Putting the Pieces Together: Social Determinants of Health and Substance Use Disorder Prevention

Presented by
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Learning Objectives

- Define the Social Determinants of Health (SDOH)
- Illustrate the relationship between the SDOH and health disparities
- Learn how the SDOH impact prevention of Substance Use Disorders (SUD)
The Social Determinants of Health are conditions in the environments in which people are born, live, learn, work, play, worship and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks.
Why Discuss the Social Determinants of Health

- Burgeoning number of research findings
- Momentum among several key sectors
- Upstream approach to Substance Use Disorder Prevention
- Opportunity for a public health approach
- Greater possibilities for collaboration with a wider range of constituencies
- Increased ability to leverage prevention dollars
The Five Determinants of Health

- Genes and Biology
- Health Behaviors
- Medical Care
- Social Characteristics
- Physical Environment
The Five Determinants of Health

Determinants of Health
Blue portions are social determinants

- Genes & biology
- Health behaviors
- Medical care
- Social characteristics & Physical environment

Source: Centers for Disease Control and Prevention
## Conditions in Which People are Born, Grow, Live, Work and Age

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There is a clear link between the social determinants of health and health inequalities, defined by the World Health Organization as “the unfair and avoidable differences in health status seen within and between countries.”

These unfair and avoidable differences in health status are also seen within and between State and local communities.
A Context for the Social Determinants of Health

- Institutional Power
  - Policies and practices that influence health equity

- Health Inequities
  - The degree of social justice in health

- Social Determinants of Health (SDOH)
  - Conditions in which people are born, live, learn, work, play, worship, and age

- Adverse Childhood Experiences
- Individual & Family Factors
  - Factors at the community, family, individual, psychological, and biological level increase or decrease the risk of problem behaviors

- Behaviors & Impacts
  - Behaviors and impacts that effect morbidity and mortality

- Adverse Health Conditions, Injury, and Shortened Life Expectancy
  - Health consequences (mortality and morbidity) and health disparities
Socioeconomic Status & The Impact on Health

- Income/Wealth
- Education
- Occupation
U.S. Children Aged <17 Years with Less Than Very Good Health by Family Income, 2011–2012

Life Expectancy in the U.S. at Age 25 by Education and Gender, 2006

Socioeconomic Gradients in Poor/Fair Health Among Adults Aged 25–74 Years within Racial/Ethnic Groups in the U.S., 2008–2010

**Infant Mortality Rate in the U.S. by Mother’s Education, 2009**

- Less than high school: 7.7
- High school graduate: 7.2
- Some college: 5.8
- College graduate: 3.7

How are substance use disorders impacted by the social determinants?
A Context for the Social Determinants of Health

- **Institutional Power**
  - Policies and practices that influence health equity
- **Health Inequities**
  - The degree of social justice in health
- **Social Determinants of Health (SDOH)**
  - Conditions in which people are born, live, learn, work, play, worship, and age
- **Adverse Childhood Experiences**
- **Behavioral Factors**
  - Behaviors and impacts that affect morbidity and mortality
- **Adverse Health Conditions, Injury, and Shortened Life Expectancy**
  - Health consequences (mortality and morbidity) and health disparities
Childhood experiences, both positive and negative, have a tremendous impact on future violence victimization and perpetration, and lifelong health and opportunity. As such, early experiences are an important public health issue. Much of the foundational research in this area has been referred to as Adverse Childhood Experiences (ACEs).

ACEs refer to childhood experiences that are traumatic in nature.

*Center for Disease Control and Prevention*
How do Social Determinants Impact ACEs for Substance Use Disorders?

Social Determinants
- Neighborhood economic distress and disadvantage
- Housing (residential instability)
- Low Social Capital
- Low family Income
- Low Parental Education
- Lack of Social Support
- Class Differences

Adverse Childhood Experiences (ACEs)
- Child Maltreatment
- Dysfunctional Household

Risk Behaviors
- Early initiation of alcohol use
- Problem drinking behavior into adulthood
- Increased likelihood of early smoking initiation
- Prescription drug use
- Lifetime illicit drug use, ever having a drug problem, and self-reported addition
ACE’s Impact on Risk Behaviors for Substance Use Disorders

Research has demonstrated a strong graded relationship between ACE’s and a variety of substance use behaviors

1. Early initiation of alcohol use
2. Problem drinking behavior into adulthood
3. Increased likelihood of early smoking initiation
4. Prescription drug use
5. Lifetime illicit drug use, ever having a drug problem, and self-reported addition
ACE Score and Illicit Drug Abuse

Percent With Health Problem (%)

ACE Score
- 0
- 1
- 2
- 3
- 4
- >=5

Ever had a drug problem
- Ever addicted to drugs
- Ever injected drugs

EPIC
Prevention Strategies that Can Impact the Social Determinants of Health, ACEs, and Ultimately Substance Use Disorders

- Health In All Policies
- Universal Screenings for ACEs
- Environmental Strategies
- Building Resiliency
- Systems Integration
**Health In All Policies**

1. Assures the conditions for everyone to reach the highest level of health
2. Targets policies and practices in a multitude of sectors such as government, finance, education, housing, employment, transport, and health
3. Addresses the structural and systemic conditions that create disadvantage
4. Targets those communities experiencing the greatest disparities
5. Incorporates health equity measures and metrics into policies and programs to ensure the intended impact on the population(s) of interest
Universal Screenings for ACEs

1. Parents who have a history of ACEs increases the likelihood of impaired parenting causing the transmission of ACEs to the next generation. Therefore, parents and children should be screened for ACEs.

2. Screenings or case finding for ACEs requires a change in practice and redefines how a healthcare provider takes a health history from patients.
Environmental Strategies

1. Establishes or changes written and unwritten community standards, codes and attitudes.

2. Are efficient because they affect every member of a target population.

3. Tend to produce more rapid results than strategies aimed at individuals.
1. Collect data to assess community risk factors.

2. Assess opportunities to mobilize the community. Identify community advocates and leaders to discuss potential environmental prevention approaches.

3. Identify existing community coalitions or establish a new coalition to address community issues impacting SDOH.
Building Resiliency

1. Resilience can buffer the impact of the social determinants of health. Resilience refers to the ability to bounce back or rise above adversity as an individual, family, community, or provider.

2. Resiliency strategies use available resources to negotiate hardship and/or the consequences of adverse events.

3. Communities are resilient when they use strategies that utilize their strengths to manage the challenges of economic, environmental, or cultural change.
Implementation Approach

1. Identify appropriate individual and family prevention strategies to enhance resiliency based on local risk factors.

   Individual strategies may include:
   • Mentoring
   • Youth Development
   • Coalition Engagement

   Family strategies may include:
   • Family Strengthening Programs
Systems Integration

1. Awareness and knowledge of the link between SDOH and ACEs, and the impact on SUD, must be translated into practical primary prevention approaches for community systems.

2. Supporting and partnering with non-traditional systems (i.e. housing, economic development, transportation, parks, and food and agriculture) can impact SDOH.

3. While the impact of ACEs permeate all of society and its systems, it is important to prioritize collaboration with certain systems (education, health, child welfare, law enforcement, business) when integrating with primary prevention.
The educational system could help with early identification of children displaying apparent mental health problems, knowing the high prevalence of ACEs and how symptoms of ADHD, learning problems, and behavior problems may not be a primary condition but the effects of ACEs.

By knowing about a child’s ACEs (at multiple points in time), a school could better understand academic performance and help to tailor compensatory strategies.
Systems Integration - Health

1. In the primary care physician’s office, routine knowledge of a parent’s and child’s ACEs can lead to early referral to helpful services.

2. Pediatricians are in a good position to advocate for policies that promote child development with the goal of creating healthy, well-functioning adults.
1. In case management of a parent it may be more helpful to consider that a parent with ACEs likely has no personal experience with supportive parenting.

2. Case managers should provide referrals to professionals who are versed in the SDOH, ACEs and in turn the impact on dysfunctional households.
1. Laws and approaches can be structured to encourage a parent who has ACEs and may have abused a child to tell the truth, so that quick and sometimes vital health and mental health intervention can be started sooner.

2. This approach encourages the parent to be part of the team trying to lessen the effects of abuse on the child’s health and brain.
Businesses have employees who already experienced adverse childhoods.

Rather than taking a passive, sometimes punitive approach to the problems that ACEs create in the workplace, the business community could promote forms of employee wellness that better understand ACEs and attempt to compensate for ACE-related adversities.

A better workforce is the primary goal.
Implementation Approach

- Identify representatives across systems to participate in community coalition efforts (education, law enforcement, health, child welfare).
- Build upon existing efforts across systems. Is the education system in your community collecting ACES information? Would individual prevention approaches within the school system increase resiliency?
Implications of a Social Determinants Approach to Prevention of SUD

1. Prevention efforts can move further “upstream,” therefore it can take decades to measure results on substance use disorders
2. Place matters
3. Upstream efforts are more conducive to a public health approach
4. Environmental strategies can impact the social determinants
5. Greater possibilities for collaboration with a wider range of constituencies
As professionals in the field of substance use disorder prevention, you should:

- Continue gaining knowledge on SDOH and its impact on SUD.
- Implement prevention strategies that impact the SDOH that result in reduced rates of SUD.
- Create forums where professionals can share what they are learning.
References


Paula Braveman, MD, MPH. What Are Health Disparities and Health Equity? We Need to Be Clear (Public Health Reports / 2014 Supplement 2 / Volume 129)

Hazel D. Dean, ScD, MPH Kim M. Williams, PhD Kevin A. Fenton, MD, PhD, FFPH. From Theory to Action: Applying Social Determinants of Health to Public Health Practice (Public Health Reports / 2013 Supplement 3 / Volume 128)


References


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