

Source: Georgia State University, Institute for Public Health, Online Module on Social Determinant of Health for Graduate Certificate in Chronic Disease
Race/Ethnicity as a SDOH
A Gardener’s Tale of How Racism Impacts Health

Personally Mediated Racism

- Intentional
- Unintentional
- Acts of commission
- Acts of omission
- Maintains structural barriers
- Condoned by societal norms

Source: Georgia State University, Institute for Public Health, Online Module on Social Determinant of Health for Graduate Certificate in Chronic Disease
Internalized Racism

- Reflects systems of privilege
- Reflects societal values
- Erodes individual sense of value
- Undermines collective action

Source: Georgia State University, Institute for Public Health, Online Module on Social Determinant of Health for Graduate Certificate in Chronic Disease
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Race/Ethnicity as a SDOH
A Gardener’s Tale of How Racism Impacts Health

Who is the gardener?

> Government
> Power to decide
> Power to act
> Control of resources
> Dangerous when
> Allied with one group
> Not concerned with equity

Source: Georgia State University, Institute for Public Health, Online Module on Social Determinant of Health for Graduate Certificate in Chronic Disease
Gender as a SDOH
Why gender matters

Gender is an important determinant of health in two dimensions:

- Gender inequality leads to health risks for women and girls globally.
- Addressing gender norms and roles leads to a better understanding of how the social construction of identity and unbalanced power relations between men and women affect the risks, health-seeking behavior and health outcomes of men and women in different age and social groups.

Gender as a SDOH
Life-expectancy at birth

► Sex differences in life-expectancy have declined over the past several years.

► However, males still live shorter lives than women.

► In the U.S., non-Hispanic Black males live the shortest lives.

Source: CDC/NCHS, Health, United States, 2012, Figure 1. Data from National Vital Statistics System.
Gender as a SDOH
Sources of Shortened Life-Expectancy

Death Rates for All Ages

► Male and female deaths are attributable to similar, mostly preventable causes.

Source: CDC/NCHS, Health, United States, 2012, Figure 3. Data from National Vital Statistics System.
Note: Rates are age-adjusted. Cause of death is coded according to ICD-10.
Gender as a SDOH
Sources of Premature Male Death

Motor vehicle-related death rates

Age-adjusted death rates for stroke by sex and race/ethnicity, 2009.

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Gender as a SDOH
Male biology and shortened life-expectancy

- Higher rates of male fetal death
- Weakened male immunity
- More rapid biological aging among males
- But, if male biology was solely responsible, we might see similar rates of premature death among males from different race/ethnic groups
Gender as a SDOH
Why social constructions of gender matter

- The causes of male death differ by race/ethnicity
- Some males are more vulnerable than others
  - Racial/ethnic minority males
  - Sexual minority males
  - Low socioeconomic status
  - Currently and formerly incarcerated males

“Male health disparities may be a consequence of social constructions of masculinity or shared cultural expectations about appropriate behavior for the sexes.’
“Taking it Like A Man” (Hammond, 2012)

► Having a **stronger adherence to masculinity norms** (e.g., belief that men should display emotional stoicism) was associated with more depressive symptoms.

► Stronger relationship between everyday racism and depressive symptoms was exacerbated among males with strong beliefs that men should display emotional stoicism.
Socioeconomic Status as a SDOH

Educational Attainment

Levels of educational attainment vary across race/ethnicity.

In 2012, 35% of Hispanics had not completed HS (compared to 8% of Whites).

Educational Attainment, 2012

Source: U.S. Census Bureau.
Socioeconomic Status as a SDOH

Income

**Median Household Income by Race/ethnicity of Householder, 1967-2012**

*In 2012 dollars*

Income gaps between racial and ethnic groups persist.


Source: Pew Research Center tabulations of U.S. Census Bureau historical income tables.

PEW RESEARCH CENTER
Socioeconomic Status as a SDOH
Racial Wealth Gaps

Racial wealth gaps have not improved and in some ways have widened.
Socioeconomic Status as a SDOH
Subjective Social Standing

MacArthur Ladder

Think of this ladder as representing where people stand in the United States.

At the top of the ladder are the people who are the best off – those who have the most money, the most education and the most respected jobs. At the bottom are the people who are the worst off – who have the least money, least education, and the least respected jobs or no job. The higher up you are on this ladder, the closer you are to the people at the very top; the lower you are, the closer you are to the people at the very bottom.

Where would you place yourself on this ladder?

Please place a large “X” on the rung where you think you stand at this time in your life, relative to other people in the United States.

Whitehall Study

The Founders’ Network
U.K. CIVIL SERVICE
Mortality - All Causes

Cumulative Mortality (Conditional Probability)

Year of Follow-up
Healthcare as a SDOH
Clinical Experiences of Racial/ethnic Minorities

- Lower Quality Patient-Physician Interactions
- African Americans, American Indians, Hispanics, Asians
- Lowered or Delayed Screening
- Gaps in Information Followed by Treatment
- Disparities
- Discrimination

African Americans, American Indians, Hispanics, Asians
Healthcare as a SDOH
Racial Differences in Clinical Experiences

African Americans, Hispanic Americans, and Asian Americans are more likely than Whites to have felt disrespected in the medical setting on the basis of race or ethnicity.

More African Americans than Whites answered affirmatively to whether they felt they would have received better medical care if they were of a different race or ethnicity.

More African Americans than Whites felt that the health care system often treats people unfairly based on their race and ethnic background.

African Americans are twice as likely as Whites to report perceived racial barriers to health care that may influence care satisfaction and trust with medical providers and the medical system.

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<thead>
<tr>
<th></th>
<th>African Americans</th>
<th>Whites</th>
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<td>54%</td>
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<td>23%</td>
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Healthcare as a SDOH
Provider Beliefs & Stereotypes

▶ Physicians hold unconscious (implicit) racial biases and stereotypes about African American patients (Sabin et al., 2009).

▶ Unconscious racial biases impact care delivery and treatment decisions (Green et al., 2007).

Sample images from the Implicit Association Test: Greenwald et al. 1998
African-American men reported lower levels of physician trust than Caucasian-American men.

However, continuity of care NOT physician trust explained racial differences in prostate cancer screening.
Psychosocial Correlates of Medical Mistrust among African American Men
(Hammond, 2010)

Medical Mistrust was **higher** among African American men with more recent and frequent experiences of everyday racism.

Medical Mistrust was **lower** among African American men with more recent patient-centered healthcare system interactions.

Medical Mistrust is about more than Tuskegee.
African American men delayed preventive health screening mostly because of higher medical mistrust.
How SDOH Show Up in Healthcare & Academic Contexts

Healthcare

- Healthcare avoidance
- Missed appointments or loss to follow-up
- Treatment non-adherence
- Screening delays
- Stalemates in provider-physician communication
- Diminished provider trust

Academic

- Impostor Syndrome
- Competing demands/priorities
- Micro-aggressions, micro-invalidations, micro-assaults
- Social distancing
- Paternalism
- High-effort coping
Strategies for Addressing SDOH

- Confront implicit biases and assumptions
- Assess environmental influences (Wright, 1991)
  - What are the deficiencies and undermining characteristics?
  - What are the strengths and assets?
  - What deficits or destructive factors exist?
  - What are the resources and opportunities?
- Provide proactive and empathic mentorship
Avoiding Pitfalls in Assessing SDOH

- Be aware of the minimization hypothesis
- Keep an eye out for hierarchy-legitimating myths
- Display cultural humility
- Avoid stereotyping
- Take a strengths-based approach
Final Thoughts
Healthcare delivery as social justice work

“Health professionals have a responsibility to oppose, individually and collectively, those forces which contribute to the spread of poverty, the marginalization of women, environmental degradation, racism, human rights abuses, war, and myriad other injustices, at the local, national, and international levels.”

--Dr. Martin Donohue
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