ADVANCING HEALTH EQUITY

ROUNDTABLE 2024 | ISSUE BRIEF

Social Determinants of Health (SDOH)

What can be done when resources are scarce?

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INTRODUCTION

In April of 2024, Community Health Network of Connecticut, Inc.® (CHNCT) held a one-day summit focused on addressing Health Equity and Disparities in Connecticut. This summit was designed for leaders, non-profit organizations, and government agencies who are committed to advancing health equity to improve the health of underserved and vulnerable populations. Almost 100 representatives gathered to engage in thought-provoking dialogue, create opportunities for future collaborations, learn more about health equity initiatives across the nation, and pass along strategies to advance health equity. Based on the themes expressed by participants who attended the summit, CHNCT created roundtable discussions to dive deeper into specific topics. The first discussion was held on September 25, 2024, and focused on Social Determinants of Health (SDOH) and what can be done when resources are scarce. This brief summarizes the discussion and key takeaways expressed by participants, as well as next steps to consider.

BACKGROUND

Health Equity means that everyone has the same chance to be as healthy as possible. To help make that happen, Social Determinants of Health (SDOH) need to be addressed. According to the Center for Disease Control and Prevention (CDC), SDOH are non-medical factors that influence health outcomes. They include the conditions in which people are born, live, learn, work, play, worship, and age. SDOH also include the broader forces and systems that shape everyday life conditions.[1]

For many individuals, the healthy choice may not be financially attainable. Economic constraints often make it difficult for people to prioritize immediate needs, such as housing or food, over long-term health considerations. As a result, financial insecurity can limit one's ability to make choices that support long-term wellbeing causing health disparities to worsen. In 2023, in Connecticut, for example, the white poverty rate was 6.3% while the Black and Hispanic poverty rates were 16.3% and 21%, respectively.[2]

[1] U.S. Centers for Disease Control and Prevention. Retrieved October 24, 2024, from https://www.cdc.gov/about/priorities/why-is-addressing-sdoh-important.html

[2] KFF's State Health Facts. Data Source: KFF estimates based on the 2008-2023 American Community Survey, 1-Year Estimates.

This disparity in economic instability directly impacts health equity as those experiencing financial insecurity are more likely to face barriers to accessing quality healthcare, nutritious food, and safe living environments. Consequently, for vulnerable populations, these social and economic challenges contribute to poorer overall health outcomes.

One study estimated that, on average, clinical care impacts only 20 percent of county-level variation in health outcomes, while SDOH affect as much as 50 percent of health outcomes.[3] More specifically, socioeconomic factors alone may account for 47 percent of health outcomes, while health behaviors, clinical care, and the physical environment account for 34 percent, 16 percent, and three percent of health outcomes, respectively.[4] The World Health Organization (WHO) estimates that 30-55% of health outcomes are related to SDOH and when resources are low, addressing SDOH can be a challenge.

OVERVIEW

Addressing SDOH requires community collaboration to make a change and CHNCT is committed to addressing SDOH for individual members and the community at large. Collaborations allow for a unified approach to tackling SDOH and opportunities to:

1. Share and pool resources together.
2. Focus on the SDOH issues that are most pressing and affecting certain populations and utilize data to identify the needs and target those areas.
3. Identify and integrate with existing community health programs or services that address SDOH.
4. Educate and raise awareness about SDOH and empower individuals to advocate for their own health and resources.

These examples show how SDOH play a significant role in shaping health disparities and outcomes in communities. Understanding and addressing SDOH holistically is essential to achieving health equity.

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[3] Hood CM, Gennuso KP, Swain GR, et al. County Health Rankings: Relationships Between Determinant Factors and Health Outcomes. American Journal of Preventive Medicine. February 2016; 50(2):129- 135. doi:10.1016/j.amepre.2015.08.024

[4] Hood, CM, Gennuso KP, Swain GR, et al. County Health Rankings: Relationships Between Determinant Factors and Health Outcomes in 45 States. American Journal of Preventive Medicine. February 2016; 50(2): 129-35. doi: 10.1016/j.amepre.2015.08.024

KEY TAKEAWAYS

Barriers. Sometimes you have to remove the barriers before meeting the core needs. There are certain populations that may have language barriers, a low education, or don't know how to access or connect to technology.

Access to Resources. If a person is referred to an organization that isn't accepting referrals, or is not a good fit for their needs, then it's not helping the individual. Also, individuals need to know what the resources are as well as the eligibility requirements.

Support. Community Health Workers (CHWs) are a trusted source of information. They cater to the needs of the community, which includes medical and non-medical needs. Ongoing cultural humility training will provide a greater understanding of cultures and help CHWs recognize an individual's unique cultural experiences.

Leadership. It's important for leadership to remain humble and understand what the CHWs/staff are doing. When writing policies, it will be important to include those who are doing the work.

Technology. Software can't always make a connection. Sometimes an individual needs to connect to a human by meeting face-to-face or talking over the phone.

Self-care. While CHWs provide emotional support to individuals, it's important that self-care techniques are incorporated into their daily routine. Providing a safe space to talk is also essential.

"Sometimes the job of a CHW doesn't end at 5:00 p.m."

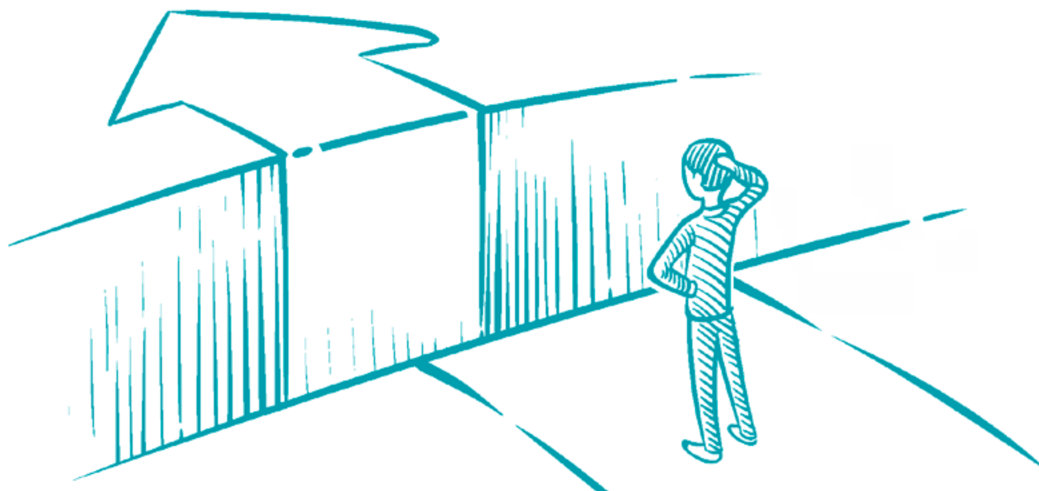
—Melanie Wilde-Lane

CONCLUSION

Throughout this discussion, participants demonstrated that collaborative efforts that include all stakeholders are essential to overcoming barriers and promoting well-being for everyone. Regular meetings and open communication will be crucial to fostering these relationships and ensuring alignment toward common objectives.

NEXT STEPS

CHNCT will collaborate and build partnerships with agencies and organizations to address unforeseen challenges and unmet needs related to SDOH.



RESOURCES

2-1-1 United Way of Connecticut
55 Capital Boulevard
Rocky Hill, CT 06067
860.571.7209
www.211ct.org

Community Health Workers (CHWs) Association of CT
800 Village Walk #231
Guilford, CT 06437
203.350.9746
https://www.cpha.info/page/CHWACT/Community-Health-Workers-Association-of-CT.html

Southwestern Area Health Education Centers (AHEC) Inc.
Community Health Worker (CHW) Training
5 Research Drive, 2nd Floor
Shelton, CT 06484
203.372.5503
info@swctahec.org

"We create options so we do not leave anyone behind."

—Fatmata Williams

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