Social Determinants of Health Module

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Health care disparities

Health Care Quality

Health Care Access

Poor health: opportunities, exposures, and stresses
A Gardener’s Tale
by
Camara Phyllis Jones, MD, MPH, PhD
Levels of disparities

Institutionalized

Personally mediated

Internalized
The Vicious Cycle of Health Disparities

The poor (and their descendents) are more likely to become sick and be uneducated.

The sick (and their descendents) are more likely to remain poor and to lack education.

The uneducated (and their descendents) are more likely to become sick and be poor.

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The Vicious Cycle of Health Disparities

Minorities (and their descendents) are more likely to be poor

The poor (and their descendents) are more likely to become sick and be uneducated

The sick (and their descendents) are more likely to remain poor and to lack education

The uneducated (and their descendents) are more likely to be poor and to become sick
The Vicious Cycle of Health Disparities

Minorities (and their descendents) are more likely to be poor

break the link between minority and poverty

The poor (and their descendents) are more likely to become sick and be uneducated

break the link between poverty and education

The uneducated (and their descendents) are more likely to be poor and to become sick

The sick (and their descendents) are more likely to remain poor and to lack education

break the link between poverty and health/health care

break the link between minority and poverty
Uninsured rates for the non elderly, 2005

<table>
<thead>
<tr>
<th>Ethnicity</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>White non-Hispanic</td>
<td>13%</td>
</tr>
<tr>
<td>Hispanic</td>
<td>34%</td>
</tr>
<tr>
<td>Blacks</td>
<td>21%</td>
</tr>
<tr>
<td>Asian/Pl</td>
<td>19%</td>
</tr>
<tr>
<td>AI/AN</td>
<td>32%</td>
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</table>


http://www.kff.org/minorityhealth/6069.cfm
Uninsured rates for the non elderly, 2005

White non-Hispanic: 13%
Hispanic: 34%
Blacks: 21%
Asian/Pl: 19%
AI/AN: 32%

White, Non-Hispanic: 29%
Hispanic: 44%
African American, Non-Hispanic: 29%
Asian and Pacific Islander: 37%
American Indian/Alaska Native: 44%

White, Non-Hispanic: 8%
Hispanic: 21%
African American, Non-Hispanic: 12%
Asian and Pacific Islander: 11%
American Indian/Alaska Native: 16%

NOTE: 200% of the poverty threshold for a family of four in 2005 was $39,942.

SOURCE: Urban Institute and Kaiser Commission on Medicaid and the Uninsured estimates
Life Expectancy at Age 25 for U.S. Black and White Men with Similar Income Levels

* 1980s income levels

Case: Angelica Ramirez

- 7-year old White-Latina girl with obesity, family history of obesity and diabetes type II
- Little physical activity due to asthma, diet with excessive amount of refined CH
- Socio-economic history: under-insured, family lives in low-income neighborhood
- Physical exam with mild hypertension, signs of early puberty, obesity.
- Labs: insulin resistance, mild dyslipidemia
Referred to Endocrinology consult

Impression:
- 1) Obesity secondary to caloric imbalance.
- 2) Insulin resistance syndrome, with dyslipidemia/ hypertension
- 3) Early central puberty with anticipated menses within 1 year; LHRH stimulation test with peak LH of 13.5

Plan:
- 1) Leuprolide therapy recommended for early central puberty
- 2) Proceed with liver ultrasound
- 3) Dietary change – starting with modest changes
  - a. Change to skim milk
  - b. Eliminate chips and mayonnaise
  - c. Take lunch to school instead of buying high calorie foods at school
- 4) Restrict sedentary activities, and encourage 2000 steps/day to increase energy expenditure 100 kcal/day.

Methods: collected primary data from 240 food stores in Baltimore in 121 neighborhoods

Results:
• Low income and Black neighborhoods lack dietary guidelines recommended foods.
• The price of several food items was found to be significantly higher in these impoverished areas.
• Populations leaving in these areas have lower rates of car ownership reducing their chances of grocery shopping in large scale retailers with healthier options at lower prices.
Obesity as a function of income and education.

Drewnowski & Specter, AJCN, 2004
Access to physical activity

• Minority and low SES groups had reduced access to physical activity facilities (schools, parks, recreation centers), which was linked to overweight and low physical activity (Gordon-Larsen et al., Pediatrics, 2004)

• Neighborhood social disorder (alcohol, fighting, prostitution), physical disorder (trash, grafitti, empty beer bottles), lack of safety predict youths’ PA in 80 Chicago neighborhoods after controlling for SES, race and demographic (Molnar et al., Am J Health Prom 2004)
New York University’s Furman Center for Real Estate and Urban Policy Study Finds Disparities in Mortgages by Race.

Oct 15, 2007

• Home buyers in Black/ Latino neighborhoods in New York City more likely to get subprime mortgages than home buyers in White neighborhoods with similar income levels

• Furman Center analysis based on 2006 data disclosed under the Federal Home Mortgage Disclosure Act
Does one measurement fit all?

• SES indicators are not the same across racial groups due to racial differences in:
  – Quality of education
  – Wealth or assets
  – Purchasing power of income,
  – Stability of employment, and the
  – Health risks associated with occupational status

• For persons in the lowest quintile of income in the United States, the net worth of Whites is 421 times higher than that of Blacks.

  (Williams and Collins, 1995; Kaufman et al., 1997)
Median Net Worth (in US$) by Monthly Income, 2002

<table>
<thead>
<tr>
<th>Monthly Income Quintiles, 2000</th>
<th>NLW</th>
<th>Black</th>
<th>Latino</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lowest Q5 (&lt;$1399)</td>
<td>21,558</td>
<td>50</td>
<td>1,229</td>
</tr>
<tr>
<td>2nd Q5 (&lt;$2555)</td>
<td>55,892</td>
<td>4,348</td>
<td>4,400</td>
</tr>
<tr>
<td>3rd Q5 (&lt;$5089)</td>
<td>67,392</td>
<td>13,026</td>
<td>9,826</td>
</tr>
<tr>
<td>4th Q5 (&lt;$6422)</td>
<td>102,351</td>
<td>26,953</td>
<td>37,838</td>
</tr>
<tr>
<td>Highest Q5</td>
<td>210,298</td>
<td>61,000</td>
<td>80,600</td>
</tr>
</tbody>
</table>

Source: U.S. Census Bureau, Survey of Income and Program Participation
Immediate Solutions

- Universal health coverage
- Navigators
- System changes (e.g., remodel recreation center)
- Physical activity in the work place
- Schools:
  - Daily physical activity,
  - Healthy after-school activities,
  - Better nutrition
- Prevention of work related injuries
- Local data monitoring
- Urban planning
- Business collaboration
- Medical-legal partnerships
Start a Partnership

Regardless of where you are in the planning process, NOMLP can work with you to establish your medical-legal partnership. Review the core activities and components of a partnership and the types of technical assistance available, and then contact us for more information. You can also request a MLP 101 binder.

Join the MLP Network
Membership Benefits
Request Materials

Our community counts on us as a safety net hospital, whether or not they are disadvantaged patients. We have a very strong standing in the community, and it's things like this innovations...