



Data, Social Determinants of Health, and Migration

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Conflict of Interest Disclosure

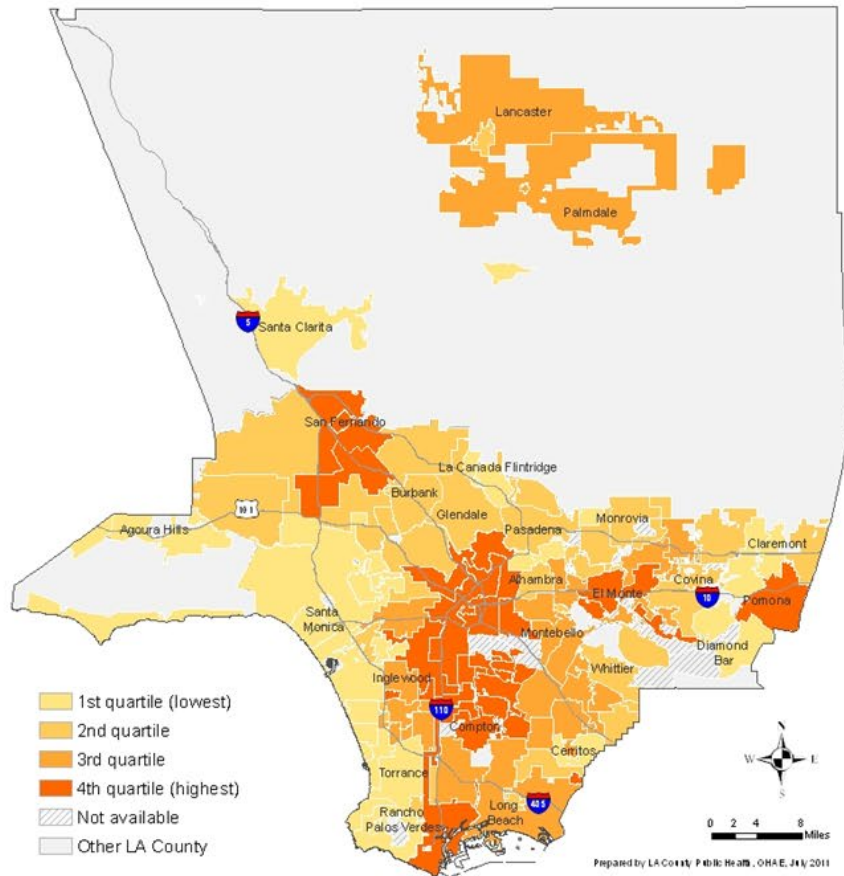
We have no perceived vested interests that relate to this presentation, nor do we have any relationship with pharmaceutical companies, biomedical device manufacturers and/or other corporations whose products or services are related to pertinent therapeutic areas.

A TALE OF TWO BOYS

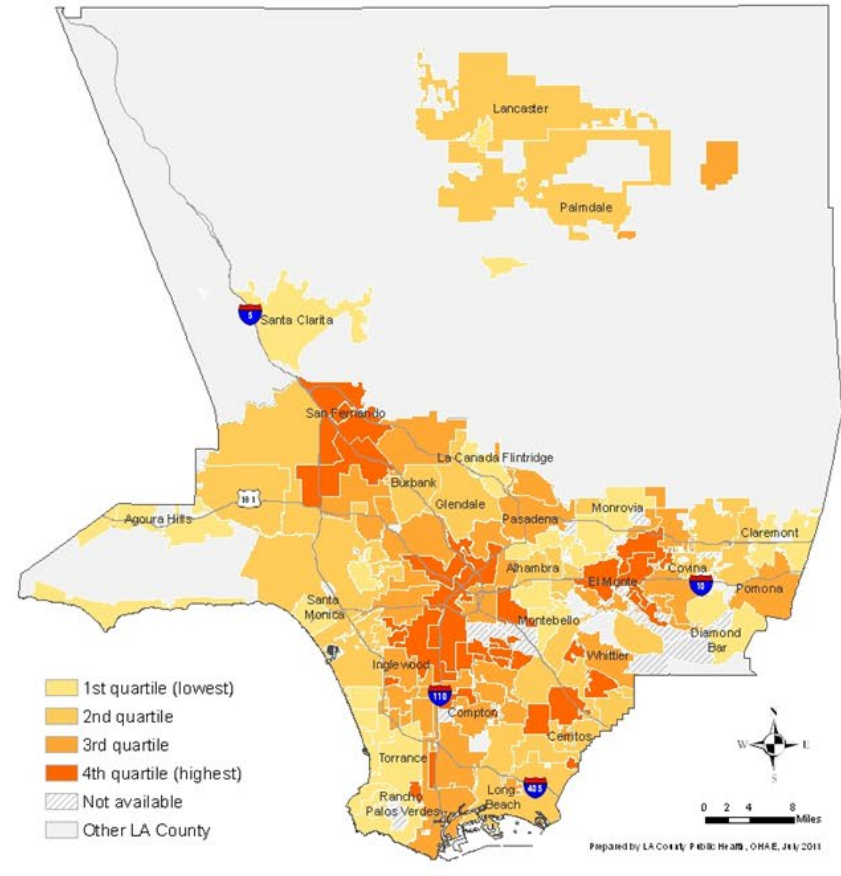


PEOPLE, PLACES AND SYSTEMS DRIVING (IN)EQUITY

Economic Hardship Index by City/Community, Los Angeles County, 2000



Prevalence of Childhood Obesity by City/Community, Los Angeles County, 2005

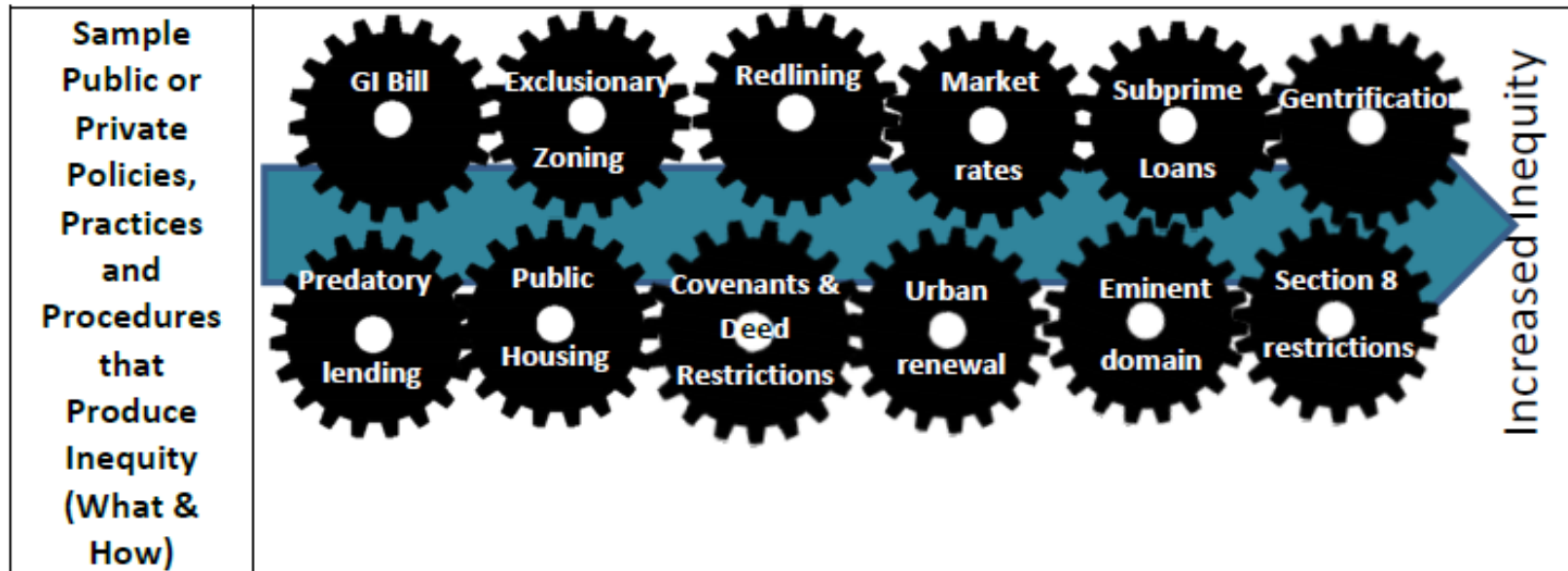


CHRONIC PLACE-BASED INEQUITIES ARE NOT ACCIDENTAL — THERE IS A SYSTEM IN PLACE THAT PROPAGATES THEM



PATHWAYS TO POPULATION
— HEALTH EQUITY —

Housing: The Production of Inequities and Consequences at the Community Level



The Impact of Legacies of Redlining (Chicago)



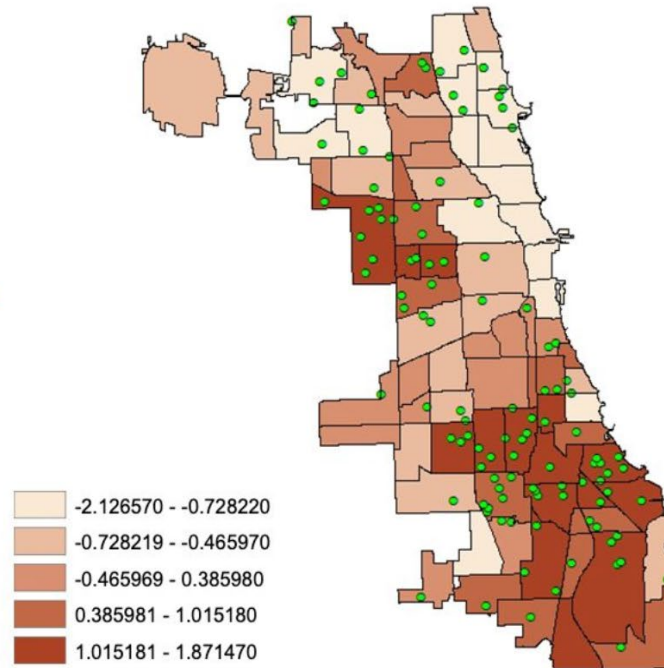
PATHWAYS TO POPULATION
HEALTH EQUITY

Risk Factors

Risk scores by zip code

As of April 6, 2020

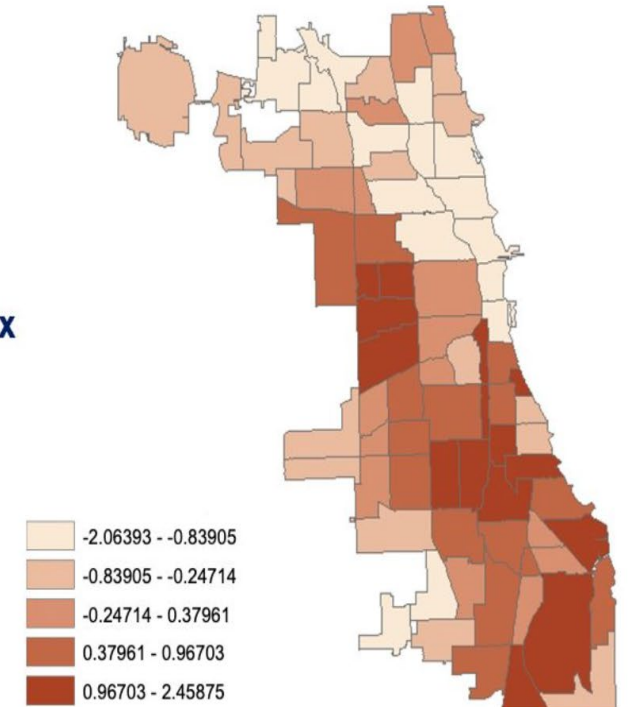
Locations of COVID-19 fatalities represented by green dots



Social Vulnerability Index

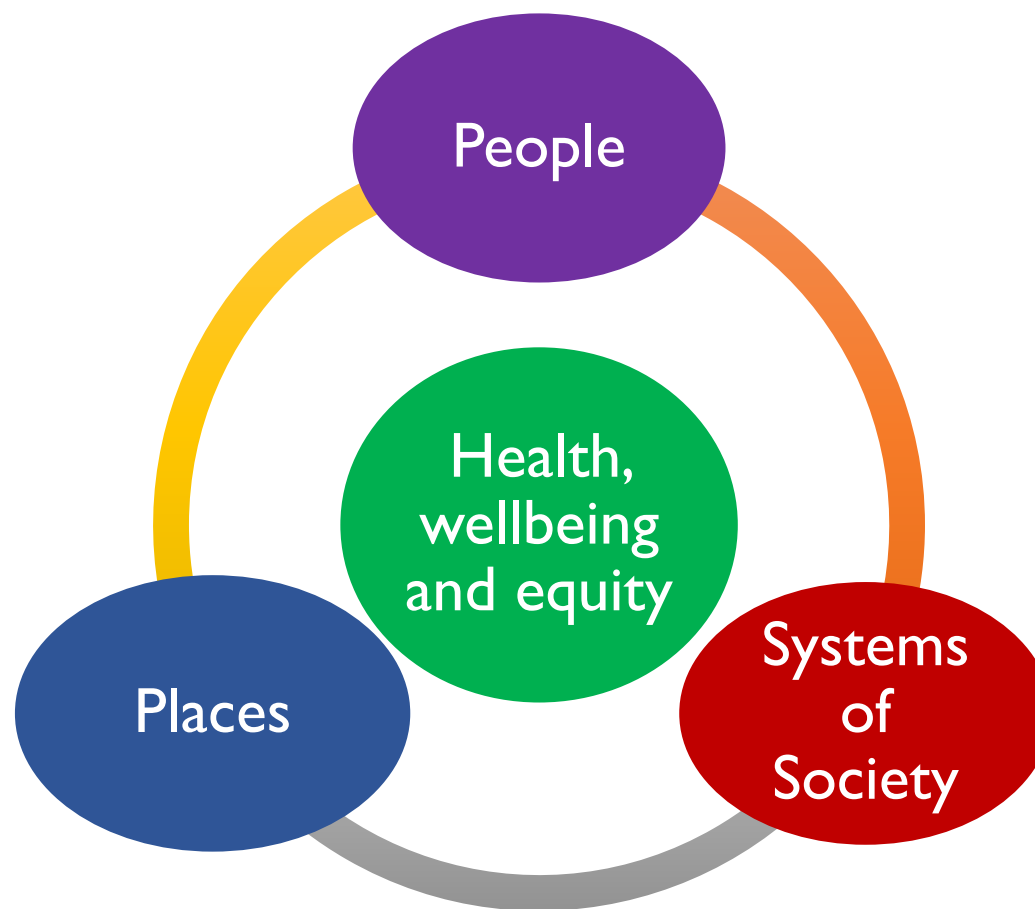
Social vulnerability index by zip code

As of April 6, 2020



One of the reasons for such racial disparities is due to the fact that African American communities are disproportionately affected by multiple chronic diseases before the COVID-19 pandemic. Here, I created a risk factor score for the 77 Chicago Community Areas. The risk factor score includes the rates of heart-related death, stroke deaths, asthma, hypertension, diabetes, obesity and smoking. I utilized data from the [Chicago Health Atlas](#).

PEOPLE, PLACES AND THE SYSTEMS OF SOCIETY DRIVING (IN)EQUITY



VITAL CONDITIONS OF PLACES WE ALL NEED TO THRIVE





WHAT HAPPENS IN THE
CONTEXT OF
MIGRATION, WHEN
PLACE CHANGES?



Case Study

34-year-old male from El Salvador

Crossed into the US 5 years ago for both economic and personal discovery

Diagnosed with HIV disease during a community health fair

Needs and infectious disease specialty consultation

UT Health Sciences Center agrees to provide the consultation if he can present to the infectious disease specialty clinic





Case Study

- 47-year-old woman from Mexico who receives a mammogram in South Texas.
- Her results come back “abnormal” but when the health center calls her number she has already migrated on to Florida for work.

Migration...

- Any movement by humans from one locality to another
- Moves in all forms
- Often over long distance, but not necessarily
- Or in large groups



Movement of populations:

1

Voluntary Migration within one's region, country or beyond, or

2

Involuntary migration which includes slave trade and human trafficking

Migration Today



Housing



Medical



Education



Economic



Climate



Professional



Safety and Security

Social determinants of health

The conditions in which people are:

- Born – Beyond DOB
 - Where
 - To whom
 - Under what circumstances
- Grow – Beyond where
 - Level of education
 - Medical care received
 -
- Live – beyond current address
 - With whom
 - safety
- work – beyond current job
 - Previous employment
 - Work risks
 -
- Age – beyond current age and DOB
 - Previous illnesses
 - Life experiences

Chat:
Who are essential
workers?





More than 70%
of immigrants
in the United
States work in
jobs classified
as “essential”





Low wage workers forced into a basic needs versus safety dilemma that places them at much great risk

Blame workers

- “Home and social conditions” cause of meatpacking outbreaks”
- “Living circumstances in certain cultures”
- “They go to work in school buses, and they’re all packed in there like sardines.”



Mixed Immigration Status Households Common

- 16.7 million live with at least one unauthorized family member
- 5.9 million US citizen children live with at least one unauthorized family member
- 1 million US Citizens have an unauthorized spouse

FEAR





Population mobility, vulnerability and equity

various phases:

- during transit,
- in destination communities,
- in communities of departure and return



Stigmas

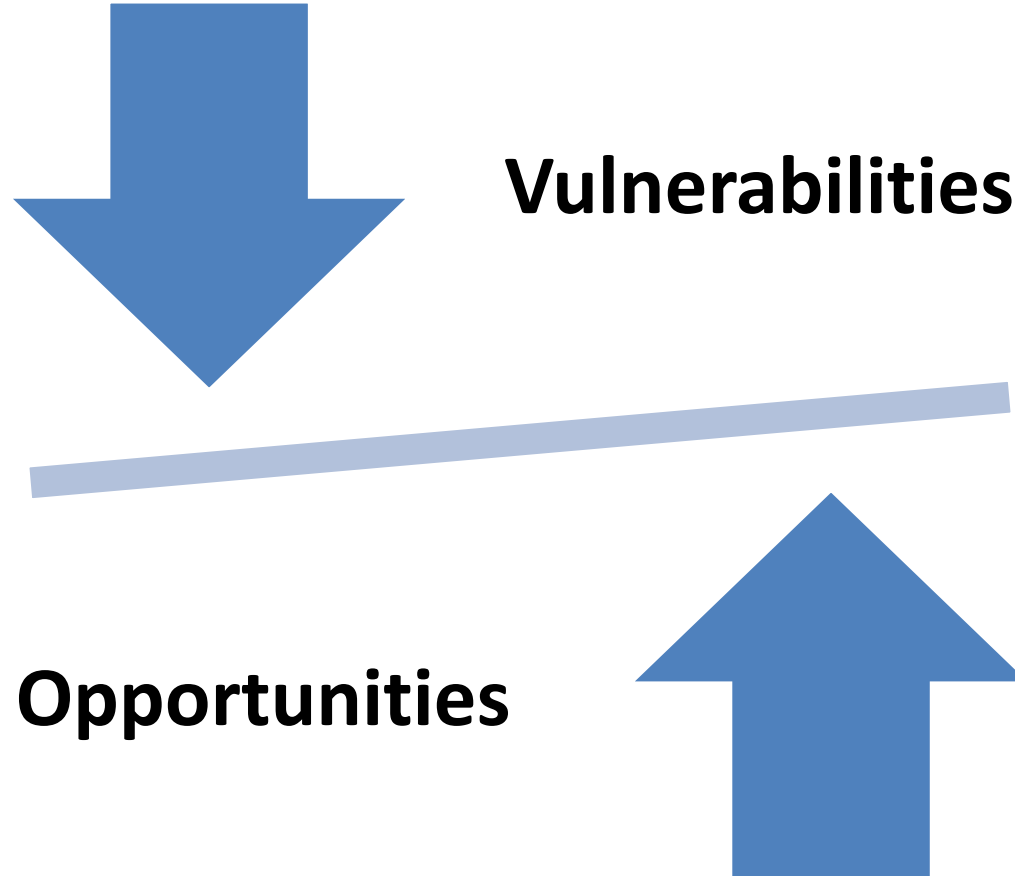
Stigmas or
with a point
mark or

Vulnerabilities

- Cultural and language differences
- Low-wage
- Inherent dangers and health risks of occupation
- Immigration status
- Migratory lifestyle
- Lack access to health care, insurance or financial resources
- Lack of regulatory protection



Migration presents both...



Mobility Status - Movers

- Living in a different house at the end of the period.
- Living in a different county, state, region, or moving from abroad.
- Moving within or between central cities, suburbs, and non-metropolitan areas of the United States.



**SDOH
need not be an
impediment to
health**



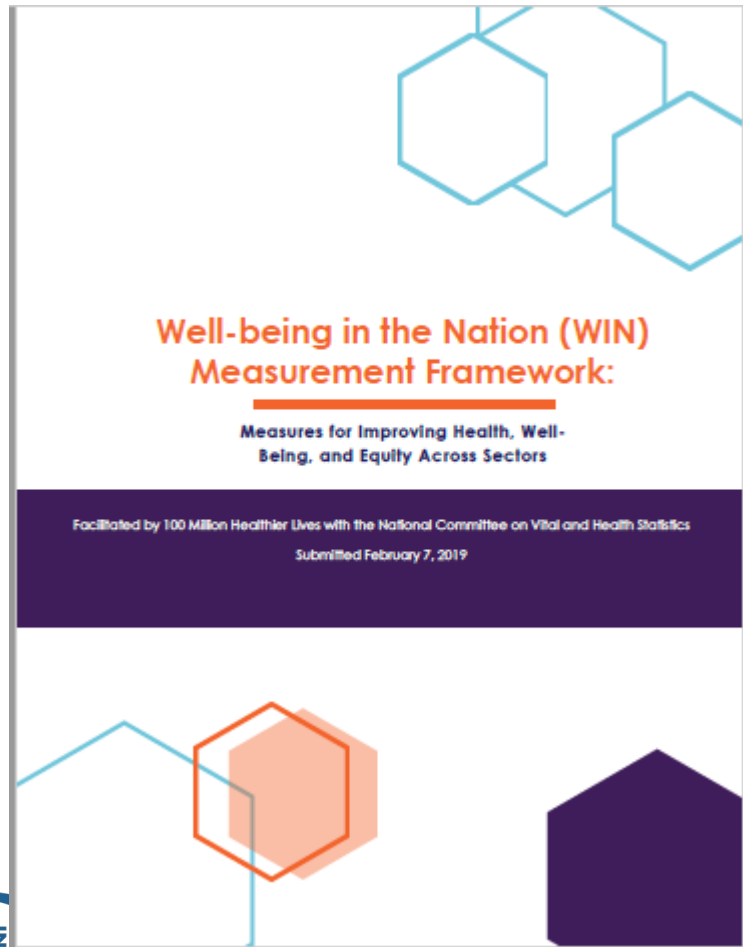
Structural Vulnerability Domains and Potential Sample Questions	
Financial Status	<p>How do you make money?</p> <p>Do you have any difficulties doing this work?</p> <p>Do you have enough money to live comfortably—pay rent, get food, pay utilities and phone, basic living supplies?</p> <p>Do you run out of money at the end of the month?</p> <p>Do you receive any forms of government assistance?</p> <p>Are there other ways you make extra money, or do you depend on anyone else for their income?</p> <p>Have you ever been unable to pay for medical care or medicines at the pharmacy? Do you have access to preventive and primary care?</p>
Residence	<p>Where do you sleep?</p> <p>How long have you lived there?</p> <p>Is that a stable or reliable place for you to live?</p> <p>Do you feel the place that you live is safe and clean?</p>
Risk Environments	<p>Are you exposed to any toxins?</p> <p>Are you exposed to any violence?</p> <p>Are you exposed regularly to drug use?</p>
Food Access	<p>Do you have adequate nutrition and access to healthy food?</p> <p>What does your regular diet consist of?</p>
Social Network	<p>Which people make up your social network, family and friends? Is this network health or unhealthy for you?</p> <p>Do you have people who function as a social support system for you when needed?</p>
Legal Status	<p>Do you have any legal trouble?</p> <p>Do you fear any repercussions related to your legal status?</p> <p>Are you eligible for public services?</p>
Education	<p>Are you able to read? In what language(s)?</p> <p>What level of education have you reached?</p>
Discrimination	<p>Have you experienced discrimination based on your skin color, your accent or where you are from?</p> <p>Have you experienced discrimination based on your gender or sexual orientation?</p> <p>Have you experienced discrimination for any other reason?</p>
Presumed Worthiness	<p>The clinician could ask themselves if this person is likely to be considered by others as someone not to be trusted because of aspects of their appearance, ethnicity, accent, addiction status, personality, or other traits.</p> <p>The clinician could ask themselves if other people are likely to assume that the patient deserves their plight in life or their sickness due to any of their traits.</p> <p>The clinician could ask themselves if other people are likely to assume that the patient does not deserve top quality health care due to any of their traits.</p>



MEASURING WHAT MATTERS



About the Well-being In the Nation Measures



National Committee on Vital and Health Statistics (NCVHS) is a Federal Advisory Committee – reports to secretary of HHS

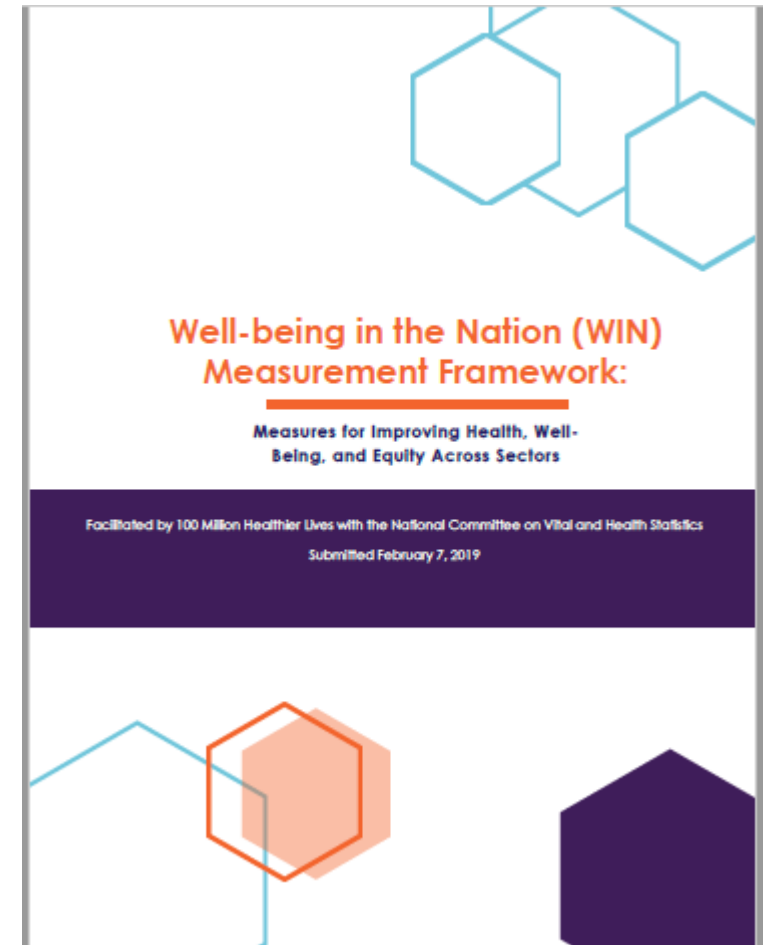
Was charged with identifying **multi-sector** measures to support population and community health and wellbeing and address social determinants of health

Report from January 2017

Handed off the process of developing measures to 100 Million Healthier Lives/WVE in the World

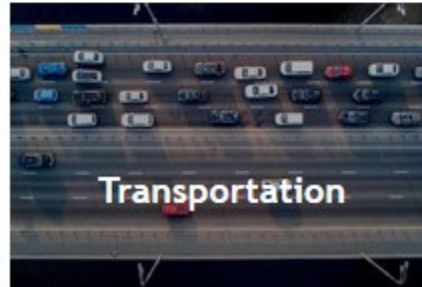
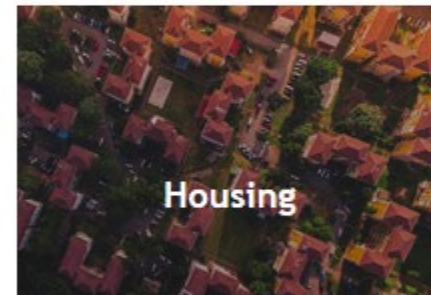
Well-being In the Nation (WIN) Measurement Framework (NCVHS Framework)

1. Core measures
 - Well-being of people
 - Well-being of places
 - Equity
2. Leading indicators
 - 12 domains and associated subdomains related to determinants of health
3. Full flexible set (developmental measures)
 - 12 domains and associated subdomains



Social Determinant of Health Indicators

Leading Indicators



Well-being In the Nation (WIN) Measures

1. Wellbeing of people

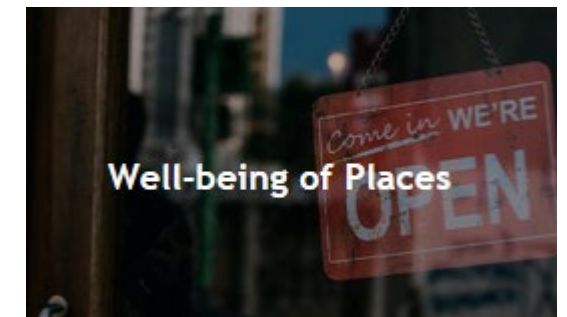
- People's perception of their well-being
- Life expectancy

2. Wellbeing of places

- Healthy communities index (USNWR/CHRR)
- Child poverty

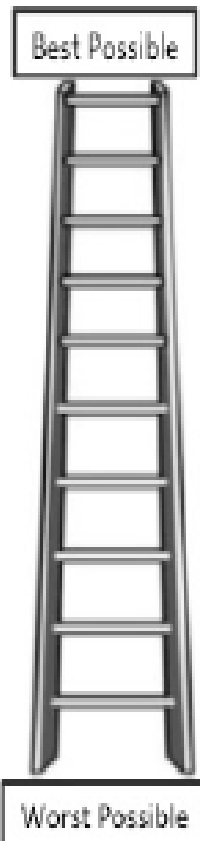
3. Equity

- Differences in subjective well-being
- Years of potential life gained
- Income inequality, graduation rates
- Differences by demographic variables (race, place, gender, educational level, language, sexual identity, etc.)



CANTRIL'S LADDER: WHAT IF WHAT PEOPLE FELT ABOUT THEIR LIVES MATTERED?

Common Measures for Adult Well-being



1. Please imagine a ladder with steps numbered from zero at the bottom to ten at the top. The top of the ladder represents the best possible life for you and the bottom of the ladder represents the worst possible life for you.

Indicate where on the ladder you feel you personally stand right now.

0 1 2 3 4 5 6 7 8 9 10

2. On which step do you think you will stand about five years from now?

0 1 2 3 4 5 6 7 8 9 10

3. Now imagine the top of the ladder represents the best possible financial situation for you, and the bottom of the ladder represents the worst possible financial situation for you. Please indicate where on the ladder you stand right now.

0 1 2 3 4 5 6 7 8 9 10

Life evaluation

% people thriving
% people struggling
% people suffering

Overall life eval index:
%thriving - % suffering

Age
Sex
Race/Ethnicity
Education
Zip code
Veteran status

- Two simple questions
- Administered 2.7 million times, highly validated
- Relates to morbidity, mortality, cost
- Useful for risk stratification
- Works across sectors
- Recommended by OECD
- Recommended by National Academies as a Leading indicator for Healthy People 2030

WELL BEING IN THE NATION (WIN)
COVID Assessment – BRIEF

A. OVERALL OUTCOME – TO ASSESS IF THRIVING, STRUGGLING, OR SUFFERING

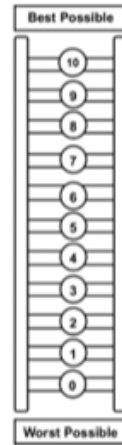
Please imagine a ladder with steps numbered from zero at the bottom to ten at the top. The top of the ladder represents the best possible life for you, and the bottom of the ladder represents the worst possible life for you.

1. On which step of the ladder would you say you personally feel you stand at this time?

Worst possible 0 1 2 3 4 5 6 7 8 9 10 Best possible

2. On which step do you think you will stand about five years from now?

Worst possible 0 1 2 3 4 5 6 7 8 9 10 Best possible



Thriving, Struggling, Suffering determination:

- **Thriving** (highest category): Item 1 \geq 7 AND Item 2 \geq 8
- **Suffering** (lowest category): Item 1 \leq 4 AND Item 2 \leq 4
- **Struggling**: All other response combinations

B. SOCIAL NEEDS ASSESSMENT – FOR EFFORTS TO IDENTIFY AND RESPOND TO UNMET SOCIAL NEEDS

3. Do you need help with any of the following at this time? (Please select ALL that apply and then mark which ones are urgent.)

Need help

- Food
- Housing
- Utilities
- Healthcare
- Finances
- Transportation
- Loneliness or social isolation
- Personal safety
- Employment
- Childcare
- Other
- I don't need help with any of these

Urgent

- ~~Food~~
- ~~Housing~~
- ~~Utilities~~
- Health care
- ~~Finances~~
- ~~Transportation~~
- Loneliness or social isolation
- Personal safety
- ~~Employment~~
- ~~Childcare~~
- ~~Other~~

4. If we need to get back to you, what is the best way to reach you (circle)?

Call/Text/WhatsApp () _____ Email/other: _____

WELL BEING IN THE NATION (WIN)
COVID Assessment – BRIEF

C. EQUITY – USED TO ASSURE PEOPLE WHO MIGHT BE AT RISK OF A POOR OUTCOME ARE SUPPORTED

5. What is the ZIP Code where you live? _____ 6) Your age _____

6. Do you identify as (Please select all that apply):

- American Indian, Alaska Native, or Indigenous
- Asian or Asian American
- Black or African American
- Hispanic, Latino/a/x, or Latin American
- Middle Eastern
- Multiracial or Multi-ethnic
- Native Hawaiian or Pacific Islander
- White
- Race or ethnicity not included above (Optional, please state): _____
- Prefer not to answer

7. Do you identify as (Please select all that apply):

- Man (cisgender or transgender)
- Woman (cisgender or transgender)
- Non-binary or gender non-conforming person
- Different identity (Optional, please state): _____
- Prefer not to answer

8. This question helps us identify additional resources that may be available to support you. Which of these, if any, do you identify as? (Please mark all that apply).

- An unpaid caregiver (of child(ren) <18 years old, person(s) with health problem or disability, and/or an older adult(s))
- Essential worker outside of healthcare who is not working from home (e.g., teacher, childcare worker, grocery or convenience store worker, trash collection, manufacturing, utilities, food service, transportation)
- Healthcare worker (including pharmacy, dentistry, home health worker)
- Person living or working in correctional or detention facility
- Person living or working in nursing home or long-term care facility
- Person experiencing homelessness or housing insecurity
- Person living alone
- Person living in a home where more than one person sleeps in a room
- Person who identifies as LGBTQ
- Person dealing with anxiety, depression, or other mental health diagnosis including trauma or PTSD
- Person who smokes cigarettes/cigars
- Person who uses drugs or has a substance use disorder
- Person with medical condition that puts you at high risk for severe COVID-19 (e.g., cancer, chronic kidney disease, COPD, diabetes, Down Syndrome, heart disease, immunocompromised, pregnant, obese, sickle cell)
- Person living with a disability
- Other high-risk group not included above (Optional, please state): _____

BEING DATA TO DESIGN WHAT IS NEEDED IN REAL TIME



Get Tested



Current
Restrictions [↗](#)



Unemployment
Assistance [↗](#)

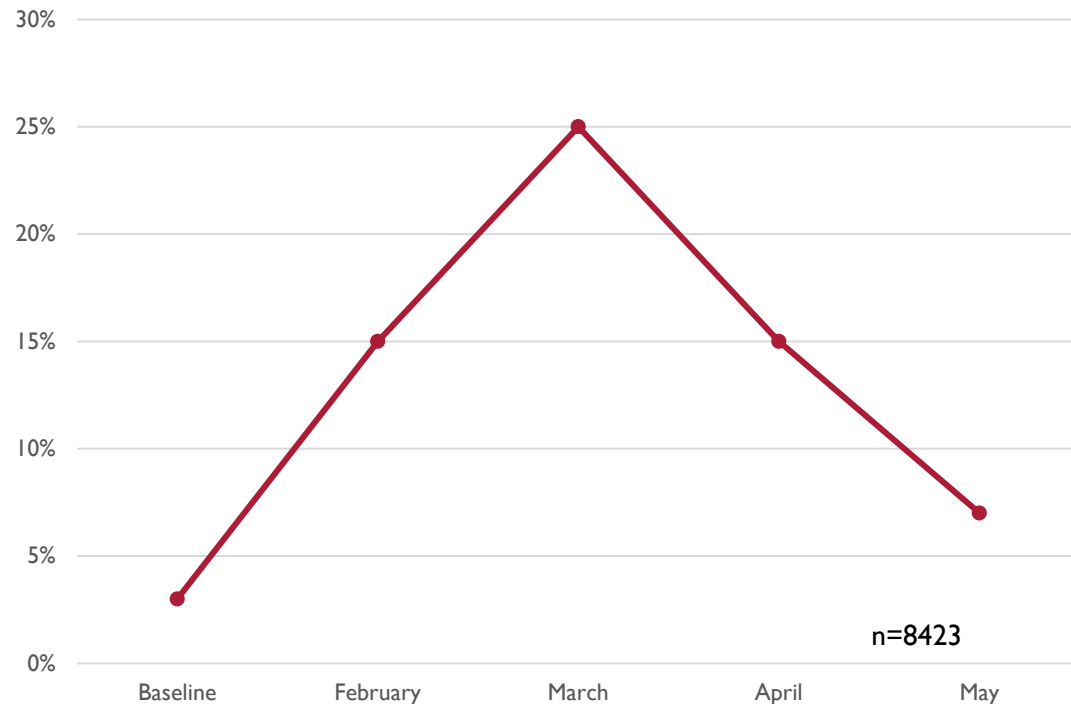


Relief and Support



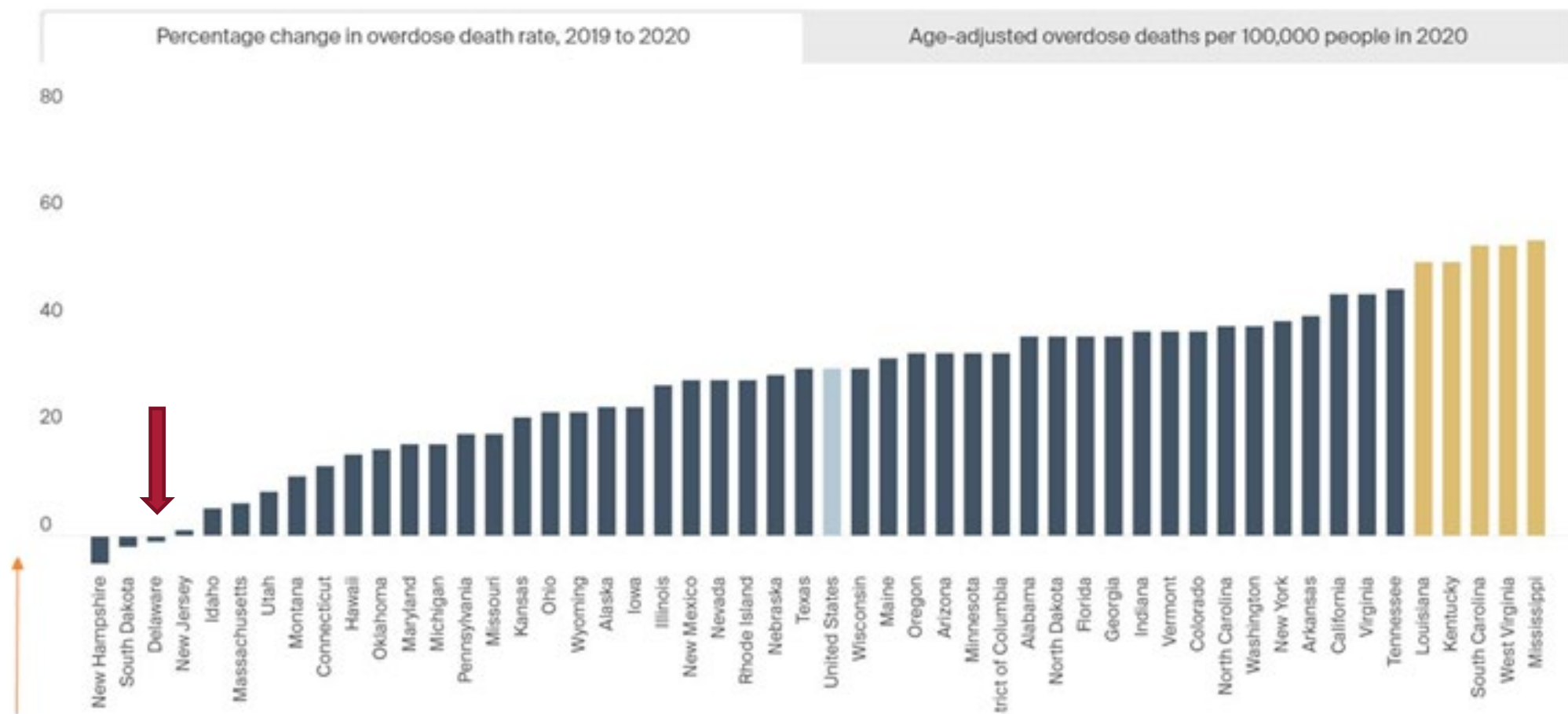
FAQ

% DSAMH Patients who are Suffering



- Assessment of well-being and connecting people with their social needs
- Narcan distribution at foodbanks based on social needs
- Housing people who were homeless and changing the delivery of mental health
- Improved access for everyone leveraging telehealth and online peer supports (Support Wall)
- Transitions for people from incarceration
- Data systems across sectors

WELL-BEING SAVES LIVES



REACH, **I**MMUNIZATIONS, **S**YSTEM CHANGE FOR **E**QUITY

An equitable recovery is built on **trust**

Together we are transforming our relationships and systems to create the conditions for everyone to thrive.



COMMUNITIES RISE PARTNERS -2400+ CBOS ON THE GROUND WHO BRING DEEP DECADES LONG EXPERIENCE TO REACHING HARD TO REACH COMMUNITIES



Facilitated by



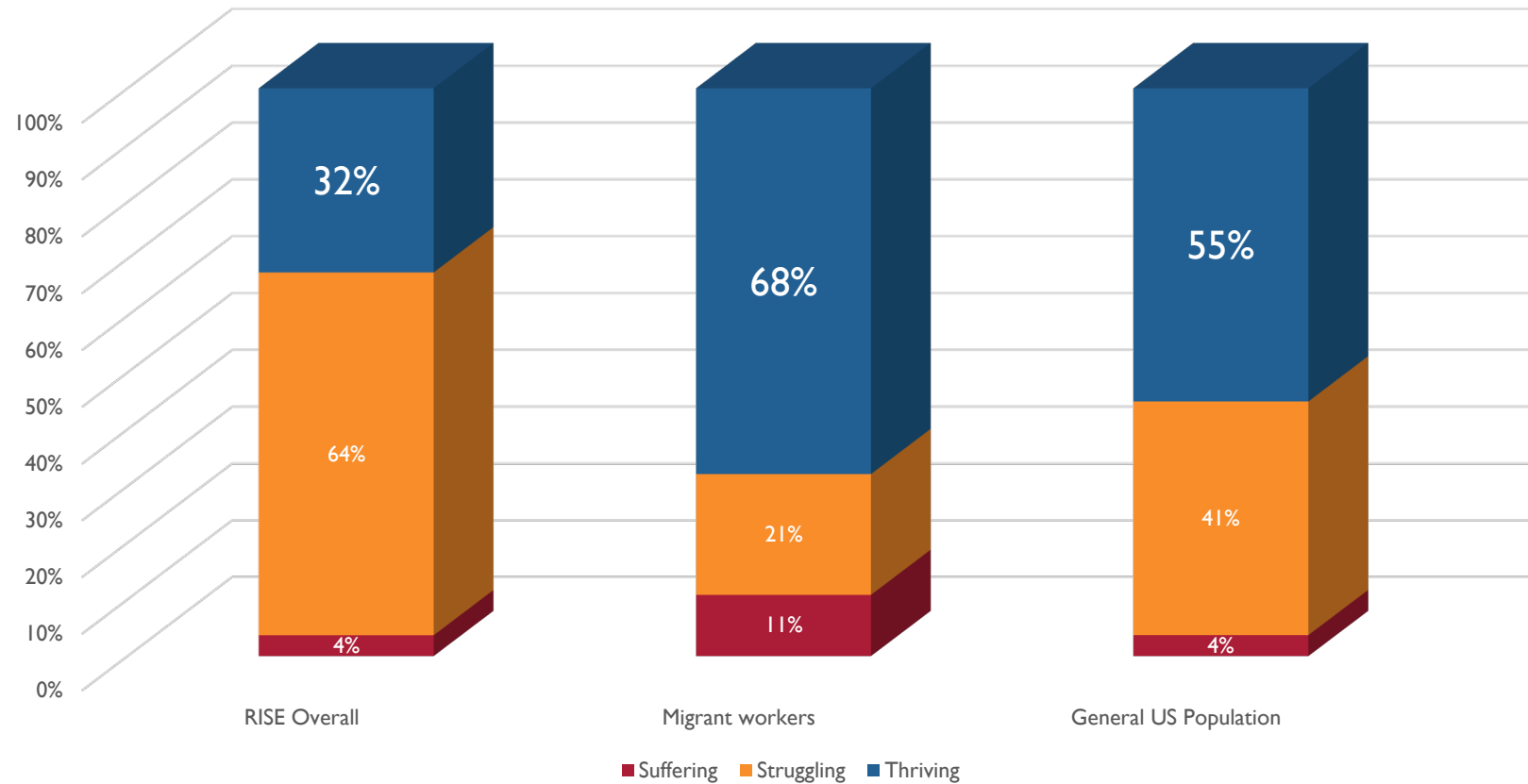
Funded by HRSA, CDC, and CDC Foundation

RISE – WELL-BEING OF MIGRANT WORKERS



PATHWAYS TO POPULATION
— HEALTH EQUITY —

Well-being of Migrant Workers

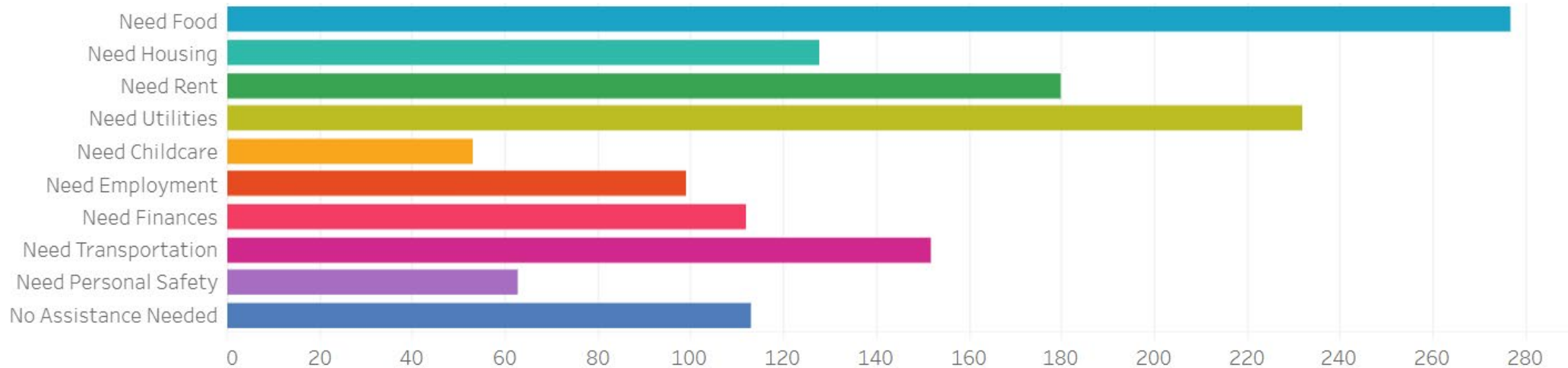


WHAT MIGHT BE LEADING TO SUFFERING AND HOW CAN WE MITIGATE THAT?



PATHWAYS TO POPULATION
— HEALTH EQUITY —

Basic Needs



13

partners with deep roots working with communities experiencing inequities.

25+

states engaging in equitable vaccinations, civic capacity building and system change

200+

communities working together to create the conditions for everyone to thrive

44M+

people reached

184,000

people vaccinated (approx.)

215,000

people (approx.) connected to basic needs (food, housing, etc)

USING SOCIAL
NEEDS DATA TO
CREATE THE
CONDITIONS
FOR EVERYONE
TO THRIVE



Any questions ?

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FOR MORE INFORMATION

Rhode Island demographics:

- <https://health.ri.gov/data/covid-19>
- www.winmeasures.org

Health Equity and COVID-19: <https://conta.cc/34WoYav>

Well-being and Equity (WE) in the World

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