



Social Determinants of Health Update

“Health starts where we live, learn, work and play.”

- Robert Wood Johnson Foundation



LIVE



LEARN



WORK



PLAY

Patient-Centered Health Advisory Council Recommendation

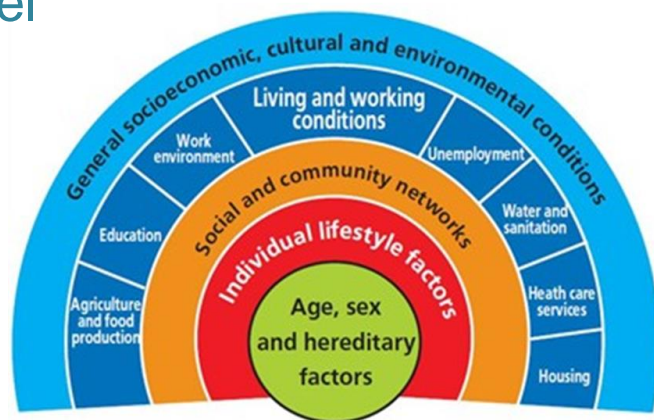
The Council supports the integration of social determinants of health as the standard of care in Iowa and supports policies, programs and initiatives aimed to address social determinants of health and promote health equity.

The Issue

Many factors combine to affect the health of individuals and communities. Despite annual health care expenditures projected to exceed \$3 trillion, health outcomes in the U.S. continue to fall behind other developed countries. Compared to other Western countries, the U.S. disproportionately spends less on social services and more on health care. Though health care is essential to health, research demonstrates that it is a relatively weak health determinant. Health behaviors, such as smoking and diet and exercise, are the most important determinants of premature death. Moreover, there is growing recognition that a broad range of social, economic, and environmental factors shape individuals' opportunities and barriers to engage in healthy behaviors. *Source: The Kaiser Family Foundation, 2015*

Social Determinants of Health Model

Social Determinants of Health have a significant impact on health outcomes. Social determinants of health must be addressed in order to achieve large and sustained improvements in health outcomes. This involves the medical care and public health systems, but extends beyond these partners and requires collaboration with multiple sectors outside of traditional health, including education, housing, labor, justice, transportation, agriculture, and environment.



What Determines Health?

20%

Genetics

20%

Health Care

60%

Social, Environmental,
Behavioral Factors

What are Social Determinants of Health?

The Centers for Disease Control and Prevention's Healthy People 2020 breaks down social determinants of health into the following five categories.



Economic Stability

- Poverty
- Employment
- Food Security
- Housing Security

Health and Health Care

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

Social & Community Context

- Social Cohesion
- Civic Participation
- Perceptions of Discrimination and Equity
- Incarceration/Institutionalization

Education

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

Neighborhood and Built Environment

- Access to Healthy Food
- Quality of Housing
- Crime and Violence
- Environmental Conditions

Health in All Policies

Health in All Policies is an emerging strategy to address social determinants of health to improve population health and seeks to ensure that decision-makers across different sectors are informed about the health, equity, and sustainability consequences of policy decisions in non-health sectors. Health in All Policies is a collaborative approach to improve health by incorporating health considerations into decision-making across sectors and policy areas. A Health in All Policies approach identifies the ways in which decisions in multiple sectors affect health and how better health can support the goals of these multiple sectors. It engages diverse partners and stakeholders to work together to promote health, equity, and sustainability, and simultaneously advance other goals such as promoting job creation and economic stability, transportation access and mobility, a strong agricultural system, and improved educational attainment.



For more information visit:

<http://www.cdc.gov/policy/hiap/>

Source: <http://kff.org/disparities-policy/issue-brief/beyond-health-care-the-role-of-social-determinants-in-promoting-health-and-health-equity/>

Social Determinants of Health and Zip Codes

Across America, babies born just a few miles apart have dramatic differences in life expectancy. Some will die 20 years earlier than others who live just a short distance away because of differences in social determinants of health, such as education, income, race, ethnicity, and where they live. To improve health, we need to improve people's opportunities to make healthy choices—in the places where they live, learn, work, and play. Below are examples of life expectancy differences of individuals who live a short distance from one another.

New Orleans, L.A.

The average life expectancy for babies born to mothers in New Orleans can vary by as much as **25 years** across neighborhoods just a few miles apart.



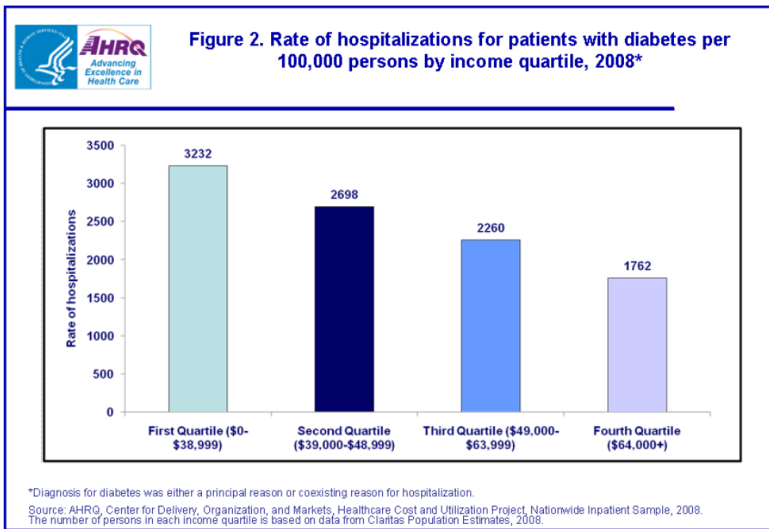
Kansas City, M.O.

The average life expectancy for babies born to mothers in Kansas City can vary by as much as **14 years** across neighborhoods just a few miles apart.



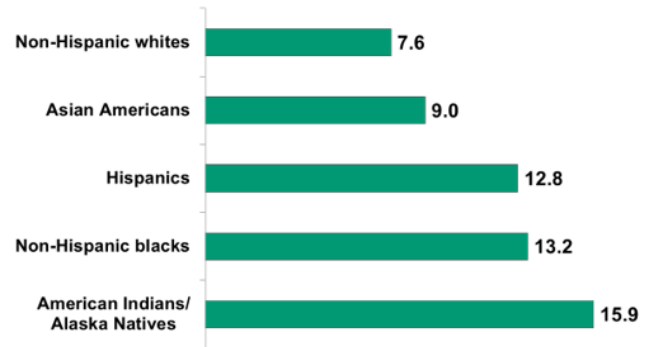
Research Showing the Effects of Social Determinants of Health

Diabetes and Income



Diabetes and Race/Ethnicity

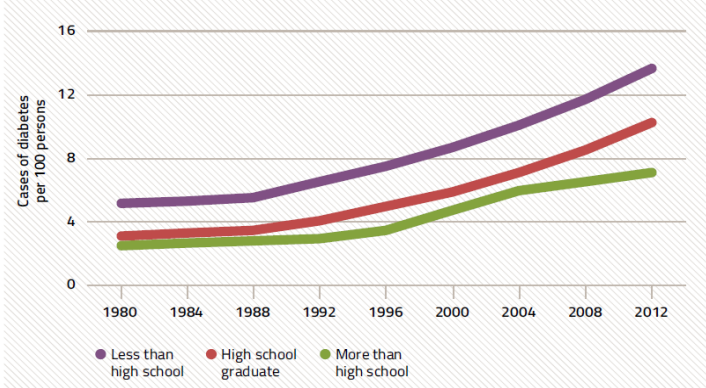
Age-adjusted* percentage of people aged 20 years or older with diagnosed diabetes, by race/ethnicity, United States, 2010–2012



*Based on the 2000 U.S. standard population.
Source: 2010–2012 National Health Interview Survey and 2012 Indian Health Service's National Patient Information Reporting System.

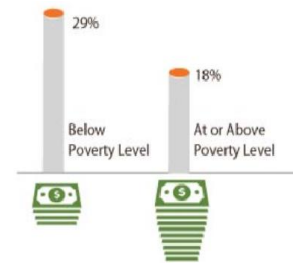
Diabetes and Education

Figure 2. The prevalence of diabetes is increasing, especially among people with less educational attainment



Source: Geiss et al. JAMA 2014;312:1218–26.

Tobacco Use and Income

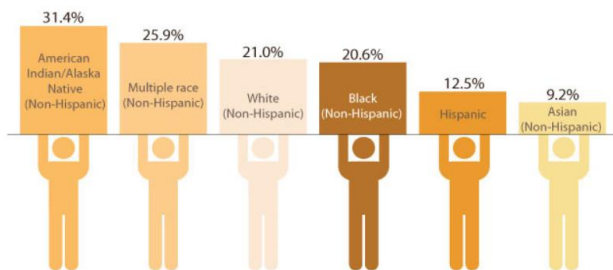


Statistics taken from the 2010 National Health Interview Survey showing the percentage of adults who smoke by poverty level

- 28.9% of adults below the poverty level
- 18.3% of adults at/above the poverty level

Source: Centers for Disease Control and Prevention

Tobacco Use and Race/Ethnicity

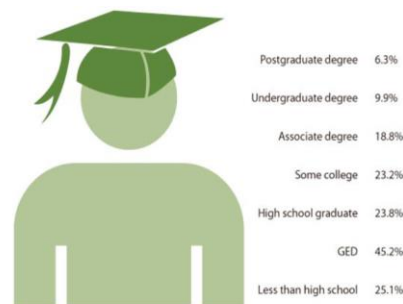


Statistics taken from the 2010 National Health Interview Survey showing the percentage of adults who smoke by racial/ethnic group

- 31.4% of American Indian/Alaska Native adults (non-Hispanic)
- 25.9% of multiple-race adults (non-Hispanic)
- 21.0% of white adults (non-Hispanic)
- 20.6% of black adults (non-Hispanic)
- 12.5% of Hispanic adults
- 9.2% of Asian adults (non-Hispanic)

Source: Centers for Disease Control and Prevention

Tobacco Use and Education



Statistics taken from the 2010 National Health Interview Survey showing the percentage of adults who smoke by education level. Note that education estimates are among individuals 25 years of age and older.

- 6.3% of adults with a postgraduate degree
- 9.9% of adults with an undergraduate degree
- 18.8% of adults with an associate's degree
- 23.2% of adults with some college experience
- 23.8% of adults with a high school diploma
- 45.2% of adults with a GED certificate
- 25.1% of adults who have not completed high school

Source: Centers for Disease Control and Prevention