# Disparities in Social Determinants of Health: What Can We Do?

Jeffrey Brenner MD CEO, The Jewish Board







#### **Jeff's Story**



#### **Socio-clinical Complex Needs:**

- Chronic kidney disease
- Gastrointestinal issues
- Serious foot injury
- Homeless and unemployed

#### **Pre-intervention:**

- \$20,400 average monthly cost of care
- 1 ER visit
- 10 inpatient admits
- 81 inpatient days

#### **Post-intervention:**

- \$400 average monthly cost of care
- 0 ER visits
- **0** inpatient admits
- **0** inpatient days





#### **Carol's Story**

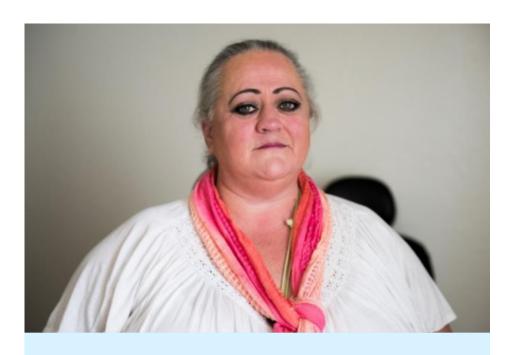


#### **Socio-clinical Complex Needs:**

- Rheumatoid arthritis
- Diabetes
- Cellulitis
- Gastrointestinal issues
- Trauma from physical and sexual abuse
- Inconsistent medication management
- Homeless
- Unemployed
- Uses a wheelchair

#### **Pre-intervention:**

- \$7,400 average monthly cost of care
- 35 ER visits
- 8 inpatient admits
- 113 inpatient days



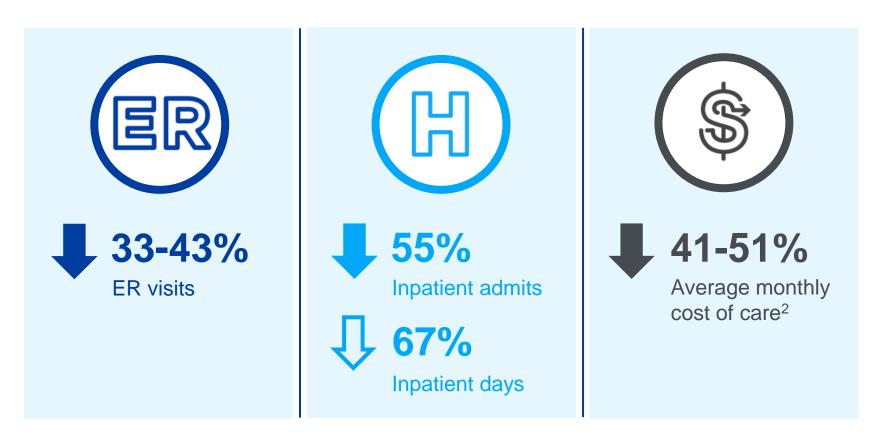
#### **Post-intervention:**

- \$2,000 average monthly cost of care
- **5** ER visits
- **0** inpatient admits
- 0 inpatient days

#### Housing + Health Results: Improved Outcomes and Health Care Spend



Since October 2017, 248 high-risk, high-cost Medicaid members been housed in Arizona, Nevada and Wisconsin.<sup>1</sup>

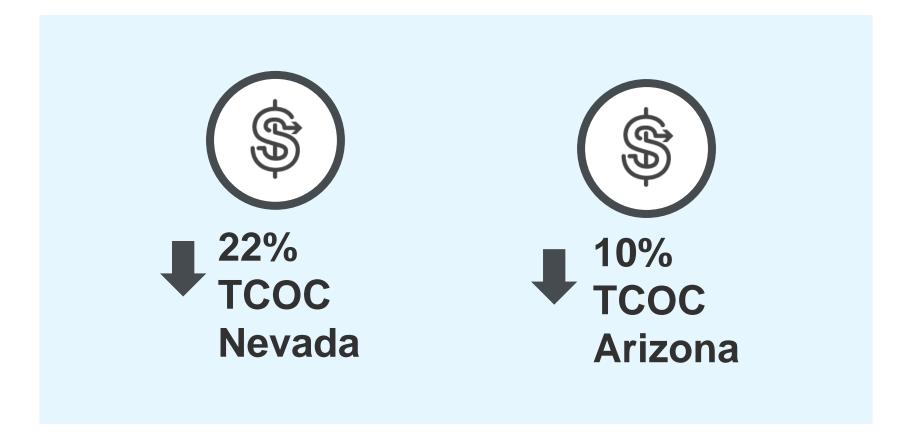


<sup>&</sup>lt;sup>1</sup>Results are for members who met the eligibility requirements for the analysis. Utilization based on per 1,000 members. Paid claims data is limited and improvements for members may lessen as additional paid claims become available. <sup>2</sup>Regression to the mean analysis narrows the reduction of cost of care for members in AZ and NV to 10% and 22% respectively.

#### Housing + Health Results: Improved Outcomes and Health Care Spend



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## Social determinants of health

#### **WHO** definition:

The social determinants of health (SDH) are the non-medical factors that influence health outcomes. They are 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. These forces and systems include economic policies and systems, development agendas, social norms, social policies and political systems.



# SDOH- One part of the puzzle





# SDOH- One part of the puzzle













Medical

**Behavioral** 

Social

Substance Use

Age & Frailty

Functional Status

Diabetes
Heart Failure
Kidney Failure
Pain Syndromes

Schizophrenia
Bipolar Disorder
Factitious Disorder
Borderline
Personality Disorder

Homeless
Hungry
Unemployed
Disabled
Criminal Record
No Transportation

Alcohol
Heroin
Cocaine
Prescription
Medication

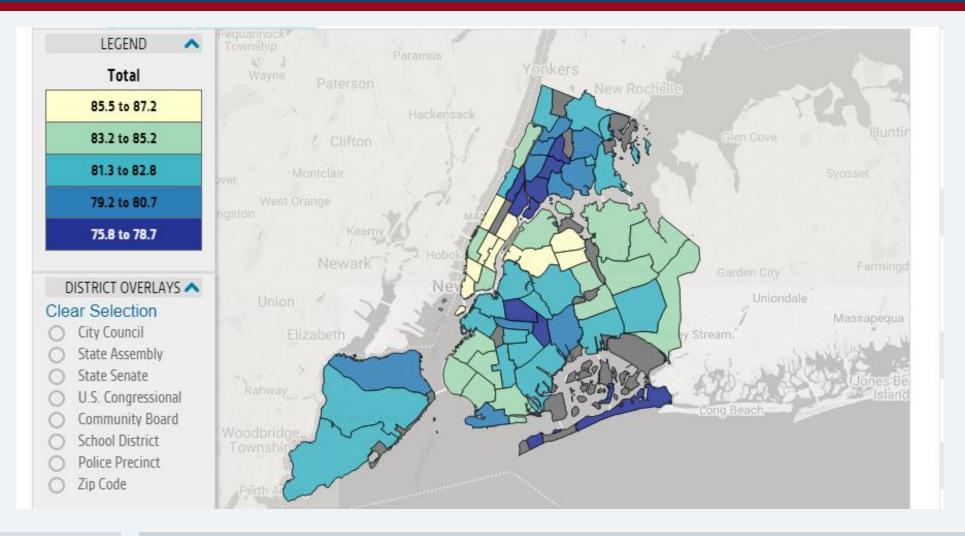
Hospice
Life Expectancy
Palliative Care

Eating
Bathing
Dressing

Personal Hygiene
Toileting

Transferring From Bed or Chair

# Social determinants of health- NYC 2018 Life Expectancy







### Social determinants of health

#### A debate over causality of poor health and unwanted outcomes:

- Individual vs family vs community vs societal
- Innate vs learned
- Social circumstance vs personal responsibility
- 'Good' poor vs 'bad' poor

#### A debate over directionality:

- Poor health causes poverty or poverty causes poor health
- Broken families cause poverty vs poverty causes broken families
- Mental health issues cause poverty vs poverty causes mental health issues

#### A debate over solutions:

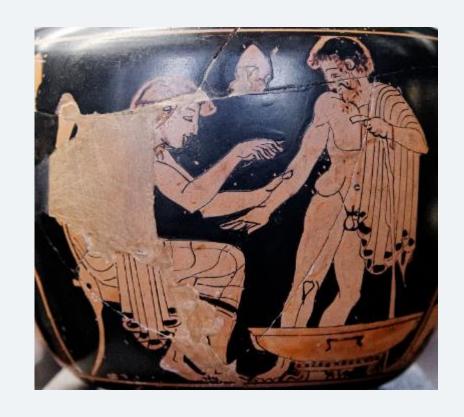
- Punitive vs rehabilitative or public vs private
- Individual vs family vs community health vs policy/legislative
- Charity vs social change
- Data driven and scientific vs relational and qualitative or targeted vs holistic



# Illness: Divine cause vs earthly cause

 Greek tradition (Hippocrates, Galen) imagined ill health had an earthly cause which could be impacted

Humor	Organ	Temper	Season	Element
Black bile	Spleen	Melancholy	Cold	Dry earth
Yellow bile	Lungs	Phlegmatic	Cold and wet	Water
Phlegm	The head	Sanguine	Warm and wet	Air
Blood	Gallbladder	Choleric	Warm and dry	Fire

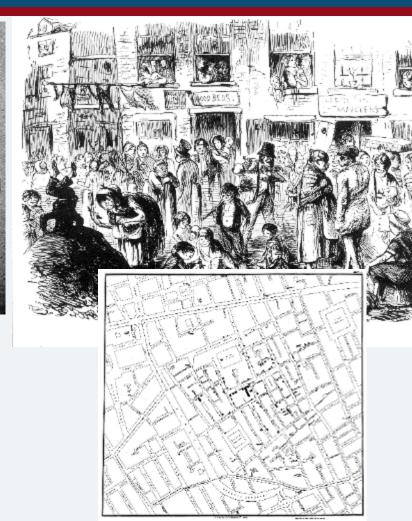




## John Snow- Cholera

- English physician, 19<sup>th</sup> century
- 1854 cholera outbreak in London
- Competing theories for cause:
   bad air vs germ theory
- Identified cause and stopped the outbreak

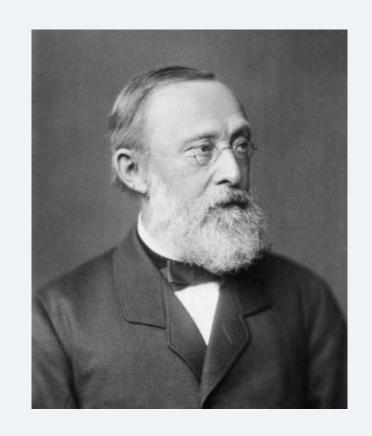






### **Rudolf Virchow**

- German physician, 19<sup>th</sup> century
- "Medicine is a social science, and politics is nothing else but medicine on a large scale."
- Report on the Typhus Outbreak of Upper Silesia he recommended: ""full and unlimited democracy" and "education, freedom and prosperity"





# Jewish Board History- Social conditions were important

"Were it possible to sum up in a word the keynote of modern effort in the province of public endeavor, that one word would be 'Prevention'... and were philanthropic efforts to be concentrated in this direction, results would be far reaching and do much to mitigate the extent of human misery."

Mortimer Schiff JPAS President,Annual Report 1914









### Modern framework for Social Determinants of Health

#### **Upstream**

- Political/social/policy
- Social inequities

#### **Midstream**

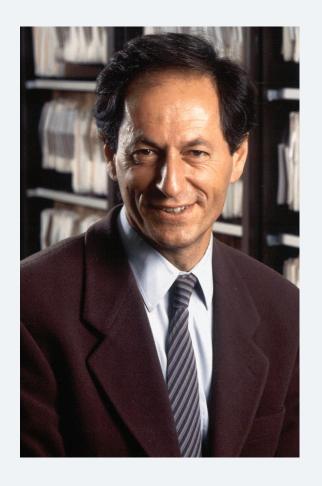
- Physical environment
- Individual behaviors

#### **Downstream**

- Infectious and chronic disease
- Injuries
- Mortality and life expectancy



# Whitehall Study-Income and health

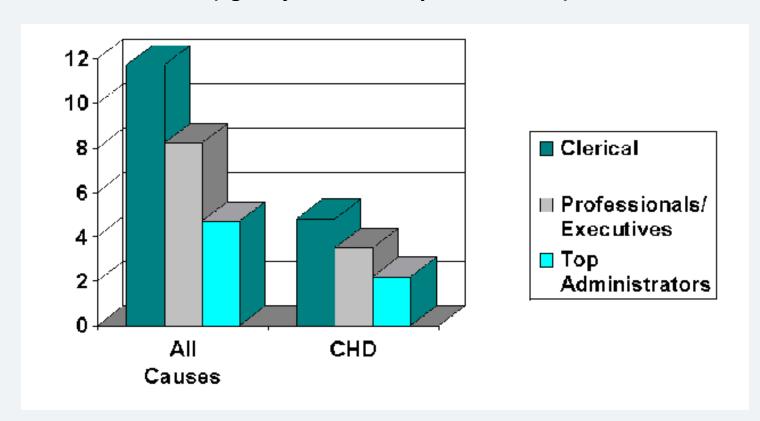


#### Michael Marmot, PhD

University College London Dept of Epidemiology and Public Health England

# Whitehall Study-Income and health

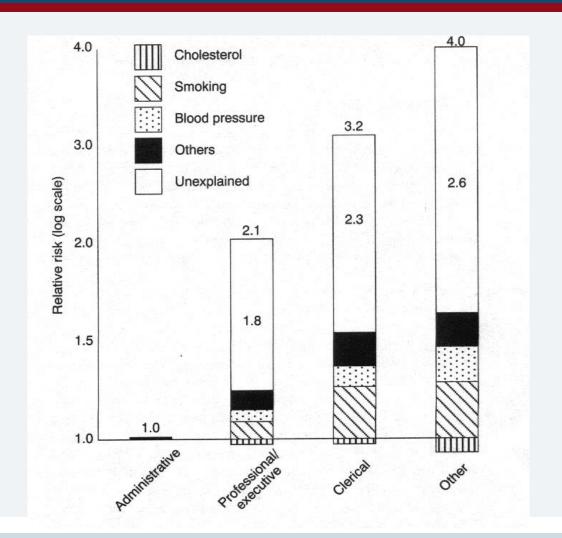
10-Year Mortality among British Civil Servants (age adjusted, 40-64 year old males)





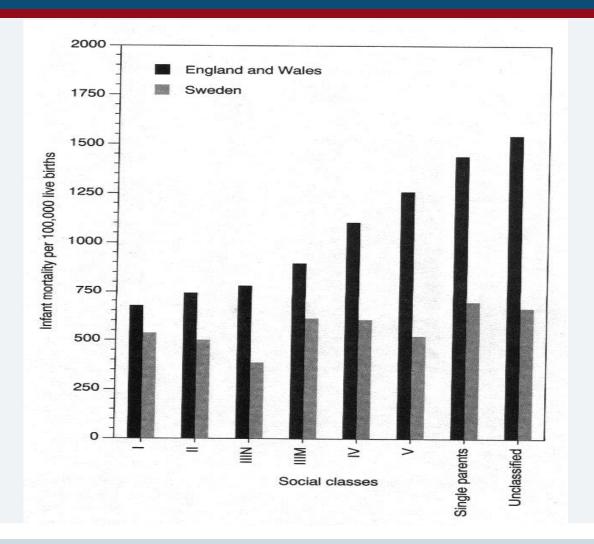
# Whitehall Study-Income and health

Data adjusted by class and known risk factors



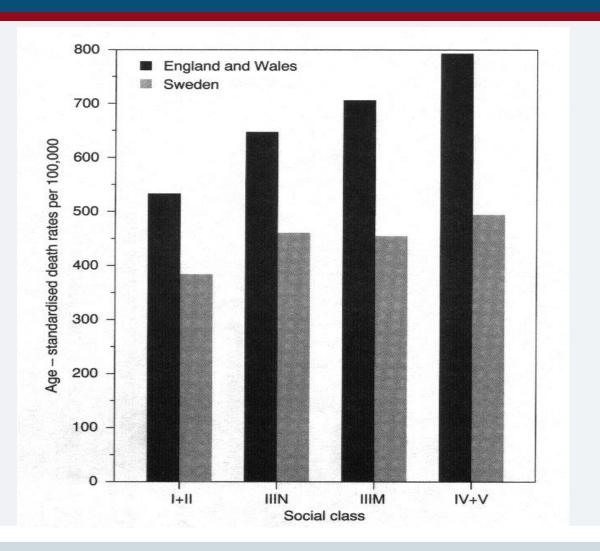


Social Class Differences in Infant Mortality in Sweden and England



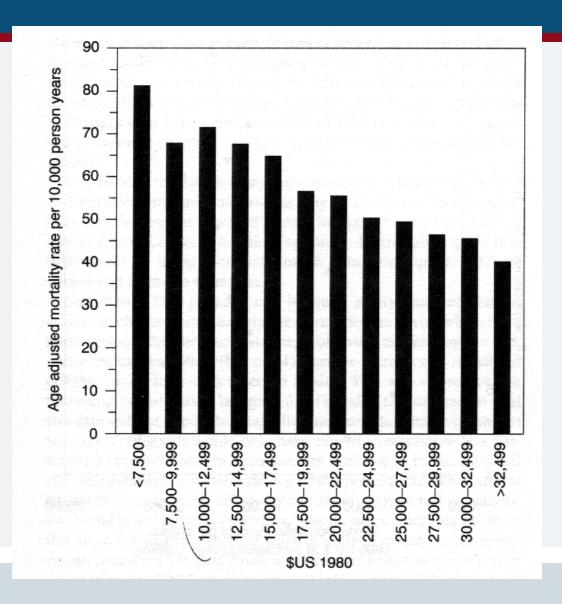


Social Class
Differences in
Mortality of Men
20-64 in Sweden
and England



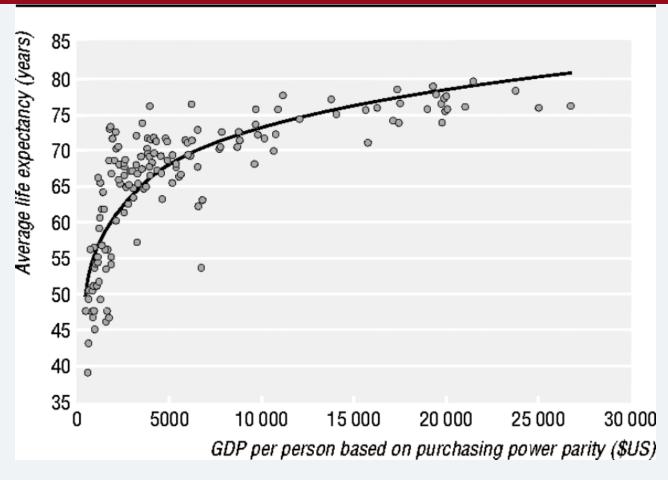


Income and
Mortality Among
White US Men





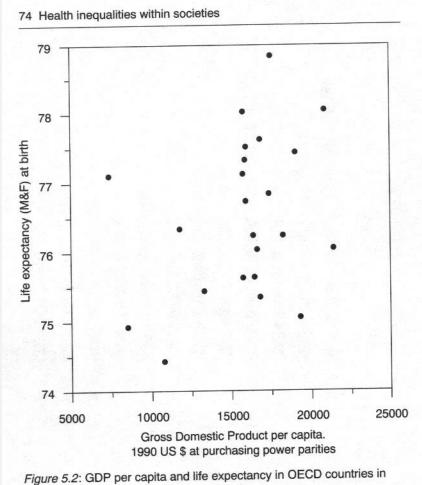
Gross Domestic
Product and Life
Expectancy in 155
Countries, 1993



From: Lynch: BMJ, Volume 320(7243). April 29, 2000.1200-1204



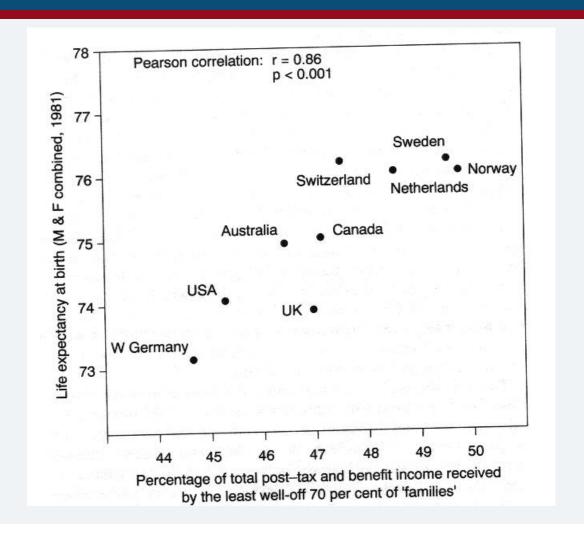
GDP per Capita in **OECD** Countries by Life Expectancy



1990

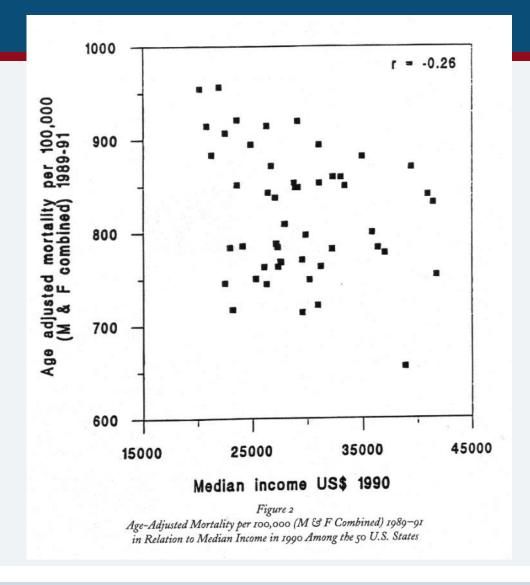


Income
Inequality within
Countries
Compared to Life
Expectancy



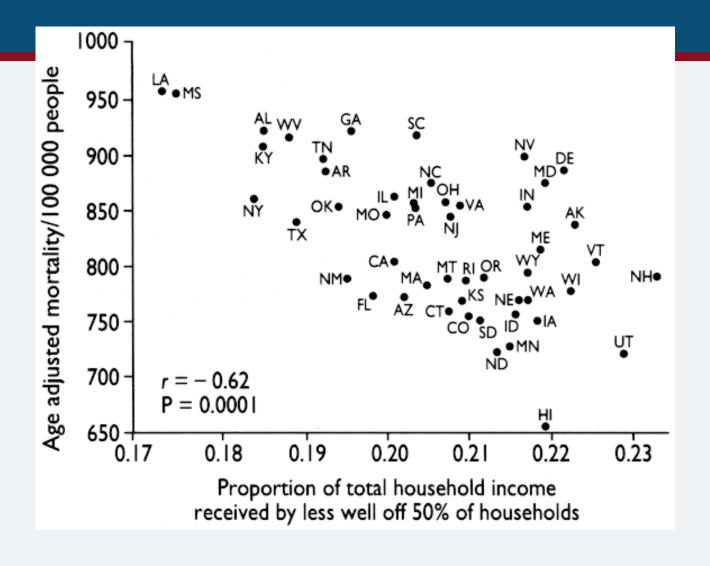


The Median
Income by Age
Adjusted Mortality
Across the United
States





Inequality in income and mortality in the United States





## Social trust and health

Are government expenditures responsible for improved health status: Japan vs Sweden?

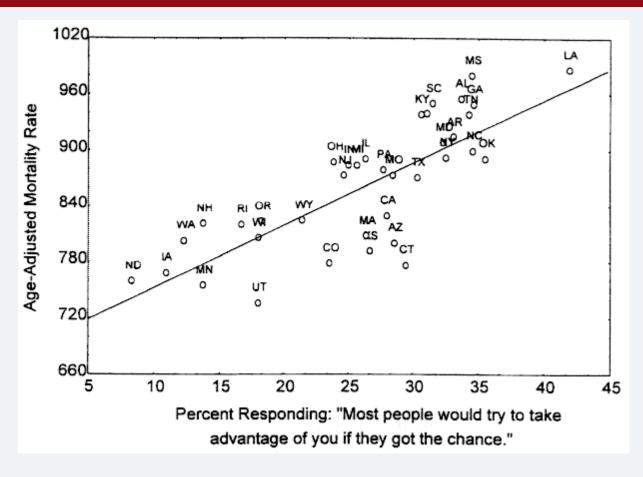
1<sup>st</sup> and 2<sup>nd</sup> in life expectancy in the world

Japan- spends 15% of GDP on government social programs

Sweden- spends 40% of GDP on government social programs



## Social trust and health



**Source:** Kawachi: Am J Public Health, Volume 87(9). September 1997.1491-1498



Income
Inequality by
Homicide
Rate across
the United
States

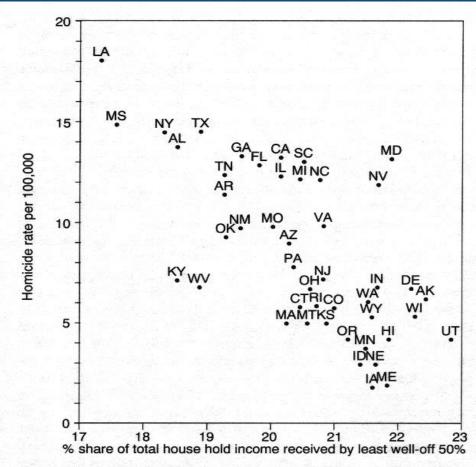


Figure 8.1: The relationship between income distribution and homicide among the states of the USA in 1990

Source: Data calculated from US Census and National Centre for Health Statistics by Kaplan, Pamuk, Lynch, Cohen and Balfour (1996) who kindly provided it for publication here



# **Social Capital**



Robert Putnam, Ph.D.

Harvard



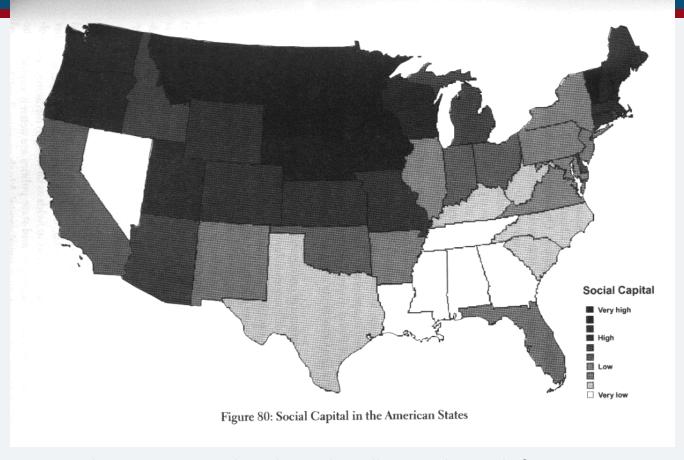
# **Social Capital**

"...social capital refers to connections among individuals-- social networks and the norms of reciprocity and trustworthiness that arise from them."

Robert Putnam in his book **Bowling Alone** 



Social Capital Index in the American States

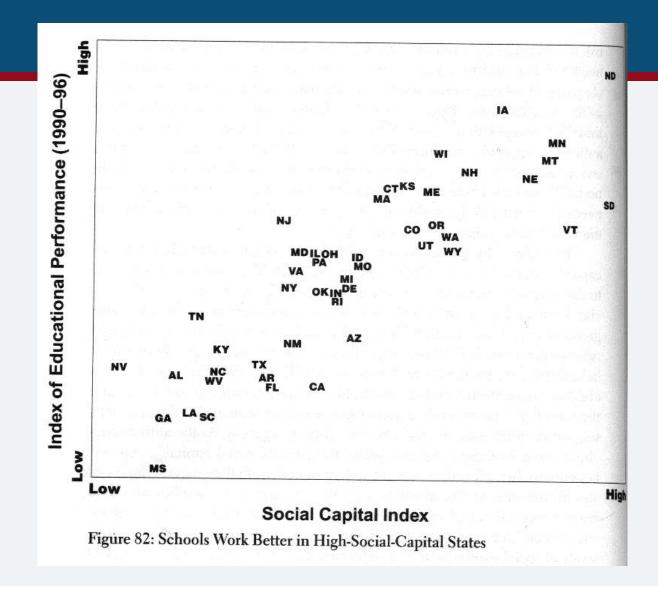


**Source:** Robert Putnam. Bowling Alone: the Collapse and Revival of American Community.

Simon & Schuster: New York, 2000.

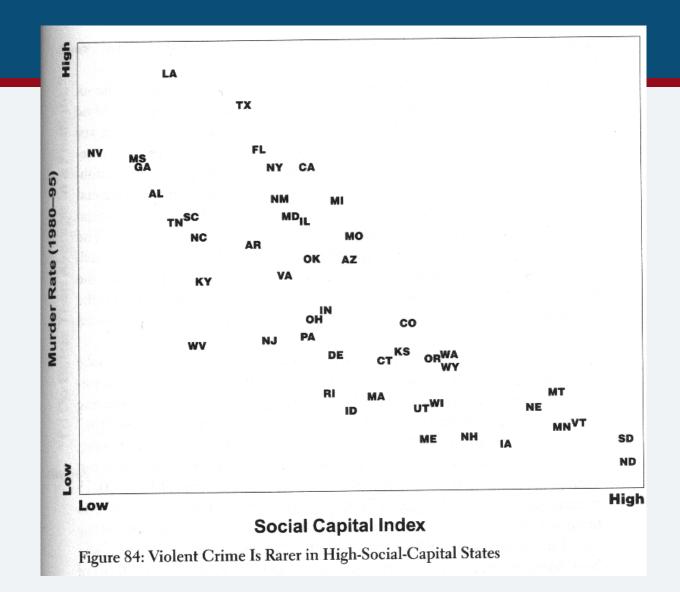


Education
Performance
by Social
Capital Index
Across the
United States



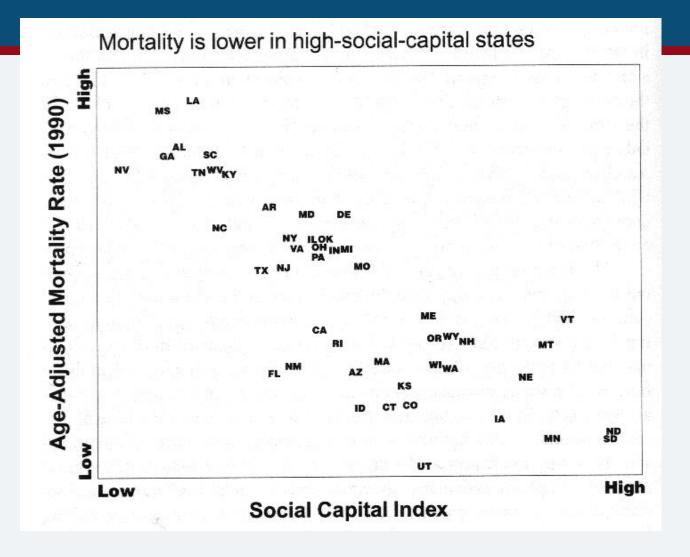


Violent Crime
Rates by Social
Capital Index
Across the United
States



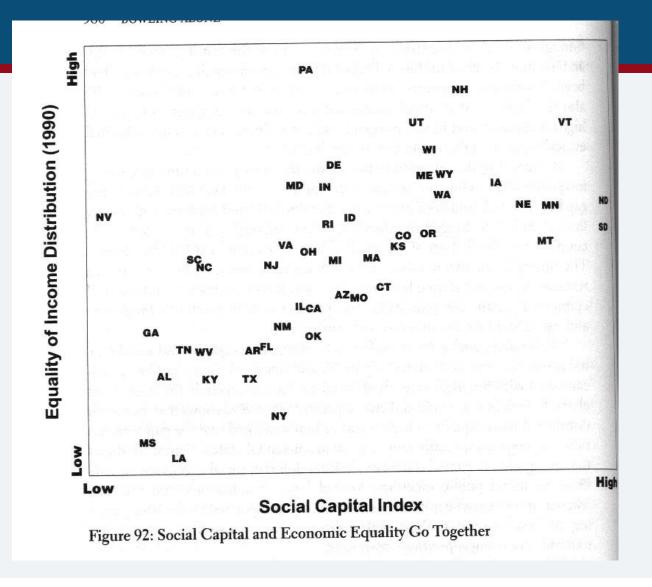


Mortality Rates by Social Capital Index Across the United States





Income Inequality and the Social Capital Index across the United States





Average
Membership
Rate in 32
National
Chapter-Based
Associations,
1900-1997

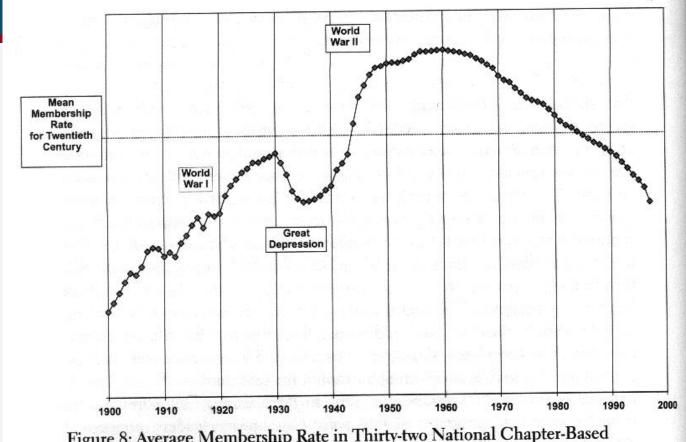
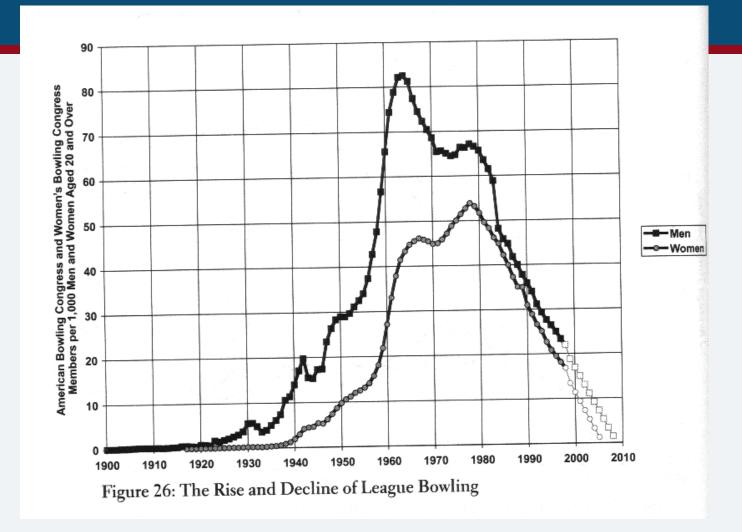


Figure 8: Average Membership Rate in Thirty-two National Chapter-Based Associations, 1900–1997



The Rise and Decline of League Bowling





#### Rapid:

Release of catecholamines

#### **Slower:**

Release of cortisol



- Lack of control on the job increases the risk of coronary artery disease
- •Chronic stress increases the reactivity of the fibrinogen system and platelets
- •Chronic stress impairs memory formation and can kill hippocampal neurons
- Chronic stress can impair immune system response
- •Stress can affect insulin sensitivity, fat deposition, HDL levels



Attenuated Cortisol Response to a Standardized Stress Test in Lithuanian vs Swedish Men: The Livcordia Study

- Cardiovascular mortality rates of middle aged men are four times higher in Lithuania than in Sweden
- The difference is not explained by differences in standard risk factors
- Cortisol response varied dramatically between the two groups in response to standardized laboratory stressors

Average change in cortisol levels between cities:

Vilnius, Lithuania- 18.1 nmol/l Linkoping, Sweden- 88.4 nmol/l



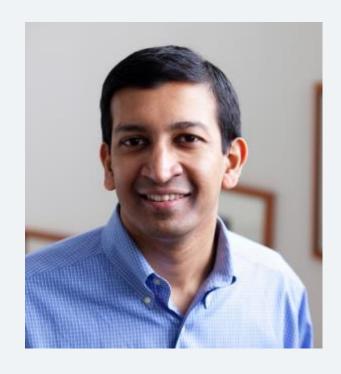
#### **Research Article**

# Relationship of Childhood Abuse and Household Dysfunction to Many of the Leading Causes of Death in Adults

The Adverse Childhood Experiences (ACE) Study

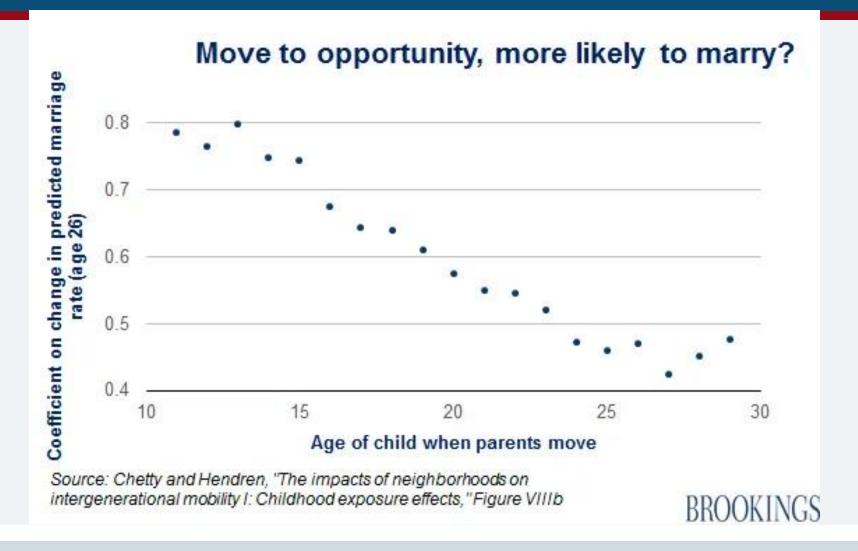
Vincent J. Felitti, MD, FACP, Robert F. Anda, MD, MS, Dale Nordenberg, MD, David F. Williamson, MS, PhD, Alison M. Spitz, MS, MPH, Valerie Edwards, BA, Mary P. Koss, PhD, James S. Marks, MD, MPH



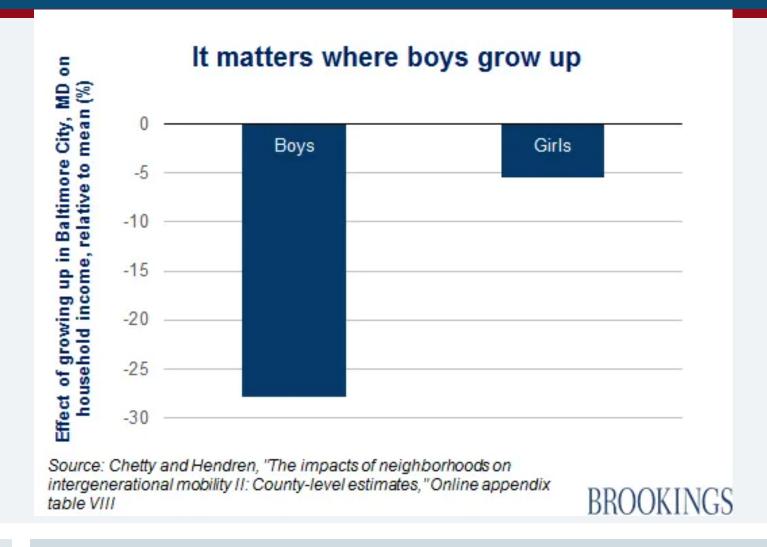


Raj Chetty, Ph.D.

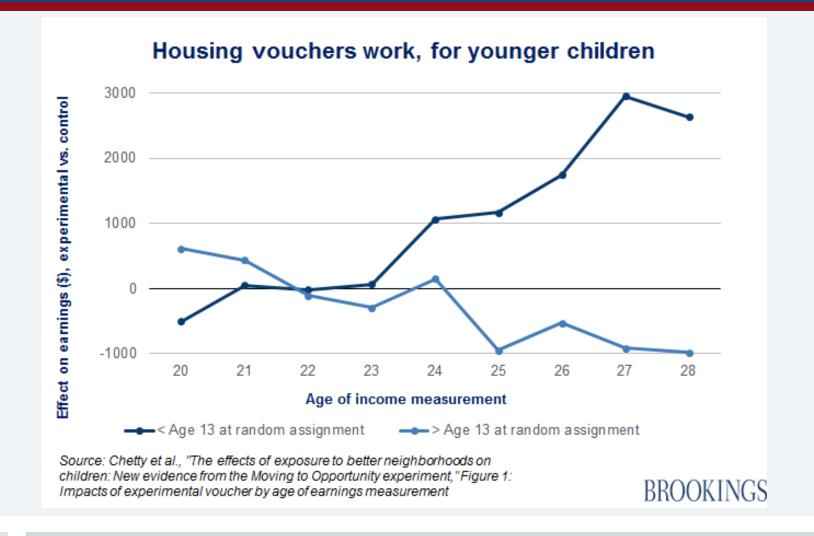
Harvard



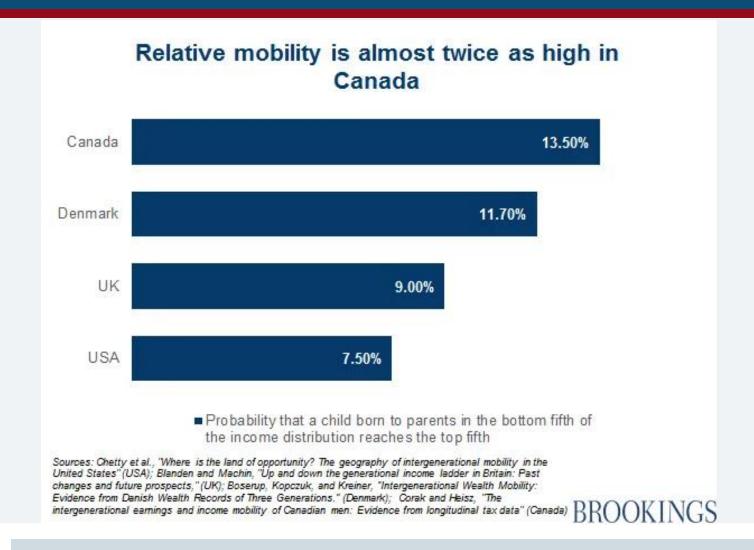




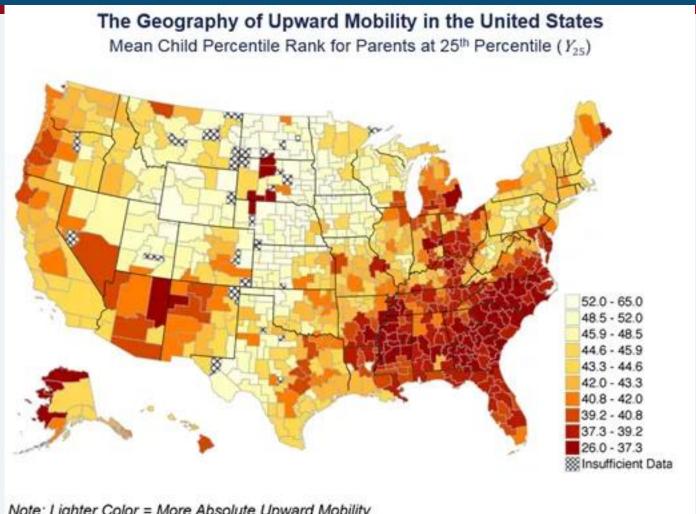






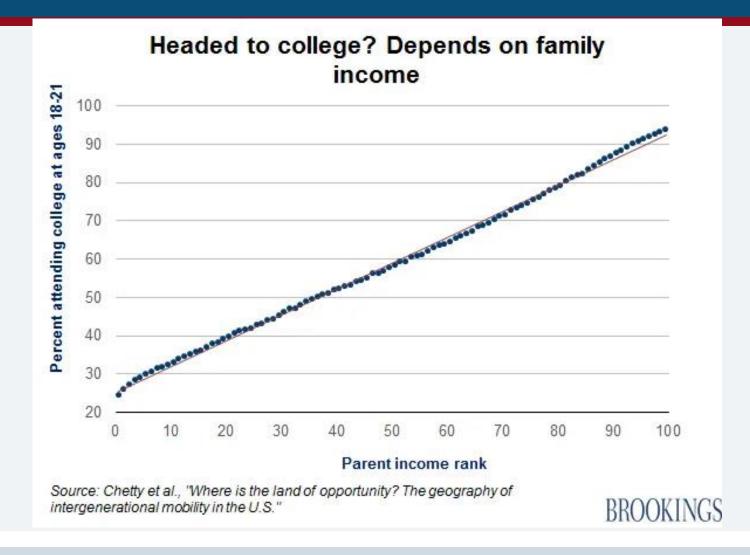




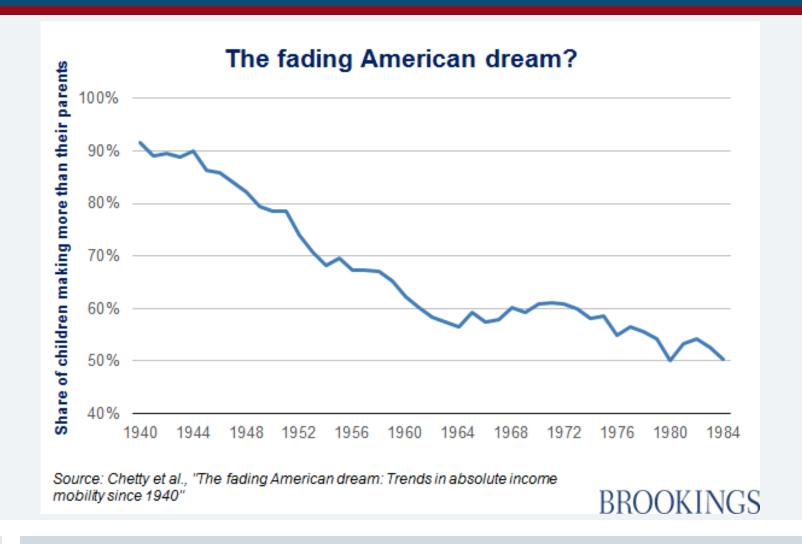






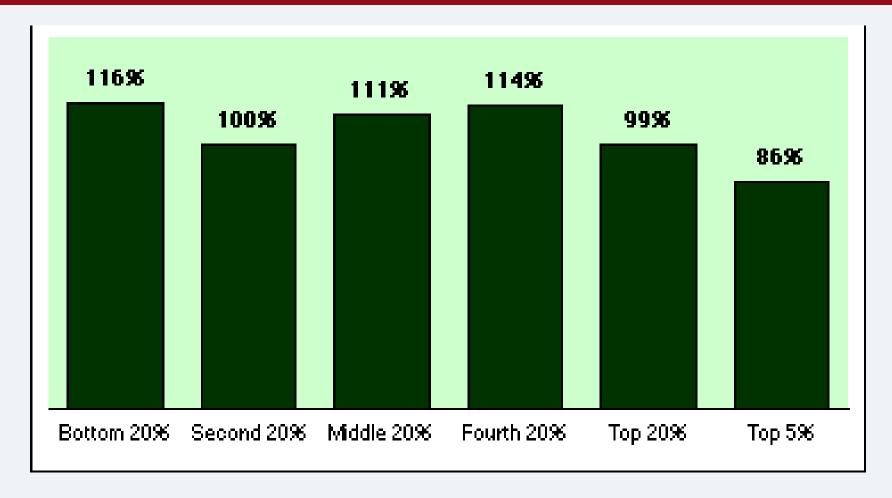








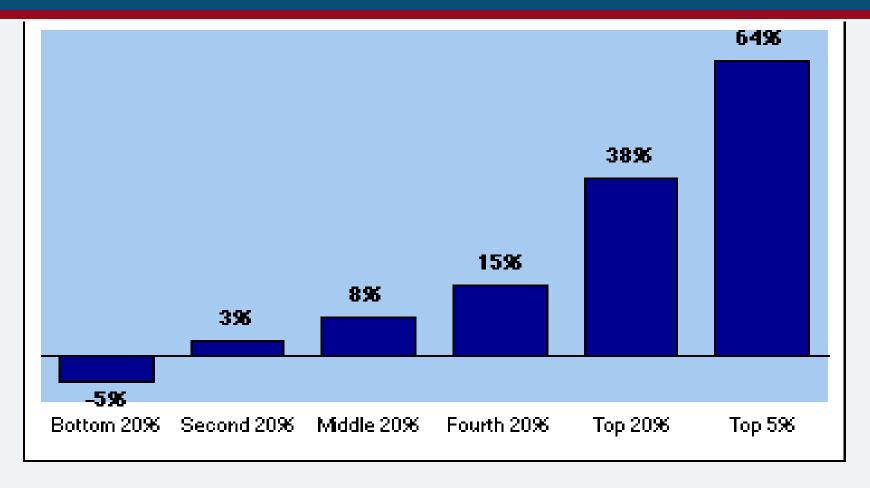
Rising
Together:
Change in
Family
Income
1947-79



Sources: 1947-79: Analysis of U.S. Census Bureau data in Economic Policy Institute



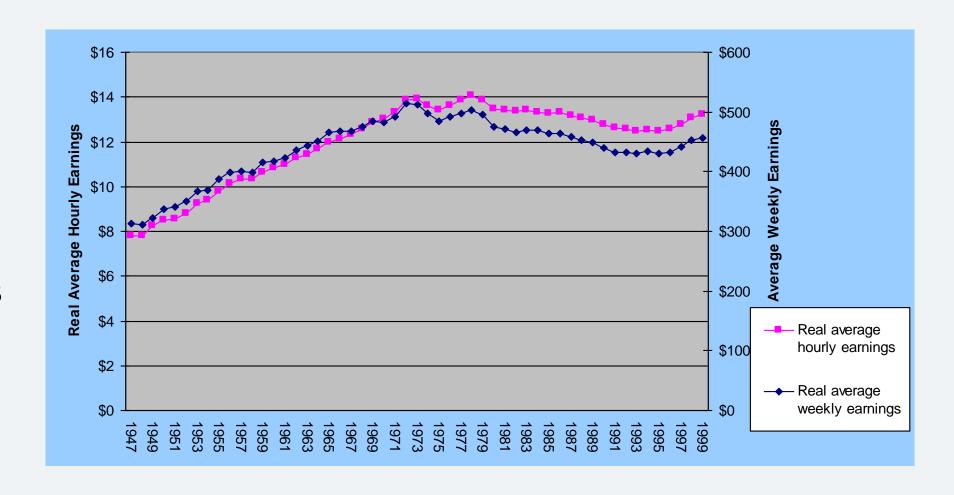
Drifting
Apart:
Change in
Family
Income
1979-98



**Source:** The State of Working America 1994-95, p. 37. 1979-98: U.S. Census Bureau, Historical Income Tables



**Hourly and** Weekly **Earnings of Production** and **Nonsupervis** ory Workers, 1947-99





#### What Can You Do?

- You can't improve health without a holistic focus on the individual
- Recommend universal screening in clinical programs for SDOH
- Realize that SDOH risk factors are often accompanied by early and later life trauma
- Don't waste your time focusing on issues that won't improve
- Have the patient set goals, have the clinical team set goals, negotiate to a shared set of goals
- An SDOH plan is not just providing a phone number

