Social Determinants of Health

Social Determinants of Health

People in Oregon recognize that the social determinants of health affect how healthy people can be. One out of every two comments collected during the SHA community engagement process was specific to the conditions in which people are born, grow, live, work, and age. Many of these themes are also addressed in the Environmental Health chapter. The social determinants of health are also commonly cited in community health assessments conducted by CCOs, local public health authorities, and hospitals.

Across Oregon, people shared similar concerns about affordable housing, quality education, and living wages. They also voiced worries about how racism, classism, and homophobia contribute to health disparities. Despite these challenges, many communities are empowered and engaged to work towards improvement. People who participated in the community engagement process expressed a strong sense of community and social cohesion, and 84% agreed that the quality of life in Oregon is good.

My community needs…

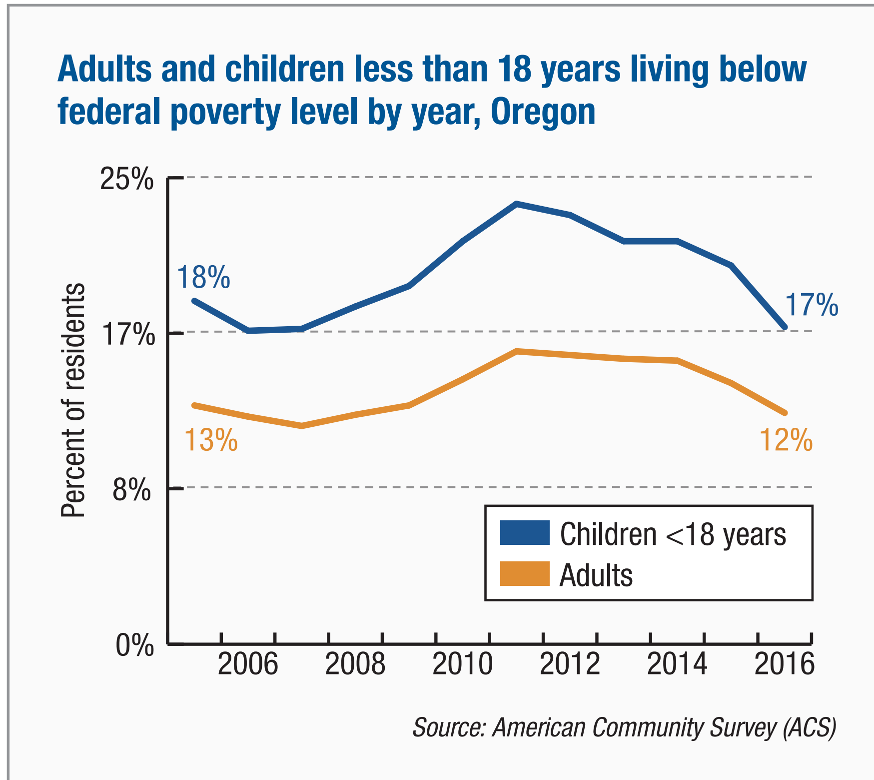
"Living wage jobs, affordable health care, affordable housing, good schools, and recreational opportunities for all ages. Also, fairness in the justice system, access to healthy, affordable food, and ways to feel valued and give back to your community."

– SHA Community Participant

Economics and Income Inequality

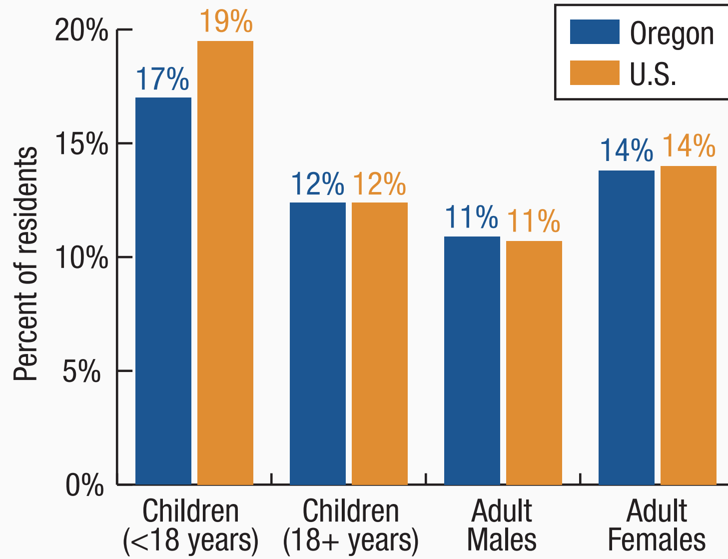
Poverty is a strong predictor of poor health. People with lower socioeconomic status experience higher rates of early death. They also have higher rates of factors that contribute to chronic disease, such as smoking and obesity. In 2016, 12% of Oregon adults and 17% of children lived at or below the federal poverty level. Almost all racial and ethnic groups in Oregon – particularly African Americans – experience higher levels of poverty than in the United States as a whole.

While the poorest fifth of households in Oregon earned just 4% of total income in 2016, the richest fifth earned 49%. Income inequality within communities can have broad health effects that raise the risk of poor health, cardiovascular disease, and death for lower-income residents. Oregon ranks 22nd out of 51 states (includes D.C.) for income inequality.* In Oregon, Benton County had the highest rate of income inequality while Jefferson County had the lowest.†



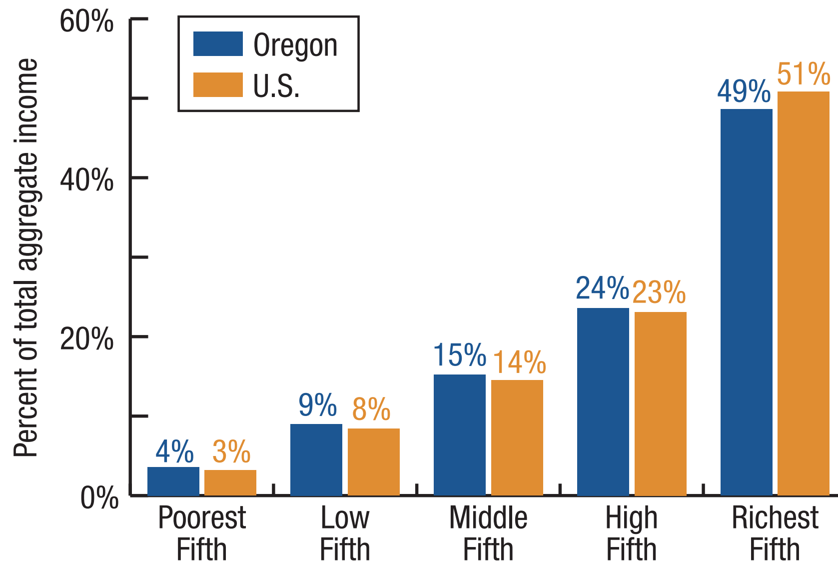
* https://www.oregoncf.org/Templates/media/files/reports/top_indicators_2015.pdf
† County Health Rankings

Population living below federal poverty level by age and sex, Oregon and U.S.



Source: American Community Survey (ACS), 2016

Aggregate income by household quintile, Oregon and U.S.



Source: American Community Survey (ACS), 2016

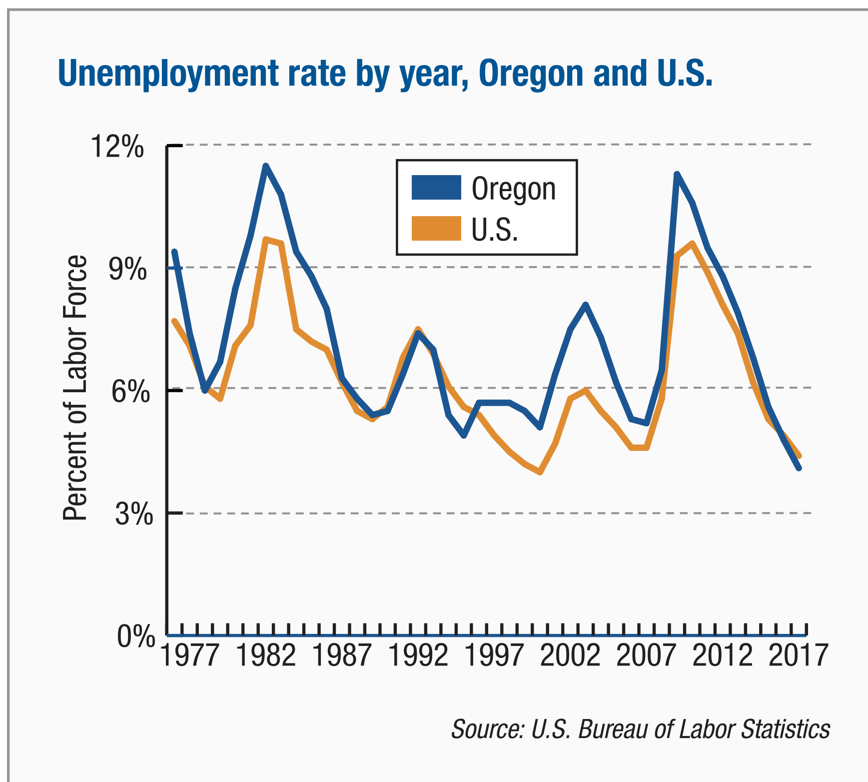
Employment and Wages

Some, but not all, communities have recovered from the 2008 recession. In particular, communities that depend on timber industry profits struggle with economic insecurity.

The primary approach to reducing poverty is through employment. As of October 2017, Oregon ranked 30th in the nation in unemployment, with 4.3% of people in the state unemployed according to the U.S. Bureau of Labor Statistics.*

> **My community needs…**
>
> "Equitable distribution of resources and jobs that pay a decent wage and allow for time off."
>
> – SHA Community Participant

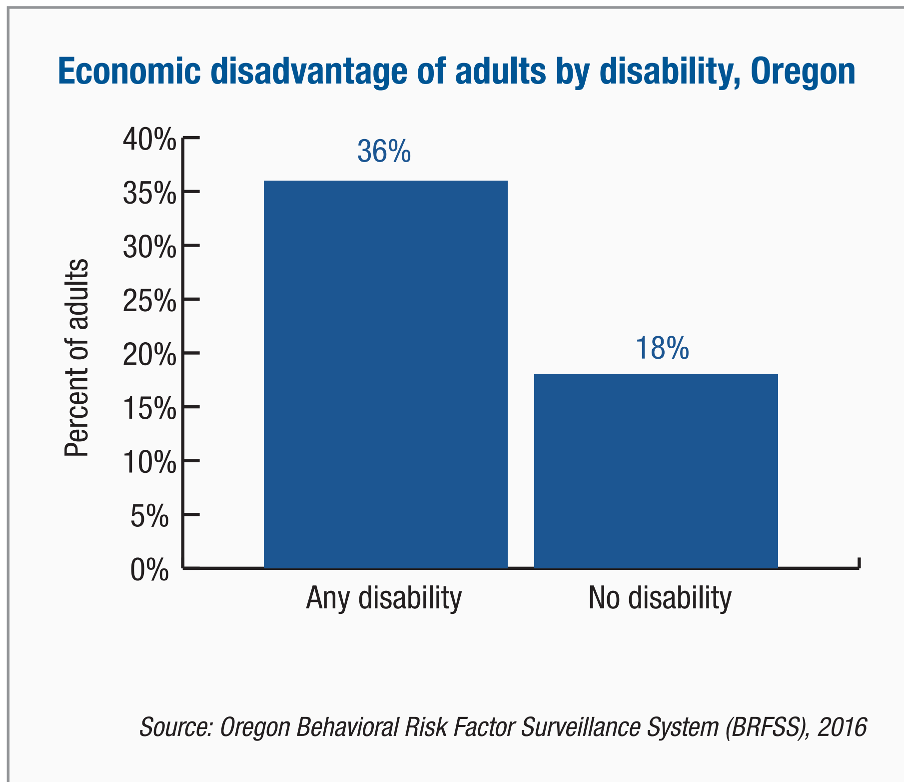
However, employment rates don't tell the whole story. Quantitative data and community members' comments make clear that obtaining a job that pays a living wage and includes paid sick leave is critical to being healthy. People fear the impact of taking time off work for health reasons, for themselves or as caregivers. Many seek jobs that would give them greater purpose and meaning and contribute more to the overall community. This is especially true for low-wage workers who make up a growing share of Oregon's economy.



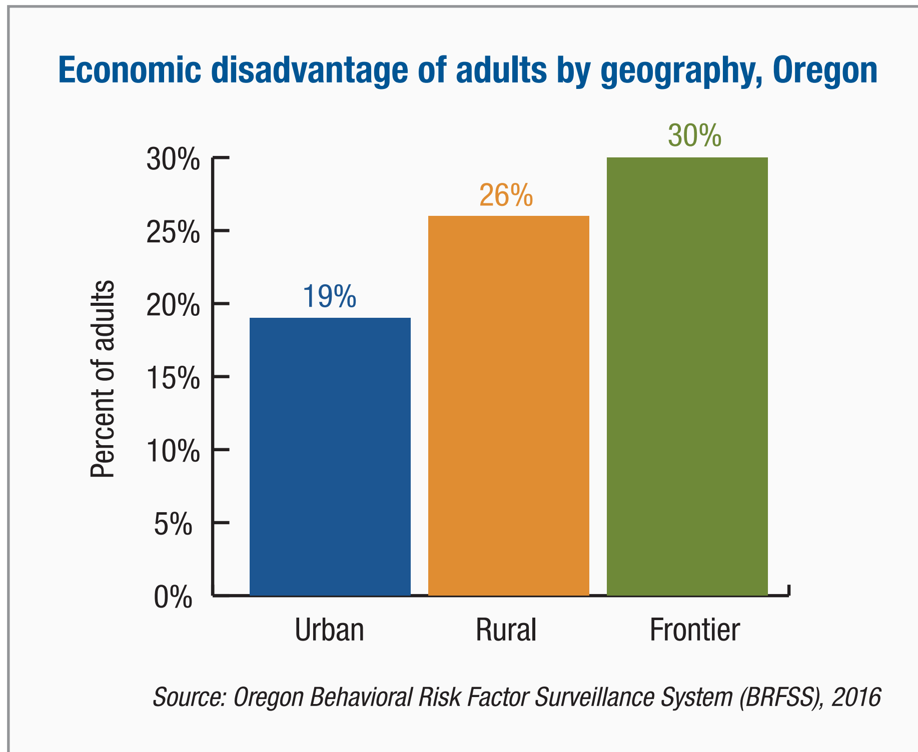
* https://www.bls.gov/web/laus/laumstrk.htm

Economic Disparities

Adults with disabilities are more likely to have lower incomes.



Adults in rural and frontier areas of the state are more likely to have lower incomes.



Education

Educational outcomes are a critical determinant of health and income. Higher levels of education are associated with better health outcomes and longer, more productive lives. Health-related issues are a major cause of student absenteeism and inability to complete high school.

Early Childhood

Education about the world begins at birth, and the years between zero and age five are the most critical in terms of setting the course for long-term outcomes. Investments in early childhood education and development are important for long-term health and produce economic returns of $4 to $9 per $1 spent. These returns include long-term societal benefits such as reduced crime, less use of welfare benefits, and a workforce that produces higher tax revenues.*

My community needs…

"Adequate education that includes children with disabilities or learning difference."

– SHA Community Participant

"A thorough and honest education for all about the history of our country, state, and locales, and about the lingering effects of colonialism."

– SHA Community Participant

Despite widespread knowledge of the societal benefits of high-quality early learning experiences, many people in Oregon struggle to find and afford quality day care and preschool education for their children. Oregon's shortage of high-quality child care is well-documented and the median annual price of toddler child care in Oregon is $11,976 per year, per child. This represents 63% of the total annual income of a minimum wage worker.† Oregon Prekindergarten, the state's largest publicly-funded preschool program, provides spaces for only six out of ten families facing poverty.‡ While other free preschool programs exist in Oregon, the have limited capacity. For example, Oregon Early Head Start, a state- and federally-funded program for children ages birth to three, currently provides access to only 8.1% of eligible children.§

* The Harvard Center for the Developing Child. https://developingchild.harvard.edu/resources/inbrief-early-childhood-program-effectiveness/

† Grobe, D. and Weber, R. 2012 Oregon Child Care Market Price Study. Oregon Childcare Research Partnership, Oregon State University.

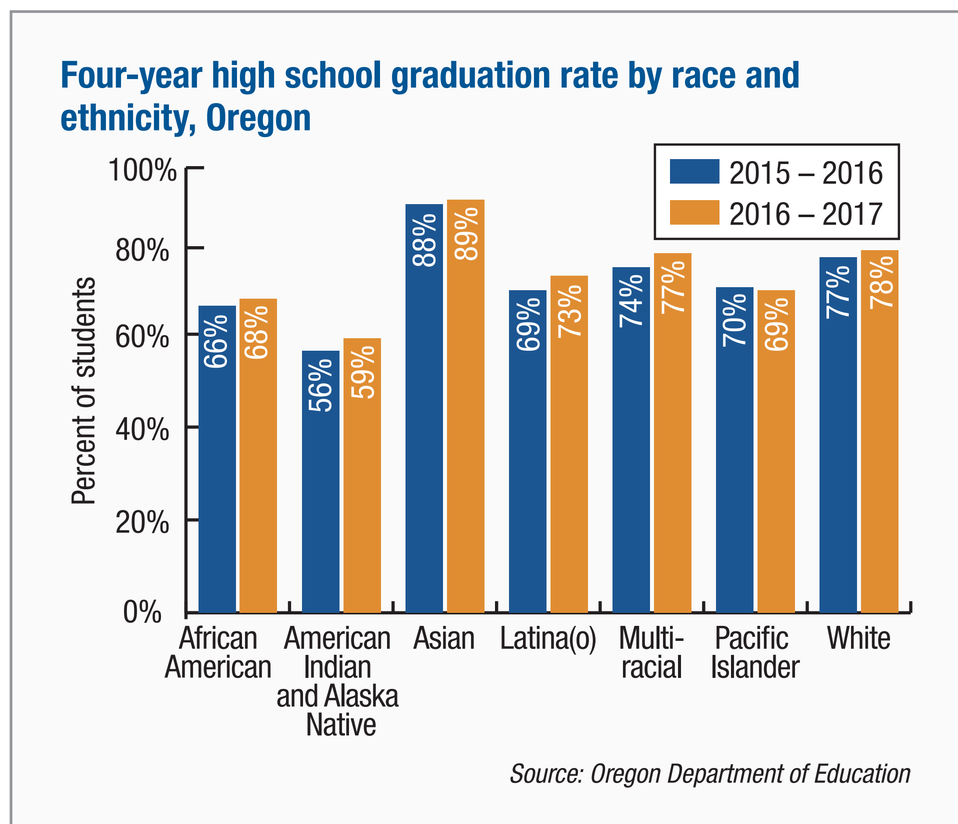
‡ 2017 Preschool Legislative Report, Early Learning Division.

§ Oregon Early Head Start 2016 Program Information Report.

Graduation Rates and Absenteeism

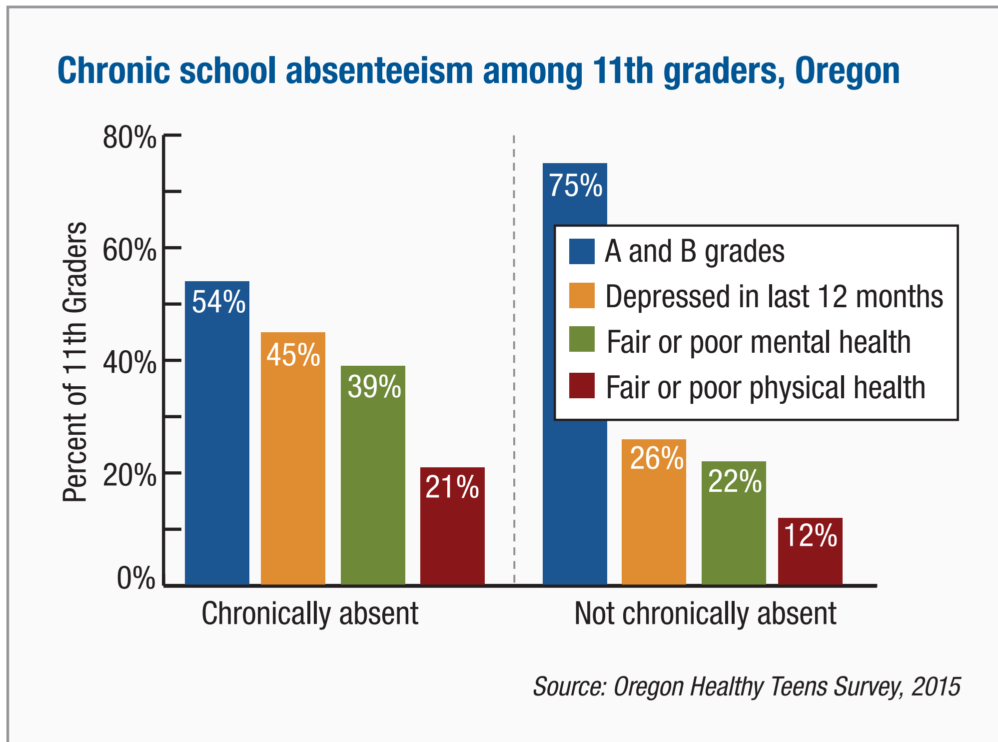
Oregon has some of the worst education outcomes in the country, ranking 48th among states (Iowa is 1st and New Mexico is 50th).* During 2014 – 2015, only three out of every four students graduated from high school on time (within four years of entering high school). Crook County had the lowest graduation rate (46%) compared to Benton County with the highest rate (87%).†

Chronic absenteeism‡ makes it far more likely that a student will not complete high school. Oregon has one of the highest levels of chronic absenteeism in the nation; nearly one in five students was chronically absent during the 2015 – 2016 school year (missing more than 10% of the school year). Barriers that cause students to miss many days of school include poor physical or mental health, poverty, lack of transportation, and other family and community factors.§ Chronic absenteeism in Oregon disproportionately affects American Indian and Alaska Native, African American, and Latina(o) students; students with disabilities or special health care needs; students experiencing economic hardships; and students who have received at least one out-of-school suspension. Chronic absenteeism can lead to students dropping out of school, low graduation rates, and even to contacts with the juvenile justice system.¶



* https://www.americashealthrankings.org/learn/reports/2017-annual-report
† County Health Rankings.
‡ Chronic absenteeism is defined as being absent 10% or more of the school year, or approximately 16 days.
§ Oregon Department of Education: Not Chronically Absent Report. http://www.oregon.gov/ode/reports-and-data/students/Pages/Attendance-and-Absenteeism.aspx
¶ http://www.oregon.gov/ode/students-and-family/healthsafety/Documents/Oregon%20Chronic%20Absenteeism%20State%20Plan.pdf

Students who are chronically absent are less likely to achieve A and B grades, and more likely to report depression, and fair or poor mental and physical health.

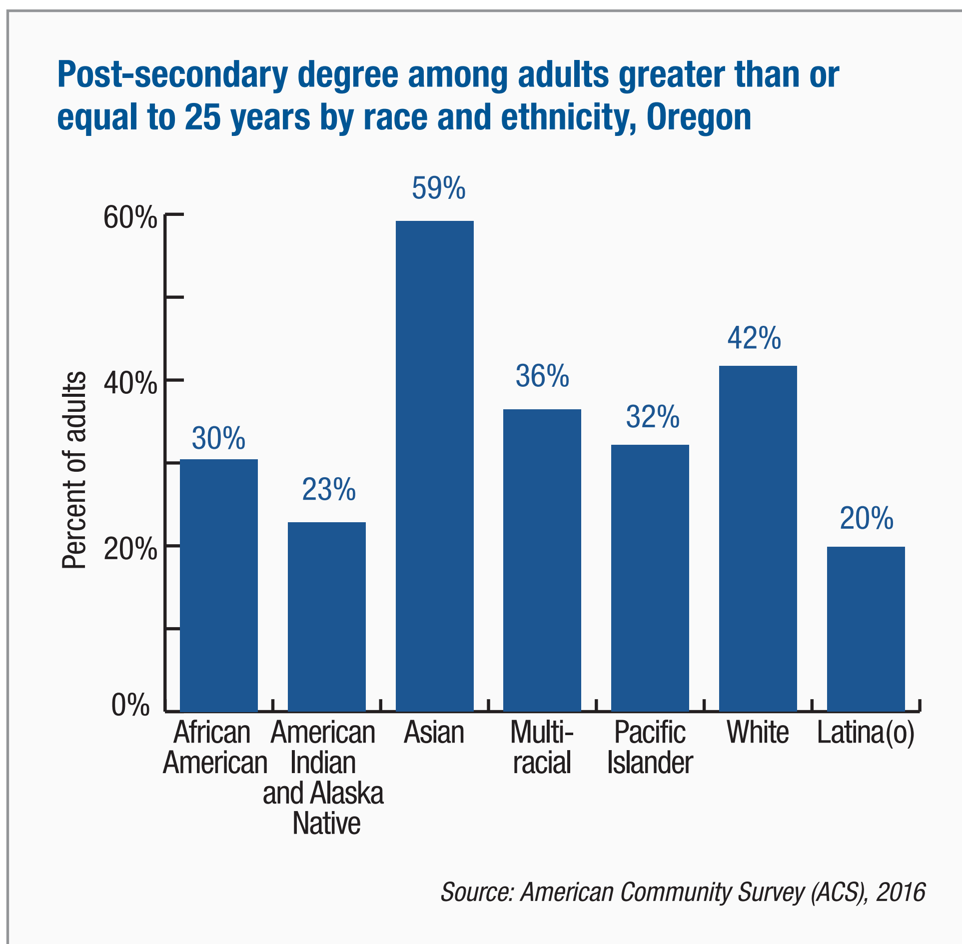


After High School

Post-secondary achievements, which have increased in Oregon in recent years, are an important determinant of health. From 2011 to 2015, 68% of adults had some post-secondary education, ranging from 38% of adults in Morrow County to 82% in Benton County.* Despite the growing demand for secondary education, it can bring financial burdens. Many people across the state talked about the effect of student debt that puts secondary education out of reach for many.

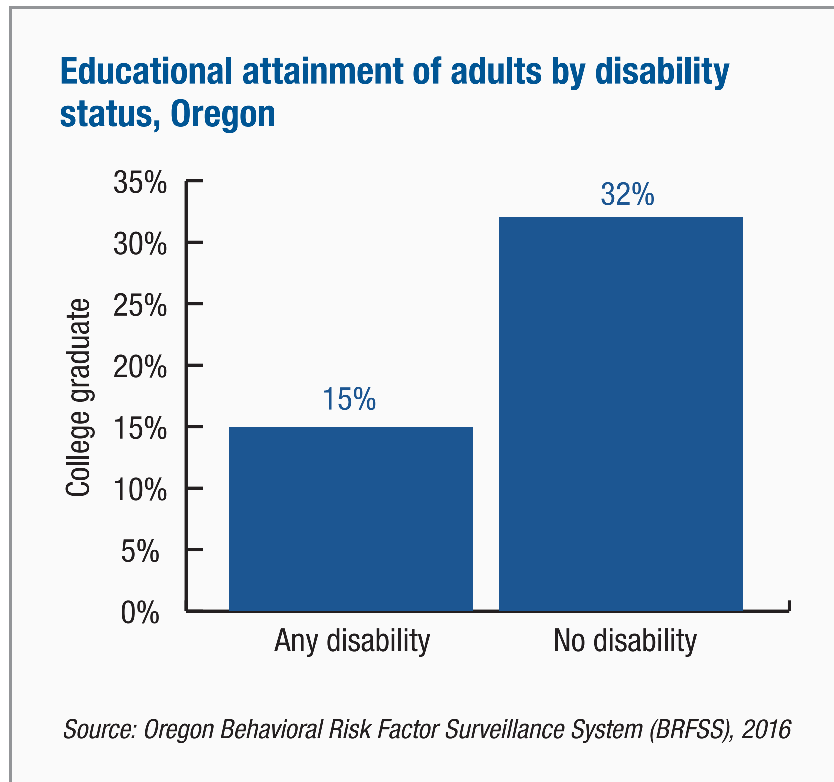
Educational Disparities

Adults who identify as Asian are more likely than their peers to have a post-secondary degree.

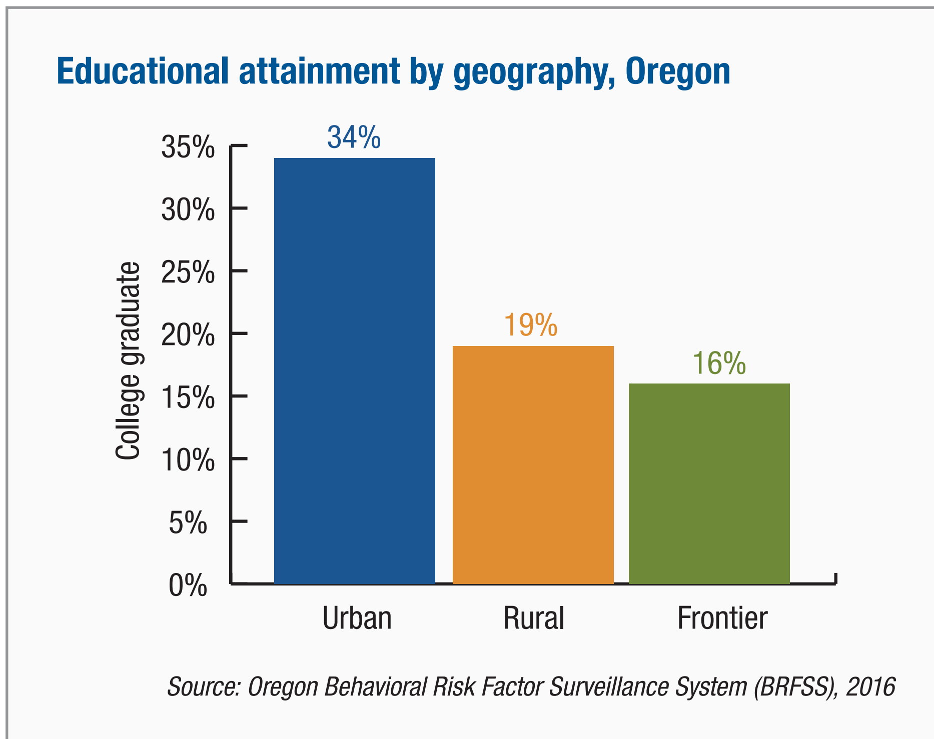


* County Health Rankings.

Adults living with a disability are less likely to have graduated from college.



Adults who live in urban areas are more likely to have graduated from college.



Source: Oregon Behavioral Risk Factor Surveillance System (BRFSS), 2016

Food Insecurity

Food insecurity in Oregon is worsening. Oregon ranks 44th in the country (down from 34th in 2009)* in food insecurity. Among children in Oregon, one in five are food-insecure, which means that they lack access to nutritionally adequate and safe food. Food insecurity is highest in rural communities, communities of color, households with children, and among renters. Single mothers in Oregon have higher food-insecurity rates than single mothers in every other state in the country.†

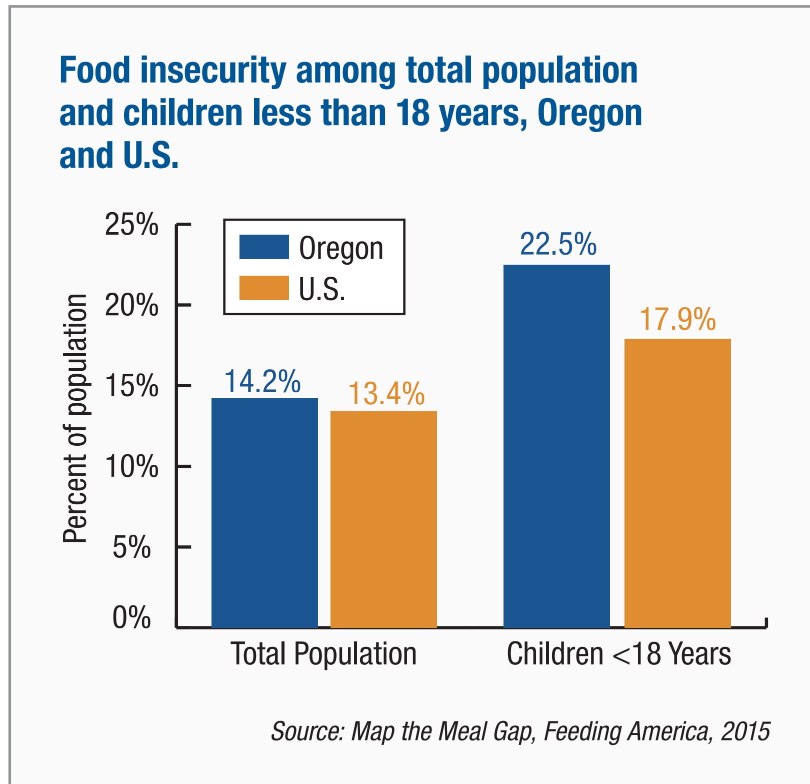
> "Make it affordable. There's no point in putting these healthy foods in the stores, if these families can't afford them, especially for mothers who have multiple children as a single mother. She may want to buy vegetables, but she can't afford it. She's got to make sure that that food lasts for the rest of the month. What's she going to go for? The macaroni and cheese that you can make stretch."
>
> – Place Matters Oregon focus group

Food and nutrition assistance programs are a key support for low-income families and individuals. More than one million people in Oregon rely on the Supplemental Nutrition Assistance Program (SNAP) and other assistance to feed their families. Half of children in Oregon are eligible for free and reduced price school meals. Half of women living outside of Oregon's metro and urban areas used the Special Supplemental Program for Women, Infants, and Children (WIC) during their pregnancies.

* https://www.ers.usda.gov/topics/food-nutrition-assistance/food-security-in-the-us/interactive-charts-and-highlights/#States

† Oregon State University, Calculations from combined 2010 – 2015 Current Population Survey December supplement, provided by Prof. Mark Edwards, 2016.

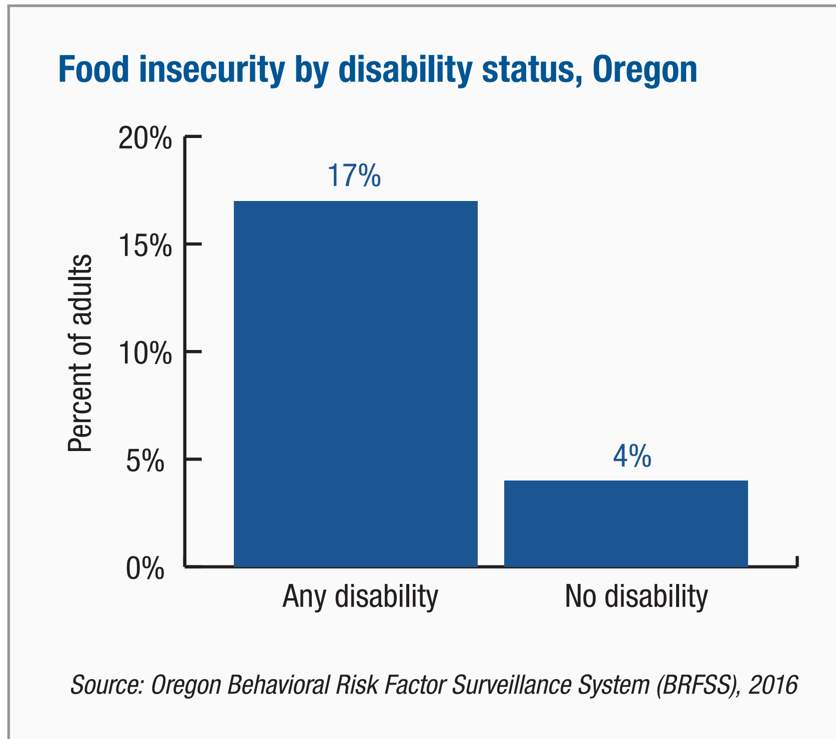
Food insecurity influences health in several ways. Food-insecure adults are more likely to have poor or only fair health, diabetes, high blood pressure, high cholesterol, heart disease, and obesity. Children in food-insecure households are more likely to have poor health, behavior problems, poorer developmental outcomes, and be less ready to learn in school.*



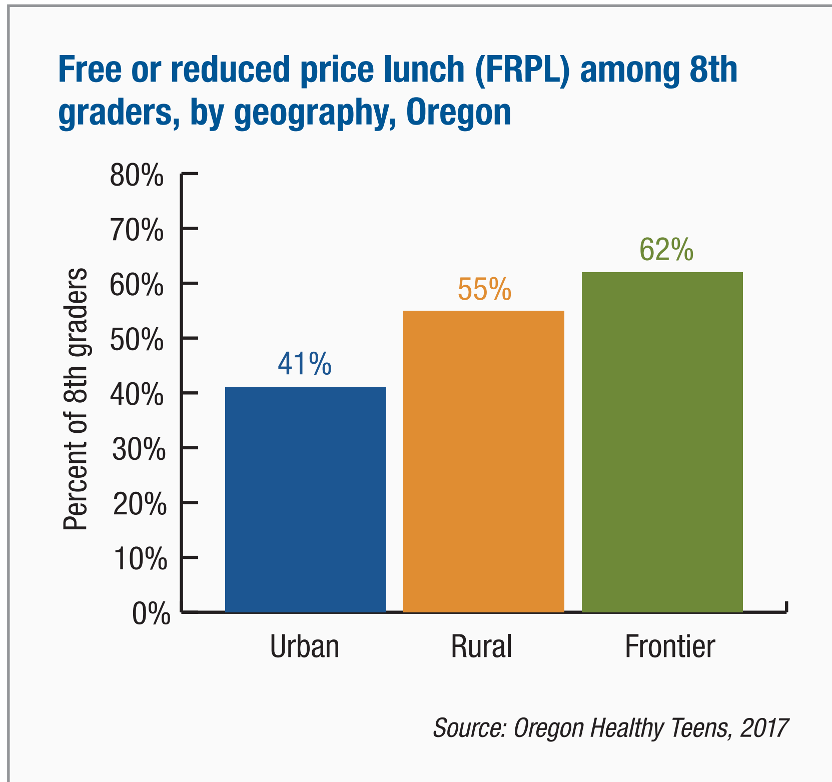
* Issue Two (April 2014) (http://org2.salsalabs.com/o/5118/p/salsa/web/common/public/content?content_item_KEY=12015) – Food Security, Health, and Well-Being. Accessed online at http://childrenshealthwatch.org/discussion/food-insecurity-new-research/

Disparities Related to Food Insecurity

Adults with disabilities are more likely to report food insecurity.



Youth living in rural and frontier areas are more likely to receive free or reduced price lunch (FRPL) at school, an indicator of food insecurity.



Housing and Homelessness

People across Oregon noted affordable housing as the most pressing issue related to the social determinants of health. In order for housing to be affordable, a household should pay no more than one-third of its income towards rent. Today, one in two Oregon households pays more than a third of its income towards rent, and one in three pays more than half of its income towards rent.

Oregon's affordable housing crisis is also reflected in our rates of homelessness. Low-income households are at higher risk of homelessness because they have little money left, after paying housing and utility costs, to pay for transportation, childcare, health care, and food. An unforeseen event or emergency often forces people in Oregon to make difficult decisions about what bills to pay, leading to late rent or mortgage payments.

According to the January 2017 Point-In-Time Count, 13,953 people were homeless in Oregon (up 6% from 2015). Due to the limitations of this data source, this is likely a significant undercount of the number of homeless people on a given night.*

My community needs…

"A depth of social-emotional intelligence (diversity, inclusion, social compassion) and equitable access to whole-health care including mental health, housing, food, education, employment opportunities, and life skills in particular for our youth who express acute anxiety about being successful in the big wide world outside of our often insulated, although lovely, communities. I'd especially love to see more options for unhoused individuals. As a country we continue to shove our unhoused, adult-children around treating them as a public nuisance rather than compassionately recognizing that they are traumatized individuals in need of care. Wonder what would happen if we gave them a safe place to sleep?"

– SHA Community Participant

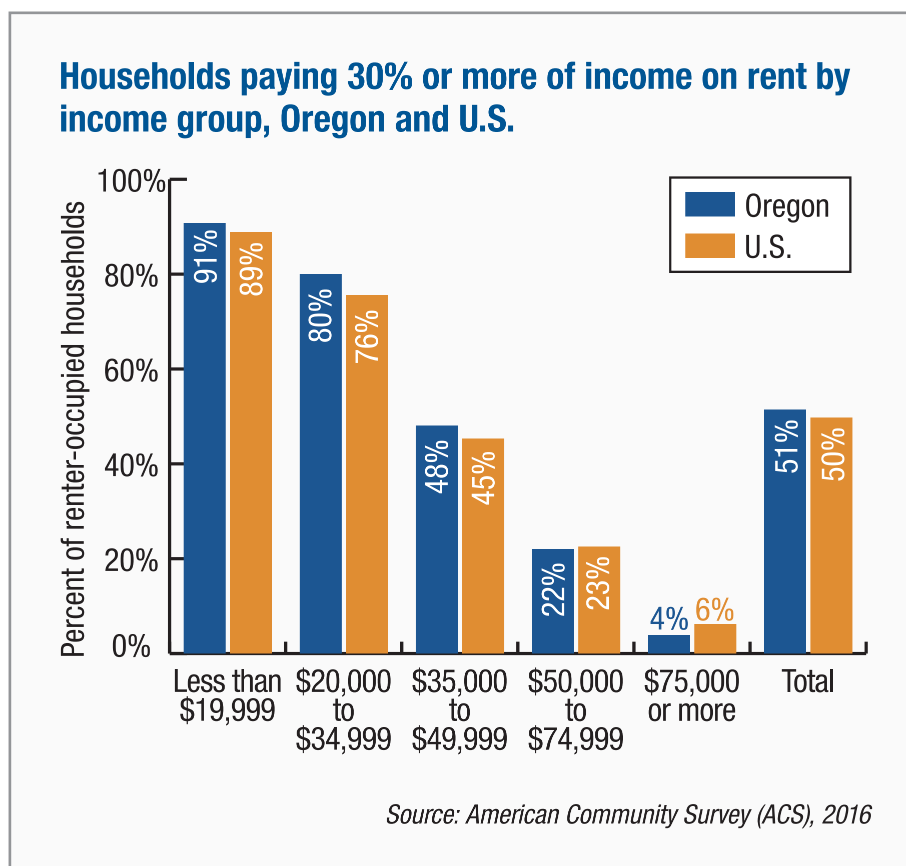
Of the nearly 14,000 people experiencing homelessness, 43% were sheltered† and 57% were unsheltered.‡ Twenty-four percent were chronically homeless§ and 11% were veterans. One out of every four people were living in households with children.

* https://www.nlchp.org/documents/HUD-PIT-report2017

† Residing in emergency shelter, transitional housing, or Safe Havens.

‡ Living on the street, in abandoned buildings, cars, RVs, or other places not meant for human habitation.

§ Defined by HUD as a homeless individual or head of household with a disability who: lives in a place not meant for human habitation, in an Emergency Shelter, or a Safe Haven; AND has been homeless continuously for at least two months (stays in an institution of fewer than 90 days do not constitute a break); OR has been homeless on at least four separate occasions in the last three years where the combined occasions total at least 12 months (occasions are separated by a break of at least seven nights).



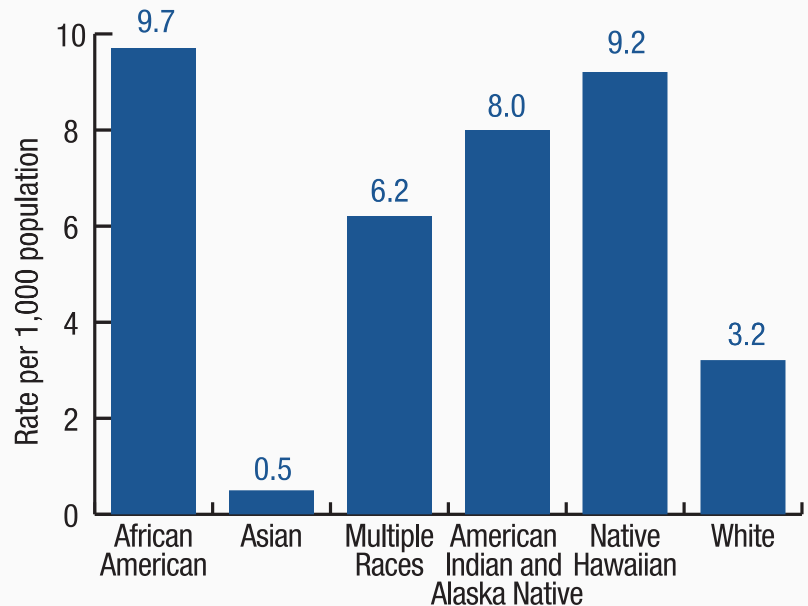
Other Housing Challenges

During the SHA community engagement process, many people identified a need for transitional housing, especially for persons in recovery from addiction or release from incarceration or hospitalization. Older adults, people with disabilities, people with behavioral health issues, people who have spent time in jail or prison, and survivors of domestic violence experience disproportionate housing challenges. Communities of color face a greater housing-cost burden than other communities in Oregon. One-third of all African American households spend more than 50% of their income on housing costs, compared to 17% of all households in the state.* Racism is evident in the housing market: a City of Portland audit found that landlords discriminated against African American and Latina(o) renters 64% of the time, charging them higher rents, deposits, and additional fees.† Just 32% of African Americans in Multnomah County owned homes in 2010, compared to 60% of Whites in the county, and 45% of African Americans nationally.‡

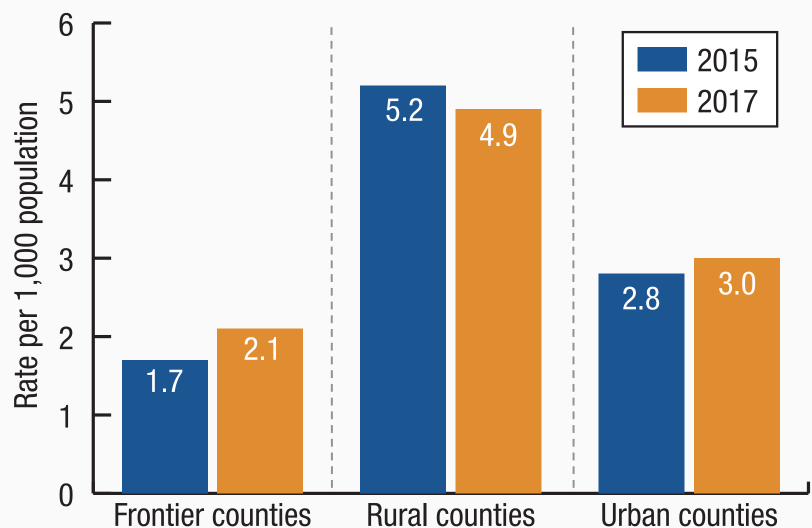
* http://www.oregon.gov/ohcs/docs/outreach/Summary-Housing-Needs-Assessment.pdf
† https://www.theatlantic.com/business/archive/2016/07/racist-history-portland/492035/
‡ https://www.theatlantic.com/business/archive/2016/07/racist-history-portland/492035/

Disparities Related to Homelessness

With the exception of Asians, people of color experience homelessness at a disproportionate rate.

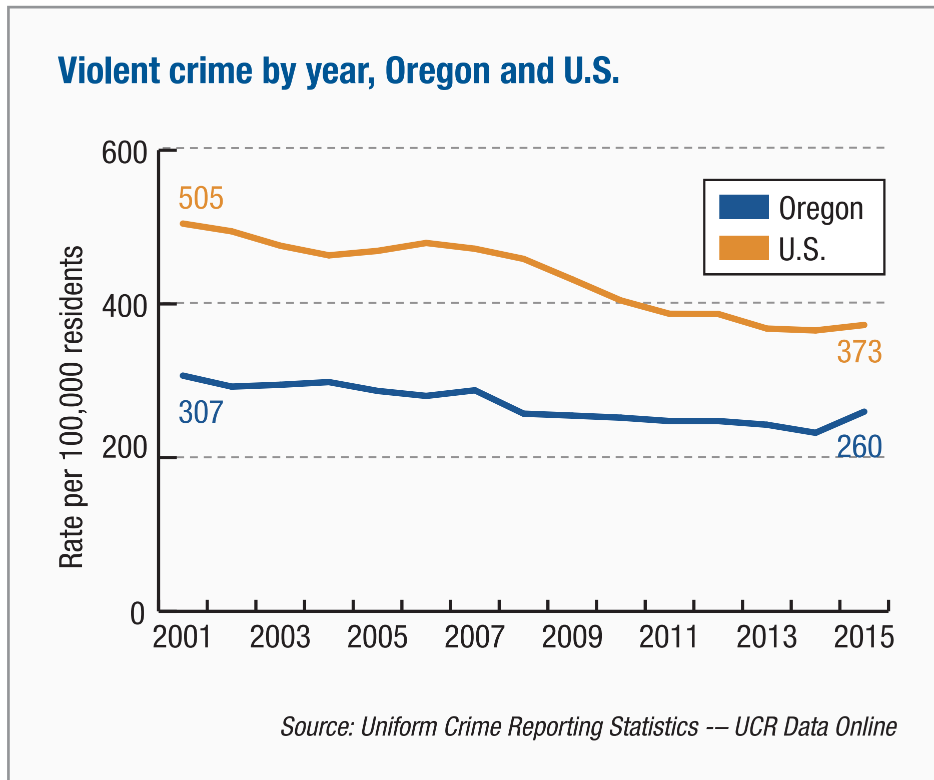


Rural counties have higher rates of homelessness than urban or frontier counties.



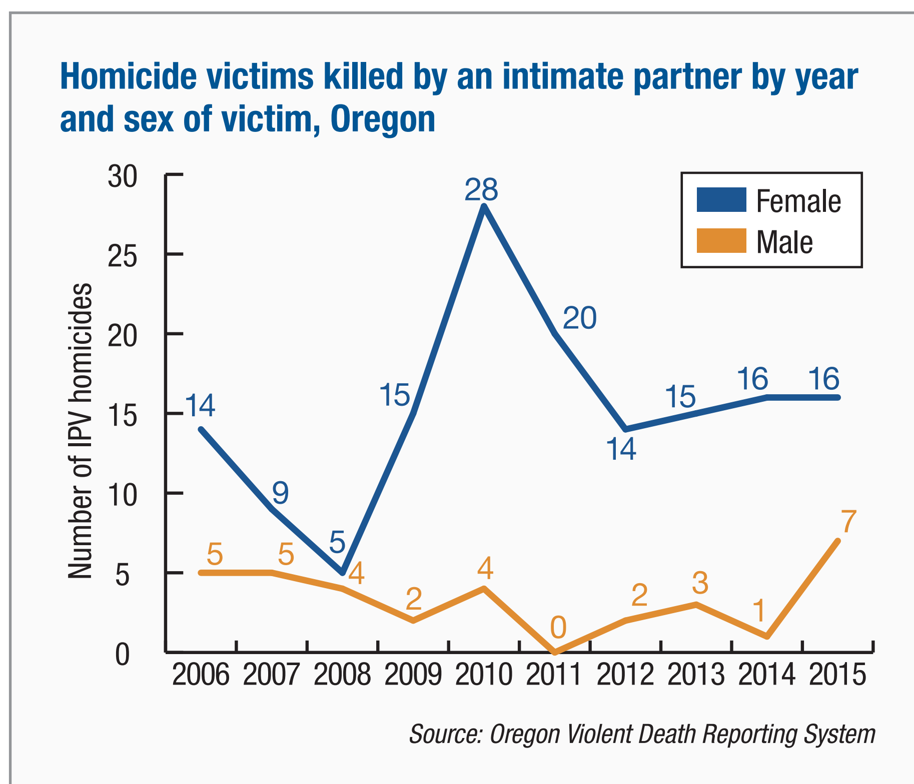
Safety and Violence

Many people feel safe in their community, and Oregon experiences less violence than most other states (ranked 14th in the country). Aggravated assault, robbery, and rape are the most common serious violent crimes. Violent crime has been decreasing over time.



Intimate Partner Violence

Intimate partner violence (IPV) is a serious public health problem that affects individuals, families, and communities across Oregon. IPV encompasses physical, sexual, psychological, or emotional violence within a dating relationship, including stalking. It can occur in-person or virtually (e.g., online or via text message) between current or former dating partners. Approximately one in five homicides in Oregon in 2015 was the result of IPV. Although 78% of victims are White, African American, and American Indians and Alaska Natives experience the highest rates of IPV-related homicide (Figure 3). According to the annual report from The Oregon Domestic and Sexual Violence Service Providers, people in Oregon made 139,580 calls for help related to domestic violence, sexual assault, stalking, and related issues in 2016 (a 3.1% increase from 2015).*



* http://www.oregon.gov/DHS/ABUSE/DOMESTIC/Documents/2016-Striving-to-Meet-the-Need.pdf

Teens and Children

Data from the 2017 Oregon Healthy Teens (OHT) survey show that approximately 3.7% of 11th graders report being physically harmed by a boyfriend or girlfriend (i.e. hit, slapped, hurt) in the past 12 months. Females, transgender, and gender-non-conforming students are six times more likely than males to report being pressured into sexual activity. Youth who identify as LGB are pressured into sexual activity at higher rates compared to their heterosexual peers.

My community needs…

> "Accountability for violence, especially intimate partner, teen dating violence, and bullying which are more common in our community than say, violence outside of the home due to unsafe neighborhoods."
>
> – SHA Community Participant

Abuse and neglect also occurs among children. In the one-year period from October 2015 to September 2016, the Oregon Department of Human Services (DHS) received 76,668 reports of abuse and neglect, up from 69,972 the prior year, according to the 2016 Child Welfare Data Book.* Of those, 38,086 were referred for investigation, and 7,677 were founded† for abuse or neglect. Almost 50% of all victims were younger than six years.

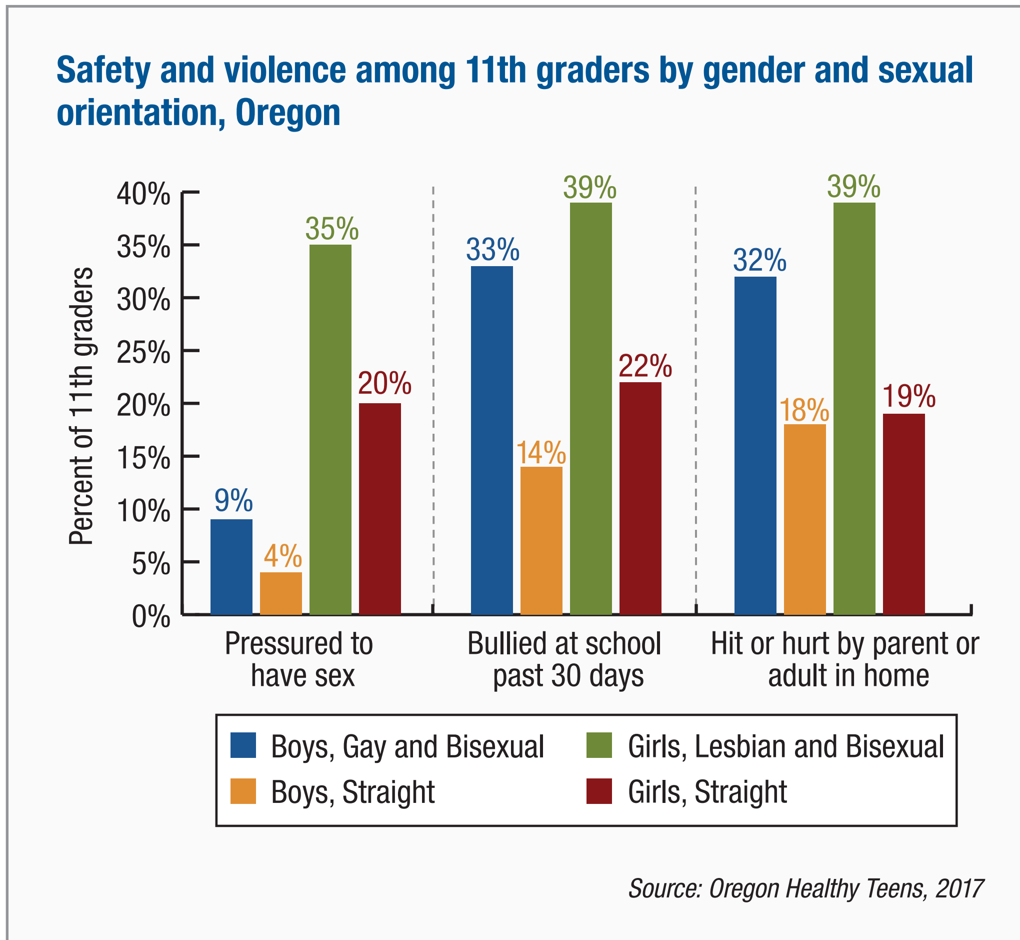
In families with DHS involvement, alcohol, drug use, and domestic violence were the most common stressors. In addition to the children described above, 11,191 children in Oregon spent at least one day in foster care from October 2015 to September 2016.

* http://www.oregon.gov/DHS/CHILDREN/CHILD-ABUSE/Documents/2016-cw-data-book.pdf

† Once a referral is founded, children are considered victims of abuse/neglect.

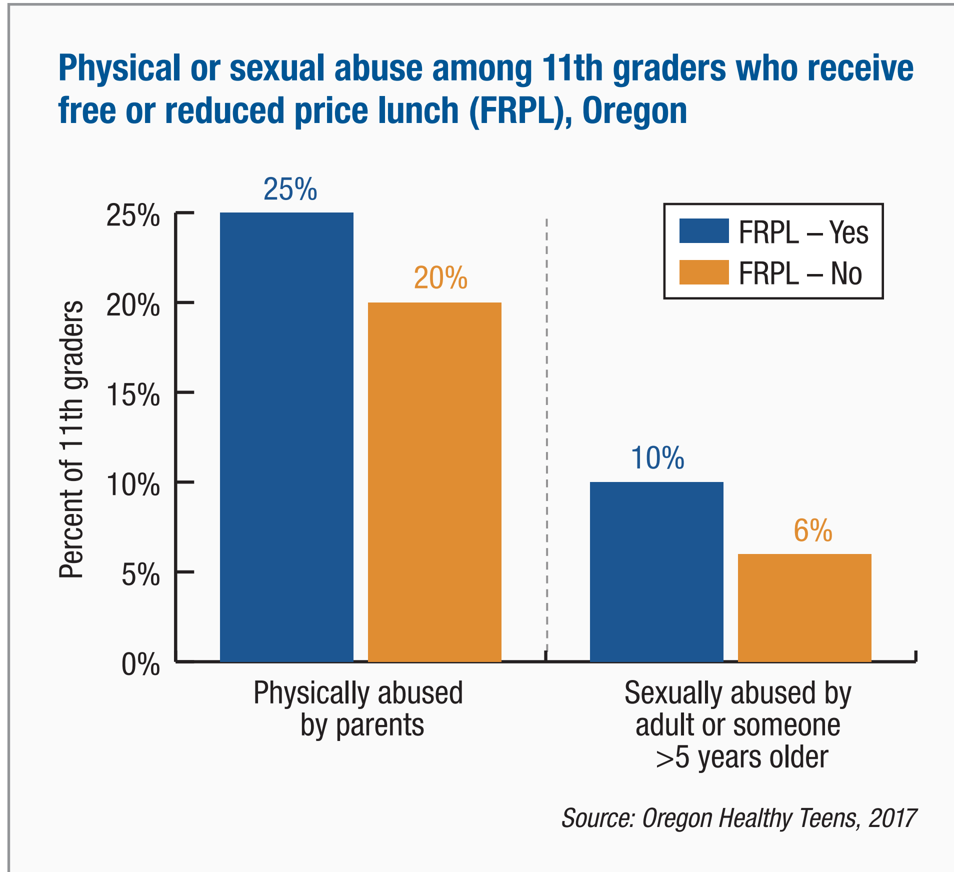
Disparities Related to Safety and Violence

Gay and bisexual youth are at higher risk for intimate partner violence and cyberbullying.

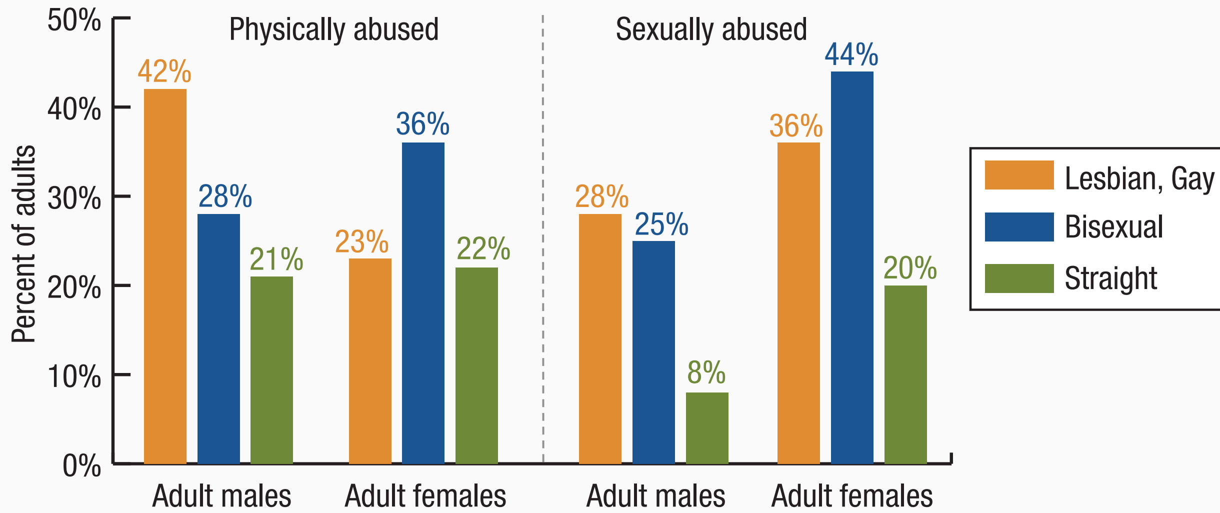


Source: Oregon Healthy Teens, 2017

Economically disadvantaged youth in Oregon report higher levels of abuse during childhood.

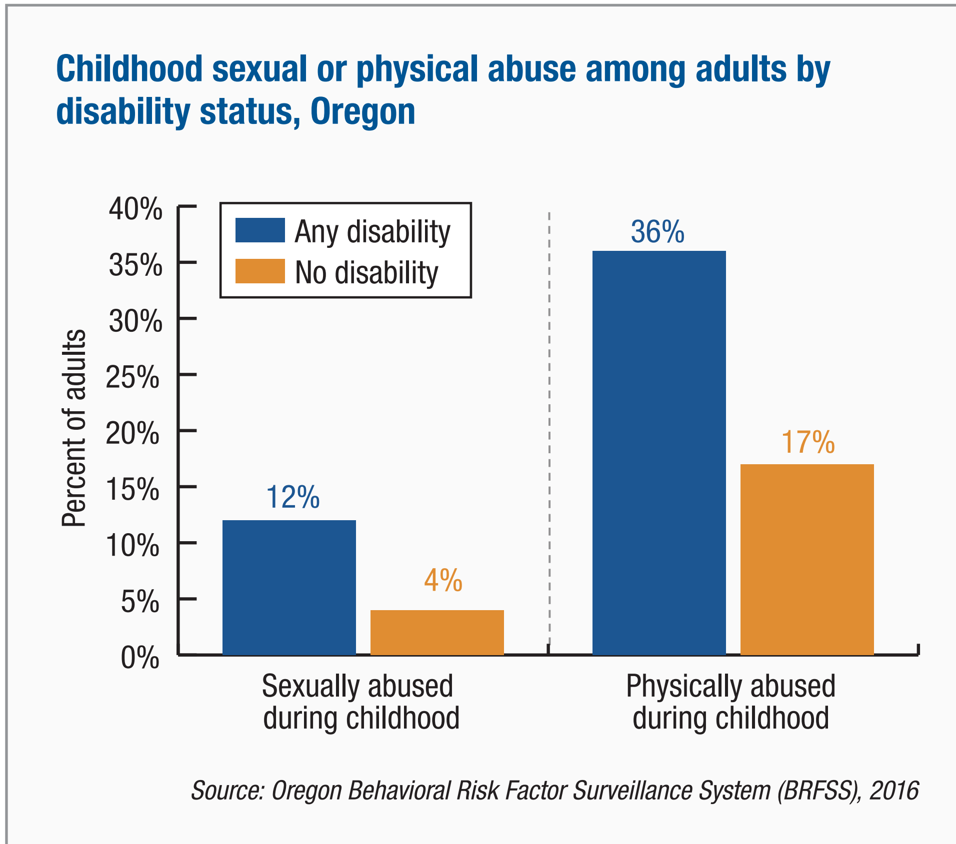


Adults who identify as gay report more abuse during childhood.



Source: Oregon Behavioral Risk Factor Surveillance System (BRFSS), 2013 – 2016

Adults living with a disability report experiences of sexual and physical abuse more often than adults and youth without a disability.

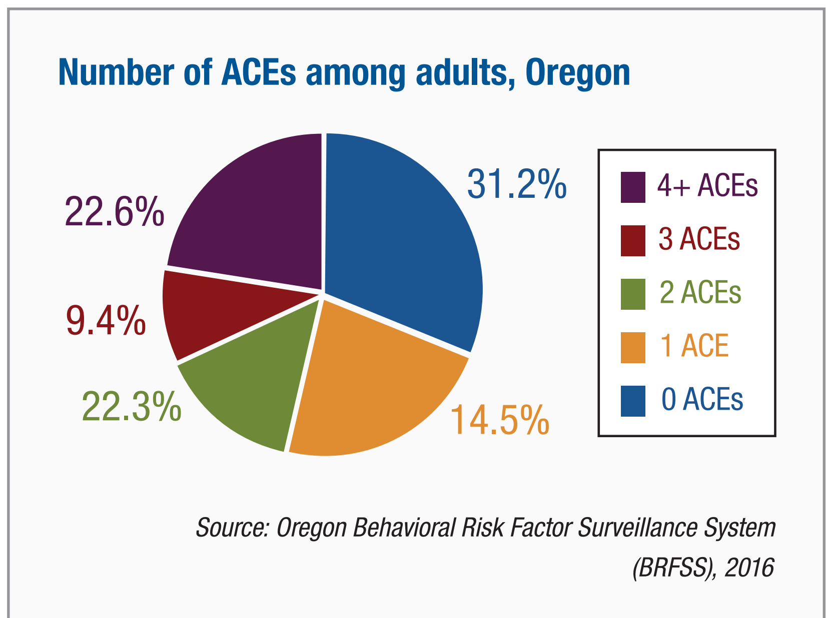


Trauma and Toxic Stress

Early traumatic experiences influence the developing brain, and toxic stress can interrupt normal brain development. These adverse childhood experiences (ACEs) are a root cause of many social, emotional, physical, and cognitive impairments. Impairments lead to higher rates of developmental delays and other problems in childhood,* as well as adult health-risk behaviors (e.g. smoking), behavioral health issues (e.g. depression, suicide, substance use), chronic diseases (e.g. heart disease, cancer, diabetes), disability, and early death.† Understanding the prevalence and impact of ACEs can inform efforts to prevent trauma and promote individual, family, and community resilience.

The Behavioral Risk Factor Surveillance Survey (BRFSS) asks Oregon adults about eight types‡ of adverse childhood experiences. The most commonly reported ACEs are household substance abuse (37.1%), emotional abuse (36.2%), and parental separation and divorce (33.2%).

There is growing evidence that the compounding impact of multiple ACEs, rather than the specific impact of any one experience, is what matters. Among Oregon adults, 46.2% experienced two or more ACEs during childhood and 22.3% experienced four or more. In addition, the National Survey of Children's Health (NSCH) asks parents to report on their children's exposure to a set of nine adverse childhood experiences.§ Among Oregon children 0 to 17 years old, 22.4% have experienced two or more ACEs. Among children with a special health care need, 41% have experienced two or more ACEs.



Source: Oregon Behavioral Risk Factor Surveillance System (BRFSS), 2016

* Harvard University National Scientific Council on the Developing Child. InBrief: the impact of early adversity on children's development. Available from: http://46y5eh11fhgw3ve3ytpwxt9r.wpengine.netdna-cdn.com/wp-content/uploads/2015/05/inbrief-adversity-1.pdf)

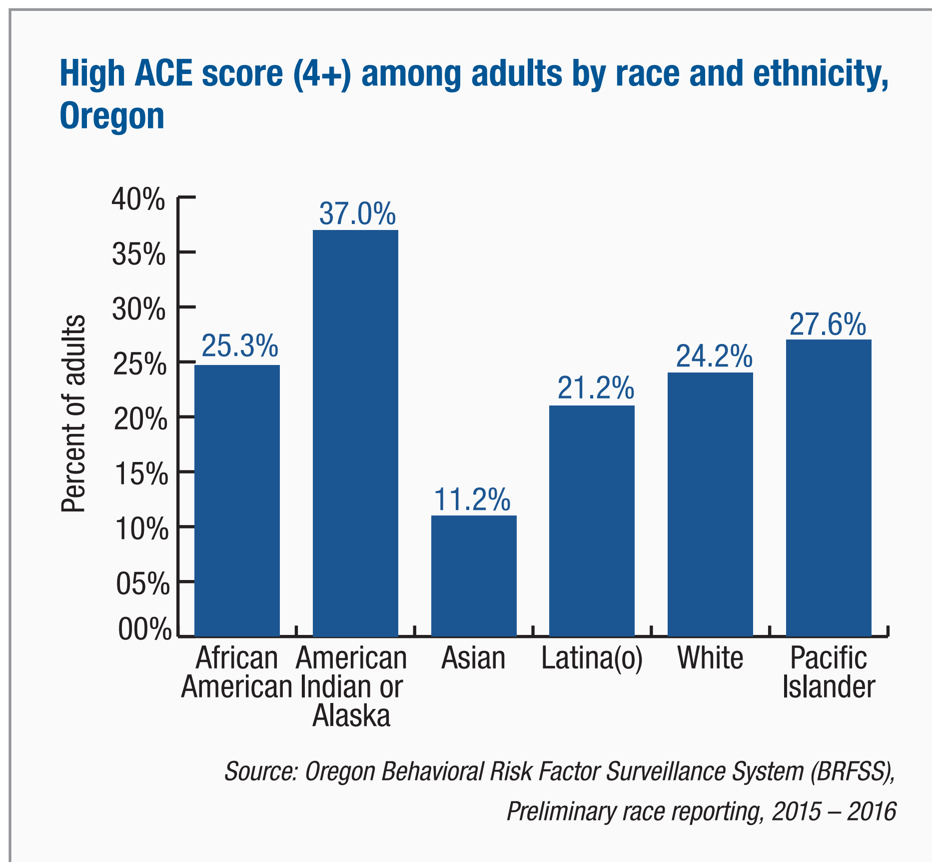
† Felitti, Anda, Nordenberg et al. Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults. The Adverse Childhood Experiences (ACE) Study AM J of Prev Med, 1998

‡ Emotional, physical and sexual abuse, intimate partner violence, household substance use or mental illness, parental separation or divorce, and incarceration of a household member.

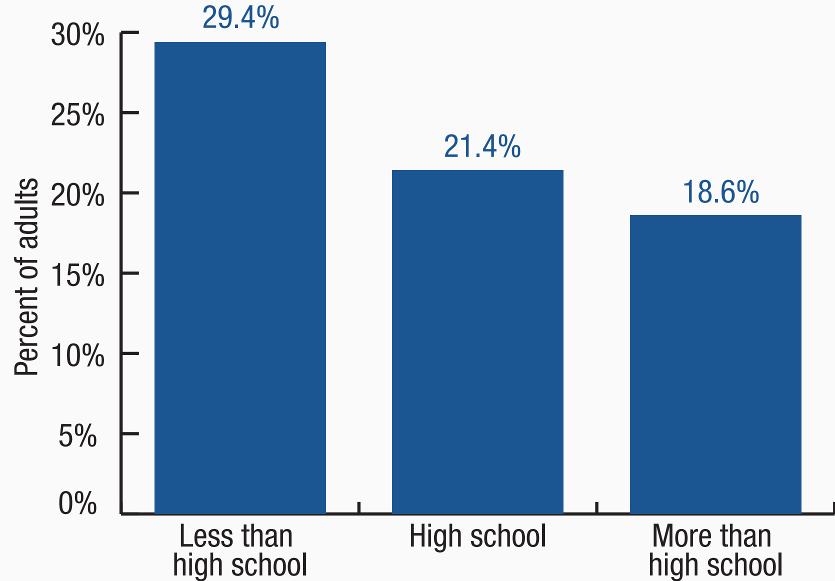
§ Hard to get by on income, parent/guardian divorce or separation, parent/guardian death, parent/guardian served time in jail, saw or heard violence in the home, victim of violence/witnessed neighborhood violence, lived with anyone mentally ill, suicidal or depressed, lived with anyone with alcohol or drug problem, often treated or judged unfairly due to race and ethnicity

Disparities Related to Trauma and Toxic Stress

Notable disparities exist in high ACE scores (four or more) among different populations of Oregon adults. In 2015 to 2016, the percentage of Oregon adults who reported four or more ACEs was higher for American Indians and Alaska Natives, and lower for Asians, compared to Whites.

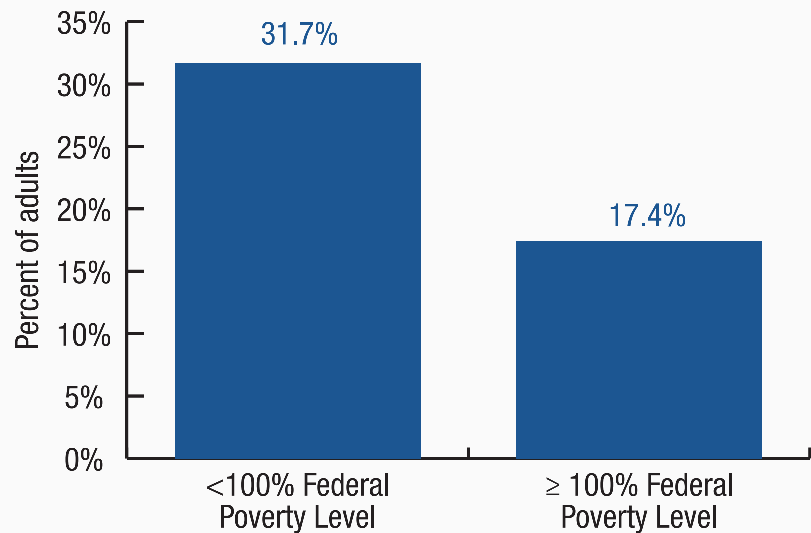


The percentage of people in Oregon experiencing four or more ACEs is higher for those with less than a high school education (29.4%) compared to those with more than a high school education (18.6%).



Source: Behavioral Risk Factor Surveillance System (BRFSS), 2013 – 2015

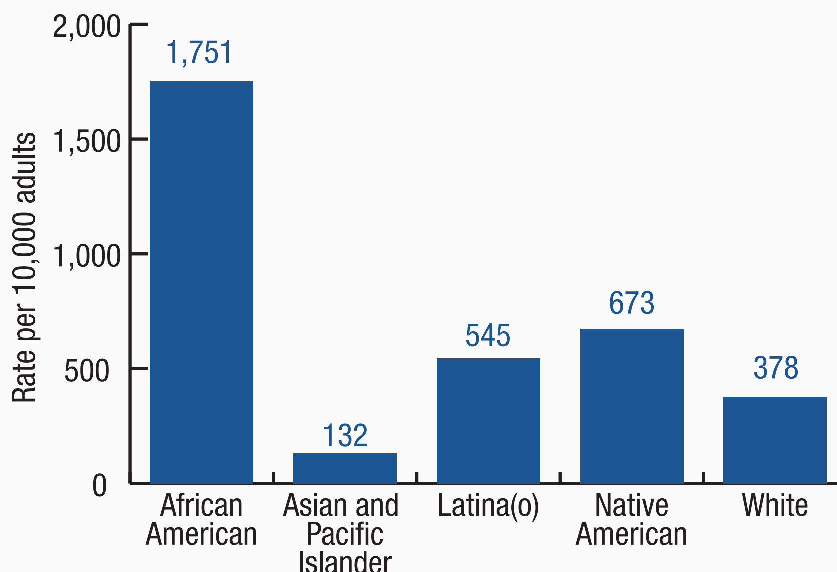
People living at or below the federal poverty level are more likely to have a high ACE score compared with those living above federal poverty level.



Source: Behavioral Risk Factor Surveillance System (BRFSS), 2013 – 2015

Incarceration

More than 200,000 people in Oregon spend time in a county, state, juvenile, or federal correctional institution every year. Approximately 180,000 spend time in a county jail, and 14,000 spend time in an institution operated by the Oregon Department of Corrections. The Oregon Youth Authority detains 6,000 adolescents every year and federal institutions detain another 1,700.



In Oregon, a person who is incarcerated is more likely to be a person of color, less educated, and male, although the rate of incarcerated women is increasing. People living in poverty are more likely to be incarcerated than people with more financial resources. People involved with the criminal justice system often have histories of abuse, trauma, and behavioral health issues. Once released from incarceration, they often face barriers to accessing health care, housing, and employment and to establishing healthy social connections.

Incarceration of a family member is one of ten adverse childhood experiences assessed in the original ACEs Kaiser Permanente study. Among female prisoners in Oregon, 75% are mothers, which has profound consequences for many children in our state.*

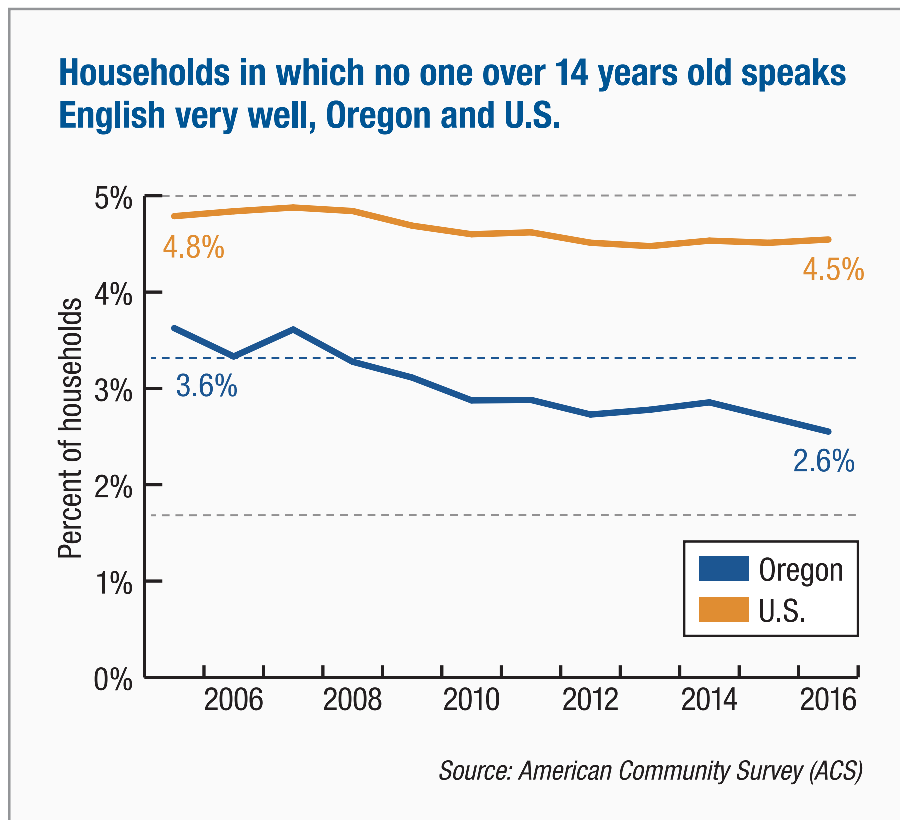
> “Ashland police don’t actually live in Ashland because they can’t afford it. How does that impact their policing when they don’t live in the community?”
>
> – SHA Community Participant

* https://static1.squarespace.com/static/524b5617e4b0b106ced5f067/t/57d9783159cc68421f6aa251/1473869876530/Oregon+Women+In+Prison+Background+Report+FINAL.pdf

Language

As communities in Oregon become more diverse, so do the languages spoken here. The most-commonly spoken languages after English include Spanish, Chinese, Vietnamese, Russian and other Slavic languages, Tagalog, and Arabic. According to U.S. Census data, 15% of Oregon households speak a language other than English in the home.

In Oregon, 2.6% of people live in households that are linguistically isolated, or where no one older than 14 speaks English very well. Linguistically-isolated households may be less likely to seek health or social services or to receive the information they need to be healthy. This figure has been gradually declining in Oregon and is lower than for the United States as a whole.



Social Cohesion and Segregation

Social cohesion is an important factor in creating health. Social cohesion is often defined as the willingness of members of a society to cooperate with each other in order to survive and prosper.*

Social capital refers to trust between people, confidence in institutions, and the sense of belonging to a society.† Greater access to social capital or stronger social cohesion among community members can enhance well-being. Conversely, if neighborhood conditions are poor, it can be difficult for people to get the support they need to be healthy.

Across the state, many people and communities that participated in the SHA described a strong sense of connection to family and friends. Of survey respondents, 85% said they could rely on support from family and friends during times of stress and need.

In the school setting, social cohesion also matters to health outcomes. More than 70% of Oregon 8th graders and more than 75% of Oregon 11th graders report having a teacher or other adult at school who cares about them. Students who have these connections report better physical and mental health.

> "Because you know that somebody cares, and when you know that you're cared about, somebody is concerned about you, it makes you feel better. It makes you look forward to the next day."
>
> – SHA Community Participant

Despite these widespread feelings of connectedness and cohesion, not all communities benefit from social cohesion. People of color who participated in the Place Matters Oregon focus groups talked about losing community cohesiveness as their urban neighborhoods have gentrified. For the 15% of SHA survey respondents who do not find support from friends and family, their sense of isolation may be even more profound, considering the connections they likely observe between other people in their communities.

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* Stanley, Dick. (2003). What Do We Know about Social Cohesion: The Research Perspective of the Federal Government's Social Cohesion Research Network. The Canadian Journal of Sociology (28) 5-17. 10.2307/3341872.

† https://www.socialcapitalresearch.com/literature/definition.html

Fortunately, there are many ways to restore the social cohesion that has been stamped out by racism, discrimination, and oppression. SHA participants frequently mentioned faith-based communities as important assets for building community and providing safety-net services. People of color talked about the need for more youth activities, especially for kids at risk of drug and gang activity. Marginalized communities also discussed the importance of role models, particularly for children and young people growing up in environments without adequate resources.

My community needs…

"Safety first. Our community needs to take a look at this statement and think about what it would mean to have a community where everyone truly felt safe. Everyone should at least feel safe from crime and injury and judgement. When that happens, we're opened up to all sorts of possibilities. To make that happen, all sorts of cool changes could take place... from simply creating more places for people to gather, to enticing community conversations between people who have different views or on the topic of 'what it means to be safe' or 'what it means to be welcoming' or 'meet your neighbor', to building neighborhoods with more 'eyes on the street' (storefront windows closer to sidewalks... without parking lots in between), street lights that work, sidewalks and bike lanes that are well maintained and connect residents to daily destinations, more celebrations of cultures, designing neighborhoods with houses that have welcoming fronts that entice walkers to say hello to the family that lives there (rather than a huge garage we disappear into)..."

– SHA Community Participant