



# Social Determinants of Health (SDOH) and Cultural Humility

Thomas E. Freese, PhD, UCLA ISAP, PSATTC

Monday, October 26<sup>th</sup>, 2020

Brennan Ramirez LK, Baker EA, Metzler M. Promoting Health Equity: A Resource to Help Communities Address Social Determinants of Health. Atlanta: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention; 2008.



University of California Los Angeles  
Integrated Substance Abuse Programs

# Disclosures

There are no relevant financial relationships with ACCME-defined commercial interests for anyone who was in control of the content of this activity.



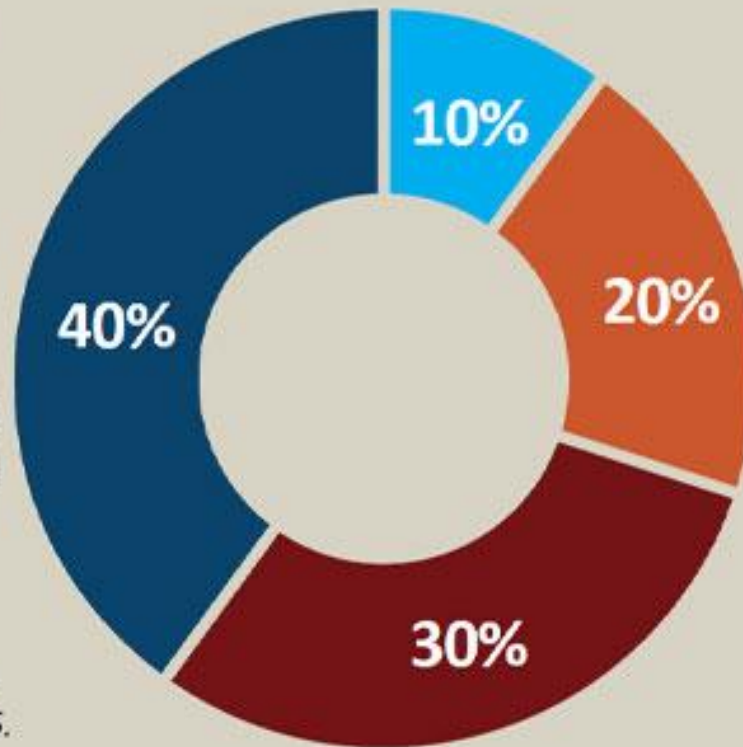
# Social Determinants of Health

Life-enhancing resources, such as food supply, housing, economic and social relationships, transportation, education and health care, *whose distribution across populations* effectively determines length and quality of life.

## What Affects Health?

Researchers at the University of Wisconsin Population Health Institute estimated the percentage of people's health—including length and quality of life—that is affected by factors that can be changed or modified (i.e., excluding genetics).

*Source: Park, H., Roubal, A.M., Jovaag, A., Gennuso, K.P., and Catlin, B.B., 2015.*



### Modifiable Determinants of Health

- Social and economic factors
- Health behaviors
- Clinical health care
- Physical environment factors

# Equality vs Equity - one step further

## Equality



The assumption is that **everyone benefits from the same supports**. This is equal treatment.

## Equity



**Everyone gets the supports they need** (this is the concept of "affirmative action"), thus producing equity.

## Justice



All 3 can see the game without supports or accommodations because **the cause(s) of the inequity was addressed**. The systemic barrier has been removed.

# Health Inequities

- Systematic and unjust distribution of social, economic, and environmental conditions needed for health
  - Unequal access to quality education, healthcare, housing, transportation, other resources (e.g., grocery stores, car seats)
  - Unequal employment opportunities and pay/income
  - Discrimination based upon social status/other factors

# Health Disparities

- Differences in the incidence and prevalence of health conditions and health status between groups, based on:
  - Race/ethnicity
  - Socioeconomic status
  - Sexual orientation
  - Gender
  - Disability status
  - Geographic location
  - Combination of these





# Stigma is defined by the following:

1. a mark of disgrace or infamy
2. a stain or reproach as on one's reputation





# The Real Stigma of Substance Use Disorders

In a study by the Recovery Research Institute, participants were asked how they felt about two people  
*"actively using drugs and alcohol."*

One person was referred to as a  
**"substance abuser"**



The other person as  
**"having a substance use disorder"**



No further information was given about these hypothetical individuals.

## THE STUDY DISCOVERED THAT PARTICIPANTS FELT THE **"SUBSTANCE ABUSER" WAS:**

- less likely to benefit from treatment
- more likely to benefit from punishment
- more likely to be socially threatening
- more likely to be blamed for their substance related difficulties and less likely that their problem was the result of an innate dysfunction over which they had no control
- they were more able to control their substance use without help

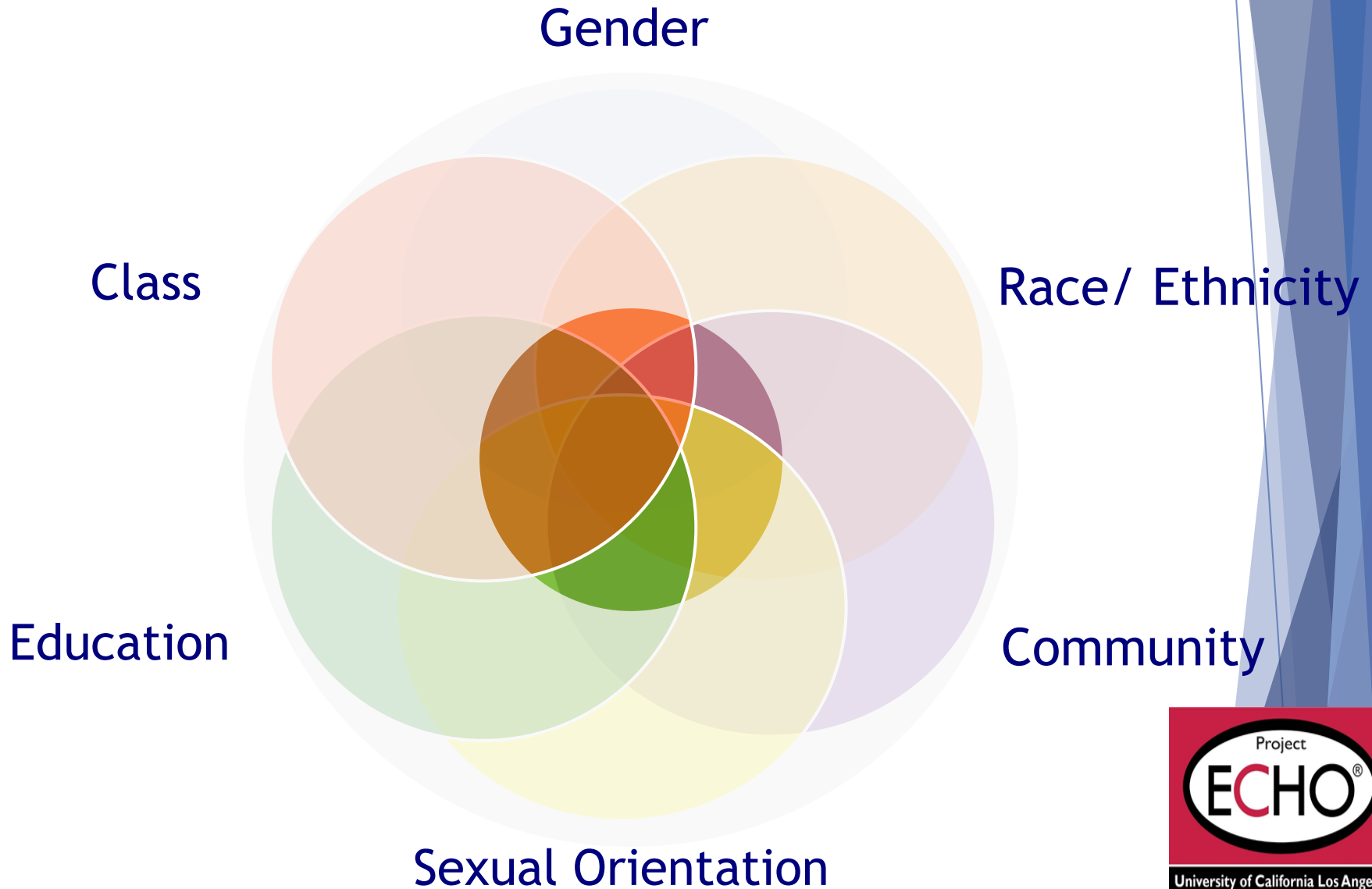


# Intersectionality

Intersectionality: “a theoretical framework for understanding how multiple social identities such as race, gender, sexual orientation, SES, and disability intersect at the micro level of individual experience to reflect interlocking systems of privilege and oppression (i.e. racism, sexism, heterosexism, classism) at the macro social-structural level.” (Bowleg, 2012)

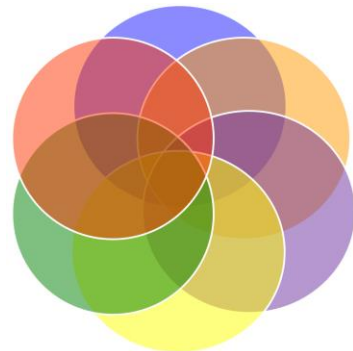


# Intersectionality



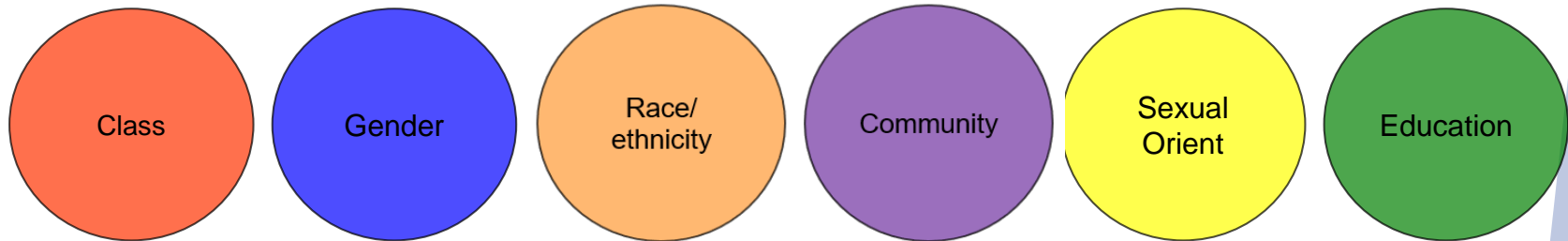
# Poll: When you consider the following characteristics, which of these have led to the experience of discrimination or stigma in your own life?

- Gender
- Sexual Orientation
- Race/ethnicity
- Class/SES
- Weight
- Age
- Educational level
- Substance use
- Mental health
- Legal status/issues
- Trauma
- Others

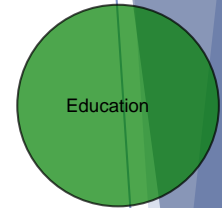
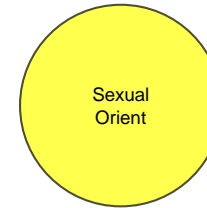
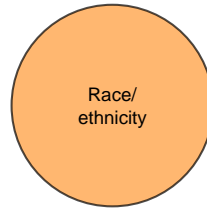
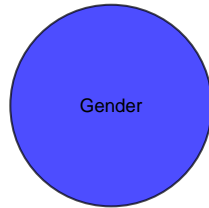
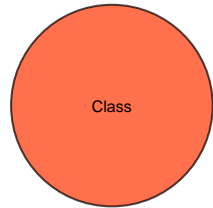


# Minority Stress Theory

Examines the ways in which the unique stressors experienced by minority individuals may relate to *mental health disparities in health* (Meyer, 2003).



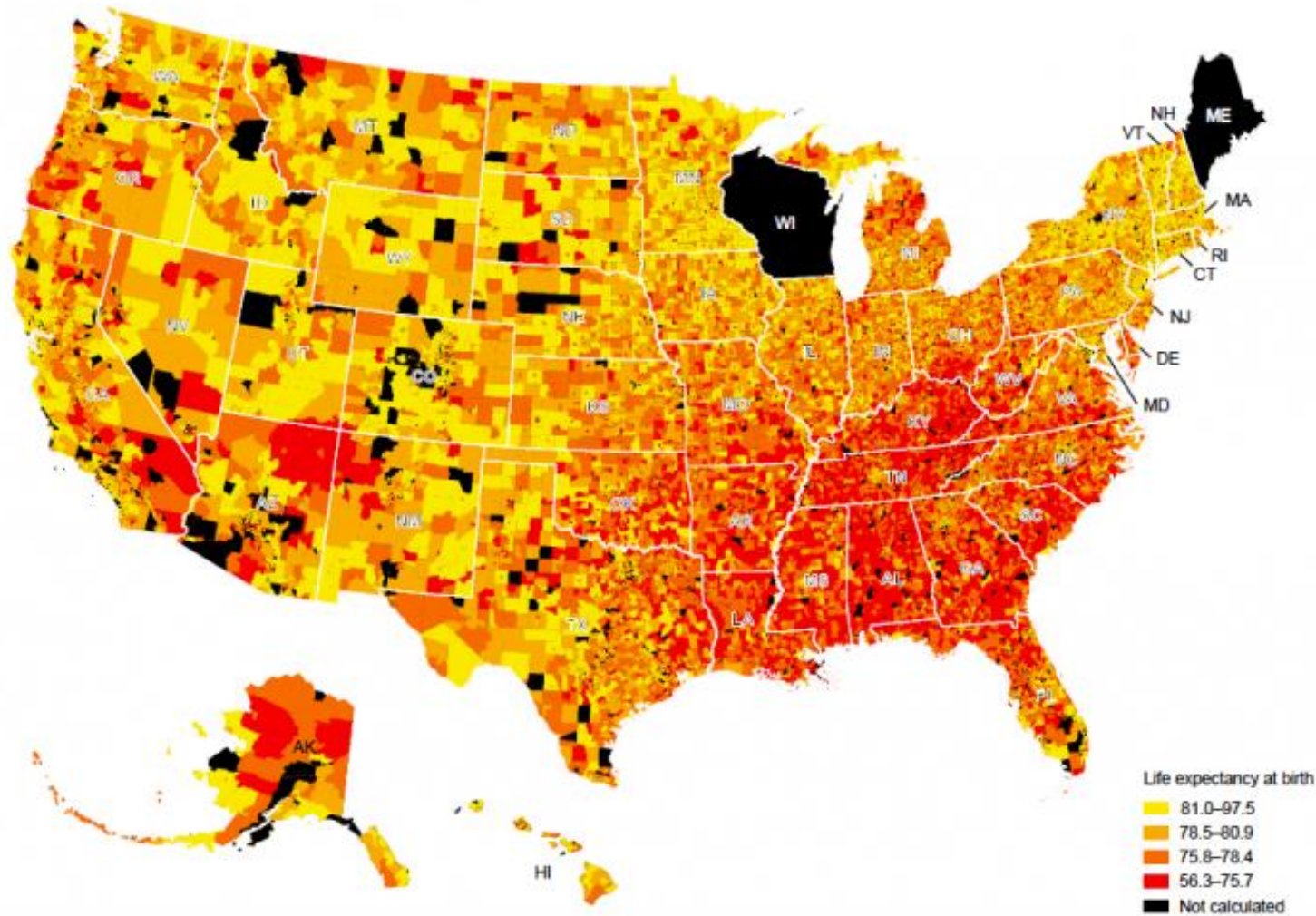
# Minority Stress Theory



- ▶ **Suggests that minority individuals are at greater risk for health problems than mainstream individuals, because of the greater exposure to social stress related to prejudice and stigma.**
- ▶ **Prejudice-related stressful life events have a unique deleterious impact on health that persists above and beyond the effect of stressful life events unrelated to prejudice.** (Frost, Lehavot, & Meyer, 2013)
- ▶ **Each identity is inseparable from other identities (e.g. race/ethnicity, gender, education)** (Balasam, Molina, Beadnell, Simoni, & Walthers, 2011)



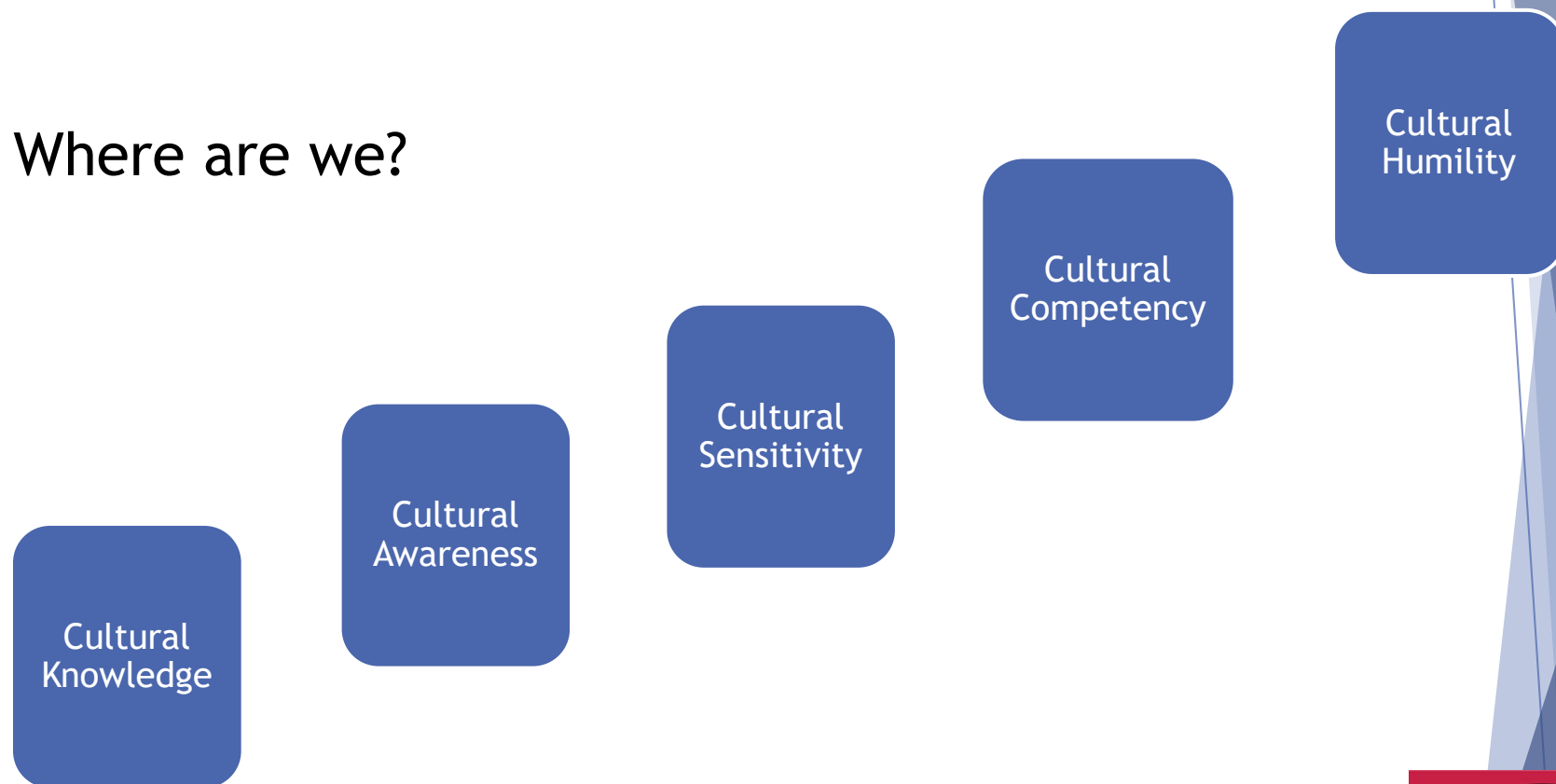
# Across America, Differences in How Long and How Well We Live





# Cultural Competency Continuum

Where are we?



Gerry RainingBird, 2020

# Cultural Competency Continuum

- **Cultural knowledge** - Familiar with selected cultural characteristics, history, values, belief systems, and behaviors.
- **Cultural awareness** - Developing sensitivity and understanding. Involves internal changes in terms of attitudes and values. Openness and flexibility of how people develop relationships. Cultural awareness must be supplemented with cultural knowledge.
- **Cultural sensitivity** - Knowing cultural differences & similarities exist, without assigning values, without judgement.

Gerry RainingBird, 2020



# Cultural Competency Continuum

- **Cultural competence** - A set of congruent behaviors, attitudes, and policies that come together in a system, agency, or among professionals and enables that system, agency, or those professionals to work effectively in cross-cultural situations. Cultural competence emphasizes the idea of effectively operating in different cultural contexts. Knowledge, sensitivity, and awareness do not include this concept.
- **Cultural humility** - An acknowledgement of one's own barriers to true intercultural understanding. It is the difference between intellectually knowing another culture and being able to truly relate to it.

Gerry RainingBird, 2020



# Cultural Humility:

## Cultural Humility

- ▶ “Lifelong process of learning, self-examination & refinement of one’s own awareness, knowledge, behavior and attitudes on the interplay of power, privilege and social contexts.”

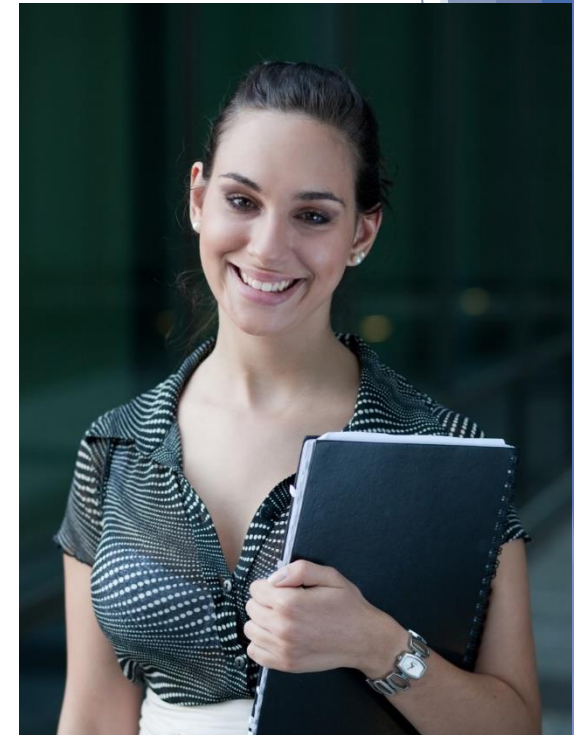
*Tervalon, M. & Murray-Garcia, J. (1998, Journal of Health Care for the Poor and Underserved, 9(2), 117*



# Practice Cultural Humility:

Cultural humility invites providers to:

- ▶ Engage in self-reflection and self-critique.
- ▶ Bring into check the power imbalances, by using patient-focused interviewing and care.
- ▶ Assess anew the cultural dimensions of the experience of each patient.



*Tervalon & Murray-Garcia 1998; Office of Minority Health. 2000; Smedley, et al., 2003*



# Skills for Creating Meaningful Connections

- ▶ Assess the influence of our cultural values, perceptions, opinions knowledge, and conditioning
- ▶ Provide and promote an atmosphere/environment that explores, embraces differences, along with similarities
- ▶ Develop capacity to be an ally and to foster cooperative learning that expands others' knowledge and affirmation
- ▶ Plan to embrace new, ambiguous situations & keep communication lines open when misunderstandings occur

Gerry RainingBird, 2020



# Skills for Creating Meaningful Connections

- ▶ Encourage your colleagues/peers to see themselves in a multi-cultural perspective and encourage skills building in cross-cultural communications/interactions
- ▶ Accommodate a variety of learning and participation styles and build on existing strengths
- ▶ Invite all to share their diverse perspectives and utilize a culturally appropriate approach
- ▶ Be mindful of using appropriate tools/materials/models
- ▶ Believe that that all cultures have their own integrity, validity, deserve respect

Gerry RainingBird, 2020



University of California Los Angeles  
Integrated Substance Abuse Programs



# Sustaining Meaningful Connections

- ▶ Initiate, maintain Transparency
- ▶ Provide safe and supportive environments for all
- ▶ Build on your current level of cultural competence and connectedness
- ▶ Ensure that any planning process is a cultural fit
- ▶ Implement culturally responsive action plans & create feedback loops for communicating efforts & successes with stakeholders
- ▶ Ensure your evaluation/feedback efforts include culturally connected staff

Gerry RainingBird, 2020



# Reckoning Structural Racism in Research: Recommendations from the Urban Institute

- ▶ Include community members in the research process as equal members rather than studying members from a distance
- ▶ Avoid perpetuating race as a category rather than a social construct; “race” is often inserted as the independent variable in statistical models with “white” being the default or reference
- ▶ Data is rarely given back to the people and communities it affects
- ▶ When we highlight racial disparities without contextualizing structural racism, we end up pathologizing communities and families of color



# Provider Considerations:

## Provider recommendations cont.:

- ▶ Seek clinical supervision if there are issues or feelings about working with any individuals.
- ▶ Working with your feelings and reactions toward a client (counter-transference) is an ethical obligation and requires supervision



# Counteracting stigma

- ▶ Become educated
- ▶ Share information about a personal experiences of working or living with a member of these groups
- ▶ Disclose information to counteract stigma selectively (don't direct undue attention to someone already feeling marginalized)
- ▶ Become aware of legal rights and advocacy support

# Recommendations:



- ▶ Avoid labeling your clients/people you work with.
- ▶ Receive training to help you become aware of unconscious biases and increase your knowledge and understanding.
- ▶ Use person first language (avoid stigmatizing language)
- ▶ Create an atmosphere that is supportive with zero tolerance for discrimination.
- ▶ Acknowledge clients' significant others and encourage their support and participation in prevention and treatment programs.



# Resources



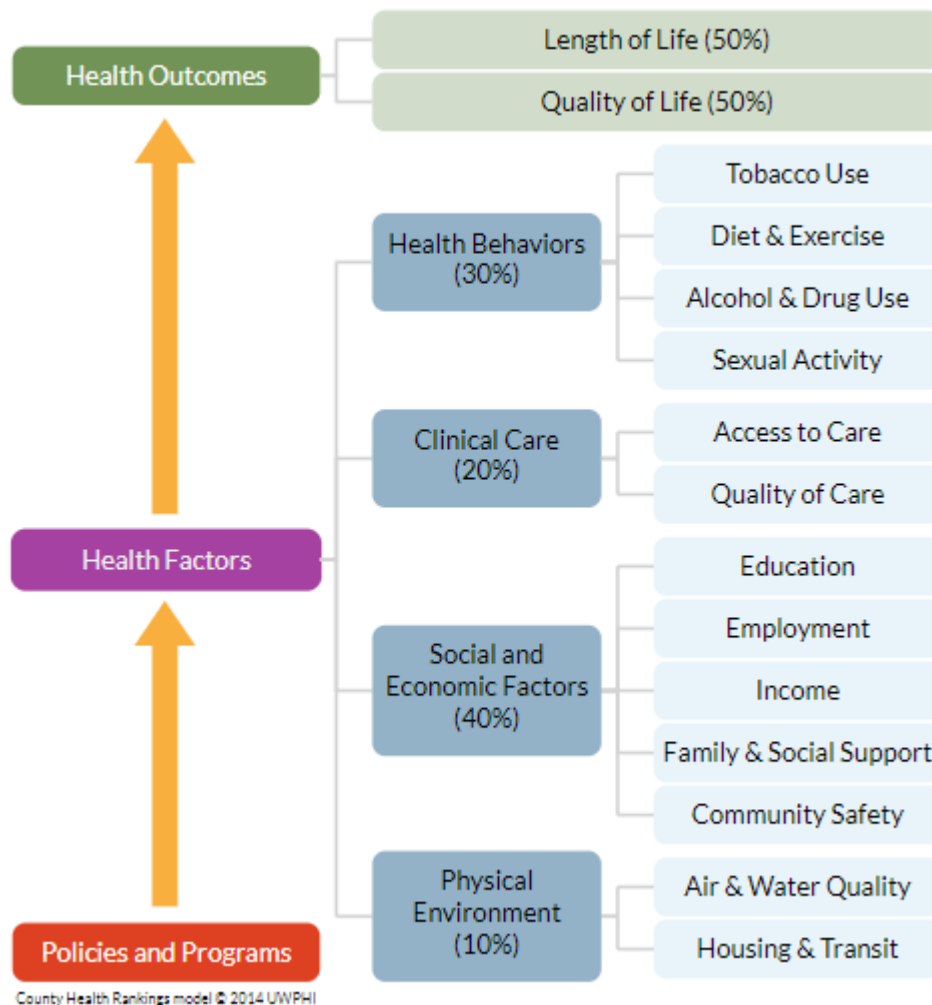
# County Health Rankings

- ▶ The County Health Rankings & Roadmaps program compares the health of nearly all counties in the United States to others within its own state.
- ▶ The program is a collaboration between the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute
- ▶ <https://www.countyhealthrankings.org/>





# County Health Rankings



<https://www.countyhealthrankings.org/>



# Antiracism Toolkit for Medical Providers

Anti-Racism: A Toolkit for Medical Educators

## Step 1: Prepare to talk about racism and race

### *Why is talking about racism and race so difficult?*

***Racism can be an emotionally loaded topic.*** When someone identifies another's actions or words as racist, it may feel like an insult or a condemnation of the person and their character. A common impulse is to focus on defending their intention--on their "goodness"--rather than on the impact of their words or deed. Too often this defense forestalls productive conversation by centering the dialogue on defense of intentions and character rather than on the way words and actions impact another person or reinforce inequitable systems.

***Well-intended people may try to distance themselves from racism's negative connotations by adopting an attitude of "colorblindness," or not seeing color.*** This approach, too, forestalls conversation since it ignores the actual differences in the reality of people's lived experience. Our lives are shaped by how others respond to our race and by unequal social systems that determine our access to resources and opportunities. In order to engage in meaningful conversation, we must create space to hear and honor our divergent experiences and build authentic understanding rooted in empathy and trust of one another's stories. In other words, we must cultivate a *consciousness* about these different experiences (often called *color-consciousness*).

***Emotions like guilt and defensiveness can make talking about racism difficult.*** White people, and others with race privilege, may wrestle with feelings of guilt when they begin to confront the idea that their race affords them certain privileges at expense of people of color. They may feel angry that their hard work and success seem undermined by the suggestion that they have benefited from unearned privilege. This is a false dichotomy. One can have worked hard to achieve success, or have faced and overcome tremendous adversity, and still have benefited from a system that elevates whiteness.



# Equity in Research Tool

- ▶ On casual interpretation of race in regressions adjusting for confounding and mediating variables (<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4125322/>)
- ▶ Diversity Program Consortium ([https://diversityprogramconsortium.org/pages/data\\_briefs](https://diversityprogramconsortium.org/pages/data_briefs))
- ▶ Research Justice Worksheet (<https://freerads.org/wp-content/uploads/2020/06/research-justice-worksheet.pdf>)



# Background

- ▶ WHO Commission on SDOH  
[www.who.int/social\\_determinants/thecommission/en/index.html](http://www.who.int/social_determinants/thecommission/en/index.html)
- ▶ *Unnatural Causes* documentary  
[www.unnaturalcauses.org/](http://www.unnaturalcauses.org/)
- ▶ NACCHO Health Equity and Social Justice Committee  
[www.naccho.org/topics/justice/mission.cfm](http://www.naccho.org/topics/justice/mission.cfm)
- ▶ RWJ Commission on SDOH  
[www.rwjf.org/pr/product.jsp?id=41008](http://www.rwjf.org/pr/product.jsp?id=41008)
- ▶ CDC Expert Panel on SDOH  
[www.healthyohioprogram.org/ASSETS/AF886060E94E4823A9338F7E68139947/hepanel.pdf](http://www.healthyohioprogram.org/ASSETS/AF886060E94E4823A9338F7E68139947/hepanel.pdf)
- ▶ IOM Committee in SDOH  
[www.iom.edu/Activities/SelectPops/HealthDisparities.aspx](http://www.iom.edu/Activities/SelectPops/HealthDisparities.aspx)
- ▶ IOM Local Government Actions to Prevent Childhood Obesity Report  
[www.iom.edu/Reports/2009/ChildhoodObesityPreventionLocalGovernments.aspx](http://www.iom.edu/Reports/2009/ChildhoodObesityPreventionLocalGovernments.aspx)
- ▶ Healthy People 2020 Report  
[www.healthypeople.gov/](http://www.healthypeople.gov/)
- ▶ PolicyLink  
[http://www.policylink.org/site/c.lkIXLbMNJrE/b.6728307/k.58F8/Why\\_Place\\_Race\\_Matter.htm#](http://www.policylink.org/site/c.lkIXLbMNJrE/b.6728307/k.58F8/Why_Place_Race_Matter.htm#)



# References

- Baker E, Schootman M, Barnidge E, Kelly C. The role of race and poverty in access to foods that enable individuals to adhere to dietary guidelines. *Preventing Chronic Disease* 2006;3(3):1–11.
- Braveman P. Health disparities and health equity: concepts and measurement. *Annual Review of Public Health* 2006;27:167–194.
- CDC. National Diabetes Fact Sheet; 2007;  
<http://apps.nccd.cdc.gov/DDTSTRS/FactSheet.aspx>
- Eng E, Parker E. Measuring community competence in the Mississippi Delta: the interface between program evaluation and empowerment. *Health Education Quarterly* 1994;21(2):199–220.
- Fellin P. Understanding American Communities. In: Rothman J, Erlich JL, Tropman JE, editors. *Strategies of Community Organization*. 5th edition. Itasca, IL: Peacock; 1995.
- Hunter A. The loss of community: an empirical test through replication. *American Sociology Review* 1975;40(5):537–552.
- Israel BA, Checkoway B, Schulz A, Zimmerman M. Health education and community empowerment: conceptualizing and measuring perceptions of individual, organizational, and community control. *Health Education Quarterly* 1994;21(2):149–170.
- James S. Social determinants of health: implications for intervening on racial and ethnic health disparities. Paper presented at: Minority Health Conference, 2002; University of North Carolina.



# References

- MacQueen K, McLellan E, Metzger D, Kegeles S, Strauss R, Scotti R, et al. What is community? An evidence-based definition for participatory public health. *American Journal of Public Health* 2001;91(12):1929-1938.
- McKnight JL. Redefining community. *Social Policy* 1992;23(2):56-62.
- Morland et. al. (2002)
- NIH. National Institute of Child Health and Human Development, SIDS; 2007; [http://www.nichd.nih.gov/health/topics/Sudden\\_Infant\\_Death\\_Syndrome.cfm](http://www.nichd.nih.gov/health/topics/Sudden_Infant_Death_Syndrome.cfm)
- Pleis JR, Lethbridge-Çejku M. Summary health statistics for U.S. adults: national health interview survey, 2005. National Center for Health Statistics. *Vital Health Statistics* 2006;10(232). Available at <http://www.cdc.gov/nchs/nhis.htm>.
- Whitehead M, Dahlgren G. Levelling Up (Part 1): A Discussion Paper on Concepts and Principles for Tackling Social Inequities in Health. World Health Organization. Available at <http://www.euro.who.int/document/e89383.pdf>.



# Thank You!

For additional information on this  
or other training topics, please visit:

[www.psattc.org](http://www.psattc.org)  
[www.uclaisap.org](http://www.uclaisap.org)



*UCLA*



University of California Los Angeles  
Integrated Substance Abuse Programs