#### Welcome

#### Central East PTTC Webinar

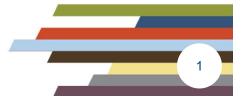
# Understanding and Addressing the Social Determinants of Health in Prevention

The Central East PTTC is housed at the Danya Institute in Silver Spring, MD

Renata Henry
Executive Director

Deborah Nixon Hughes Project Director







#### **Technology Transfer Centers**

Funded by Substance Abuse and Mental Health Services Administration

#### **Each TTC Network includes 13 centers.\***



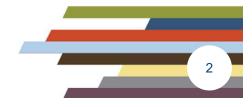
**Network Coordinating Office** 

National American Indian and Alaska Native Center

National Hispanic and Latino Center

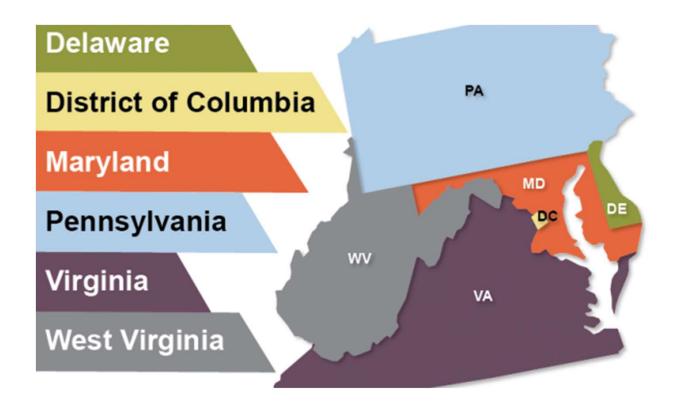
10 Regional Centers (aligned with HHS regions)



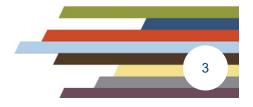


# **Central East Region**

#### **HHS REGION 3**







# The use of affirming language inspires hope. LANGUAGE MATTERS. Words have power. PEOPLE FIRST.

The PTTC Network uses affirming language to promote the application of evidence-based and culturally informed practices.

orientation spirituality experiences expression standard care Matter shootings education space seem normal powerful self Black led Lives hate NASW humility gender affected Diversity uncertainty sexual religious competency

#### **PTTC Mission**

To Strengthen the Capacity of the Workforce to
Deliver Evidence-Based Prevention Strategies and
Facilitate Opportunities for Preventionists to
Pursue New Collaboration Opportunities, which
include Developing Prevention Partnerships and
Alliances



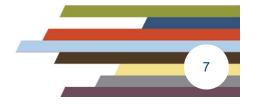


# **Central East PTTC Specialty Area**

Engaging and Collaborating with Primary Care Providers for Substance Use Prevention

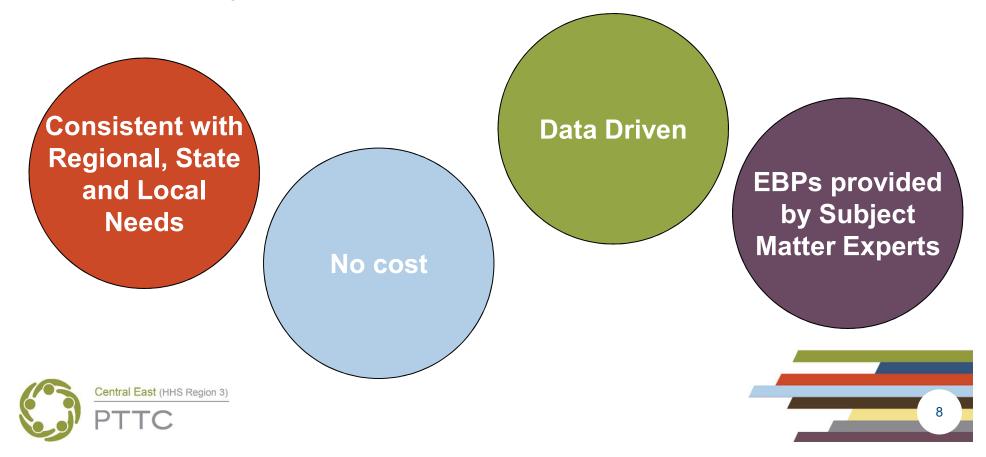






# **Eligibility**

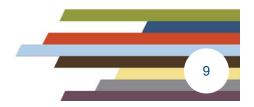
Behavioral health and health care providers, consumers, families, state and local public health systems and other stakeholders



#### **PTTC Focus Areas**

- Opioid/harm reduction strategies
- Suicide prevention and substance use overdoses
- Youth vaping/tobacco
- Youth alcohol and suicide
- Health equity and the elimination of disparities
- Trauma
- Workforce leadership development seriesstrategic planning/SPF; data-informed decisionmaking; environmental strategies





# Other Resources in Region 3



Central East (HHS Region 3)



Addiction Technology Transfer Center Network Funded by Substance Abuse and Mental Health Services Administration

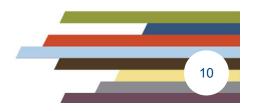


Central East (HHS Region 3)



Mental Health Technology Transfer Center Network
Funded by Substance Abuse and Mental Health Services Administration





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# Understanding and Addressing the Social Determinants of Health in Prevention

August 25, 2021

Josh Esrick & Emily Patton
Carnevale Associates, LLC
Central East PTTC

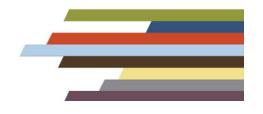
Deborah Nixon Hughes & Princess Walker

Danya Institute

Central East PTTC







#### **Presenters**



Josh Esrick
Presenter



Emily Patton
Presenter



Deborah Nixon Hughes *Presenter* 

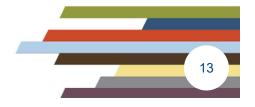


Princess Walker

Presenter





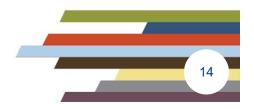


# **Key Objectives**

- Explain what the social determinants of health are and how they relate to the socio-ecological model of prevention
- Discuss the social determinants of health linked to increased risk of substance use
- Review the racial and ethnic inequities in substance use prevention and the connections to the social determinants of health
- Overview the public health approach to prevention and the role of environmental strategies







#### The Social Determinants of Health

"Social determinants of health (SDOH) are the conditions in the environments where 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" (HHS)

#### **Social Determinants of Health**

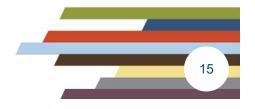


Social Determinants of Health Copyright-free









# The Five Domains of SDOH (HHS)

- Economic Stability
- Education Access and Quality
- Health Care Access and Quality
- Neighborhood and Built Environment
- Social and Community Context

The SDOH can be thought of as another way to organize and think about community- and society-level risk factors.







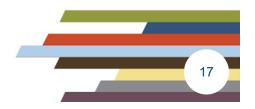
#### Connection to the Social-Ecological Model



- Community Factors: Settings where individuals are and relationships occur; the attitudes and behaviors among the wider community
- Societal Factors: Social and cultural norms; government policies







# **Understanding the SDOH**

- The SDOH are often the really "big picture" aspects of life
  - Sometimes too big for prevention professionals to address alone; or even at all
- However, prevention can play an important role in an overall public health approach focused on SDOH
- And being involved with other stakeholders we can better support a whole health approach to improving overall well-being
- Further, by understanding them, we learn more about the landscape we are working in with our other interventions





#### Links to Substance Use Risk

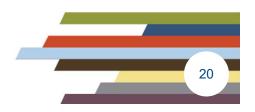


# **Economic Stability**

- In 2019, 1 in 10 US residents lived in poverty (HHS); which is often tied to lack of economic stability and opportunity
- Most research shows that residents of more economically disadvantaged neighborhoods are at greater risk of substance use
  - And this impact is larger among people with lower incomes (Boardman et al; Gauffan et al)
- Strategies exist to support people finding employment; and help people address costs





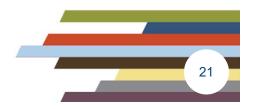


# **Education Access and Quality**

- Access to high quality education and attainment of higher levels of education are associated with longer, healthier lives
- Research also shows educational attainment and academic commitment as protective factors against substance use (Collins et al; Arkes & Iguchi)
- Strategies exist to improve academic performance, improve school performance, and expand access to higher education





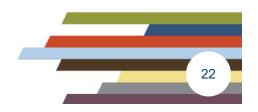


# Health Care Access and Quality, 1

- In 2020, 12.5% of US adults aged 19-64 lacked any health insurance coverage, and another 30.8% had insufficient coverage (Commonwealth Fund)
  - Lack of coverage is strongly associated with lack of access or affordability of health care services (HHS)
  - Even people with coverage can face challenges due to lack of service providers in their areas





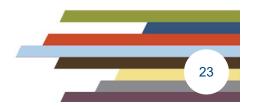


# Health Care Access and Quality, 2

- Health care services are strongly associated with improved health care outcomes, including reduced risk of substance use disorders
  - Health insurance coverage itself is considered a protective factor against substance use (Arkes & Iguchi), as it can increase the likelihood of receiving screening and preventative services
- Strategies exist to improve access to coverage and access to providers





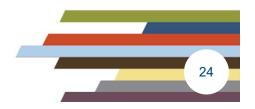


#### **Neighborhood and Built Environment**

- Issues such high rates of violence, unsafe air or water, and other health and safety risks can all dramatically impact health outcomes (HHS)
  - Racial/ethnic minorities and people with lower incomes are more likely to live in neighborhoods with such issues (HHS)
- Not all of these issues have been directly linked to substance use risk; though many have been
- Also, in a collaborative public health approach, our partners may be seeking to address some of these issues





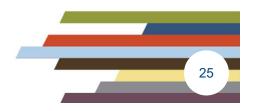


# **Social and Community Context**

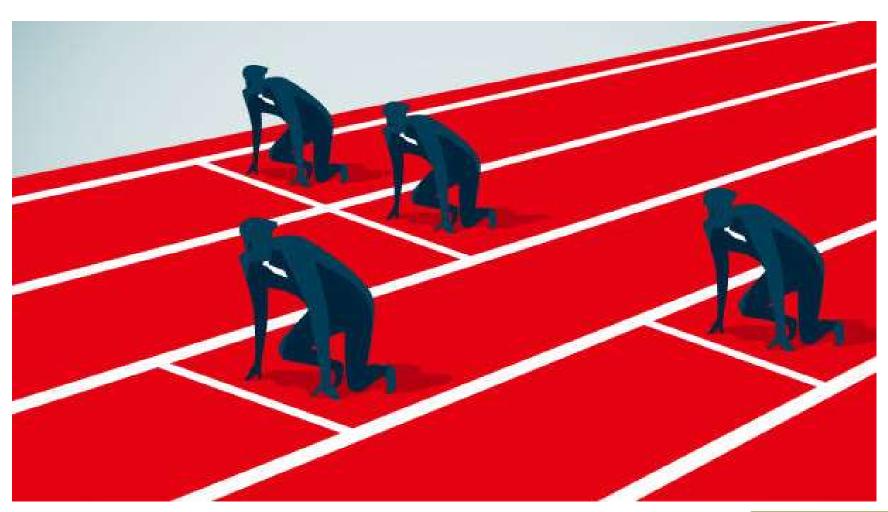
- Relationships with community members, experiencing discrimination, and interactions with friends, family, and peers can all impact health outcomes (HHS)
  - Large amount of research on how relationship-level risk factors influence substance use
  - Community relationships, and stress from negative events like experiencing discrimination can all influence risk as well (Kulis et al)
- Many relationship-focused strategies exist, as do wider strategies focused on issues like bullying and discrimination







# Inequities in Substance Use Prevention









#### Prevalence in Marginalized Populations

- SAMHSA reports that approximately 19.3 million people aged 18 or older had a substance use disorder in the past year
- About 6.9% of African Americans, 7.1% of Hispanic Americans, 4.8% of Asian Americans, and 10% of Native Americans have a substance use disorder compared to a rate of 7.4% among the total population
- Substance use rates may be underdiagnosed among marginalized populations for a variety of reasons such as racial bias, stigma, and lack of culturally competent care





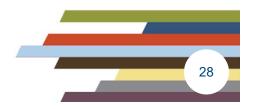


#### Prevalence in Marginalized Populations

- Although SUDs appear to be generally equally prevalent among Whites, Latinos/as, and Blacks, it has a disproportionate impact on the health of certain minority groups
  - More severe alcohol problems among Latinos/as than among Whites
  - Higher rates of injuries attributable to alcohol among American Indians
  - Disproportionately high rates of alcoholattributable injury and mortality for Blacks and Latinos/as
  - American Indians have among the highest rates of drug-induced mortality





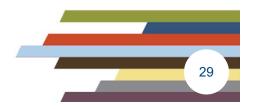


# Racial and Ethnic Inequities

- Health equity is when all members of society enjoy a fair and just opportunity to be as healthy as possible
- Health inequities are differences in outcomes that are avoidable, unfair, or unjust
- Research shows that centuries of racism in the U.S. has had a profound and negative impact on communities of color
- This has created inequities in access to a range of social and economic benefits (e.g., housing, education access, economic privilege, employment)
  - Some SDOH have historically prevented minority groups from having fair opportunities





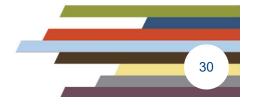


#### Risk Factors For Substance Use

- Substance use risk factors tie back to and are affected by the SDOH, which are further impacted by racial and ethnic inequity
  - Family history of addiction and/or genetic predictors
  - Mental health disorder
  - Peer pressure
  - Early use
  - Poverty/economic status
  - Family rejection of sexual orientation or gender identity
  - Childhood sexual abuse
  - Family conflict or lack of family involvement
  - Low cost and/or high availability of substances
- What is controllable vs. uncontrollable?







## Substance Use Disorder and Inequity, 1

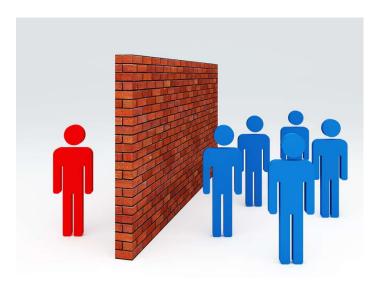
- Structural racism has been linked to an increased risk of substance use and overdose
- This contributes to substance use disorder (SUD) racial disparities through:
  - Racial biases that are deeply-rooted in institutions that structure individual lived experiences (e.g., justice system, healthcare, government, education)
  - Effects of racism-related stressors (e.g., discrimination, prejudice, stereotypes) on the wellbeing and functioning of non-White people
  - Conscious and unconscious biases that shape behaviors directed at people of color, including those who practice health care





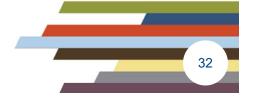
## Substance Use Disorder and Inequity, 2

- Members of racial and ethnic minority groups are most likely to experience barriers to substance use treatment
  - High-capacity treatment for SUD is less available for Black,
     Latino/a, and Indigenous people than it is for White people
  - Racial and ethnic minorities
     often fare worse than their White
     counterparts in terms of wait
     time and retention







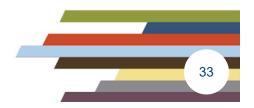


# Using a Multi-Level Approach

- Interventions that work across multiple levels are more likely to be successful in preventing substance use and overdose
- The Social-Ecological Model (SEM) of Substance Use and Overdose Prevention can be helpful to understand some of the root causes of health disparities
  - Remember, no one factor in any level leads a person to use or misuse substances
  - Upstream
    - Policy changes and large-scale prevention efforts
  - Downstream
    - Focused on individual behaviors and health outcomes





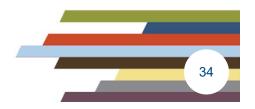


## **Strategies and Solutions**

- Consider health promotion, access to services (and what are the barriers), advocacy, and policy initiatives
- Measure disparities in your community
  - Use data to get the full picture of what is occurring and who is impacted
- Set goals and deadlines
- Implement expanded staff training (e.g., SDOH)
- Utilize transdisciplinary research
- Select and implement effective programs
  - SAMSHA's Strategic Prevention Framework (SPF)
  - Culturally responsive and evidence based
- Work across systems and develop a diverse array of partnerships





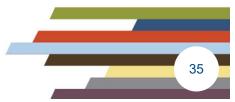


# A Public Health Approach







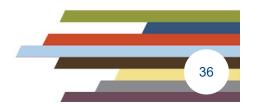


#### **Public Health and Prevention**

- Focuses on populations rather than individuals
- Identifies the causes (i.e., SDOH, risk and protective factors more broadly) for why an issue is occurring & how widespread those causes are
- Implements policies and activities to address those causes (prevention)
- Ensures equal access to care and reductions in outcome disparities among people already experiencing the issue







# **Public Health Approach**

- According to the Surgeon General's report (2016) on Alcohol, Drugs, and Health, it is critical to:
  - 1. Understand that substance misuse and substance use disorders harm the health and well-being of individuals and communities.
  - 2. Coordinate and implement health reform and parity laws
  - 3. Fully integrate the continuum of services for substance use disorders with the rest of health care
  - 4. Implement highly effective community-based prevention programs and policies that already exist
  - 5. Use future research to guide the new public health approach (PHA) to substance misuse and substance use disorders



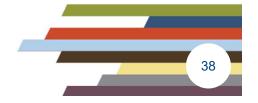


## What Does a PHA Look Like? (SAMHSA)

- Collaboration between many different stakeholders from across substance use, behavioral health, and other health areas
- Stakeholders work together to implement many different evidence-based strategies to address all aspects of a person's health and wellness
- Success is measured across a person's wellbeing

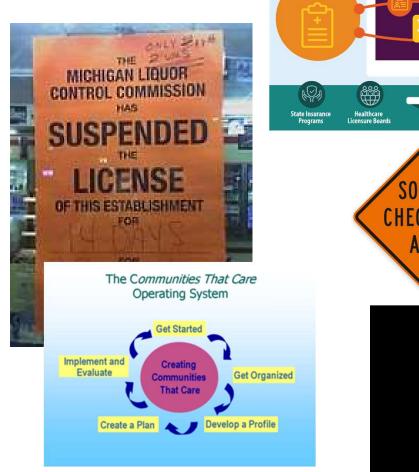






# **Environmental Strategies**

PRESCRIPTION DRUG MONITORING PROGRAM









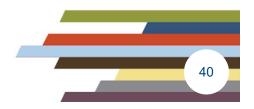


# **Environmental Strategies**

- Environmental strategies are population-based interventions that seek to change the context in which people make decisions (Freiden, 2010)
  - Seek to address existing structures, institutions, norms, policies, and laws that are favorable towards substance use
- Part of a PHA to prevention
  - Working with stakeholders outside prevention
- Part of a comprehensive approach to prevention
  - Implemented in conjunction with behavioral strategies







# **Environmental Strategies**

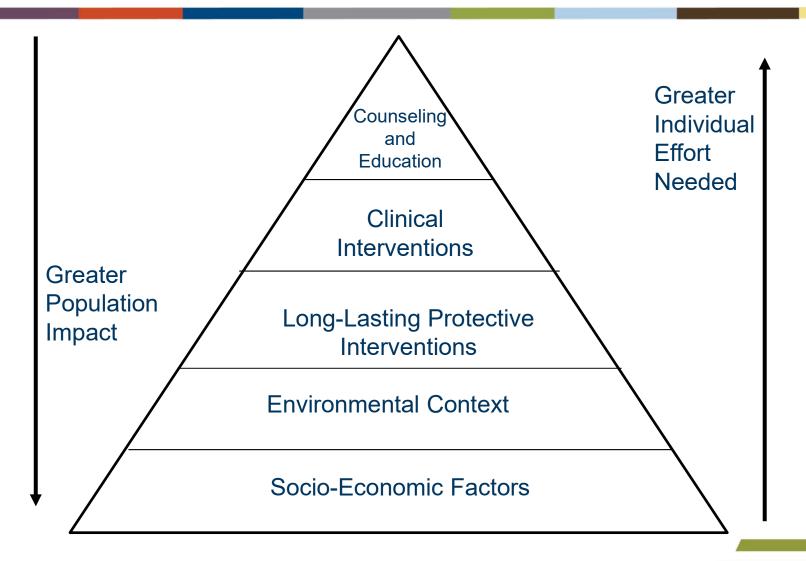
- Environmental strategies can be found at all levels of prevention
  - Universal
  - Selective
  - Indicated
- These types of strategies also have several advantages
  - Broad reach
  - Cost efficient
  - Sustainable
  - Enduring effects







#### A Comprehensive Approach (Frieden, 2010)





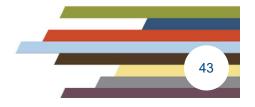


#### Looking at Tobacco Prevention (Frieden, 2010)

- Socio-Economic Factors
  - High poverty rates associated with higher smoking rates
- Environmental Context
  - Excise taxes; smoke-free workplaces
- Long-Lasting Protective Interventions
  - Graphic anti-smoking ad campaigns created a "social immunization" against the idea of smoking
- Clinical Interventions
  - Smoking cessation medications; encourage healthy diet and exercise to reduce stress
- Counseling and Education
  - Education about the risks of smoking





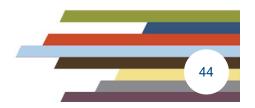


#### How to Fit In Environmental Strategies

- There are many types of environmental strategies; far more than the examples just provided
- Prevention professionals often have limited resources; and there are behavioral strategies we usually want to implement as well
- Need to consider how to fit environmental strategies, and the entire concept of the public health approach, into a comprehensive approach to prevention





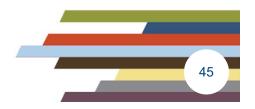


#### Conclusion

- SDOH are the "big picture" environmental conditions that impact our lives
- We need to understand the ways that SDOH influence health outcomes, and the role prevention professionals can play in addressing them
- Being part of a public health approach and implementing environmental strategies is a way for prevention professionals to affect the big picture







#### **Contact Us**



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Central East PTTC website: www.pttcnetwork.org/centraleast

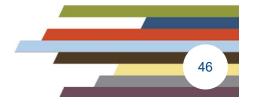
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