

## Social Determinants of Health

Second, I want to go ahead and walk them everyone. I thank you all for joining. My name is Lauren Korshak and I lead translation activities for the VA's office of HealthEquity. HealthEquity was established in 2012 and it champions the advancement, reduction and health disparities and veterans. My job means that I get to tell stories about all the data of Viejas about veterans and their health and stay on the HealthEquity and Veterans Podcast series will be discussing social determinants of health and how they impact health outcomes that the provision of care for veterans. I'm really excited to introduce today's speakers. We have Doctor Alicia Cohen who's a core investigator and research Health Science scientists at the Providence VA Center of Innovation in Long Term services. And supports for vulnerable veterans and a primary care provider in the Women's Health and homeless clinics at the Providence VA Medical Center. She's also an assistant professor of family medicine and health services policy and practice of Brown University. We also have Lauren Russell who's the Co access lead for the VA. New England health care system and a former presidential management fellow. And finally, Dr Joanne listen will be joining us. She's a core investigator and research health scientist with the Center for Health. Information and communication at the Rudebusch VA Medical Center. She's also a research scientist at the Ridge in Strife Institute and at the Indiana Alzheimer's Disease Research Center. So how someone's living environment can impact their health has been in the news lately. It seems like there's a lot of conversation being generated around how around social determinants of health, so Lauren Russell. I'm wondering if you might be able to explain what this term means as we start. This episode of course. I think the World Health Organization gives a really strong definition by defining the social determinants of health as the conditions in which people are born. Grow work live in age as well as the wider set of forces and systems that shape the conditions of daily life. Some general examples of the forces and systems here are social and physical environments, social policies, and political and economic systems. I think Joanne has some really great examples to share here that are more concrete. Sure, thanks Lorraine. So I'm a clinical psychologist and I do mental health and mental health care disparities research at the VA and social determinants of health is often discussed in the context of health and health care disparities because they are great, no significant contributors to differences that we see very often in underserved racial and ethnic minority groups. For example, Lauren, you mentioned that social determinants of health. Factors that affect our health or quality of health and access to healthcare and living in a community. For example, if you live in an urban community that is plagued by crime, poverty, poor quality of housing, you may also experience our poor quality of health because of all of the stressors are that you experience in that environment and that may also affect your access to quality of healthcare. So this is another example. How social determinants cool. In pack health and for veterans is certainly play a major wall on their mental health and mental health care line. So I'm wondering what role social determinants of health play in the provision of health care to veterans. Specifically, I know Lauren Russell. You've done some work in this. Can you help shed some light on how this how this works? Yeah, so I think broadly speaking, social determinants of health play a role in a person's health status and their overall quality of life because the conditions in which people live. And work impact their access to social and economic opportunities like education or employment as well as to your resources in their homes and communities. If we think about factors like a patient educational attainment or employment status or housing situation, those all impact their ability to access healthcare services and treatment options. So that said, without really understanding these factors and other social and economic conditions that make people sick in the first place, it can be really difficult. For clinical providers to develop the best care and treatment options for patients, and that's obviously very true for our veteran population as well. Yeah, absolutely, and I thank you to all of

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you and I agree with with all of the points that Lauren and Joanna been making, and I think that you know clinically, we really see social determinants of health play out in a number of ways. And you know, one veteran story. And this is just one I could give many examples, but one veteran story in particular that's really stayed with me. She's a veteran. Will will call. Shannon, she was in her late 20s and had difficult to control diabetes and she's been hospitalized five times in the past three months and one of the main reasons that she kept on being hospitalized was because she often didn't have enough money for food, and she also didn't have a place to reliably refrigerator angelin and one of the reasons that she didn't have a reliable place to store her insulin was because she lacked. Stable housing and one of the reasons that she lacks stable housing and was also unable to afford the the nutritionally adequate foods that she needed was because she couldn't get regular work and one of the reasons that she couldn't get regular work was because she kept on ending up in the hospital. And I've I've seen this cycle cycles like this play out over and over again. With Shannon and others, and you know, I think it really brings home the ways in which we potentially fail as a health care system to effectively care for veterans. If we're unable to adequately address some of these fundamental needs impacting their health, and you know, seeing the ways in which not only do you know is, like, you know, not having enough food is bad for your health. Not having shelter is bad for your health, and you know, I think that. Those things are, you know, pretty easy to understand the ways in which that could be bad for your health, but you know, kind of given what some others have spoken about in terms of just seeing you know the ways in which just the chronic stressors of not being able to not being able to meet basic needs. And also often people find themselves having to choose between food or rent or utilities and medication or needed medical care and sort of seeing the. Impact of some of those trade offs and you know, I think stories like Shannon door, kind of where, where we can see the ways in which kind of having those unmet needs can can really play out and can not only negative negatively impact people's health, but how it can really kind of be this vicious cycle and and why you know as health care providers and as a health care system. It's so imperative that we both ask people about needs they may have. And also figure out ways to try to address some of these fundamental unmet needs that are so substantially impacting their health. You know, thank you, Alicia for that piggyback on what you just shared, and I think you've done it really nicely. Is talking about the cycle that a lot of veterans find themselves in, and again, being in mental health, we see this as well and I really like the idea of addressing social determinants of health because it helps us to focus on the underlying root causes and not just trying to address the symptoms. For example, seeing veterans with depression, they all depressed. Because they lost their jobs, they don't have stable housing. They struggled to make ends meet. They don't have enough food. These are all things that contribute to their emotional state, mental well being, and we can do our best to provide therapy and medication. But we can do better by addressing the underlying root causes, which are the social determinants of health. Absolutely, Joe and I would totally agree with that. And the other piece I would add to that is not only do we see that these unmet needs are can both, I think be, you know, precipitating new acute mental health conditions in terms of you know depression, anxiety or just kind of stress. But and and also worsening, you know potentially pre-existing conditions. But I think the other thing we see in I'd certainly I would love to hear if this is something that you you see in your work. As well, is that given sort of the chronic stressors of not being able to meet basic needs can then also further impact people's ability to to manage the limited resources that they have, and so if you see that these unmet needs are, you know exacerbating. Underlying depression or anxiety or causing you know and or causing new issues or concerns that that can then actually mean that veterans are then less able to address those needs and handle the stressors that are coming their way both in terms of financial

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stressors and also kind of the other emotional and psychological and physical stressors that they may be encountering. Oh absolutely not having their basic needs paid, such as food, housing and feeling safe. In their environment, it definitely impacts their access to care. We talked about health disparities earlier individuals, or are part of racial and ethnic minority groups. They tend to delay care accessing mental health services, and that is part of the reason because very often they focus on finding work finding meaningful work or finding a place to stay. So for them they see this as more primary needs that must be made. They prioritize them before their mental health and also when it comes to being involved in therapy, they may not have all of the resources available to focus on their mental health and do the work that they need to do because again, they also overwhelmed in focus on meeting their basic needs. Lord, I thought you work. You know in in more public health hospital administration and focusing on program developments and innovations and and efforts to address health inequities for you. Many, many veterans, why should we all care about addressing social determinants of health? Can you provide some insight into that? Yeah, so I think there are a couple of reasons. I think. Largely, you know, it's important to recognize that negative. Social determinants of health can certainly promote health inequities and without finding a means for developing their innovative approaches to identifying those needs or addressing those needs either inside or outside of clinical settings, then it's really hard for us to alleviate health disparities or improve the health of our population. Additionally, I think it's important to also consider social determinants of health within the context of clinical care because they think as both Alicia and Joanne. Have clearly highlighted by helping a provider learn about those basic needs that might be going unmet for veterans or for their patients. They can better tailor clinical care to their needs, so I know in talking with one of the nurses that we work closely with in a clinic where we're working to pilot a screening tool to identify these needs, she's talked about how she's been able to strengthen her relationship with a lot of patience and also find out about other needs that they had. There were impacting their health by asking these questions. In starting to engage them in these conversations. So I think that really emphasizes the importance of addressing this and trying to, you know, promote HealthEquity and just overall better health of our population. Fabulous thanks. I want to thank all of our speakers today. Lauren Russell Dr Alicia Cohen doctor Joanne Eliason for all of their work in all of their help. In putting this episode together and and promoting good health amongst across our veteran population in our next episode will discuss in more detail how we're putting all of these concepts into practice to advance the health of their veterans. And I hope you all will join us then. Thanks so much.