SOCIAL DETERMINANTS OF HEALTH
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Learning Goals

1. Understand **what** social determinants of health and health disparities are.
2. Understand **how** social conditions influence health.
3. Recognize **5 core health-related social needs** for screening and referral.
4. Understand the importance of **bias** and **health equity**.
5. Recognize some **innovations** aimed at addressing social determinants of health.
Contents:
5 Micro-Chapters

1. What Are Social Determinants of Health and Health Disparities?
2. Let’s Talk About Bias and Health Equity
3. How Do Social Conditions Influence Health?
4. Health-Related Social Needs: Screening and Referral
5. Innovations for Social Determinants of Health
Micro-Chapter 1

WHAT ARE SOCIAL DETERMINANTS OF HEALTH AND HEALTH DISPARITIES?
What Are Social Determinants of Health?

Social determinants of health are the conditions in which people are born, live, learn, work, play, and age.
• Think of these conditions as being layered like an onion.
• This framework is called the social-ecological model.
Individual conditions include:

- Income
- Education
- Employment
- Housing
- Food
- Transportation
- Health care
Interpersonal conditions include

- Isolation due to unsupportive relationships
- Exposure to negative situations
  - Domestic violence
  - Abuse
  - Parental mental illness
  - Incarceration
  - Substance abuse/addiction
  - Neglect
    - In early life, these are called adverse childhood experiences (ACEs).
- Discrimination/oppression
  - Racism
  - Sexism
  - Classism
  - LGBTQ+
  - (Dis)ability
  - Religion
Community conditions include

- Neighborhood safety/violence
- Education opportunities (eg, early childhood programs, higher education)
- Employment opportunities and conditions
- Access to amenities (eg, food deserts, green spaces)
- Social capital (eg, trust, sense of identity and belonging, networking opportunities)
**Structural** conditions include

- Government (eg, legislation, public policies)
- Economy (eg, income inequality)
- Environment (eg, pollution)
- Discrimination (eg, gender pay gap, mass incarceration, gay marriage)
- Culture (eg, media, advertising)
- History (eg, historical oppression, structural racism)
Social conditions

- **Cross different layers** (eg, discrimination as structural and interpersonal).
- **Cluster together** (eg, unemployment, eviction, crime, domestic violence).
- **Flow in different directions** (eg, eviction leading to unemployment or unemployment leading to eviction; unemployment leading to poor health or poor health leading to unemployment).
- **Interact** with genetics and behavior to determine health.
• Differences in social conditions can explain big differences in health.
  o Between individuals
  o Between groups of individuals (populations)
• These differences are reflected in health disparities.
What Are Health Disparities?

Health disparities refer to *differences in health between population groups.*

- Disparities occur across many dimensions
  - Race/ethnicity
  - Socioeconomic status
  - Location
  - Gender expression
  - Disability status
  - Sexual orientation

- *Health care disparities* refer to differences in *health care* between different groups.
Why Do Health Disparities Matter?

• Disparities create *unfair advantages and disadvantages*
  
  o By systematically structuring opportunity and assigning value on the social interpretation of how one looks (eg, race or gender).

• Disparities *sap the strength of the whole society through the waste of human resources.*

• Disparities result in *unnecessary costs.*
  
  o *Addressing health disparities is increasingly important as the population becomes more diverse.*
• For example, a 2018 study found that life expectancy varies by 27 years across census tracts in Washington, D.C.
• Try to explain these differences using a social-ecological framework and in terms of health disparities.
What Is *Health Equity*?

Health equity is

- The *opportunity* for every person to attain their *full health potential without disadvantage* because of social position or circumstance.
- A *framework* for addressing *health disparities*. 
In Summary

What Are Social Determinants of Health and Health Disparities?

• Social determinants of health are the conditions in which people are born, live, learn, work, play, and age.
  o Can be understood using a social-ecological framework
  o Can explain big differences in health between individuals and between population groups

• Health disparities refer to differences in health between population groups.
  o Occur across many dimensions (eg, race, gender, income)
  o Health equity means fair opportunities to be healthier and is a framework for addressing health disparities.
LET’S TALK ABOUT BIAS AND HEALTH EQUITY
Why talk about bias? To answer this question, let’s reconsider the brain...
Recall that the brain is constantly making predictions.

For example, when the brain predicts that the body needs energy, it is called stress.
• The brain also tries to predict who “us” is versus who “not us” is.
• These predictions happen at every moment, mostly outside of awareness.
• People react *differently* to others based on the brain’s **us/them** predictions.

• This tendency to react differently is called **BIAS**.
  - Being consciously aware is called *explicit bias*.
  - **IMPLICIT bias** is *unconscious, automatic, and reflexive*. 
• It is important to remember that bias is *universal*.
  – *For example*, in every known society, people give preferential treatment to family members.

• However, bias often exhibits a *directionality* and an *intersectionality* based on *privilege* and *historical oppression*, which is reflected in *health disparities*.
• *For example*, research indicates that *white patients* receive more and better pain treatment than *black patients*.

• Is there racial bias in pain perception?
  
  o In one 2016 study, 40% of first-year medical students endorsed the false belief that *black skin is thicker than white skin*.
  
  o Students who held false beliefs often rated pain as being lower in black patients than white patients and made less appropriate recommendations about how they should be treated.
If everyone has bias that is automatic and reflexive, what should be done?
The first steps to addressing bias are to recognize it and increase personal awareness through humility and open-mindedness.

A helpful pneumonic is CARE.

- Conscious empathy
- Active listening
- Responsible reaction
- Environmental awareness
• Another step is to practice seeing *common humanity* (ie, extend the circle of “us”).

• Another step is to take a *strengths-based approach* (ie, identify assets).

• Other steps include
  o Expanding social networks.
  o Practicing continuous learning and reappraisal of biases.
  o Engaging in difficult discussions.
Our common and ultimate goal is to promote **HEALTH EQUITY**. **Health equity** is the opportunity for every person to attain their full health potential without disadvantage because of social position or circumstance.
• **Health equity** is a guiding framework for achieving the **Triple Aim** of
  - Population health.
  - Experience of care.
  - Per capita cost.

• In other words... “No Equity, No Triple Aim.”
In Summary

Let’s Talk About Bias and Health Equity

- The brain is constantly making predictions about who “us” is versus “not us.”
- Like breathing, this implicit bias is automatic, reflexive, universal, and largely outside of awareness.
- Bias often exhibits directionality and intersectionality of privilege, which is reflected in health disparities.
- The first step to addressing bias is to increase personal awareness though humility, respect, and open-mindedness.
- The common goal is health equity, which is the attainment of every person’s full health potential, regardless of social position or circumstance.
  - “No Equity, No Triple Aim”
Micro-Chapter 3

HOW DO SOCIAL CONDITIONS INFLUENCE HEALTH?
To understand how social conditions influence health, start by considering the brain...
The brain constantly predicts the body’s energy needs from one moment to the next.
• When the brain perceives a threat, it predicts a need for energy (to *fight or flee*).

• This prediction is called *stress*. 
When the brain predicts a need for energy, it sends signals to the body (stress hormones) that increase

- Blood sugar
- Blood pressure
- Heart rate
- Muscle tension

...and decrease

- Immune function.
- Feelings of calm and contentment.
- Impulse control/planning.
- Neurogenesis (ie, brain growth and development).
• **Brief, mild stress is good for health.**
  - Exercise, for example

• **But chronic stress is bad for health.**
  - Diabetes
    - Chronically elevated blood sugar
  - Hypertension
    - Chronically elevated blood pressure
  - Headache/back pain
    - Chronically elevated muscle tension
  - Cancer
    - Chronically depressed immune function
  - Anxiety and depression
    - Chronically not feeling calm and contented
  - Addiction
    - Chronically depressed impulse control
  - Learning/school difficulties
    - Chronically disrupted brain development
Many social conditions are characterized by chronic **threat**, **uncertainty**, and **lack of control**.

- “Will I lose my home?”
- “Do I have enough food?”
- “Am I safe?”
- “Will I be hurt?”
- “Am I being treated fairly?”
- “Will anyone help?”
- “Am I all alone?”
• **Supportive relationships** can buffer chronic stress, rendering it tolerable.

• But an **absence of protective relationships** characterizes *toxic stress*.
  
  o For example, *adverse childhood experiences (ACEs)*, such as
  
  ‒ Abuse
  ‒ Neglect
  ‒ Domestic violence
  ‒ Incarcerated family member
  ‒ Substance abuse at home
  ‒ Parental mental illness
For example, research shows that **adverse childhood experiences (ACEs)** increase the risk of numerous health problems, including heart disease and cancer.

Try to explain this relationship using this ACE Pyramid framework from the Centers for Disease Control and Prevention.
In Summary

How Do Social Conditions Influence Health?

• **Stress** can be understood as the brain’s predictions about the body’s energy needs.

• Although some stress is good, _chronic activation of the stress response_ is bad for health.
  
  o For children, in particular, stress _disrupts brain development_.

• Supportive relationships can buffer chronic stress, but _adverse childhood experiences_, such as abuse and neglect, characterize _toxic stress_ that increases the risk of numerous health problems.
Micro-Chapter 4

HEALTH-RELATED SOCIAL NEEDS: SCREENING AND REFERRAL
The Centers for Medicare and Medicaid Services has identified **5 core health-related social needs** for screening and referral.
Why these 5?

• High-quality evidence links these needs to poor health, increased health care utilization, and cost.

• These needs can be met by community service providers.

• These needs are not universally addressed by physicians and nonphysician clinicians (yet).
Core Health-Related Social Need:  
Housing Instability

Examples
- Homelessness
- Inability to pay mortgage/rent
- Frequent unintended moves
- Eviction

Sample screening question
*What is your living situation today?*

- [ ] I have a steady place to live.
- [x] I have a place to live today, but I am worried about losing it in the future.
- [x] I do not have a steady place to live. (I am temporarily staying with others, in a hotel, in a shelter, living outside on the street, on a beach, in a car, abandoned building, bus or train station, or in a park.)
Core Health-Related Social Need: Food Insecurity

Example
Limited or uncertain access to adequate food

Sample screening question
Within the past 12 months, you worried that your food would run out before you got money to buy more.

- Often true
- Sometimes true
- Never true
Core Health-Related Social Need: Utility Help Needs

Examples
- Difficulty paying utility bills
- Shut-off notices
- Disconnected phone

Sample screening question:
In the past 12 months, has the electric, gas, oil, or water company threatened to shut off services in your home?

- Yes
- No
- Already shut off
Core Health-Related Social Need: Transportation Problems

Example
Difficulty accessing or affording medical or public transportation

Sample screening question
In the past 12 months, has lack of reliable transportation kept you from medical appointments, meetings, work or from getting things needed for daily living?

- Yes
- No
Core Health-Related Social Need:
Interpersonal Safety Needs

Examples
- Intimate partner violence
- Abuse
- Adverse childhood experiences

Sample screening question
Because violence and abuse happens to a lot of people and affects their health we are asking the following question. How often does anyone, including family and friends, threaten you with harm?

- Never
- Rarely
- Sometimes
- Fairly often
- Frequently
To facilitate **SCREENING** for health-related social needs, the American Academy of Pediatrics created the **STAR Center** (*Screening, Technical Assistance, and Resource Center*), which contains an array of online resources.
There is also a growing number of online REFERRAL tools for health-related social needs (see resource guide).

211 provides free help finding social service resources in all 50 states.
In Summary

Health-Related Social Needs

• There are **5 core health-related social needs** that Medicare and Medicaid have identified as targets for screening and referral by physicians and nonphysician clinicians.
  o **Housing instability**
  o **Food insecurity**
  o **Utility help needs**
  o **Transportation problems**
  o **Interpersonal safety needs**

• To facilitate **screening and referral**, there is a growing number of **online resources** available.
Micro-Chapter 5

INNOVATIONS FOR SOCIAL DETERMINANTS OF HEALTH
Let’s finally *zoom out* and consider some big-picture initiatives and strategies.
Innovation #1: The Affordable Care Act (ACA) - 2010

- Expanded health insurance coverage to 20 million additional people.
- Helped narrow longstanding health care disparities in insurance coverage.
- Included provisions focused on addressing disparities.
  - For example, the Department of Health and Human Services (HHS) Disparities Action Plan
  - Goal: “A nation free of disparities in health and health care.”
Innovation #2: The Screening in Practices Initiative (American Academy of Pediatrics)

• **Goal:** “Improve the health, wellness, and development of children through practice and system-based interventions to increase rates of early childhood screening, referral, and follow-up for developmental milestones, maternal depression, and social determinants of health.”

• Innovative features
  - **STAR Center** – screening, technical assistance, and resources
  - **Screening Time** – scenario-based online training modules for care teams
  - **The Screen Scene** – a podcast with tips for implementing screening
A Screenshot of Screening Time

Learn more about early childhood screening and integrating a workflow in your practice with this CME/MCC Part 2 eligible training.

Discover effective screening tools that can help identify risk and protective factors for maternal depression, developmental concerns, and social determinants of health.

Practice having effective, family-centered conversations about screening results and developing action plans for follow-up.

Explore informative resources that discuss the importance of screening and provide guidance for screening process workflow integration.

Where to Start
We recommend starting with the Training. Use your AAP username (which can be your email or your AAP ID Number) and password to login, then select “Training.”

About This Resource
The American Academy of Pediatrics developed this site - which includes video-based training modules, conversation simulations, a screening tool selector, and a resource center - to help you learn more about the screening process for maternal depression, developmental concerns, and social determinants of health. Useful for doctors, nurses, front office staff, care coordinators, and others involved in the process, this resource will help you gain a better understanding of the importance of family-centered screening and how you can work together to implement a comprehensive, effective process.
Innovation #3: SIREN – Social Interventions Research & Evaluation Network *(University of California, San Francisco)*

Contains an extensive evidence library, screening tools, implementation resources, and archived webinars.
Innovation #4: The Accountable Health Communities Model (Centers for Medicare & Medicaid Services)

The Accountable Health Communities Model addresses a critical gap between clinical care and community services in the current health care delivery system by testing whether systematically identifying and addressing the health-related social needs of Medicare and Medicaid beneficiaries through screening, referral, and community navigation services will impact health care costs and reduce health care utilization.

Select anywhere on the map below to view the interactive version.

Model Summary
Stage: Ongoing
Number of Participants: 31
Category: Initiatives to Accelerate the Development and Testing of New Payment and Service Delivery Models
Authority: Section 3021 of the Affordable Care Act

Milestones & Updates
Jan 08, 2018
Announced: Health-Related Social Needs Screening Tool posted

Aug 21, 2017
Announced: Awareness Track funding opportunity withdrawn

May 31, 2017
Announced: National Academy of Medicine article featuring AHC screening tool posted

There are currently 31 organizations (List) participating in the Accountable Health Communities Model.
Innovation #5: The Maternal, Infant, and Early Childhood Home Visiting Program (Health Resources & Services Administration)
Innovation #6: Community Health Workers (CHWs) and Patient Navigators (PNs)

CHWs and PNs are frontline public health and health care workers who

- Support care coordination.
- Facilitate communication between patients and care team members.
- Help patients address health-related social needs.
- Enhance social support.
- Advocate for patient and family needs.
Innovation #7: Medical-Legal Partnerships

“Medical-legal partnerships integrate the unique expertise of lawyers into health care settings to help clinicians, case managers, and social workers address structural problems at the root of so many health inequities.”
In Summary

Innovations for Social Determinants of Health

• The Affordable Care Act (ACA)
  o Expanded coverage helped narrow longstanding health care disparities.

• Screening In Practices Initiative
  o STAR Center – screening, technical assistance, and resources
  o Screening Time – video-based training modules

• SIREN – Social Interventions & Research Evaluation Network
  o Evidence library and informational resources.

• Accountable Health Communities Model
  o Systematic screening and referral for health-related social needs.

• Maternal, Infant, and Early Childhood Home Visiting Program
  o Aimed at reducing adverse childhood experiences.

• Community health workers and patient navigators
  o Frontline public health and health care workers who support care coordination, facilitate communication, help address health-related social needs, enhance social support, and advocate for patients and families.

• Medical-legal partnerships
  o Integrate the unique expertise of lawyers into health care settings to help address structural problems at the root of health inequities.
THE END
Thanks for attending.

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