

Health Policy and Community-Engaged Interventions: Addressing the Social Determinants of Health for Latinos

Latino Health Forum October 20, 2016

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UW Medicine
SCHOOL OF MEDICINE

Today

1. Quick review of definitions and why SDOH
2. How “we three” have been operationalizing the SDOH
3. Give you some ideas about how and/or where to start operationalizing the SDOH
4. Questions

Preventable Mortality

genetics 30%



Healthy



Symptoms



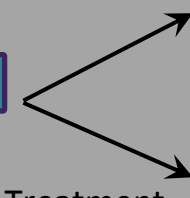
Sick



Access



Treatment



Outcome

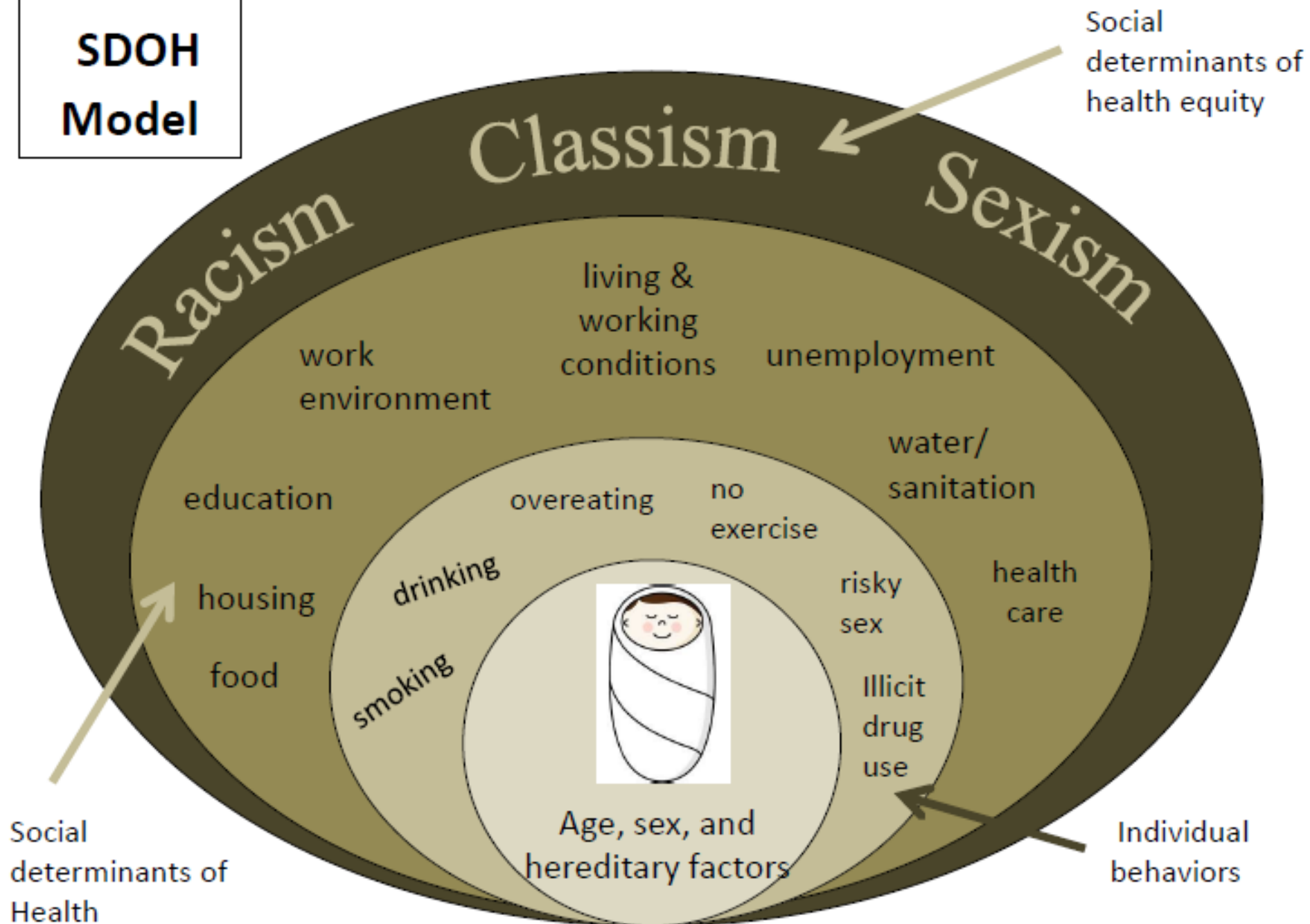
health care 10%

(95% U.S. health budget)

**Societal determinants:
60% of health**

(5% U.S. health budget)

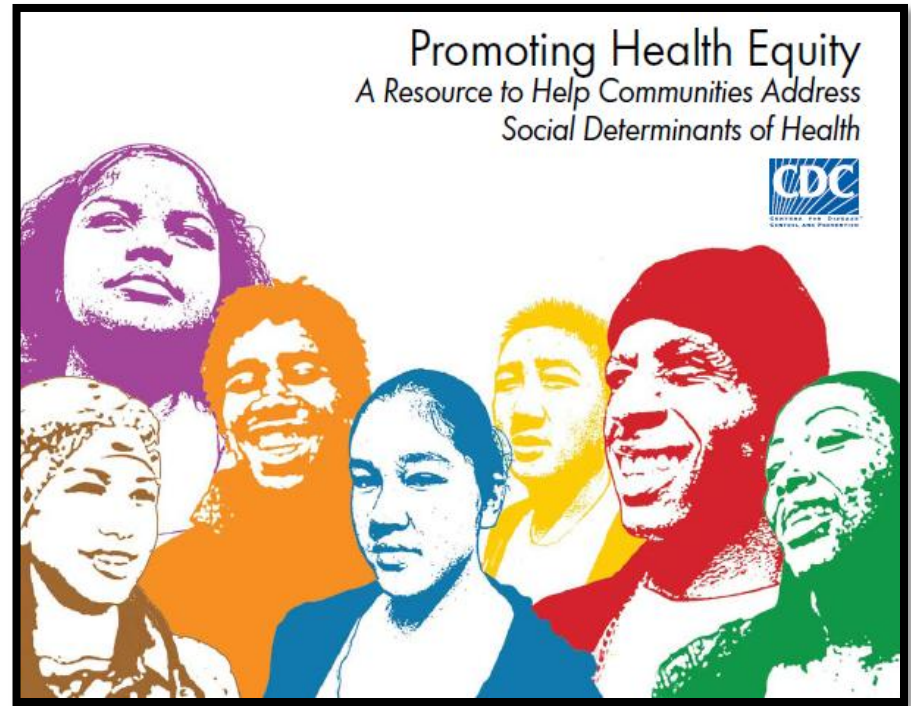
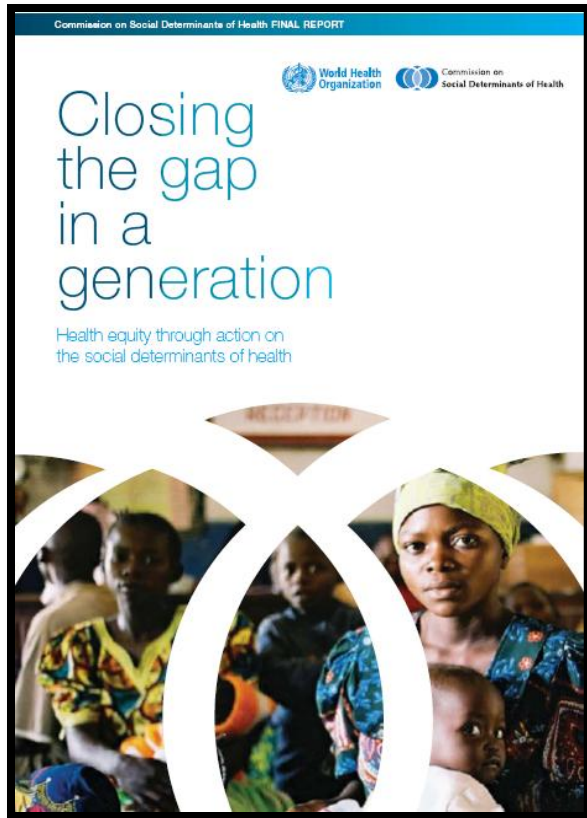
**SDOH
Model**



Defining Equality vs Equity

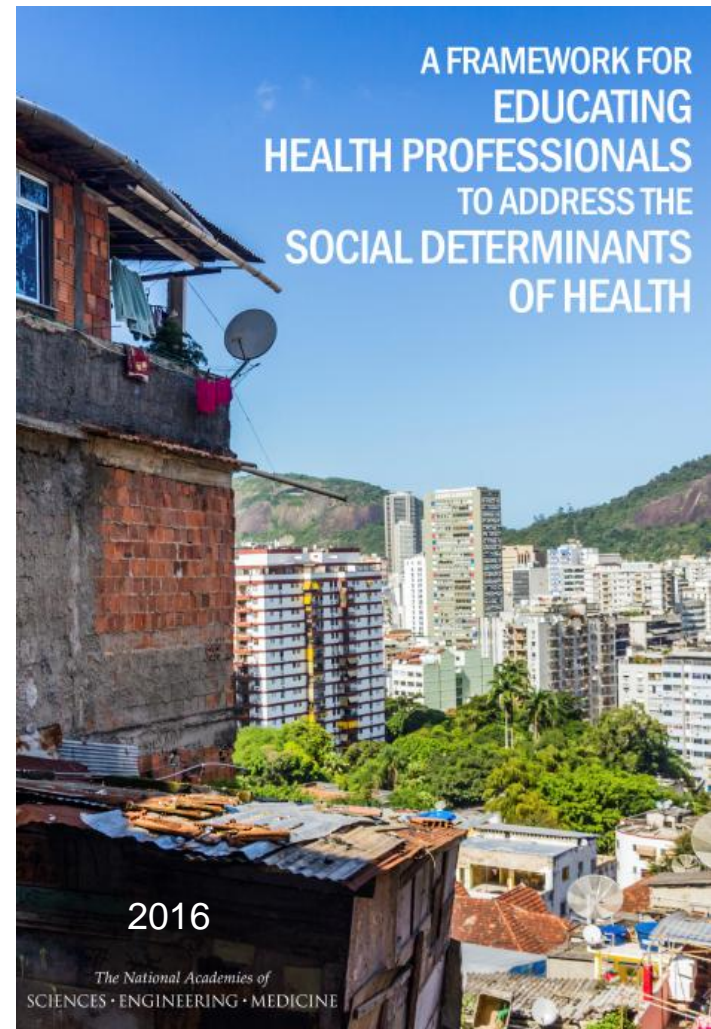
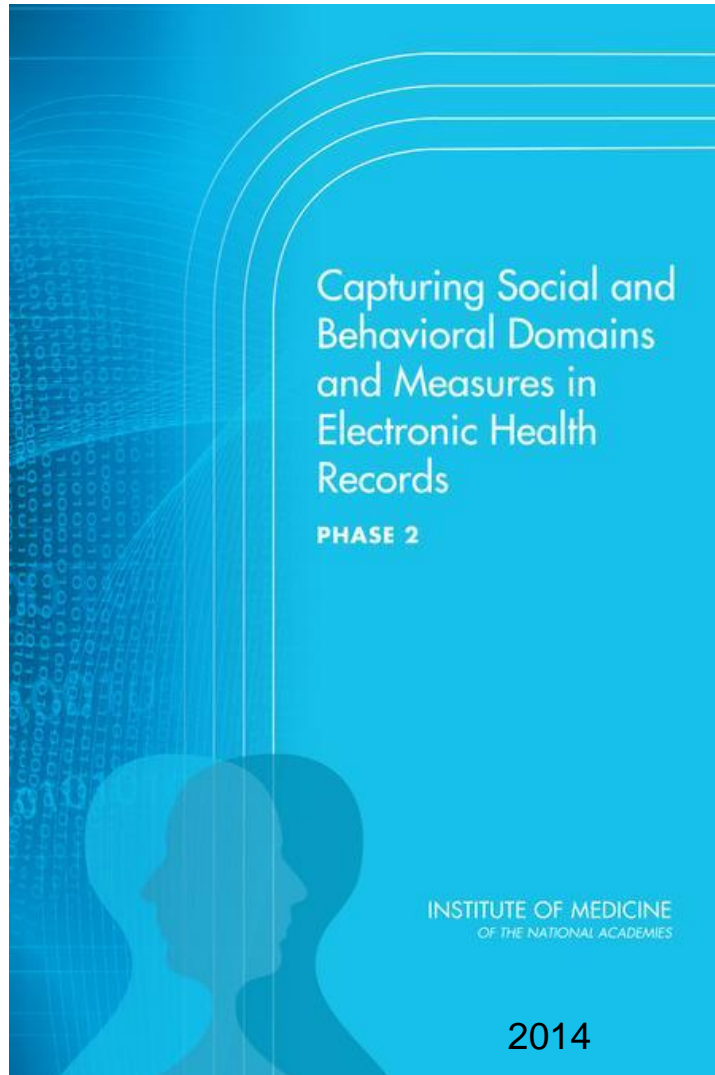


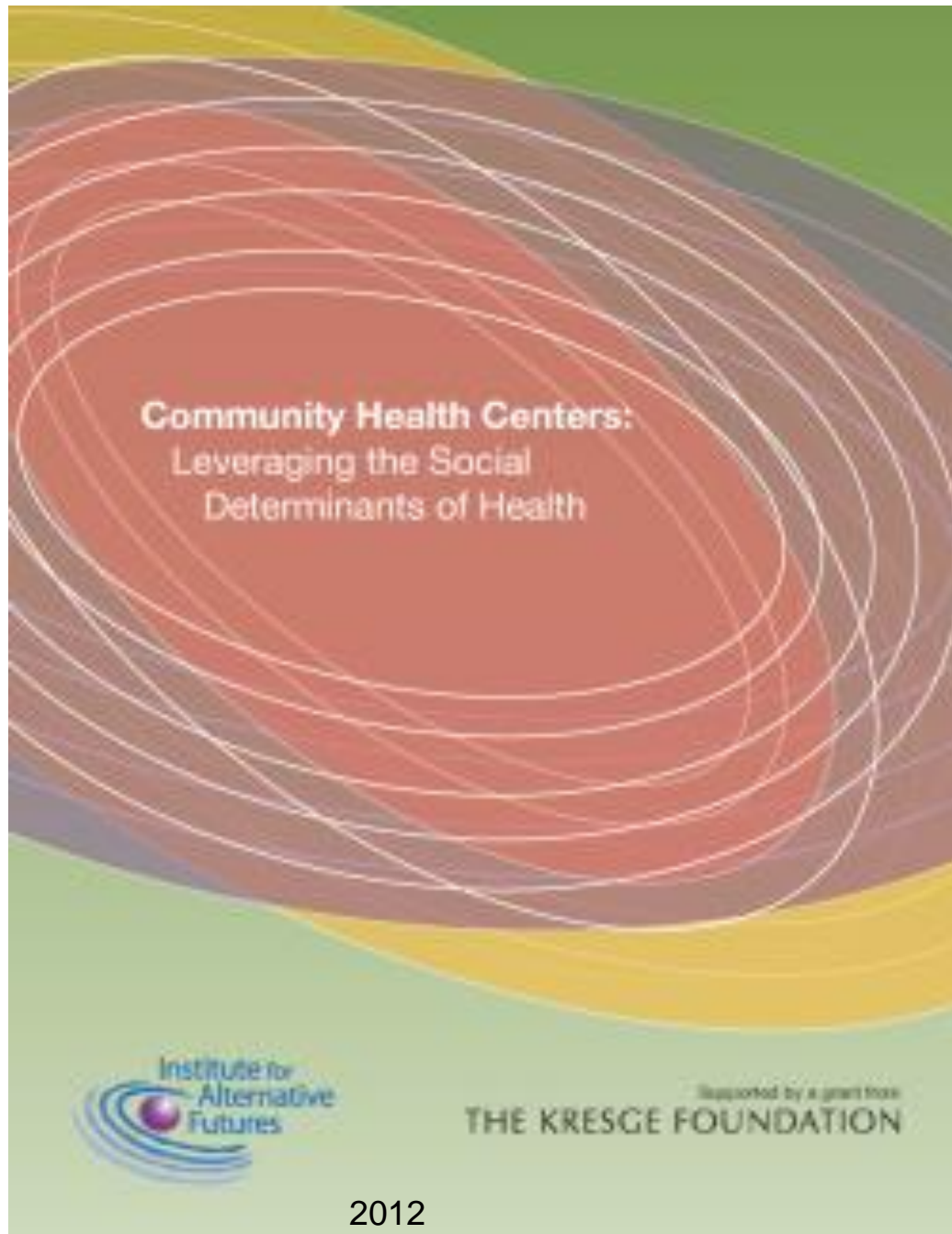
A call to action: Advocacy for health equity



**Tackling Health Inequities
Through Public Health Practice:**
A Handbook for Action

Institute of Medicine - SDOH

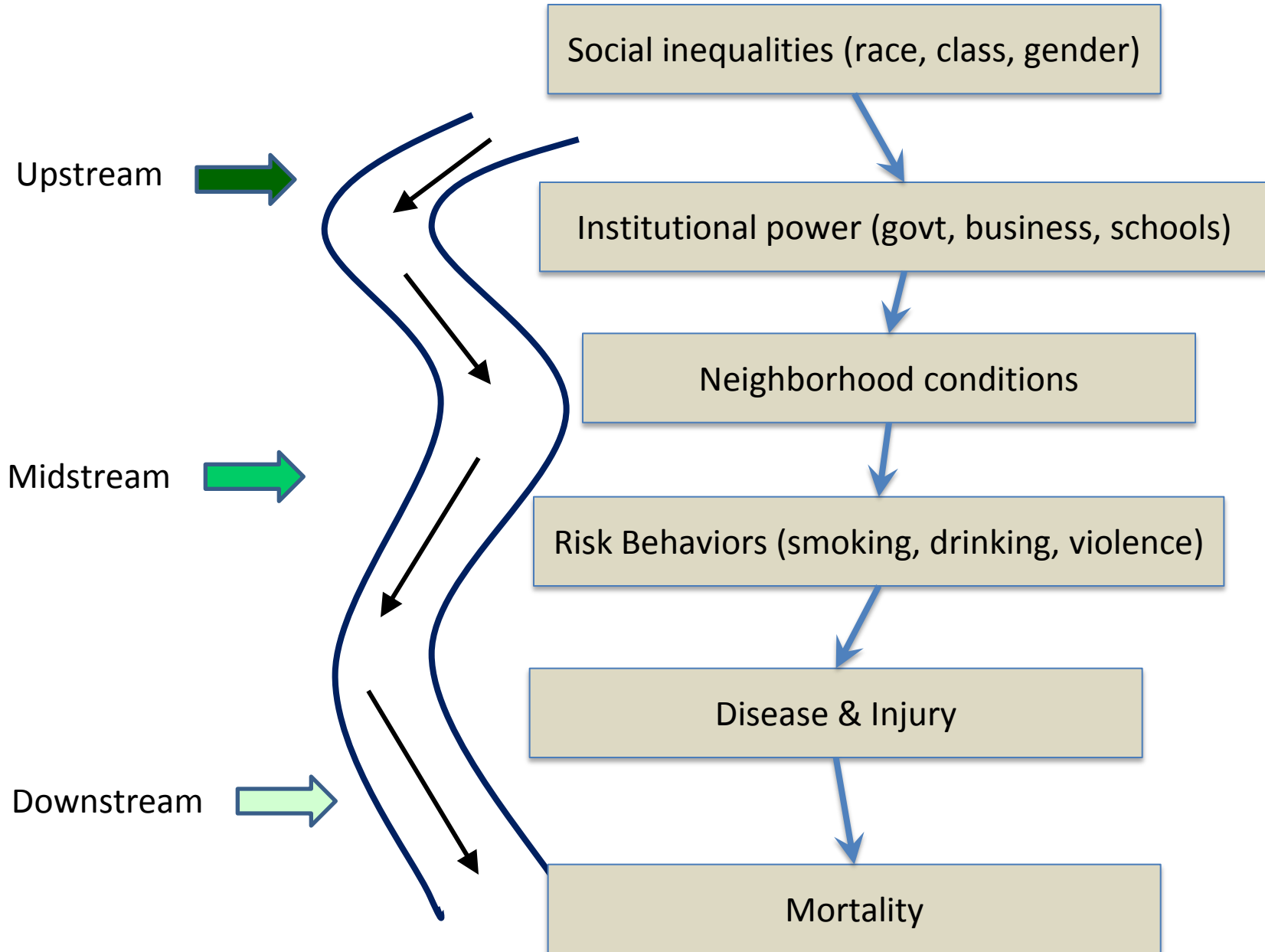




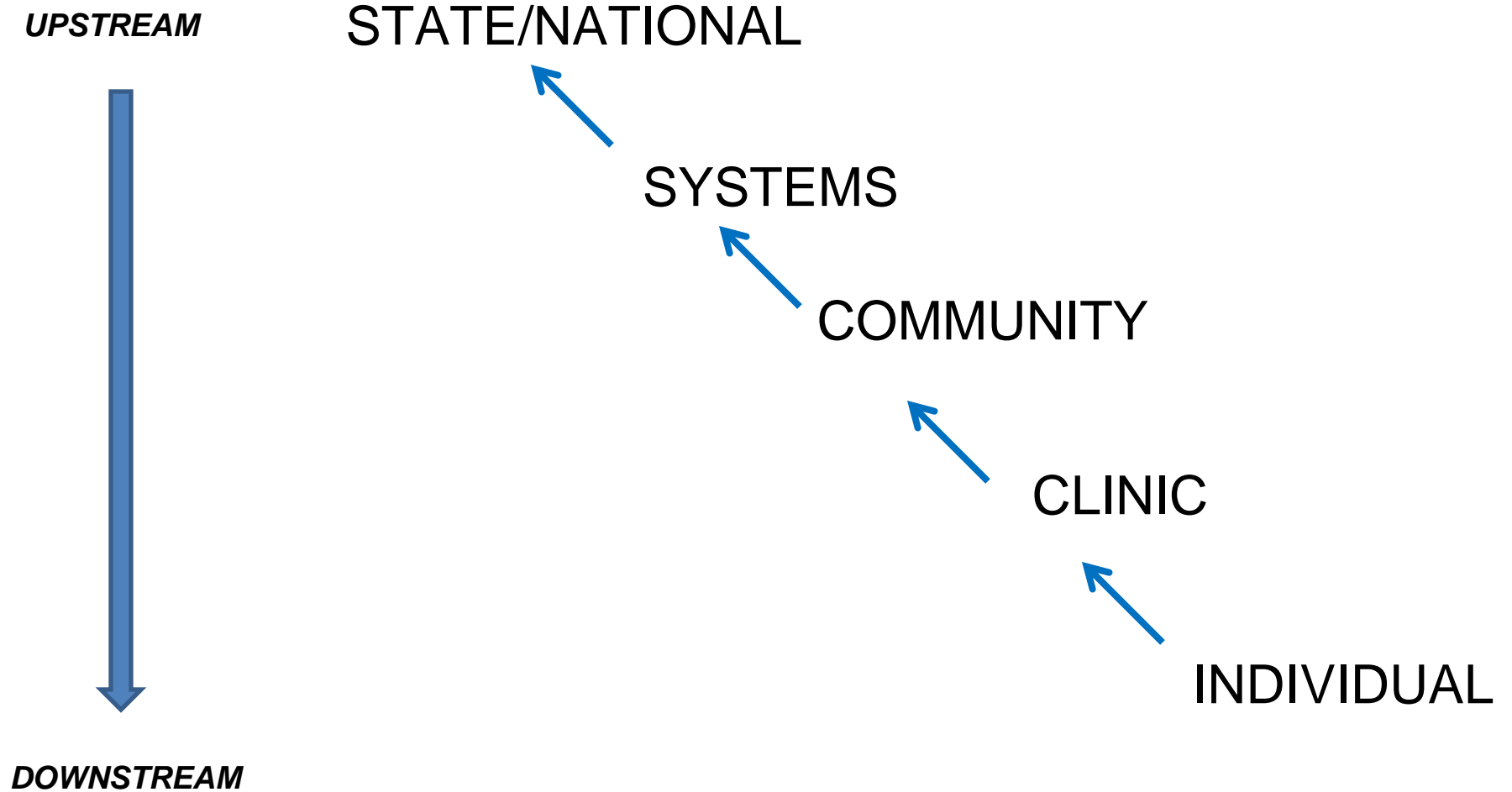
Moving beyond health care and **addressing or changing:**

- built
environment
- social
conditions
- economic
conditions

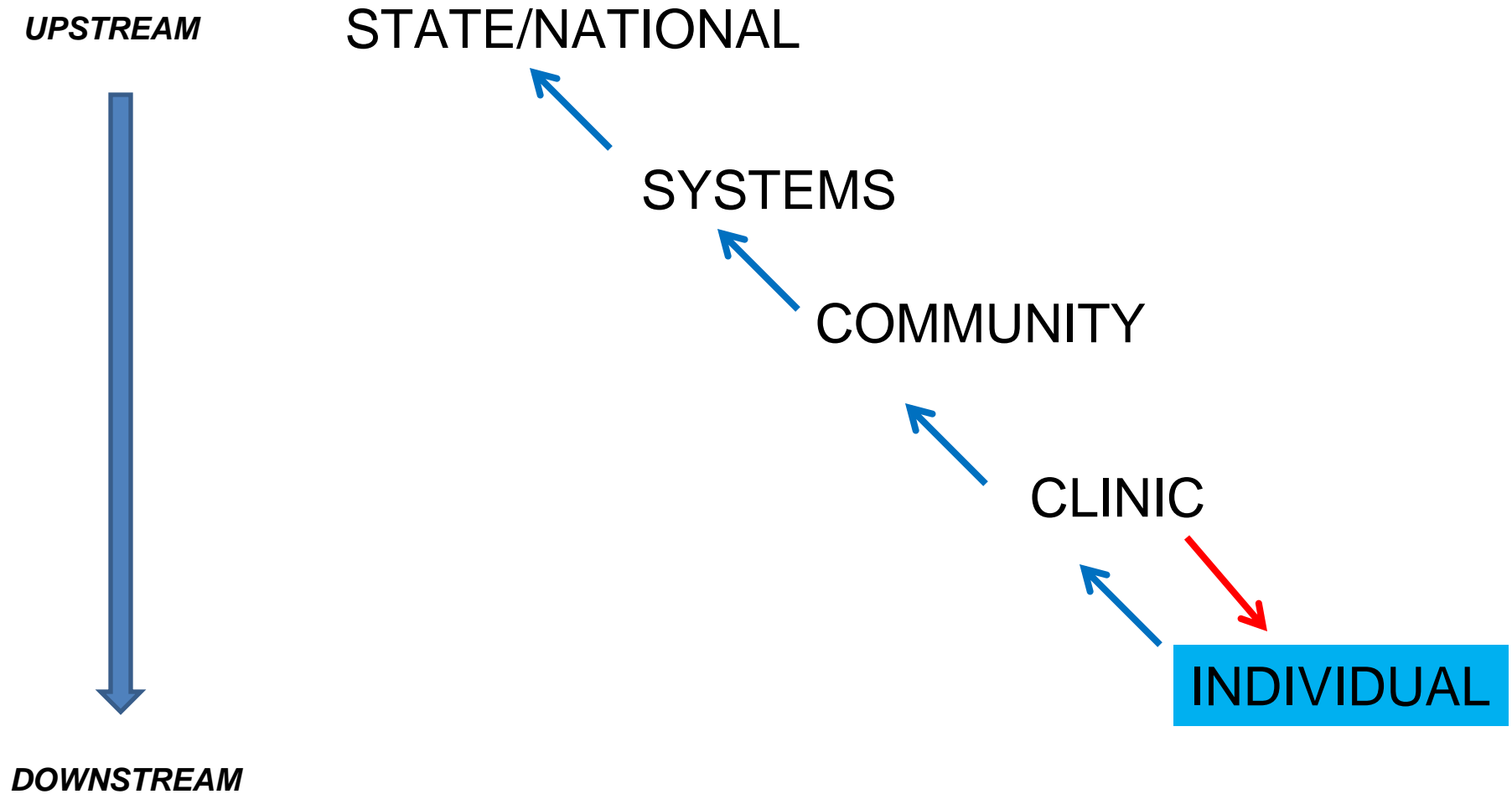
Moving upstream from **behaviors** to **population health** change



Levels of Intervention



Levels of Intervention: Individual



Physicians recognize SDOH BUT...

- 85% PC physicians and pediatricians recognize SDOH needs just as important as medical care
- 80% NOT confident in capacity to address SDOH needs, which impedes quality care provision
- 76% wish HC system paid for services connecting to SDOH needs

“But I only have 15
minutes/patient...”

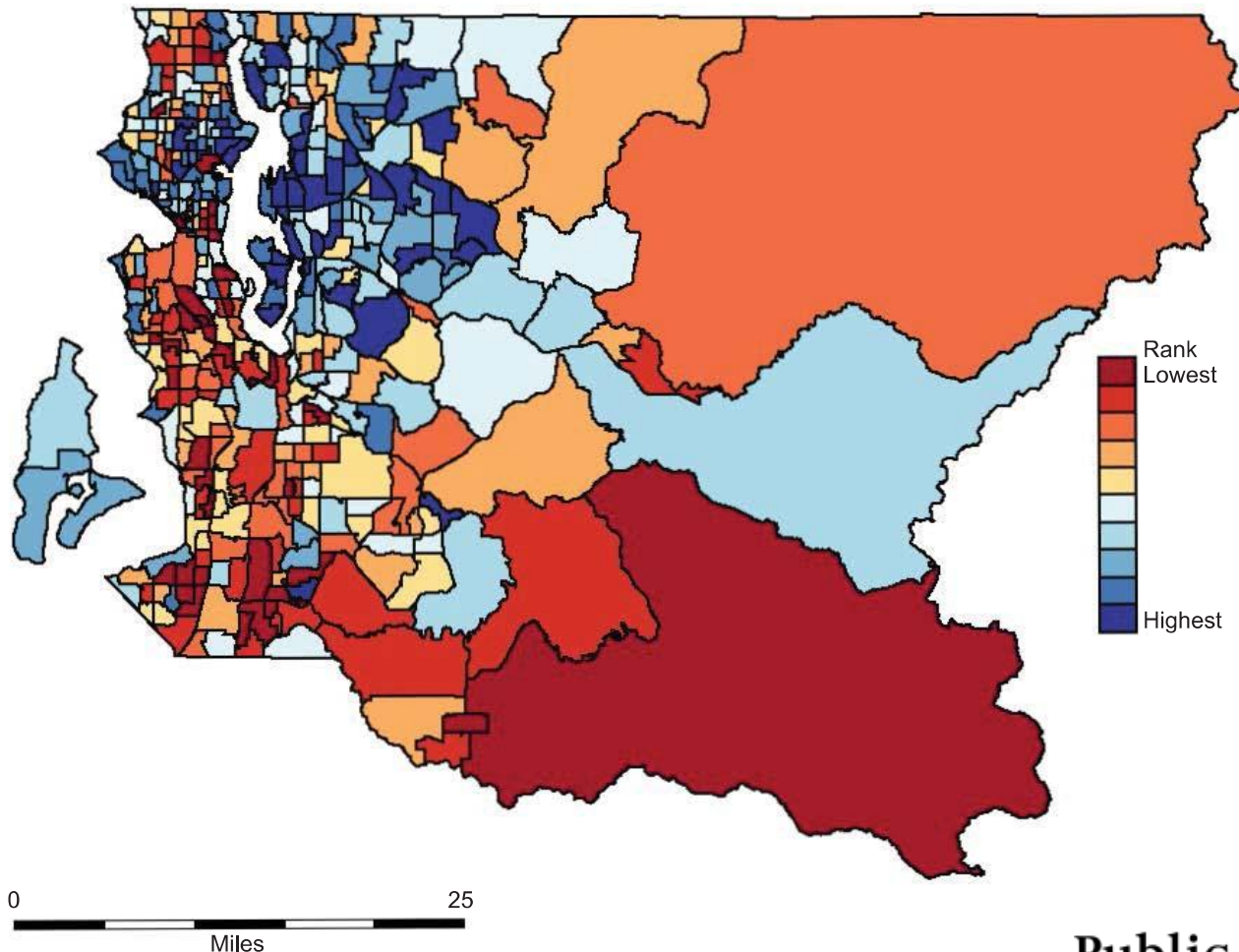
One doctor’s approach to operationalizing the
SDOH

Patient Case Study

- Maria: 44 y/o Mexican immigrant mother
- Diabetes, obesity, sleep apnea, heart failure
- “Mom almost burned the house down!”

King County, WA

Life Expectancy at Birth



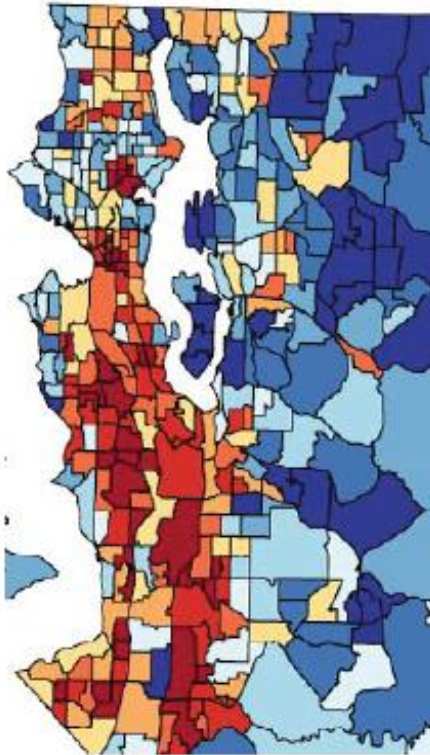
Source: vital statistics

10 year difference in life expectancy between lowest and highest

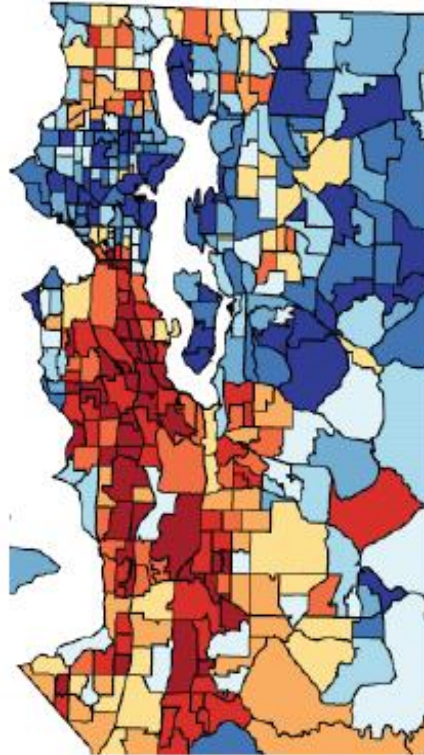
King County, WA

One county, different opportunities

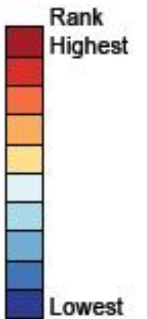
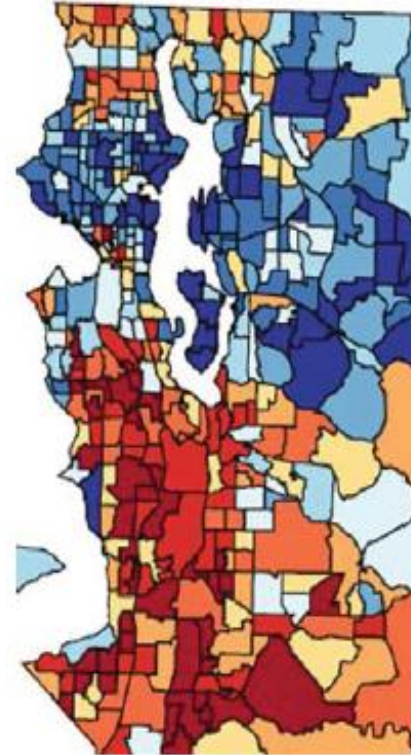
Income <200% poverty



No high school degree

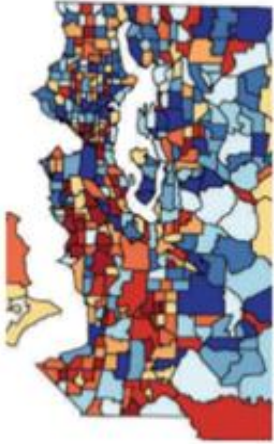


Obesity

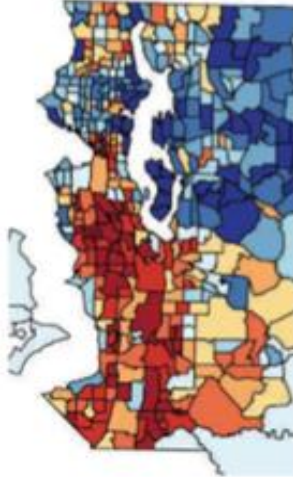


King County, WA

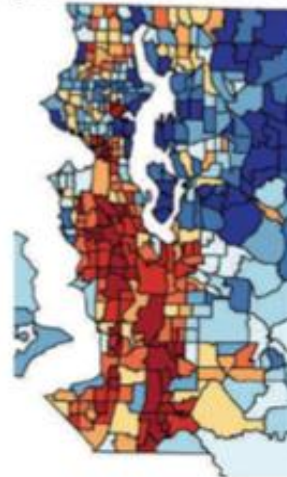
Poor Housing Conditions



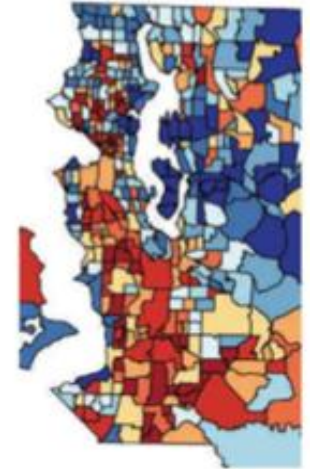
Tobacco Use



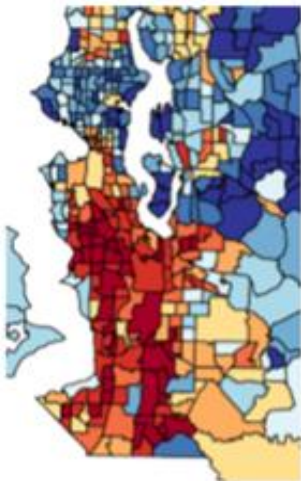
Frequent Mental Distress



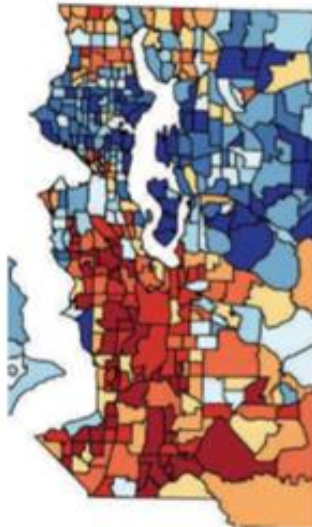
Adverse Childhood Experiences



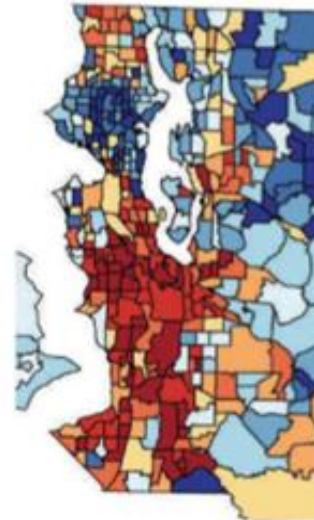
Lack of Physical Activity



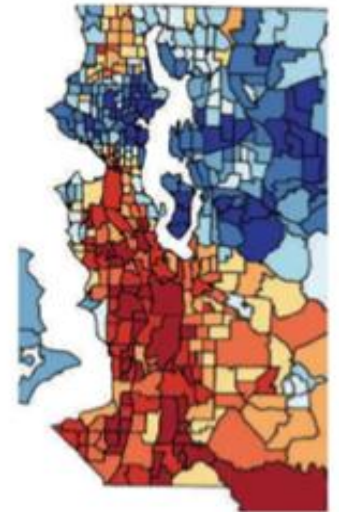
Obesity



Diabetes



Preventable Hospitalization



King County Health, Housing and Economic Opportunity Measures

LEGEND

Freeways

RANKING

Census Tracts ranked by an Index of health, housing and economic opportunity measures.



POPULATION MEASURES

Dark red areas populations most impacted

Dark blue areas populations least impacted

Life expectancy

74 years

87 years

Health, broadly defined:

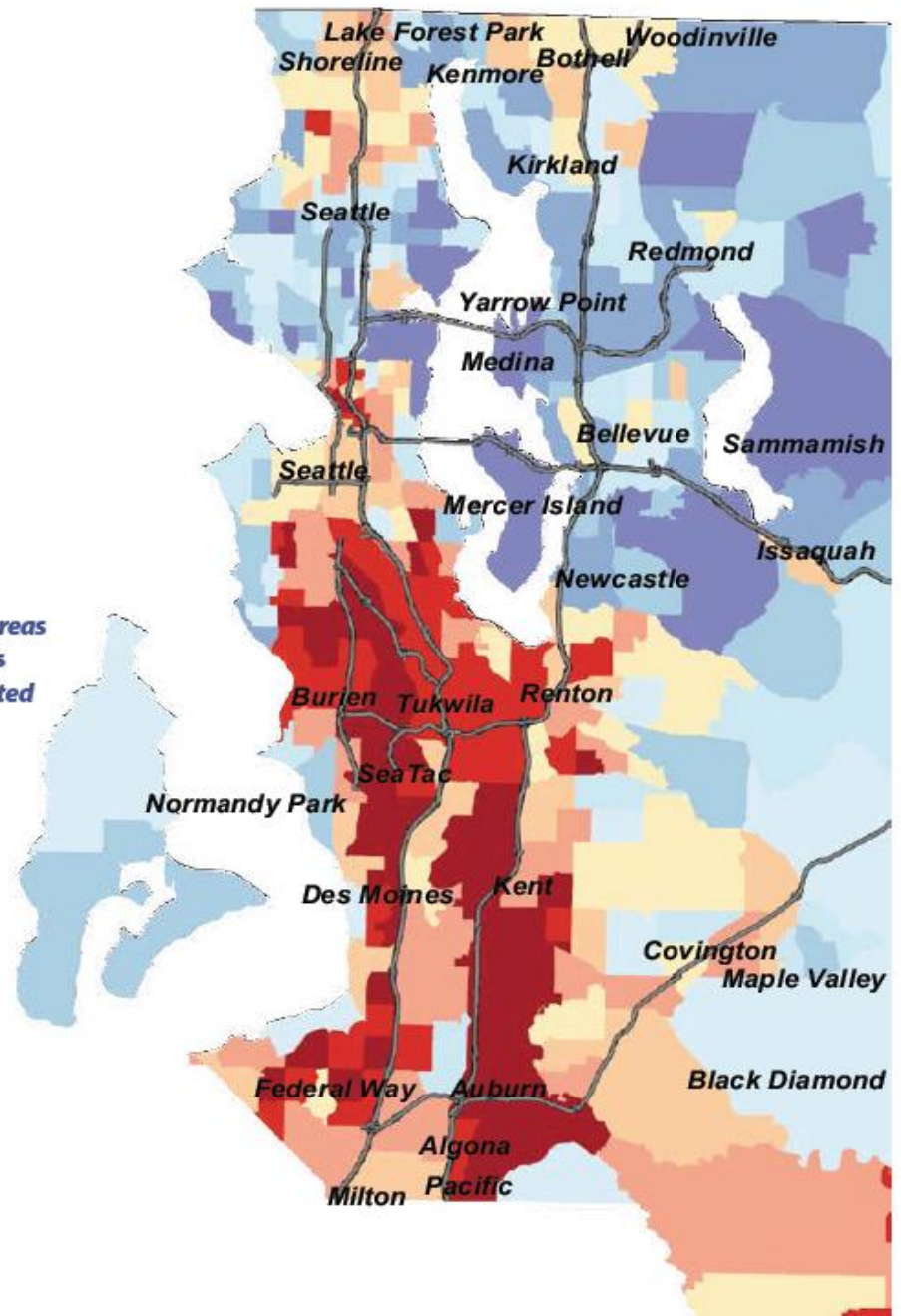
Adverse childhood experiences	20%	9%
Frequent mental distress	14%	4%
Smoking	20%	5%
Obesity	33%	14%
Diabetes	13%	5%
Preventable hospitalizations	1.0%	0.4%

Housing:

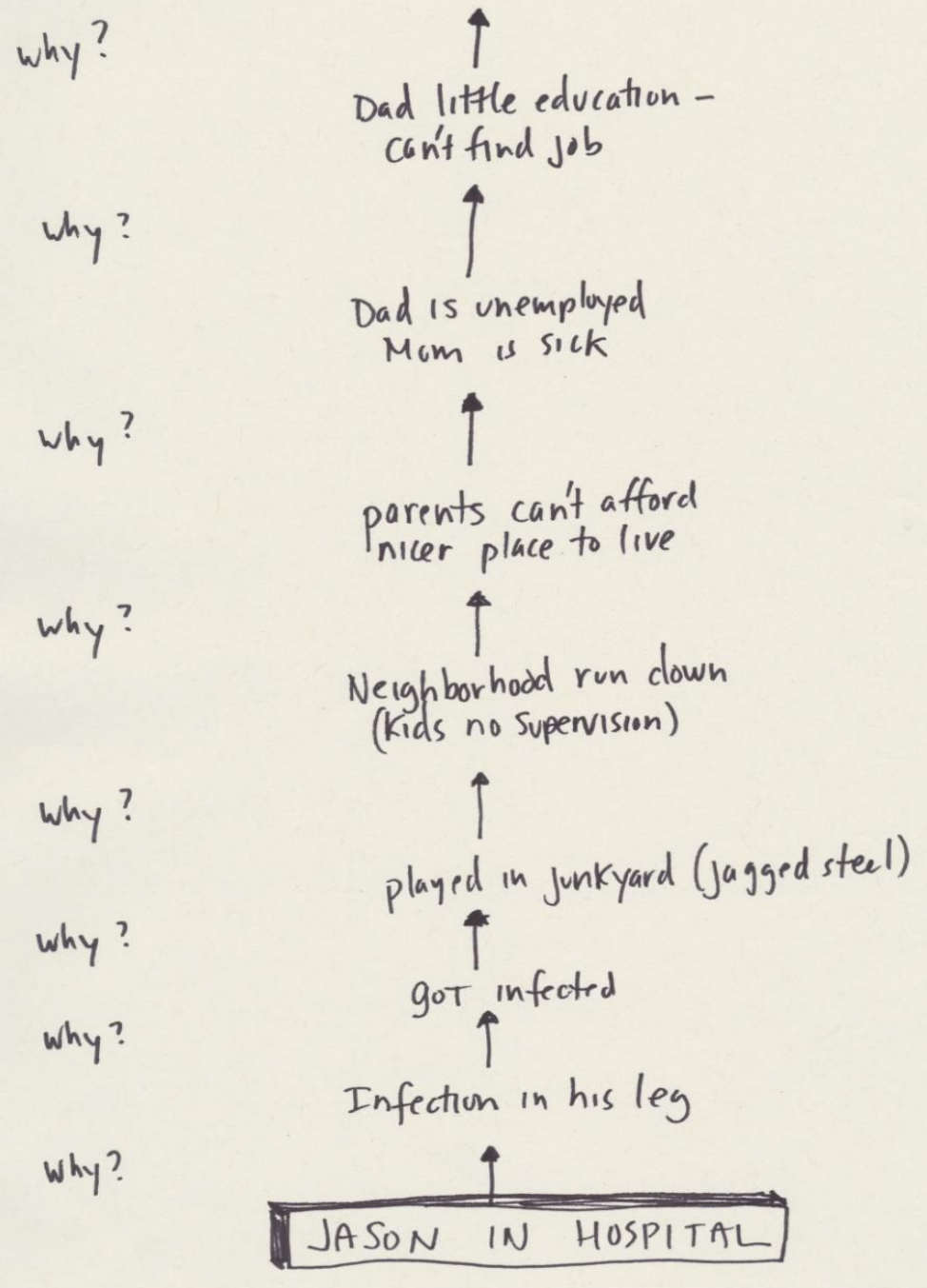
Poor housing condition	8%	0%
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Economic opportunity:

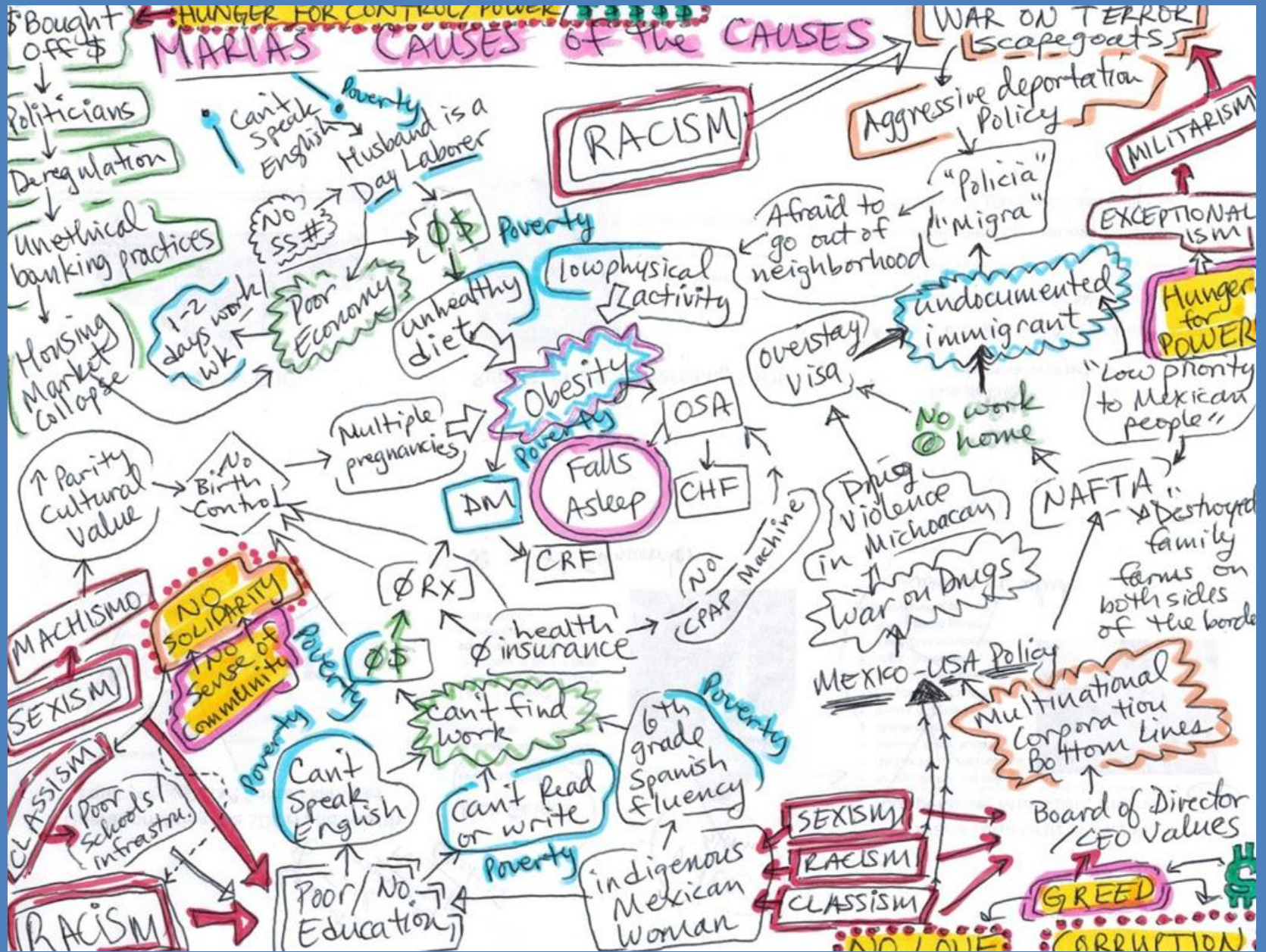
Low-income, below 200% poverty	54%	6%
Unemployment	13%	3%



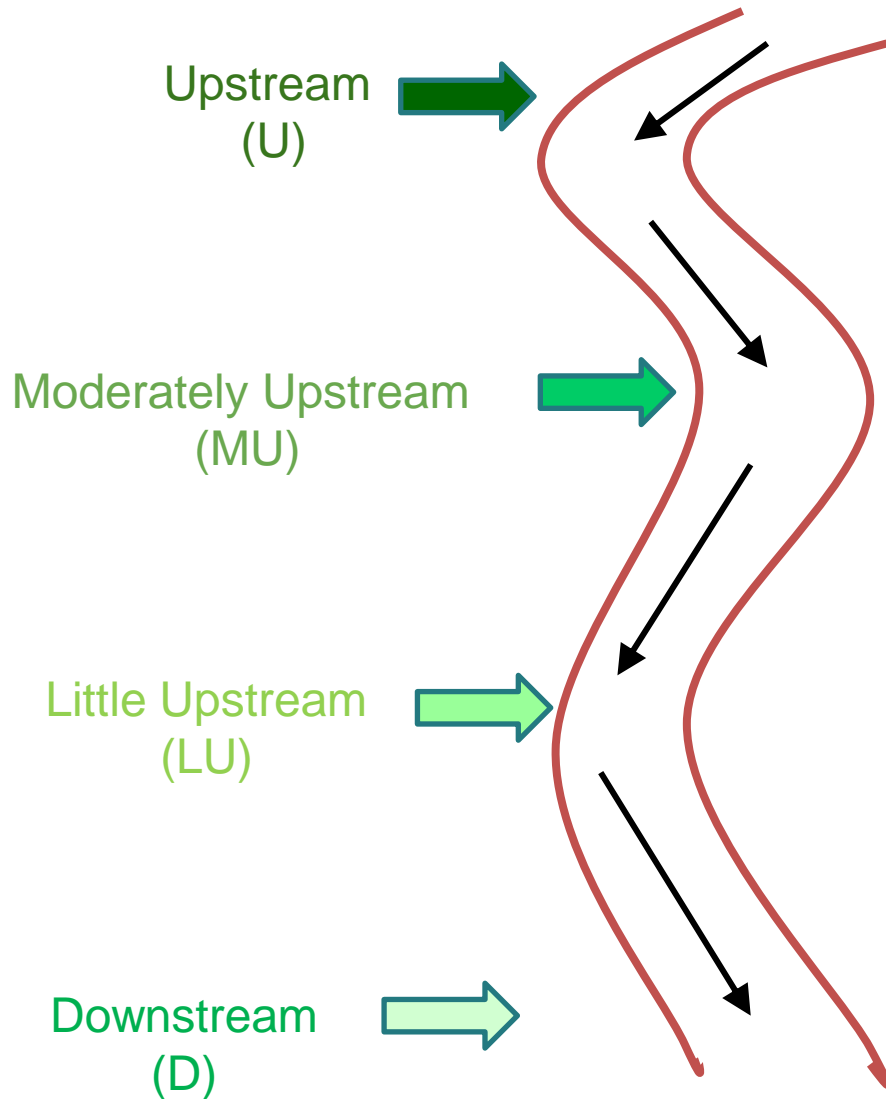
Causes of the Causes: Why is Jason in the hospital?



Why is Maria in the clinic?



Maria: Solutions to the Causes at Clinic



- Patient Navigator
- Community Service Representative
- Care Coordinator
- Health Educator
- Medical services

Clinic Based Resources

Mock Interview

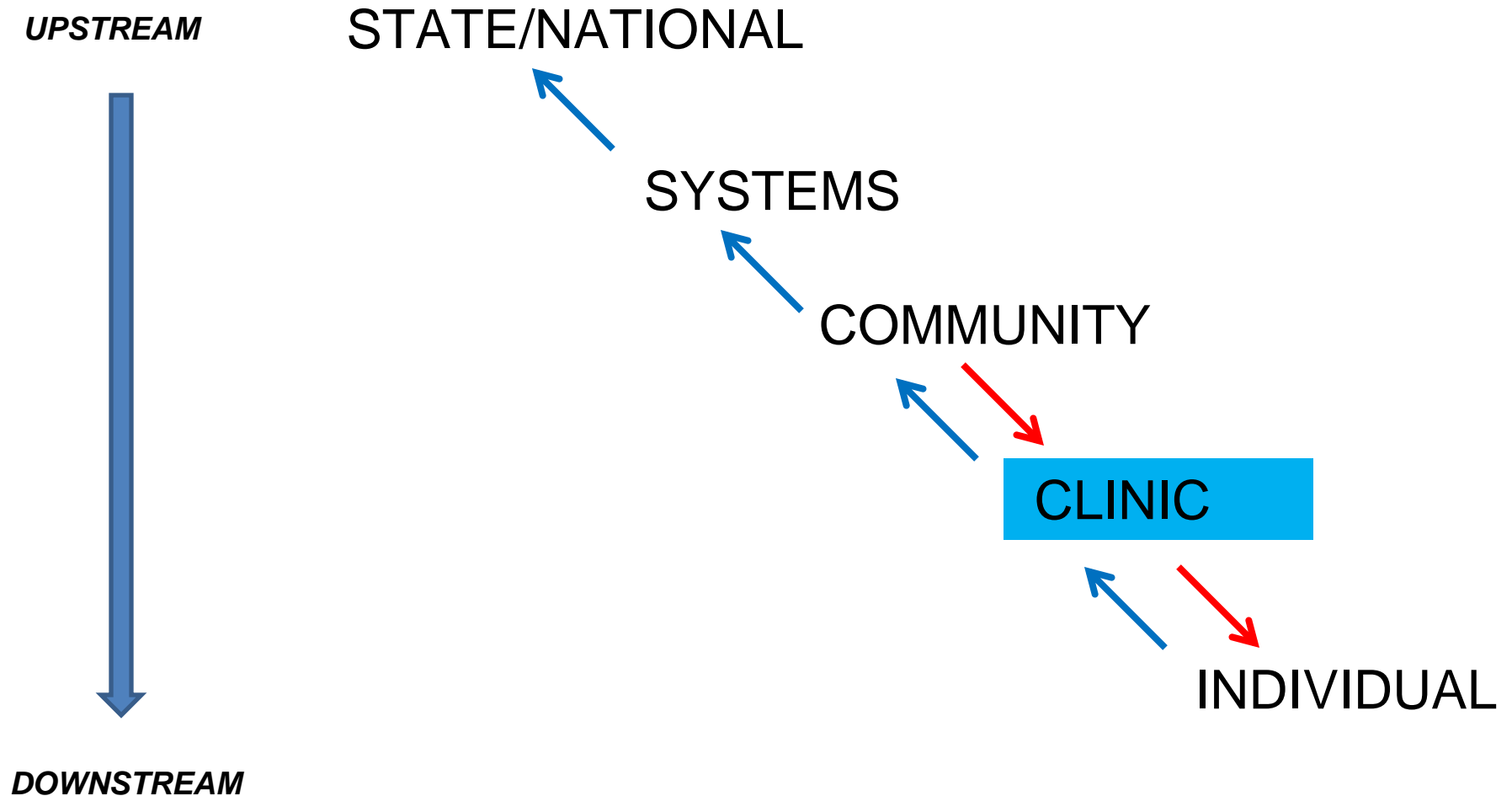
- “Miguel”
- 44 y/o male
- HTN chronically uncontrolled
- Today c/o headache

Individual interventions

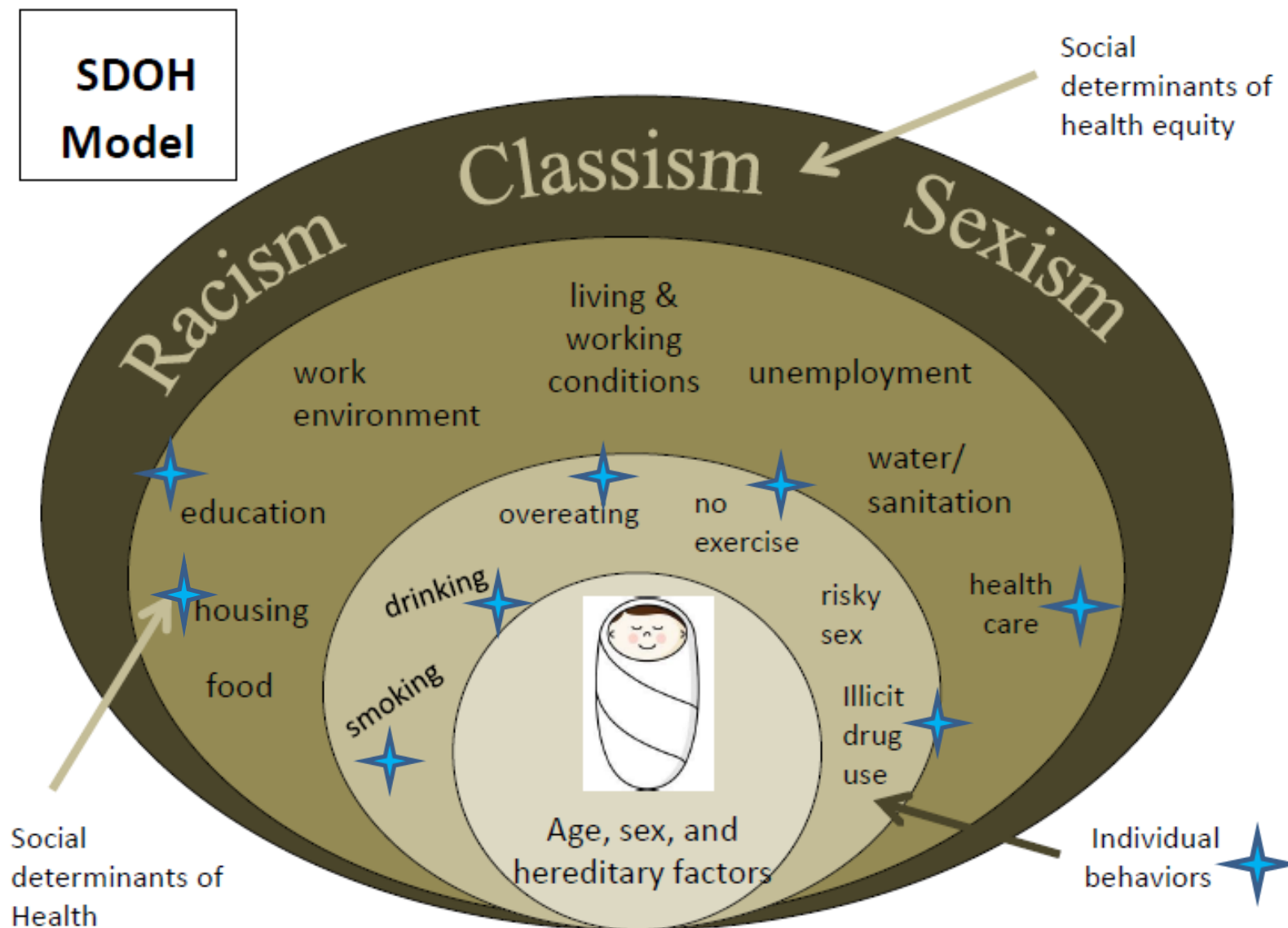
- Get staff on board – work with medical assistants acknowledge SDOH as potential "new vital signs"
- Leverage EMR tools – write “dot phrases” to facilitate information gathering
- Interview pt through SDOH lens
- Make SDOH diagnoses (ICD-10)
- Point of care intervention (e.g. Reach Out and Read)
- Learn about our community – determine which resources our patients currently use
- Become an activist physician



Levels of Intervention: Clinic



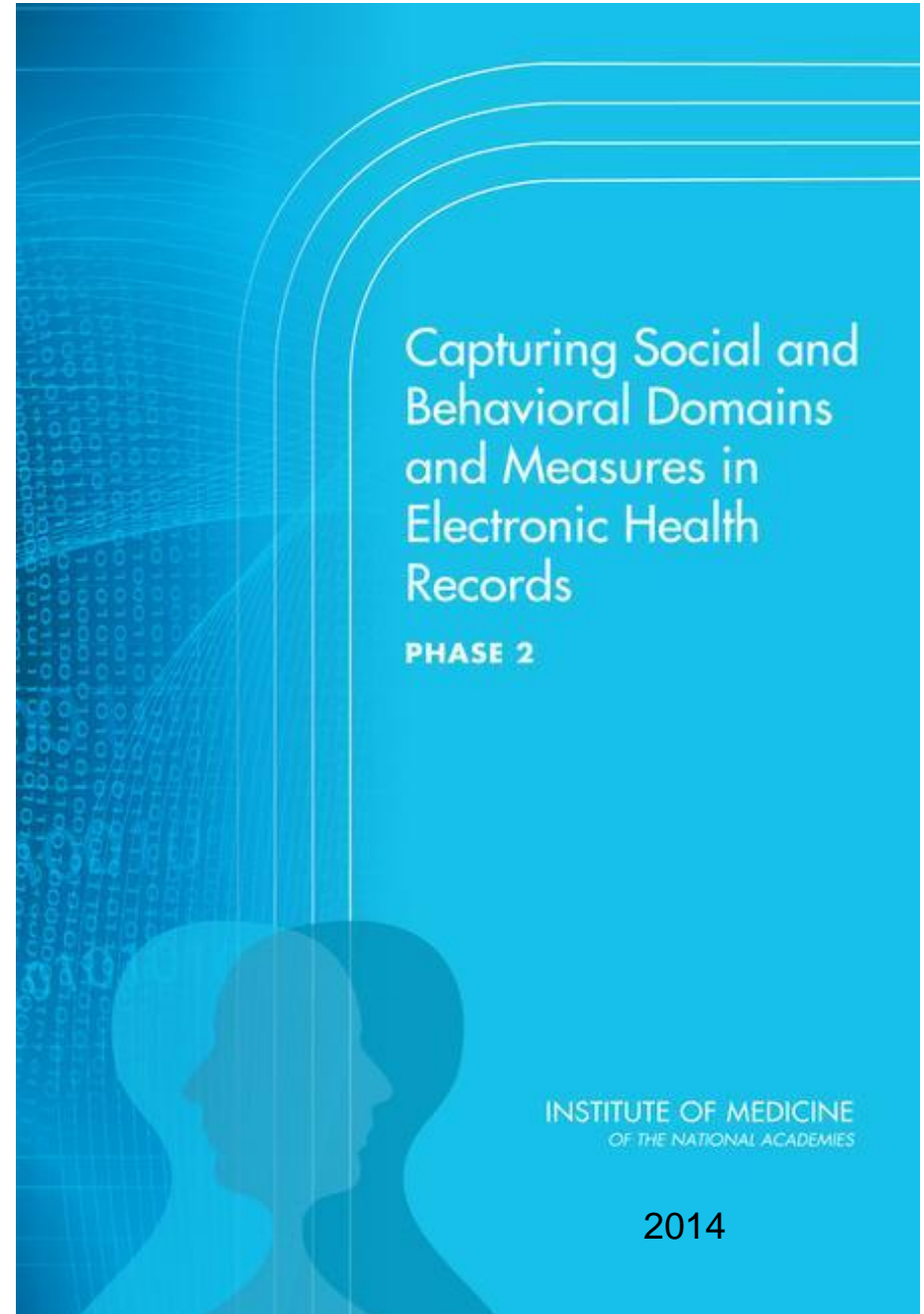
Sea Mar's SDOH Approach



Adapted from Dahlgren & Whitehead(1991) and Jones et al (2009)

*How do we get to
know Maria and
Miguel?*

*How do we learn
WHY they keep
on returning?*





Health Corps members

- JHA Health equity workshop series (6 four hour workshops over a 9 month period)
- Culminates in SDOH action project (40 hour minimum)



Navee Sidhu, 2011/2012 cohort

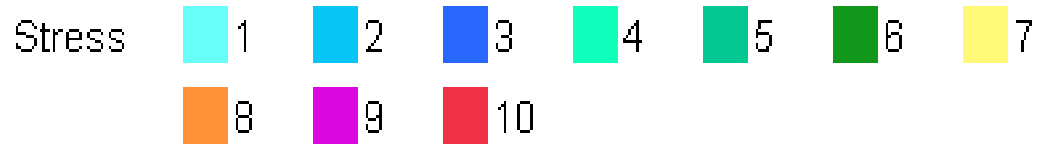


International District community kitchen

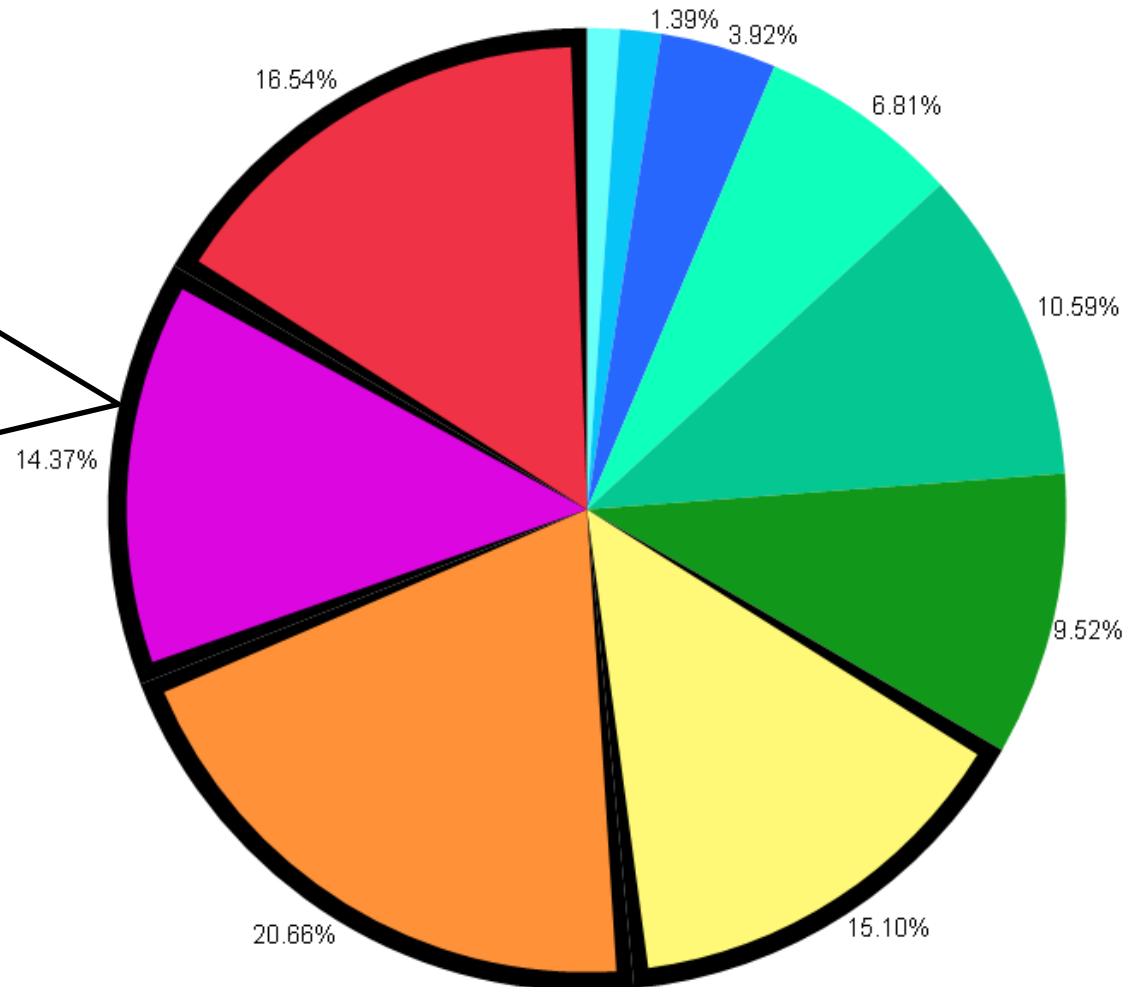
Where were you born?		City:		Country:		
Please help us by answering the following questions about your social history:						
Stress	How much stress do you feel on a scale of 1 to 10? (1 = Least stress, 10 = Most stress)				1 2 3 4 5 6 7 8 9 10	
	Where does your stress come from? (Check all that apply)					
	<input type="checkbox"/> Work <input type="checkbox"/> Finances <input type="checkbox"/> Relationships <input type="checkbox"/> Health <input type="checkbox"/> Housing <input type="checkbox"/> Other: _____					
	Do you feel like you lack control in your work/school/relationships?				YES NO	
	Do you feel like you lack a community support system?				YES NO	
Finances	Do you have trouble making ends meet financially?				YES NO	
	Do you ever run out of food by the end of the month, or cut down on what you eat to feed others?				YES NO	
	Do you have children, under the age of 18, that lack health insurance?				YES NO	
	Have you ever been denied public benefits?				YES NO	
	Have you ever had your benefits terminated or reduced in the last 60 days?				YES NO	
If you answered yes to the above question, do you disagree with the decision?				YES NO		
Do you owe money for any of the following? (Check all the boxes that apply)				<input type="checkbox"/> Mortgage <input type="checkbox"/> Utilities <input type="checkbox"/> Medical bills		
Housing	What is your current housing situation? (Check the box that applies)				<input type="checkbox"/> Rent <input type="checkbox"/> Home owner <input type="checkbox"/> Displaced/Homeless	
	Do you have trouble paying rent?				YES NO	
	Are you being evicted?				YES NO	
	Does your home have serious problems with any of the following? (Check all the boxes that apply)					
	<input type="checkbox"/> Heating <input type="checkbox"/> Electricity <input type="checkbox"/> Hot or cold water <input type="checkbox"/> Stove <input type="checkbox"/> Refrigerator <input type="checkbox"/> Plumbing <input type="checkbox"/> Leaking appliances <input type="checkbox"/> Mold <input type="checkbox"/> Infestations, or animals					
	Are there other conditions that make it difficult to live there?				YES NO	
	If you answered yes to the above question, please describe the condition(s): _____					
Education	What is the highest level of education that you have received?					
	<input type="checkbox"/> Less than High School <input type="checkbox"/> High School/GED <input type="checkbox"/> Vocational School <input type="checkbox"/> Some College <input type="checkbox"/> College <input type="checkbox"/> Graduate School					
	Do you have trouble speaking or understanding English?				YES NO	
	Do you have trouble reading or writing in your own language?				YES NO	
	Do you have concerns about your child's education?				YES NO	
Legal & Safety	Are you worried about the safety of yourself, in or around your home?				YES NO	
	In the past year, has anyone tried to threaten or hurt you or your family?				YES NO	
	If you answered yes to the above question, did you notify the police?				YES NO	
	Do you have a disability that makes it difficult for you to ride the bus?				YES NO	
	Do you feel like you can't access any of the following based on age, disability, gender, language, or race? (Check all that apply)					
<input type="checkbox"/> Public benefits <input type="checkbox"/> Housing <input type="checkbox"/> Employment <input type="checkbox"/> Other: _____						
Other	What are your hopes and dreams? _____					
	What are the obstacles preventing you from reaching your hopes and dreams? _____					
	Where do you get your strength? _____					
Would you like to be contacted with information and resources regarding your response(s)?				YES NO		
Please sign:						
_____ Date: _____ Patient		_____ Date: _____ Provider				
Social history resources distributed on ____ / ____ / ____		_____ Date: _____ Patient Navigator / Social Worker				

SDOH intake
form developed
in 2012 for JHA
Action Project
by Health Corps
member
Navee Sidhu

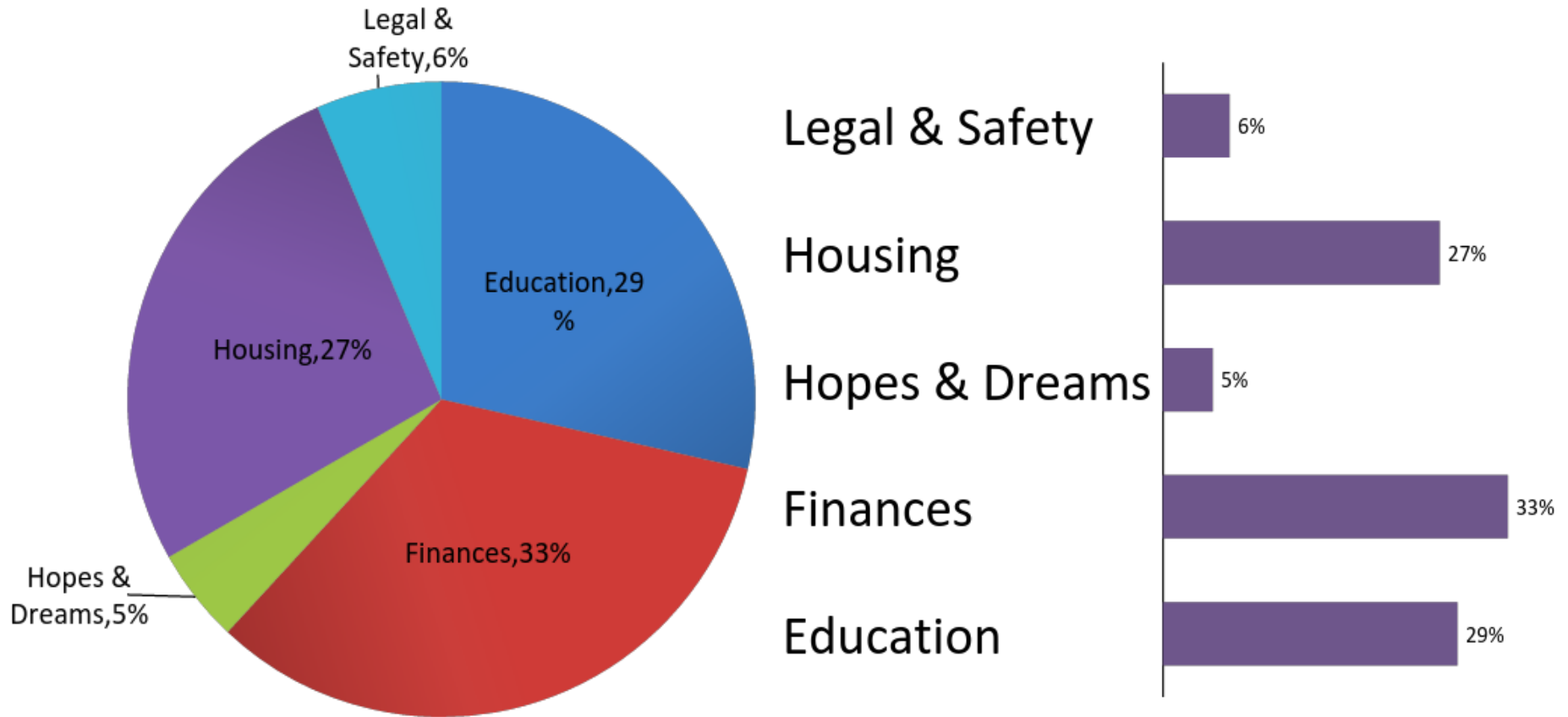
Stress



67% of
responses
report levels of
stress between
levels 7-10

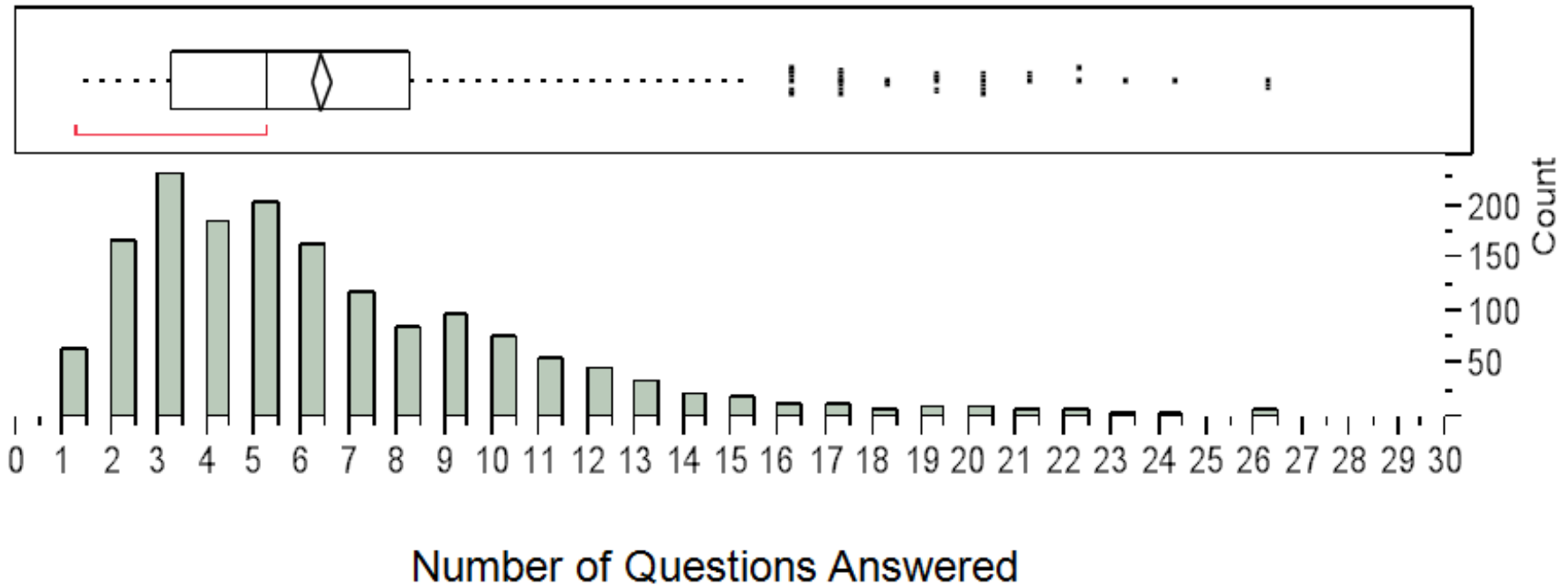


Categorical Needs as a Frequency of Total Responses

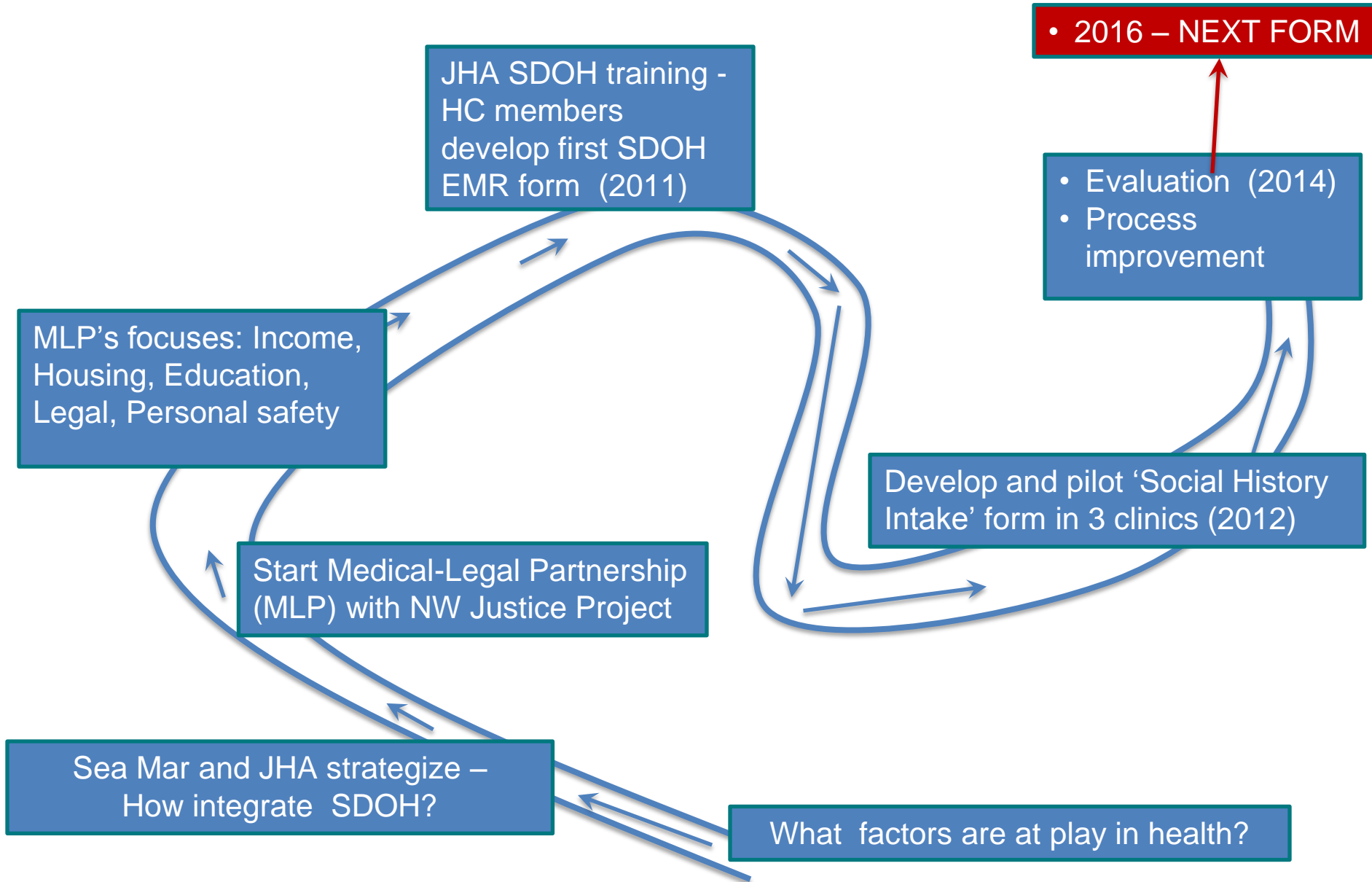


Number of Questions Answered

Distribution of the Number of Questions Answered per individual



Road Map to Creating a SDOH Form



Revised SDOH-6 Screening tool

Name

DOB/Age

Race/Ethnicity

Preferred language

City of residence

Zipcode



0
NO
HURT



1
HURTS
LITTLE
BIT



2
HURTS
LITTLE
MORE



3
HURTS
EVEN
MORE



4
HURTS
WHOLE
LOT



5
HURTS
WORST

1. What is your stress level? Happy face scale like pediatric pain scale.
2. Are you homeless?
3. Did you eat yesterday?
4. Are you working/studying?
5. Can you read and write in any language?
6. Can you speak English?

ICD-10: SDOH in your Health Records

Assessment & Plan

Caregiver: ☐ Show Archived ☐ Show Only Medications No Longer Available

Include View...

Source:

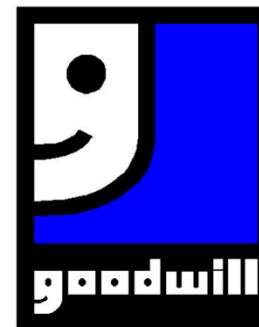
Search Term:

Isolation (social) (V62.4 | Z60.4)

Immigrant with language difficulty (V62.4 | Z60.3)

- SDOH
 - Homeless (V60.0 | Z59.0)
 - Lack of access to adequate food (V60.2 | Z59.4)
 - Nutrition impaired due to limited access to healthful foods (269.9 | E63.9)
 - Illiteracy and low-level literacy (V62.3 | Z55.0)
 - Non-English speaking patient (V40.1 | Z78.9)
 - Unemployed (V62.0 | Z56.0)
 - + Poverty (V60.2 | Z59.6)
 - Exposure to pollution (V15.89 | Z77.118)
 - Exposure to air pollution (V15.89 | Z77.110)
 - Exposure to chemical pollution (V87.2 | Z77.098)
 - Exposure to water pollution (V15.89 | Z77.111)
 - Racism (V62.4 | Z60.5)
 - Sexism (V62.4 | Z60.5)
 - Teen pregnancy (659.80)
 - Imprisonment and other incarceration (V62.5 | Z65.1)
 - Isolation (social) (V62.4 | Z60.4)

Sea Mar – SDOH budget (28%)



Sea Mar Medical-Legal Project



Sea Mar - Community Stability

Housing Development

- Pasco
- Seattle
- Des Moines

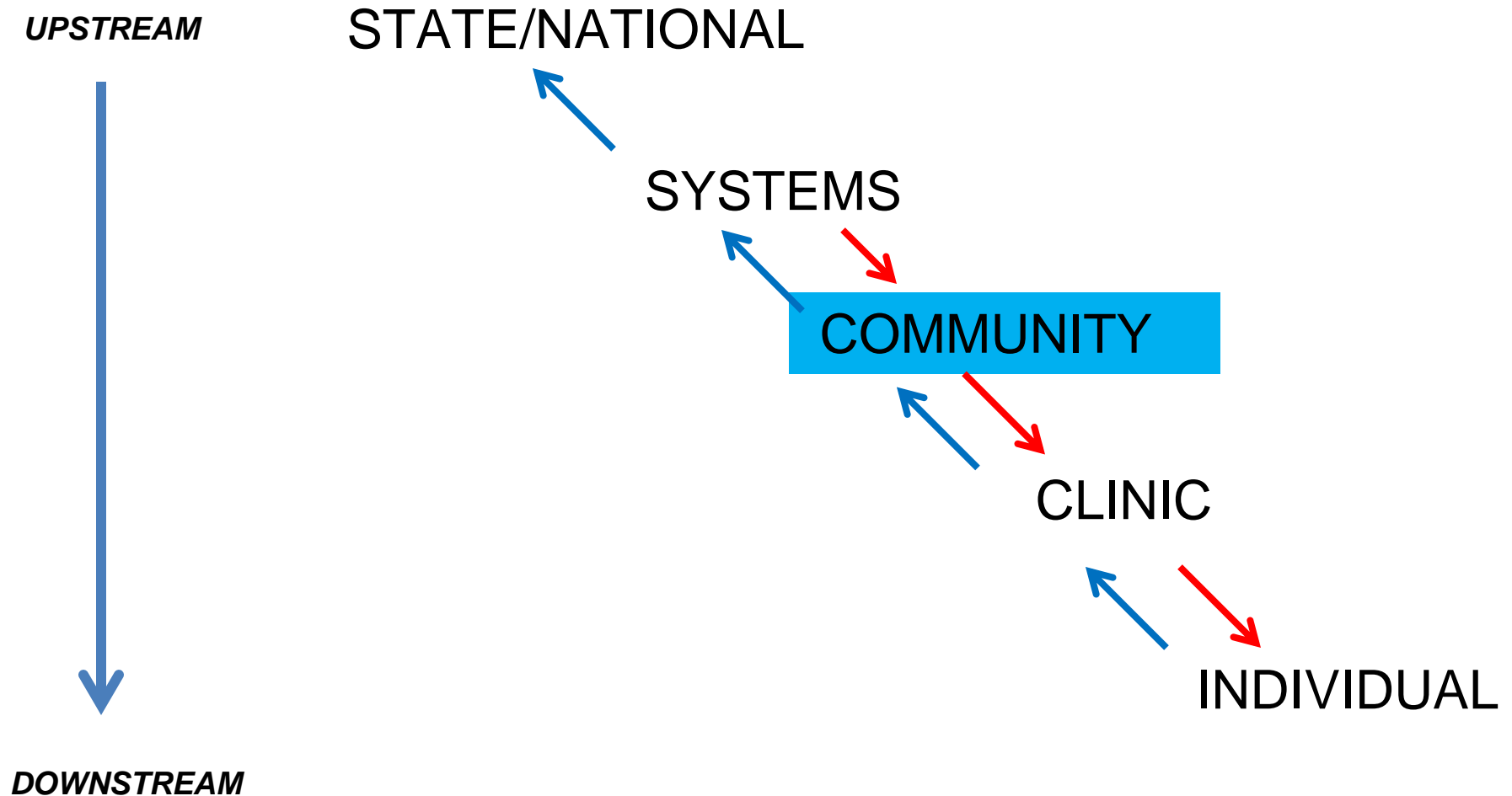


Clinic interventions

- Leadership buy in
- Train and inform staff
- Track SDOH in EMR
- More services under 1 roof
- Hire new staff to support SDOH interventions (e.g., community health workers)
- Develop SDOH interdisciplinary approaches to care – (e.g, care team model)
- SDOH clinic protocols
- VP of SDOH (e.g., Chief Determinants Officer)
- Go for BIG IDEAS

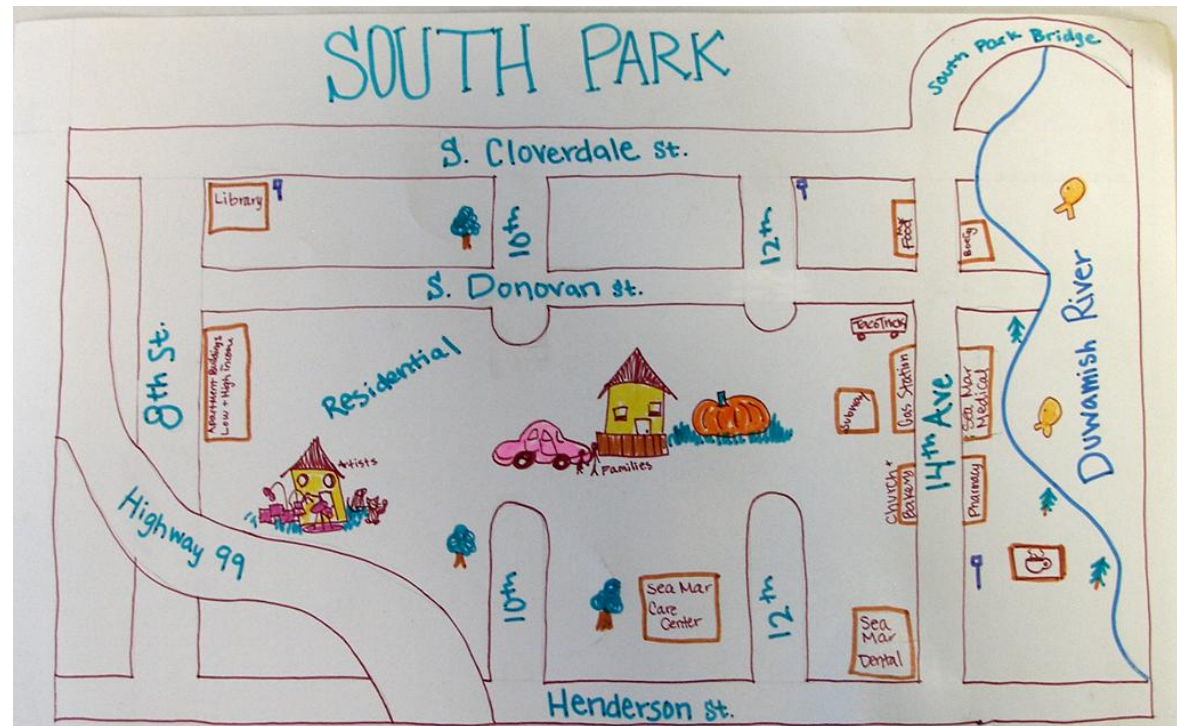


Levels of Intervention: Community



Getting to know your community

- Clinic staff - conduct your own “SDOH street walk”
- Where are the assets?
- Where are the challenges?



South Park Youth Group: Mapping a healthy community



Health Mapping

Where is our neighborhood healthy?

Where is our neighborhood unhealthy?

What makes Georgetown **healthy** and **unhealthy**?



Cumulative Effects - Imagine



+



+



+



+



+++++

OR



+



+



+



+



(Fill in Chronic Disease)

++++



Figure 3. Percent Below 200% Poverty Level, by ZIP Code
Seattle, Washington, 5-year Average 2006-2010

Socioeconomic factor component (rank 1-3): Percent Below 200% Poverty Level by ZIP code

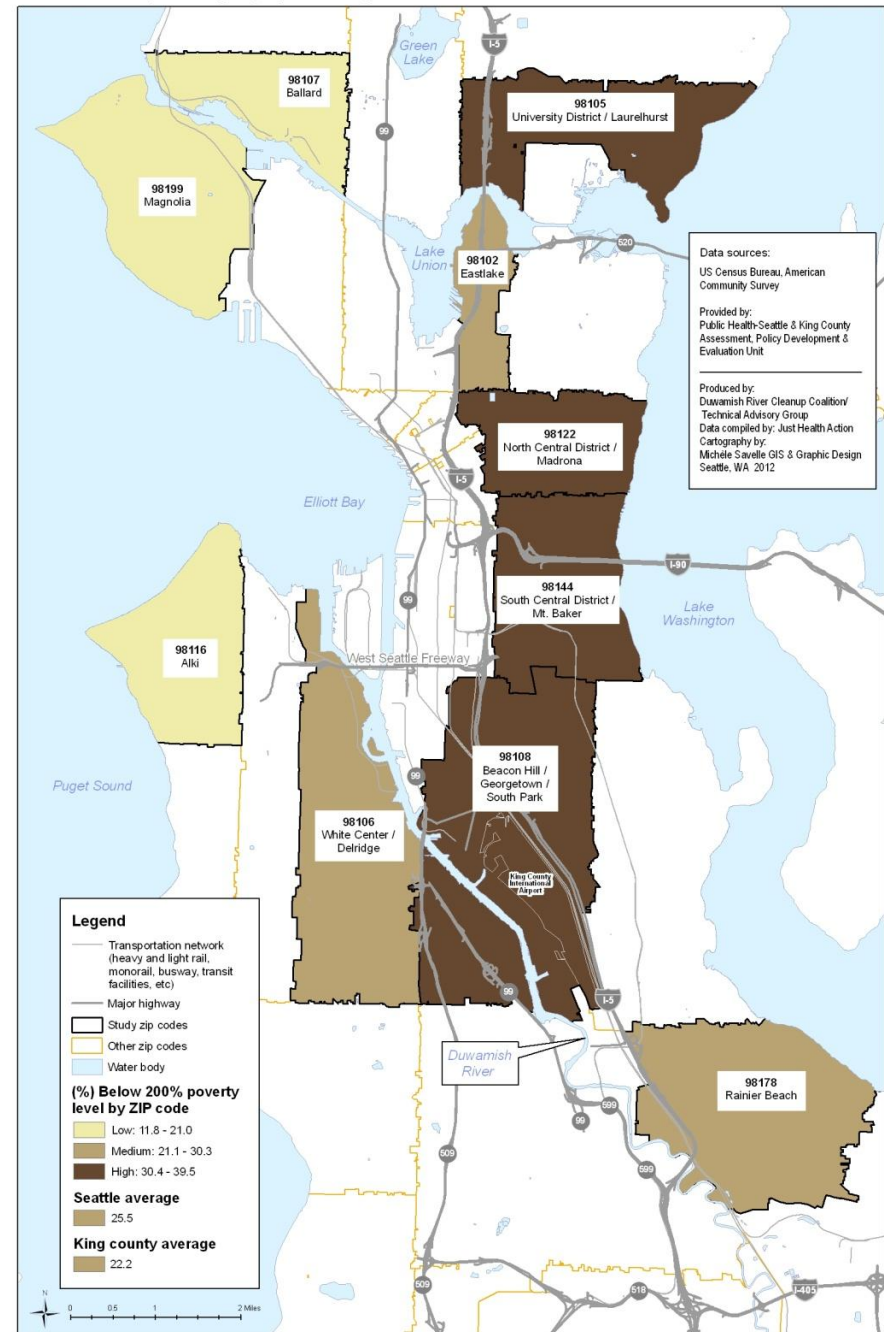
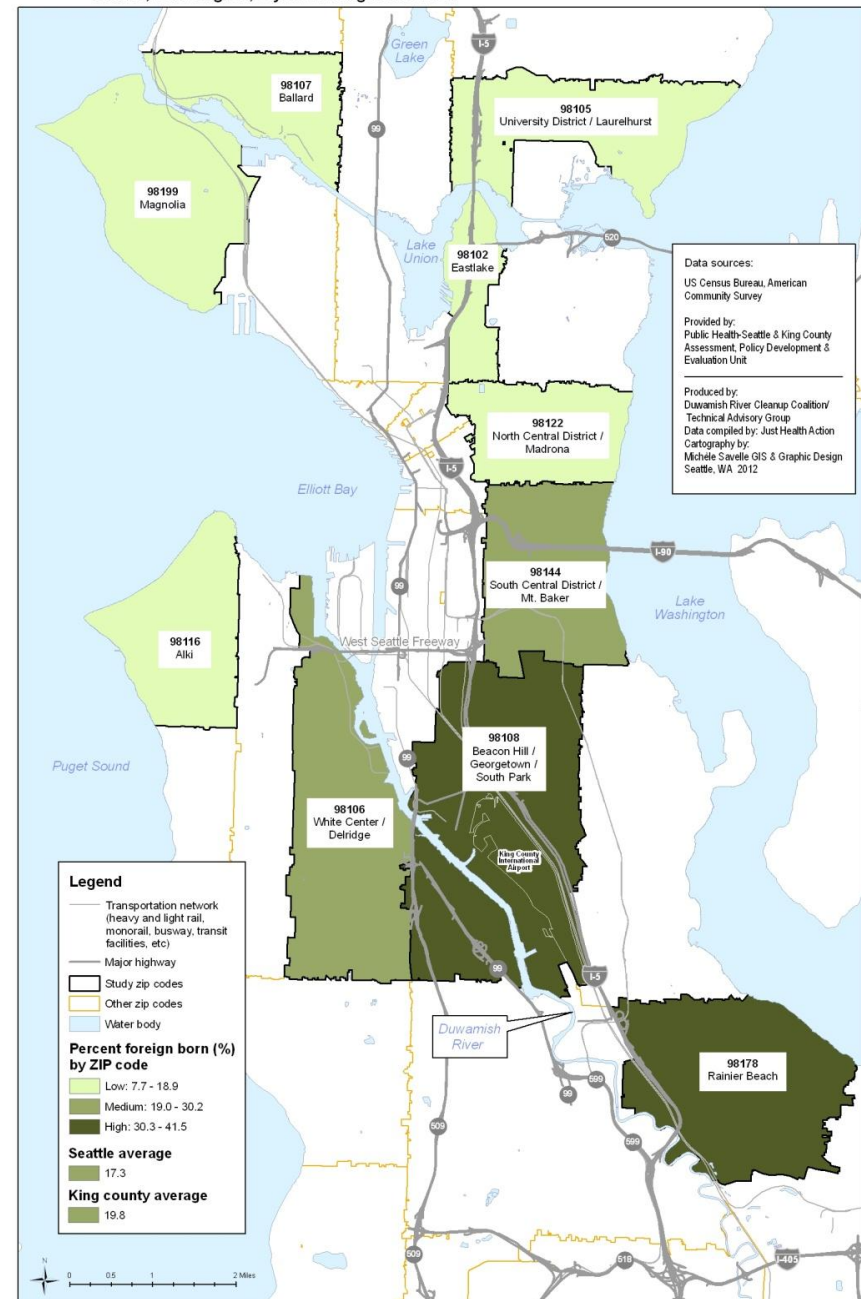


Figure 7. Percent Foreign-Born by ZIP Code
Seattle, Washington, 5-year Average 2006-2010

Sensitive populations component (rank 1-3): Percent Foreign Born by ZIP code



Environmental exposures component (Rank 1-10):

Annual Average Diesel Particulate Matter in human breathing zone ($\mu\text{g}/\text{m}^3$), by ZIP code

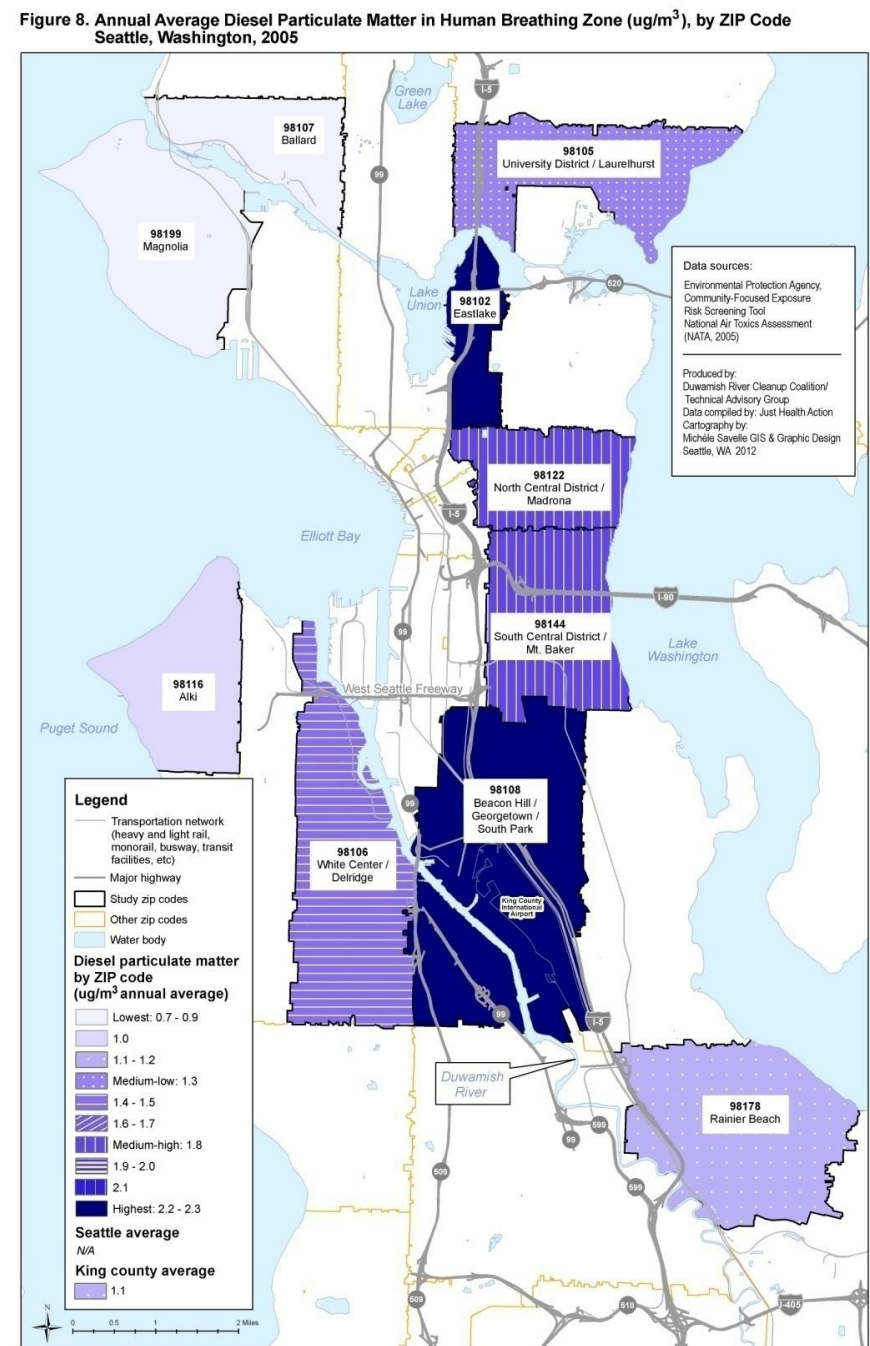
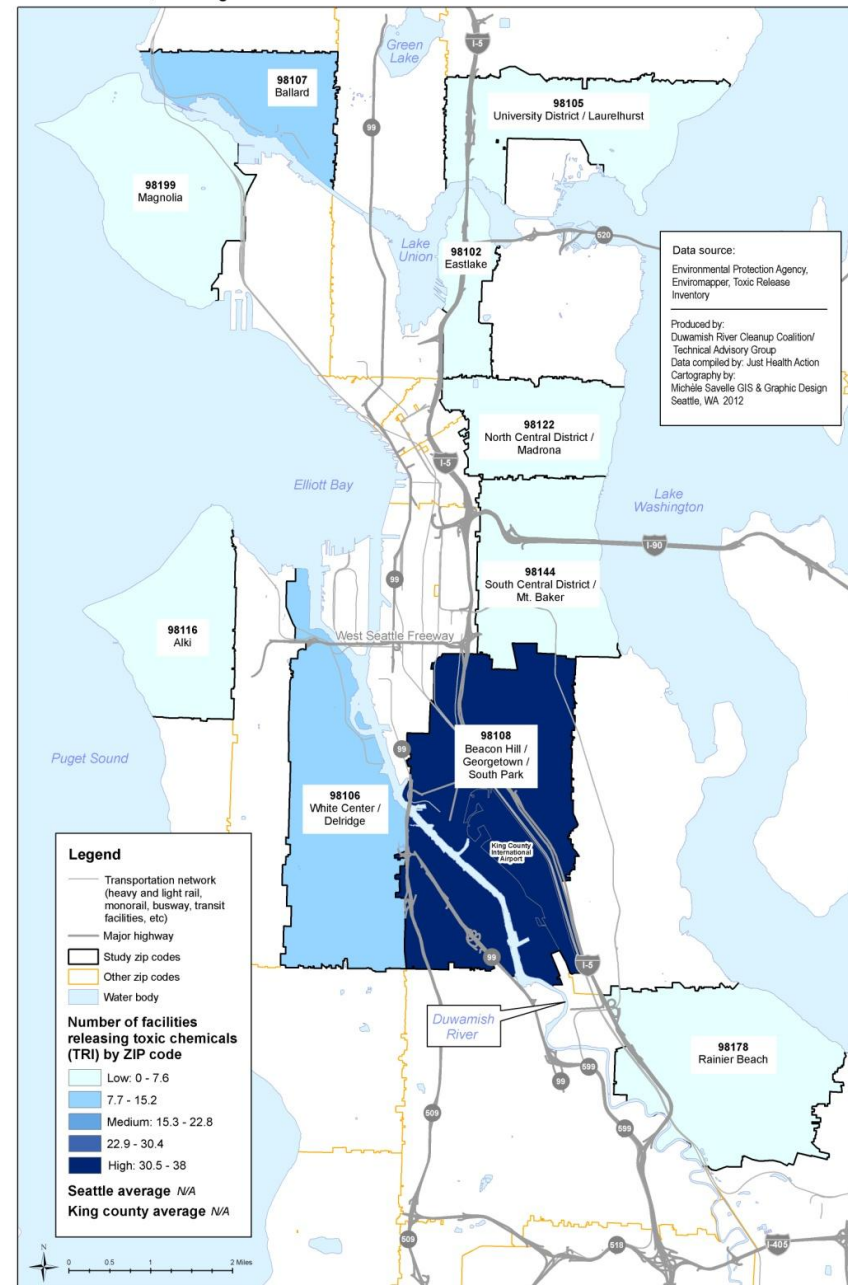


Figure 13. Number of Toxic Release Inventory Sites, by ZIP Code
Seattle, Washington

Environmental effects component (Rank 1-5): Number of Toxic Release Inventory Sites, by ZIP code

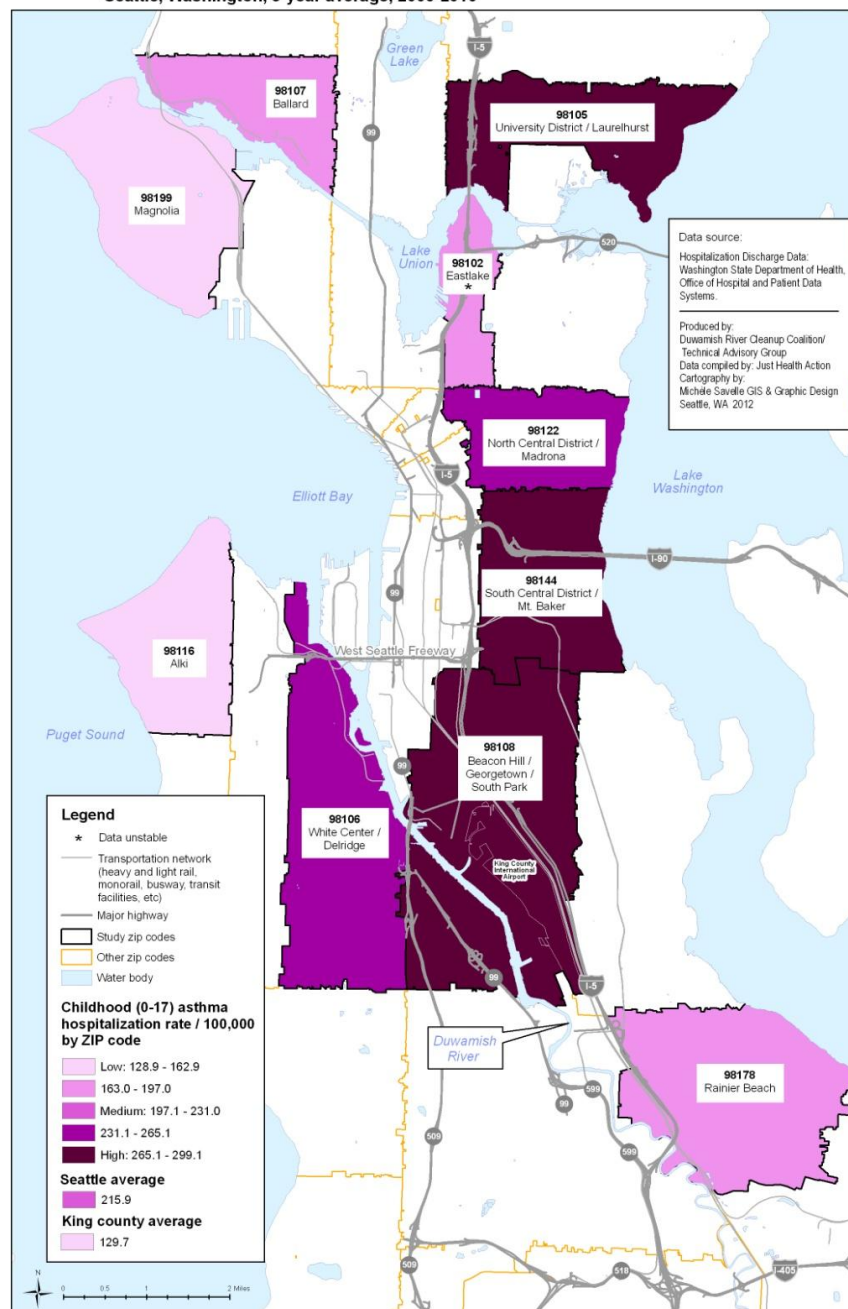


**Figure 11. Percent Tree Canopy, by ZIP Code
Seattle, Washington**



Public health factors component (Rank 1-5): Childhood asthma hospitalization rate per 100,000 by ZIP code

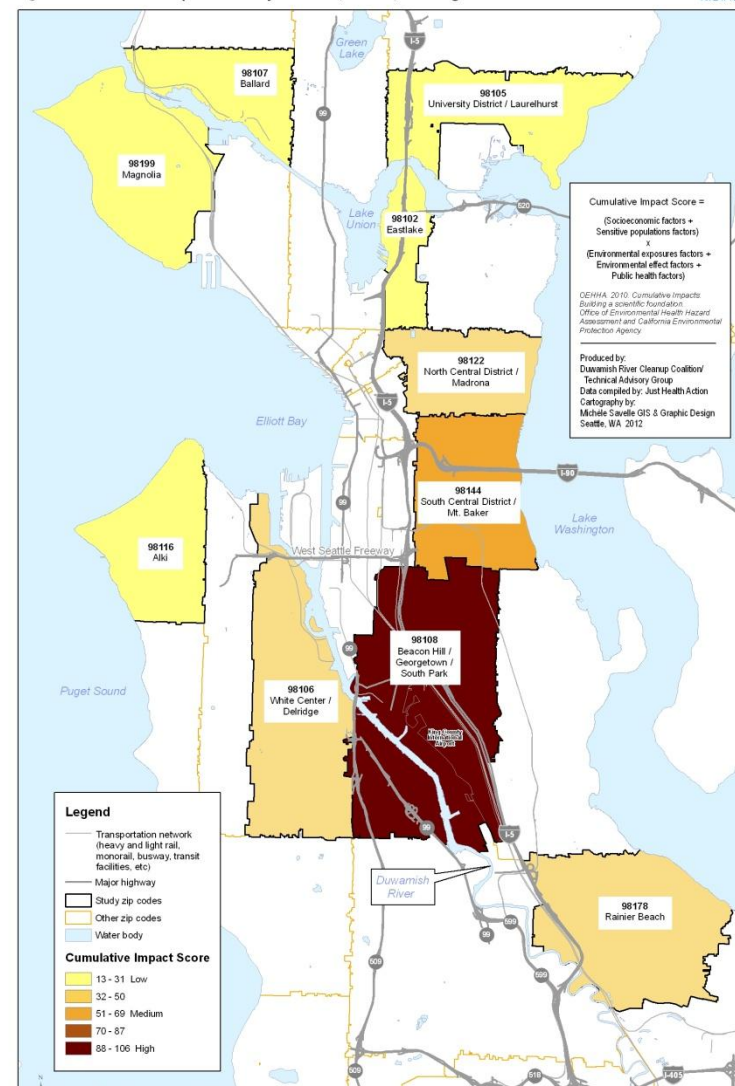
Figure A8. Childhood (0-17) Asthma Hospitalization Rate per 100,000, by ZIP Code
Seattle, Washington, 5-year average, 2006-2010



Seattle Cumulative Impact Analysis Results

Figure 17. Cumulative Impact Score by ZIP Code, Seattle, Washington

DRAFT FINAL v2
10/24/12



Component	98108 Beacon Hill Georgetown South Park	98144 South Central District Mt Baker	98178 Rainier Beach	98106 White Center Delridge	98122 North Central District Madrona	98102 Eastlake	98107 Ballard	98105 University District Laurelhurst	98116 Alki	98199 Magnolia
CUMULATIVE IMPACT SCORE	106	66	50	46	43	30	28	21	19	13

Georgetown/South Park disparities

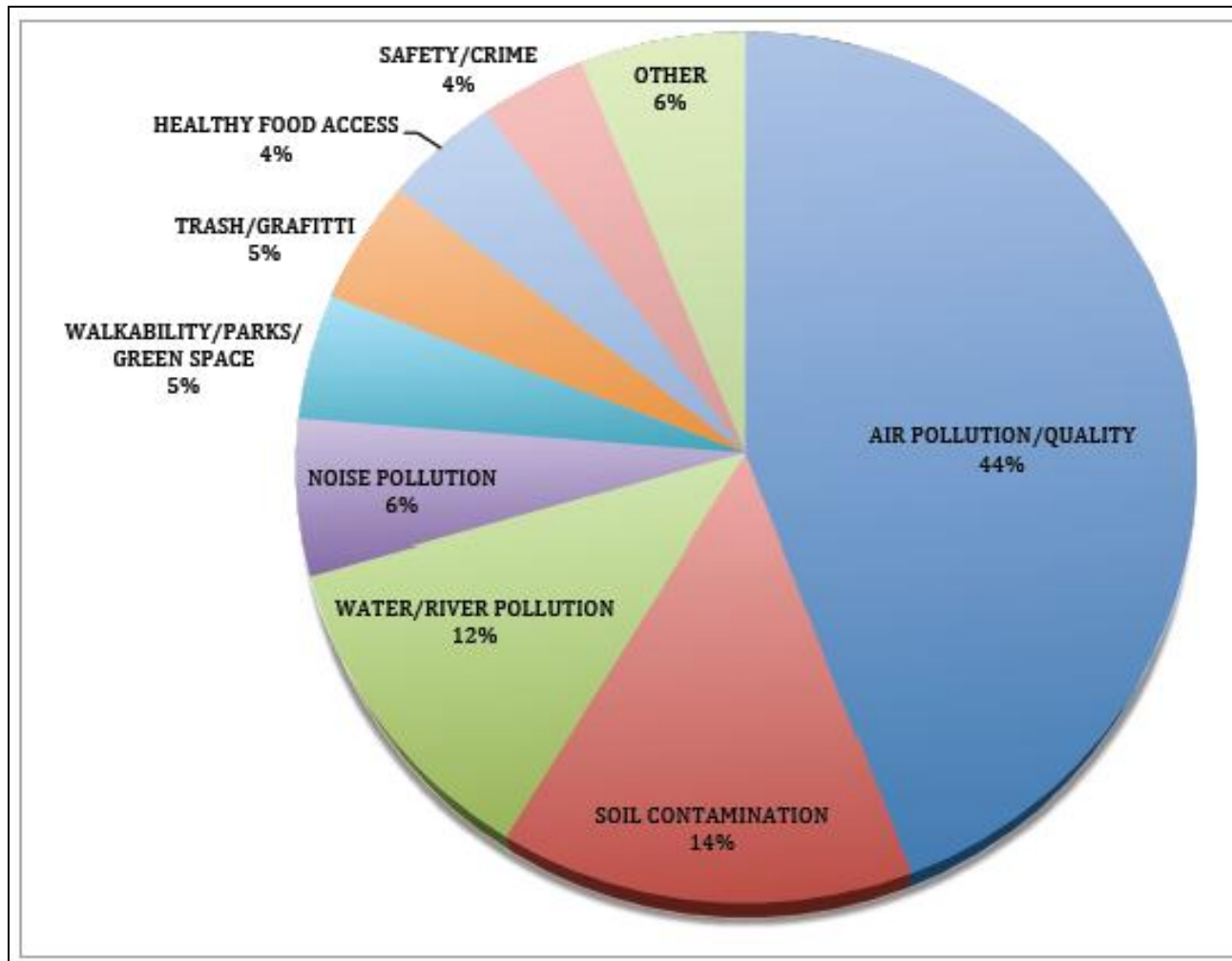
Indicator	Georgetown/ South Park Census tracts 109 and 112	Laurelhurst Census tracts 4100 and 4200	Seattle	King County
Life expectancy at birth (years)	73.3*	86.4*	81.5	81.5
Heart disease death rate per 100,000	202.9#	89.6*	138.4	137.8

Source: Public Health Seattle & King County

*p=0.05 from both KC and Seattle average

#p= 0.05 for KC average only

What are community health issues?



Community becoming decision makers



Air pollution prioritized



Governor Jay Inslee with Duwamish Valley Youth Corps:
"I thought everyone had asthma"



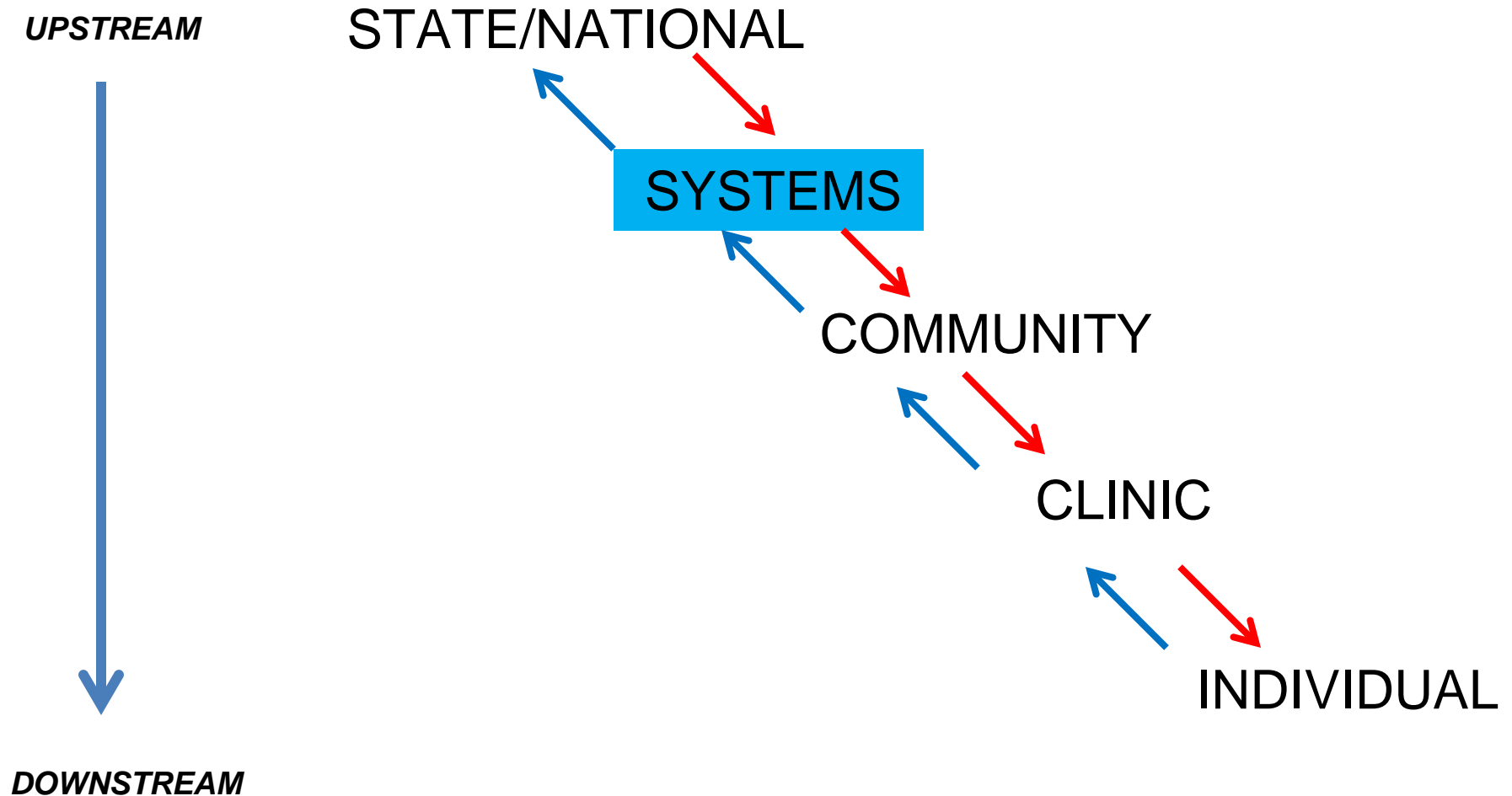
"Trees improve air quality"

Community Interventions

- Staff “SDOH street walk”
- Community health mapping
- Visioning exercise
- Partner with local organizations
- Prioritize community health concerns
- Help community have ownership – collaborate and engage
- Assist with creation of local foundation to address SDOH affecting community



Levels of Intervention: Systems



Health disparities & vulnerable populations

Increased Risk

- .Poverty
- .Poor housing quality
- .Environmental exposures
- .Poor nutrition/ food insecurity
- .Safety concerns

Decreased Access

- .Language or cultural barriers
- .Geographical barriers
- .Inadequate health insurance
- .Lack of benefits

Healthcare

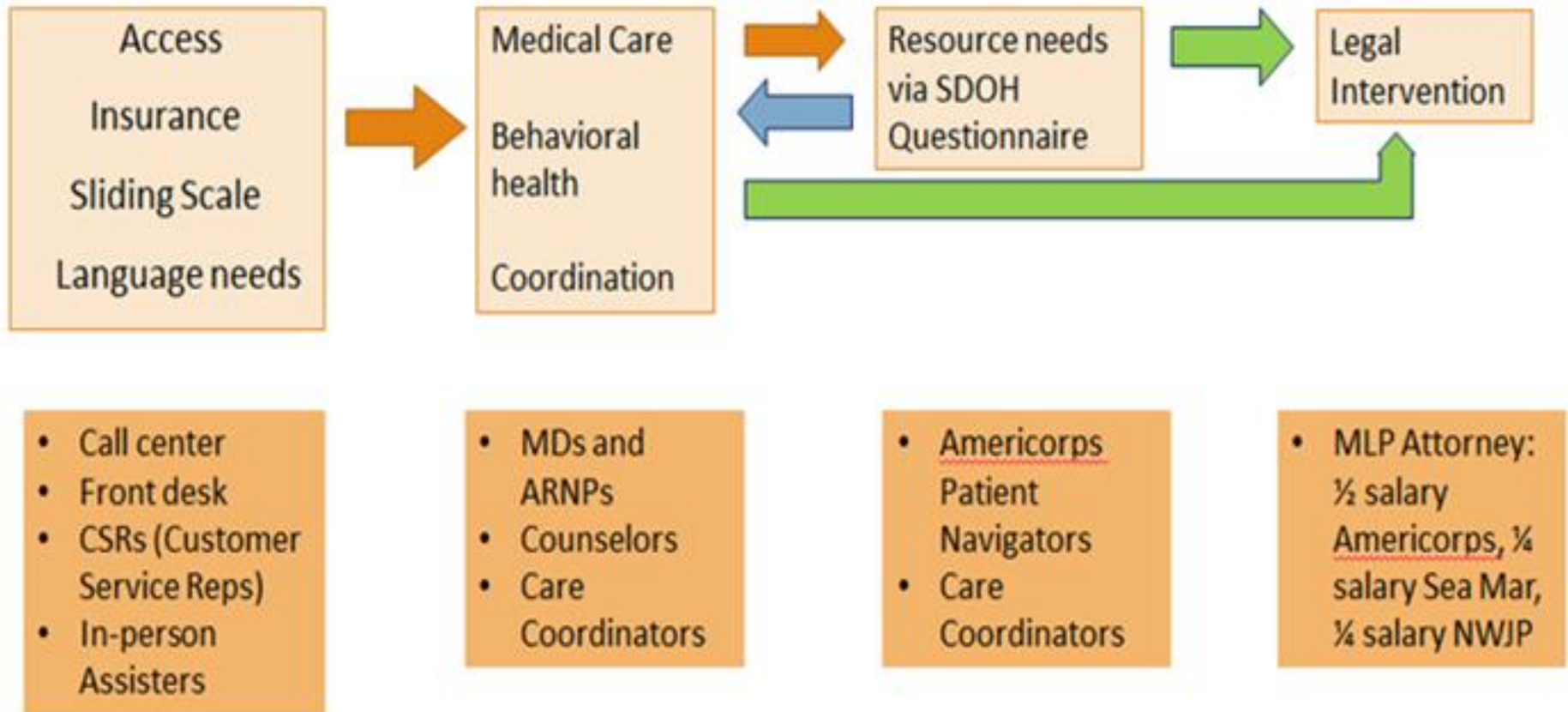
Development of illness

Severity of illness

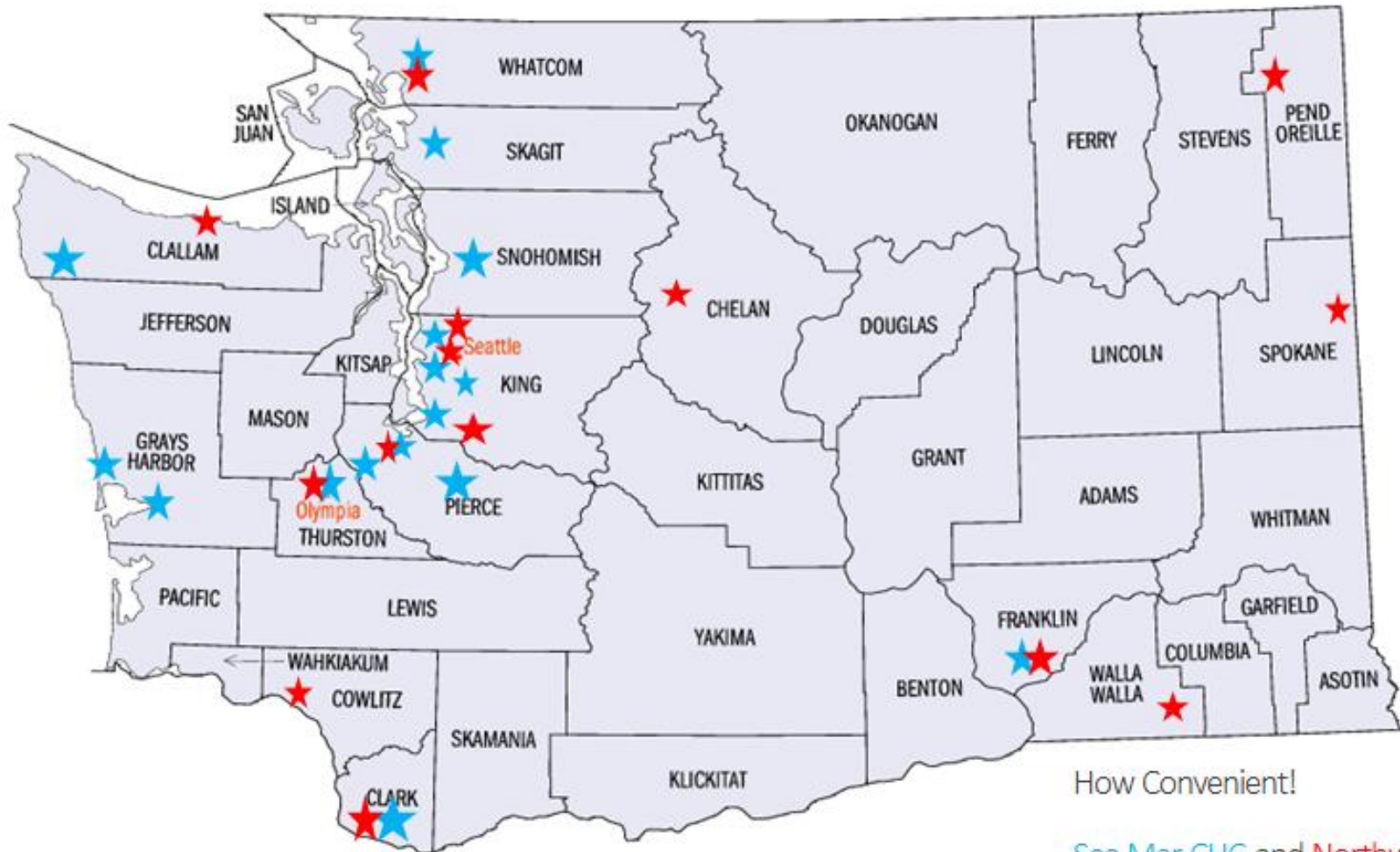
Policy & Advocacy



Sea Mar Medical-Legal Project



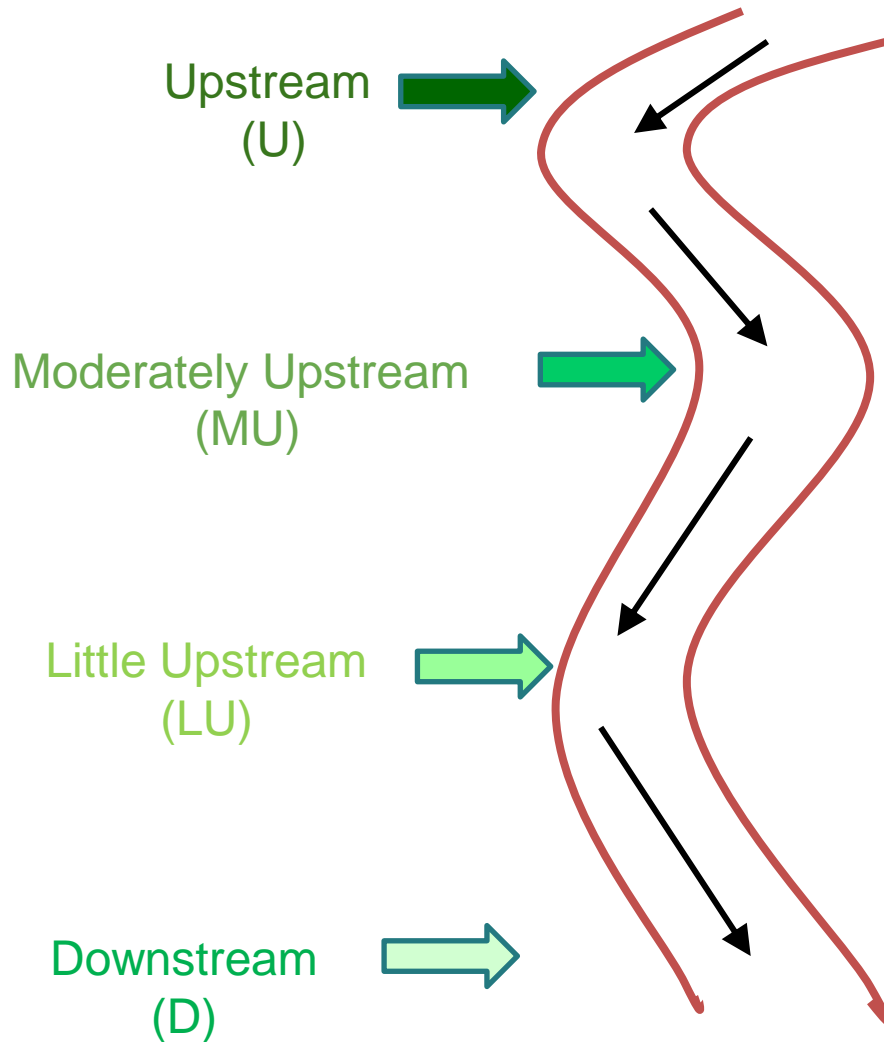
Sea Mar/NWJP in WA State



How Convenient!

Sea Mar CHC and Northwest Justice
Project sites

Maria: Solutions to the Causes - Upstream



- Legal aid
- English classes
- Work opportunities
- Community Support Group
- Food bank, Community farms
- Transportation access program

Community Based Resources

Educational Institutions

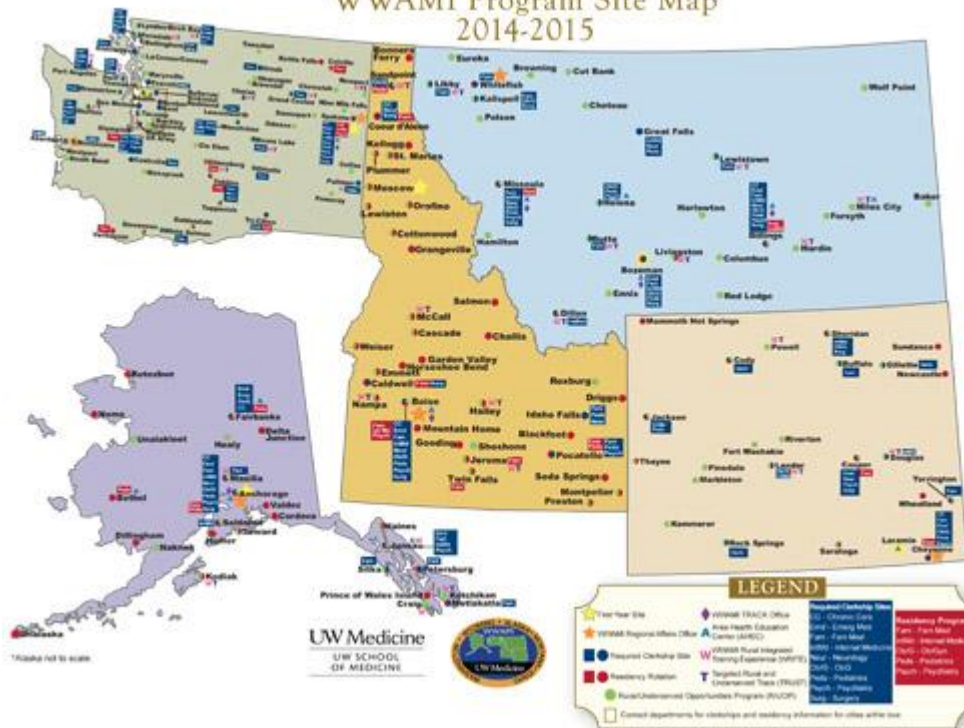


WWAMI
NETWORK



UNIVERSITY *of*
WASHINGTON

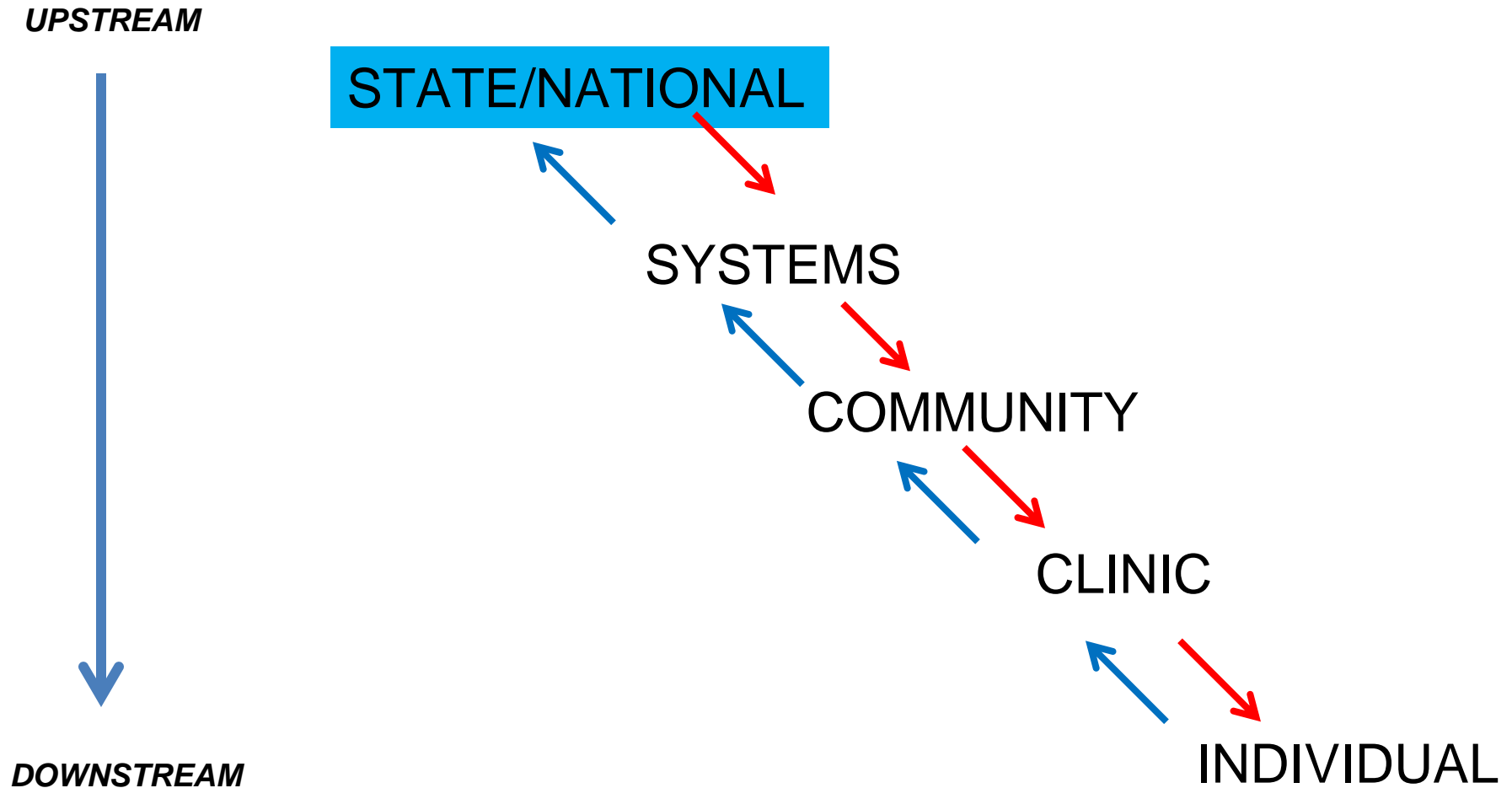
WWAMI Program Site Map
2014-2015



Systems interventions

- Healthcare system – value-based care
- U.S. medical education – SDOH into curriculum longitudinally
- Seek expertise and partnerships with other sectors (housing, transportation, education, etc)
- Paradigm shift in health care

Levels of Intervention: State/National



Advocacy

- Clinic-based organizing
- Direct actions
- Latino Legislative Day



Maria's political environment

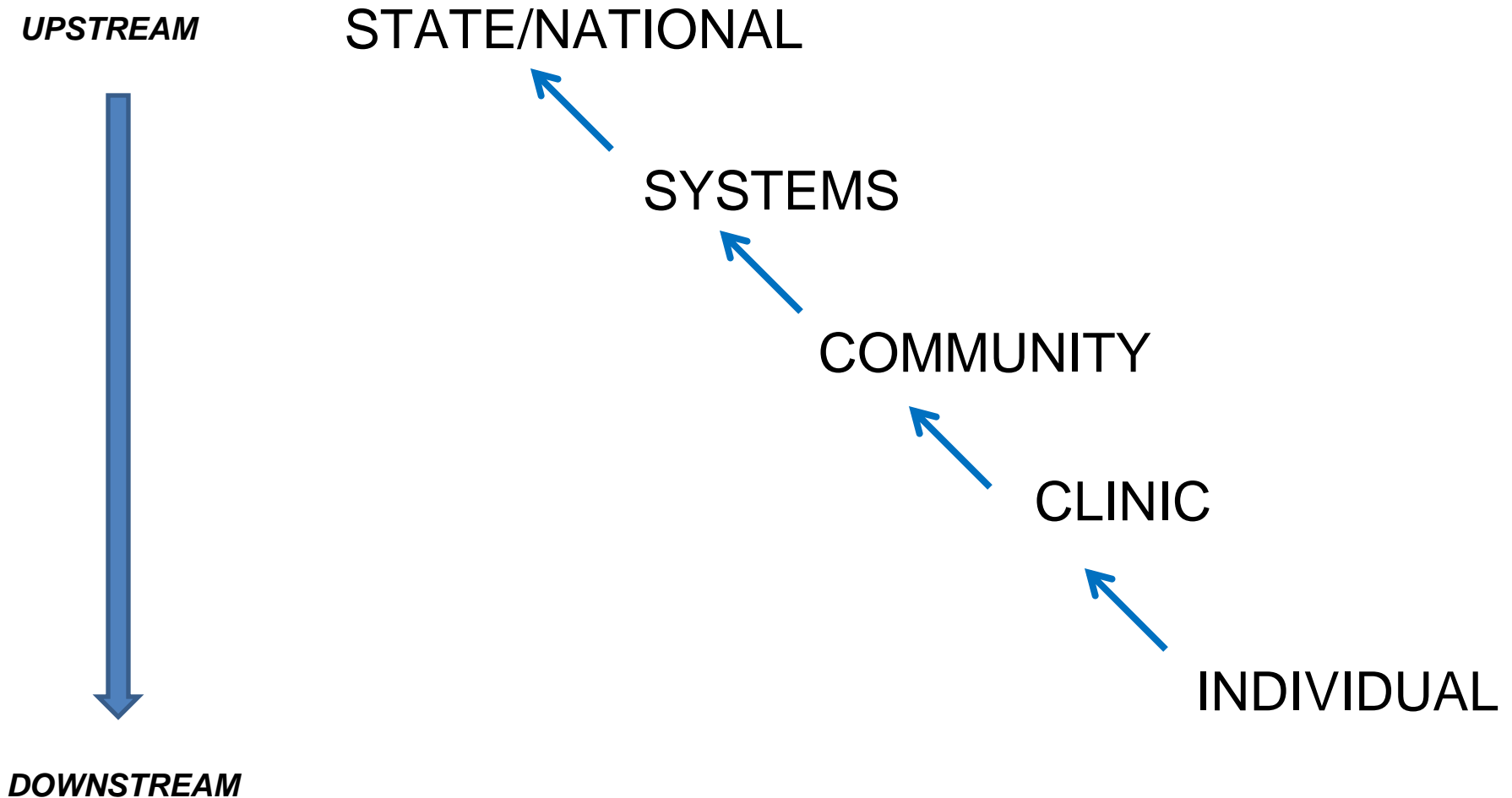
- Maria & Family – most impressive example of SDOH in 10 years
- Economic crash 2008
- Cuts to state budget 5 yrs running
- -----
- We fought the health budget cuts every year
- May Day/Immigrant rights rally – 30K in street
- Seattle becomes refuge city for undocumented
- Paid sick leave passed in Seattle
- \$15/hr law passed in Seattle

State/National Interventions

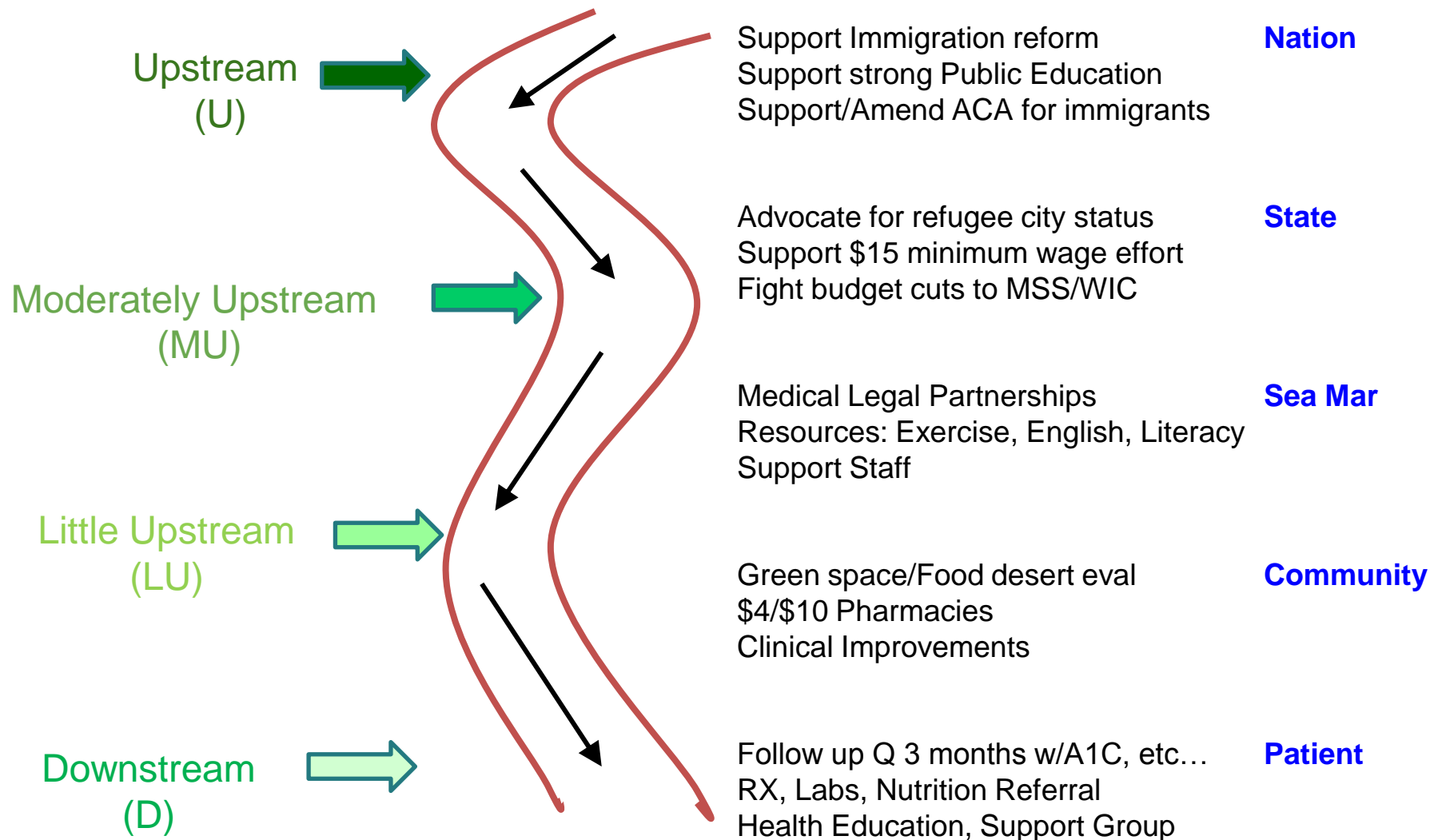
- \$15 minimum wage
- Paid pa/maternity leave
- Immigration reform – keep families together
- Education (Pre-K education, subsidized/free higher)
- Access to affordable health care for ALL
- Increased funding for public transportation
- Prison reform
- Democratic process – get it back
- Equitable wealth distribution = redistribution



Where can you take action?



Solutions to the Causes: Ideas for action



Questions?



Thank you!

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