Upstream Priority:  
the role of social determinants in promoting health

Greg Moody, Executive in Residence  
moody.67@osu.edu  
February 3, 2020

Health Spending vs. Life Expectancy

- The U.S spends more on health care than any other country while achieving some of the worst population health outcomes.
- A common hypothesis: high U.S. health care spending results from low spending on social programs, based on evidence that low social spending leads to a sicker population and higher health care costs.

Health Spending vs. Social Spending

- U.S. social spending (19.7% of GDP) is slightly above the average for high-income countries (17.7% of GDP).
- Countries that spend more on health also tend to spend more on social spending (health spending does not appear to crowd out social spending).
- Countries with the greatest increases in health spending over time also had larger increases in social spending.

How we spend is as important as how much

- What determines health outcomes?
- How do social conditions impact health?
- Are social needs the same as social determinants?
- What social spending has the biggest impact on health?
- How can we get the most from the money we spend?
Most “health” is not determined by clinical medicine

- **Social and Economic**
  - Education
  - Employment/Income
  - Racism/Discrimination
  - 40%

- **Genes and Biology**
  - 10%

- **Clinical Care**
  - Access
  - Quality
  - Care Coordination
  - 10%

- **Health Behaviors**
  - Physical activity
  - Nutrition/Food
  - Substance use
  - 30%

- **Physical Environment**
  - Housing
  - Transportation
  - Parks
  - 10%

**The social determinants of health are the conditions in which people are born, grow, live, work and age.**

**These circumstances are shaped by the distribution of money, power and resources at global, national and local levels.**

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

Where we are born, grow, live, work and age ...

Communities of Opportunity

- Social and economic inclusion
- Thriving small businesses
- Grocery stores
- Parks and trails
- Sufficient healthy housing
- Home ownership
- Good transportation options
- Financial institutions
- Better performing schools
- Strong local governance

Low-Opportunity Communities

- Social and economic exclusion
- Few small businesses
- Fast food restaurants
- Unsafe or limited parks
- Poor and limited housing stock
- Rental housing/foreclosure
- Few transportation options
- Payday lenders
- Poor performing schools
- Weak local governance

Source: Ehlinger, Edward, MD, Advancing Health and Health Equity: Integrating Medical Care and Public Health (October 2017).

Life Expectancy in Ohio

- 77.5 years on average in Ohio compared to 78.6 nationally
- Where you live influences how long you live
- 29-year range from 60.0 in Franklinton to 89.2 in Stow

Life Expectancy in Ohio

- 77.6 years in Franklin County compared to 77.5 statewide
- 27.6-year gap from Dublin to Franklinton; 18.3-year gap Near East one mile to Bexley
- The social and economic conditions where you live influence how long you live


Social determinants of health may impact any downstream health outcome – heart disease, cancer, injury, stroke, diabetes, pneumonia, kidney disease ...

They drive the three lethal epidemics that reduced U.S. life expectancy three years in a row (2015-2017) – suicide, drug overdose, and alcoholism

Social determinants are mostly responsible for unfair differences in health status across populations – for example, disparities in infant mortality
Downstream Consequence:

Ohio suicide deaths increased 45 percent in 10 years

- Ohio is part of a national trend – the U.S. rate is highest in 50 years
- 1,836 Ohioans committed suicide in 2018 compared to 1,268 in 2007
- Suicide rates increased 64 percent for Ohio youth aged 10-24 years and 48 percent for Ohioans aged 60 or older (2007-2018)
- Nine of Ohio’s 10 counties with the highest suicide rates are in economically distressed Appalachian communities.
- Firearms accounted for half (52 percent) of Ohio’s suicide fatalities.

SUICIDE

• Raising the minimum wage $1 reduces suicides 3.4-5.9 percent on average*
• School-based awareness and education

• Gun locks and safe storage
• Standardized screening and referral
• Trauma-informed health care

• Case management for individual high risk
• Crisis intervention and treatment


Downstream Consequence:
Ohio’s drug overdose death rate is twice the national average

SOURCE: Ohio Department of Health, 2017 Ohio Drug Overdose Data (September 2018) and Kaiser Family Foundation analysis of CDC National Center for Health Statistics (January 2019).
**DRUG OVERDOSE DEATHS**

- Community awareness and education
- Cut off illegal supply
- Prescriber guidelines

- Medicaid expansion coverage
- Drug courts
- Recovery housing

- Medication-Assisted Treatment (MAT)
- Access to providers
- Naloxone (Narcan) at the source

**Ohio infant deaths in 2017 second-lowest on record**

**Source:** Ohio Department of Health, 2017 Ohio Infant Mortality Data: General Findings (December 2018).
Downstream Consequence:
Black infants in Ohio die at nearly 3X the rate of white infants

![Graph showing infant mortality rates from 2005 to 2017]

- **White**: Overall death rate is 5.3 deaths per 1,000 babies
- **Black**: Overall death rate is 15.6 deaths per 1,000 babies
- **Overall**: Overall death rate is 7.2 deaths per 1,000 babies

**INFANT MORTALITY**

- Comprehensive primary care
- Safe sleep awareness
- Smoke-free environments

- Links to smoking cessation support
- Services to support healthy birth spacing
- Community health worker referrals

- Intensive care coordination for high risk
- Progesterone treatment

How we spend is as important as how much

- Set clear priorities for existing resources, surge resources to the greatest need, and tie financial incentives to social priorities
- Focus on cross-cutting outcomes and strategies – early childhood supports, school-based health, affordable housing, employment and income, comprehensive primary care
- Incorporate “health in all policies” – public health, medicine, development, education, environment, energy, human services, natural resources, recreation, public safety, corrections, taxation

Social Determinants of Health: Resources for Policymakers

- State Health Improvement Plan (SHIP)
- Health Policy Institute of Ohio (HPIO)
  [https://www.healthpolicyohio.org/social-determinants-of-health/](https://www.healthpolicyohio.org/social-determinants-of-health/)
- De Beaumont Foundation
  [https://www.debeaumont.org/](https://www.debeaumont.org/)
- National Academy for State Health Policy (NASHP)
  [https://nashp.org/toolkit-upstream-health-priorities-for-new-governors/](https://nashp.org/toolkit-upstream-health-priorities-for-new-governors/)