Obligations of Pharmacy Professionals, Institutions, and Organizations to Address Social Determinants of Health Inequity

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ON-DEMAND ACTIVITY
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FACULTY
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About this Series

- ASHP educational series on Diversity, Equity, and Inclusion.

- Monthly live webinars that started September 2021 and will run through Spring 2022.

- Featuring real-world scenarios, best practices, and actionable steps pharmacists and others can use in their practices to recognize and combat bias and disparities in care.

- Invite your team! Activities are accessible to all; ASHP membership is not required.

- Visit elearning.ashp.org to access the first four webinars in this series on-demand.
Announcements

• Process CE within 60 days
• elearning.ashp.org
• Code: Announced at the end of today's presentation
• Complete evaluation
• See instructions in handout

On-demand activity of today’s live webinar will be available early March.

Obligations of Pharmacy Professionals, Institutions, and Organizations to Address Social Determinants of Health Inequity

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Brief Summary

• Health inequities experienced by US black, indigenous, and people of color (BIPOC) and other underserved groups are persistent challenges that have dire consequences
• Pharmacy professionals have an obligation to understand the impact of social determinants of health inequities on the health and well-being of BIPOC and to take actions to address them
What are Race, Racism, and Antiracism?

**Race**
- Social construct to categorize individuals
- No biological or genetic basis; however, some attribute it to biology and physical characteristics like skin color or hair texture

**Racism**
- Oppression based on race whereby one group uses authority or power to discriminate against another group through institutional policies and practices

**Antiracism**
- Purposefully working to end racial inequities
- Requires changing systems, organizational structures, policies and practices and attitudes, so that power is shared equitably


What are health equity and health inequities?

**Health equity**
- Fair, balanced rates and costs of health care coverage, access to care, quality of health care
- No obstacles, such as poverty or discrimination, to achieving full health potential

**Health inequities**
- Preventable differences in disease burden or outcomes
- Experienced by those with social, economic, and/or environmental disadvantage

Social Determinants of Health

“Conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks.”

5 Domains
- Economic Stability
- Education Access and Quality
- Health Care Access and Quality
- Neighborhood and Built Environment
- Social and Community Context

• SDH inequities which can show up as health disparities are rooted in racism and discrimination

What are our goals?

• Explain the role of social determinants of health in well-being and health inequities
• Describe the effects of health inequities on life expectancy and costs to the US health care system and economy
• Describe how pharmacy professionals, institutions, and organizations can address health inequities from the individual to public health levels
Which goal is MOST important to you?

A. Goal 1: Explain the role of social determinants of health in well-being and health inequities

B. Goal 2: Describe the effects of health inequities on life expectancy and costs to the US health care system and economy

C. Goal 3: Describe how pharmacy professionals, institutions, and organizations can address health inequities from the individual to public health levels

D. I'm not sure

E. All of them

What is our purpose?

• Addressing social determinants of health inequities can improve health outcomes of black, indigenous, and people of color

• Connecting with local neighborhoods can help identify ways to improve health outcomes

• Individuals, organizations, and institutions can impact social determinants of health inequities through individual, local, political, and policy actions
What are the expectations?

• Who is this session (not) for?
• What are our assumptions?
• What should you (not) expect from this session?
• What are (in)appropriate behaviors during this session?

What is your perspective?

• What does addressing social determinants of health (SDOH) inequities mean to you?
• What are ways that pharmacy professionals, organizations, institutions, and companies can address SDOH inequities?
Which terms look unfamiliar?

A. Health inequities
B. Racism
C. Antiracism
D. All of these
E. None of these

Role of Social Determinants of Health in Well-being and Health Inequities
Importance of SDOH


Social determinants of health

Long history of health inequities in US

“Of all the forms of inequality, injustice in health is the most shocking and the most inhuman because it often results in physical death.” Martin Luther King, 1966

- Despite improvements in population health over time, health inequities have persisted or worsened
- BIPOC generally have worse outcomes in infant mortality, pregnancy-related deaths, prevalence of chronic conditions, and overall physical and mental health status vs white individuals
Health inequities = Higher rates of illness and death

- BIPOC and low SES receive poorer quality of care
  - More likely to report provider did not believe them and refused them a test, treatment, or pain medication vs white adults
- Life expectancy of non-Latinx Black adults is 4 years less than non-Latinx white adults
  - Lower for low SES, LGBTQ individuals, and with no health insurance
- Less social cohesion leads to more stress, fear, and insecurity for everyone including the affluent
- People live longer in more equitable countries


How does where we live predict how long we live?

- Significant gaps in life expectancy persist across many US cities, towns, ZIP codes and neighborhoods
- Let’s try this activity together. Go to this website:
  - Type in your home or work ZIP code

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Type in your home or work ZIP code

• What did you learn about your neighborhood or community?
• Is the life expectancy in your ZIP code higher or lower than your state or the US?
• Why do you think this is?

Life expectancy in two Michigan counties

Ann Arbor, MI

- Washtenaw County: 81.41 years
- Michigan: 77.70 years
- United States: 77.30 years

Detroit, MI

- Wayne County: 75.31 years
- Michigan: 77.70 years
- United States: 77.30 years


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How does where we live affect health equity?

- Life expectancy estimates can vary dramatically from block to block
- Some people and places have low access to nutritious food, good schools, or stable and affordable homes
- Local health data at the state, county, city and census tract levels help us to uncover health challenges, better target resources, and measure progress

Disparities waste money and lives

- Annual US economic losses
- US economy could be $8 trillion larger by 2050 if eliminated racial disparities in health, education, incarceration, and employment
- Economic issues will only grow as US continues to be more diverse as over 50% of US predicted to be BIPOC by 2050
- US has most expensive health care costs in the world but is considered one of the least equitable countries
Pharmacy Professionals, Institutions, and Organizations Can Address Health Inequities from Individual to Public Health Levels

How can an individual health care professional impact SDOH for an individual patient?

• Learn about implicit bias, how it affects your patient care decisions, and how to mediate it
• Practice mindfulness
• Provide trauma-informed care
  • Take responsibility, don’t blame the patient
• Be an active listener
• Earn trust, become trustworthy
• Be an ally, be a sponsor

How can an individual health care professional impact health inequities?

- Identify and connect with your community leaders
- Find out your community’s strengths and health needs
- Celebrate strengths, build on these to address needs
- Use national data to identify, support, and inform community
- Conduct literature searches, use data collected from community and national sources, apply evidence-based solutions

Better understand burden and geographic distribution of health-related outcomes

- PLACES, a collaboration between CDC, the Robert Wood Johnson Foundation, and the CDC Foundation
- Assists in the planning public health interventions
- PLACES “provides model-based population-level analysis and community estimates to all counties, places (incorporated and census designated places), census tracts, and ZIP Code Tabulation Areas (ZCTAs) across the United States.”
- Use this information to identify promotion, prevention, treatment, and management strategies

https://www.cdc.gov/places/ (accessed 2022)
Identify which health and SDOH issues overlap in your community

• Let’s try this activity together. Go to this website: https://experience.arcgis.com/experience/22c7182a162d45788dd52a2362f8ed65

You will get this white box, then click outside the box to get to the map

This web application provides interactive maps for model-based estimates of 29 chronic disease related measures at county, place, census tract, and ZCTA levels. PLACES is an expansion of the 500 Cities project. It is a collaboration between CDC, the Robert Wood Johnson Foundation, and the CDC Foundation.

Please note: Maps may load slowly, especially during your first use. This application will not display when using the Internet Explorer browser.

For detailed information, visit https://www.cdc.gov/places.

https://experience.arcgis.com/experience/22c7182a162d45788dd52a2362f8ed65 (accessed 2022)
Data sources: The model-based estimates were generated using BRFSS 2019 or 2018, Census 2010 population counts or census county population estimates of 2019 or 2018, and ACS 2015-2019 or ACS 2014-2018. Centers for Disease Control and Prevention, National Center for Chronic Disease and Health Promotion, Division of Population Health, Atlanta, GA [https://www.cdc.gov/places](https://www.cdc.gov/places) (accessed 2022).
Find out possible reasons for inequities

- Combining data related to SDOH measures with community-level chronic disease measures from PLACES can broaden the usefulness of each of these types of data in understanding community health
- Go to this website: https://www.cdc.gov/places/social-determinants-of-health-and-places-data/index.html

How to address health inequities from the organizational or institutional level?

• Educate patients, pharmacy students, and pharmacists about SDOH and health inequities
• Give pharmacists time to collect data and share information
• Assess and monitor SDOH
  • Consider community’s social risk factors and available local resources
• Support novel pharmacy practice models
• Provide patients with links to community resources

https://www.himss.org/resources/social-determinants-health (accessed 2022)

How to address health inequities from the organizational or institutional level?

• Corporate culture focus on SDOH and health inequities
• Change policies, rules that are discriminatory
• Create policies, rules that prioritize identifying and addressing health disparities
• Advocate to change discriminatory city, state, and federal regulations and laws

https://www.himss.org/resources/social-determinants-health (accessed 2022)
Which of the following will you attempt in the next week?

A. Learn about my community and its leaders
B. Connect with my community and learn about their strengths and needs
C. Collect, assess, and analyze SDOH data from my patients
D. Identify and implement evidence-based intervention to address a health inequity
E. Not sure

TAKE ACTION!

Pharmacy professionals and organizations have an obligation to understand the impact of social determinants of health inequities on the health and well-being of BIPOC and to take actions to address them.

Know impact of SDOH inequities on health of BIPOC
Moral and ethical obligation to act
Connect with community leaders to identify strengths and health needs
Identify differences in provision of care to marginalized groups
Actively address SDOH with patients in your practice through education and by connecting them to community resources
Practical Strategies and Resources to Transform Your Awareness into Action

• BIPOC have a higher risk of cardiovascular and cerebrovascular disease, diabetes, obesity, and mental illness likely because of discrimination and related stress – which means this can be prevented
• Health disparities in the US affect everyone’s health and have cost trillions of dollars in preventable health care costs and lost productivity
• Pharmacists, pharmacy institutions, and pharmacy organizations can act by learning and educating others about SDOH; connecting with their community; learning the strengths and needs of their community; and working to meet their community’s SDOH related needs

Selected Resources


Question and Answer Session

Keep an eye out for more information and registration for the next webinar in this series!

• Incorporating Diversity, Equity, and Inclusion into Pharmacy Student, Resident, and Preceptor Training (Part II)
  
  Presented by the Section of Pharmacy Educators
  Tuesday, February 1, 2022
  1:00pm – 2:00pm ET

• Enhancing Cultural Awareness and Safety in Pharmacy Practice: “The Heart Work”
  Tuesday, February 15, 2022
  1:00 pm- 2:15 pm ET
Thanks for joining us!

Process CE within 60 days
- elearning.ashp.org
- Code: 22393A
- Complete evaluation
- See instructions in handout

Sign up for future webinars in this series!

On-demand activity of today’s live webinar will be available early March 2022.