

Social Determinants of Health 101: Moving from What and Why to How



[Source: <http://drawingchange.com/wp-content/uploads/2013/11/GW6-Social-Determinants-closeup.jpg>]

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CTC Presentation 9.21.18

Our Mission

MLPB equips health and human services organizations with upstream problem-solving strategies that address health-related social needs.

By leveraging our public interest law expertise, we advance health equity for individuals, families, and communities.

Learning Objectives:

- Become familiar with:
 - SDOH and health
 - Policy drivers of SDOH
 - Intersections with legal risks, rights, and remedies
 - Advocacy tips and resources

- 1. SDOH and Health (the What)**
- 2. Policy Drivers of SDOH (the Why – part 1)**
- 3. Intersection with Legal Risks, Rights and Remedies (the Why – part 2)**
- 4. Advocacy Tips and Resources (the How)**

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Social Determinants of Health (SDOH)

What are SDOH?

The conditions in which people are born, grow, live, work and age.

What influences SDOH?

Distribution of money, power and resources at global, national and local levels.

-World Health Organization

[Source: http://www.who.int/social_determinants/sdh_definition/en/]

SDOH and Health

“[T]he existing literature is clear about the importance of social determinants of health in improving the health of populations. . .

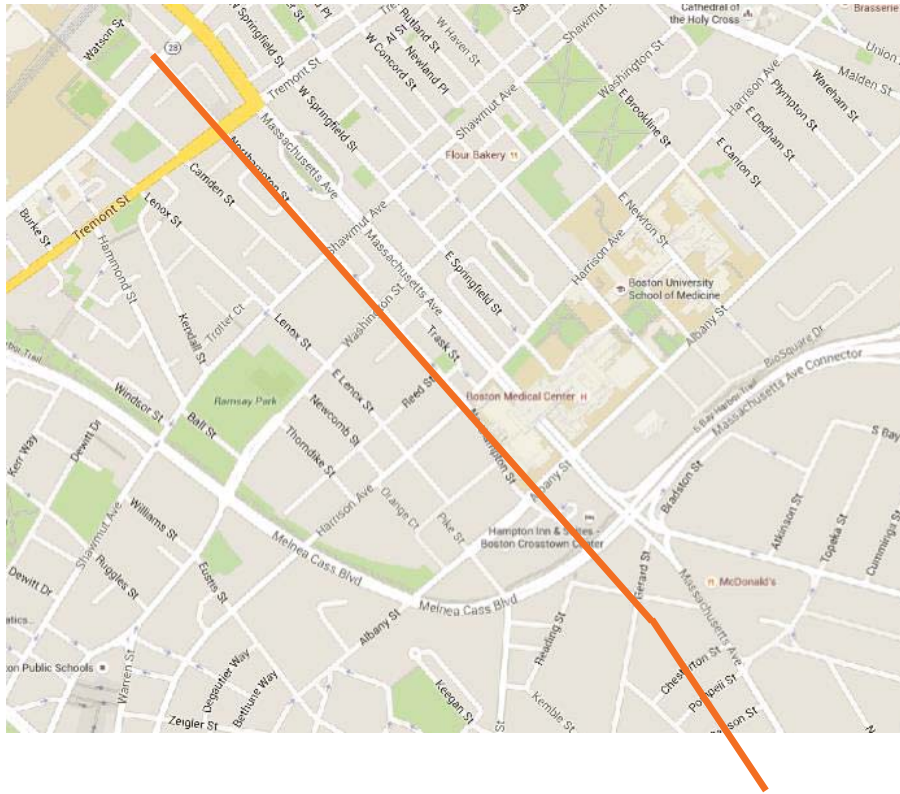
These studies uniformly suggest that **nonmedical factors play a substantially larger role than do medical factors** in health.”
(emphasis added)

Source: Leveraging Social Determinants of Health: What Works? Prepared for the Blue Cross Blue Shield of Massachusetts (BCBSMA) Foundation by the Yale Global Health Leadership Institute (June 2015)

Genetic Code or Zip Code-

**Which is a better predictor
of poor health?**

ZIP CODE



Place Matters: Average life expectancy

Rhode Island

Providence county:

81.5 (female)

76.8 (male)

RI life expectancy:

81.9 (female)

77.4 (male)

(Institute for Health Metrics and Evaluation, U of Washington, 2014 data)

Massachusetts

Back Bay residents: 83.7

(almost 6 years more than Boston residents overall)

Roxbury residents: 74.0

(4 years less than average)

(Boston Public Health Commission, *Place Matters*, Spring 2013)

A, B, or C?

Rhode Island's housing stock is:

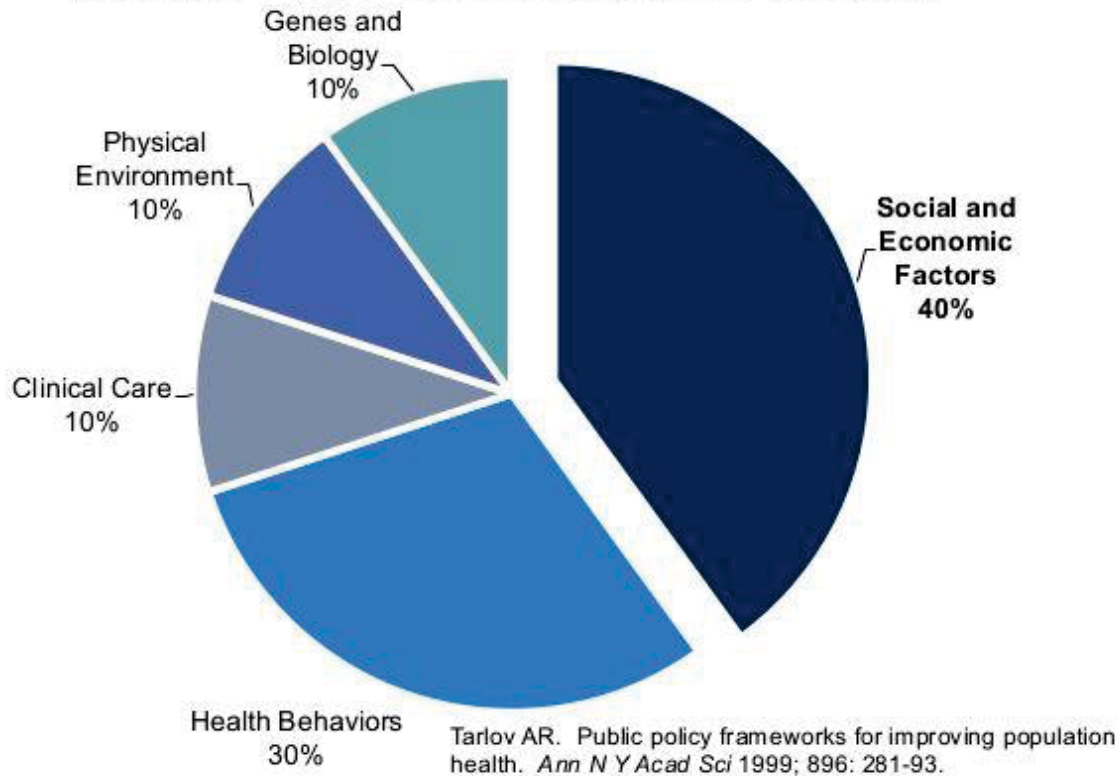
- A. Among the oldest in the country.
- B. About average, given the combo of colonial era dwellings, and the urban renewal experiments of the 1960's.
- C. Newer than you'd think: gentrification in once-blighted neighborhoods has triggered enough new housing development to put Rhode Island in the top quartile of new housing nationwide.

A: We are the fourth oldest in the country after NY, MA and D.C.

- 80% of homes in Rhode Island were built before 1980
- The White Horse Tavern was originally built as a residence in ~1652!

Factors in Health Outcomes

What Creates Health? What are the Determinants of Health?



What are examples of SDOH?

Figure 2

Social Determinants of Health

Economic Stability	Neighborhood and Physical Environment	Education	Food	Community and Social Context	Health Care System
Employment	Housing	Literacy	Hunger	Social integration	Health coverage
Income	Transportation	Language	Access to healthy options	Support systems	Provider availability
Expenses	Safety	Early childhood education		Community engagement	Provider linguistic and cultural competency
Debt	Parks	Vocational training		Discrimination	Quality of care
Medical bills	Playgrounds	Higher education			
Support	Walkability				

Health Outcomes
 Mortality, Morbidity, Life Expectancy, Health Care Expenditures, Health Status, Functional Limitations



Social, Economic, and Environmental Drivers of Health



Source: Healthy People 2020

Mediating Variables



Adapted by MLPB from publicly-available Healthy People 2020 infographic

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Health Inequity

“The social determinants of health are mostly responsible for health inequities—the unfair and avoidable differences in health status seen within and between countries.”

- World Health Organization

[Source: http://www.who.int/social_determinants/sdh_definition/en/]

Health Equity



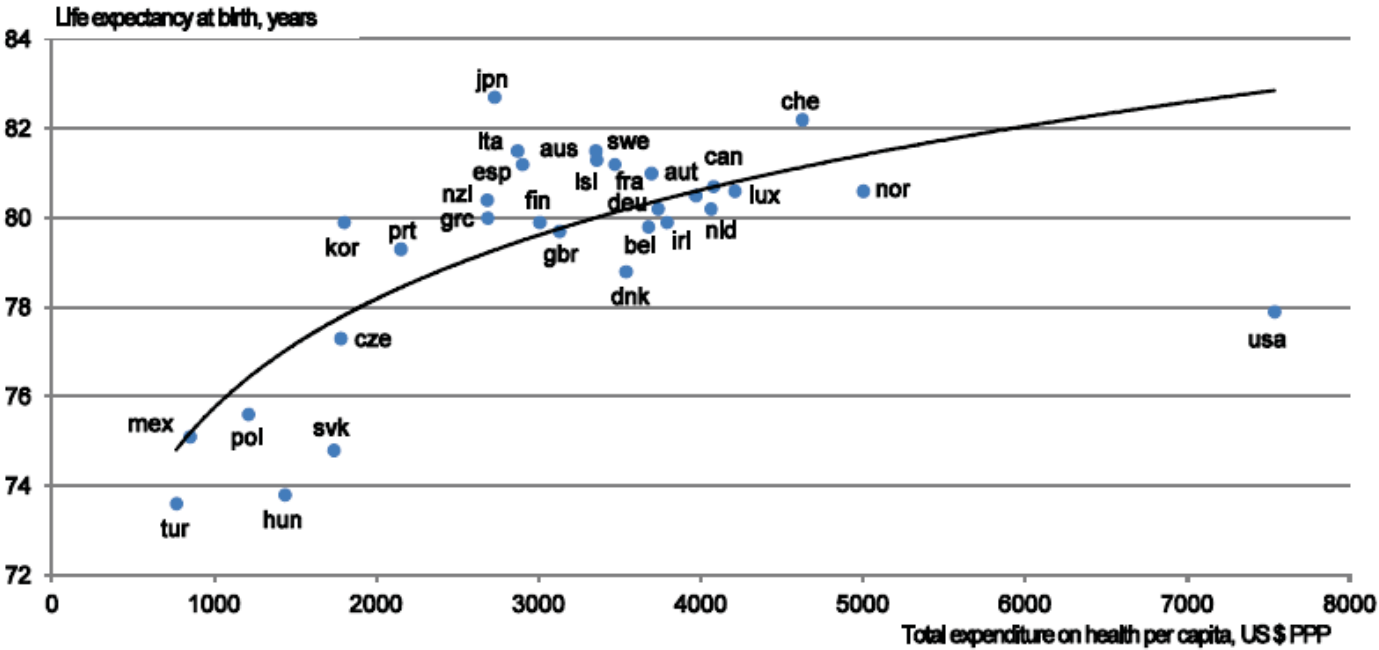
“Health equity means that everyone has a fair and just opportunity to be healthier. This requires removing obstacles to health such as poverty, discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care.”

Source: Robert Wood Johnson Foundation,
<https://www.rwjf.org/en/library/research/2017/05/what-is-health-equity-.html>

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Health Outcomes by Country

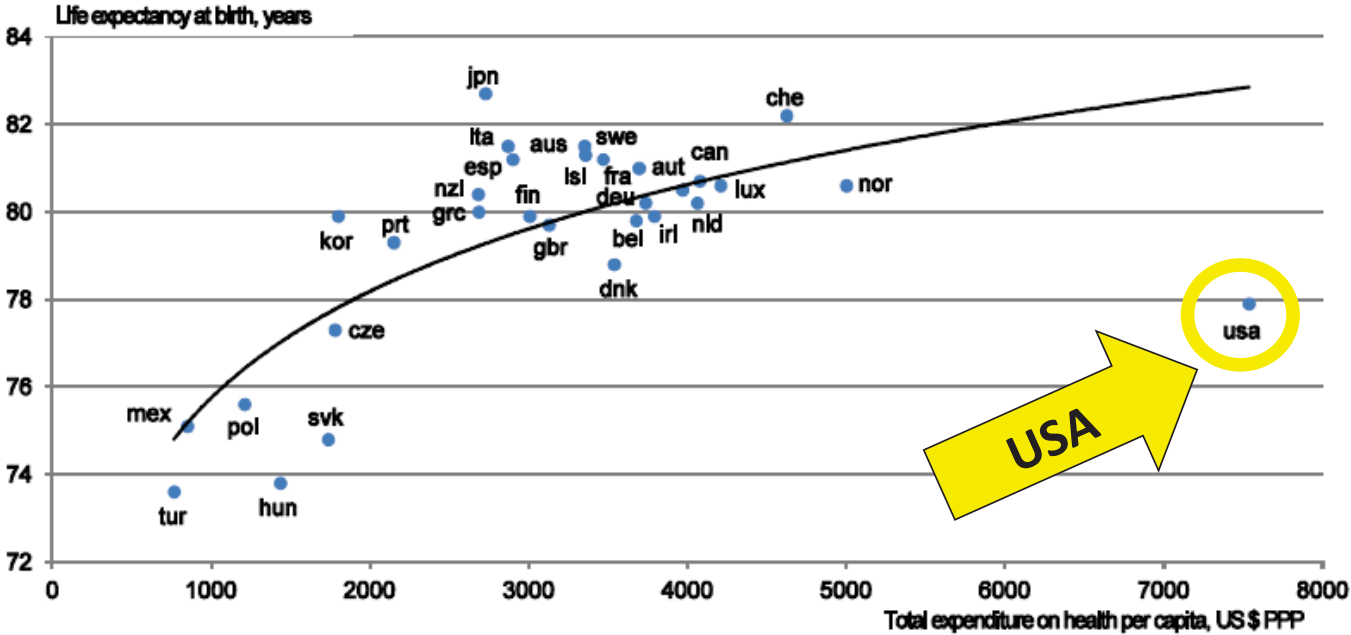
Figure 1. There are large differences in life expectancy and health care spending across OECD countries 2008¹



1. Or latest year available.
Source: OECD Health Data 2010.

Health Outcomes by Country

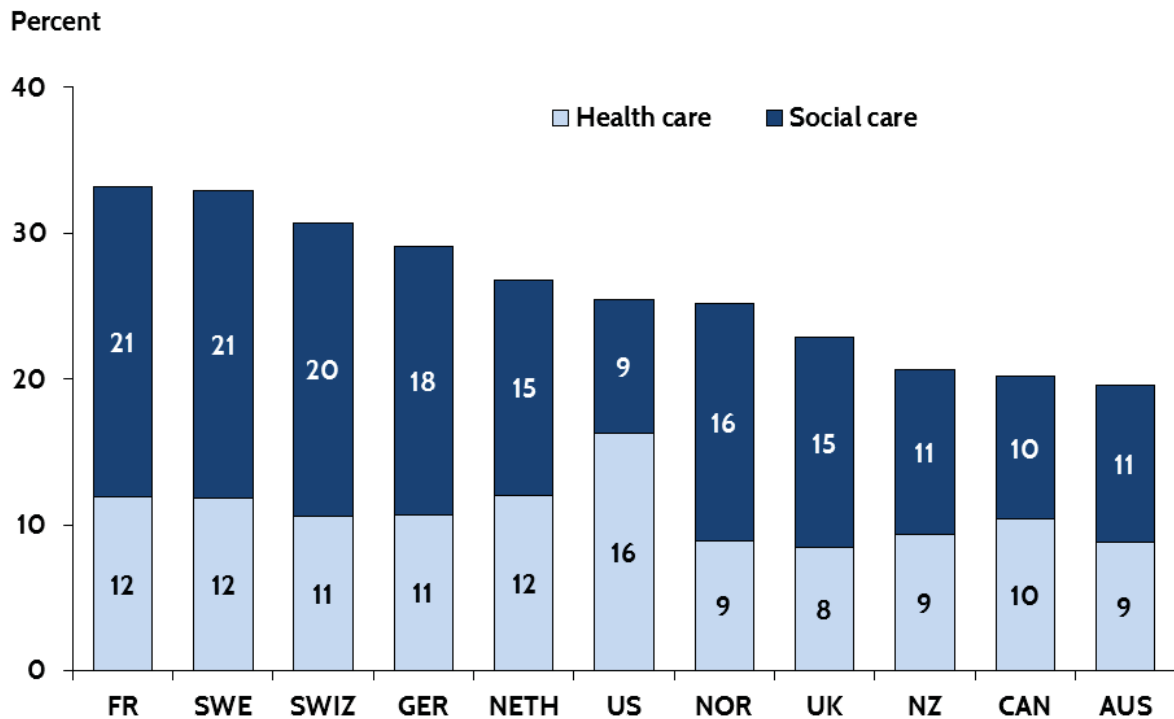
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Source: OECD Health Data 2010.

U.S. Healthcare v. Social Spending

Exhibit 8. Health and Social Care Spending as a Percentage of GDP



Notes: GDP refers to gross domestic product.

Source: E. H. Bradley and L. A. Taylor, *The American Health Care Paradox: Why Spending More Is Getting Us Less*, Public Affairs, 2013.

Public Policy Promoting Health

- Remediation of poor housing conditions
- Utility shut-off protection
- FMLA protections
- SSI/SSDI disability benefits
- Special education services

Public Policy Context: 2018

Consumer decisions being influenced by

- Actual law and public policy, and
- Leaked, draft Executive Orders that could become law - but not currently law

Increase in immigration law enforcement activity

- Disruption of families
- Mental health repercussions
- Increased no-show rates among immigrant families for med. appts

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Legal Needs and Health Outcomes are Linked!



Housing Related Barriers to Health

Overcrowding

Pest infestation,
leaks, mold

Exposed wires
and uncovered
radiators

Peeling and
chipping paint

Unaffordable rent
and utilities

Infectious
Disease

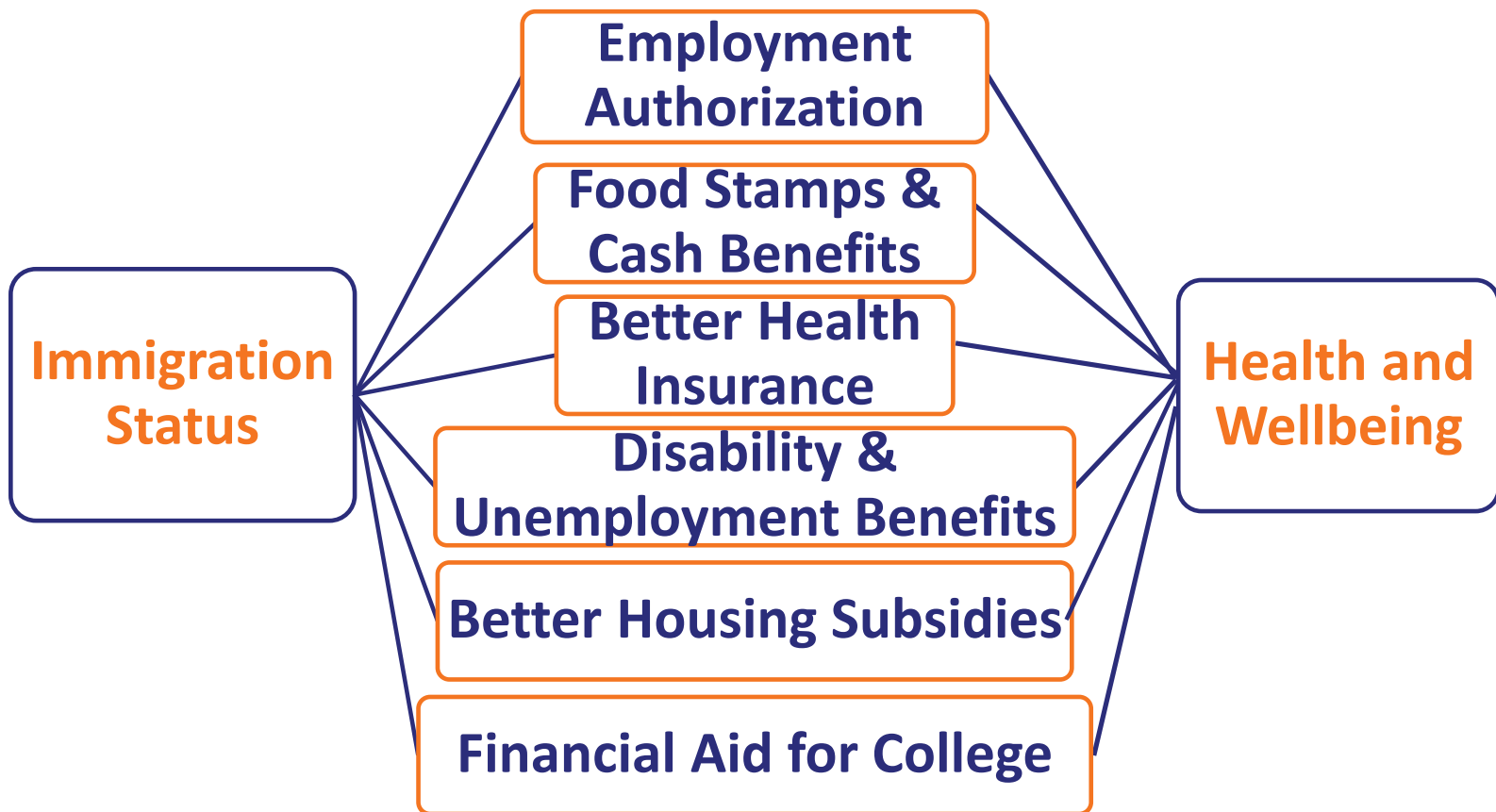
Asthma

Injuries,
fires

Lead
Poisoning

Heat or Eat:
malnutrition,
poor growth

Immigration



Prevalence – The Big Picture

60 million Americans (~ 1 in 5) qualify for free civil legal aid assistance based on income status and need

Civil Legal Aid 101. U.S. Department of Justice Access to Justice Initiative (April 2014). <http://www.justice.gov/atj/legalaid>

In the Massachusetts, **2 out of 3** eligible households report experiencing unmet legal needs during prior year

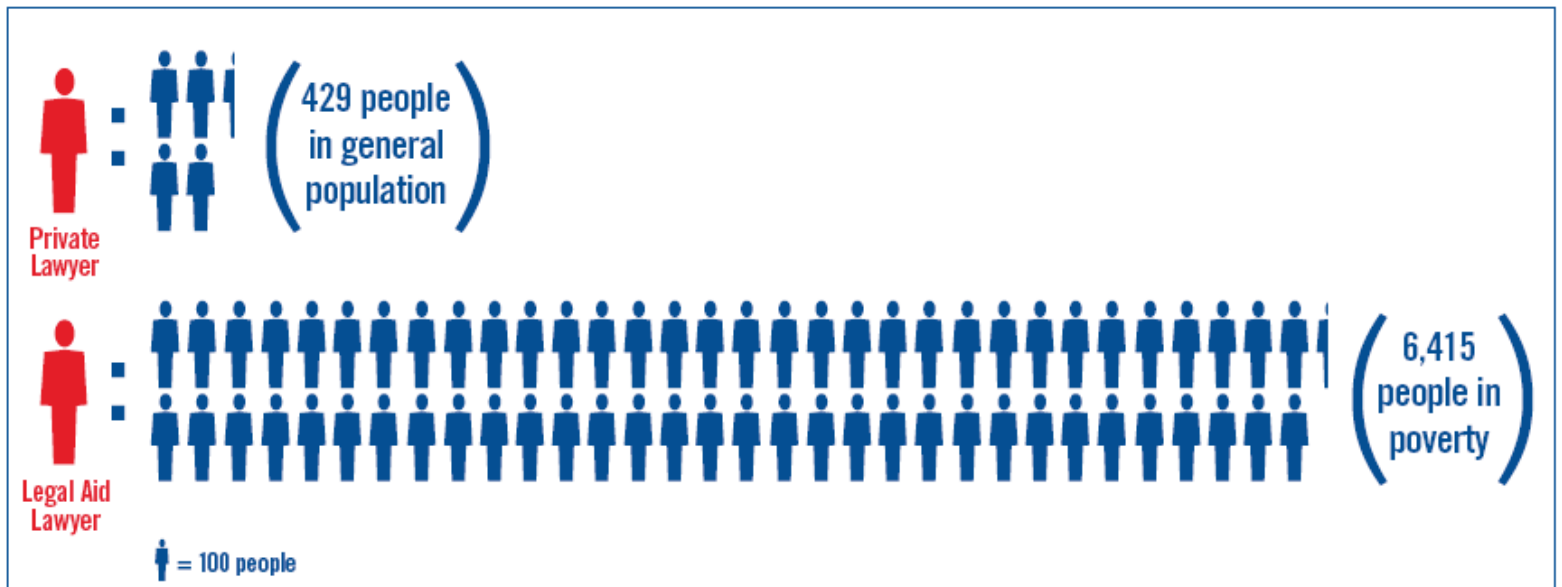
Massachusetts Legal Needs Survey.
Prepared for the Massachusetts Legal Assistance Corporation. (May 2003)
http://www.masslegalservices.org/system/files/library/Data_report_final.pdf

What happens when people try to access the Civil Legal Aid system?



Access to Legal Aid

Table 6: Comparison of Private Lawyers to General Population and Legal Aid Lawyers to Low-Income Population



Source: Legal Services Corporation, *Documenting the Justice Gap in America: The Current Unmet Civil Legal Needs of Low-Income Americans* (September 2009).

New England Data on Legal Aid Access is Troubling

over 51.5% of those who call for help **hang up** without reaching anyone

in 2013, 64% of income-eligible cases were turned away by civil legal aid programs

Investing in Justice: A Roadmap to Cost-Effective Funding for Civil Legal Aid in Massachusetts, Report of the Statewide Task Force to Expand Civil Legal Aid in Massachusetts, Boston Bar Association (2014)

1 in 4 low-income people with a civil legal problem **successfully sought outside help**

(Connecticut Bar Association report)

In Massachusetts

In Connecticut

True or False?

People who can't afford an attorney have the right to be provided with one by the government.



It depends.

Legal matters that guarantee representation

- Criminal proceedings (of any kind)
- Civil commitment proceedings
- Termination of parental right proceedings
- Juvenile delinquency proceedings
- Certain types of reproductive rights proceedings

If it's not on that list, it's not guaranteed!

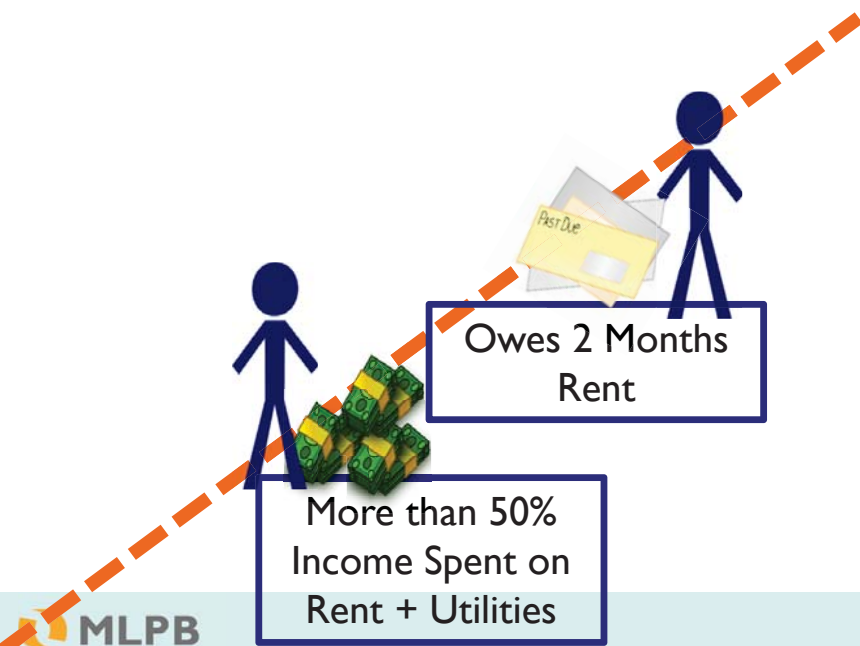
Escalation of a Health-Related Social Need

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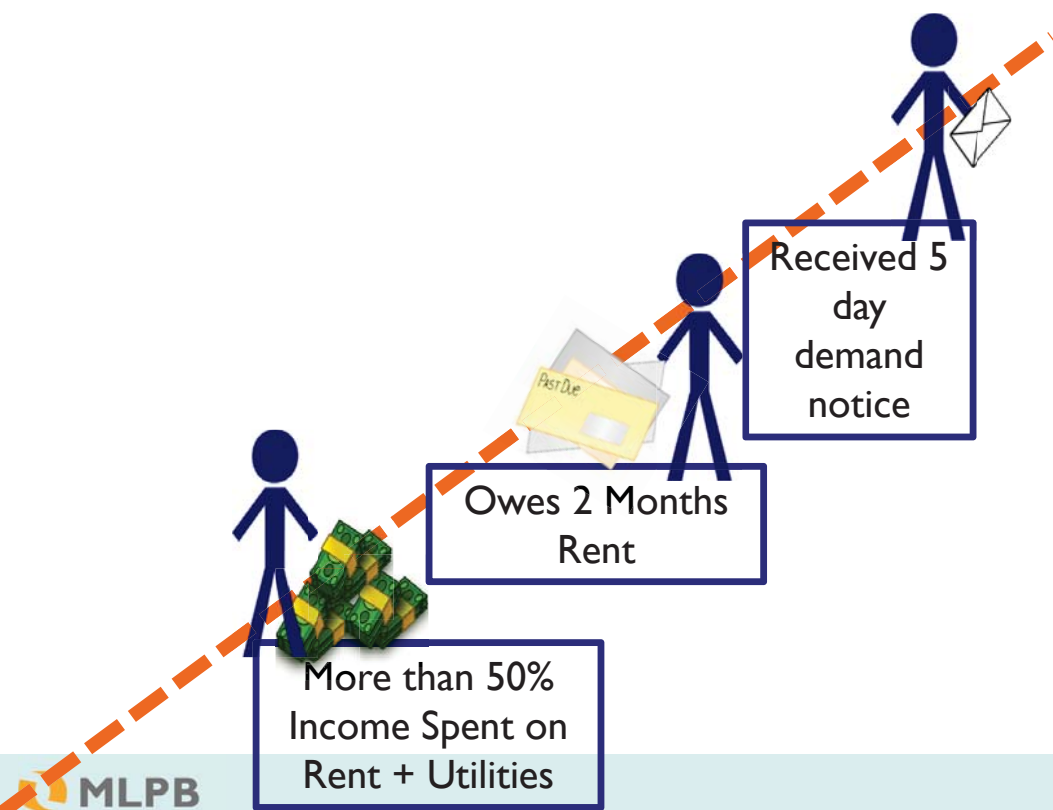


More than 50%
Income Spent on
Rent + Utilities

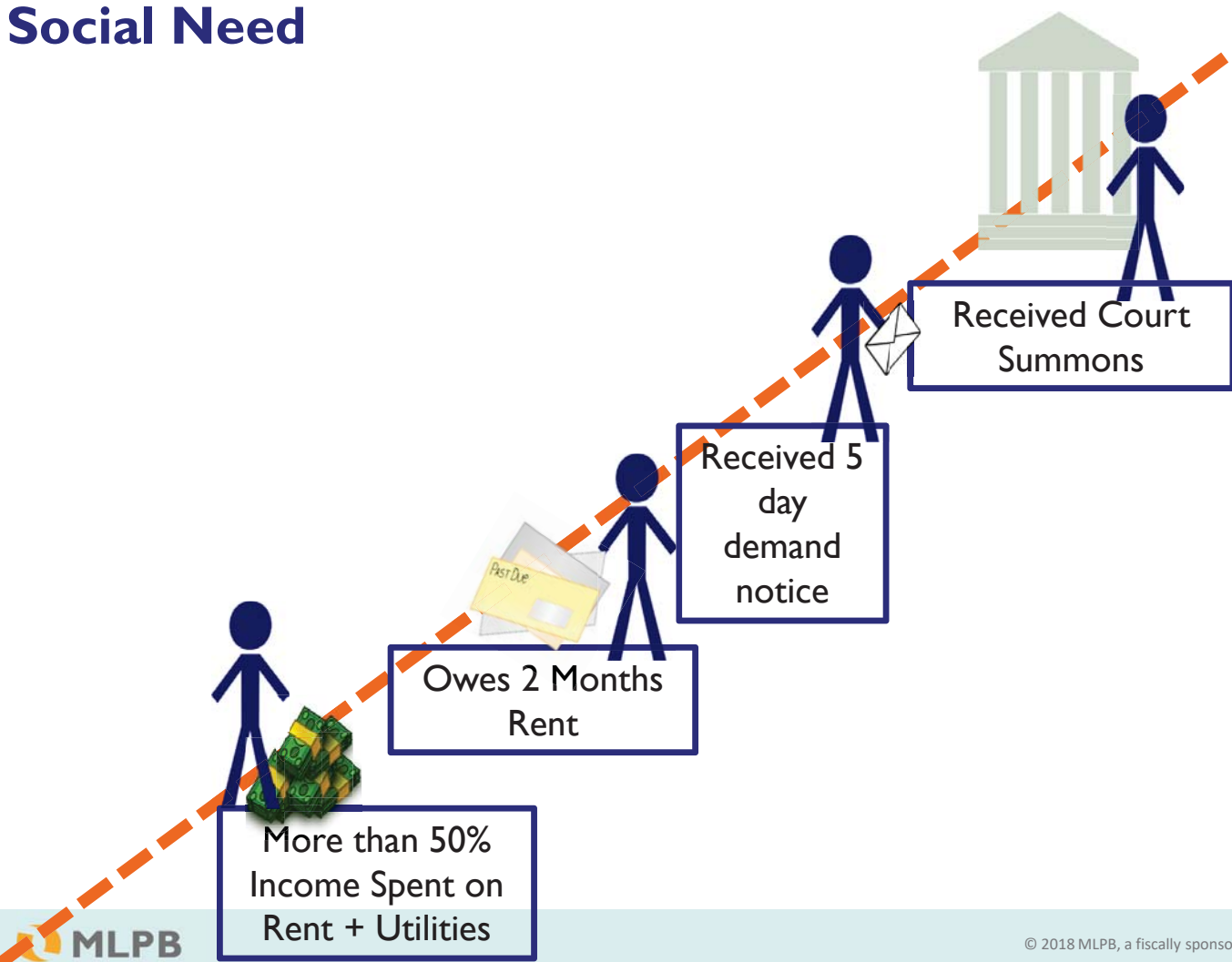
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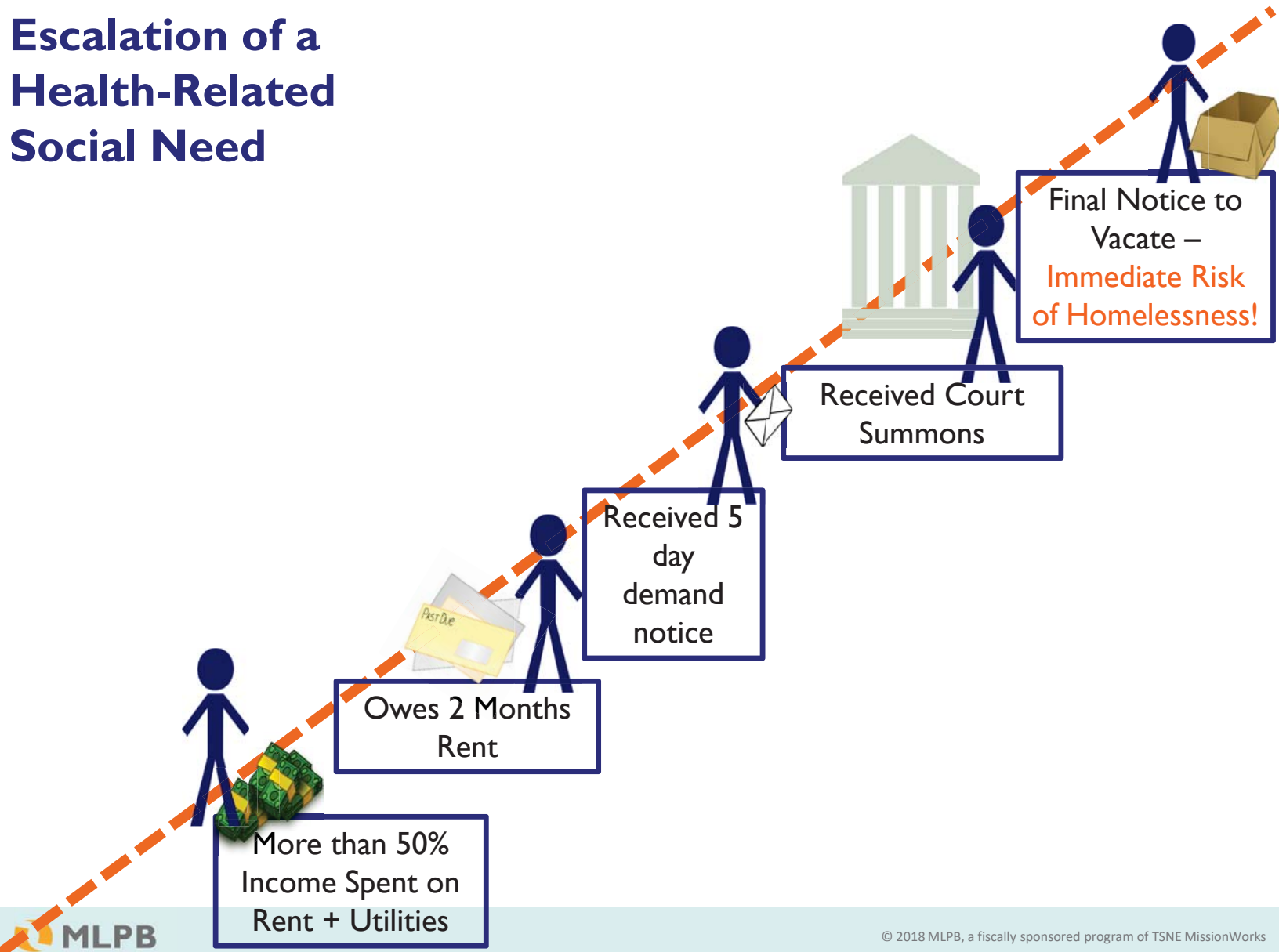
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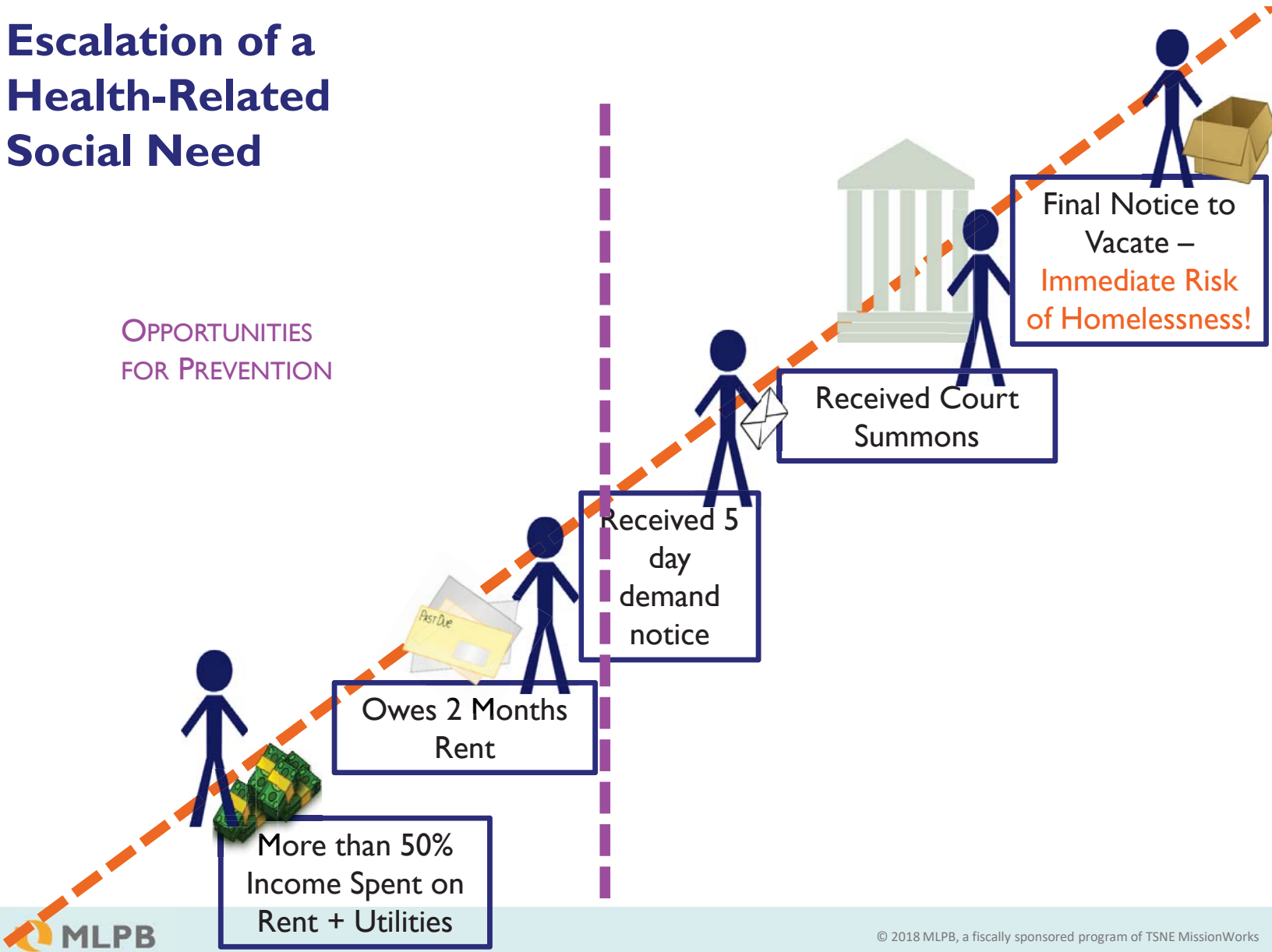


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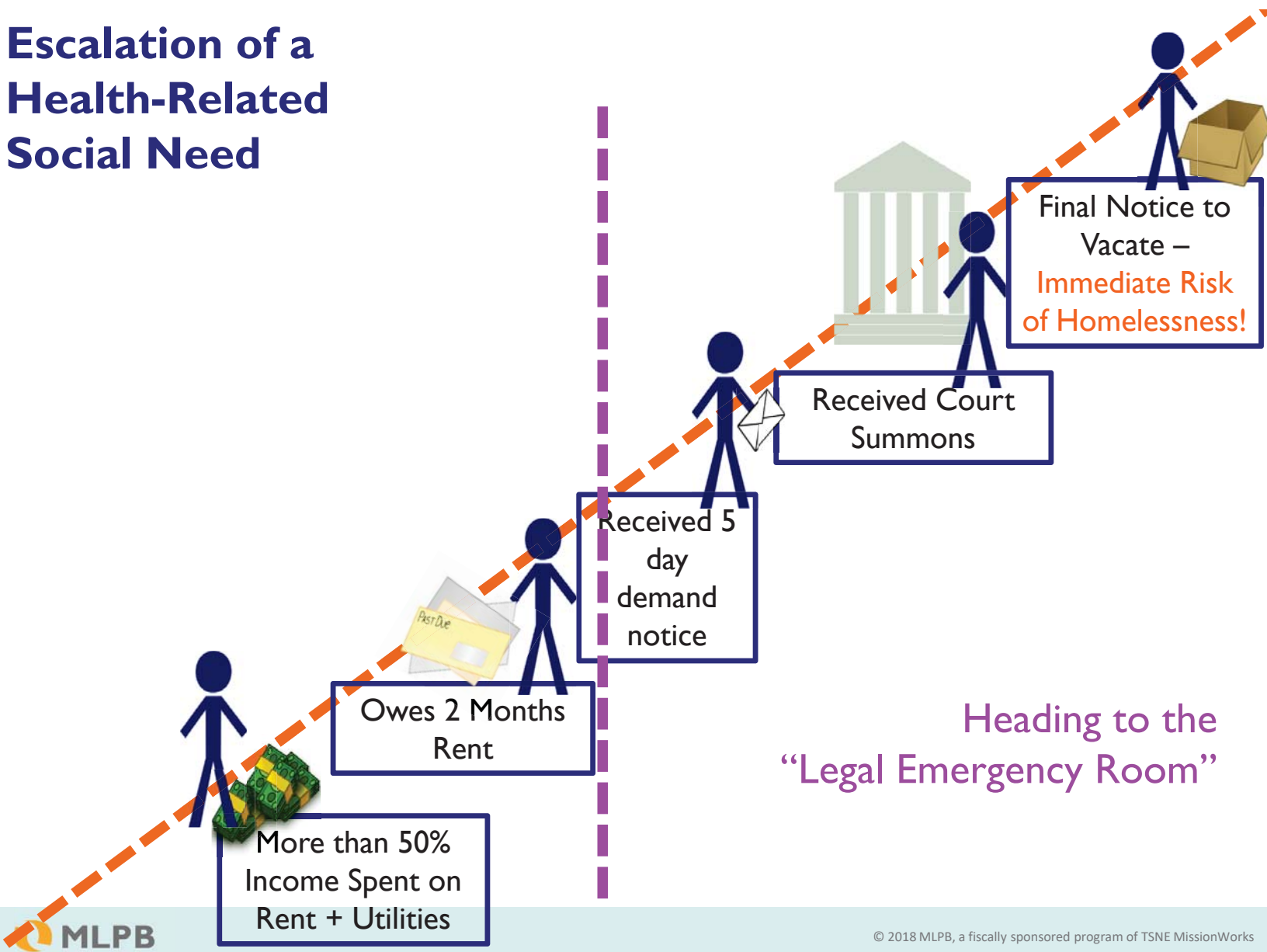


Escalation of a Health-Related Social Need

OPPORTUNITIES FOR PREVENTION



Escalation of a Health-Related Social Need



A growing evidence base for the role of non-medical interventions in advancing health...

Housing support for low-income individuals and families

Nutritional support for high-risk patient populations

“[T]here is strong evidence that **increased investment in selected social services as well as various models of partnership** between health care and social services can confer **substantial health benefits** and **reduce health care costs** for targeted populations.”

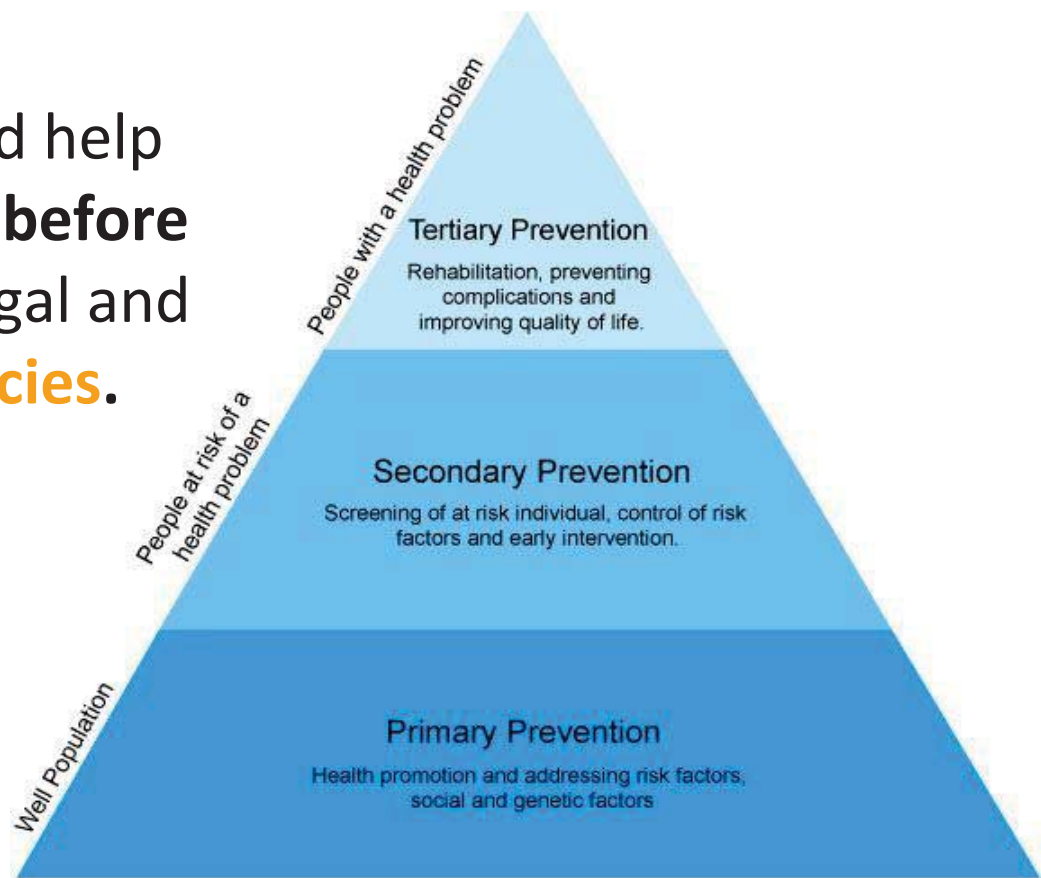
Integrated healthcare and housing services

Case management and care coordination for vulnerable populations

*Leveraging Social Determinants of Health:
What Works? BCBSMA
Foundation (June 2015)*

...and includes the power of integrating upstream lawyers

We can detect and help address legal **risks** before they evolve into legal and health **emergencies**.



Aging Right in the Community (MLPB + Elders Living at Home Program – based in Geriatrics at BMC)

Project Design

- Over 3 years, “low dose” of MLPB public interest lawyer integrated into “high dose” case management team focused on housing stability
- This cross-sector team served ~120 housing unstable elders

Results

- 90+% rate of **homelessness prevention** for low-income, medically complex older adults confronting housing instability

JoHanna Flacks, JD et al. [Aging Right in the Community: How the Integration of Case Management and Legal Services Prevents Older Adult Homelessness](#). (December 2015)

DULCE

(Developmental Understanding and Legal Collaboration for Everyone)

Study Design

randomized control trial

- Administered in BMC Pediatrics primary care 2010-12: universal for families with infants 0-6 months, no income threshold
- Intervention = 6 months of intensive support from Family Specialist backed by MLPB (training, tools, consults, safe hand-offs to *pro bono*)

Results

- Better adherence with **preventive care** and **lower ED utilization**
- Accelerated access to “**concrete supports**” such as SNAP and utility service

Robert Sege, MD, PhD et al. Medical-legal strategies to Improve Infant Healthcare: A Randomized Trial. *Pediatrics* (July 2015)

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Only a Licensed Attorney Can Give Someone Legal Advice

MLPB is here to help improve your problem-solving skills and teach you about some legal rights and remedies available to individuals and populations, **not to turn you into lawyers!**

So:

- **DO** relay general information about the law
- **DO** connect people to resources
- **DO** help people apply for benefits (SNAP, Social Security, etc.)
- **DO NOT** provide advice about an ongoing or potential court case

**Tell them what they CAN do.
Not what they SHOULD do**

Unauthorized practice of law is a crime

Case Study

Mom comes to you and says she is sick of FOB not following through on his offers to help out with money. She asks you if she should file for child support in family court, like her cousin did last year.

How can you help Mom?

- Show her the website with the relevant online forms
- Tell her some applicants are eligible for a fee waiver
- Show her the online child support guidelines; offer to help her use the online tool to find out her estimated support amount
- Tell her about volunteer lawyer programs

**Don't fill out court forms, sign them, or file them for her!
That is the provision of legal advice!**

What Social Determinants of Health can you identify impacting Jackie?

Jackie is a single mother of an 18 month old baby.

She has been on RI Works in the past, but for the past few months has relied on family and friends for food and other basics. She has not paid rent or utilities the last few months.

Last month she got a minimum wage job as a waitress, but she needs child care and reliable transportation to be able to work more than a few hours a week. She fears eviction from her housing and that her utilities will be shut off.

BONUS: How would you help Jackie?

True or False?

A cancer patient in chemotherapy treatment is six months behind on her rent because of job and income losses.

She is legally protected from eviction based on her medical condition.



False.

What SDOH can you identify are impacting Mrs. A?

Since her husband left, Mrs. A can't afford the rent. For years she's complained to the landlord about the leaky roof and resulting mold.

Now she is 3 months behind in the rent. Yesterday, the landlord left her a voicemail telling her to leave by the end of the week. He said he's owed the rent, and he's tired of listening to screaming children, anyway.

BONUS: How would you help Mrs. A?

True or False?

Low-income households where anyone has a genuine medical condition verified by a clinician, are entitled to keep gas and electric service on even if they are thousands of dollars behind in their bills.

True

“*Shut-Off Protection*” entitles *low-income* utility customers to service even if they can't pay the bills if:

- a resident has serious illness or handicapped, or
- an infant (< 2 year) lives in the home
- all adult members of the household are age 62+

****And there is a Winter Moratorium!*

What SDOH can you identify impacting Karlo?

Karlo has been stocking the storage room of a box store for the past two years. Most coworkers who speak English as a first language have been promoted. Karlo speaks English with a strong accent. Though he has had a few small raises, he still works in storage.

Karl hurt his back in an accident. Unable to work, he filed for Worker's Compensation. The box store wouldn't save Karlo's job for him, because they didn't know when he could work again. Also, his supervisor said they wouldn't be comfortable with him lifting big, heavy boxes – even when Karlo's back injury was healed and he was ready for work.



BONUS: How would you help Karlo?

Supporting Patients with SDOH concerns

- Normalizing Language
- Explain why
- Do not offer information if uninformed.

“Many of my patients have questions or concerns about housing. I don’t always have answers, but I do know some people who might be able to help.”

Supporting Patients with SDOH concerns

Approach your patient with cultural humility

-open to learning about other cultures and having sensitivity to cultural differences

Issue spot and provide resources (when possible)

Ask if the patient needs help; do not assume

Bottom line

- SDOH impact health and influence health equity
- SDOH include legal rights and remedies
- You can support people with SDOH barriers by:
 - Screening using strength-based screening to issue spot SDOH
 - Helping to demystify and system navigate
 - Referring to appropriate resources and support as needed
 - Consulting with subject matter experts as needed

General Resources (a sample)

Income Benefits

Department of Human Services,
Department of Labor and
Training, Community Action
Project

(depending on the type of income support)

Housing

RI Housing, RI Legal Services, RI
Commission for Human Rights,
Community Action Program

(depending on the type of housing need)

Food Insecurity

Community Action Project (WIC
and food pantry),
URI SNAP Outreach Program
Food Pantry

Education

RIPIN, Parent Support Network,
Autism Project

General Resources (a sample)

Utilities

Community Action Project
George Wiley Center
(401-728-5555)

Child Care Assistance

<http://www.dhs.ri.gov/Programs/CCAPProgramInfo.php>

Employment Discrimination

RI Commission for Human Rights,
RI Disability Law

(depending on the class of person discriminated against)

Immigration

Dorcas International Institute,
Progreso Latino, Sojourner House
DV/IPV)

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