



Thomas Jefferson University
Jefferson College of Population Health

Starting on the Same Page:

A quick review of Equity,
Disparity, and
Social Determinants of Health

Rosemary Frasso, PhD

August 2, 2017

Objective:

Start the conversation

- Health Equity
- Health Inequality
- Health Disparities
- Health Care Disparities
- Social Determinants of Health
- Share some work that sheds light on this

Health: Getting there and staying there is complicated





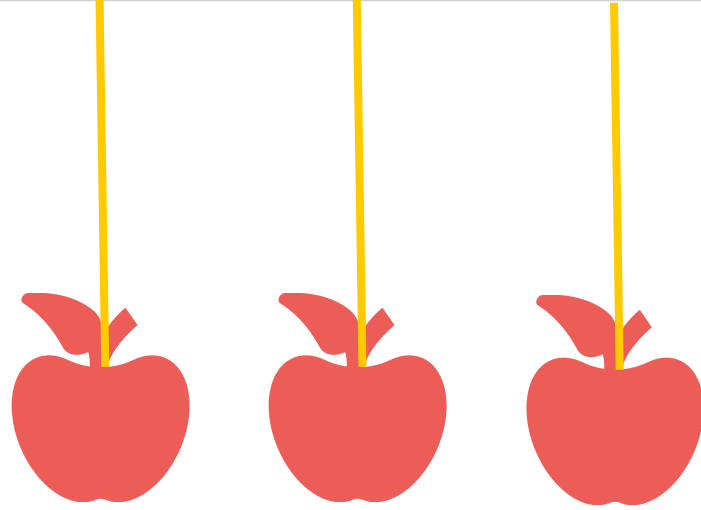
UNFAIR

UNJUST

UNCLEAR

UNDER APPRECIATED

SIMPLY AVOIDABLE



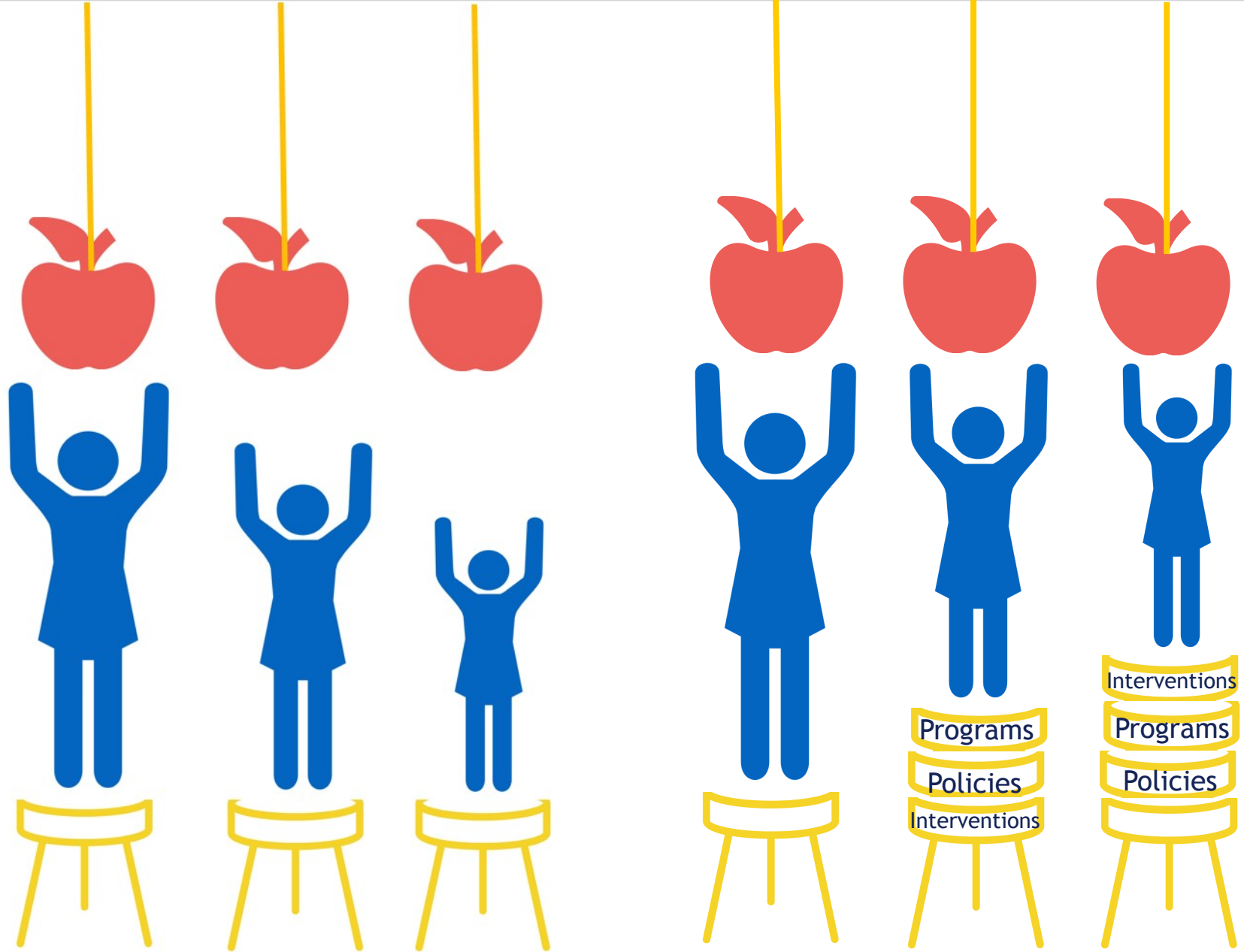
“Equality”



3 Apples

3 People

3 Stools



“Equity”

3 Apples

3 *Different*
people

3 *Adjusted*
stools



Health Equity

“Health equity is attainment of the *highest level* of health *for all people*”

“Achieving health equity requires valuing everyone equally with focused and ongoing societal efforts to address avoidable *inequalities*, historical and contemporary injustices, and the elimination of health and healthcare *disparities.*”

Health Inequality

“The *difference* in health status or in the distribution of health determinants between different population groups.”

Some are unavoidable

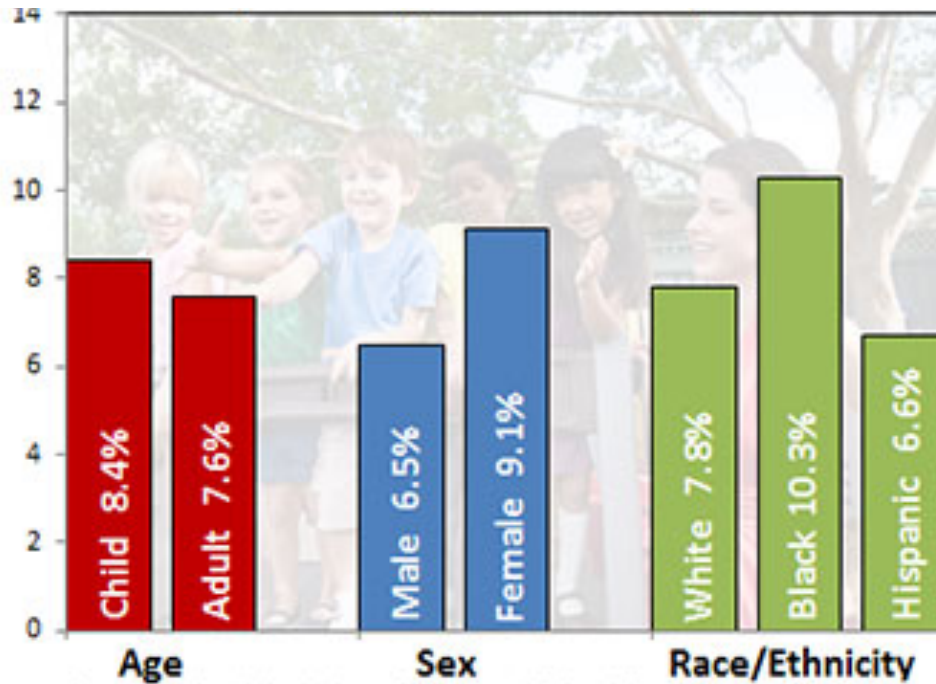


Some are avoidable



Health Disparity

Asthma Prevalence Percent by Age, Sex, Race/Ethnicity US 2015



National Health Interview Survey, National Center for Health Statistics, Centers for Disease Control and Prevention

A particular type of health difference that is closely linked with social, economic, and/or environmental disadvantage.

National Partnership for Action to End Health Disparities' Federal Interagency Health Equity Team (FIHET) and Healthy People 2020.

Health Disparity

Health disparities adversely affect groups of people who have ***systematically experienced greater obstacles to health*** based on:

- *Race or ethnicity*
- *Religion*
- *Socioeconomic status*
- *Gender*
- *Sexual orientation*
- *Gender identity*
- *Age*
- *Mental health*
- Cognitive, sensory or physical disability
- Geographic location
- Other characteristics historically linked to discrimination or exclusion

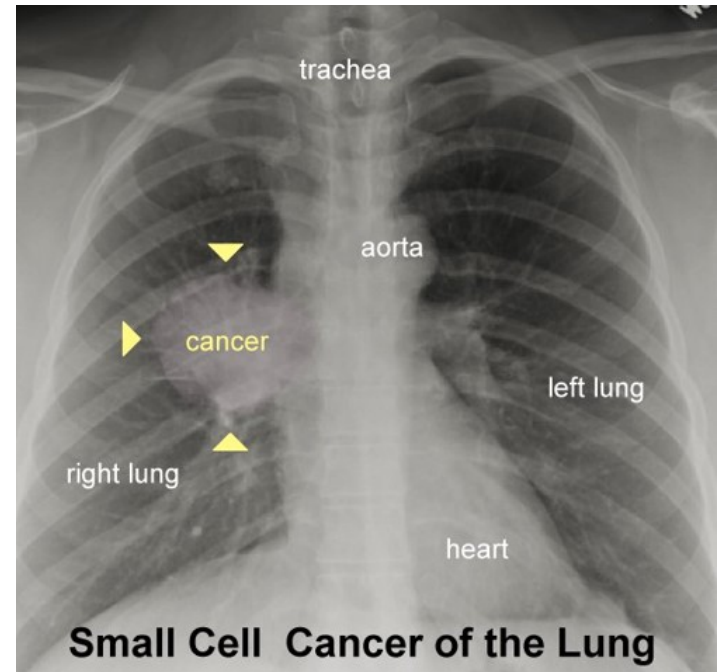
Health Care Disparity

Health care disparity relates to “***differences in the quality of health care*** that are ***not due*** to access related factors or clinical needs, preferences, and appropriateness of interventions.

These differences would ***include the role of bias, discrimination, and stereotyping*** at the ***individual*** (provider and patient), ***institutional***, and health ***system levels.***”

Race and Lung Cancer Treatment

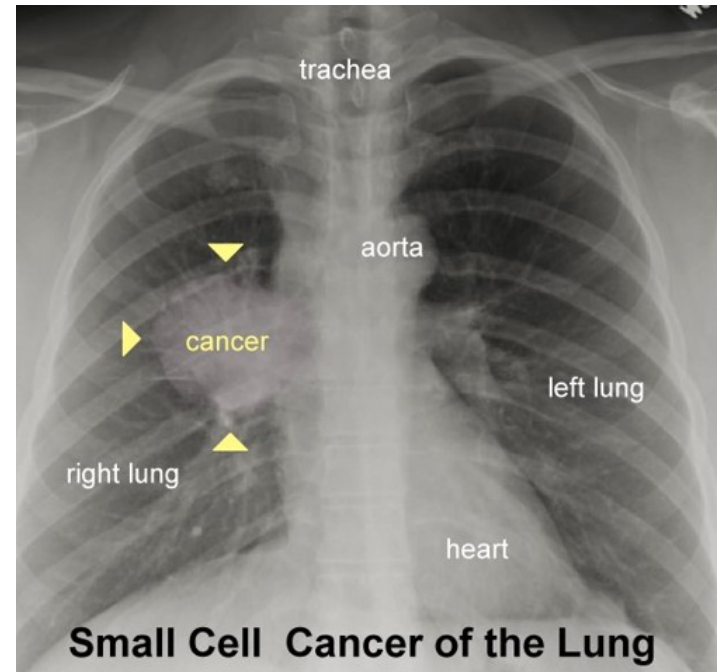
- Examined data on the use of surgical resection of localized, non-small cell lung cancer among 2,506 white and 550 African Americans patients
- African Americans were less likely to undergo resection than whites (44.7% vs. 63.4%), controlling for SES, comorbidities and tumor factors



Esnaola et al., 2008; Cykert et al. 2010

Race and Lung Cancer Treatment

Why?

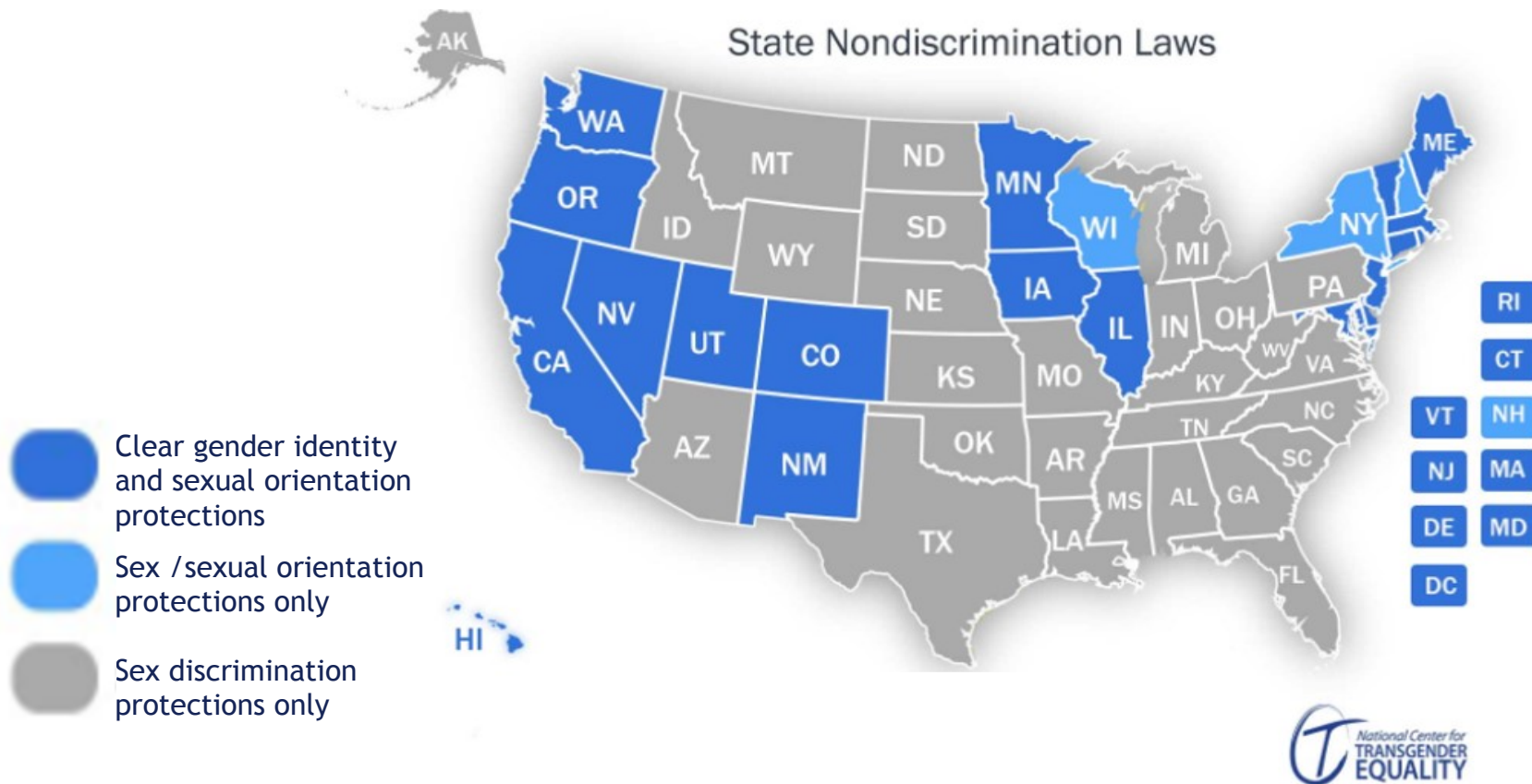


Eснаоla et al., 2008; Cykert et al. 2010

2015 U.S. Transgender Survey

- Respondents encountered high levels of mistreatment when seeking health care
 - **33%** of those who saw a health care provider had *at least one negative experience related to being transgender* - for example, being verbally harassed or refused treatment
 - **23%** reported that they *did not seek the health care they needed* in the year prior to completing the survey *due to fear of being mistreated as a transgender person*

Transgender Health Care Disparities



Transgender Health Care Disparities



- Clear gender identity and sexual orientation protections
- Sex/sexual orientation protections only
- Sex discrimination protections only

“Your zip code is a better predictor of your health than your genetic code.”



Melody Goodman, PhD, Washington University
HSPH Address July 24, 2014



Where you live matters!

- Inadequate housing (moderate to severe deficiencies in plumbing, heating, electricity) prevalence is highest for African Americans (9%), Hispanic Americans (7.8%), and American Indians (7.5%) vs. Asians (4.6%) and whites (4.1%)
- African Americans, Hispanics, and Asians are most likely to live in areas with high levels of air pollution vs. whites



Home, bitter home? Tradition holds that home is a haven, where people are protected and nurtured. For many, however, home is a health hazard when factors such as poverty, environmental contamination, and poor design combine to cause or exacerbate disease.

Dwelling Disparities

How Poor Housing Leads to Poor Health

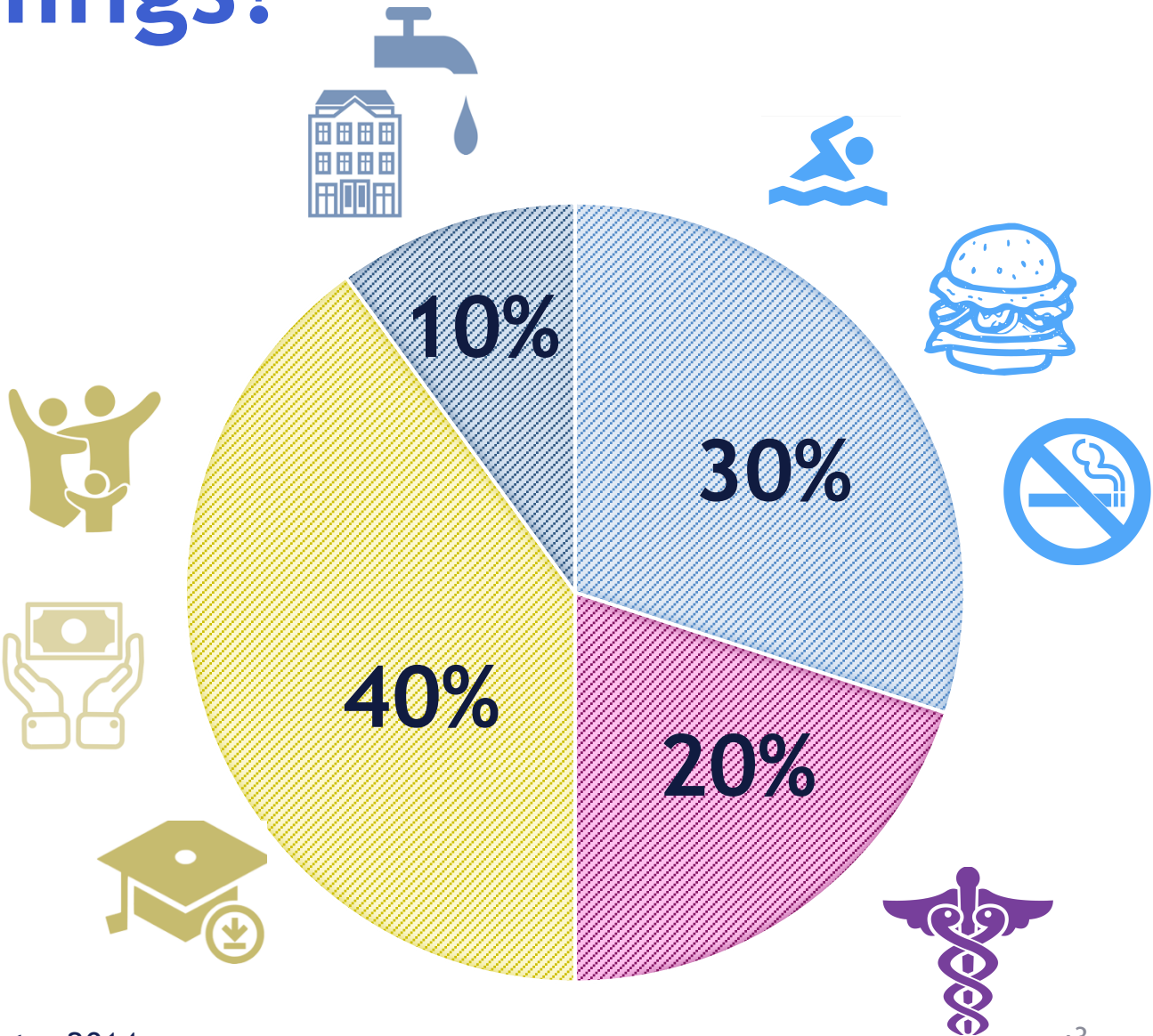
In recent years, environmental health science has broadened the scope of its inquiries, expanding its investigations beyond the effects of single pollutants on individuals to incorporate the entire panorama of external factors that may affect people's health. Consideration of the health impacts of the built environment—the human-modified places where we live, work, play, shop, and more—has been a key element in the ongoing evolution of the field of environmental health.

Hood, E. (2005) *Environmental Health Perspectives*, A310-A317

What impacts health?



Lots of things!

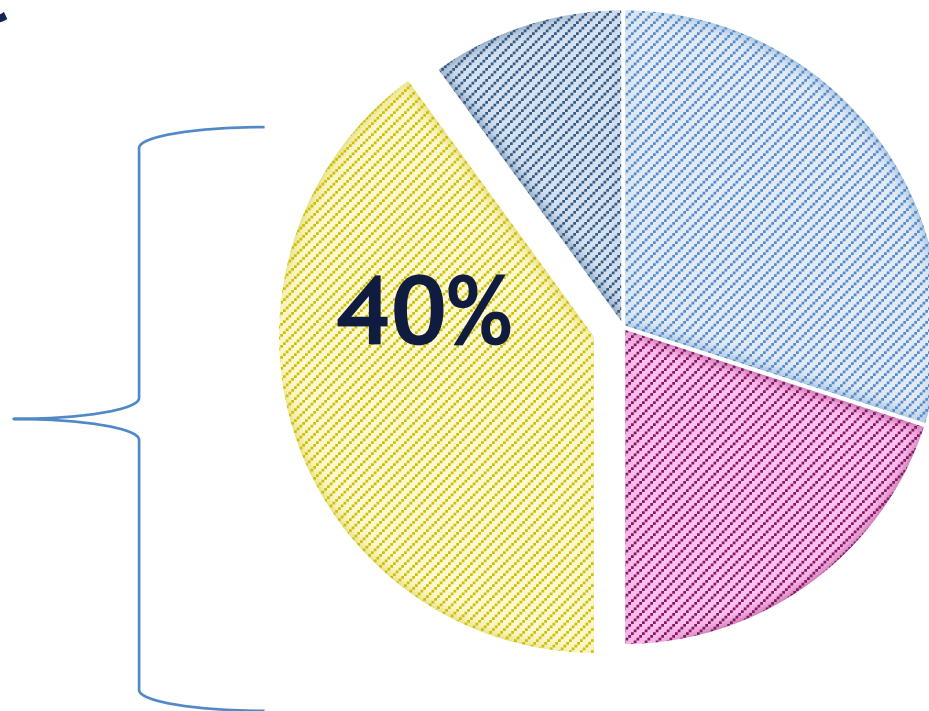


What impacts health?



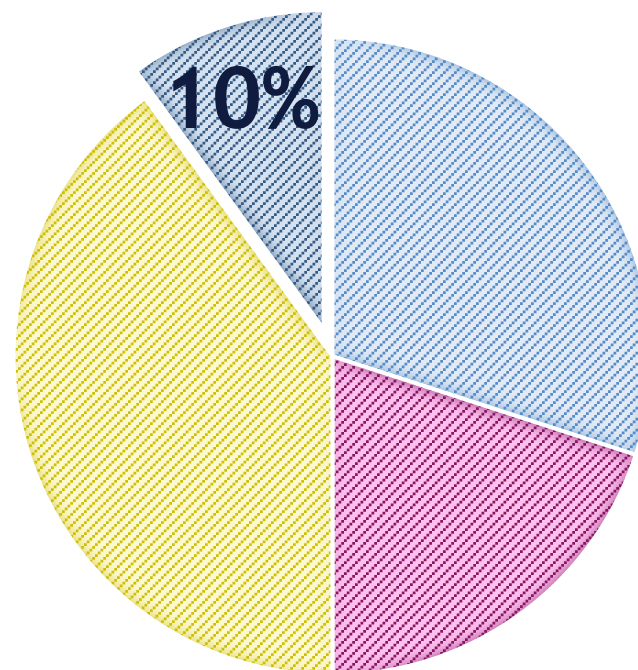
- **Social and Economic Factors**

- Education
- Employment
- Income
- Family and Social Support
- Community Safety

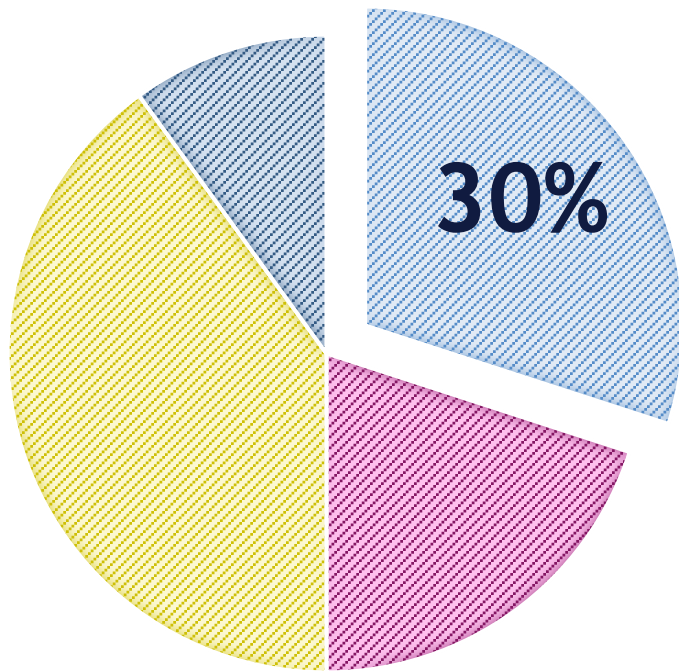


What impacts health?

- **Physical Environment**
 - Air
 - Water
 - Housing
 - Transportation



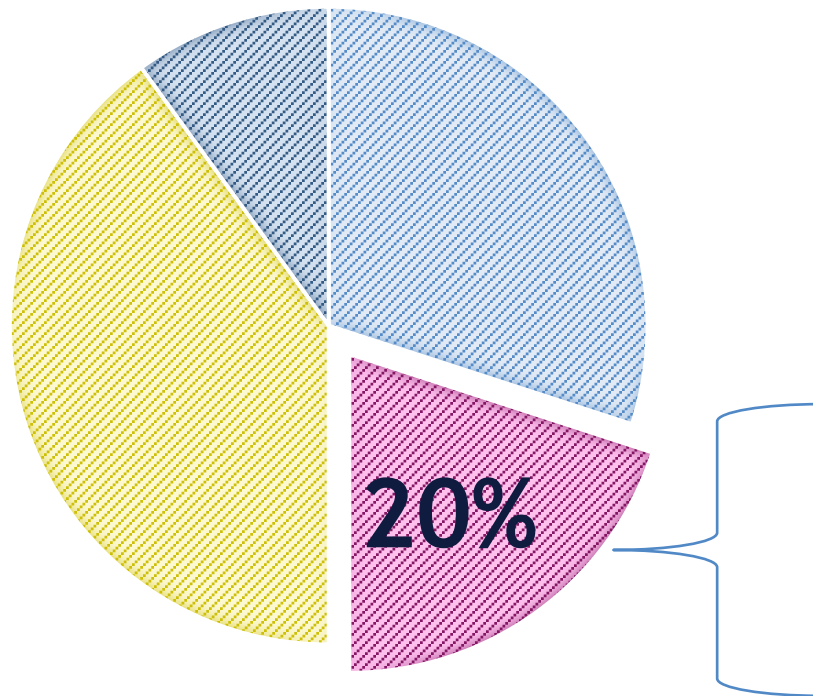
What impacts health?



- **Health Behavior**
 - Tobacco Use
 - Diet
 - Exercise
 - Alcohol & Drug Use
 - Sexual Activity

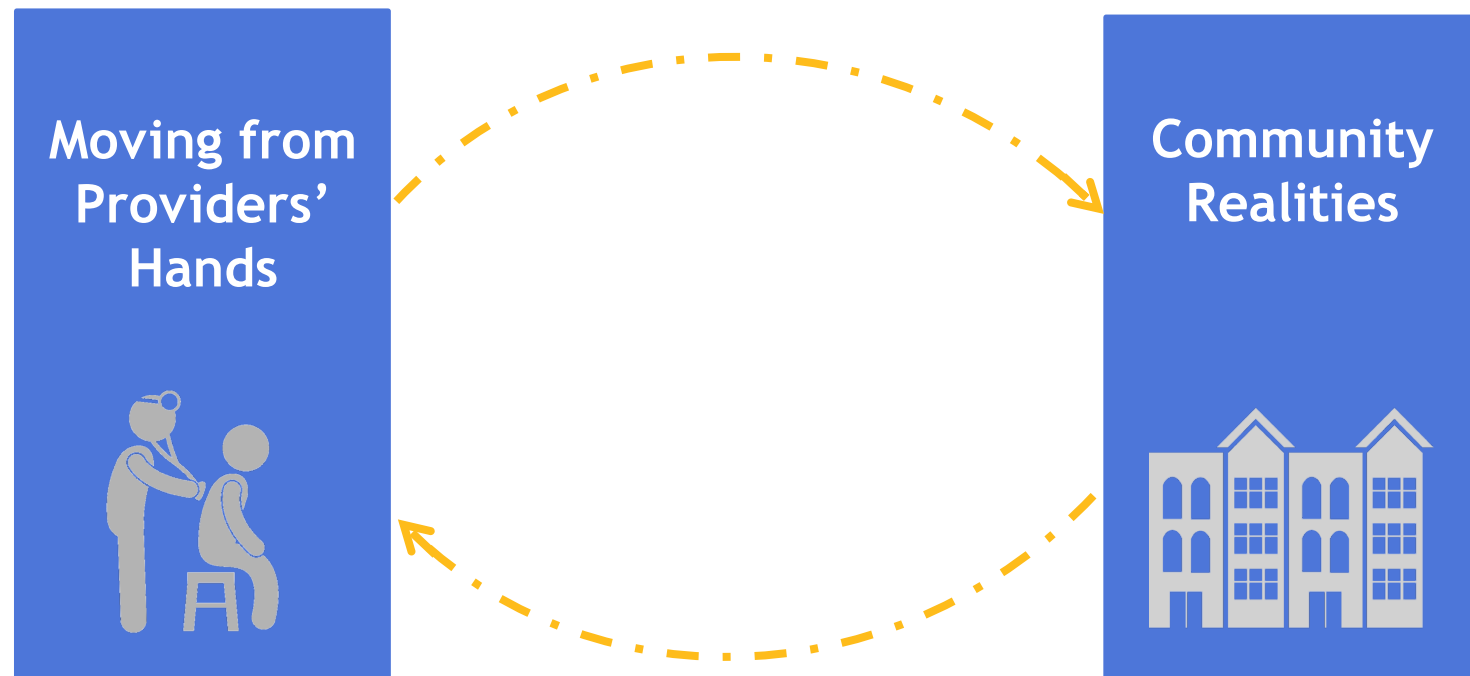


What impacts health?



- **Health Care**
 - Access to Care
 - Quality of Care

Health care only goes so far



Unmet Needs

- **Examples**
 - Affording health care
 - Food
 - Utilities
 - So much more
- Patients with unmet needs are more likely to report:
 - Depression
 - Asthma
 - Diabetes
 - Frequent ED use
 - Frequent 'no-shows' to clinic

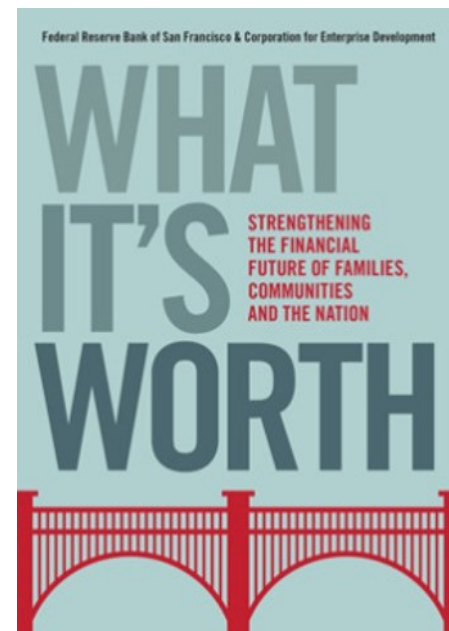


(Berkowitz, et al, 2016)

“If you want to *lower my blood pressure....help me pay my electric bill.*”

Financial Health is Public Health in
What it's Worth

Federal Reserve Bank of San Francisco, 2015
Jason Purnell, Washington University



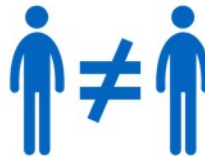
Social Determinants of Health (SDOH)



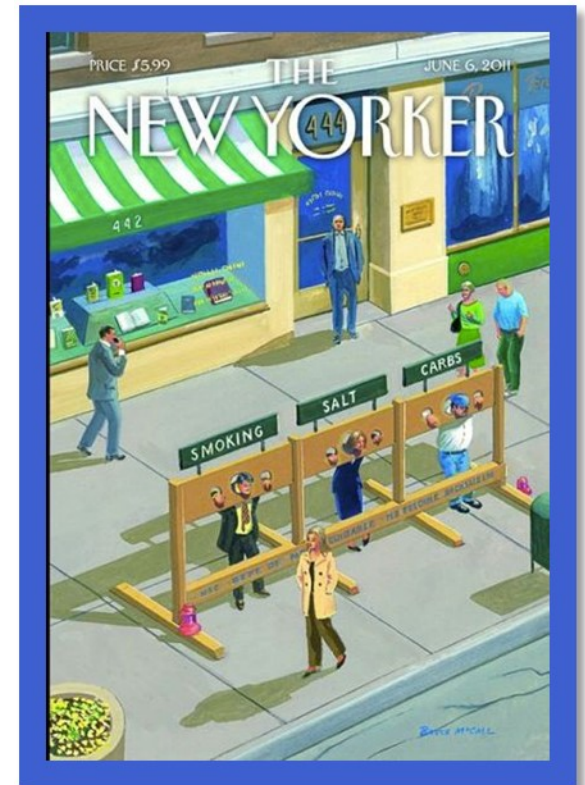
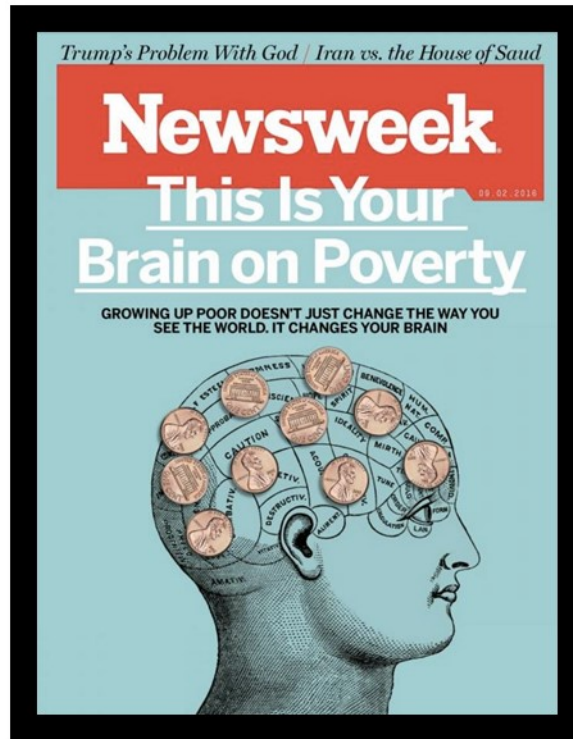


Key Drivers of SDOH

- **Institutional**
 - Laws and policies
 - Workplace rules
 - Hospital settings
- **Social**
 - Racism
 - Education access
 - Poverty
- **Environment**
 - Air quality
 - Housing
 - Food Safety



It is complicated



Sharing/Shedding Light

Healthy Food

Philadelphia Dept. of Public Health: Supermarket Study

- Participants:
Urban shoppers
responsible for feeding
children
- Client:
Philadelphia Department
of Public Health



Consumer Perspectives: Philadelphia Healthy Supermarket Campaign

A report generated from a contract between the
Philadelphia Department of Public Health
and the
University of Pennsylvania's Center for Public Health Initiatives and
Mixed Methods Research Lab

January 2014

Client:

Philadelphia Department of Public Health

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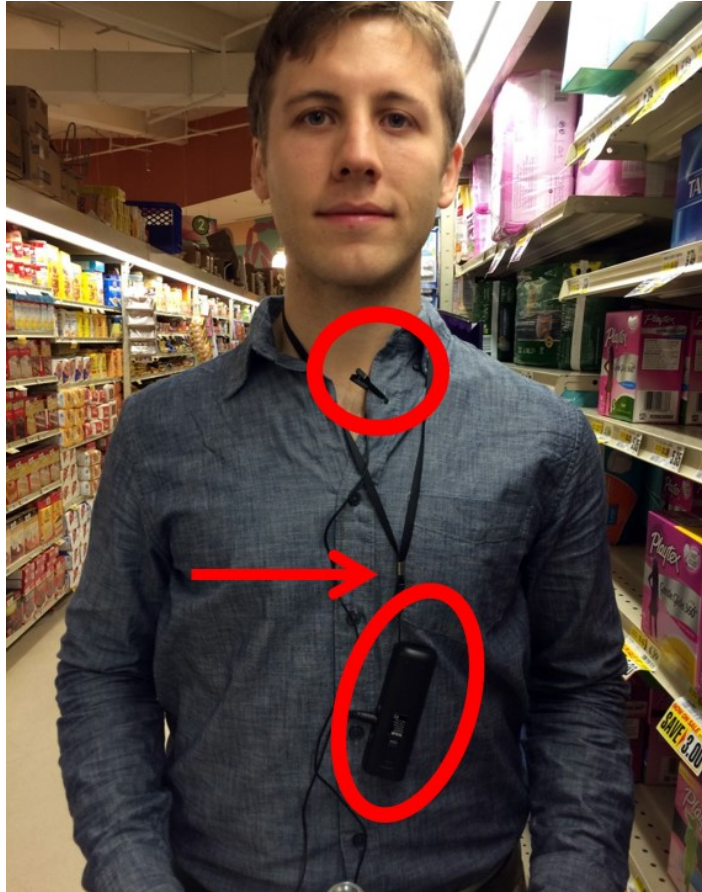
Derin Adejare

Dan Brooks

Elisabeth Stelson

Learn more about the Mixed Methods Research Lab at: <http://www.med.upenn.edu/mmrl/>

The Approach (Briefly)



Note: Student volunteer models ³⁸

Walking Interviews (WI)

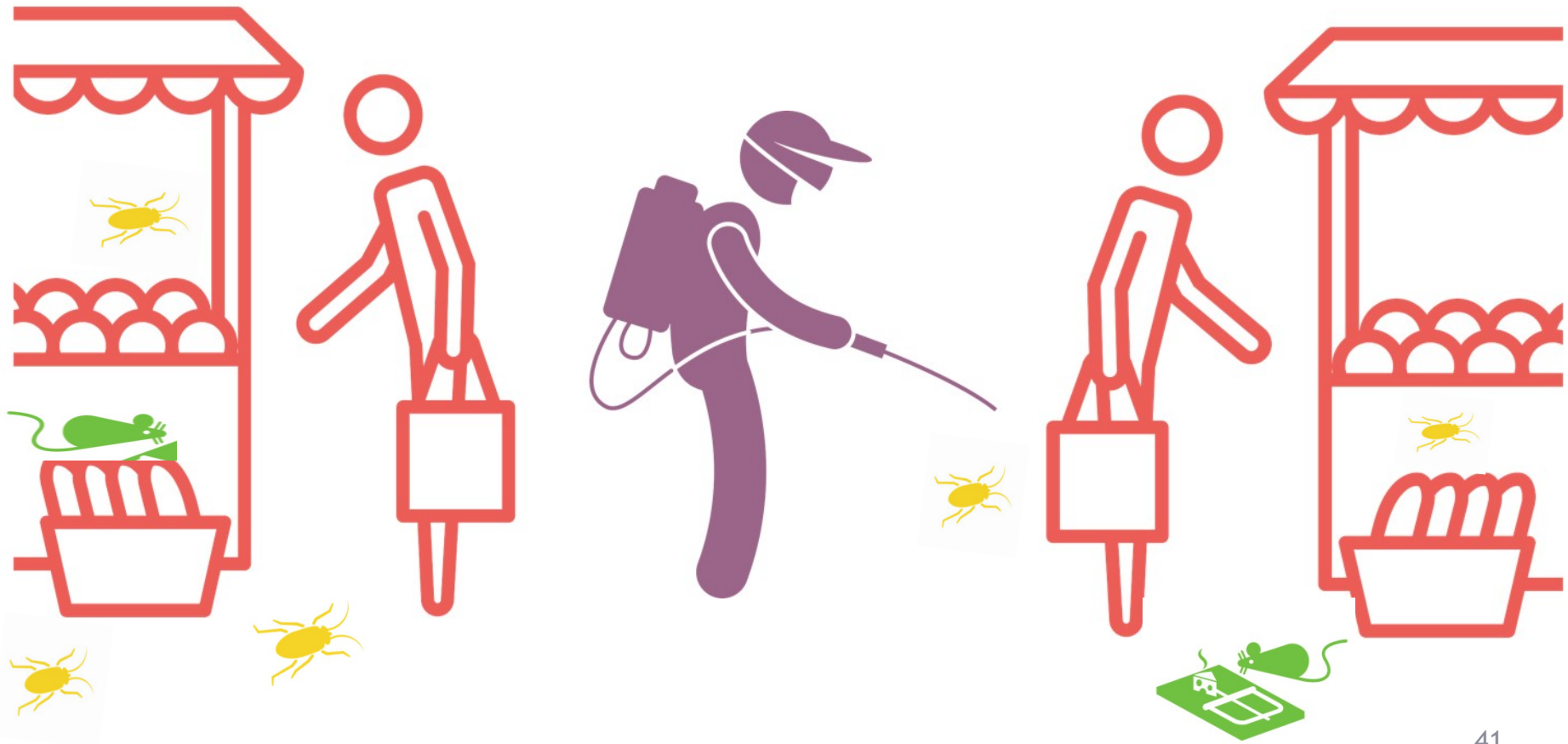
Focus groups, surveys and interviews rely on *the community* reflection, while walking interviews allow researchers to connect with *community members* while they are experiencing their community's resources



“Healthy Food”



“Healthy Food” in Context



Cardboard Commentary

Collaborations can shed light on the lived experience



Cardboard Commentary: A Qualitative Analysis of the Signs From America's Streets

A. Golinkoff, MPH, PhD, Maria Hall, MPH, Willie Barrett, MFA, Carolyn Cassarini, PhD, and Rosemary Frasso, PhD, MN, CPH

"Need food. Please help." "Need clothes, work, money, beer."

These are some of the messages delivered on cardboard signs held by people struggling with poverty, and sometimes also with homelessness, on our cities' streets. We stop sometimes, we pass sometimes, we help sometimes. But Willie Barrett, a Dallas artist (Image 1), realized that as a collection, these cardboard signs provide a glimpse into a phenomenon greater than each individual's plea for assistance. To share his vision, he has carefully curated moving and powerful art exhibits to get people talking about poverty and homelessness.

In 2014, Barrett was interviewed on National Public Radio about his work. He shared stories from his 20 years of collecting signs across the United States and his goal of raising awareness of the homeless experience. After hearing this segment, Rosemary Frasso, a qualitative researcher, saw an opportunity to weave together art and research to better understand and explore the experiences of those soliciting assistance on our streets. Frasso approached Barrett to propose a collaboration and assembled a team to begin a qualitative analysis of a sample of his signs.

Frasso and the team analyzed the signs collected by Barrett over the summer of 2014 in 24 cities across the United States for a project entitled "We Are All Homeless." Barrett shared photographs of all signs ($n = 292$) and the team transcribed the text verbatim. They then conducted a qualitative content analysis and double-coded all signs. Thematic analysis revealed a set of themes that underscore the challenges faced by those experiencing poverty and homelessness.

Here we share representative photographs of some of those themes: substance abuse (Image 2), family homelessness (Image 3), food and housing (Image 4), and military service (Image 5).

Our findings humanize and reinforce results from traditional academic research about the issues facing people living on the streets.

IMAGE 1—Artist Willie Barrett has purchased more than 2000 signs from people he met on the streets across the United States over the last 25 years. The signs have been the focus of several art exhibits commenting on the many unmet needs of people experiencing poverty or homelessness. This project highlights opportunities for artists, public health practitioners, and academics to forge alliances, recognizing valuable sources of data we encounter every day, and identifying new venues for disseminating public health messages.

The Approach (Briefly)

- Artist Willie Baronet has been collecting signs from people on the street for nearly 20 years
- His goal is to use art to shed light on poverty
- An artist - researcher collaboration



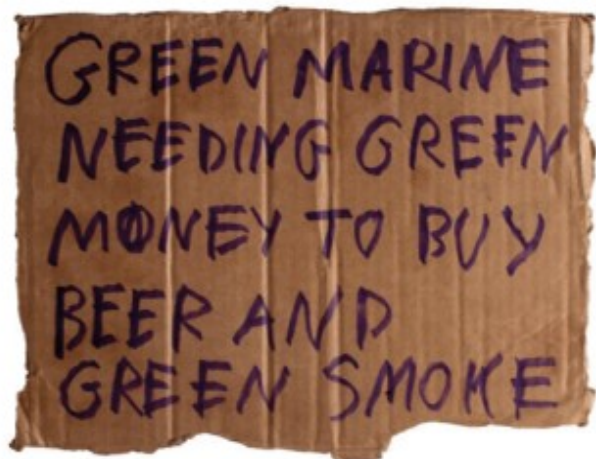


IMAGE 2—Many signs reflect substance use and abuse, well-established risk factors for first-time homelessness, according to a nationally representative study of US adults.¹ Shelter systems often insist that substance abuse and mental health issues be stabilized before they will support a move to independent housing, ultimately extending the homeless experience. The Housing First model offers an evidence-based alternative wherein the goal is to secure housing for people first, then support substance abuse and mental health treatment.² This model is supported by Congress and lead researchers in the area of homelessness, including the lead authors of the Annual Homeless Assessment Report to Congress.³

IMAGE 3—Nationally, about 37% of people experiencing homelessness are people in families, the majority of whom live in shelters.⁴ Women experiencing homelessness with their children have reported poor shelter conditions and lack of child care, among other issues, as barriers to gaining employment.⁵



IMAGE 4—A large number of signs addressed food and hunger. The homeless experience is often coupled with food insecurity and the problem of having no place to store food or prepare meals. People experiencing homelessness who live on the street have more acute food needs than those who live in shelters or engage with other social services.⁶

IMAGE 5—Veterans are over-represented in the homeless population, with 2 to 3 times the odds of experiencing homelessness compared with non-veterans.⁷ But policy changes over the last several years have begun to address this critical public health problem. The first federal program to limit homelessness among veterans, Opening Doors, was launched by the Veterans Administration in 2010.⁸ From 2010 to 2015, the number of homeless veterans decreased 36%, according to the annual point-in-time count of street homelessness.³



Engaging students



It matters to be heard!



Willie Baronet

October 6, 2015 · Edited · 🌐

One of the few times I was able to personally take a person on the street to one of the #WEAREALLHOMELESS installations. ❤️ — with Chris Pruett and Laurie Bee.

Neighborhood

The Approaches es (Briefly)

- **Photo-elicitation**
- **Intercept interviews**
- **Photo documentation**

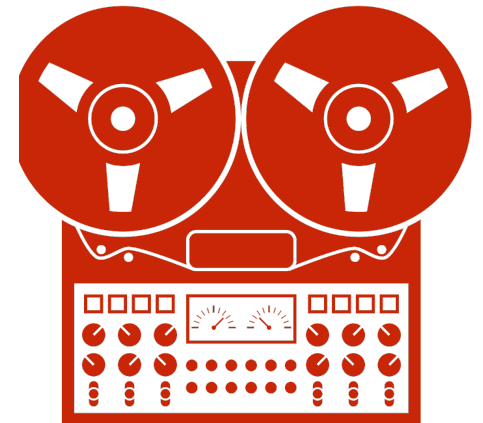




Figure 5. Multiple participants photographed tobacco outlets and lamented how common they are across the city.

The Tobacco Environment



Figure 4. The photo-documentation strategy allowed participants to observe contradictions within the environment — including this image of ambient cigarette smoke at an otherwise health-promoting farmer's market.

PREVENTING CHRONIC DISEASE PUBLIC HEALTH RESEARCH, PRACTICE, AND POLICY

ORIGINAL RESEARCH

Volume 10 — June 13, 2013

Community-Generated Recommendations Regarding the Urban Nutrition and Tobacco Environments: A Photo-Elicitation Study in Philadelphia

Elizabeth A. FitzGerald; Rosemary Frasso, PhD, CPH; Lorraine T. Dean, ScD; Terry E. Johnson; Sara Solomon, MPH, RD; Eva Bugos; Giridhar Mallya, MD, MHSP; Carolyn C. Cannuscio, ScD

Partners, Funders & Colleagues



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PARKS &
RECREATION**

THE CITY OF PHILADELPHIA
— OFFICE OF —
SUSTAINABILITY

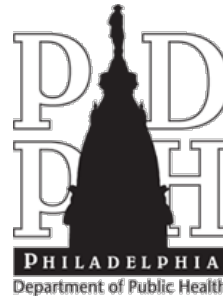


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Thank you!

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