Can Reality Match the Rhetoric?  
Rethinking Social Determinants of Health

Presenter:  
Michael Rozier, SJ, MPH, MDiv

Open Forum

October 13, 2015 - 12:00 – 1:30 pm  
Providence St. Vincent Medical Center

This lectureship is made possible through generous donor contributions to Providence St. Vincent Medical Foundation
Social Determinants of Health:
Can Reality Match the Rhetoric?

Michael Rozier, SJ
13 October 2015
Holzgang Lecture – Providence Health and Services

My Background

Public Health

Moral Theology & Health Ethics

Health Management & Policy
Today’s Agenda

I. The (Social) Determinants of Health?

II. Where SDH fit in a clinical organization

III. Where SDH fit in our moral tradition

IV. Discussion

V. Final Thoughts

Part I

The (Social) Determinants of Health
Going Upstream

Two men were fishing in a river. Late in the afternoon they started cooking some of the fish they had caught. Suddenly they heard the cries of a man being swept down the river. Immediately the men jumped into the river, swam out to the man, and were gradually able to pull him ashore.

As they were on shore catching their breath, they heard the cries of a woman being swept down the river. They jumped back into the water, made their way out to the woman, and slowly brought her to shore. They were exhausted but happy to have saved both people.

Then they heard to cries of a child being swept downstream. One of the men started back into the water to get the child; the other held back.

“Aren’t you going to save the child?” asked the first. “You go get the child,” responded the second, “I’m going to go upstream to find out why so many people are falling into the river.”

Determinants of Health

- Biology & Genetics
- Individual Behavior
- Social Environment
- Physical Environment
- Health Services
Often Overlooked

For Example

- Elderly in St. Paul
  - Social support, motivation
  - Complexity of paperwork and follow-up

- Latino community in St. Louis
  - Fear of being put into a system
  - Navigating the system once in it

- Refugees / Asylees in Boston
  - Health literacy
  - Transportation
  - Trust of those in positions of authority
Zip Code Or Genetic Code

Map 1. Percent of Population below 200% of Poverty.

Closer To Home

Health Outcomes by Neighborhood Poverty

Cancer Mortality
Heart Disease Mortality
Life Expectancy

Rate per 100,000

low poverty moderate poverty high poverty extreme poverty
4.2%-20% 20.1%-35% 35.1%-50% 50.1%-88.3%

Neighborhood Poverty Group (200% FPL)
Closer To Home

Table 2. Selected results from Multnomah County Citizen Survey, 2006

<table>
<thead>
<tr>
<th></th>
<th>West</th>
<th>North</th>
<th>North-east</th>
<th>South-east</th>
<th>Mid-county</th>
<th>East</th>
<th>Overall</th>
</tr>
</thead>
<tbody>
<tr>
<td>Good place to live</td>
<td>98%</td>
<td>93%</td>
<td>95%</td>
<td>91%</td>
<td>87%</td>
<td>89%</td>
<td>92%</td>
</tr>
<tr>
<td>People are willing to help</td>
<td>91%</td>
<td>87%</td>
<td>88%</td>
<td>89%</td>
<td>89%</td>
<td>89%</td>
<td>88%</td>
</tr>
<tr>
<td>Adults watch out that children are</td>
<td>91%</td>
<td>87%</td>
<td>81%</td>
<td>86%</td>
<td>81%</td>
<td>83%</td>
<td>85%</td>
</tr>
<tr>
<td>There is a sense of community</td>
<td>88%</td>
<td>82%</td>
<td>85%</td>
<td>84%</td>
<td>67%</td>
<td>69%</td>
<td>78%</td>
</tr>
<tr>
<td>I regularly shop and talk with</td>
<td>81%</td>
<td>75%</td>
<td>80%</td>
<td>73%</td>
<td>73%</td>
<td>71%</td>
<td>75%</td>
</tr>
<tr>
<td>People move in and out a lot</td>
<td>28%</td>
<td>38%</td>
<td>32%</td>
<td>27%</td>
<td>37%</td>
<td>31%</td>
<td>31%</td>
</tr>
<tr>
<td>If children were doing something</td>
<td>86%</td>
<td>73%</td>
<td>77%</td>
<td>80%</td>
<td>74%</td>
<td>70%</td>
<td>70%</td>
</tr>
<tr>
<td>wrong neighbors would do something</td>
<td>88%</td>
<td>84%</td>
<td>87%</td>
<td>86%</td>
<td>83%</td>
<td>79%</td>
<td>84%</td>
</tr>
</tbody>
</table>

Easier Said Than Done
Part II

SDH in a Clinical Organization

Where We Miss the Point

- Behaviors
- Social Environment
- Health Status
- Policy Environment
- Physical Environment
Socio-Ecological Model

Community Health Needs Assessment

Providence Portland Medical Center (2013)
Integrating Into Clinical System

1. Patient seeks medical care
2. Provider screen for needs, prescribe basic resources and refer patient to Health Leads
3. Patient brings prescription to Health Leads desk
4. Health Leads Advocate works with patient to connect to community services
5. Health Leads Advocate follows up with patient
6. Health Leads Advocate provides updates to clinical team

Thinking Beyond Current System

- Who are our potential collaborators in the community?
- What are the assets we can draw upon in the community?
- What does it mean to be an “anchor institution”?
- Do our Community Benefit or Population Health programs have expertise we could use?
Part III

Where This Fits in our Moral Tradition

Rooted in Our History
In the Broader Moral Tradition

• **Works of mercy** is just one source of moral reflection on social determinants of health
  - Often envisioned at individual level, but can be expanded

• “Disease has a **preferential option for the poor**”
  - It stands to reason that we must also have a preferential option for the poor

---

Population Health Ethics

**Already in *Ethical and Religious Directives***

• The dialogue between medicine and Christian faith has for its **primary purpose** the **common good**

• A just system will be concerned with promoting **equity of care**

• Catholic health care should distinguish itself by service to and advocacy for those people whose social conditions puts them at the **margins of society**: the poor; uninsured and underinsured; children and the unborn; single parents; the elderly; the addicted; immigrants and refugees
In Catholic Social Teaching

**Community and the Common Good:** the human person is not only sacred, but social; how we organize ourselves matters.

**Rights and Responsibilities:** a right to those things required for human decency and a responsibility to one another.

**Solidarity:** not just a vague compassion but a commitment of one’s very self to the good of all.

**Option for the Poor and Vulnerable:** a basic moral test is how our most vulnerable members are faring.

---

The Power of Language

- **Charity** Care
  - What we do is a work of *justice*

- **Non-compliant** or Non-adherent
  - That places the entire onus onto the patient

- **Social Determinants** of Health
  - Risks overemphasizing a determinism of people’s health

Consider how powerfully this language shapes our imagination and assumptions.
A Summary

The Social Determinants of Health explain a large portion of our health outcomes.
Addressing the SDH requires acting at multiple levels.
Addressing the SDH is supported by Catholic moral tradition.

- A clinical organization may have to think creatively about what it will take to address the Social Determinants of Health.
  - Have clear (upstream and downstream) goals for CHNAs.
  - Partner with community-based groups.
  - Consider the language used for people in need.

Part IV - Discussion

- For the patients that you encounter most often, which social determinants are most pressing?

- Have you seen an effective intervention at the patient-level for a given social determinant?

- Have you considered what it would take to interventions at the community-level?

- What do you think are the biggest barriers to effectively incorporating social determinants into the hospital’s operations?
Learning Objectives

At the end of this session, participants will be able to...

• Describe social determinants of health and their importance

• Identify common misconceptions or missed information about a person’s context that may have a profound impact on health and well-being

• Explain how an ethical commitment to caring for the poor and vulnerable requires attending to these social determinants.