

Bridging the social determinants of health to medical care at a Latino community health center

APHA

Latino Caucus:

Social and physical environments affecting the health of Latinos

November 9, 2010



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Presenter Disclosures

Linn Gould
Julian Perez

The following personal financial relationships with commercial interests relevant to this presentation existed during the past 12 months:

No relationships to disclose

JHA mission statement



Just Health Action advocates for reducing health inequities that result from social, political, economic, and cultural factors.

Through a social justice lens, we teach workshops and classes that review the evidence and facilitate discussion and consensus on how individuals and communities can take **action** on these root causes.

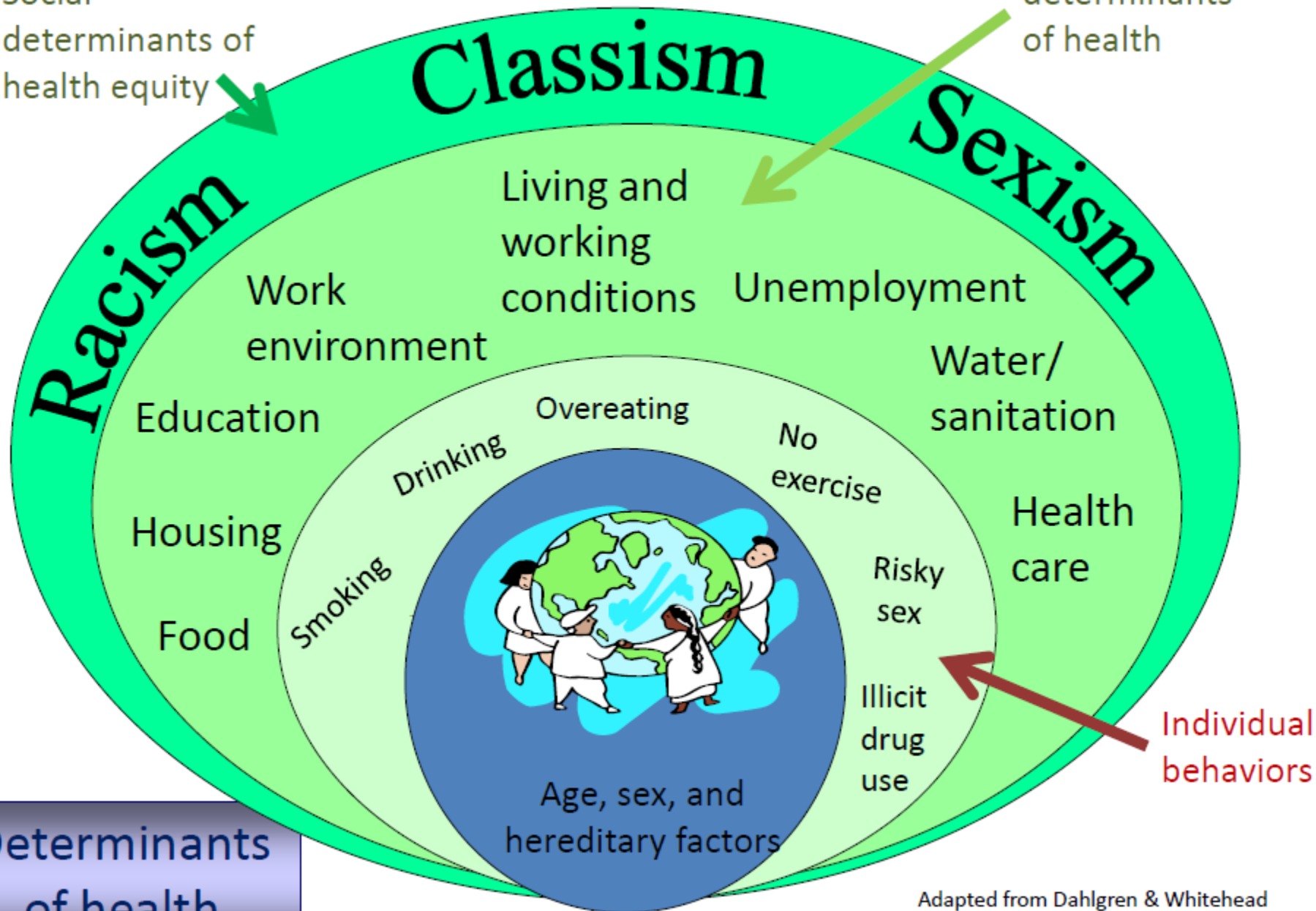
Today

- JHA approach/framework
- Sea Mar Community Health Centers workshop series
- How do we incorporate/ operationalize the SDOH into health care?
- Evaluations
- Discussion



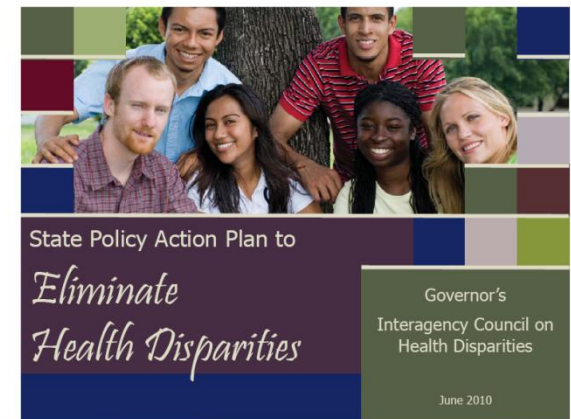
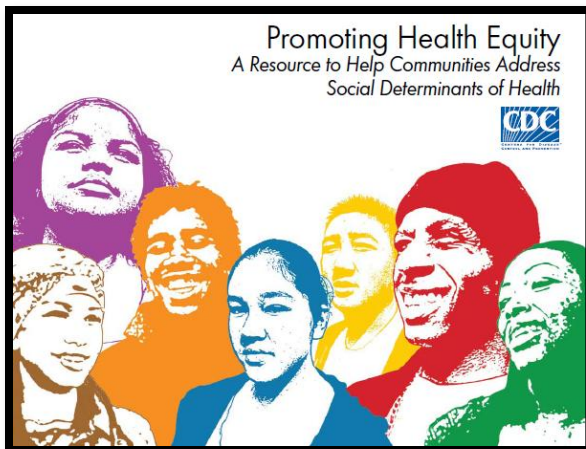
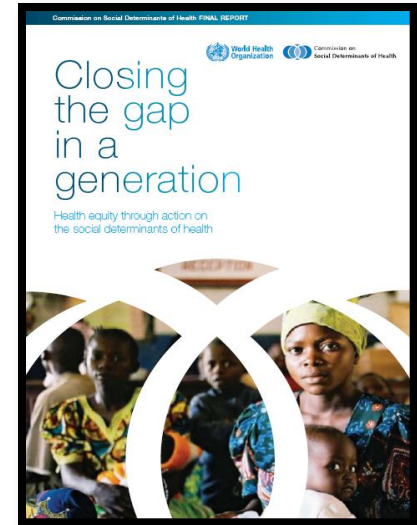
Social determinants of health equity

Social determinants of health



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

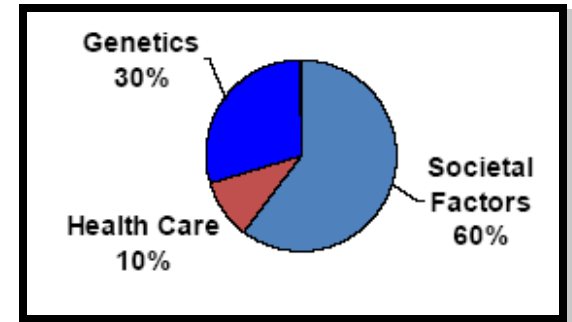
Why teach SDOH? – A call to action



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

Case for teaching the social determinants of health

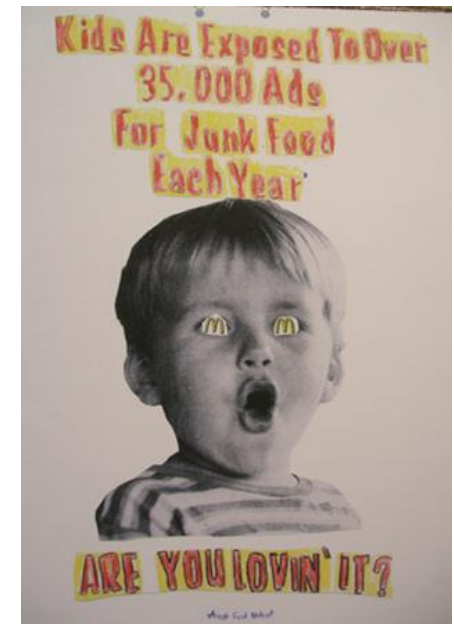
- **Individual** behavioral factors explain **small** proportion of disease compared to societal factors.



- **Individual** health behavior approach -limited effect in disadvantaged populations because it fails to address issues of **why** behaviors are adopted.

- “Blame the victim” – disadvantaged blamed for illness when responsible factors are **outside their control**.

Raphael, 2003, Health Promotion International, Vol 18, No 4



three levels of health literacy

1. functional



Transmission of factual information (AIDS, drugs, tobacco)

2. interactive



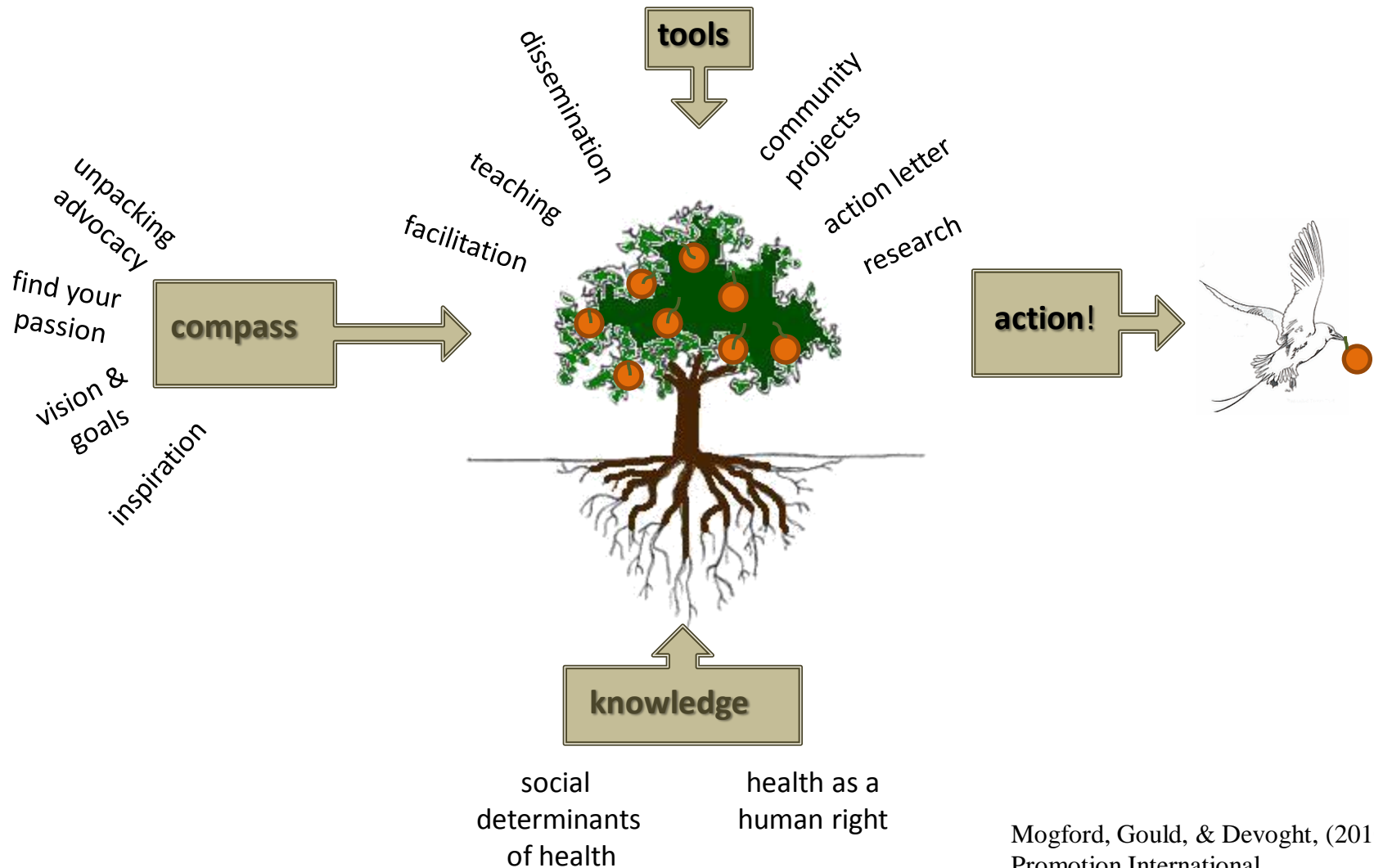
Develop personal skills – problem solving, communication, decision making. Act independently on advice received.

3. critical



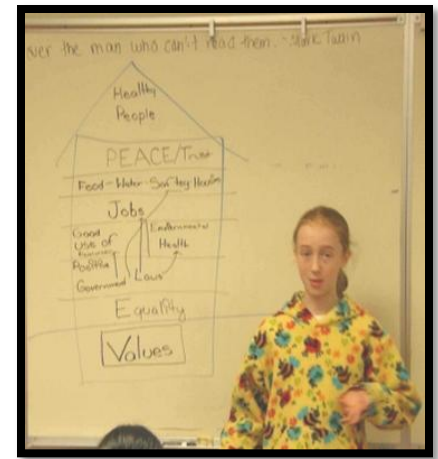
*Individual and community capacity to **understand** and **change** how social, economic, and political forces affect health – social action on policies and practices.*

JHA critical health literacy framework



JHA curriculum venues

- Secondary schools
- Universities
- Health centers
- Health departments
- Promotoras



Seattle Girls School



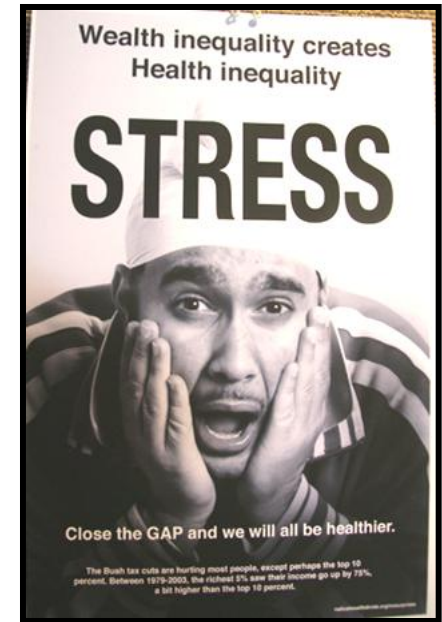
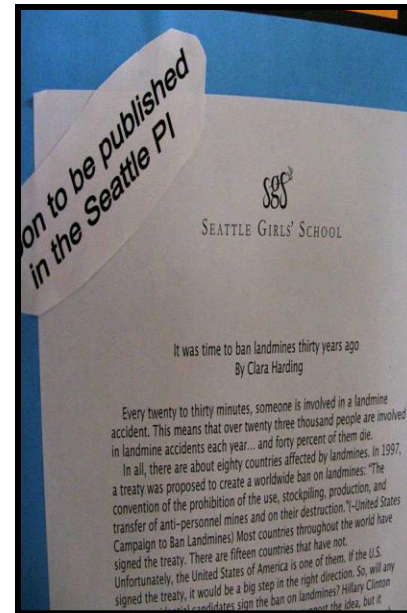
Environmental Justice Youth Corps



Promotora Advisor training, North Carolina

teaching action skills and taking action

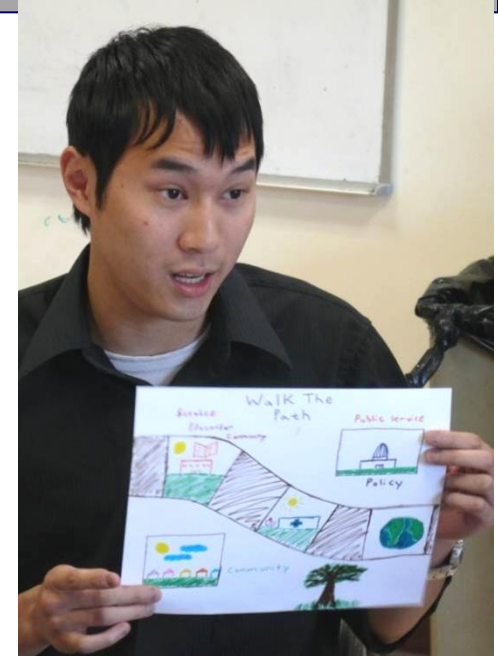
- Community action project
- Action letter
- Facilitating health equity conversations
- Raising SDOH awareness through art
- Writing advocacy mission statement





Sea Mar and Health Corps volunteers

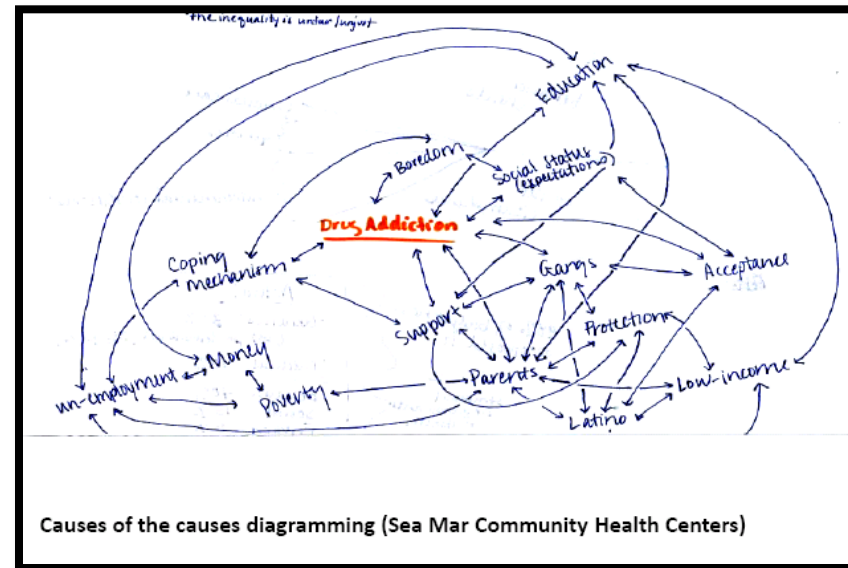
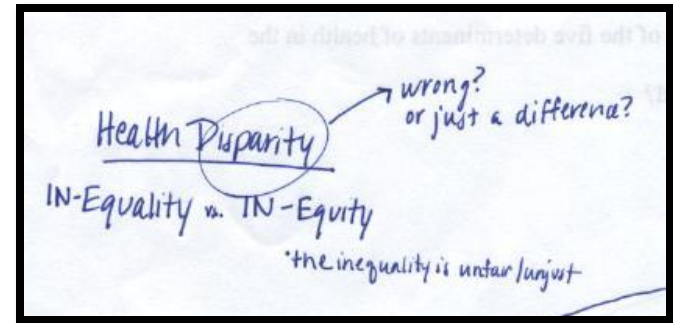
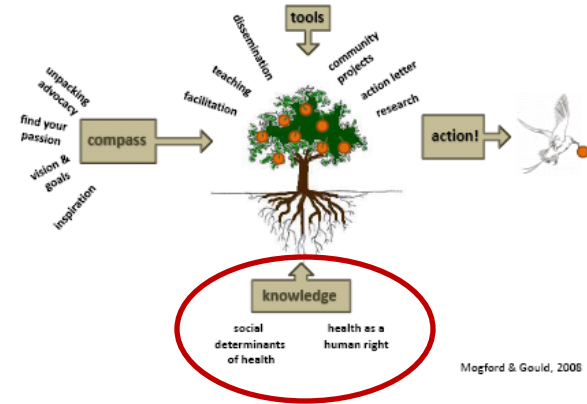
- JHA's 4th year
- 13-17 volunteers/year from 4 different clinics
 - Many pre-med or MPH bound
- Positions (patient navigator, diabetes, tobacco, life skills, doula, drug treatment art therapy, intergenerational, childhood development center)



WS1- Introduction to population health (knowledge)

- What is population health?
- How is it measured?
- What are SDOH?
- What is a health disparity vs inequity? (“avoidable/unfair”)
- What are the root causes of the disparity?
- Homework (health disparity readings)

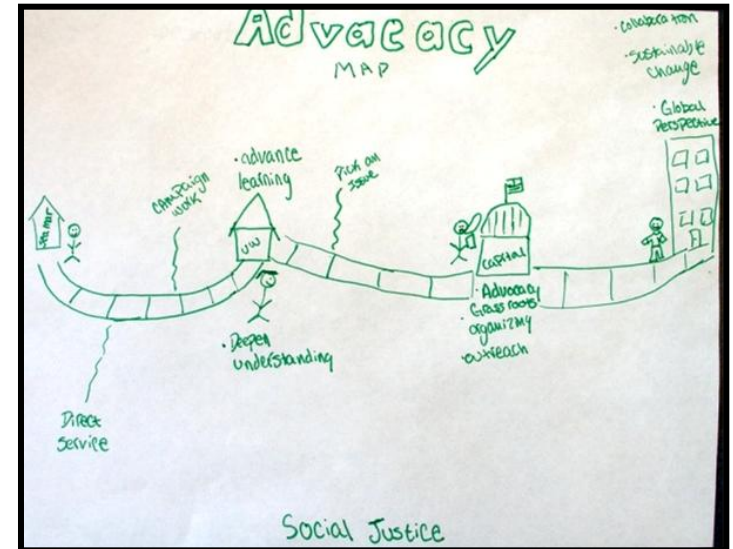
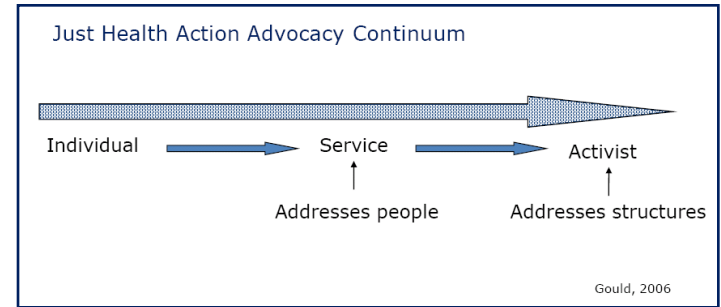
JHA critical health literacy framework



Causes of the causes diagramming (Sea Mar Community Health Centers)

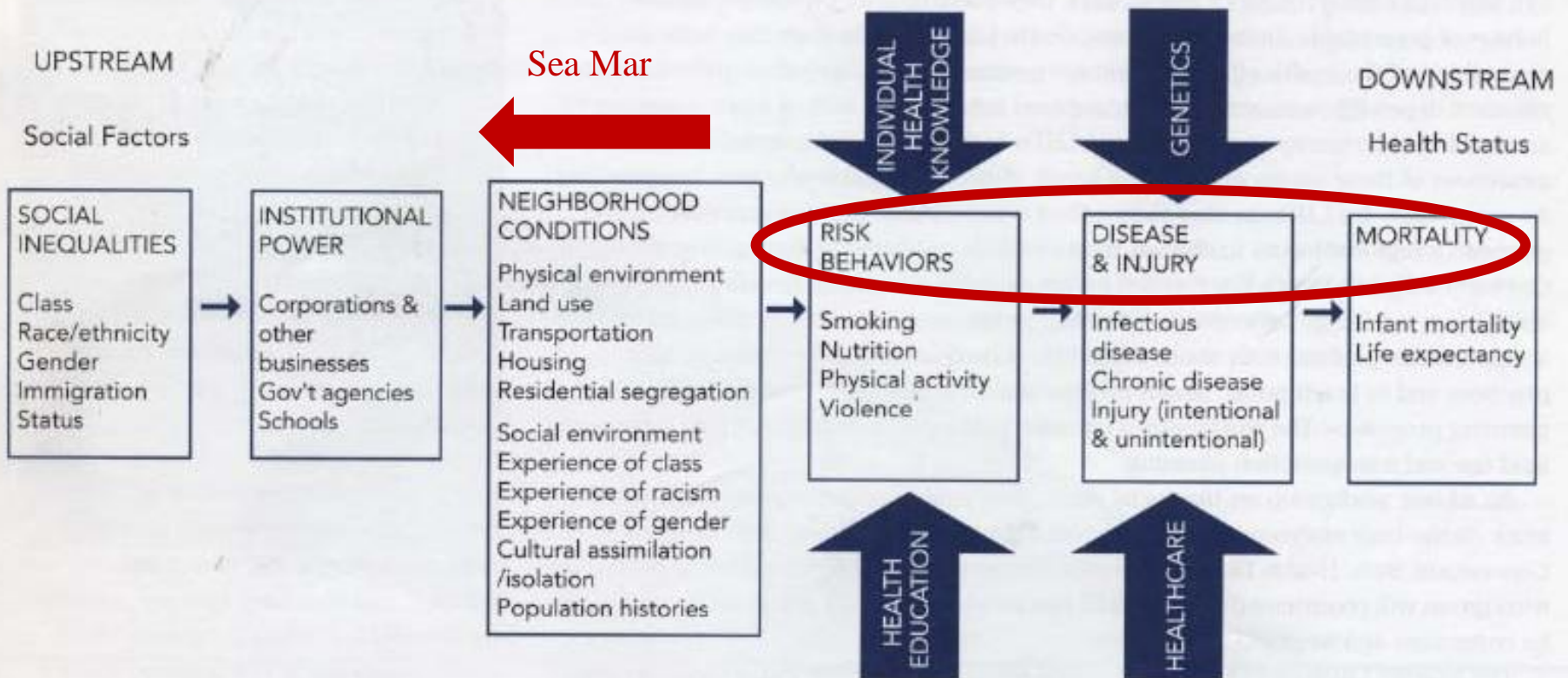
WS2 – Health advocacy

- Review health disparity literature (knowledge)
- Health as a human right (knowledge)
- Defining civic engagement/advocacy (compass)
- Advocacy life mapping (compass)
- SWOT Analysis (tools)
- Homework - Writing a mission statement (tools)
- Homework – “SDOH streetwalk” (knowledge/tools)



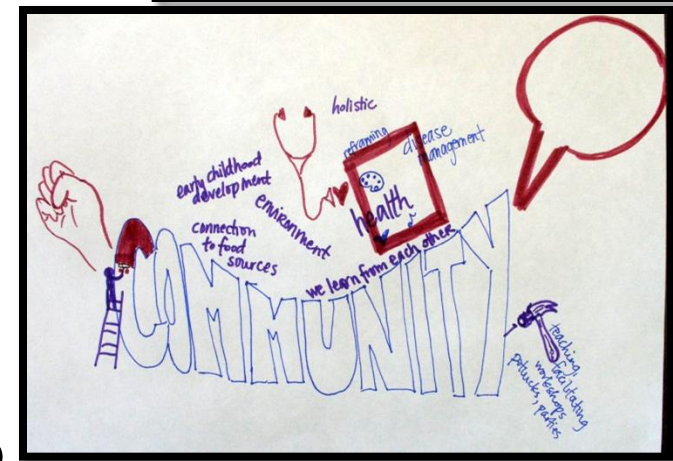
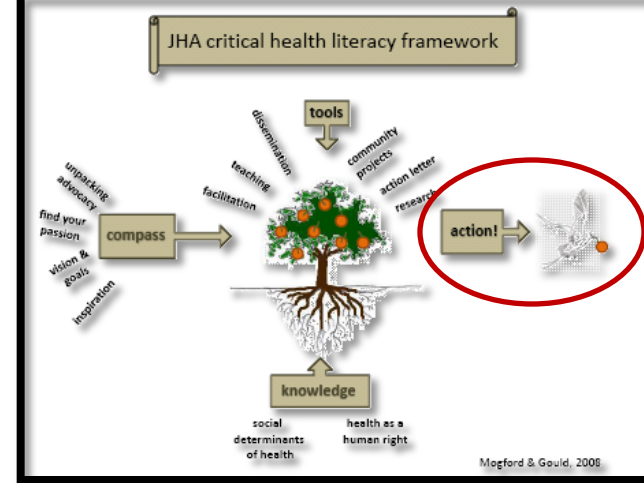
Sea Mar: Moving upstream from behaviors to population health change

Figure 1. Framework for Understanding and Measuring Health Inequities

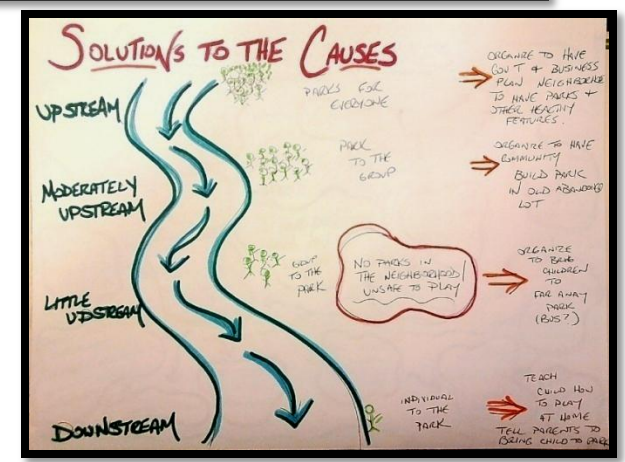


WS3 and WS4 – Action

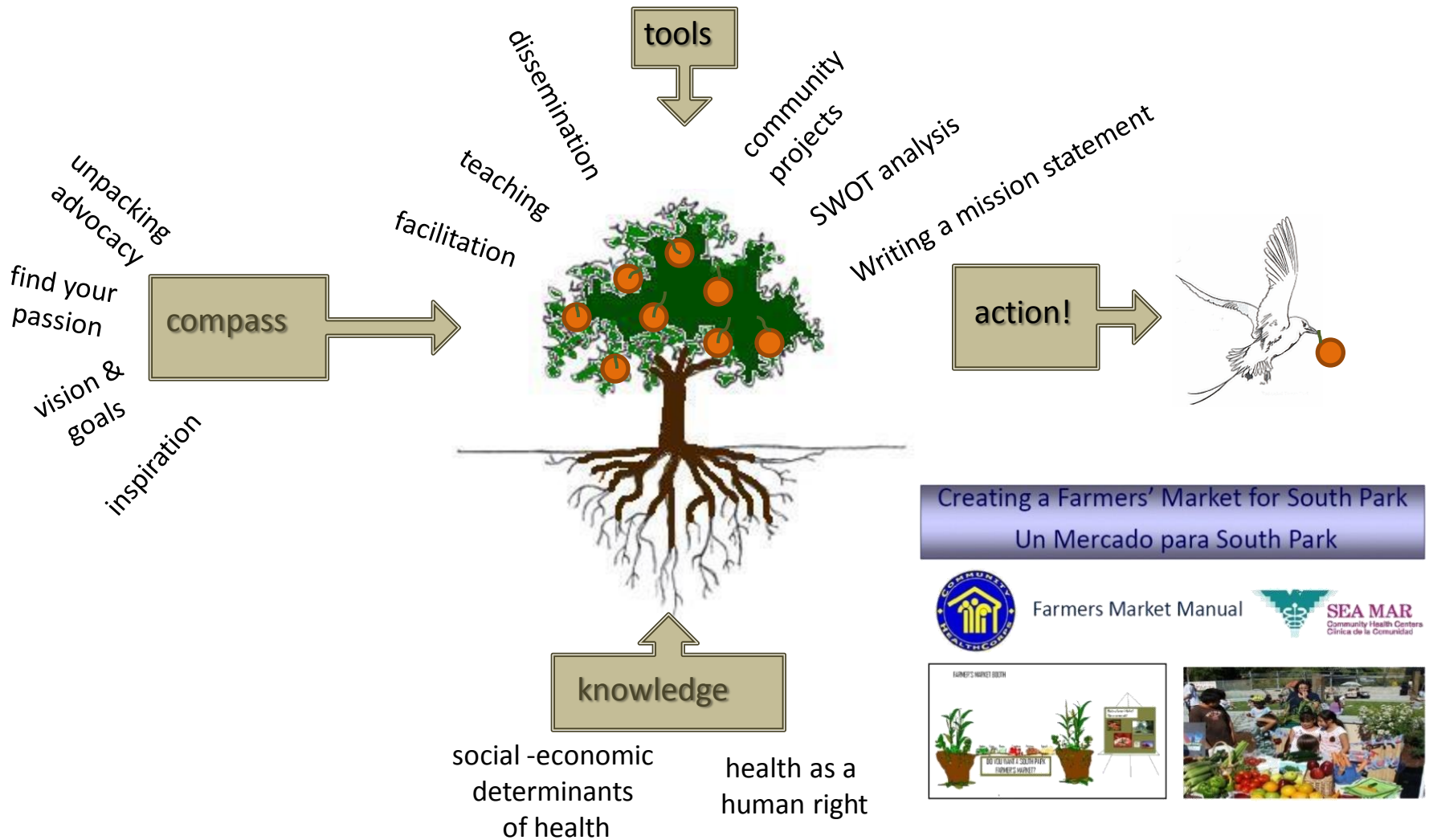
- What does community action look like? (America Bracho and local examples)
- Facilitating health equity conversations (Unnatural Causes)
- Action brainstorming
- Solutions to the causes
- What tools do we need to learn to take action?



UNNATURAL CAUSES
 ...is inequality making us sick?
 A seven-part documentary series exploring racial & socioeconomic inequalities in health.



Sea Mar HealthCorps and JHA critical health literacy framework



Dr. Julian Perez: How to operationalize the SDOH at Sea Mar



- Volunteer frustration after 6 months – how implement these JHA workshop trainings at medical level?
- JP presents “What makes Latinos families healthy” framework
- Shows health disparity GIS maps (poverty, obesity, education, etc)
- Case based learning - Volunteers bring “challenging patient” case.
- Group brainstorming on problem solving to apply the next day!

What makes Latino families healthy?

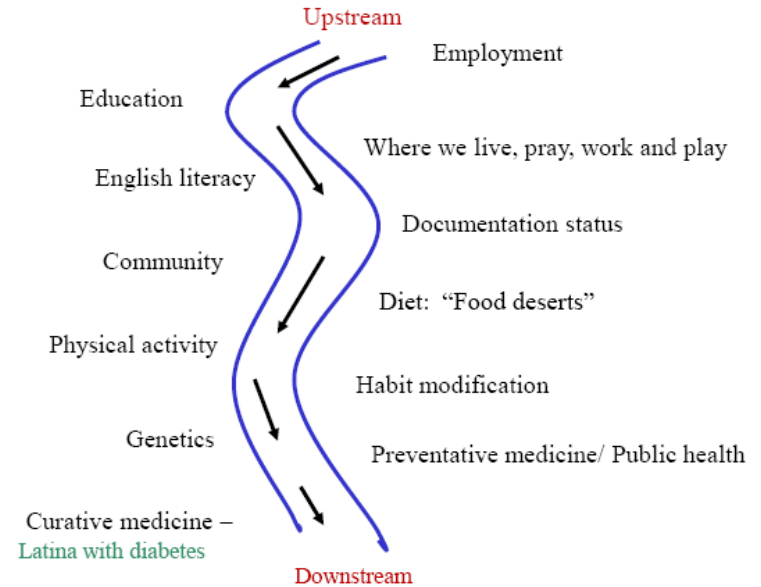
(Listed more or less in order of importance to SM immigrant Latino patients based on Perez' 11 years of experience)

1. Employment:
Money = housing and food.
Main reason for immigration
2. Education
3. Where we live, pray, work
and play “Place matters”:
4. English literacy
5. Documentation status
6. Community
7. Diet: “Food deserts”
8. Physical activity
9. Habit modification
10. Genetics
11. Preventative medicine/
Public health
12. Curative medicine

Case example: Latina with diabetes

1. Work the WMLFH framework backwards
2. How would you help this woman?
 - a) Make a list of her problems
 - b) What are the “upstream” SDOH issues?
3. How help patient become his/her own activist (motivational interviewing)

Case Study: Latina with diabetes -Where is the problem on the river?



3. Be an activist. Call your legislator from home!
4. What did you get out of this? What are you going to do tomorrow?

Evaluations 2-3 weeks post-Perez workshop

1. Describe the ways that Dr Perez' training help you understand the link between the SDOH and medical care.
2. Give an example of a case study that you brought to the training and how you incorporated the SDOH into it.
3. Now that you have finished Dr Perez' training, how are you incorporating the SDOH into your work?

MD delivering the SDOH message

- **Credibility/legitimacy**

-..helpful to hear from someone who is trained in the medical profession.

- **Discussed specific cases**

....example of a man with a history of alcohol abuse, depression and suicide attempts.. His chart noted that he was “non-compliant” ... ‘Feeling overwhelmed....Dr Perez walked me through various questions I could ask this patient to find out what was really going on.

MD delivering the SDOH message

- **Provided concrete tools**

- *As a doctor, the first questions you should ask are SDOH questions, such as education, community and income*

- *...I enjoyed his idea to educate and empower his patients, letting them know they're at risk because of social factors and who to call about it.*

- **Strategies to operationalize**

- *Dr Perez' presentation revolutionized my interactions with clients.*

- *I ask more questions and listen to their lives.*

- *We are compiling information for clients about community resources...*

How have you incorporated/operationalized the SDOH into your work over the past 5 months?

Please give an example

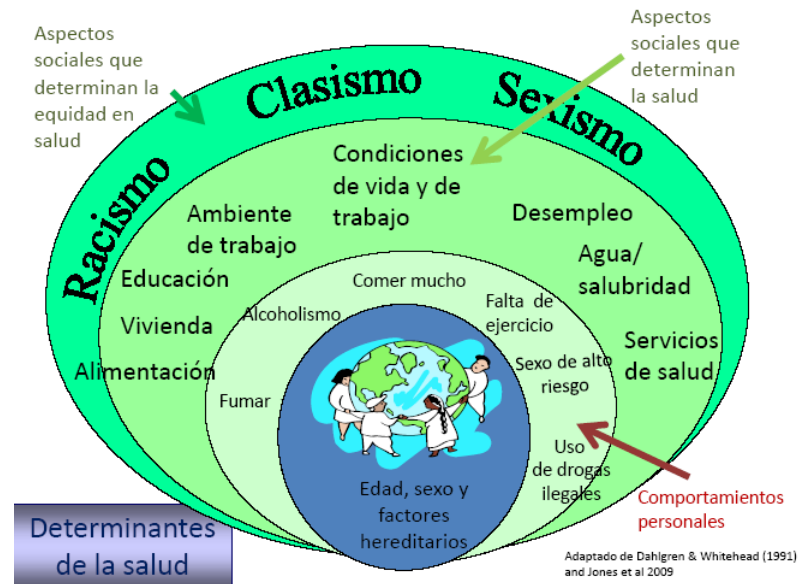
JOBS JOBS JOBS

*Employment is the first thing I talk about with my clients. Any trace of **responsibility** I used to place on clients for their current situation (spec. homeless, chemical dependency, poor management of mental health) is gone.*

*When with patients, I have learned how to speak **with** them as opposed **to** speaking to them. Before I would go into a room and tell a person to exercise and lower their blood pressure, but now I feel that I can better work with them and for them.*

In the works: SDOH patient intake form

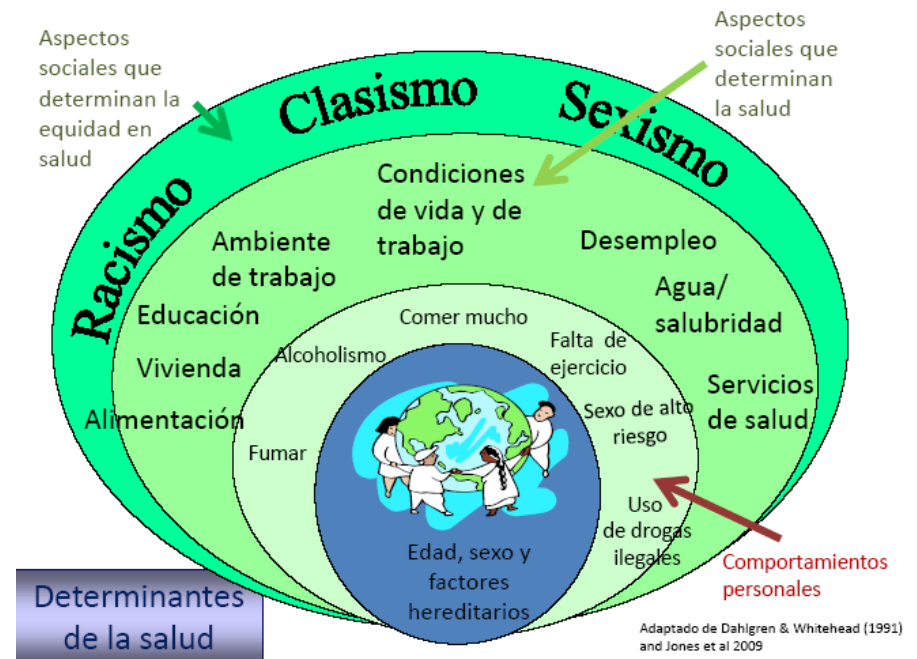
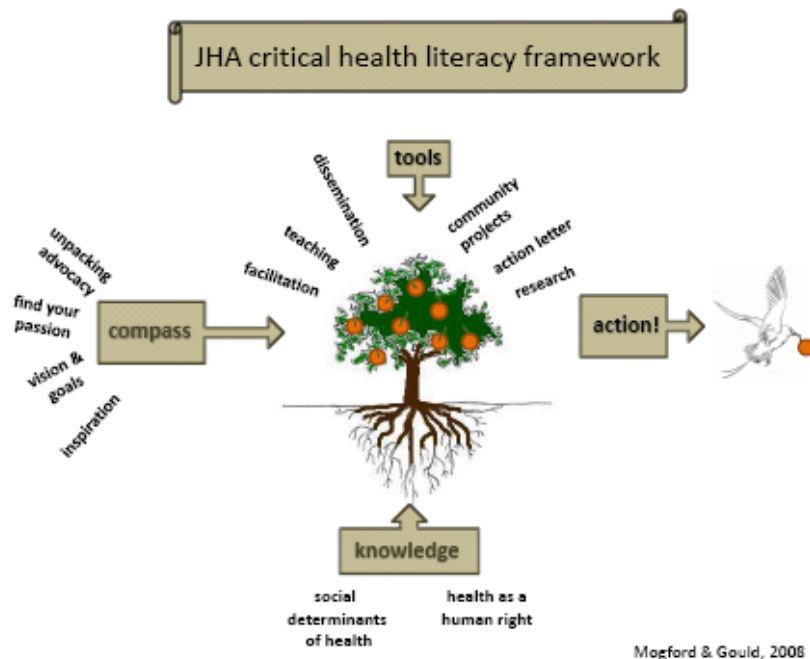
- Stress level (1-10)?
- Spirituality?
- Habits ?
- Prison?
- Education ?
- Partnered ?
- Job ?
- Environment ?
- English speaking?



- Health insurance ?
- Support system ?
- Access to food ?
- Transportation ?
- Hopes/dreams - barriers ?
- Discrimination ?
- Life control?

Upcoming: “Train the trainer” in Seattle

Interested in teaching the SDOH and health equity? Sign the sheet or contact us if you are interested





**Thank you
Muchas Gracias!!!**

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Acknowledgements:
Sea Mar Community Health
Centers
Jennifer Tee
(*SM Health Corps Coordinator*)
Health Corps volunteers



For more info on JHA's critical health literacy framework

- Mogford E, Gould L, DeVoght A. Teaching critical health literacy as a means to action on the social determinants of health. *Health Promotion International*. 2010; Doi:10.1093/heaprp/daq049
- Gould, Mogford, DeVoght, Successes and challenges of teaching the social determinants of health in secondary schools. *Health Promotion Practice*, May 2010, Vol. 11, Suppl. 1, 26S-33S, DOI: 10.1177/1524839909360172
- Stay tuned - Gould and Perez hope to publish a paper on operationalizing the SDOH and our critical health literacy instrument at Sea Mar Community Health Centers soon.

THE FUTURE

- acceptance
- empowerment
- choice
- knowledge
- rural health care
- women
- access
- safety
- comfort

