A Snapshot of Community Access Health Indicators

Deaths at CA January-March 2016

Age Name Health Conditions

- 41 Michele F. HIV positive, asthma
- 43 Michael S. Very high cholesterol, diabetes, obesity, hypertension
- 45 Nilcia R. Asthma, polysubstance abuse, smokes two packs per day
- 47 Michael T. Cocaine, hypertension, high cholesterol, smokes one pack per day
- 48 Gil F. Diabetes, high cholesterol, alcohol abuse, smokes two packs per day
- 55 Louis G. No chronic health condition noted
- 59 Joe E. Liver Cancer
- 59 Stephanie P. Heart disease, asthma, smokes one pack per day
- 63 Michael M. Diabetes, hepatitis C, polysubstance abuse

67 Pedro A. Hypertension, asthma, diabetes, cancer, cholesterol, smokes two + packs/day

Average Age of Death = 52.7 Years

ER Visits January-March 2016

Treatment	Consumers	Episodes	Days	Avg.Days
ER-Psych.	48	57	146	3
ER-Med.	76	116	115	1
Totals	124	173	261	1.5

Current Health-related Initiatives

- Data Collection
- New Health Division
 - 3 full time staff combining research and community organizing skills
- Food Purchasing
- Staff Wellness Program
- "Active Building" Design
- Harm Reduction Program

The Social Determinants of Behavioral and Population Health

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Those factors that impact upon health and wellbeing: the circumstances into which we are born, grow up, live, work, and age, including the health system.

World Health Organization: Closing the Gap in a Generation: Health Equity through Action on the Social Determinants of Health: Commission on the Social Determinants of Health, 2008.

These circumstances are shaped by the distribution of money, power, and resources at global, national and local levels, which are themselves influenced by policy choices

The social determinants of health are prominently responsible for **health disparities and inequities.**

Health disparities: differences in health status among distinct segments of the population including differences that occur by gender, race or ethnicity, education or income, disability, or living in various geographic localities

Health inequities: disparities in health that are a result of systemic, avoidable, and unjust social and economic policies and practices that create barriers to opportunity

SOCIAL JUSTICE

Defining Social Justice

The distribution of good (advantages) and bad (disadvantages) in society, and more specifically *how* these things should be distributed in society. It is concerned with the ways that resources are allocated to people by social institutions.

-David Miller-

Defining Social Justice

Assuring the protection of equal access to liberties, rights, and opportunities, as well as taking care of the least advantaged members of society. -John Rawls-

How Does Social Justice Relate to Health?

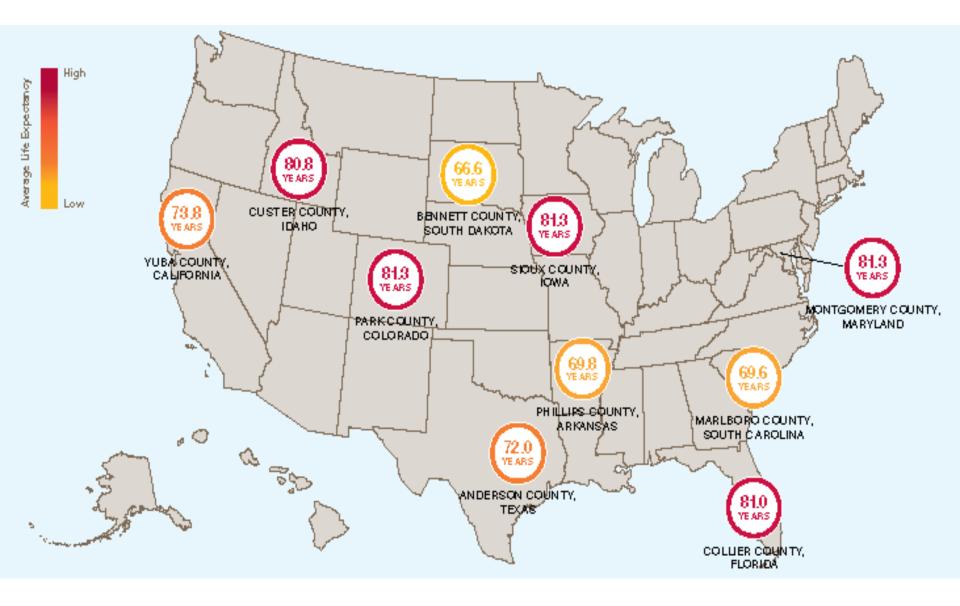
- Social justice is considered the moral foundation of public health
- It is concerned with human well being
- It ensures that individuals in a society have equal opportunities to lead healthy, meaningful, productive lives

Powers M, Faden R: Social Justice: The Moral Foundations of Public Health and Health Policy. New York: Oxford University Press; 2008.

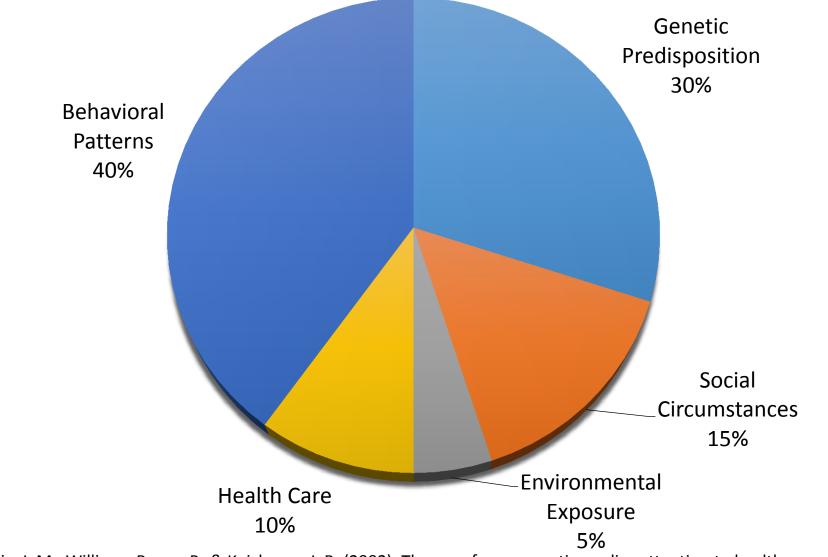
Social Determinants of Health



- Health begins were we live, learn, work, and play
- Your ZIP code may be more important to your overall health than your genetic code



Determinants of Health and Their Contribution to Premature Death



McGinnis, J. M., Williams-Russo, P., & Knickman, J. R. (2002). The case for more active policy attention to health promotion. Health Affairs, 21(2), 78-93

A Public Health Approach to Behavioral Health

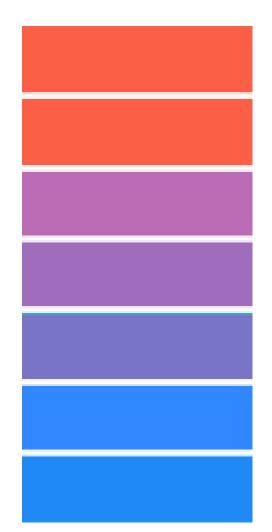
- Population Health
- Epidemiologic Surveillance of the Health of the Population
- Health Promotion/Disease Prevention
- Risk/Protective Factors
- Access to and Evaluation of Services

Risk Factors





Level of Risk





Protective Factors

Risk Factor –

A characteristic that precedes a disorder and is statistically associated with that disorder

Protective Factor –

A characteristic that predates a disorder or outcome and significantly reduces the risk of developing that disorder or outcome

The Causes of the Causes

"The Fundamental Causes of Disease"

If risk factors are the precursors of disease, then the environmental and contextual factors that precede or shape these risk factors are *the causes of the causes*

The Causal Chain

"Why is Jason in the hospital?"

Because he has a bad infection in his leg.

But why does he have an infection?

He has a cut on his leg and it got infected.

But why does he have a cut on his leg?

He was playing in a junk yard next to his apartment building and fell on some sharp, jagged steel there.

But why was he playing in a junk yard?

His neighborhood is run down. Kids play there and there is no one to supervise them.

But why does he live in that neighborhood?

His parents can't afford a nicer place to live.

But why can't his parents afford a nicer place to live?

His dad is unemployed and his mom is sick.

But why is his dad unemployed?

Because he doesn't have much education and he can't find a job.

Not distinctly different from the social determinants of health

But deserve special emphasis, because:

- mental illnesses and substance use disorders are highly prevalent and highly disabling
- behavioral health conditions are high-cost illnesses
- they have been largely neglected

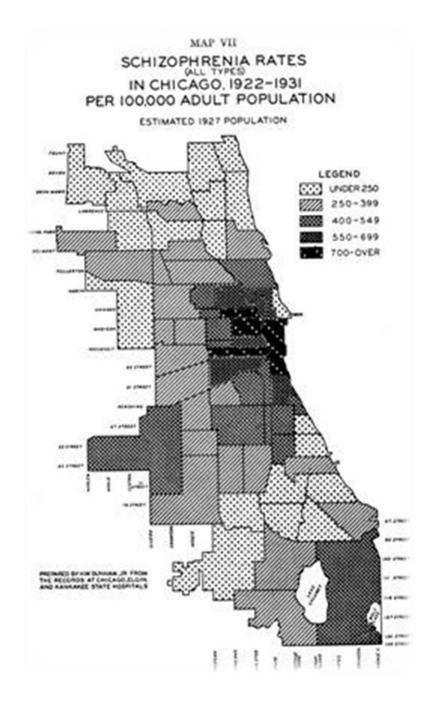
Suicide (1897)

Demonstrated the relationship between social exclusion and suicide

Described suicide as a social phenomenon



Faris and Dunham (1939). *Mental disorders in urban areas: an ecological study of schizophrenia and other psychoses*



Suggested an inverse relationship between social organization and schizophrenia

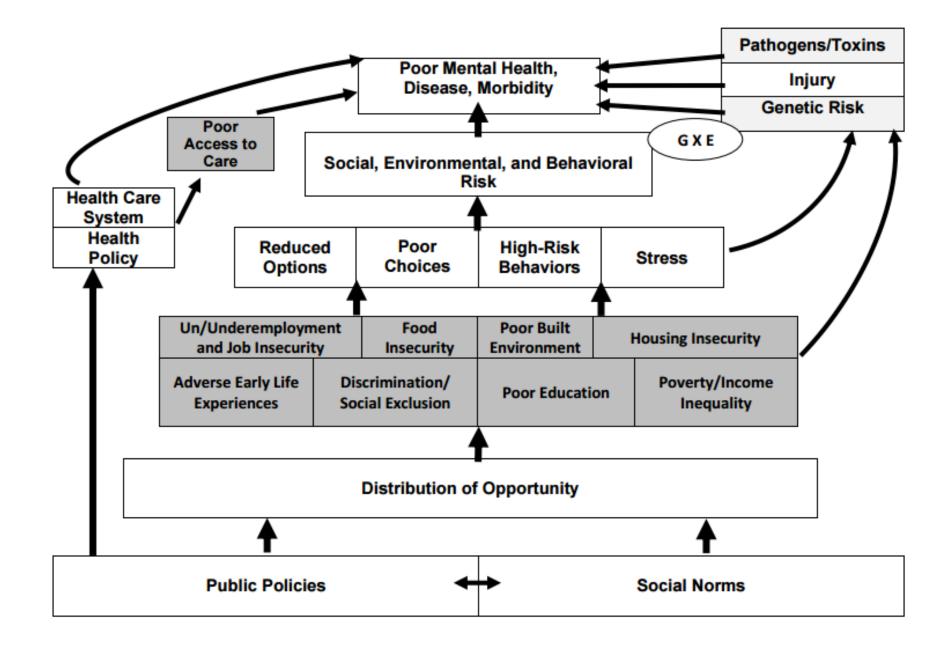
Nature and Nurture

- Previously presented as two competing realms at odds
- The interplay between biology and the environment is key
- One cannot understand biology without understanding the socio-environmental context
- Mechanisms underpinning social factors cannot be understood without considering neurobiology



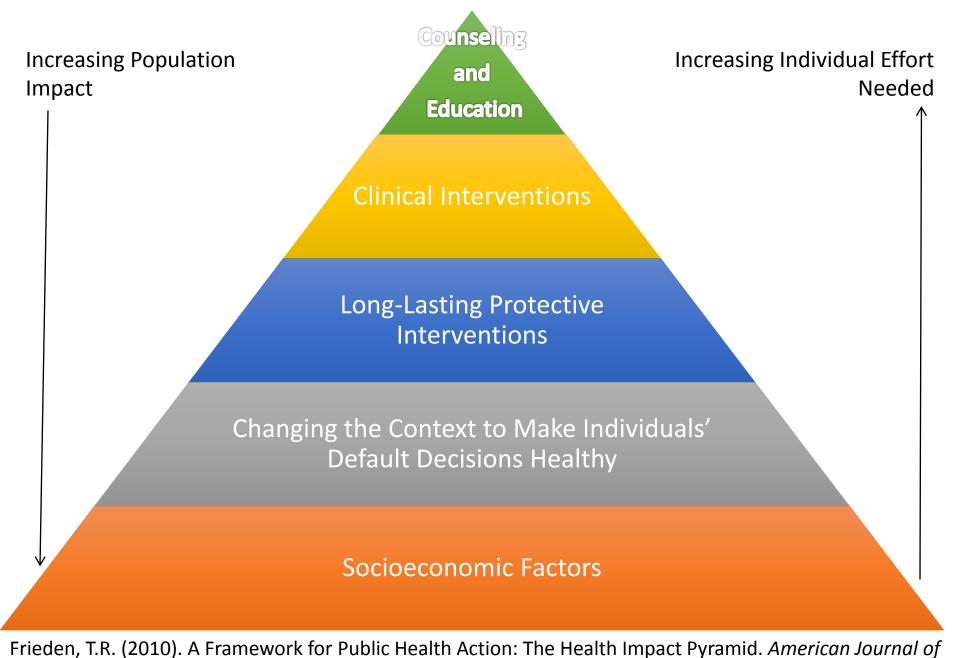
Individuals with serious mental illnesses die, on average, 25 years earlier than the general population

Conceptualizing the Social Determinants of Mental Health





"I have been impressed with the urgency of doing. Knowing is not enough, we must apply. Being willing is not enough, we must do."



Public Health, 100(4), 590.

All Policies are Health Policies

"Housing policy is health policy. Educational policy is health policy. Anti-violence policy is health policy. Neighborhood improvement policies are health policies. Everything that we can do to improve the quality of life of individuals in our society has an impact on their health and is a health policy." Success in Addressing the Social Determinants of Behavioral Health

- Nurse-Family Partnerships
- High/Scope Perry Preschool Program and Head Start
- Good Behavior Game
- Health Leads
- Medical-Legal Partnerships
- Mental Health Impact Assessments

Addressing Social Norms

- Set social norms of tolerance, acceptance, and inclusion in clinical settings
- Educate the community
 - About the importance of culture and cultural competence
 - About the negative impact of stigma
- Use laws to change norms
 - Create a culture of social inclusion
 - Speak up when this culture is not respected

Addressing Public Policies

- Taking action *beyond the walls* of treatment centers
- Advocate for policies and laws that improve education, increase employment opportunities (or extend employment benefits for the unemployed), decrease food insecurity, end discrimination, improve housing standards, etc.
- Offer expertise to your elected officials (individually, or through professional organizations)
- Cross-sector collaborations and relationships are key

Commission on Social Determinants of Health FINAL REPORT

Closing the gap in a generation

Health equity through action on the social determinants of health



World Health Organization Commission on Social Determinants of Health

> "Reducing health inequities is... an ethical imperative. Social injustice is killing people on a grand scale."

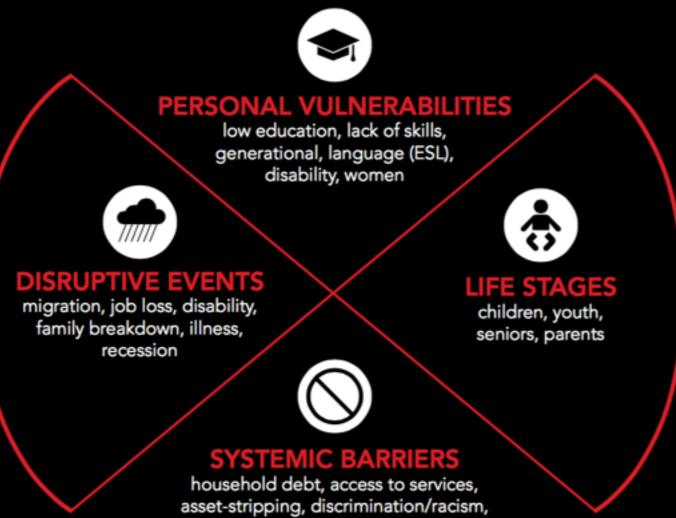
RACISM AND HOMELESSNESS

Jeff Olivet April 2016

Center for Social Innovation

ROOT CAUSES OF POVERTY

Sources of Vulnerability*



stagnant or low wages, credential recognition

It is time to name the problem we all know exists.

It is no accident that people of color are more likely to become homeless.

it is the result of racism.

DISPROPORTE REPRESENTATION

ACCORDING TO HUD

50+% of the total homeless population are minorities. More than 40% are African American.

African Americans are 3 times more likely than Whites to become homeless.

One study found that:

Blacks were 16X more likely than whites to live in shelters.

AND

Black children under 5 were 29x more likely than white children to end up in shelters.

Several races 2.7% Other, one race 10.5%

African American 12.5%

Hispanic 10.5%

White, non-Hispanic 64%

Several races 7.9%

Other, one race 5.5%

African American 45%

Hispanic 9%

White, non-Hispanic 44%

Total US Population

Shelter Population

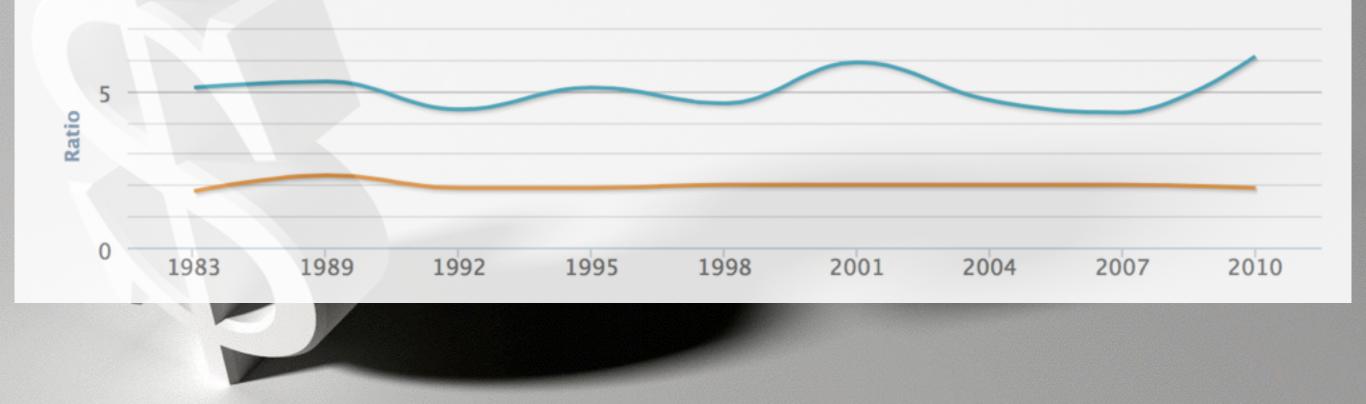
(HUD, 2015)

Among African Americans...

National Population	Poverty Population	Homeless Family Population
13%	27%	59%

Racial Wealth/Income Gap

-Ratio of white wealth to black/Hispanic wealth -Ratio of white income to black/Hispanic income



(Urban Institute, 2013)



Health disparities

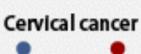
For every white person affected by this condition

African American

Stroke



White





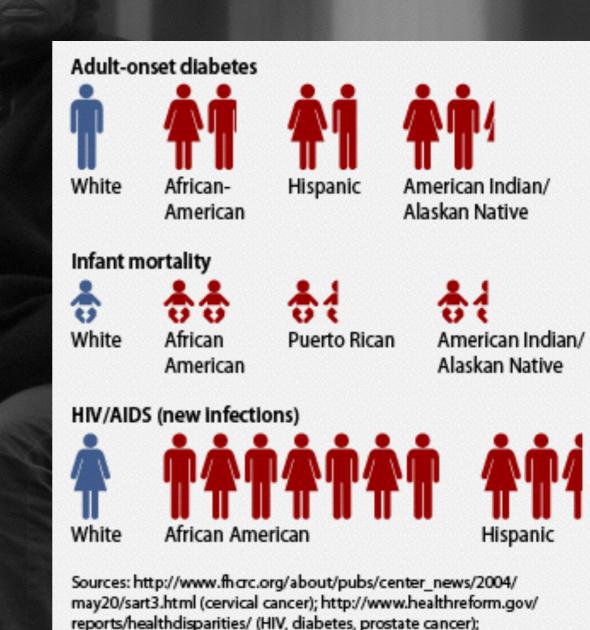


American Indian/

Alaskan Native

Prostate cancer





may20/sart3.html (cervical cancer); http://www.healthreform.gov/ reports/healthdisparities/ (HIV, diabetes, prostate cancer); http://www.childtrendsdatabank.org/sites/default/files/57_fig02.jpg (low birth weight, 2008)



While people of color make up 30% of the US population,

they account for 60% of those imprisoned.

(Center for American Progress, 2012)

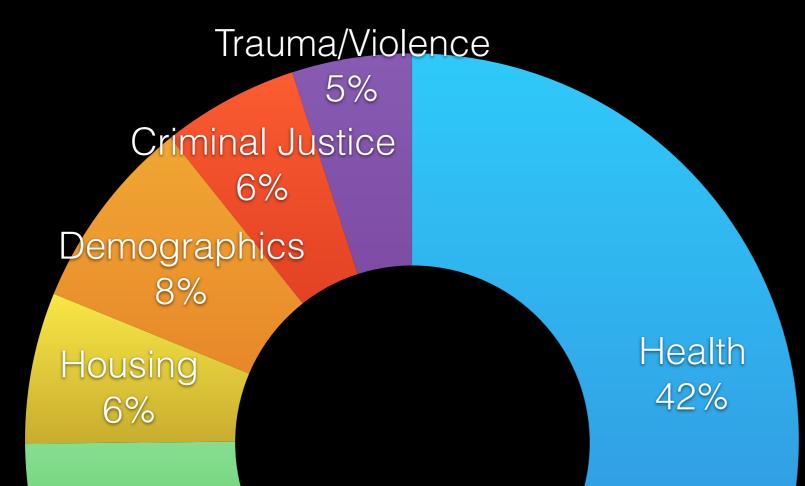
black men can expect to go to prison in their lifetimes.

The number of women incarcerated has increased by 800% since 1980, and women of color are 3 times more likely than white women to be incarcerated.

(Center for American Progress, 2012)

"The Latino Paradox"

scoping review: 898 articles



Families? Youth? Other races? Employment?

Mental Health/Substance Use 32%

(Center for Social Innovation, 2016)

A Historical Perspective



Propriet and the second second

Concession of the second se

"Social and racial inequities are geographically inscribed."

(Powell, 2003)

"We should reintegrate discussions of homelessness with those of persistent poverty. And in these discussions, the issue of race is unavoidable."

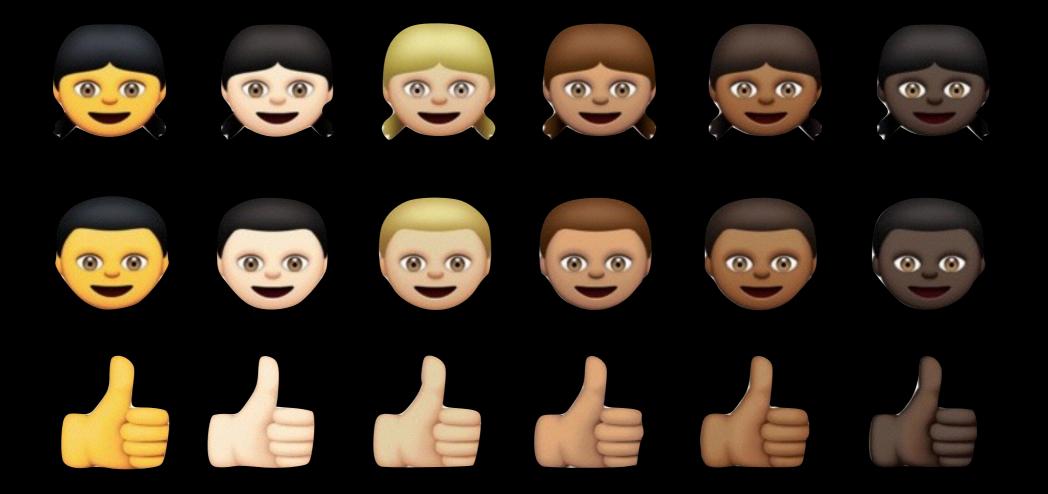
what does this all mean?

What is our obligation in dismantling racism?

Community Agency

Individual

How do these responsibilities differ between white people and people of color?



What Can You Do About It?

- 1. Work to understand the problem more deeply
- 2. Consider your own biases
- 3. Examine the data—let us know what you find
- 4. Begin a dialogue in your agency/community
- 5. Call each other on racism when you see it
- 6. Set up structures to combat racism and discrimination in your agency (e.g., diversity officers/committees, staff training)

What We Are Doing

- 1. Mobilize partnerships
- 2. Review the research literature
- 3. Examine national and local data
- 4. Find interventions to adapt, then test and scale what works
- 5. Continue to educate people and to bear witness



A Dream Deferred

by Langston Hughes

What happens to a dream deferred? Does it dry up like a raisin in the sun? Or fester like a sore--And then run? Does it stink like rotten meat? Or crust and sugar over-like a syrupy sweet? Maybe it just sags like a heavy load. Or does it explode?



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