Special & Vulnerable Populations

Diabetes Task Force

Understanding Social Determinants of Health and Structural Barriers Affecting Diabetes Care

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OVERVIEW

It is important for health center staff to define and understand Structural Competencies and understand how food insecurity, transportation and the lack of affordable housing are social health drivers that impact diabetes care and management among patients.

Structural competency is defined as an educational approach for healthcare providers to identify and respond to diseases and their unequal distribution resulting from social structures, such as institutions, laws, policies, and systems.[1] Structural barriers, therefore, refer to social structures that determine health outcomes and can include clinical, educational, and correctional systems and associated public policies.[2] These structural barriers impact individuals from accessing healthcare services, receiving quality healthcare, and perpetuate inequalities.

Social Determinants of Health (SDOH) are the social environments in which individuals are born, grow, live, work, and age. These states of affairs are influenced by income distribution, power, and resources at local, national, and global levels. SDOH are usually responsible for health inequities, i.e., the

discriminatory and avoidable disparities in health status found both within and between countries.[3] SDOH are intimately related to structural barriers because of how these determinants drive and influence structural barriers.

The impact of structural barriers on health outcomes for individuals with diabetes is significant. SDOH caused by structural and/or systems-level root inequities are linked to worsened diabetes prevalence, diabetes disease control, and diabetes-related deaths.[3]

As the healthcare sector engages around broader discussions of drivers of health, it is important to differentiate between the terms SDOH or *Social Needs* (food, housing, transportation, or other resources), and *Social Risk Factors* (social conditions which impact poor health - food insecurity and housing instability). In response to the somewhat confusing or overlapping language, three National Training and Technical Assistance Partners conducted a four-session learning collaborative to assist health centers in better understanding structural competencies while addressing three specific SDOH (transportation, food access, and housing) that impact health.

TRANSPORTATION AS A DRIVER OF HEALTH

Exploring and understanding the public transportation landscape, provides health center staff the opportunity to collaborate with other health entities. Understanding how to utilize transportation resources and adopt ways to increase access to care using a health equity lens can improve the health care provided to patients.

According to a recently published study, transportation can drive health outcomes and impact equity by improving access to healthcare, healthy food, essential services, employment, and social connection.[4] Indeed, transportation, or lack thereof, is often cited as a barrier to healthcare access, particularly for low-income patients or those located in rural areas.[5] Too often, lack of engagement or poor "compliance" can be traced to this barrier which is often the result of structural/systemic issues within a community rather than the individual patient. Recognition of transportation as a powerful determinant is reflected within local planning and affordable housing development efforts which are often incentivized by funding streams to co-locate with existing transportation hubs.[6]

FOOD INSECURITY AND FOOD JUSTICE

Health centers can use tools such as digital food maps, to assist patients with accessing food resources in their local community. This can be especially useful for low-income diabetes patients where access to quality food is essential for diabetes management. Food maps can be customized to reflect specific cultural foods or general resources such as food pantries and faith-based distribution centers.

Food insecurity is the lack of access to quality food that provides adequate nutrition to the body that supports an active healthy life. Food justice promotes the idea that everyone has the right to have access to healthy, affordable, and culturally appropriate food. There is often significant overlap between communities served by Federally Qualified Health Centers, food deserts, and prevalence of diabetes.

Health center staff can use 'My Google Maps' to design food maps to assist patients in identifying and accessing local food resources. These food maps can be done by creating a custom tool with locations of food resources such as food banks, grocery stores, farmers' markets, and community gardens. Health centers screening for SDOH risk factors can refer patients to this tool in combination with other resources such as nutrition counseling or cooking classes.

HOUSING IS THE MOST POWERFUL DRIVER OF HEALTH

Access to affordable housing is the most powerful driver and predictor of health outcomes. Health centers are vital partners in the broad effort to reduce housing insecurity and through the development of community partnerships can increase access to affordable and supportive housing for vulnerable populations.

Housing is consistently found to be a powerful determinant of health. Research has demonstrated the positive, powerful effect when patients have immediate access to supportive housing while experiencing homelessness. These patients are more likely to be active participants in the maintenance of their own health and ultimately achieve better health outcomes including increased access and participation in primary care and decreased use of emergency services.[7] Indeed, a 2021 systematic review found when compared with "housing ready" approach, Housing First programs decreased homelessness by 88%, and improved housing stability by 41%. For clients living with HIV, Housing First reduced viral load by 22%, mortality by 37%, depression by 13%, emergency departments use by 41% and hospitalization by 36%.[8]

As health centers strive to reduce persistent health disparities in their communities, health and housing partnerships have become a best practice approach to addressing underlying social risk factors. Understanding the Housing First framework and evidence-base is important as the potential for these partnerships are assessed and implemented. Housing-first must be the foundation of these efforts to improve health outcomes in the long term.

KEY TAKEAWAYS FOR HEALTH CENTERS

- **Discuss the historical context of structural and systemic barriers to well-being, SDOH and the impact on health behaviors and outcomes for diabetes care management.**
- **Ensure that SDOH screening data is thoughtfully utilized to continuously build and improve referral networks. This includes internal team collaboration, regular analysis for population specific trends.**
- **Identify at least one community partnership to improve access and advocacy for food security, affordable housing, and transportation access for their patients. Regularly scan for new potential partners as you build out a referral network.**

RESOURCES

- **HOP Transportation Archives**
- **Start or Join a Food Justice Movement**
- **Association between Supermarkets and Diabetes**
- **Food Access and Diabetes**
- **Medically Tailored Foods**
- **Nutrition and Diabetes**
- **Map the Meal Gap**

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