Looking Upstream: Addressing Social Determinants at a Community Health Center

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Agenda

- How SJPHC began this journey
- What we learned: health equity, social determinants, and racism
- Our changing agenda as a health center
- Discussion
Summary of Findings

Finding 1-1: Racial and ethnic disparities in healthcare exist and because they are associated with worse outcomes in many cases, are unacceptable.

Finding 2-1: Racial and ethnic disparities in healthcare occur in the context of broader historic and contemporary social and economic inequality, and evidence of persistent racial and ethnic discrimination in many sectors of American life.

Finding 3-1: Many sources—including health systems, healthcare providers, patients, and utilization managers—may contribute to racial and ethnic disparities in healthcare.

Finding 4-1: Bias, stereotyping, prejudice, and clinical uncertainty on the part of healthcare providers may contribute to racial and ethnic disparities in healthcare.
Public Health perspective - looking beyond Health Care system disparities – health status

Health care as determining only a small part of lifetime health status – disease rates, longevity
Is it lack of access?

Lack of access to health care doesn’t explain disparities in health status
A look at access in Boston’s neighborhoods

It’s Social Determinants

Social Determinants of health are much more influential – housing, education, employment, income, wealth, food access, safety etc
Our agenda - Then

- Provide high quality health care to our patients
- Provide access to all in our community
- Educate patients and community on preventive and health promoting measures
Tips for Staying Health: A Lifestyle Approach

1. Don’t smoke. If you do, stop.
2. Eat a balanced diet, include fruits/vegetables.
4. If you drink, do so in moderation.
5. Cover up in the sun and protect your children.
6. Practice safe sex.
7. Participate in appropriate health screenings.
8. Drive defensively; don’t drink and drive.
10. Maintain social ties.
2008 – Unnatural Causes

UNNATURAL CAUSES
...is inequality making us sick?

A seven-part documentary series exploring racial & socioeconomic inequalities in health.

Do we ALL have an EQUAL chance for HEALTH?
What would it mean for a community health center to address social determinants of health?

Two missions – health care and community health

How to address big social factors?
Jamaica Plain Youth Health Equity Collaborative

- Brookside, Martha Eliot and Southern Jamaica Plain Health Centers
- Jamaica Plain Neighborhood Council
- Bromley Health TMC
- JPNDC
- ESAC
- Hyde Square Task Force
- Teen Empowerment
- Spontaneous Celebrations
- Tree of Life/Arbol De Vida
JP Youth Health Equity Collaborative

- Year 1 – Bring together organizations, assess community and produce report – look upstream
- Year 2 – Focus on youth employment and sex education
- Year 3 – Address racism through Racial Reconciliation and Healing
- Year 4 – Work within our organizations and begin open community trainings
- Year 5 – Community campaign – health equity and impact of racism
02130
HEALTH + YOUTH

*If you know what this is, this report is for you.
Disparities, Inequality, and Inequity

- **DISPARITY** = **INEQUALITY** and implies differences between individuals or population groups (UN-equal)

- **INEQUITY** refers to differences which are unnecessary and avoidable but, in addition, are also considered unfair and unjust
Health Outcomes by Race

Figure 8.12 Asthma Hospitalizations of Children Under Age 5 by Race/Ethnicity*, 1999-2008
Boston
Neighborhoods
Asthma Hospitalizations for Children under Age 5, by Neighborhood 2006, 2007, 2008 Combined
Boston's Population By Race/Ethnic Areas

Census Tracts Over 50 %

- No Majority
- Hispanic/Latino
- Asian
- African American/Black
- White
- Pre 2000 Waste Sites
Infant Mortality in Boston by Race

Figure 4.13 Infant Mortality by Race/Ethnicity, 1996-2009

DATA SOURCE: Boston resident live births and deaths, Massachusetts Department of Public Health
Birth Outcomes, Boston, 2005-2010 Average Annual Rates

Birth Outcomes Index
- Low (0 or 1)
- Medium (2)
- High (3)
- Too few occurrences to calculate a score


NOTE: Birth and death data for 2010 is preliminary and should be interpreted with caution.
Infant Mortality and Cigarette Smoking

Per 1,000 Live Births

African American Non-Smokers: 13.2
White American Smokers: 9.2

NCHS 2002
Infant Mortality and Prenatal Care

Per 1,000 Live Births

African Americans 1\textsuperscript{st} Trimester Prenatal Care: 12.7
White Americans Prenatal Care After 1\textsuperscript{st} Trimester or None: 7.1

NCHS 2002
Racial & Ethnic Disparities
Infant Mortality & Education

Per 1,000 Live Births

African Americans
16+ years of schooling: 10.2

White Americans <9 years of schooling: 6.8

NCHS 2002
Racial & Ethnic Disparities
Infant Mortality & Household Income

Per 1,000 Live Births

African Americans with Household Income $35,000+
16.6

White Americans with Household Income <$10,000
11.2
Tips for Staying Healthy: A Social Determinants Approach

1. Don’t be poor. If you can, stop. If you can’t, try not too be poor for too long.
2. Don’t have poor parents.
3. Don’t live in a poor neighborhood.
4. Own a car – but use only for weekends and walk to work.
5. Practice not losing your job and don’t become unemployed.
6. Don’t be illiterate.
7. Avoid social isolation.
8. Try not to be part of a socially marginalized group.
States using the “Reactions to Race” module
2002 to 2009 BRFSS

Arkansas, California, Colorado, Delaware, District of Columbia, Florida, Indiana, Massachusetts, Michigan, Mississippi, Nebraska, New Hampshire, New Mexico, North Carolina, Ohio, Rhode Island, South Carolina, Tennessee, Vermont, Virginia, Washington, Wisconsin
Racial & Ethnic Disparities
Low Birth Weight & Racism

Percent Women Reporting Discrimination

Birthweight

<1,500 g

< 2,500 g

> 2,500 g

20%

12%

P < 0.01

Collins 2000
What is racism?

A system of advantage based on race.

David Wellman, Portraits of White Racism
Levels of Racism

MICRO LEVEL
- INTERNALIZE
- INTERPERSONAL

MACRO LEVEL
- INSTITUTIONAL
- STRUCTURAL

Adopted from the Applied Research Center
Social Determinants of Health Inequities

- Racism
- Education
- Job Opportunity
- Socioeconomic Status
- Environmental Exposure
- Health Behaviors
- Access to Health Services
- Safe and Affordable Housing
- Reducing Violence
- Health Outcomes
Our agenda – New version

- Provide high quality health care to our patients
- Provide access to all in our community
- Educate patients and community on preventive and health promoting measures
- Provide “whole person” care that gives access to health promotion activities
- Work across sectors to address upstream health issues
- Educate individuals and community on social context of health decisions, health equity and impact of racism on health
The Health Promotion Center
Whole Person Care and Community Engagement

- Movement and cooking
- Population and disease specific programs
- Youth programs
- Community education
- Organizing on SDOH policy issues
Ritmo en Acción
Glady’s “Let’s Get Moving”
Nuestra Generacion
Get Hip: Health Equity Educators
Summer Program
Monthly Health Equity, Racism and Health Training
Community Events: Breast Cancer Education
Youth Jobs Organizing
Sex Ed in School Campaign and Video

Youth Racial Reconciliation and Healing Project
JP Neighborhood Council
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