

# COMMUNITY HIGHLIGHTS

## SOCIAL DETERMINANTS & POPULATION HEALTH



Foundation for a  
Healthy St. Petersburg

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# INTRODUCTION

The Foundation for a Healthy St. Petersburg is a new, private health foundation serving South Pinellas County. The Foundation aims to improve the local community's health through initiatives that create sustainable, effective improvements to quality of life. The Foundation's commitment is to be accountable and transparent.

The Foundation uses a social determinants of health (SDOH) framework to improve population health through grant making, policy, research, advocacy, and strategic communications. The social determinants of health are the conditions in which people are born, grow up, live, work, and age, and the wider set of forces and systems shaping the conditions of daily life, including economic policies, social policies and norms, and political systems. This broad range of social factors has a significant impact on a community's health outcomes. However, population health is not simply about the overall health of a group of individuals; it is also the distribution of health outcomes among those individuals. The Foundation uses the SDOH framework to measure the impact of these social factors on the quality and quantity of life. A framework for the social determinants of health can be seen below.

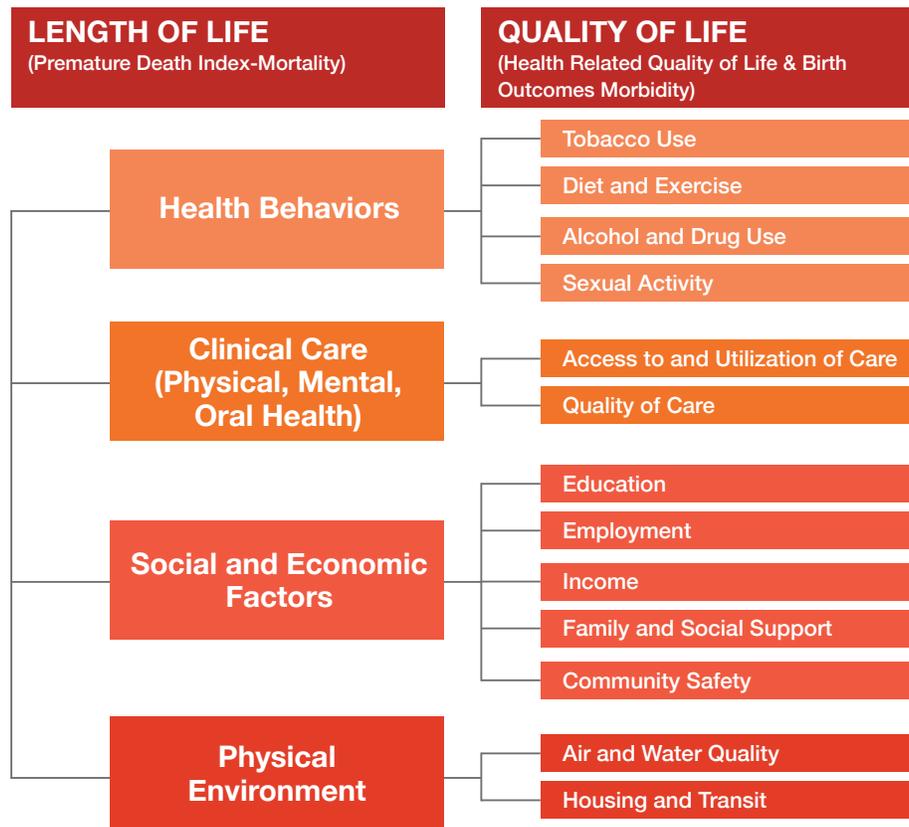


Figure 1: Social Determinants of Health Framework

\* Framework Adapted from the University of Wisconsin Population Health Institute Model

# POPULATION HEALTH

Health is defined in many different ways. The Centers for Disease Control and Prevention and World Health Organization define health as, “A state of complete physical, mental, and social well-being and not just the absence of sickness or frailty.” The European Region of the World Health Organization defines health as, “The extent to which an individual or group is able, on the one hand, to realize aspirations and satisfy needs, and, on the other hand, to change and cope with the environment. Health is therefore seen as a resource for everyday life, not the objective of living; it is a positive concept emphasizing social and personal resources as well as physical capabilities.”

In the book, “Population Health: Concepts and Methods,” Young indicates that many other definitions exist and highlights the common components of definitions of health. These include: coping with and managing stress, achieving functional capacity and structural integrity, ability to make valued contributions to the community, and maintaining equilibrium.

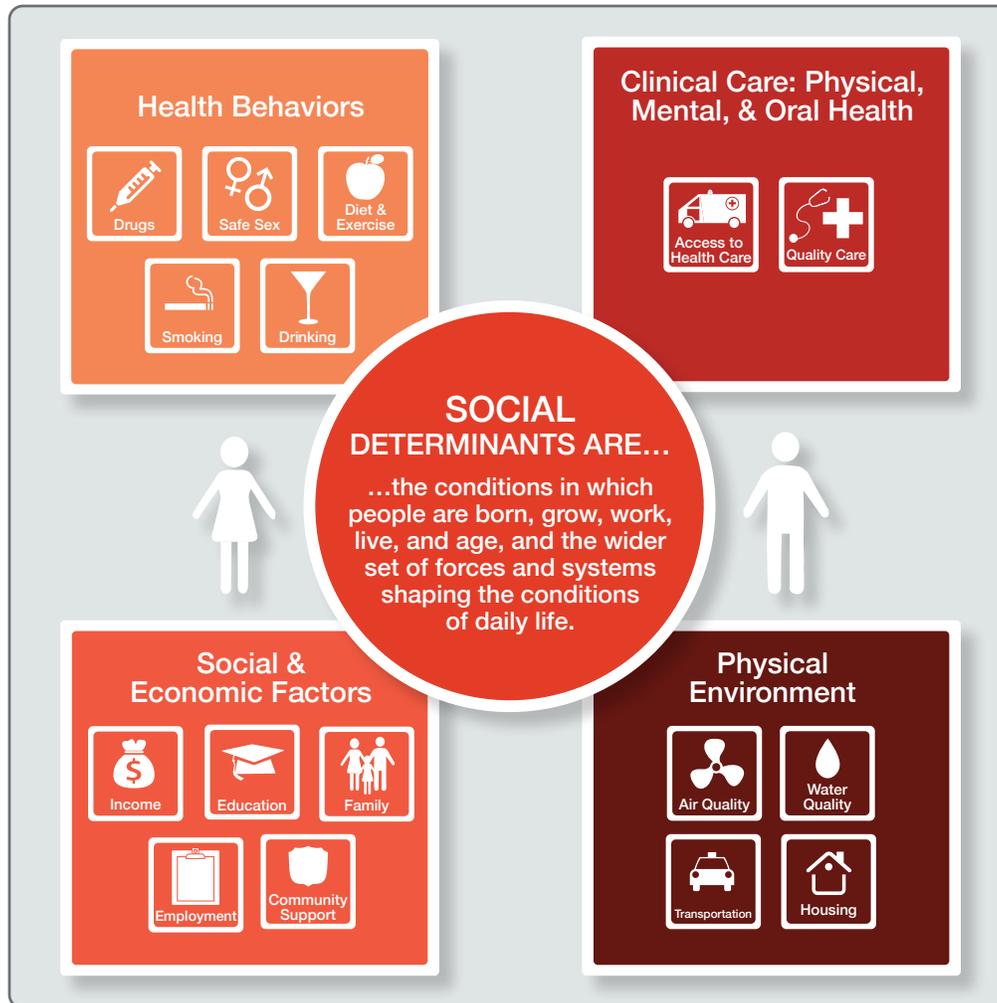
Population health, too, is a debated concept. As recently as 2007, the literature on population health acknowledged that the term was relatively new and without consensus on whether the term referred to a concept of health or a field of study of health determinants.

Population health is BOTH an end goal and factor that influences that end goal (health of the population). According to Young, it is, “A conceptual framework for thinking about why some people are healthier than others, and the policy development, research agenda, and resource allocation that flow from this.” According to Kindig and Stoddart, it is, “The health outcomes of a group of individuals, including the distribution of such outcomes within the group.”

Kindig discusses the idea of population in his paper “Understanding Population Health Terminology,” explaining that a population can be a geographic region or a specific collection of people with similar demographics such as an ethnic group, a group of employees, prisoners, or disabled persons (to name a few).

The primary focus of population health is on the measurement of health and health outcomes. However, population health is not simply about the overall health of a group of individuals, it is also the distribution of health outcomes among those individuals. Population health looks at disparities within and between groups and takes into consideration the social determinants of health. These include biological and genetics, individual behavior (e.g. smoking, drinking), social environment (e.g. income, education, employment), physical environment (e.g. housing, transportation), and health services.

# SOCIAL DETERMINANTS



Medical care is only 15-20% of society's well-being. Other factors such as economic and housing stability, transportation, education, community support, health behaviors, environmental quality, community safety, and employment all play a role in influencing health and well-being. The concept of social determinants of health and how they impact an individual's well-being is illustrated in the following case study.

## Case Study

A middle-aged African American woman is diagnosed with Type 1 diabetes and high blood pressure. While diabetes runs in her family, her doctor recognizes that with some key behavioral changes, the woman can improve her health. Her doctor outlines a plan to help her become healthy. The doctor suggests that she stop smoking, eat a diabetic friendly diet, and start exercising more. The doctor gives her a referral to a free smoking cessation program in the community that meets once a week for eight weeks. The doctor gives her a resource called “How To Eat If You Have Diabetes,” and he gives her a list of cardiovascular exercises she can do, which include walking and bike-riding.

Although at face value, the woman’s health issues seem to be purely biological and behavioral, there are several other social determinants in this woman’s life which keep her in a state of poor health. When we dig deeper into her history we find that because she only has a high school diploma and no other training, she has always worked a minimum wage job and therefore has a low income. In addition, she is helping to raise her granddaughter. She shares a car with her daughter who is enrolled in community college and works the night shift.

The woman wants to eat in a healthy way, but the nearest grocery store is 5 miles away. Therefore, her meals usually consist of fast food, which is cheap and easily available. She wants to quit smoking and likes the idea of attending a free group. However, she is unable to attend the smoking cessation group during the day because she works, and she is unable to attend in the evening because her daughter takes the car to work the night shift. She also cares for her grandchild when her daughter is at work. She is interested in exercising but lives in a neighborhood where there are drug dealers. It is not safe to walk alone. She does not have the resources to purchase a bike.

This case illustrates that transportation, housing/neighborhood, income, education, and food access are all factors in this woman’s health. These factors (and other social, political, economic, and environmental factors) along with the biological predisposition to diabetes and behavioral patterns such as smoking and eating poorly –are all social determinants of health.

## DISPARITIES

There are several racial and ethnic disparities both in social determinants of health and health outcomes in Pinellas County.

**Education:** Black or African American students' math and reading proficiency is lower than that of other racial and ethnic groups, and Hispanic students' math and reading proficiency is lower than white students. White males in Pinellas County over the age of 25 have a high school diploma or higher at a rate of 90.2%. Black or African American males in Pinellas County over the age of 25 have a high school diploma or higher at a rate of 78.85%.

**Poverty and Unemployment:** Median household income in Pinellas County is \$45,535. The median household income for blacks or African Americans is \$31,476. The Census Bureau determined the poverty level for approximately 904,792 people in Pinellas County; of these, 14.1% were below the poverty level. The percent below poverty level by race and ethnic group varies considerably; 31.5% of blacks or African Americans in Pinellas are below the poverty level along with 11.6% of whites, 16.2% of American Indian/Alaska Native, and 21.4% of Hispanics. The unemployment statistics revealed that 14.7% of blacks or African Americans, 9.3% of whites, and 10.1% of Hispanics in Pinellas County were unemployed from 2008-2012.

**Crime:** According to the Update on the Economic Impact of Poverty Report for the Pinellas County Board of County Commissioners, two of the "at-risk zones" are Lealman Corridor and South St. Petersburg. According to Finding of Necessity for Unincorporated Lealman, 75.8% of the population of Lealman is white, 9.3% is black or African American, and 11.3% is Hispanic. Lealman corridor and South St. Petersburg have high levels of poverty and high levels of crime. In 2011, 14% of total youth and 14% of adults arrested in Pinellas County were from the Lealman Corridor (one of the At-Risk Zones) and 28% of youth and 25% of adults arrested in Pinellas County in 2011 were from South St. Petersburg (also an at risk-zone).

The age-adjusted homicide death rate was higher among blacks or African Americans in Pinellas than whites or Hispanics; however, the age-adjusted suicide rate was higher for whites and Hispanics than blacks or African Americans.

**Injury and Injury Related Death:** The age-adjusted firearms-related death rate is higher for blacks or African Americans than whites or Hispanics in Pinellas; in comparison, the age-adjusted motor-vehicle crash rate was higher among whites than blacks, African Americans or Hispanics. Deaths due to traumatic brain injury were higher among whites than blacks, African Americans or Hispanics.

**Housing Instability and Homelessness:** A Point-In-Time Housing Survey was conducted in 2014 in Pinellas County and showed that of the 1001 homeless individuals surveyed, 27.9% were black or African American and 66.7% were white.

**Access to Healthcare:** The black or African American to white ratio of adults with any type of health insurance coverage is 0.8 to 1. Concerning health insurance coverage, 66.9% are blacks or African Americans have any type of health insurance coverage, and 85.5% of whites have coverage. An indicator of health coverage is emergency room usage. From 2007-2009, the rate of emergency room visits due to asthma per 100,000 population was 316.1 blacks or African Americans and 143.8 whites, a ratio of 2.2:1. The rate for Hispanics was in between at 184 per 100,000.

**Maternal and Child:** There were more births to black or African American mothers ages 15-19 than to white or Hispanic mothers in the same age range. The rate of sudden infant death was higher among black or African American infants than white or Hispanic Infants, and more black or African American infants were born with low birth weight than white or Hispanic infants.

Specifically, 54.3 births per 1,000 black or African American mothers, ages 15-19 registered low birth rates compared to 29.2 births per 1000 to Hispanic mothers and 20.1 births per 1000 for white mothers ages 15-19 in Pinellas County from 2011-2013. The rate of sudden infant deaths was 2.5 per 1000 black or African American infants compared to 0.6 per 1000 white infants and 0 per 1000 Hispanic infants in Pinellas County. Of the low birth weight (<2500 grams) infants, 13.6% were black or African American. Comparatively, 7.4% were white infants, and 6.4% were Hispanic infants.

**HIV/AIDS:** There were more reported AIDS cases, reported HIV cases, and age-adjusted HIV/AIDS deaths in 2011-2013 for blacks or African Americans than for other racial and ethnic groups. There were more reported AIDS cases, reported HIV cases, and age-adjusted HIV/AIDS deaths in 2011-2013 for Hispanics than for whites.

**Chronic Disease:** Blacks or African Americans have higher death rates of coronary heart disease, stroke, overall cancer, and specifically colorectal, prostate, cervical, and breast cancer than whites. Whites have higher rates of lung cancer deaths. Blacks or African Americans also have higher death rates of diabetes than whites. Hispanics have lower death rates of coronary heart disease, stroke, congestive heart failure, and cancer than whites, although they have higher death rates from diabetes than whites but lower than blacks or African Americans.

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\*Please Note: This series of *Community Highlights* is intended to illustrate the Foundation's definitions of the Social Determinants of Health framework and to provide specific data related to the Foundation's geographic focus area. The data presented is not comprehensive.