Bold Conversations: Social determinants of health -- transcript

Dr. Rochester: Hello, and welcome to bold conversations: An immune deficiency foundation podcast series aimed at advancing knowledge and understanding of Health Equity. I'm your host, Dr. Nicole Rochester, the immune deficiency foundations medical advisor for Health Equity, and the founder and CEO, of your GPS doc, LLC. We're back for a second season of bold conversations, and I am so excited.

In full transparency, we did not plan for second season, but we received so much positive feedback that we knew we needed to continue this journey. So thank you to everyone who listened and a special thank you to those who shared how much you enjoyed the episodes. If you missed our first season, I invite you to search bold conversation on primary immune dot org or on your favorite podcast app. For our new listeners, I want to provide a definition of HealthEquity to ensure we're all on the same page. Health equity is the state in which everyone has a fair and just chance to achieve their best health.

Regardless of race, ethnicity, gender identity, socioeconomic status, geographic location, sexual orientation, or other demographic factors. In many ways, it is a goal toward which we have made some progress but one for which we must continue to strive. So let's get into today's episode. Did you know that your ZIP code can be a stronger predictor of your health outcomes and life expectancy than your genetic code? Today, we're talking about the social determinants of health. Commonly referred to by the acronym SDOH. When we think about what influences our health, our minds often go straight to the healthcare system. We think about whether someone has a primary care provider. Do they go for annual checkups? Do they have health insurance and access to quality health care?

Beyond the healthcare system, the next thing we often consider are health related behaviors. Things like how and what we eat, whether or not we exercise and whether we engage in activities that limit our best health such as smoking. A focus on the healthcare system and even on individual behaviors provides an extremely limited view. Because each of us lives in the context of our communities, and this is where the social determinants of health play out. Social determinants of health by the nonmedical factors that influence our health outcomes.

They are defined by the World Health Organization as the conditions in which people are born, grow, work, live, and age, and the wider set of forces and systems shaping the conditions of daily life, including economic policies and systems, development agendas, social norms, social policies, and political systems. Studies have demonstrated that the social determinants of health account for anywhere from thirty five to eighty percent of health outcomes. Social determinants of health are divided into five domains, economic stability, neighborhood and built environment, social and community context, education access and quality, and healthcare access and quality. And I'm gonna talk about each one of these to give you a better understanding. So let's start with economic stability.

When we talk about economic stability, we are talking about things like income, employment, expenses and debt. We know that financial security is a significant predictor of good health. According to healthy people two thousand and thirty, in the United States, eleven point five percent of the population lives in poverty. That's thirty-seven point nine million people. Many people can't afford things like healthy foods, healthcare, and safe housing.

People with steady employment are less likely to live in poverty and more likely to be healthy, but many people have trouble finding and keeping a job. In addition, people with disabilities, injuries, or chronic health conditions may be limited in their ability to work. Lastly, many people with steady work still don't earn enough to afford the things that they need in order to stay healthy. If we move to neighborhood and built environment, in this category, we're talking about things like housing, transportation, access to parks, playgrounds and green spaces, walkability, and air quality. The neighborhoods in which we live have a major impact on our health and well-being.

Many in the United States live in neighborhoods with high rates of violence, unsafe air or water, and other health and safety risks. Racial and ethnic minorities and people with low incomes are more likely to live in places with these risks. In addition, some people are exposed to things in their workplaces that can harm their health, like secondhand smoke or loud noises. There are interventions and policy changes at the local, state, and at the federal level that can help to reduce these health and safety risks and help to promote health. In our third category, we're gonna talk about social and community content.

This refers to social relationships that we have with one another, social isolation, support systems or lack thereof, community resources, stress, exposure to violence and trauma, as well as policing and justice policies. It turns out that our relationships and our interactions with our family, our friends, our coworkers, and our community members can have a major impact on our health and our well-being. Being connected to strong social networks fosters resilience We do stress and allows opportunities for social participation and support. And we know that social isolation is a key element connected to poor health outcomes. Many people face challenges and dangers that they can control, like unsafe neighborhoods, discrimination, or trouble affording the things that they need.

And all of these have an impact on our health and on our safety. The fourth domain of social drivers of health is education access and quality. And this includes things like literacy, language, early childhood education, vocational training, and higher education. There are numerous studies that show that people with higher levels of education are more likely to not only be healthier, but also to live longer. Access to quality education gives individuals knowledge and skills in order to make informed health decisions.

But not only that, when you have quality education, it influences your employment opportunities how much money you make, social mobility, and other factors that directly impact health outcomes, and these outcomes can persist across generations. We know specifically children from low income families are less likely to graduate from high school or to go to college, which means that they're less likely to get safe, high paying jobs, which ultimately influences their ability to afford healthy food, to afford safe and high quality housing and to afford to live in in neighborhoods that are safe and that have high quality food and low crime. So you can begin to understand how all of these social determinants or social drivers of health impact the health care and our health outcomes. And then last but not least, healthcare access and quality is a driver of our health outcomes. And this is one that we most often think about when we're talking about our health.

This includes things like insurance coverage, provider and pharmacy availability, your geographic distance to healthcare facilities access to linguistically and culturally appropriate and respectful care, and the actual quality of care that you receive. In the United States, even in twenty twenty four, there are many people who don't receive the healthcare services that they need. About one in ten people in the US don't have health insurance. And we know that people

without health insurance are less likely to have a primary care provider and they may not be able to afford the healthcare services, and the medications that they need. Sometimes individuals don't get recommended healthcare services like cancer screenings as an example because they don't have a primary care provider and they lack health insurance.

Other times, it may be because they are too far away from healthcare providers who offer these services. I want to specifically highlight the role of stress, which is listed as one of the drivers for social determinants of health, but it's something that we don't talk about enough, and it's an extremely important factor on health and health outcomes. Stress has a negative impact on health indirectly through many of the examples that I shared, but stress also has an impact on our health directly as we know that stress increases our stress hormones, specifically known as cortisol. When you have a high level of stress hormones, That impacts your weight, it increases your blood pressure, as well as your glucose levels, and even is related to the development of cancer. So ultimately, the social determinants of health can either be protective factors or they can serve as risk factors.

So what does social determinants of health have to do with health equity? Well, the answer is a lot. Because in the United States, People of color and other people with marginalized identities are disproportionately disadvantaged by the social drivers of health. Due to things like structural or institutionalized racism. I wanna go back and define what structural racism is or institutionalized racism just to make sure that were all on the same page, and I like the definition provided by doctor Camara Jones.

She defines structural or institutionalized racism as the differential access to the goods, services, and opportunities of society by race. It's important to note that structural racism has nothing to do with how we treat each other, but much more to do with policies and practices that hide beneath the surface. As such, it impacts all of the social drivers of health. It includes sexism. So it impacts women.

It impacts those with disabilities as well as members of the LGBTQ plus community. The reality is that we will never eliminate health inequities without addressing social drivers of health. One of the reasons that despite spending more on healthcare per capita than any other developed country that our health outcomes are so poor, in the United States is largely because of social drivers of health. So in order to illustrate how important social drivers of health are. I want to give some concrete examples.

I'm a pediatrician, so the first example I'm going to share is that of a child with asthma. Imagine a six year old little boy who's been to the emergency department four times for asthma in the last six months. In the prior year, he was hospitalized for asthma. His inhaler often runs out before he is due for refill. Like most kids, he loves recess, but he's unable to run and play with his friends the way that he'd like to because it may trigger his symptoms.

The last time he went to his pediatrician, the pediatrician started to delve into the reasons why the child's asthma is so poorly controlled. And in talking with his mother, the pediatrician found out that in fact they have mold in their apartment. Despite multiple requests, to mediate the mold from the parent to the landlord, nothing has been done. On top of that, this child lives in a neighborhood that has lots and lots of pollution from nearby factories. So in this case, prescribing more albuterol or prescribing more medications to treat his asthma are not going to really make a big difference because the solution to this problem is outside of the four walls of the hospital or even his pediatrician's office.

To make it more relevant to this community, let's talk about an example specific to primary immunodeficiency. Imagine a woman in her thirties with common variable immunodeficiency

who receives IVIG. She misses her doctor's appointments fairly frequently and has been labeled non compliant, which by the way is one of the words that I despise the most in healthcare. She works two jobs and she has health insurance, but her job only offers a high deductible health plan. She's used up all of her leave during a recent bout with pneumonia and can't afford her bills if she doesn't get a full paycheck.

So she's had to miss appointments so that she could actually work. And there are many people in our country who literally are choosing every day between their health and their job, between their health and putting food on the table and paying bills. Because of her high deductible, She has significant challenges affording her medication. She's also been turned away from being late for medical appointments. But she doesn't own a car and she has to take two buses then walk in order to get to her doctor.

She wants to be healthy so that she's around to see her two children grow up. But she feels like there are so many forces working against her. On top of all of that, she's been experiencing a lot of stress and doesn't have much support as her parents and siblings live hundreds of miles away. She hasn't been able to build a stable friend network due to work, her poor health, and being busy raising her kids. So hopefully, with these two examples, you are beginning to understand how despite having healthcare and access to some of the best care in our country access to, you know, groundbreaking technology, many patients in our healthcare system are fighting battles that have little to do with their health insurance coverage and everything to do with the jobs that they have, their lack of education, their neighborhoods, and all of the stressors that they face.

So these are all the problems. Now let's move to some solutions. What can we actually do about these social drivers of health, and what are things that we can do to improve outcomes for marginalized communities? Well, like everything else, we need to start with awareness. Everything starts with awareness.

And so hopefully, this podcast episode is a beginning for some of you and maybe a continuation for others along your journey of understanding what the social drivers of health are and how they impact health outcomes. And then, of course, the next steps are actions. So there are some things that I'm gonna share here. One thing that we know is an amazing Solution for addressing health and healthcare disparities and specifically social drivers of health are something called healthcare community partnerships. What we know for sure is that we are not going to be able to solve all of our healthcare problems within the four walls of doctors' offices, clinics, and hospitals.

In order to truly address these problems, healthcare organizations, hospitals, and healthcare providers are going to need to form sustainable partnerships with individuals like farmers markets and other sources of healthy food. There are some physicians that now prescribe healthy foods as part of their treatment for their patients. This could also look like having food pantries and doctor's offices so that those who have food and security have a way to receive healthy food at a low or no cost right within their doctor's offices. We can also have food pantries and pharmacies and emergency departments and in other places where members of the community frequent. In addition to that, we really can't tackle social drivers of health without looking at policies, practices, and legislation.

One of the things that has definitely gained influence in both hospitals and outpatient practices is screening for social drivers of health. And in fact, these are increasingly being required by health insurance and even by legislative bodies. And so what that entails is that when you go to your doctor's office for a checkup or for an acute visit, There is a process where you may be screened for social drivers of health, where individuals may ask you about your neighborhood. About your ability to pay for your medications if you are having any challenges keeping or maintaining your

health insurance. If you're exposed to violence both within your home or household and within your community.

And then once we screen for these social drivers of how Ideally, there should be a closed loop referral where we identify community resources and then directly refer patients to those resources. Another way to address social drivers of health is to train health care providers and support staff to both recognize and mitigate their implicit biases. As mentioned earlier, discrimination and bias and structural racism as well as interpersonal racism impact the care that is provided. And so we need to be able to train healthcare providers to both recognize their biases and to mitigate those biases so that they don't impact the care that is provided to people with marginalized identities. Another solution is to actually diversify the healthcare workforce.

There are a lot of studies that show that they care that is provided by individuals who look like those in their community is improved and that the outcomes for those communities are improved when they're care for by providers who not only look like them, but also share their culture and in many cases their language. Other solutions include things like employment programs, career counseling, and high quality childcare opportunities things that will help individuals both find and keep high paying jobs. In addition, social policies that help people pay for food housing, healthcare and education have been proven to reduce poverty and improve health and well-being. It's important that we identify and dismantle policies that disproportionately disadvantage groups of people and that we support interventions that help people get the social and community support that they need, which we know are critical for improving health and well-being. In addition, we need to eliminate food deserts.

There are literal neighborhoods in the United States in twenty twenty four that don't have grocery stores at all. There are food deserts and neighborhoods that have corner stores only. Where their best chance of getting something to eat are high calorie calorie dense and honestly unhealthy food. So we need to have policies to impact that as well as increase access to affordable housing and an intentional effort to increase green spaces walkable areas, parks in areas where individuals can go outside and exercise safely. So in conclusion, the main thing I'd like to leave you with is that when we see groups of communities or groups of individuals who are unhealthy. Our first instinct may be to judge and to say, well, if they just ate better, if they just exercise better, if they just did this or did that. But with a better understanding of the social drivers of health, we can understand that many people are in situations that they did not plan for and that they did not cause. And these are situations that unfortunately create an environment in which it's very difficult to be healthy. No one wants to be sad, No one wants to be lonely. No one wants to be underpaid, and no one wants to be unhealthy.

In my opinion, the social drivers of health are a reminder to exercise empathy. It's a reminder to move past our assumptions and judgment and to begin to be part of the solution. I'll leave you with this quote, whose author is unknown. You can't really understand another person's experience until you've walked a mile in their shoes. So hopefully now that we have more information about social drivers of health, We can envision ourselves being in others' shoes, and there's always something that you can do to play a part in improving outcomes for others.

So thank you so much for listening and please be sure to tune into the next episode of bold conversations. Until next time.