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Hospital Focus

Key Concepts in Eliminating Healthcare Inequities: Social Determinants of Health and Racial Health Equity

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Disparities in COVID-19 brought national attention to racism and discrimination as root causes of health inequity. Leaders from a growing number of cities have responded by calling out racism as a public health threat,[1] while healthcare organizations made sure equity concepts were embedded into their strategies. Two years later, healthcare leaders and practitioners are refining two fundamental goals: to address social determinants of health (SDOH) and improve racial health equity (RHE). To be effective, it is important to recognize SDOH and RHE as integrated pursuits that together drive successful strategies.

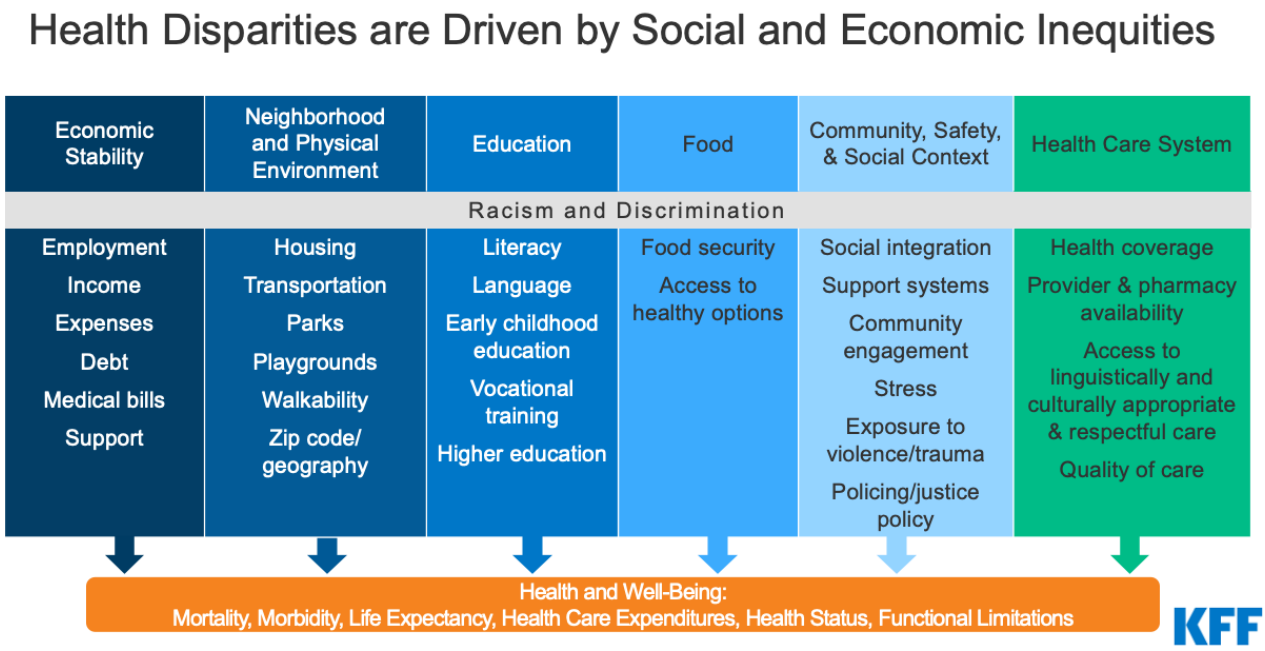
What Are Social Determinants of Health?

SDOH is a social medicine concept that has been broadly adopted within the health sector. SDOH are defined as "the conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health issues, the ability to function, and quality-of-life outcomes and risks."[2] Pioneers in primary care and population health built and implemented many strategies to address non-clinical factors—such as food insecurity—that impact health outcomes. Many have followed.

The Kaiser Family Foundation (KFF) model in **Exhibit 1** (on the following page), shows how racism and discrimination span six domains of SDOH. Said another way, racism and discrimination are the root causes of disparities in physical and mental health outcomes because they create unequal access to education, housing, employment, and the environments in which we live.

1 Sophia Tareen, "Cities Declare Racism a Health Crisis, but Some Doubt Impact," Associated Press, October 5, 2020.
2 "Social Determinants of Health, How Does Healthy People 2030 Address SDOH?," U.S. Department of Health and Human Services.

Exhibit 1: KFF SDOH Model



Source: Nambi Ndugga and Samantha Artiga, "Disparities in Health and Health Care: Five Key Questions and Answers," Kaiser Family Foundation, May 11, 2021.

What Is Racial Health Equity?

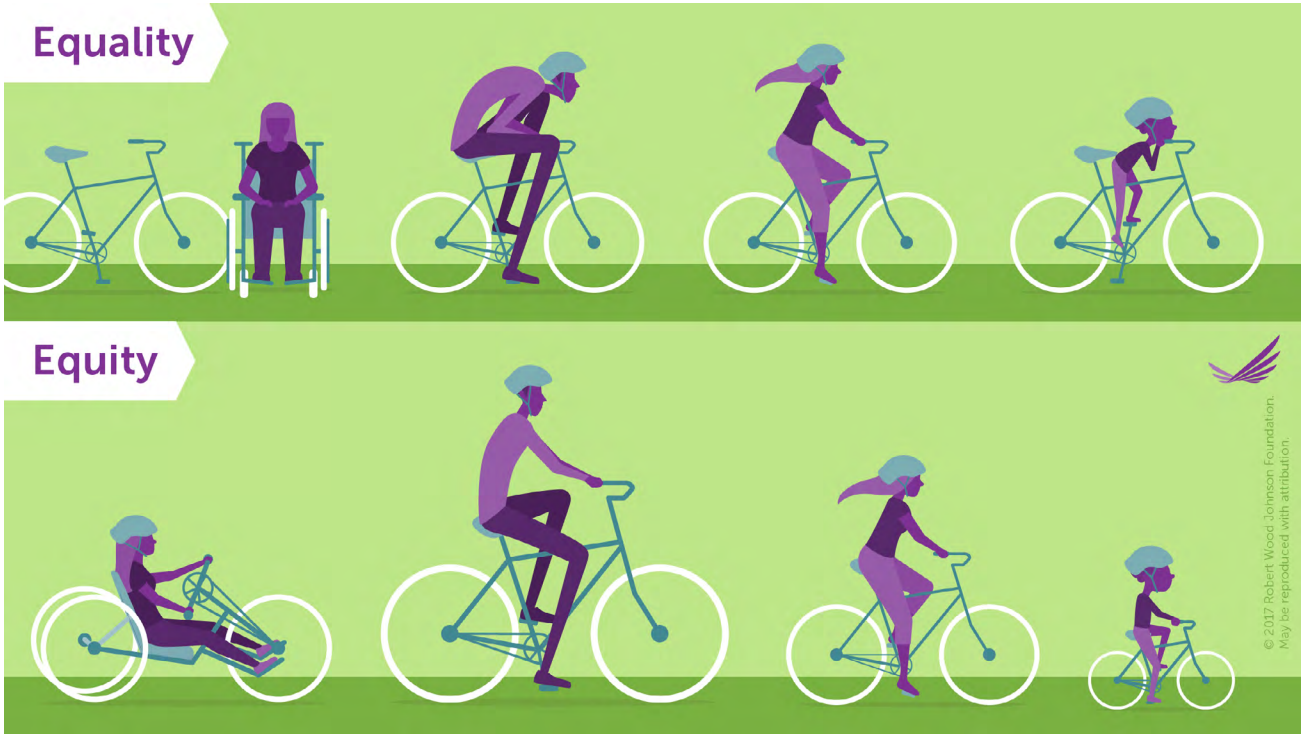
Today, healthcare leaders and practitioners are broadening their social needs interventions to include a health equity lens. This means examining issues with a focus on discriminatory policies and practices that evolved from racist systems and structures. It requires acknowledgment of and a commitment to addressing the historical inequities that create and compound SDOH for Black, indigenous, and other people of color.

The CDC states that "health equity is achieved when every person has the opportunity to attain [their] 'full health potential' and no one is 'disadvantaged from achieving this potential because of social position or other socially determined circumstances.'"[3] Achieving health equity is not a one-size-fits-all approach. Due to the complexity of these issues, solutions are multifaceted and must be tailored to the unique needs of specific disadvantaged populations.

3 "Health Equity," Centers for Disease Control and Prevention.

Equity is not equality. There are many illustrations that distinguish equality (all things equal) from equity (meeting individual needs to create an equal state). **Exhibit 2** shows how an equitable solution requires different equipment for each individual to bring about a desired state (in this case, riding a bike). If the desired state is health for all, then we have to get away from the notion that the same care model or intervention will work universally, because that is like expecting everyone to be able to ride the same bike.

Exhibit 2: Equality versus Equity



Source: "Visualizing Health Equity: One Size Does Not Fit All Infographic," Robert Wood Johnson Foundation, June 30, 2017.

The Relationship between SDOH and RHE

There is a benefit to understanding how SDOH and RHE differ and overlap. Solutions that target issues within the overlap will have the most significant and sustainable impact on eliminating inequities in access, treatment, and outcomes. Interventions more narrowly focused on SDOH or RHE may be appropriate, but there needs to be awareness that 1) underlying social issues may persist without a focus on equity and 2) focusing on equity alone may not improve health outcomes.

For example, an organization seeking to provide more culturally and linguistically appropriate care recruits primary care providers with ethnic backgrounds similar to minority patient populations. This is an important step toward building equity, because minority patients have been found to benefit from having minority doctors, including higher patient experience scores.[4] Unfortunately, in the current workforce, diversity among physicians is limited. So, this organization's leaders recognize an opportunity to be part of the solution; they partner with medical, nursing, and/or other schools of the healing arts and demonstrate a commitment to expanding training opportunities for the next generation of diverse providers. This organization became more aware of barriers in the provider workforce pipeline when it addressed a SDOH need. These barriers are rooted in systemic and institutional racism and require action among various stakeholders to remedy.

Another way of improving health equity at the intersection of SDOH and RHE is through housing. In this example, a health system connects patients experiencing homelessness or housing insecurity to public housing. Public housing meets the social need for safe and affordable housing, and health outcomes improve slightly, but a

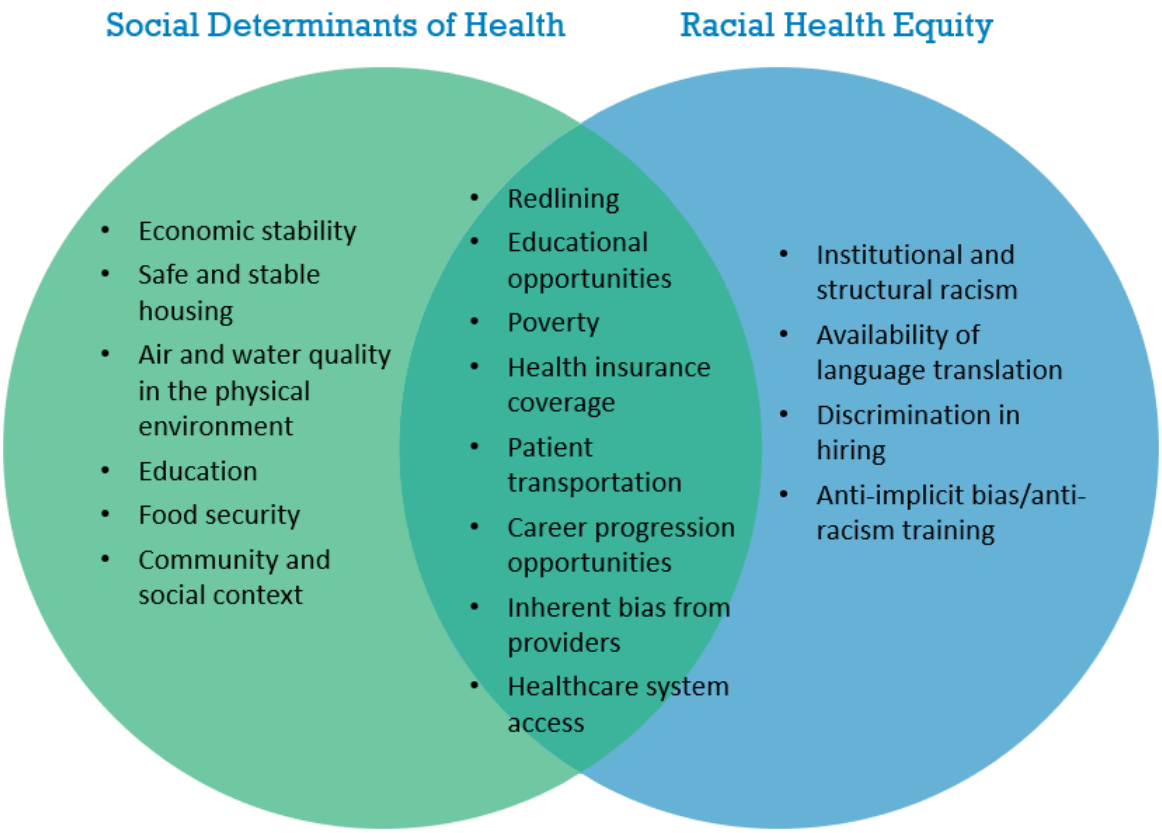
➜ Key Board Takeaways

Hospital boards should consider marrying social interventions with actions focused on eliminating racial disparities to improve equity:

- Foundational goals: In order for SDOH initiatives to succeed, underlying inequities associated with communities of color must also be addressed.
- Access to care: Without a focus on racial health equity, those who are most vulnerable and disenfranchised will continue to have unmet healthcare needs.
- Distinct but not separate concepts: To be effective, healthcare leaders should know whether initiatives are aimed at addressing SDOH, RHE, or both.
- Competitive advantage: Quality and financial performance can be improved by addressing structural, institutional, and interpersonal racism and developing a diverse and inclusive workforce.

4 Junko Takeshita, et al., "Association of Racial/Ethnic and Gender Concordance between Patients and Physicians with Patient Experience Ratings," *JAMA Network Open*, November 9, 2020.

Exhibit 3: SDOH and RHE Are Not Separate but Distinct



fundamental inequity still exists. Through an RHE lens, it becomes clear that historical policies, such as redlining (defined as "the illegal practice of refusing to offer credit or insurance in a particular community on a discriminatory basis"), has contributed to housing instability.[5]

While the racist policies that once prevented Black Americans from purchasing homes in economically viable and environmentally safe communities are gone, their legacy continues. Hospitals that recognize this can deploy mobile care units, develop greenspace in partnership with the community, and pursue other remedies for the damage redlining has done.

At the extreme, SDOH interventions alone can be viewed as Band-Aid solutions. Alternatively, addressing SDOH and RHE together leads to better solutions. **Exhibit 3** illustrates the issues that are distinctly SDOH or RHE and those that overlap.

5 "Redlining" definition, *Merriam-Webster's Collegiate Dictionary*.

➜ Questions for the Board

- Are we as a board comfortable in naming poverty and racism as a root cause of healthcare inequity?
- Do we as a board have the cultural competencies necessary to meaningfully address health equity, or is further board development needed?
- How can our efforts toward improving SDOH be strengthened by acting to address underlying racism and discrimination?
- Who are the key community partners who can help us to address health equity?
- Are our key community partners appropriately engaged by the hospital when potentially affected by strategic or operational decisions?

Gaining a Competitive Advantage with RHE

Research conducted by FSG and PolicyLink explains how integrated healthcare delivery systems that are focused on improving health outcomes for people of color improve health outcomes for all and have stronger economic performance.[6] For example, their report, *Health Care and the Competitive Advantage of Racial Equity*, includes a profile of ProMedica, an integrated healthcare delivery system located in Toledo, Ohio, that operates 13 hospitals and offers insurance to commercial, Medicare, and Medicaid subscribers through a locally owned insurance company, Paramount.[7]

- ProMedica is focused on understanding structural racism and potential mistrust within its institution and the communities it serves.
- To invest in these communities, ProMedica is implementing non-clinical solutions, such as a prescription to a food clinic offered to patients who screen positive for food insecurity.
- Because of the food clinic, healthcare costs have dropped 15 percent for individuals using the service.

6 Angela Glover Blackwell, et al., *The Competitive Advantage of Racial Equity*, FSG and PolicyLink.
7 Ryan De Souza and Lakshmi Iyer, *Health Care and the Competitive Advantage of Racial Equity*, FSG and PolicyLink, April 2019.

The ultimate goal, of course, is to be as comprehensive as possible. Understanding that healthcare leaders and practitioners have many priorities, a practical approach is to focus energy and resources on the issues where SDOH and RHE overlap. This is where transformation occurs.

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