General Session II

Integrating Access and the Social Determinants of Health and an Update from NIH / NIMHD
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#XUDisparitiesCollabs
Accreditation

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DISCLOSURE STATEMENT

Speakers for this session have nothing to disclose. Any updates in disclosure will be made from the podium.
MODERATOR

George C. Hill, PhD
General Session II: Integrating Access and the Social Determinants of Health

Chair- George C. Hill, PhD – Vice Chancellor - Vanderbilt University, Nashville TN
Theme of Session

The role of the social determinants of health in accessing equity in the quality of health care.
Social Determinants of Health

Population Health

- Physical Environment
  - Environmental quality
  - Built environment
- Socio-Economic Factors
  - Education
  - Employment
  - Income
  - Family/social support
  - Community safety
- Health Care
  - Access to care
  - Quality of care
- Health Behaviors
  - Tobacco use
  - Diet & exercise
  - Alcohol use
  - Unsafe sex

40% Socio-Economic Factors
30% Health Care
20% Physical Environment
10% Health Behaviors
Session Participants

• **Daniel Sarpong, PhD** – Director, Center for Minority Health and Health Disparities Research and Education, Xavier University of Louisiana

• **Evelyn Crayton, EdD, RDN, LDN, FAND** – Past President, Academy of Nutrition and Dietetics, Professor Emeriti, Auburn University

• **Lucinda L. Maine, PhD, RPh** – Executive Vice President & CEO, American Association of Colleges of Pharmacy

• **Rina Das, PhD** – Program Director, National Institute for Minority Health and Health Disparities, National Institutes of Health
Session Participants

• **Daniel Sarpong, PhD** – Director, Center for Minority Health and Health Disparities Research and Education, Xavier University of Louisiana, New Orleans, LA

• What role does Built Environment, an aspect of social determinants of health, play in access to health and the creation of healthier communities?
Session Participants

- **Evelyn Crayton, EdD, RDN, LDN, FAND** – Past President, Academy of Nutrition and Dietetics, Professor Emeriti, Auburn University, Auburn, AL

- What is the role of the Registered Dietitian Nutritionist in impacting the social determinants of health disparities as a profession, as a member of the healthcare team, in our communities, as well as, in the public policy arena?
Session Participants

• **Lucinda L. Maine, PhD, RPh** – Executive Vice President & CEO, American Association of Colleges of Pharmacy

• Are we preparing the future health workforce to access how social determinants impact health access and equity?
Session Participants

• **Rina Das, PhD** - National Institute for Minority Health and Health Disparities, National Institutes of Health, Bethesda, MD

• What are the programs and funding opportunities at NIMHD to address the social determinants focused on minority health and health disparities?
Mitigating Obesity Disparities Through Personal and Social Responsibilities: Person and Place Matters

Xavier University College of Pharmacy
10th Health Disparities Conference
Sheraton Hotel, New Orleans, Louisiana
March 16-18, 2017

DANIEL F. SARPONG, PHD
DIRECTOR & ENDOWED CHAIR OF HEALTH DISPARITIES
ASSOCIATE PROFESSOR OF BIOSTATISTICS
DIRECTOR OF THE CENTER FOR MINORITY HEALTH AND HEALTH DISPARITIES RESEARCH AND EDUCATION
XAVIER UNIVERSITY, NEW ORLEANS, LA
Tips from John Maxwell, Leadership Guru

• Four Steps to Handling Criticism
  • *Know yourself*—This is a reality issue.
  • *Change yourself*—This is a responsibility issue.
  • *Accept yourself*—This is a maturity issue.
  • *Forget yourself*—This is a security issue.

If I had more time I will have written you a shorter letter..... Abraham Lincoln
Healthy Weight ≡ Energy Balance
Obesity $\equiv$ Energy Imbalance

Solution: Nutrition + Physical Activity
“All substances are poisonous; there is none that is not poison. The right dose differentiates a poison from a remedy”

... Phillipus Aureolus Theophratus Bombastus Von Hohenheim (Paracelsus) 1493-1541

Sarpong’s Postulate of the environment based on Phillipus’ Postulate on Poison

.... “All foods are medicine; there is none that is not medicine. The level of intake differentiates it from remedy and poison” ... Sarpong 2014
Personal and Social Responsibilities: Person and Place Matters

Addressing Obesity from an Ecological Model

Social Responsibilities

- Equitable
- Viable
- Bearable
- Political Will
- Societal Accountability
- Built Environment

Future Promise

Environment

Economic

Social

Sustainability
The Built Environment

- Environment:
  - “All that is external to the individual.”

- Built environment:
  - “Encompasses aspects of a person’s surroundings which are man made.”

- Broad definition:
  - Schools, cities, workplaces
  - Community-based practices
  - Restaurants/grocery stores

- Variation in obesity prevalence linked to built environment.
  - Green space or food premises vary by neighborhood area.
  - The presence of such resources within a neighborhood can influence obesity.
  - Creation of effective public policy and urban design initiatives could be used to reduce the obesity prevalence.
1854

The setting is Victorian London
1854, Victorian London

- **CHOLERA OUT BREAK:**
  - CHOLERA HELD ITS GRIP FOR THE THIRD TIME IN 25 YEARS.
  - THE FIRST OUTBREAK IN 1831.

<table>
<thead>
<tr>
<th>Water Supply</th>
<th>Number of Houses</th>
<th>Death from Cholera</th>
<th>Death per 10,000 Houses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Southwark and Vauxhall Co.</td>
<td>40,046</td>
<td>1,263</td>
<td>315</td>
</tr>
<tr>
<td>Lambeth Co.</td>
<td>26,107</td>
<td>98</td>
<td>38</td>
</tr>
<tr>
<td>Other districts in London</td>
<td>256,423</td>
<td>1,422</td>
<td>56</td>
</tr>
</tbody>
</table>

**John Snow, an English physician:**

**Solution:** Disease was concentrated in the neighborhoods using the Broad Street water pump. Snow’s action saved thousands of lives.
## Relationship Between Neighborhood Features and Obesity

<table>
<thead>
<tr>
<th>Feature</th>
<th>% obese</th>
<th>Odds Ratio*</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Type of street</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cul-de-sac</td>
<td>15.0%</td>
<td>-</td>
</tr>
<tr>
<td>Highway</td>
<td>14.3%</td>
<td>4.2</td>
</tr>
<tr>
<td>Other</td>
<td>11.6%</td>
<td>1.4</td>
</tr>
<tr>
<td>Sidewalks</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Both sides</td>
<td>6.9%</td>
<td>-</td>
</tr>
<tr>
<td>One side</td>
<td>14.1%</td>
<td>1.3</td>
</tr>
<tr>
<td>None</td>
<td>15.0%</td>
<td>1.4</td>
</tr>
<tr>
<td>Walking paths</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Available</td>
<td>10.7%</td>
<td>-</td>
</tr>
<tr>
<td>Not available</td>
<td>15.9%</td>
<td>1.4</td>
</tr>
</tbody>
</table>

* Adjusted for demographic factors and other neighborhood features

Depiction of How Built Environment Impacts Obesity
Supermarkets, Before and After Katrina (January 2007)
Orleans Parish

Legend
- Open Supermarkets - Jan 2007
- Pre-Katrina Supermarkets (Closed)
- Council District Boundaries

Sources: New Orleans Food and Farm Network (Store Addresses - extracted Jan 2007), Steps (2005 Store Addresses), ESRI StreetMap (other features).
What Makes a Neighborhood Healthy?

1. **Parks and playgrounds** are places where children and adults can exercise and where neighbors can talk to each other and solve common problems.

2. **Bicycle lanes** provide a safe way for people to travel, which can benefit the environment and does not cause air pollution.

3. **Neighborhood schools** serve kids to reach their educational goals and prepare for their future.

4. **Sidewalks** encourage walking and preventcrime. They reduce the interaction of people with car traffic. In commercial areas, large-reach parking meters prevent parking by car drivers. The sidewalks are safe for pedestrians and there is no danger of an accident or collision.

5. **Neighborhood health clinics** are a problem for people to access medical services, and they are used for community health and social work.

6. **Street lighting** provides safety for people to walk, and it also reduces crime and violence. Crime is more likely to occur when it is dark.

7. **Public transportation** helps reduce traffic and pollution. It also helps to reduce crime and violence. Crime is more likely to occur when people are in a crowd.

8. **Healthier walking streets** help people to walk more safely and have less chance of an accident. Walking streets also help to reduce air pollution.

9. **No liquor stores**. Store that sell alcohol tend to encourage drinking, which can lead to violence, crime, and violence. They also reduce air pollution.
Which environment would you prefer your child to be learning?
Which environment promotes healthy lifestyle?
Healthy Weight ≡ Energy Balance
Together, We Can All Change the World

Dr. Evelyn Crayton, RDN, LDN
Immediate Past President 2016-2017
Professor Emeritus, Auburn University

Health Disparities Conference

March 16 – 18, 2017
New Orleans, LA
Want “Designer” Babies?
Invest in Nutrition!

www.globalnutritionreport.org
T.E.A.M. (Together Everyone Achieves More)

Partnering and Collaborating:

- Consumers (Parents and Caretakers)
- Community (Community Action, Headstart, Senior Programs, Faith-Based Community)
- Professionals (Healthcare Providers-Doctors, Nurses, Occupational and Physical Therapists and Registered Dietitians)
Consumer and Community Issues

- Prevention and treatment of chronic disease
- Nutrition through the lifecycle
- Quality food and nutrition
- Nutrition monitoring and research
National Priorities

- Diabetes Prevention and Treatment
- Preventive Health Savings Act
- 2015 Dietary Guidelines for Americans
- Older Americans Act
- Child Nutrition Reauthorization

Together, We Can All Change the World
“Do Well by Doing Good”

- Collaborations beyond positioning members
- Improve society, deliver social value
- Challenge food corporations to enhance nutrition policies, education
- Incorporate nutrition expertise across continuum

Together, We Can All Change the World
Together, We Can All Change the World
Together, We Can All Change the World

Thank You!
QUESTIONS?

Evelyn F. Crayton
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SPEAKER

Lucinda L. Maine, PhD, RPh
General Session II

Lucinda L. Maine, PhD, RPh
Executive VP and CEO
American Association of Colleges of Pharmacy
Health Professions Education – A Core Intervention

- **National Academies of Medicine**
  - Vital Direction for Health and Health Care: Addressing SDH and Health Disparities
  - Educating Health Professionals to Address the Social Determinants of Health
    https://www.nap.edu/read/21923/chapter/1

- **AACP Center for the Advancement of Pharmacy Education**
  - Competencies relevant to social determinants and health disparities
    http://www.aacp.org/resources/education/cape/Pages/default.aspx
NAM Global Forum on Innovations in Health Professions Education

Educating Health Professionals to Address the Social Determinants of Health
Curricular Emphasis in Pharmacy Education
Relevant Statements in 2013 CAPE Outcomes

2.3. Health and wellness (Promoter) - Design prevention, intervention, and educational strategies for individuals and communities to manage chronic disease and improve health and wellness.

2.3.4. Evaluate personal, social, economic, and environmental conditions to maximize health and wellness.

2.4. Population-based care (Provider) - Describe how population-based care influences patient-centered care and influences the development of practice guidelines and evidence-based best practices.

2.4.1. Assess the healthcare status and needs of a targeted patient population.

2.4.2. Develop and provide an evidence-based approach that considers the cost, care, access, and satisfaction needs of a targeted patient population.

2.4.3. Participate in population health management by evaluating and adjusting interventions to maximize health.

3.5. Cultural sensitivity (Includer) - Recognize social determinants of health to diminish disparities and inequities in access to quality care.

3.5.1. Recognize the collective identity and norms of different cultures without overgeneralizing (i.e., recognize and avoid biases and stereotyping).

3.5.2. Demonstrate an attitude that is respectful of different cultures.

3.5.3. Assess a patient’s health literacy and modify communication strategies to meet the patient’s needs.

3.5.4. Safely and appropriately incorporate patients’ cultural beliefs and practices into health and wellness care plans.