



what makes us healthy?

a social determinants of health framework for health equity

sanouri ursprung, phd ● director, office of statistics and evaluation

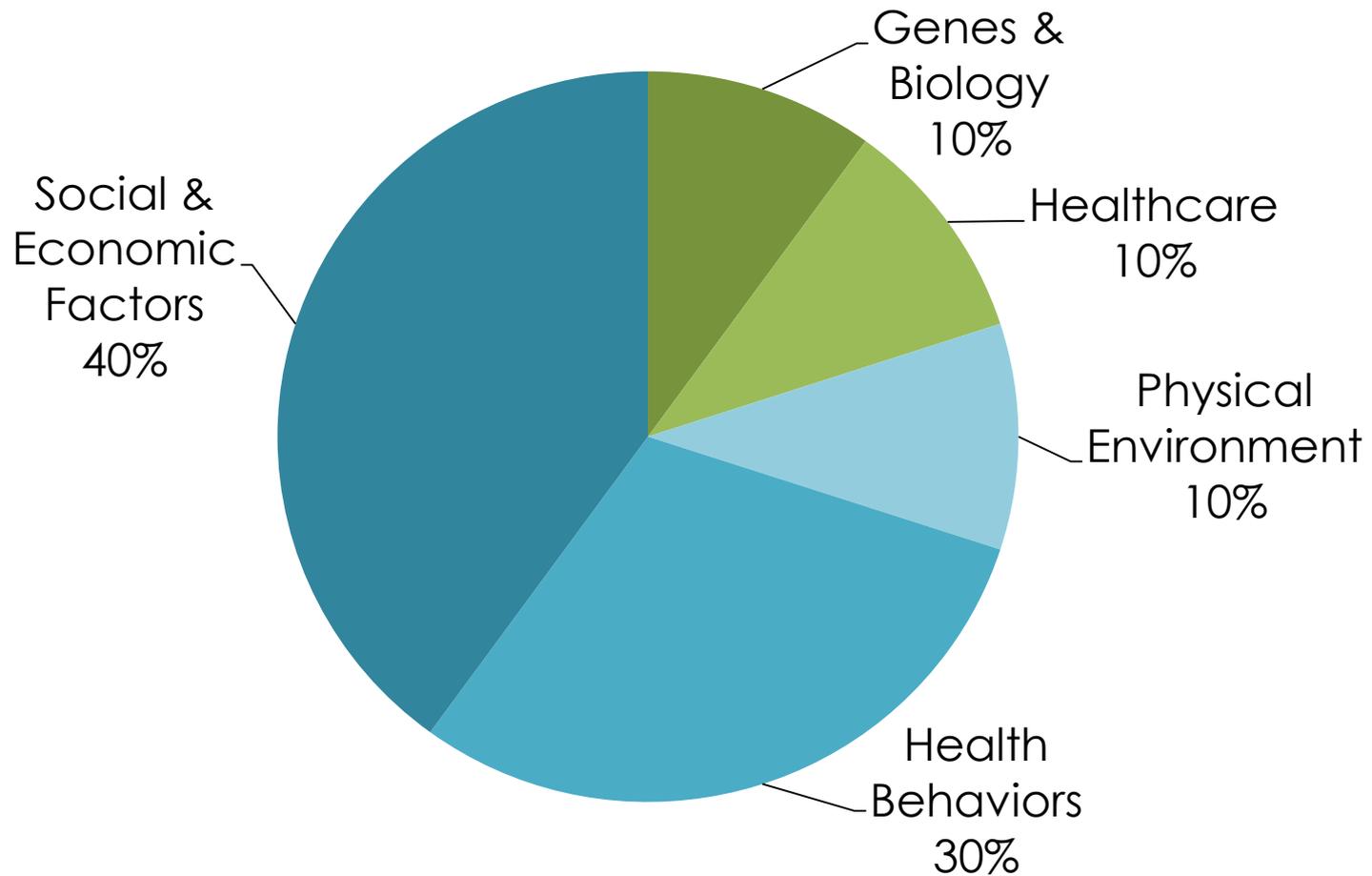
bureau of community health and prevention ● march 2019

What makes people healthy?

“An individual’s health is influenced by many factors ranging from the **society** they live in, the **conditions** they are exposed to, the life **opportunities** they are afforded, the **healthcare** they receive, and their own **biology** and genetics.”

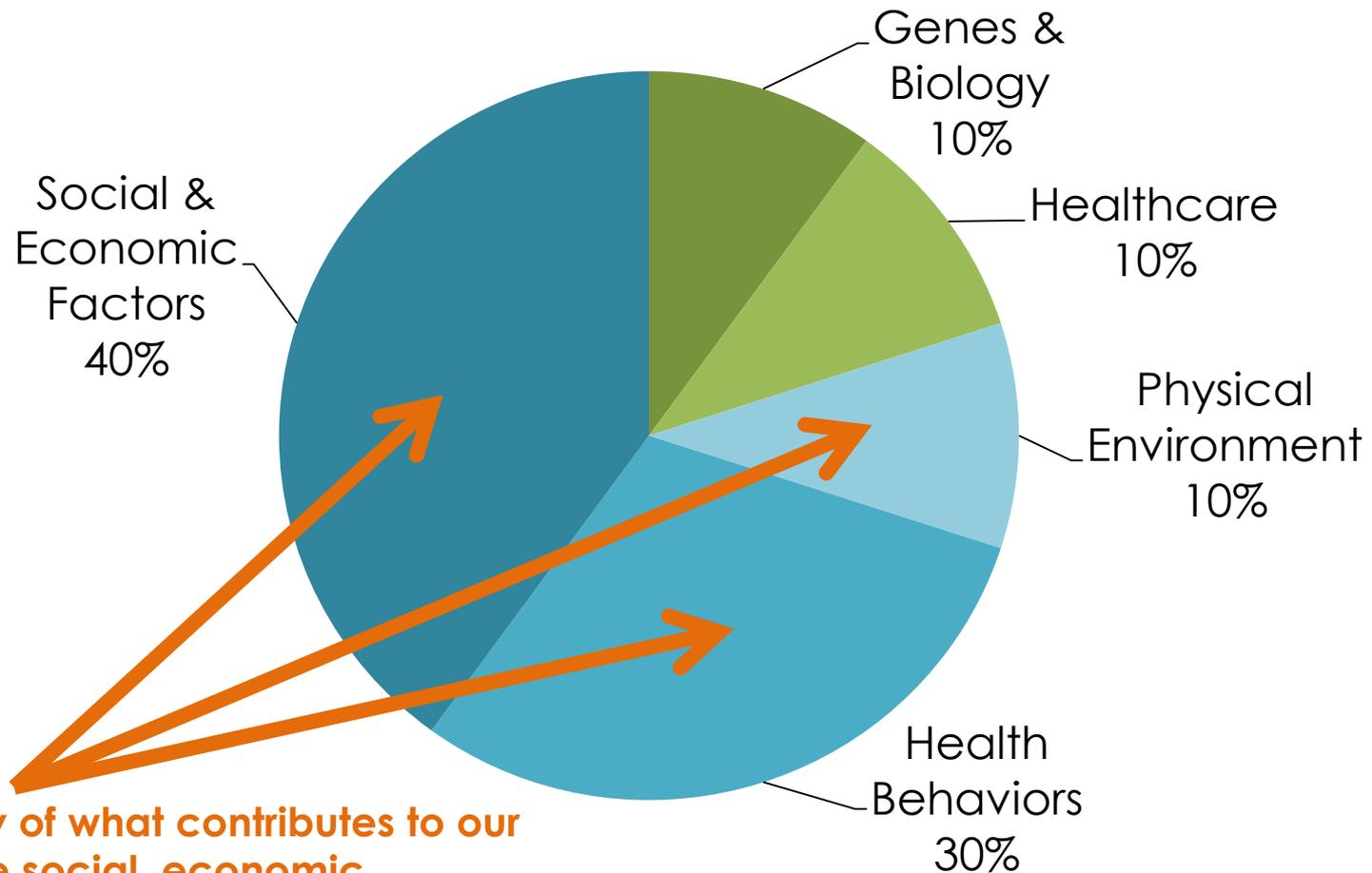
~Massachusetts State Health Assessment, 2017

WHAT MAKES US HEALTHY?



Source: Tarlov AR. Public policy frameworks for improving population health. *Ann N Y Acad Sci.* 1999;896:281-93.

WHAT MAKES US HEALTHY?



the majority of what contributes to our health is the social, economic, behavioral, and physical factors that we experience where we work, live and play

Source: Tarlov AR. Public policy frameworks for improving population health. Ann N Y Acad Sci. 1999;896:281-93.

The Spending Mismatch: Health Determinants vs. Health Expenditures

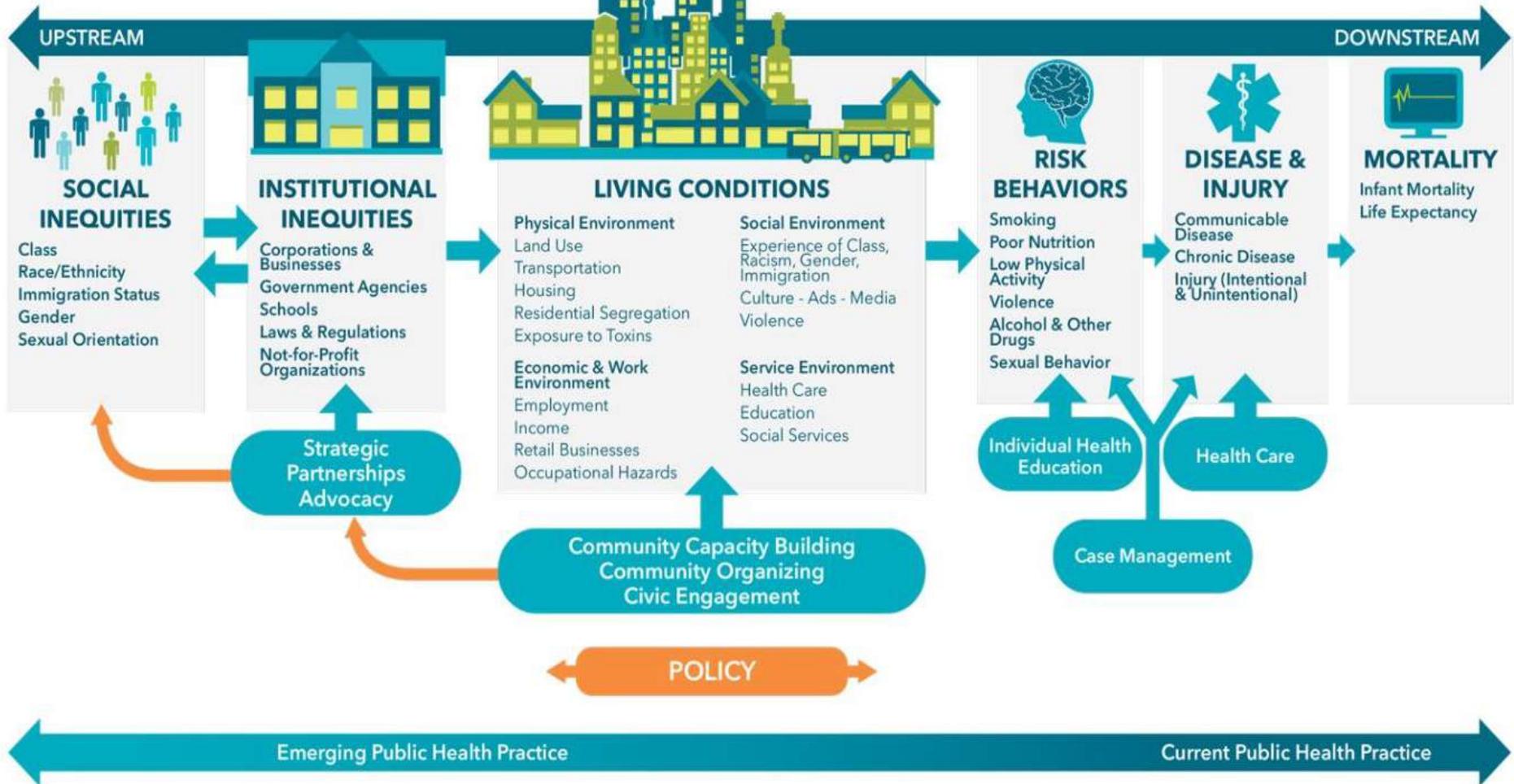


What are “social determinants of health (SDOH)” anyway?

SDOH are the broad set of factors that influence health outcomes *and* that **shape community environments**. These factors reach far beyond the healthcare system, and include **structural drivers** (e.g., the inequitable distribution of power, money, opportunity, and resources) and **conditions** of daily life (e.g., the environments in which people are born, live, work, play, worship, and age).

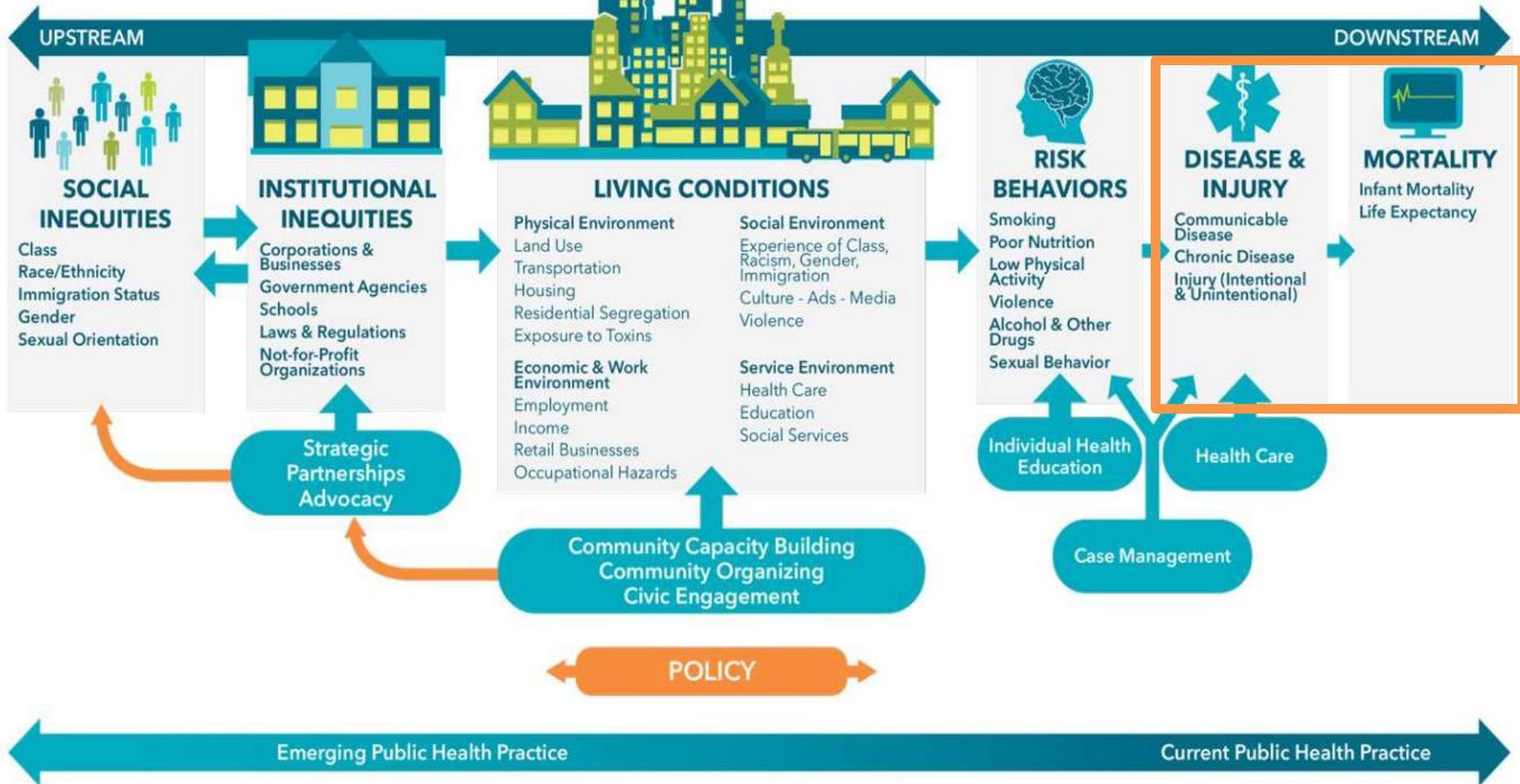
~ adapted from the Prevention Institute

A PUBLIC HEALTH FRAMEWORK FOR REDUCING HEALTH INEQUITIES
 BAY AREA REGIONAL HEALTH INEQUITIES INITIATIVE



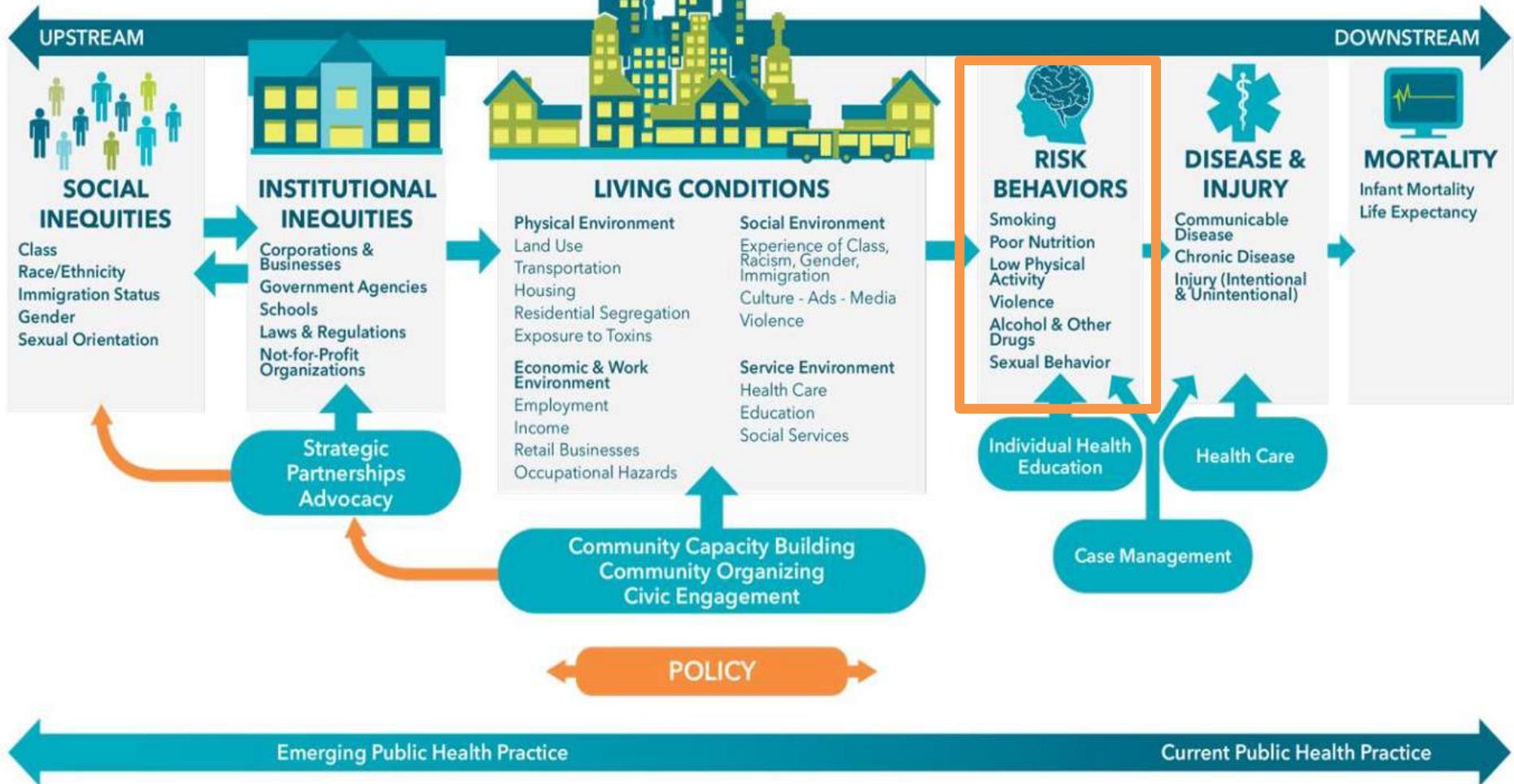
Poor social, environmental, economic, and institutional conditions prevent people from practicing healthy behaviors and achieving good health.

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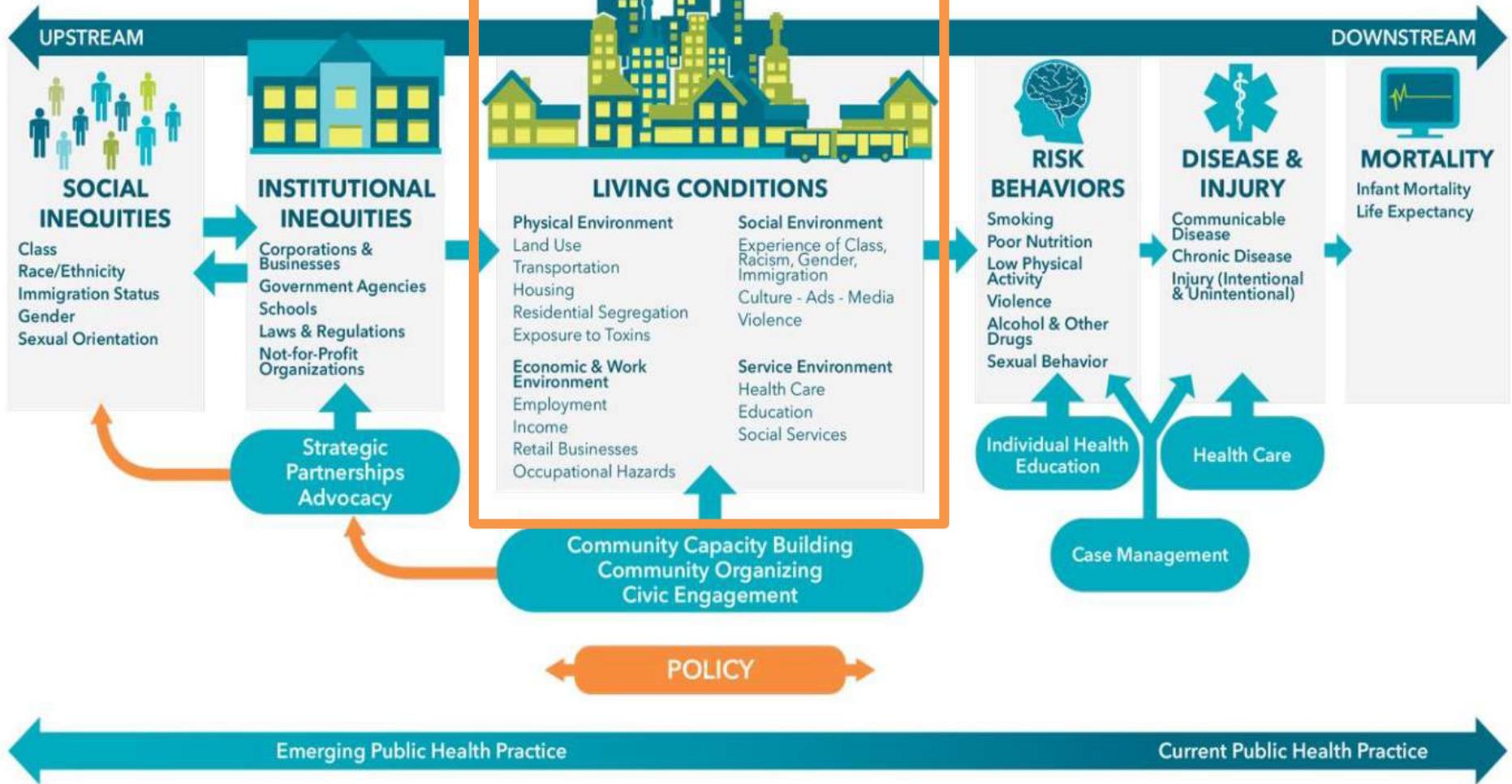
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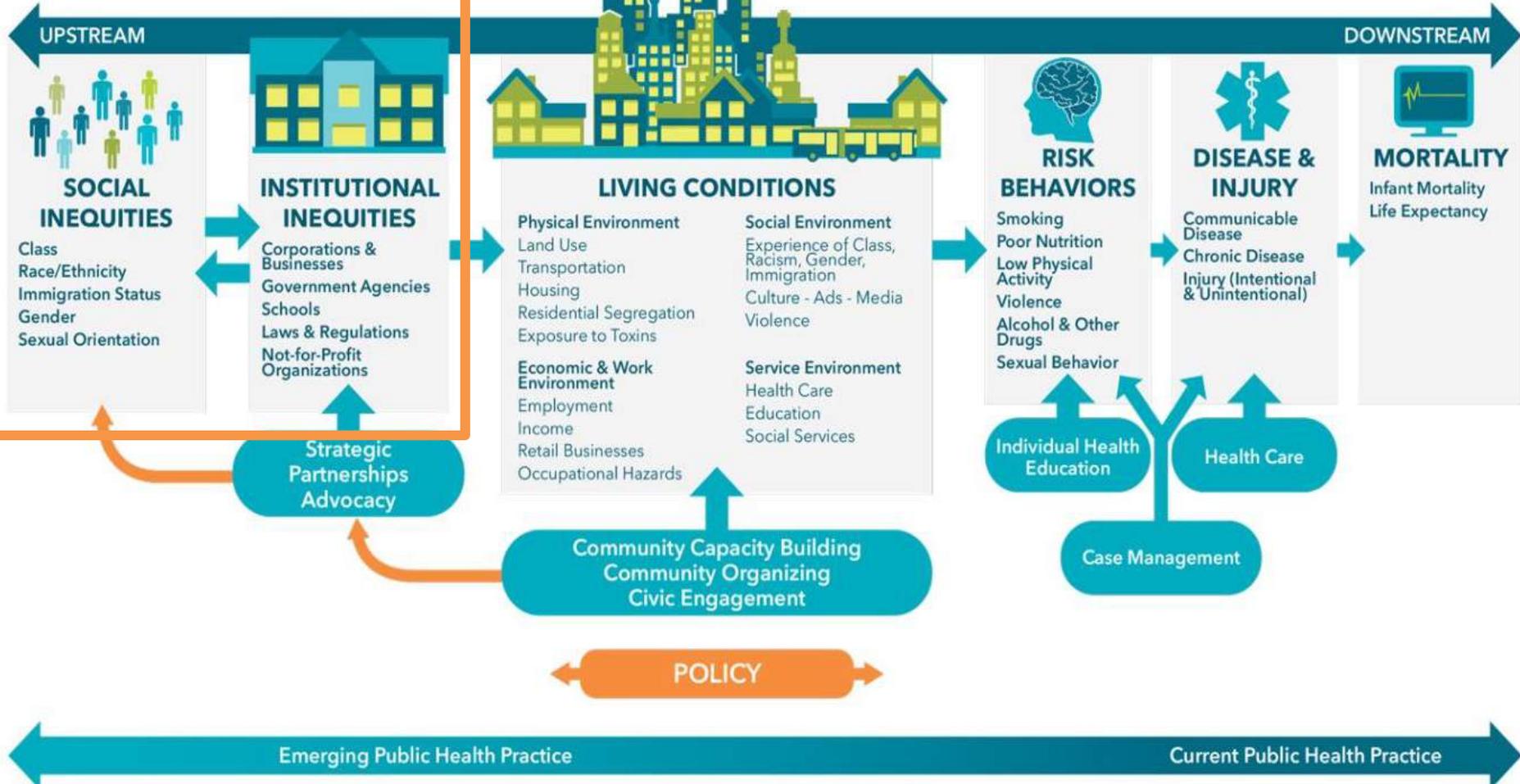
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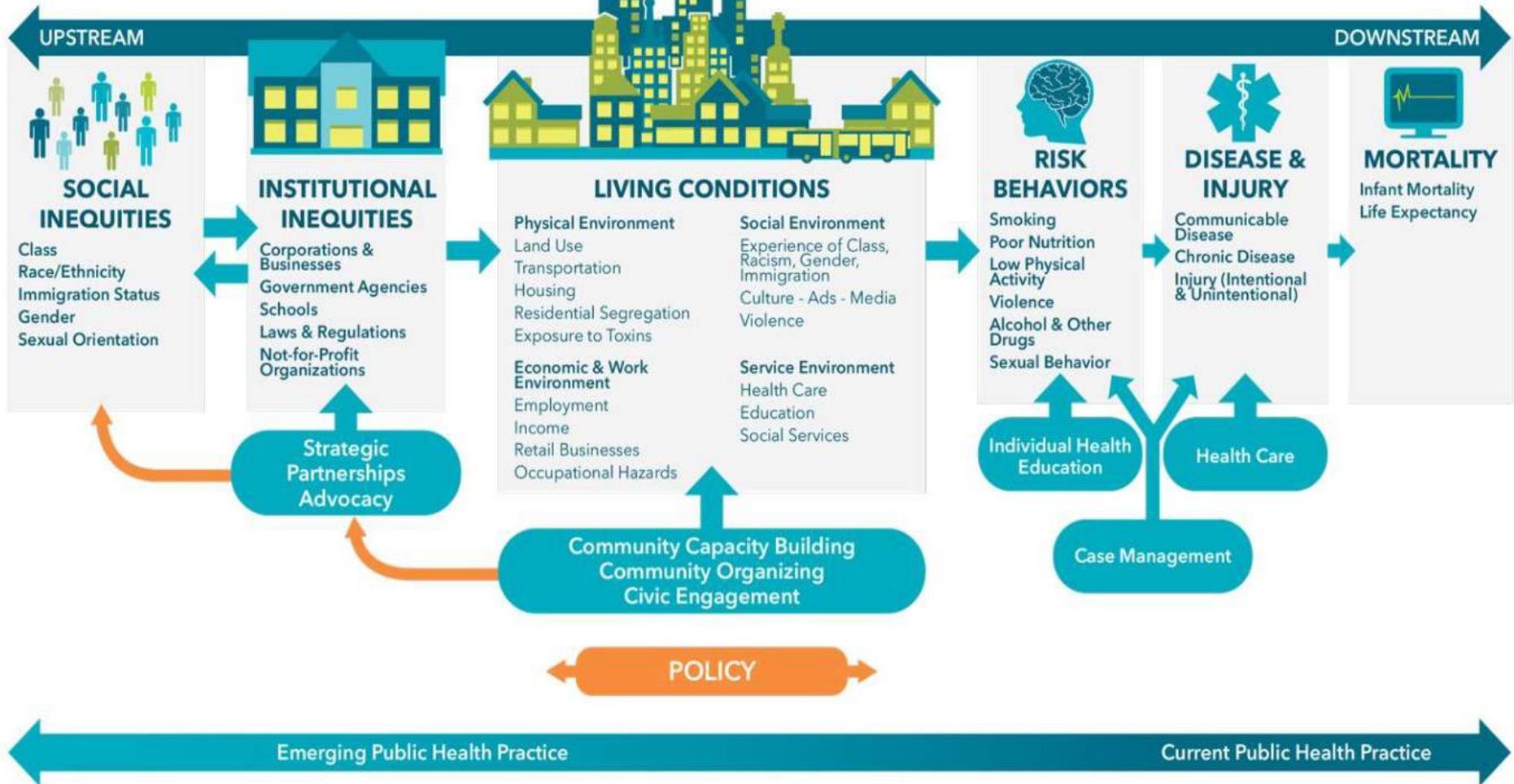
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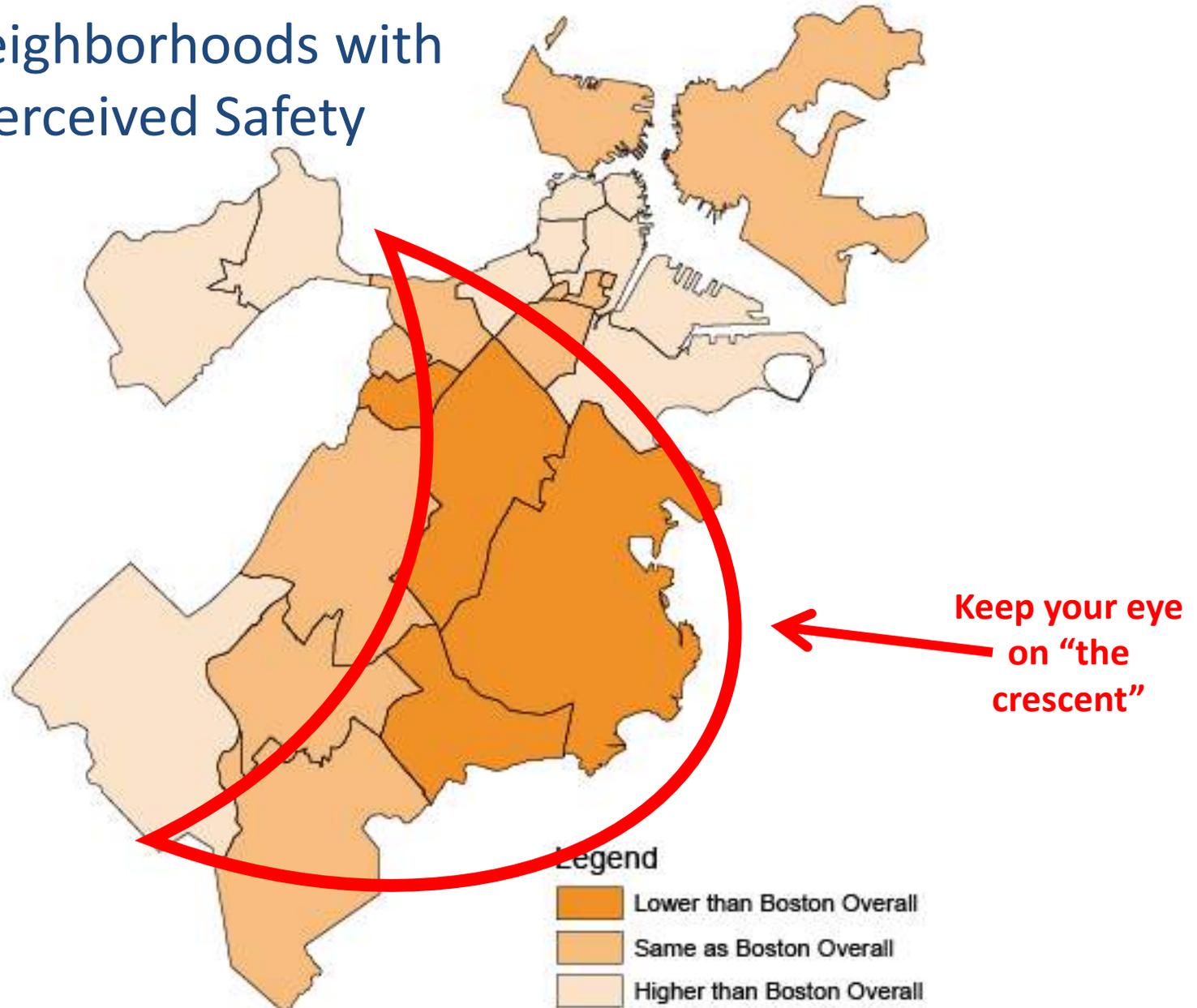


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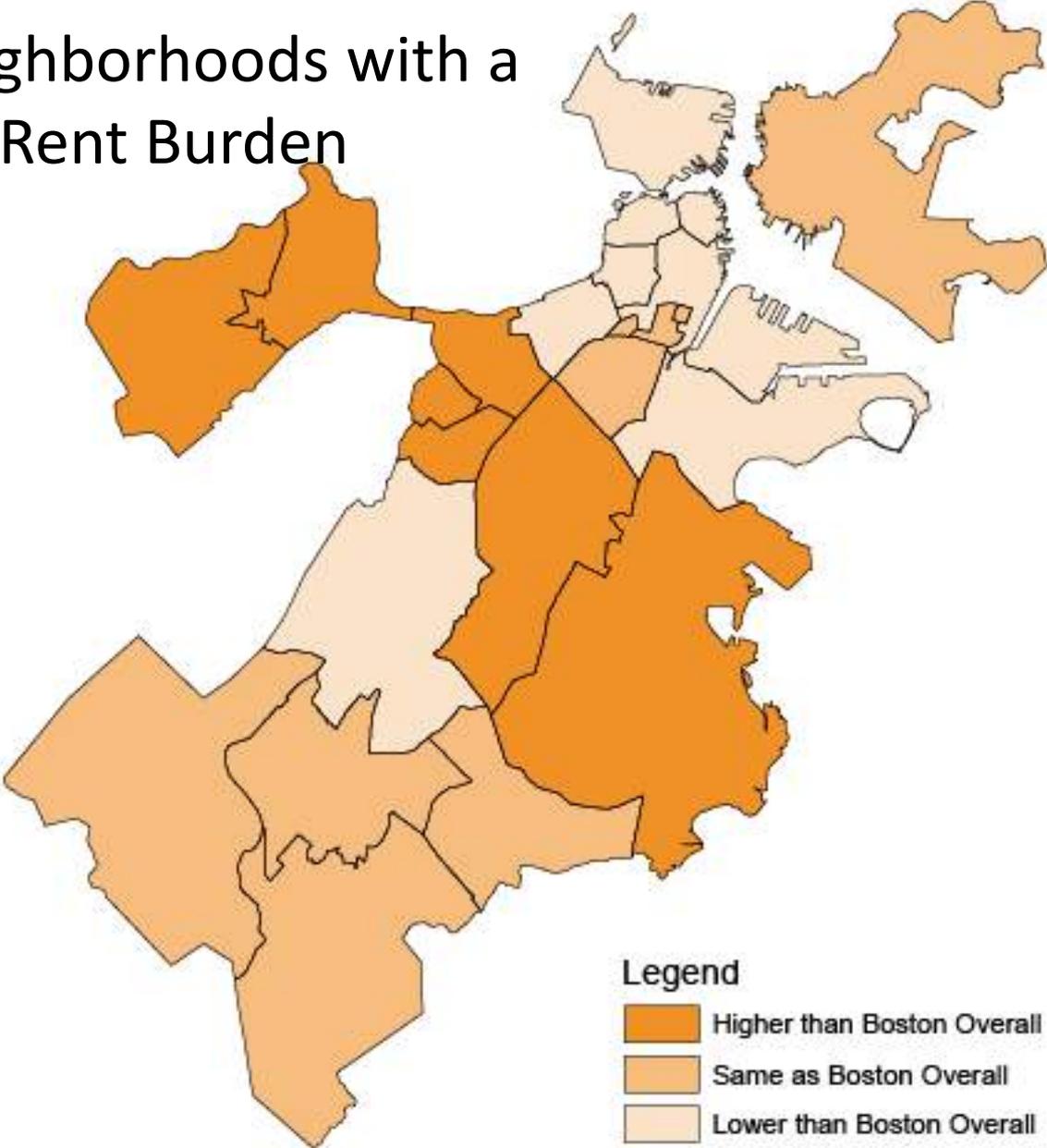
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Boston Neighborhoods with Poor Perceived Safety



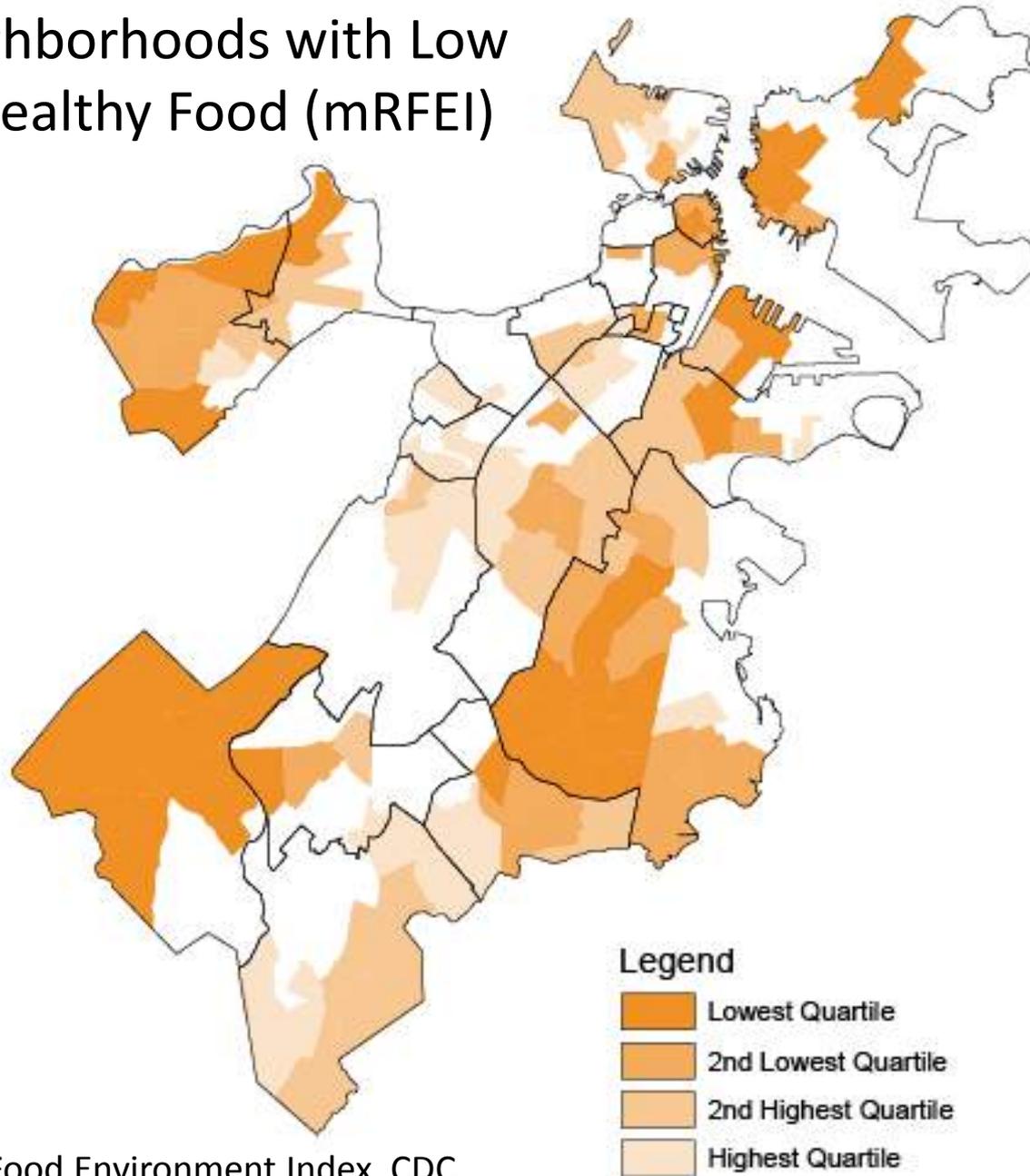
*Boston Neighborhood Survey (BNS), 2008; Harvard Youth Prevention Center through Cooperative agreement with the CDC

Boston Neighborhoods with a High Rent Burden



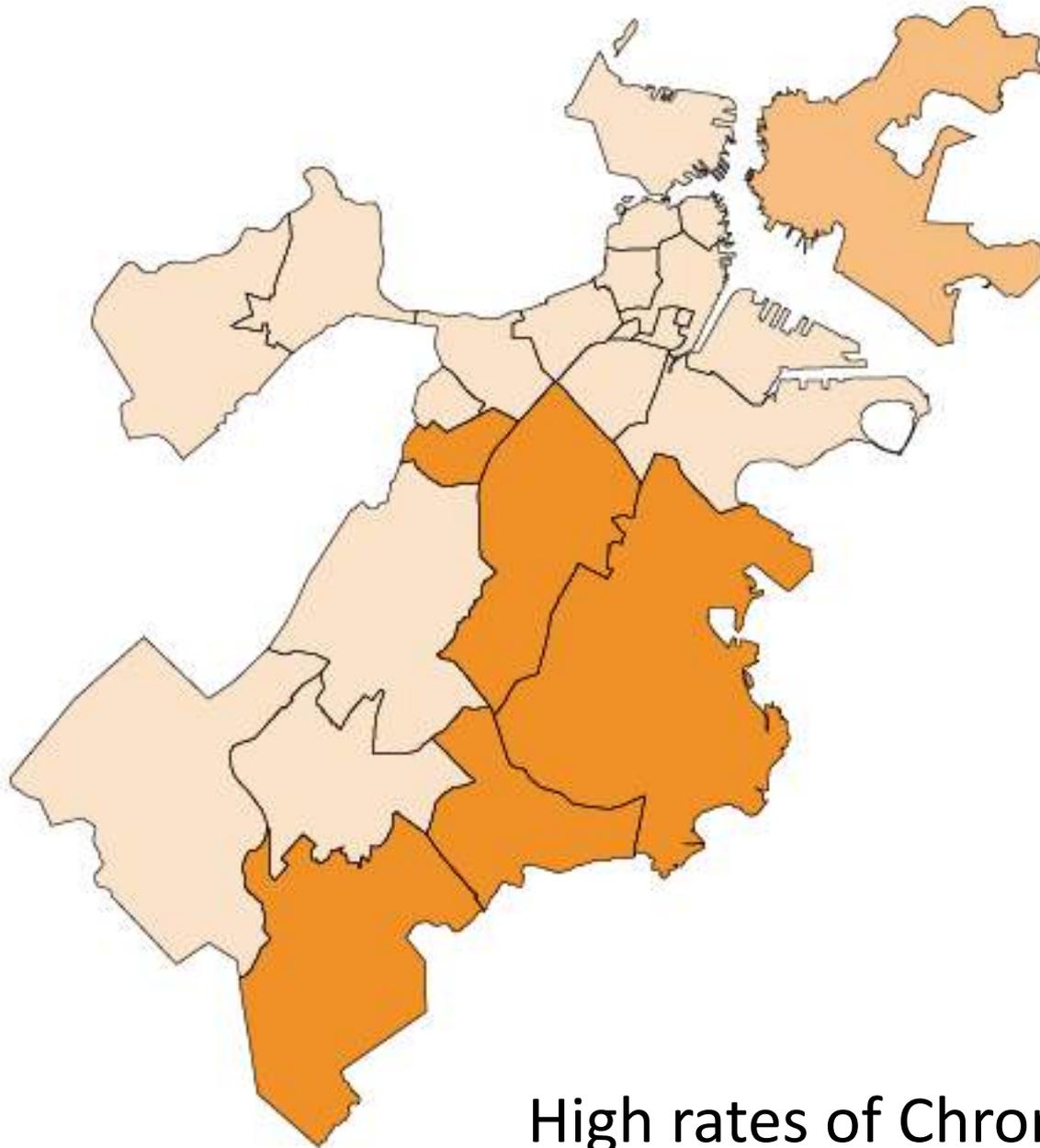
* American Community Survey, 2008-2012, US Census Bureau

Boston Neighborhoods with Low Access to Healthy Food (mRFEI)

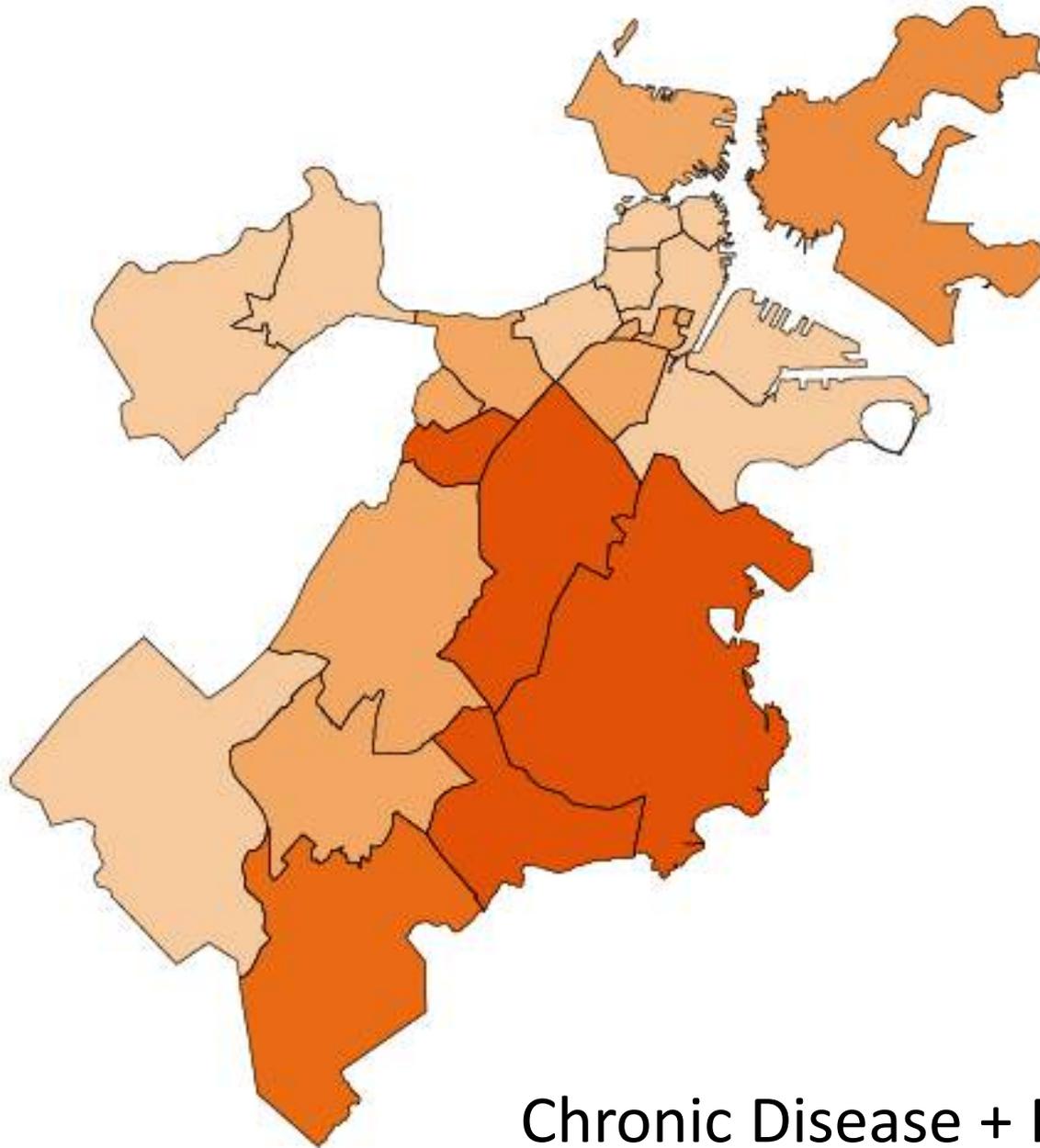


* Modified Retail Food Environment Index, CDC

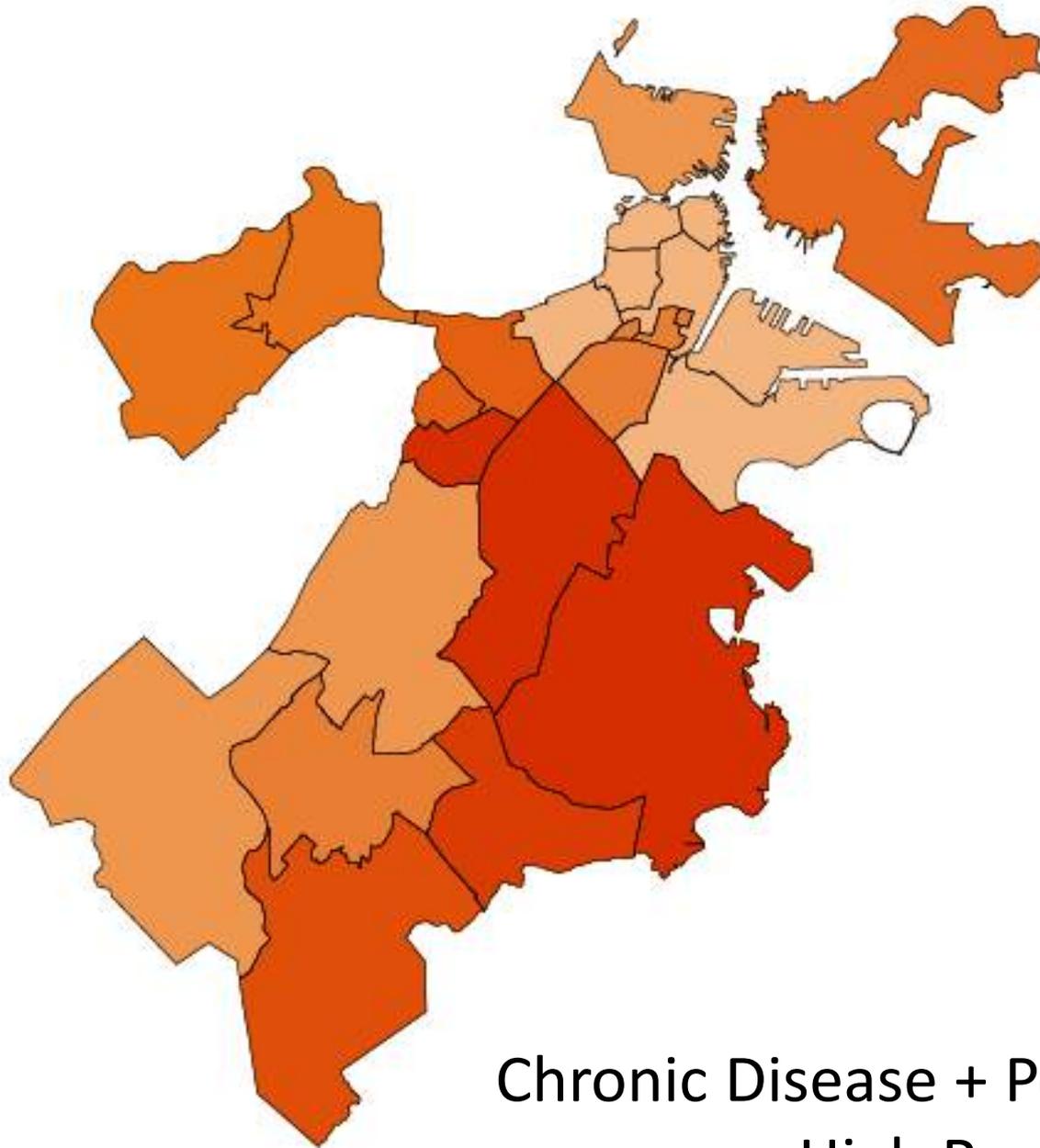
But put them all together...



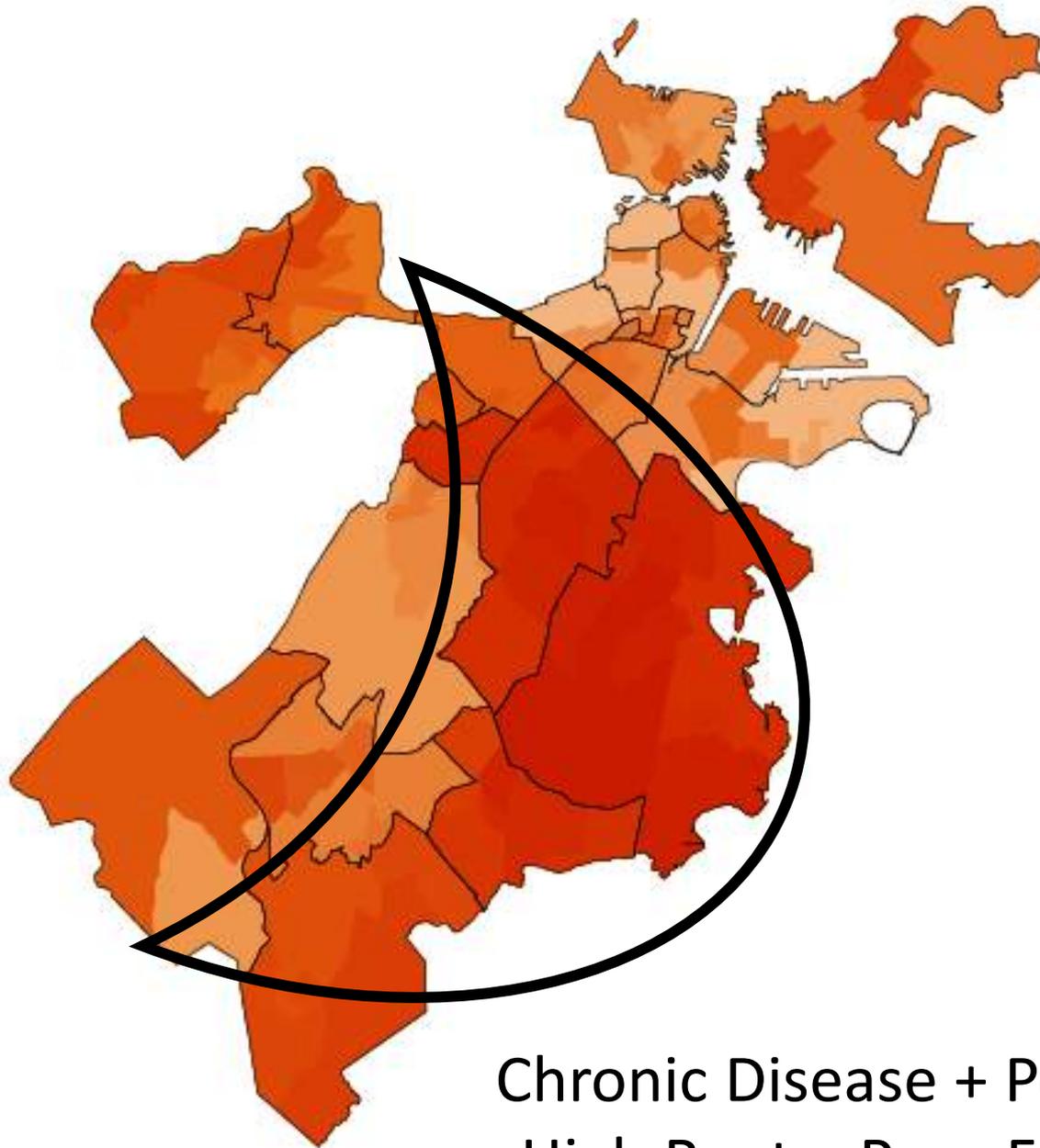
High rates of Chronic Disease



Chronic Disease + Poor Safety



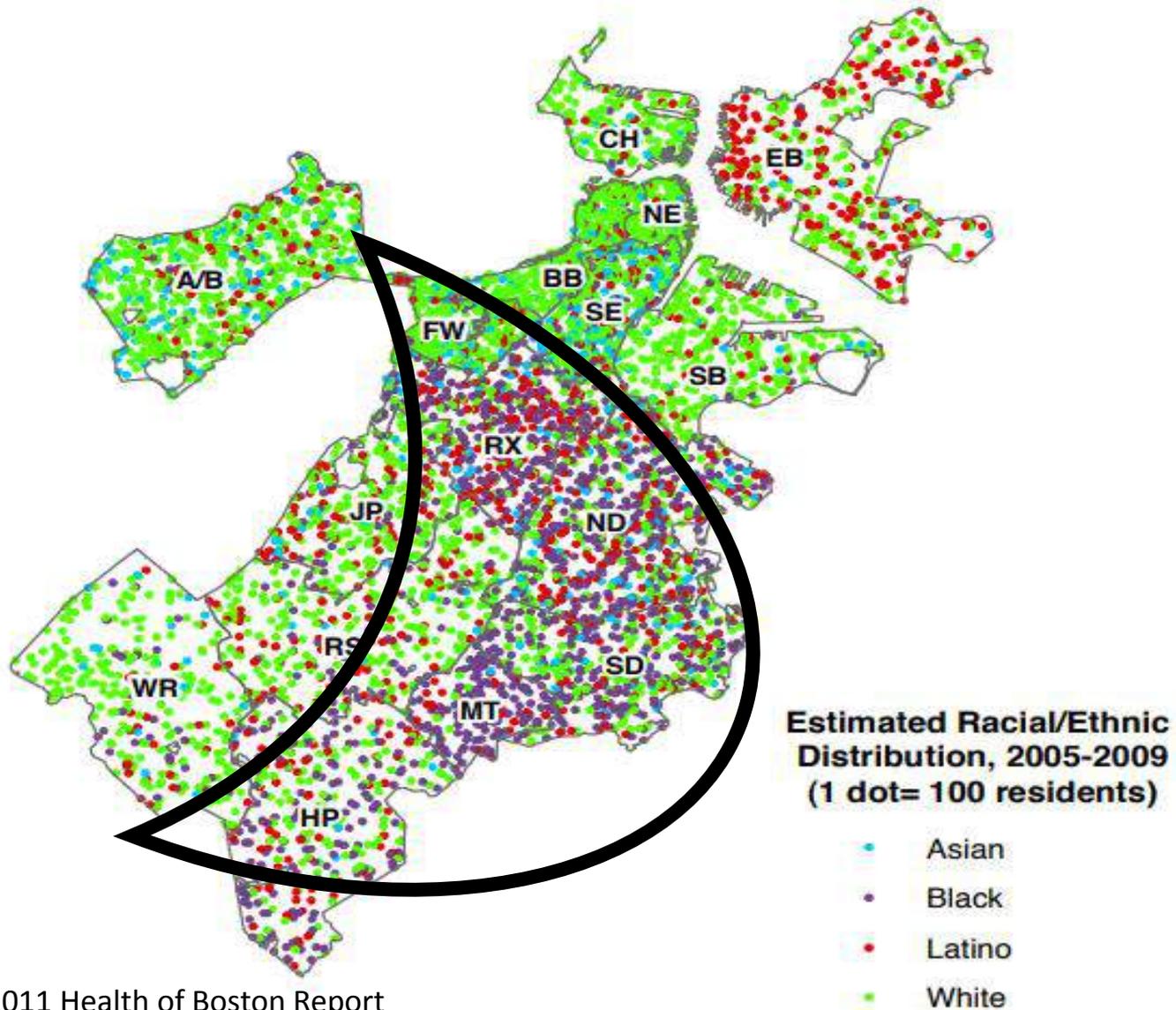
Chronic Disease + Poor Safety +
High Rent



Chronic Disease + Poor Safety +
High Rent + Poor Food Access

**What else is going on in
"the crescent"?**

Place Matters



Map Source: 2011 Health of Boston Report
Data Source: Census 2000, US Census Bureau

REDLINING OF BOSTON NEIGHBORHOODS



l. Activity	<u>Poor</u>		<u>Poor</u>		<u>Poor</u>
m. 1929 Rent range	\$ <u>25 - 35</u>	100%	\$ <u>25 - 40</u>	100%	\$ <u>30 - 55</u>
n. '33-36 Rent range	\$ <u>16 - 22</u>	60%	\$ <u>16 - 28</u>	60%	\$ <u>20 - 30</u>
o. 1937 Rent range	\$ <u>16 - 22</u>	60%	\$ <u>16 - 28</u>	60%	\$ <u>20 - 30</u>
p. Rental demand	\$ _____		\$ _____		\$ _____
q. Activity	<u>Fair</u>		<u>Fair</u>		<u>Fair</u>
r. AVAILABILITY OF MORTGAGE FUNDS:	a. Home purchase <u>Very limited</u> ; b. Home building _____				
s. CLARIFYING REMARKS:	Negre heavily concentrated north of Ruggles St. on the west side of Washington. Jewish centered near Columbus Square. A large territory with some streets showing better experiences than the balance of the section.				

BOSTON AREA

260 Square Miles
Including Arlington, Belmont, Boston, Brookline, Cambridge, Chelsea, Dedham, Everett, Lexington, Malden, Medford, Melrose, Milton, Needham, Newton, Quincy, Revere, Somerville, Waltham, Waverley, Winchester and Woburn

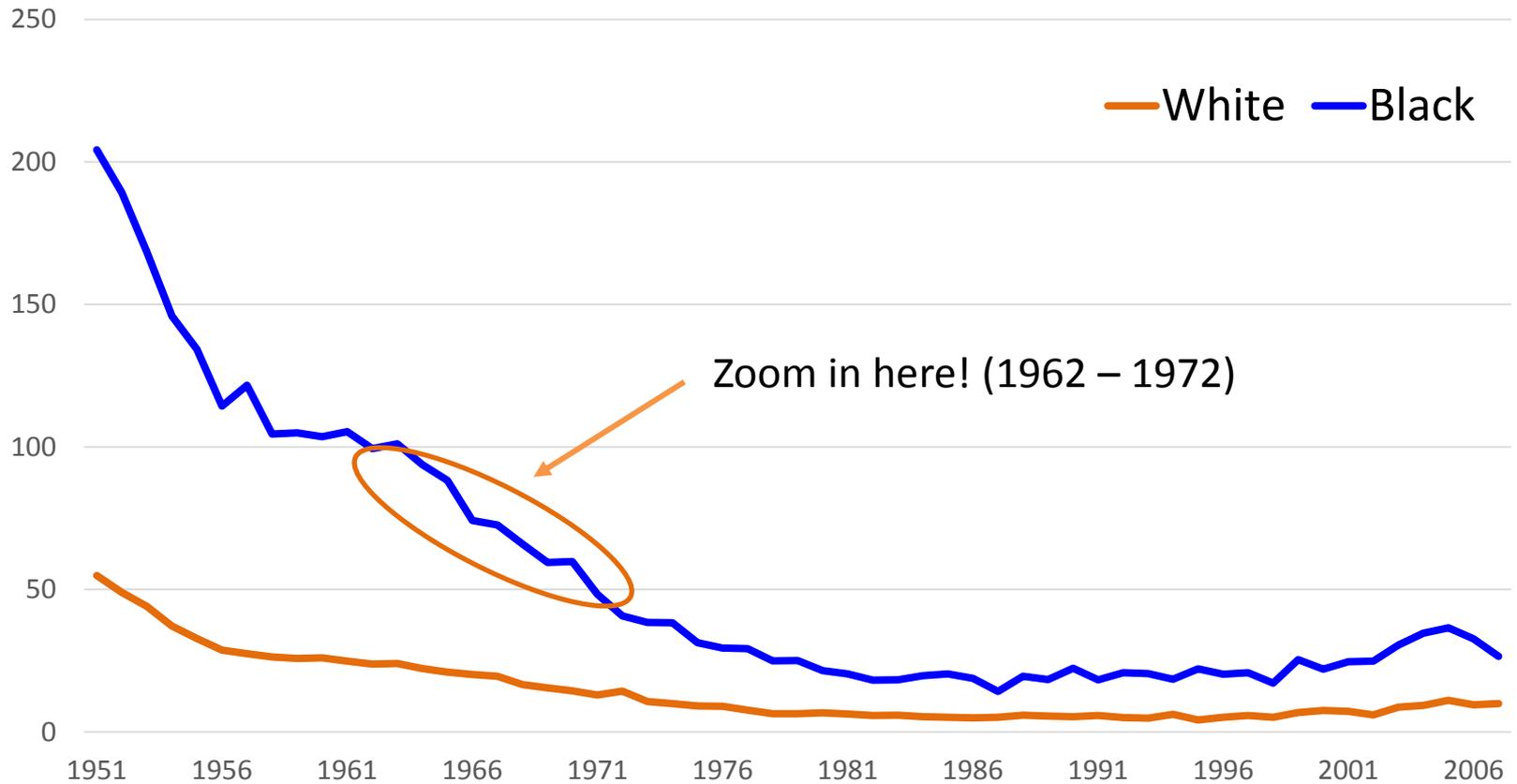
NOTICE
Streets, Railroads, Water, Transportation Lines, Park System, Burial Grounds and Country Clubs, Schools, Churches, Cemeteries, Parks and Fire Stations

COMPLETELY INDEXED
Prepared and Printed by
THE GEORGE F. CRAM COMPANY
PROVIDENCE, RHODE ISLAND



Don't worry... there's hope!

U.S. Maternal Mortality 1951-2007 by Race (per 100,000 live births)



*adapted from Gene Declercq

VISION

Optimal health and well-being for all people in Massachusetts, supported by a strong public health infrastructure and healthcare delivery.

MISSION

Prevent illness, injury, and premature death; ensure access to high quality public health and health care services; and promote wellness and health equity for all people in the Commonwealth.

DATA

We provide relevant, timely access to data for DPH, researchers, press and the general public in an effective manner in order to target disparities and impact outcomes.

DETERMINANTS

We focus on the social determinants of health – the conditions in which people are born, grow, live, work and age, which contribute to health inequities.

DISPARITIES

We consistently recognize and strive to eliminate health disparities amongst populations in Massachusetts, wherever they may exist.

EVERYDAY EXCELLENCE

PASSION AND INNOVATION

INCLUSIVENESS AND COLLABORATION

How does this impact our work?

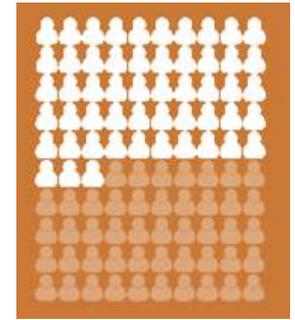
1. **where** we intervene



causes over 60%
of MA deaths

3x

slated to triple or more
in the next few decades



affects 53% of
our residents

Let's consider chronic disease...



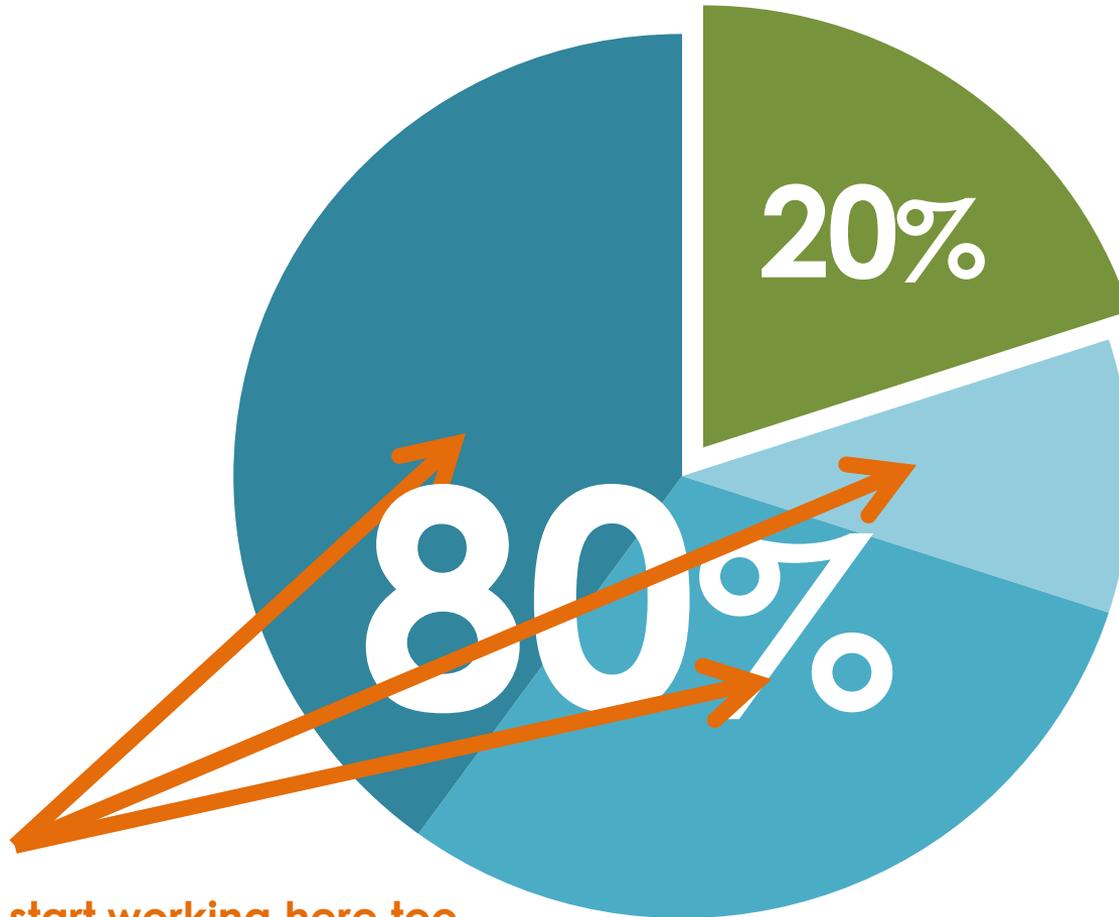
makes up 86% of our
national healthcare
spending

\$7,259

already costs
about \$7,259/yr
per MA resident

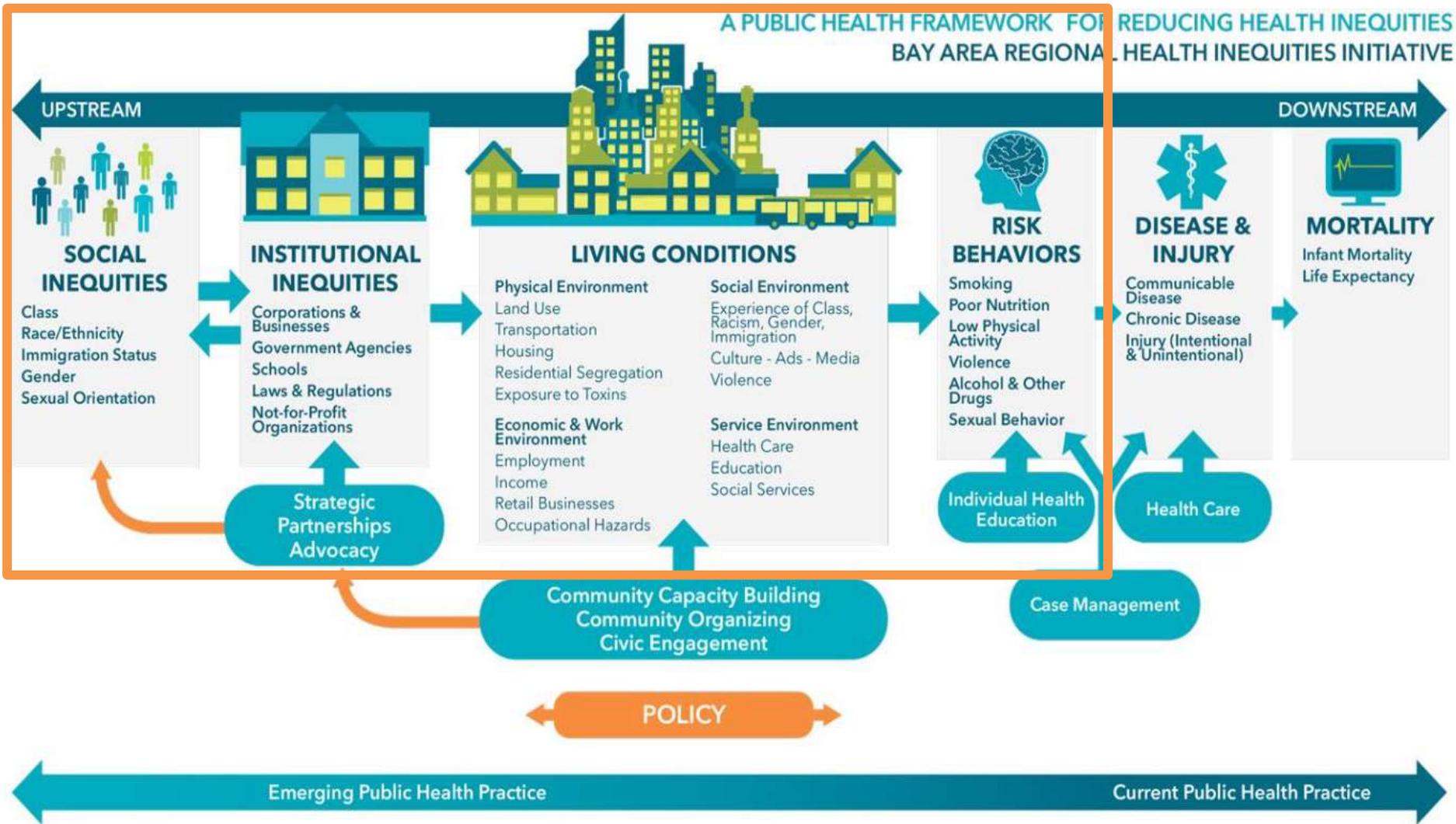


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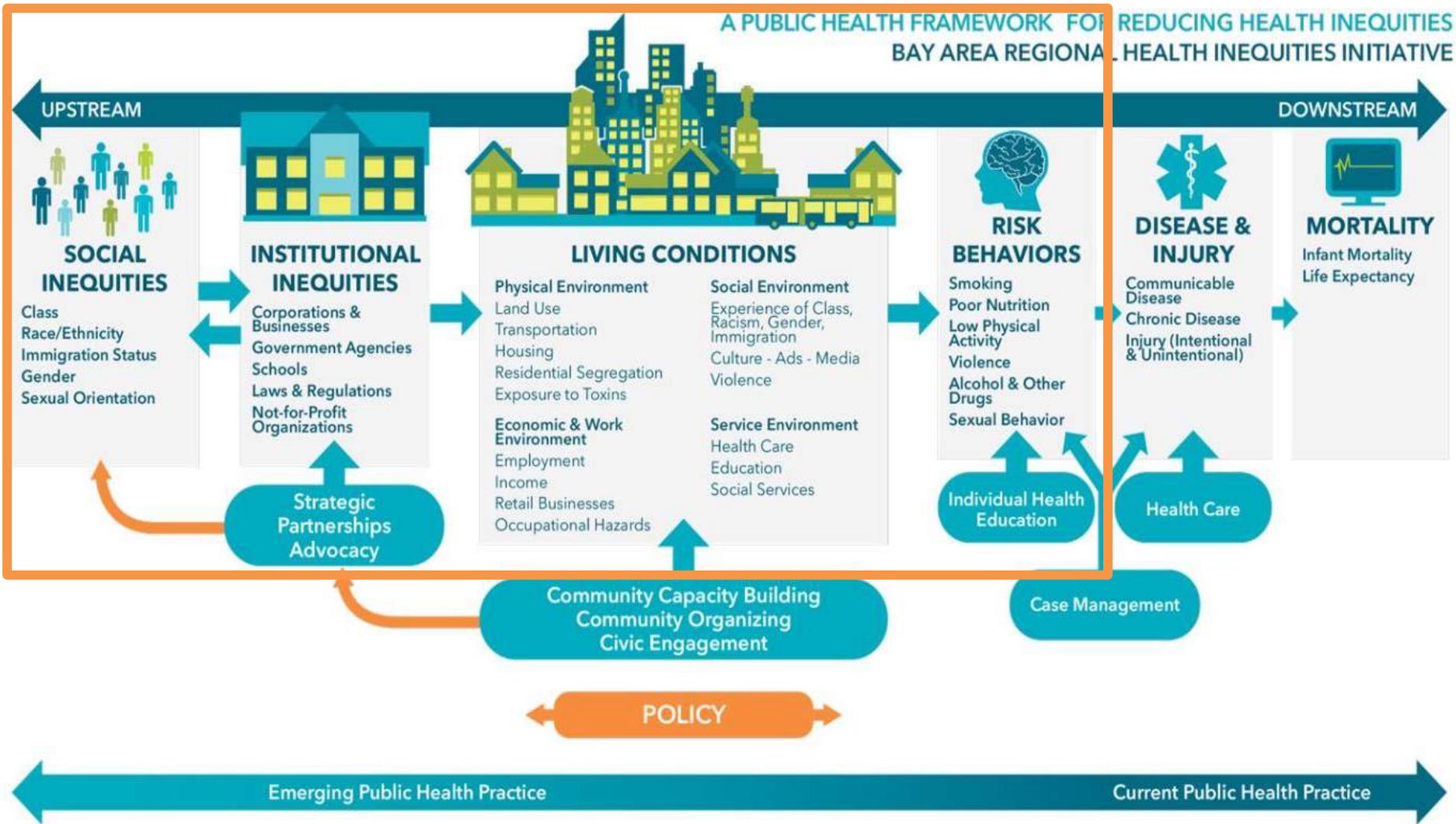


We have to start working here too

Source: Tarlov AR. Public policy frameworks for improving population health. Ann N Y Acad Sci. 1999;896:281-93.



Poor social, environmental, economic, and institutional conditions prevent people from practicing healthy behaviors and achieving good health.



Poor social, environmental, economic, and institutional conditions prevent people from practicing healthy behaviors and achieving good health.

2. **how** we intervene

change policies and environments to remove these unjust systems
ex: more equitably improve transit, food retail financing,

mitigate the **level of risk** caused by these unjust systems
ex: increased cancer screening for men of color, primary prevention

address the **immediate social needs** caused by these unjust systems
ex: housing assistance, food vouchers

