

Socio-Economic & Health Disparities: Improving Community Well-Being

Athena K. Ramos, PhD, MBA, MS, CPM

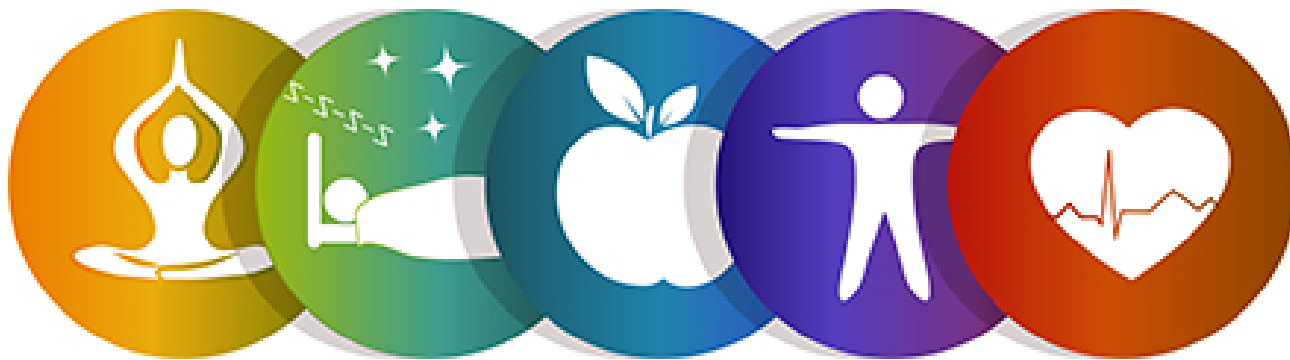


COLLEGE
OF PUBLIC HEALTH

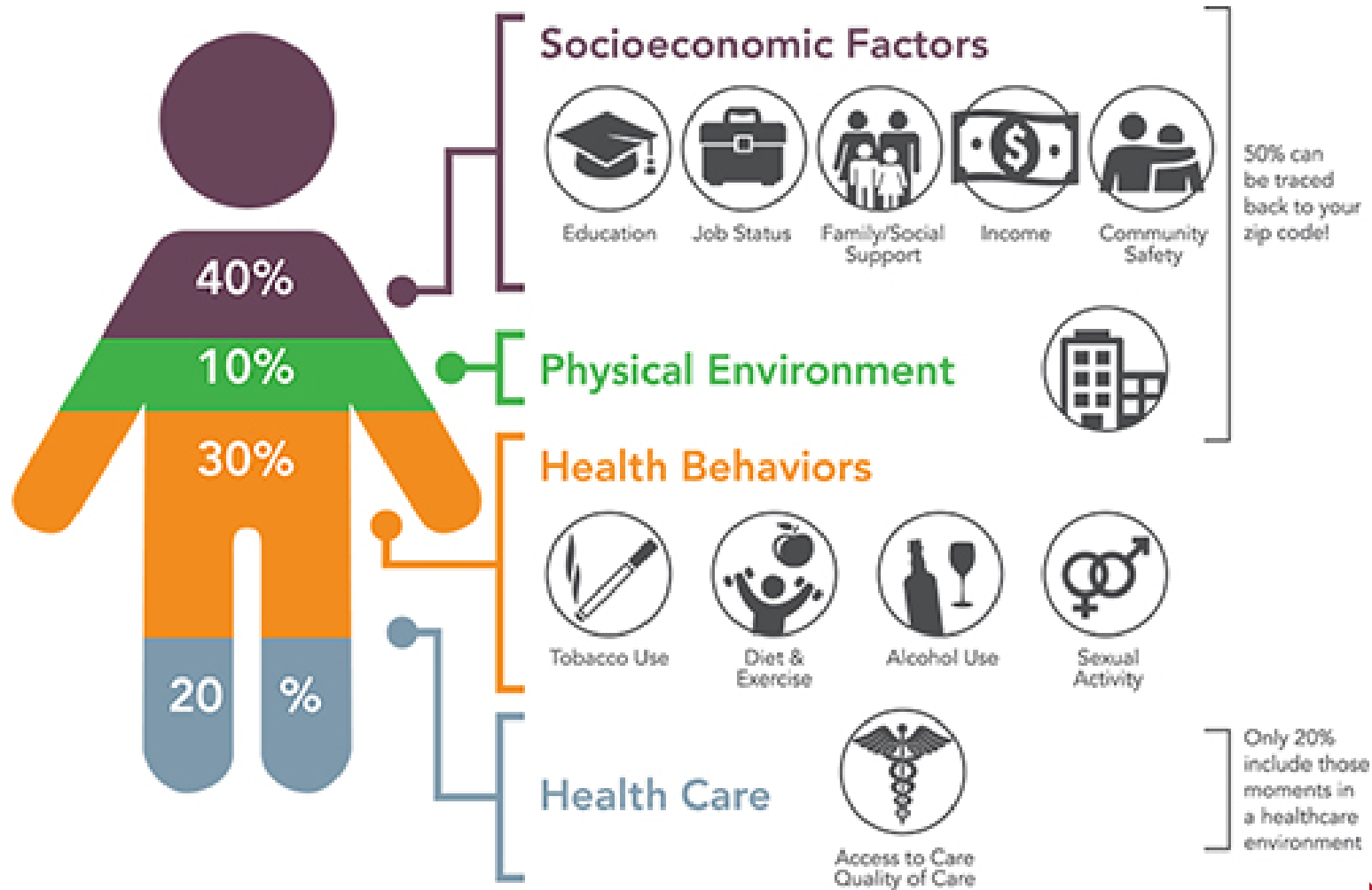
Health

World Health Organization (WHO):

A state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.



Health Determinants





ABC FARM



WORSHIP

SCHOOL

BUSINESS INC.

COMMUNITY

CAFÉ

FOOD MART

OPEN

Social Determinants of Health

World Health Organization (WHO):

The **conditions in which people are born, grow, live, work and age, and the wider set of forces and systems shaping the conditions of daily life**. These forces and systems include economic policies and systems, development agendas, social norms, social policies, and political systems at global, national and local levels.

They affect a wide range of health, functioning, and quality of life outcomes and risks.



Social Determinants of Health



Economic Stability

Poverty
Employment
Food Insecurity
Housing Instability

Education

High School Graduation
Enrollment in Higher Education
Language & Literacy
Early Childhood Education

Social and Community Context

Social Cohesion
Civic Participation
Discrimination and -isms
Incarceration
Immigration Legal Status
Social Mobility

Health and Health Care

Access to Health Care
Access to Primary Care
Health Literacy

Neighborhood and Built Environment

Access to Foods that Support Healthy Eating Patterns
Quality of Housing
Crime and Violence
Environmental Conditions
Neighborhood Density



Social Determinants of Health Data

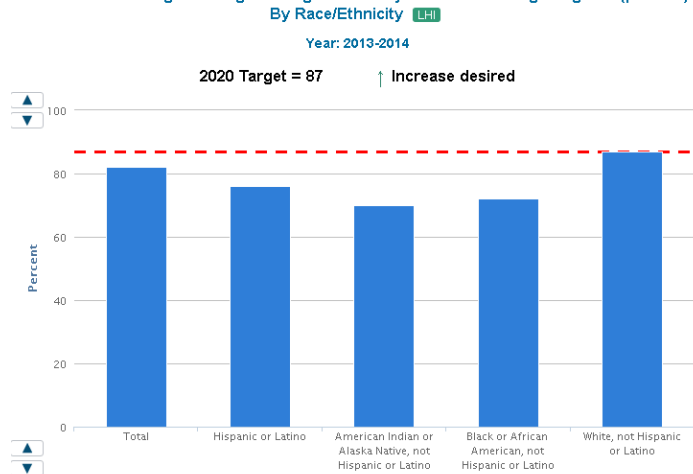
- Overview
- Objectives
- Interventions & Resources
- National Snapshots

Expand All Objectives +

Economic Stability

- SDOH-1** Proportion of children aged 0-17 years living with at least one parent employed year round, full time Revised +
- SDOH-3** Proportion of persons living in poverty
 - SDOH-3.1** Proportion of persons living in poverty Revised +
 - SDOH-3.2** Proportion of children aged 0-17 years living in poverty Revised +
- SDOH-4** Proportion of households that experience housing cost burden
 - SDOH-4.1** Proportion of households that spend more than 30% of income on housing
 - SDOH-4.1.1** Proportion of all households that spend more than 30% of income on housing Revised +
 - SDOH-4.1.2** Proportion of households earning less than 200% of the poverty threshold that spend more than 30% of income on housing Revised +
 - SDOH-4.2** Proportion of households that spend more than 50% of income on housing
 - SDOH-4.2.1** Proportion of all households that spend more than 50% of income on housing Revised +
 - SDOH-4.2.2** Proportion of renter households that spend more than 50% of income on housing Revised +
- NWS-12** Eliminate very low food security among children
- NWS-13** Reduce household food insecurity and in doing so reduce hunger

AH-5.1 Students graduating from high school 4 years after starting 9th grade (percent)



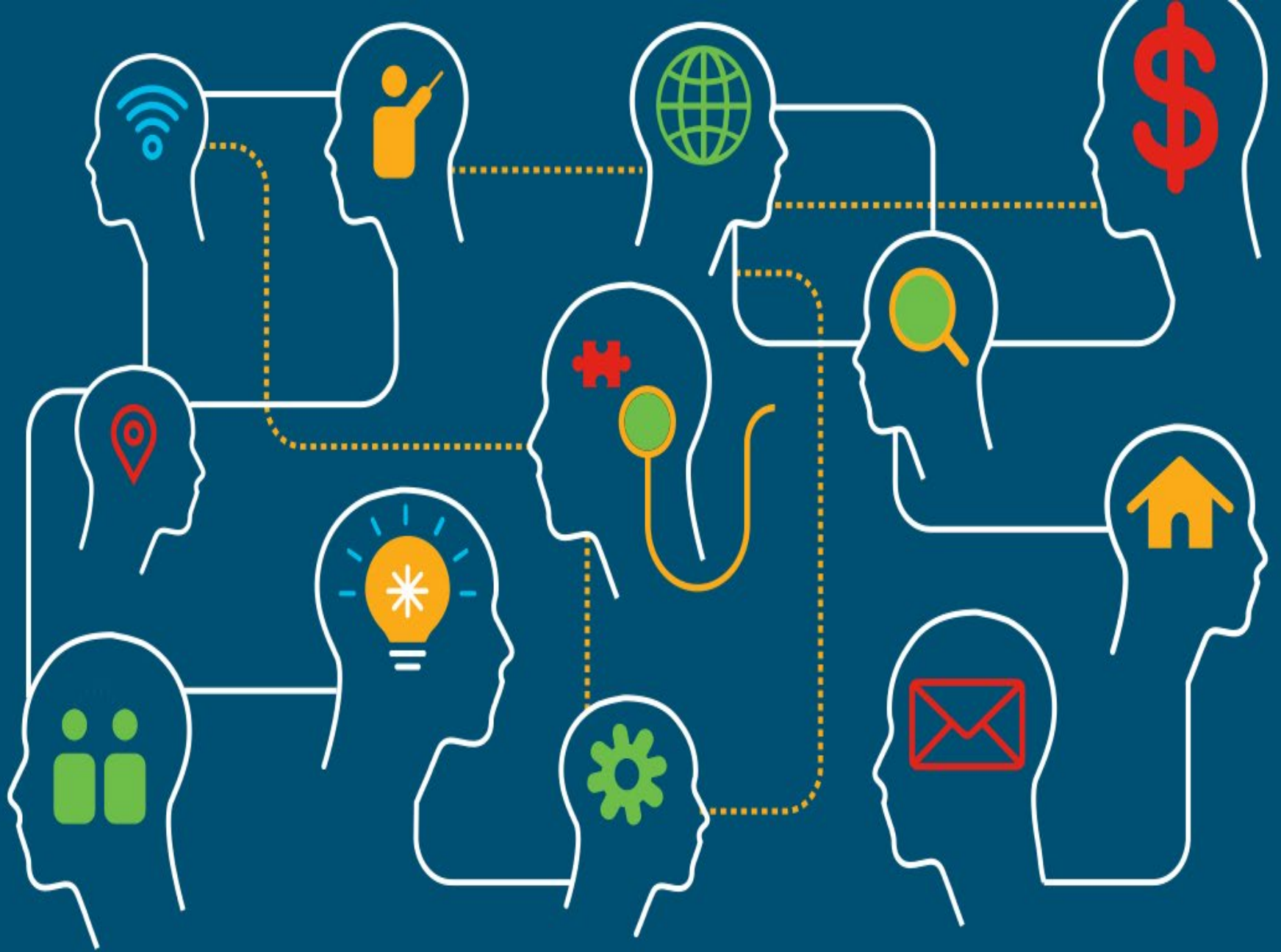
At baseline, 79 percent of students attending public schools graduated with a regular diploma in 2010–11 4 years after starting 9th grade. The target is 87 percent, based on a target-setting method of 10 percent improvement.

Data Source: Common Core of Data (CCD), ED/NCES

Note: Further information about the data used to track this objective is available on the [Data Details page](#). Additional footnotes may apply to the objective data and to the population subgroups, if any, that appear in this National Snapshot.

<https://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-of-health>





Economic Disparities

Economic disparities include how economic variables are distributed—among individuals in a group or among groups in a population.

There are disparities in both:

- outcomes
- opportunity

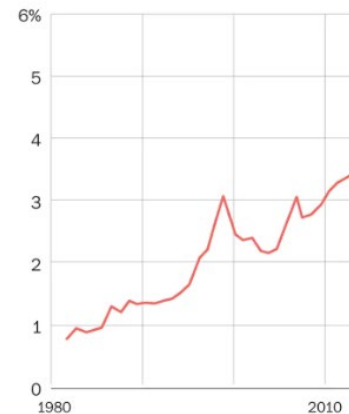
The Washington Post

Economic Policy • Analysis

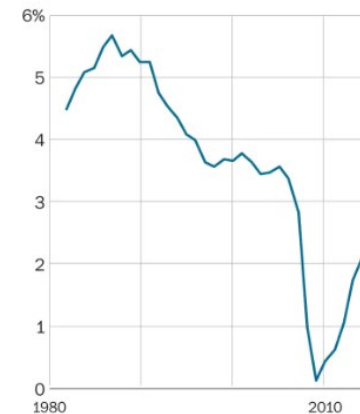
Wealth concentration returning to 'levels last seen during the Roaring Twenties,' according to new research

The 400 richest Americans now own more than the bottom 150 million

Share of American wealth owned by the 400 richest Americans



Share of American wealth owned by the bottom 60% (150 million in 2016)



Sources: Gabriel Zucman, World Inequality Database

THE WASHINGTON POST

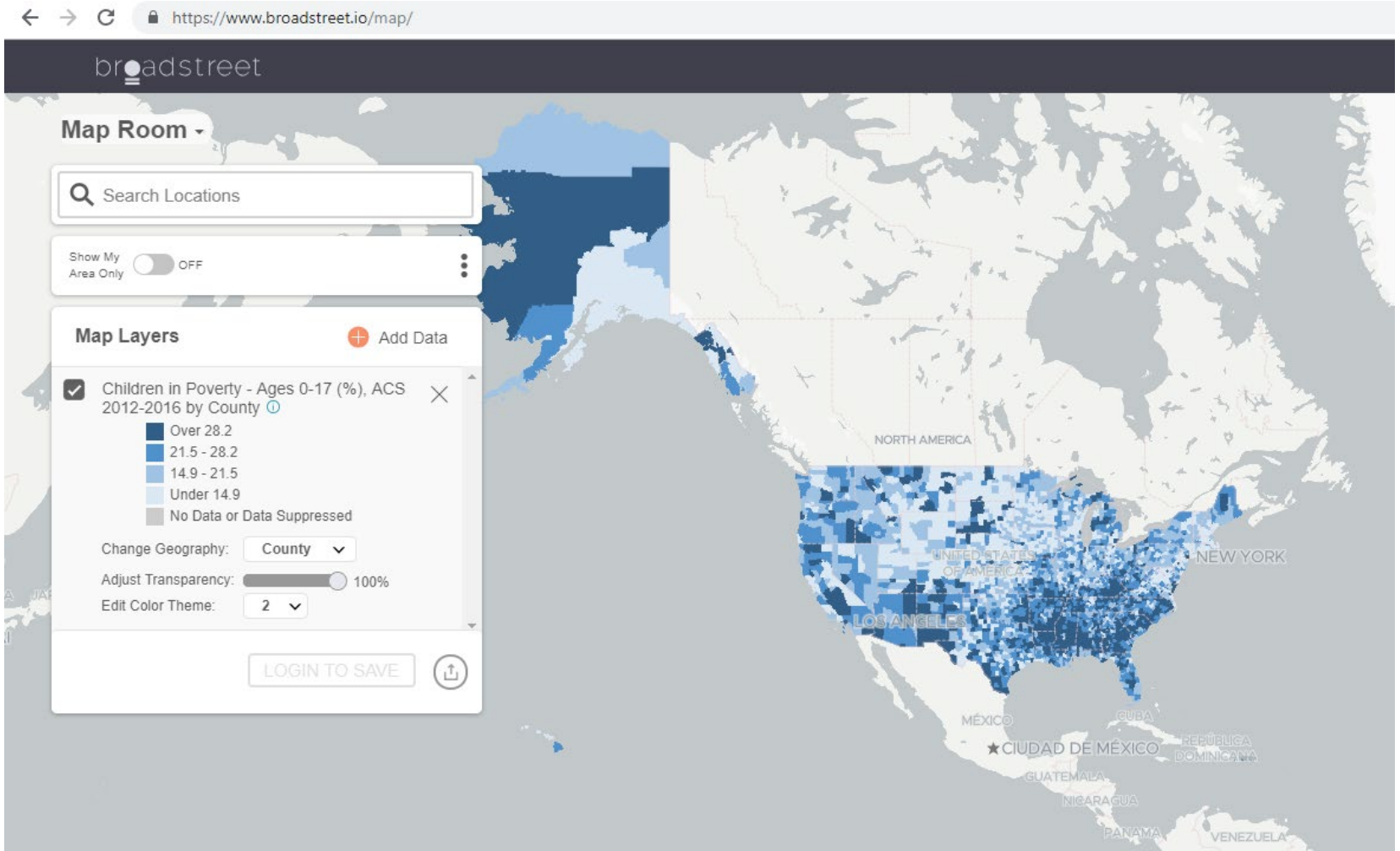
(Christopher Ingraham/The Washington Post) (Illustration by Christopher Ingraham for the Washington Post/Illustration by Christopher Ingraham for the Washington Post)



By Christopher Ingraham
February 8



EXAMPLE: Children Living in Poverty



EXAMPLE: Economic Disparities

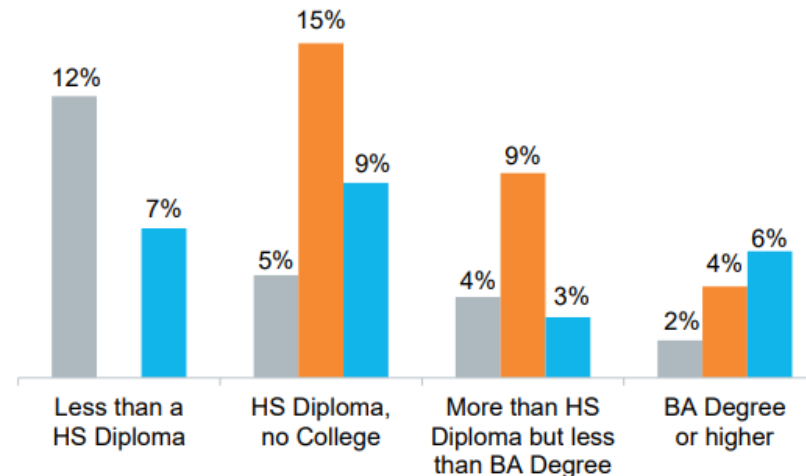
Full employment

Do racial inequities in employment persist after controlling for education?

Unemployment decreases as educational attainment rises, but racial gaps remain. Black workers are two to three times as likely to be unemployed as their White counterparts across education levels. Latinos with very low education have lower unemployment than their White counterparts.

Unemployment Rate by Educational Attainment and Race/Ethnicity, 2015

■ White
■ Black
■ Latino



Source: IPUMS. Universe includes the civilian noninstitutional population ages 25 through 64.

Note: Unemployment for Blacks with less than a HS diploma is excluded because of a small sample size. Data represents a 2011 through 2015 average.

Heartland 2050. Equitable growth profile of the 2018 updated analysis Omaha-Council Bluffs region.

http://heartland2050.org/wp-content/uploads/2017/06/Omaha_Profile_Update.pdf



EXAMPLE: Economic Disparities

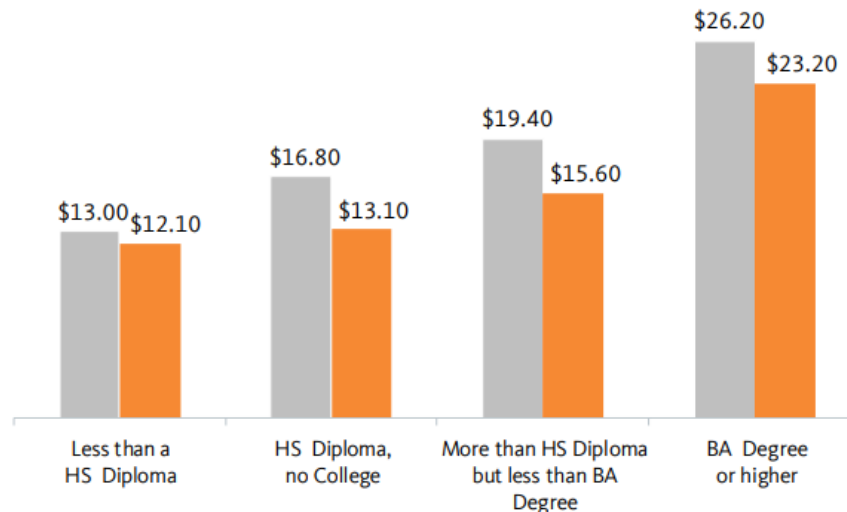
Access to good jobs

Can all workers earn a living wage?

People of color earn lower wages than Whites at every education level. People of color with college and graduate degrees still earn \$3/hour less than their White counterparts. People of color with a high school diploma but no college earn nearly \$4/hour less than their White counterparts.

Median Hourly Wage by Educational Attainment and Race/Ethnicity, 2015

■ White
■ All People of Color



Source: IPUMS. Universe includes civilian noninstitutional full-time wage and salary workers ages 25 through 64.
Note: Data represents a 2011 through 2015 average. Values are in 2015 dollars.

Heartland 2050. Equitable growth profile of the 2018 updated analysis Omaha-Council Bluffs region.
http://heartland2050.org/wp-content/uploads/2017/06/Omaha_Profile_Update.pdf



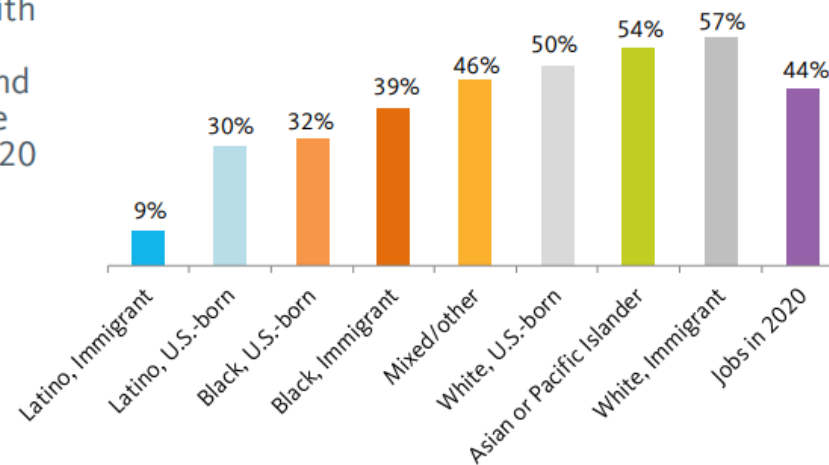
EXAMPLE: Economic Disparities

Skilled workforce

Do workers have the education and skills needed for the jobs of the future?

Some of the fastest-growing segments of the region's workforce lack the education levels required for the jobs of the future. By 2020, an estimated 44 percent of jobs will require at least an associate's degree. Yet, only 30 percent of U.S.-born Latinos, 32 percent of U.S.-born Blacks, and 9 percent of Latino immigrants have that level of education.

Share of Working-Age Population with an Associate's Degree or Higher by Race/Ethnicity and Nativity, 2015 and Projected Share of Jobs That Require an Associate's Degree or Higher, 2020



Source: Georgetown Center for Education and the Workforce; IPUMS. Universe for education levels of workers includes all persons ages 25 through 64.
Note: Data for 2015 by race/ethnicity/nativity represents a 2011 through 2015 average and is at the regional level; data on jobs in 2020 represents a regional job-weighted average of state-level projections for Nebraska and Iowa.



Health Disparities

Centers for Disease Control and Prevention (CDC):

A particular type of health difference that is closely linked with social, economic, and/or environmental disadvantage that adversely affects groups of people who have systematically experienced greater obstacles to health based on:

- Race or ethnicity
- Religion
- Socioeconomic status
- Gender
- Age
- Mental health
- Cognitive, sensory, or physical ability
- Sexual orientation or gender identity
- Geographic location
- Other characteristics historically linked to discrimination or exclusion

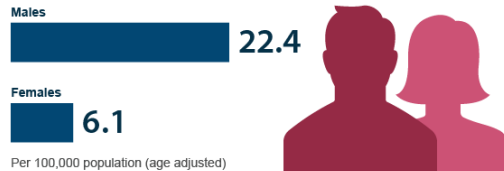


EXAMPLE: Health Disparities

Mental Health

Suicide Rate by Sex, 2017

In 2017, females had a lower suicide rate than males. The rate for males was more than 3.5 times the rate for females.



Per 100,000 population (age adjusted)

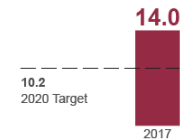
Data source: National Vital Statistics System–Mortality (NVSS–M), CDC/NCHS; Bridged-race Population Estimates, CDC/NCHS and Census.

Healthy People 2020 Targets

Suicides

In 2017, there were 14.0 suicides per 100,000 population (age adjusted).

Data source: National Vital Statistics System–Mortality (NVSS–M), CDC/NCHS; Bridged-race Population Estimates, CDC/NCHS and Census.

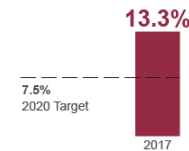


↓ 27.1% decrease needed.

Major Depressive Episodes (MDEs)

In 2017, 13.3% of adolescents aged 12–17 years had an MDE in the past 12 months.

Data source: National Survey on Drug Use and Health (NSDUH), SAMHSA.



↓ 43.6% decrease needed.

LHI July 2019

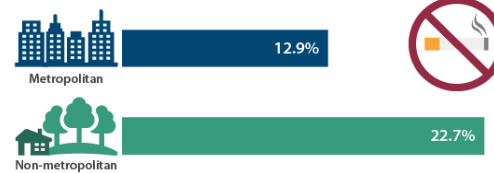
HealthyPeople.gov



Tobacco

Current Cigarette Smoking Among Adults by Metropolitan Status, 2017

Among adults aged 18 years and over, age-adjusted rates of current cigarette smoking were higher among adults living in non-metropolitan areas.



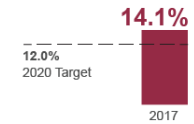
Data source: National Health Interview Survey (NHIS), CDC/NCHS.

Healthy People 2020 Targets

Adult Cigarette Smoking

In 2017, 14.1% of adults aged 18 years and over were current cigarette smokers (age adjusted).

Data source: National Health Interview Survey (NHIS), CDC/NCHS.

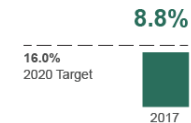


↓ 14.9% decrease needed.

Adolescent Cigarette Smoking

In 2017, 8.8% of students in grades 9–12 smoked cigarettes in the past 30 days.

Data source: Youth Risk Behavior Surveillance System (YRBSS), CDC/NCHHSTP.



✓ Target has been met.

LHI March 2019

HealthyPeople.gov

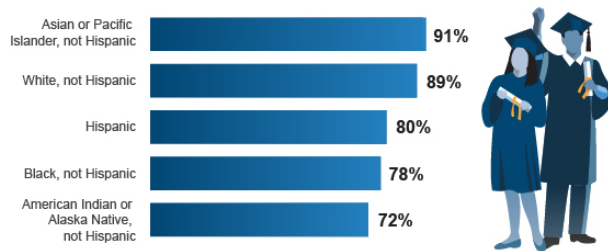


EXAMPLE: Health Disparities

Social Determinants

On-Time High School Graduation Rates by Race/Ethnicity, 2016–17 School Year

On-time high school graduation rates, defined as the percentage of students awarded a high school diploma within 4 years of starting 9th grade, varied among racial and ethnic groups in the 2016–17 school year.



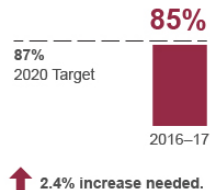
Data source: Common Core of Data (CCD), ED/NCES.

Healthy People 2020 Target

On-Time High School Graduation Rate

In the 2016–17 school year, 85% of students attending public schools graduated with a regular diploma within 4 years of starting 9th grade.

Data source: Common Core of Data (CCD), ED/NCES.



LHI February 2019

HealthyPeople.gov

Access to Health Services

Persons with Health Insurance by Educational Attainment, 2017

For persons aged 25–64 years, the health insurance rate for those with an advanced degree was 44.2% higher than the rate for those without a high school education.

96.9% Advanced degree

67.3% Less than high school



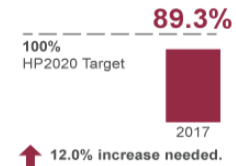
Data source: National Health Interview Survey (NHIS), CDC/NCHS.

Healthy People 2020 Targets

Persons with Health Insurance

In 2017, 89.3% of persons aged less than 65 years had health insurance.

Data source: National Health Interview Survey (NHIS), CDC/NCHS.

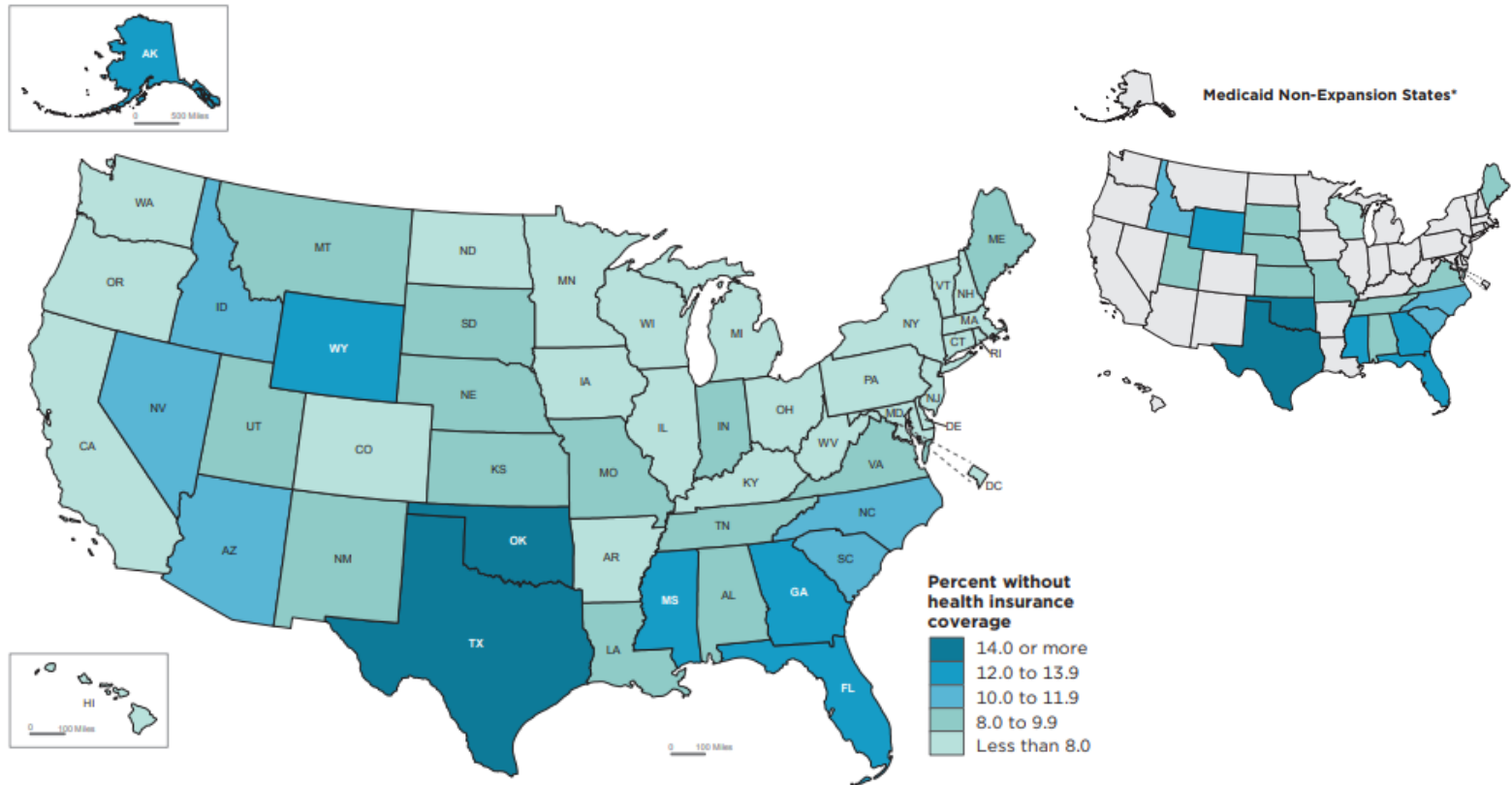


LHI September 2018

HealthyPeople.gov



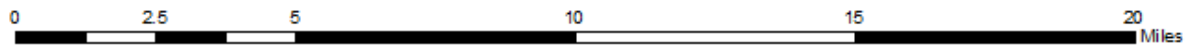
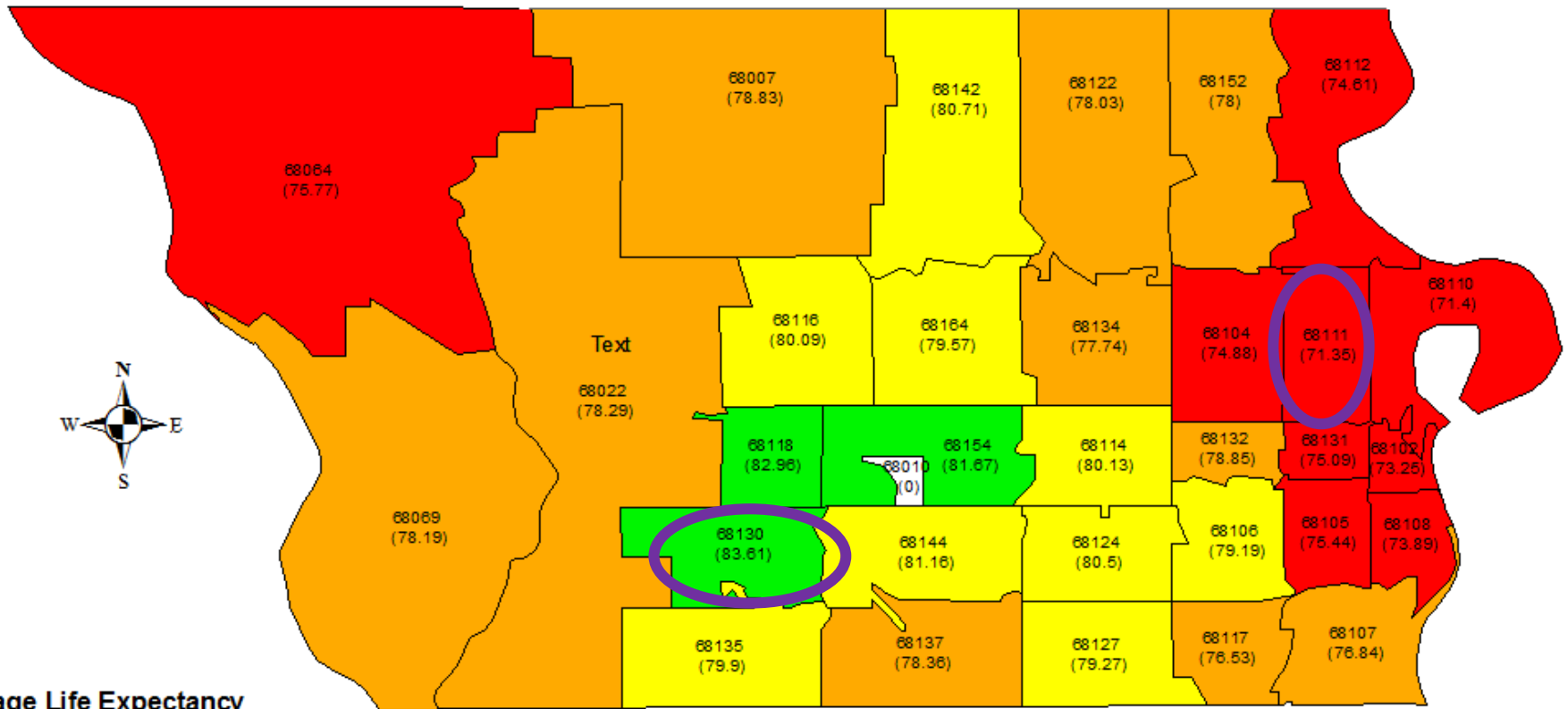
EXAMPLE: Uninsured Rate by State, 2017



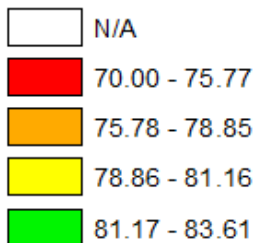
2011-2015 Average Life Expectancy at Birth By Zip Code

Douglas County, NE

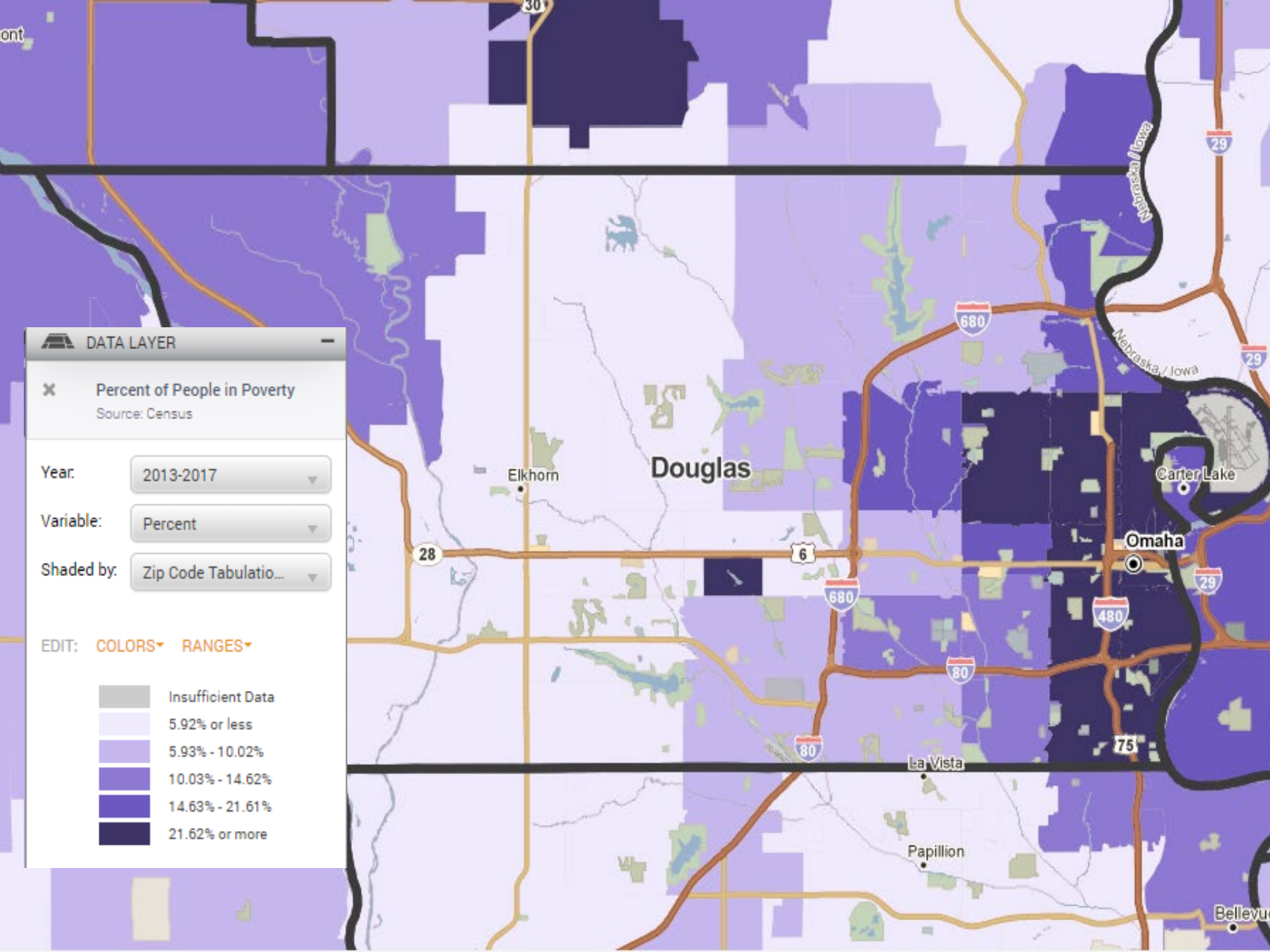
Overall Life Expectancy at Birth is 78.11



Average Life Expectancy at Birth



**More than 12 years difference in
life expectancy in Douglas County!**



DATA LAYER

✕ **Percent of People in Poverty**
Source: Census

Year: 2013-2017

Variable: Percent

Shaded by: Zip Code Tabulatio...

EDIT: **COLORS** ▾ **RANGES** ▾

■	Insufficient Data
■	5.92% or less
■	5.93% - 10.02%
■	10.03% - 14.62%
■	14.63% - 21.61%
■	21.62% or more

Health Equity

Equality



Equity



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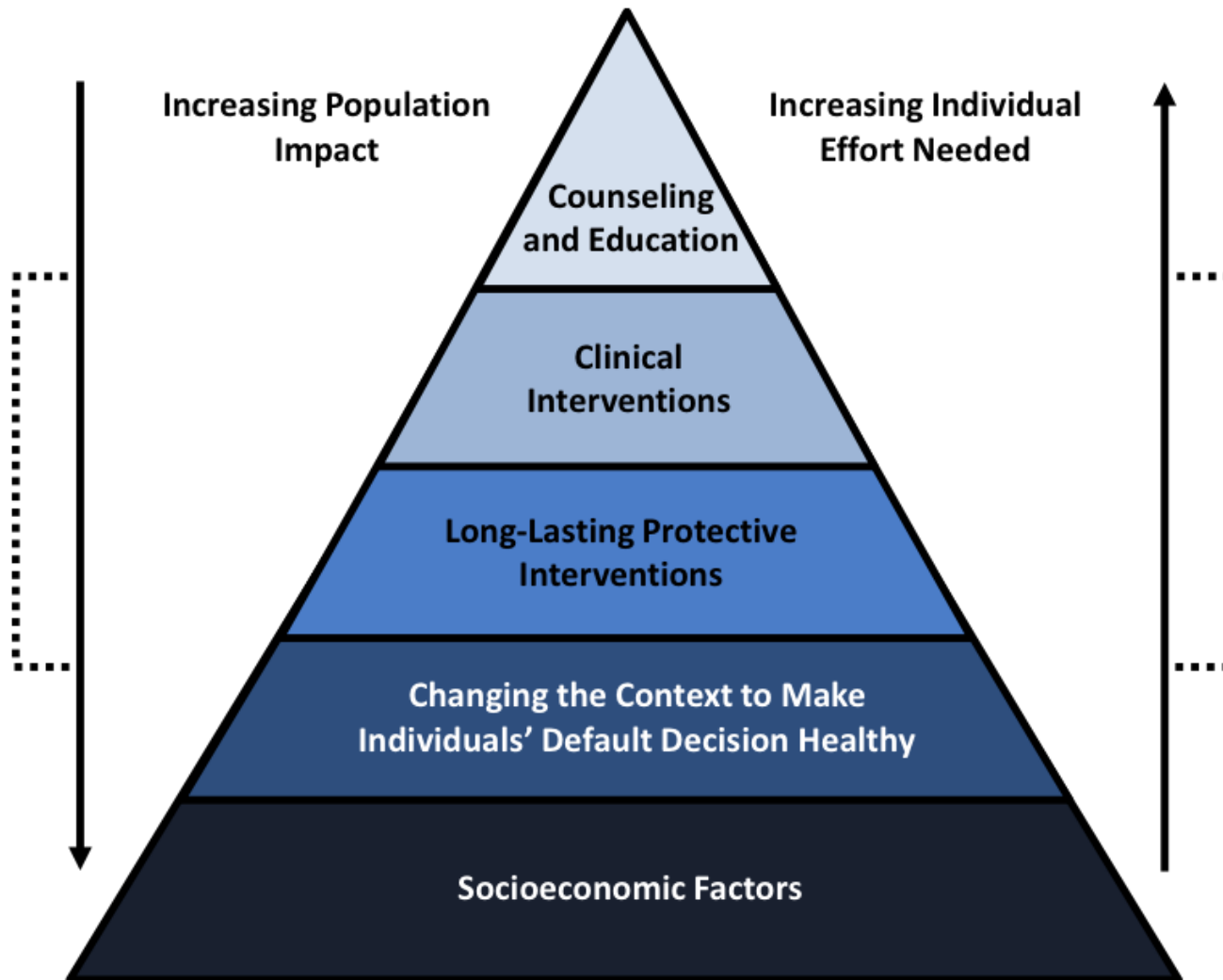


Reframe the Questions

Instead of only asking:	We should also ask:
Why do people smoke?	What social conditions and economic policies predispose people to environments that encourage smoking?
Who lacks healthcare insurance coverage and why?	What policy changes would redistribute healthcare resources more equitably?
How do we connect isolated individuals to social supports?	What institutional policies and practices maintain isolation rather than counteract it by building strong social support networks?
How can we create more parks, bike lines, and farmers' markets in vulnerable neighborhoods?	What policies and practices do not allow or discourage access to recreational spaces, transportation resources, and healthy food in neighborhoods where health is the poorest?



Improving Public Health Initiatives and Practices





***“Health is a resource for
everyday life, not the
objective of living.”***

- WHO, Ottawa Charter for Health Promotion, 1986



Addressing the Social Determinants of Health



Effective Approaches

“There is sufficient evidence to support policy interventions that focus on the social determinants of health...”

- Education and Early Childhood
- Urban Planning and Community Development
- Housing
- Income Supplements
- Employment Interventions

“Social determinant-related interventions designed to create structural changes must be coordinated with long-term efforts to change social and cultural norms, build on existing community strengths, and change the opportunity costs associated with healthy behaviors to make the healthy choice the default choice.”



Policies?? A Health Intervention

YES!!!

Policies that may impact the social determinants of health include:

- Minimum wage
- Zoning
- Density
- Rental housing inspections
- Environmental protections
- SNAP, WIC, SSI, TANF
- Free and reduced school lunch
- Multi-modal connectivity



Housing policy = health policy
Economic policy = health policy
Civil rights policy = health policy
Social policy = health policy
Education policy = health policy

**ALL POLICY THAT AFFECTS
HEALTH IS HEALTH POLICY.**



Activity

Let's break up into small groups (ideally with people who you do not regularly work with 😊)

1. What disparities or inequities do you see in your local community?
2. What factors might contribute to these disparities? Where is it that we can intervene to help people who suffer from poor health or those struggling to get by?

Within your small group, brainstorm how your community could be improved...how can it become one that promotes health and well-being:

- What does your community need in order to be healthy, equitable, and cohesive?
- What are the assets that currently exist that could be used to promote well-being? What types of resources are needed? What kinds of programs should there be? Why?
- What types of policies should be implemented or revised? Why?
- What additional data or research may be necessary?





TOOL: County Health Rankings

<https://www.countyhealthrankings.org/>



Find Strategies by Topic

Health Behaviors

- Alcohol and Drug Use
- Diet and Exercise
- Other Health Behaviors
- Sexual Activity
- Tobacco Use

Clinical Care

- Access to Care
- Quality of Care

Social & Economic Factors

- Community Safety
- Education
- Employment
- Family and Social Support
- Income

Physical Environment

- Air and Water Quality
- Housing and Transit

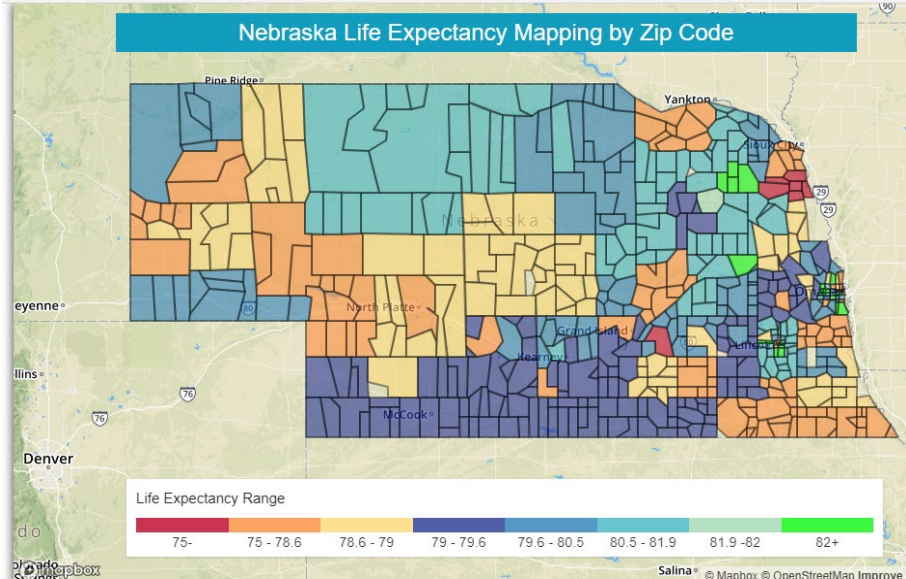


TOOL: Life Expectancy Calculator



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LIFE EXPECTANCY CALCULATOR FOR ADULT NEBRASKANS

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HEALTHY LIFE STYLE HELPS YOU LIVE LONGER

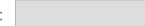
Age* : 19 years old



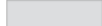
Gender* :

Male Female

Race* :



Home Zip Code* :



Height : 1 feet 0 in



Weight : 1 lb



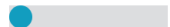
Do you currently smoke?

Yes No

Do you have regular physical exercise in your leisure time? (e.g. running, walking, swimming, gardening, home cleaning et al.)

Yes No

On an average day, how many servings of fruits and vegetables do you have? (e.g. an apple can be one serving; a cup of vegetable salads can also be one serving)



0 Servings

[Generate Your Personal Report](#)

<https://publichealth.unmc.edu/lec/#>



Data & Mapping Resources

[500 Cities \(CDC\)](#)

[Broad Street](#)

[Census](#)

[Community Commons](#)

[Community Need Index](#)

[County Health Rankings and Roadmaps](#)

[Healthy People](#)

[Heartland 2050 Equity Profile](#)

[Opportunity Index](#)

[PolicyMap](#)

[RWJF Data Across Sectors for Health \(AllinData – or – DASH\)](#)



Review

The SOCIAL DETERMINANTS OF HEALTH are...

the conditions in which people are born, grow, live, work and age, and the wider set of forces and systems shaping the conditions of daily life.

The SOCIAL DETERMINANTS OF HEALTH include things like...

- Education
- Income
- Social and community context
- Neighborhood and built environment

Data and appropriate research are needed to drive programming, service delivery, and policy change that is relevant and responds to community concerns.

There are a number of ways that SOCIAL DETERMINANTS OF HEALTH can be incorporated into what we do such as...

- Consistent assessments (e.g., incorporate into EHR systems)
- Strong referral system to address social needs
- Ensure outreach and education efforts address social and structural determinants of health (e.g., culturally and linguistically appropriate information, historical context, etc.)
- Develop partnerships with community and neighborhood organizations
- Advocacy, monitoring, and policy change



Questions?

Athena Ramos, PhD, MBA, MS, CPM

Assistant Professor

Center for Reducing Health Disparities

Department of Health Promotion

College of Public Health

University of Nebraska Medical Center

Omaha, NE 68198-4340

(402) 559-2095

aramos@unmc.edu

 @athenakramos





UNMC

COLLEGE OF PUBLIC HEALTH



UNIVERSITY OF
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