

Mapping Social Determinants of Health and Chronic Disease among Agricultural Worker Communities

**2018 Midwest Stream Forum
for Agricultural Worker Health**

Jennifer Bishop
Program Director
jbishop@mhpsalud.org

Cruselva Peña
Program Director
cpena@mhpsalud.org



MHP Salud

National non-profit health education and advocacy organization.



Our Mission –

MHP Salud implements Community Health Worker programs to empower underserved Latino communities and promotes the CHW model nationally as a culturally appropriate strategy to improve health.

Today:

National non-profit that implements CHW programs in multiple states and provides training and technical assistance to those wishing to start/strengthen CHW programs.

Community Health Workers

A CHW is a frontline public health worker who is a trusted member of and/or has an unusually close understanding of the community served. This trusting relationship enables the CHW to serve as a liaison/link/intermediary between health and social services and the community to facilitate access to services and improve the quality and cultural competence of service delivery. - **APHA CHW Section Definition**

Promotore(as) de Salud – Spanish term for CHWs



Underserved Latino Communities

“Underserved” can mean many things. For MHP Salud’s purposes, populations that are underserved are those who are less likely than the general population to have meaningful access to factors that promote health. MHP Salud focuses specifically on Latino populations that are isolated or underserved because of our history and expertise serving Latinos.



OBJECTIVES

- Understand social determinants of health and their importance in comprehending and impacting health.
- Recognize major social determinants of health that impact our communities' health.
- Identify local resources available that can help us address social determinants of health.

Understanding the Impact of Social Determinants of Health in Our Communities

Social Determinants of Health (SODH)

According to the World Health Organization (WHO), the SDOH are the “conditions in which people are **born, grow, live, work and age.**” These circumstances are shaped by the distribution of **money, power, food supply, social relationships, transportation, education, and health care, etc.**



Location Matters

Communities with
Opportunities

Low- Income
Communities



Our zip code may be more important than our genetic code



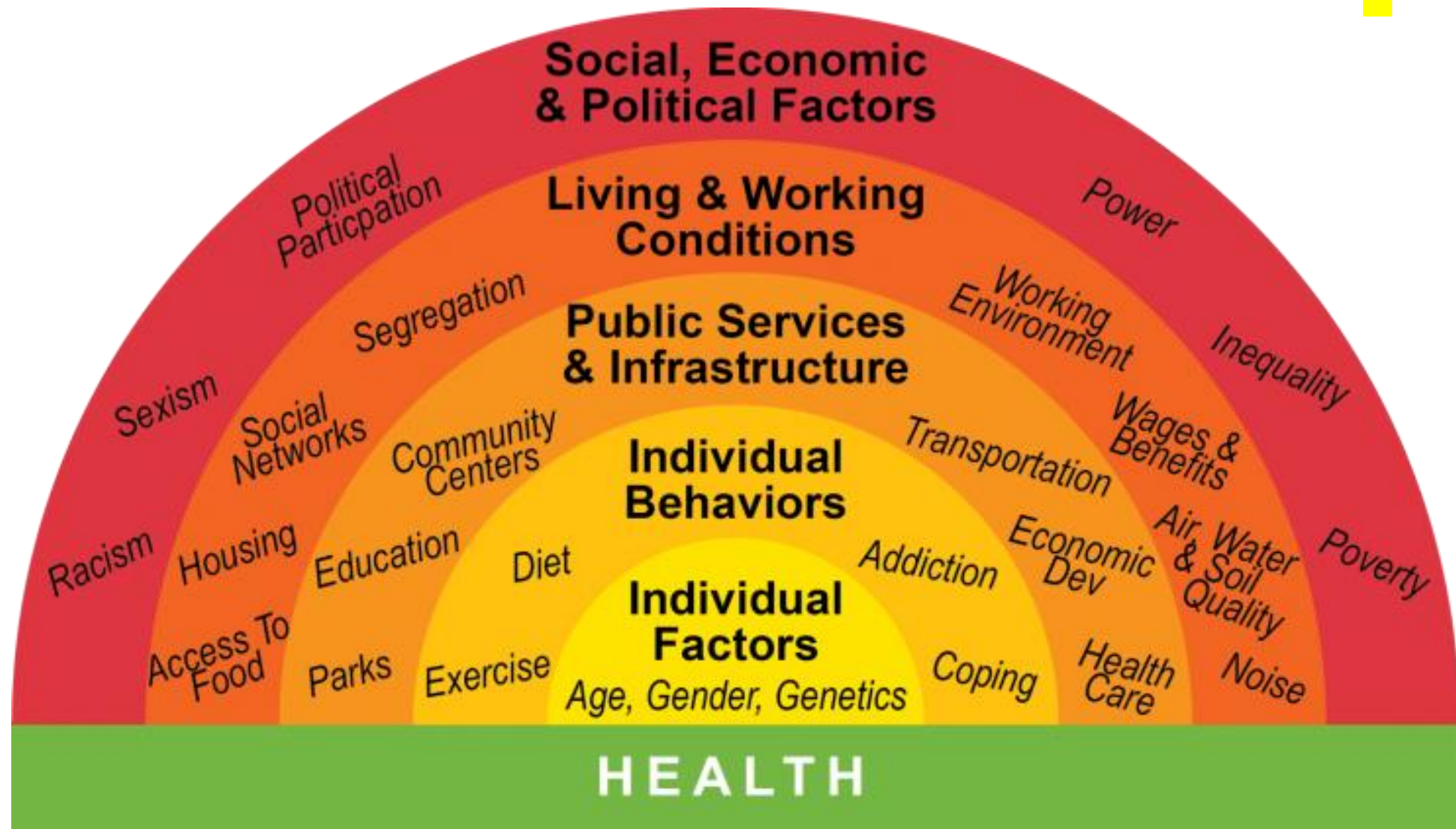
Does where you live affect how long you live?

Interactive tool is the courtesy of Robert Wood Johnson Foundation.

<https://www.rwjf.org/en/library/interactives/wherelyouliveaffectshowlongyoulive.html>

What is making the difference in
your zip-code?

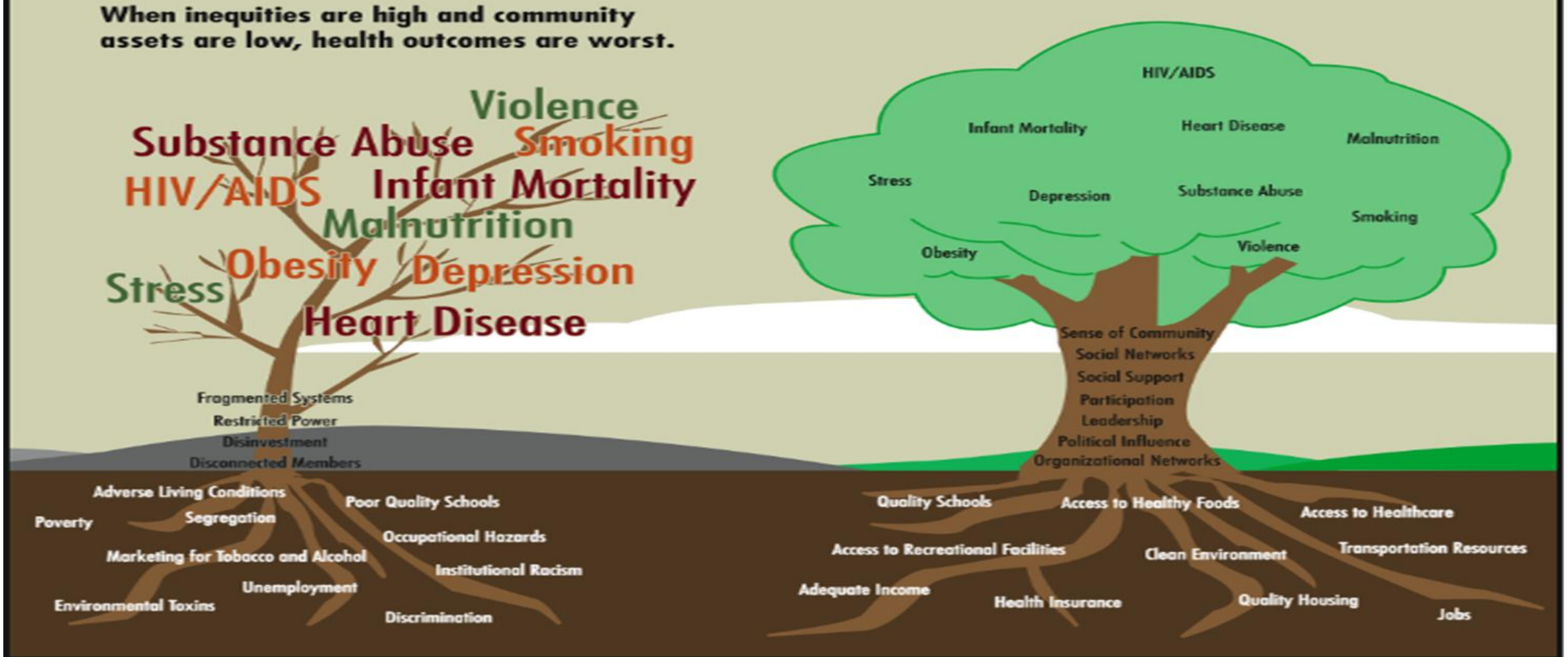
What Influences Health?



Our environments cultivate our communities and our communities nurture our health.

When inequities are high and community assets are low, health outcomes are worst.

When inequities are low and community assets are high, health outcomes are best.



What is a health disparity?

A disproportionate number of health conditions and deaths compared with the general population

African Americans make up 13 percent of the U.S. population ...



... but represent almost half of all new HIV cases.

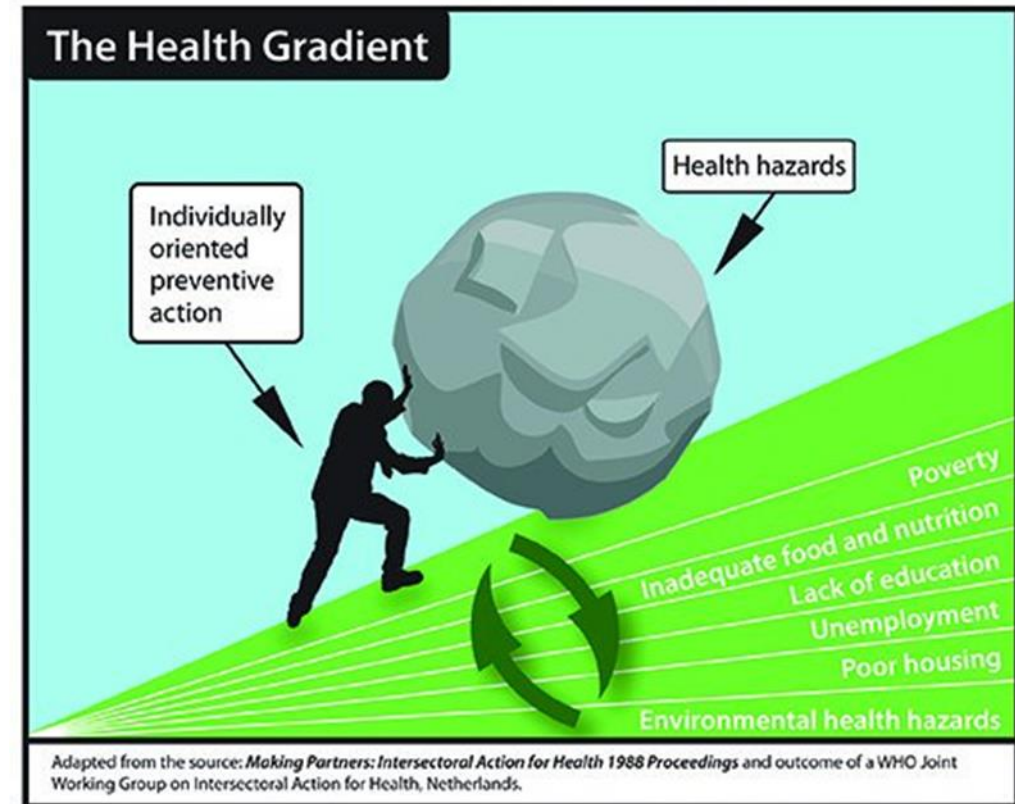


WHAT DO DISPARITIES AND INEQUITIES TELL US?

- ❖ Differences in health between populations
 - ❖ Areas for improvement and intervention
 - ❖ Possible policy implications

Common SDOH

- Social Gradient
- Stress
- Early Life
- Social Exclusion
- Work
- Unemployment
- Social Support
- Addiction
- Food
- Transport



Discussion

- ❖ What health concerns are experienced by people in your community (e.g., obesity, asthma, diabetes, heart disease)?
- ❖ What behaviors are more or less common among people in your community (e.g., food and beverage consumption, physical activity, tobacco or substance use, violence)?
- ❖ How are resources (e.g., food, housing, local businesses, transportation, health care services) distributed within your community?
- ❖ Do these health concerns or behaviors vary by subgroup? What are the differences?

Recognizing the Major Social
Determinants of Health
Affecting Our communities

U.S. Agricultural Workers Facts

Ethnicity:

- 69% of all agricultural workers were born in Mexico.
- 27% were from the U.S and Puerto Rico

English Speaking Ability:

- 27% could not speak English “at all”
- 32% speak English “a little”
- 11% speak English “somewhat”
- 31% speak English “well”



U.S. Agricultural Workers Facts

continuation

Grade Levels Completed:

- 36% completed grades 1 to 6
- 21% completed grades 7 to 9
- 28% completed grades 10 to 12
- 11% completed education beyond grade 12

Income:

- 30% of all agricultural worker households had total family incomes below the U.S. government's poverty guidelines.

Major SDOH Impacting the Health of Agricultural Worker Communities



- Low socio-economic status
- Lack of education
- Lack of transportation
- Lack of access to healthy foods
- Lack of access to safe physical activity options
- Lack of social support
- Limited access to healthcare services
- Language barriers
- Housing instability
- Racism/Discrimination

Major Chronic Diseases Associated with Agricultural Worker Communities' SDOH

- Obesity
- Diabetes
- Cardio-vascular diseases (CDV)
- Cancer
- Respiratory health problems (RHP)
- Mental Health Problems (MHP)



Activity

Activity: “Causes of the causes”



Why is Jason in the hospital

Why is Jason in the hospital?

Because he has a bad infection in his leg.

But why does he have an infection?

Because he has a cut on his leg and it got infected.

But why does he have a cut on his leg?

Because he was playing in the junk yard next to his apartment building and there was some sharp, jagged steel there that he fell on.

But why was he playing in a junk yard?

Because his neighborhood is kind of run down. A lot of kids play there and there is no one to supervise them.

But why does he live in that neighborhood?

Because his parents can't afford a nicer place to live.

But why can't his parents afford a nicer place to live?

Because his Dad is unemployed and his Mom is sick.

But why is his Dad unemployed?

Because he doesn't have much education and he can't find a job.

But why ...?

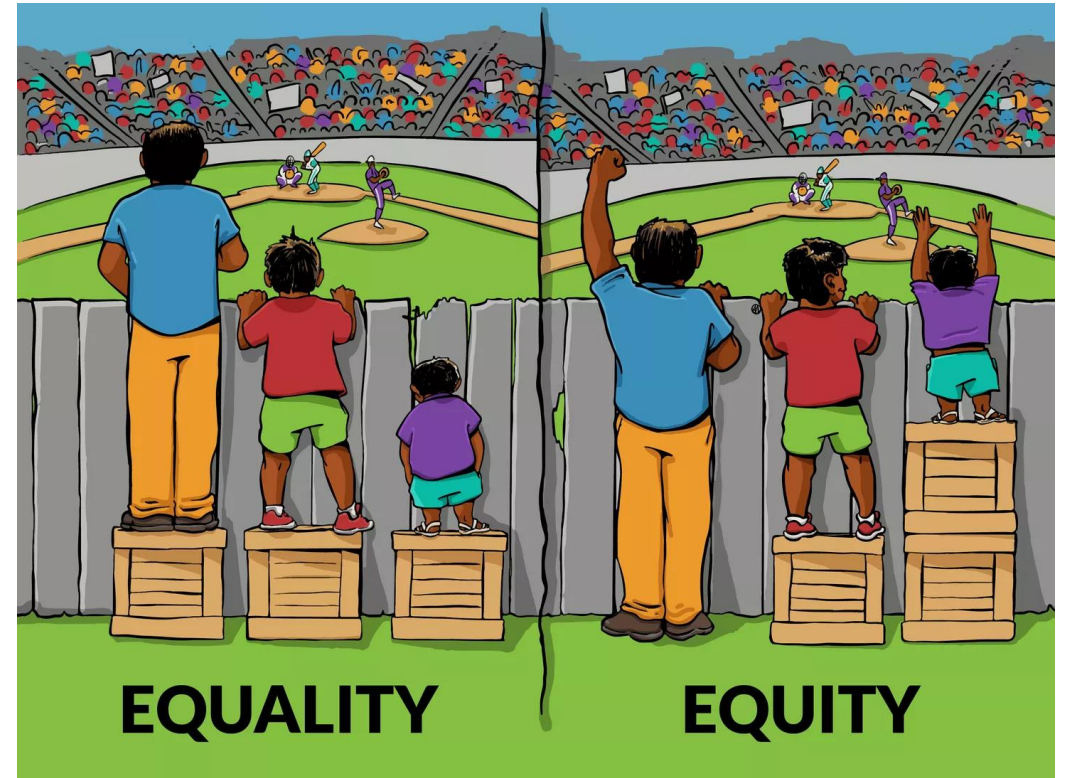
Video: Latino Health Access: A Model of Community Action



Identifying Resources to Address Social Determinants of Health

Health Equity

- The opportunity for everyone to attain his or her full health potential.
- No one is disadvantaged from achieving this potential because of his or her social position or other socially determined circumstance.
- Distinct from health equality.



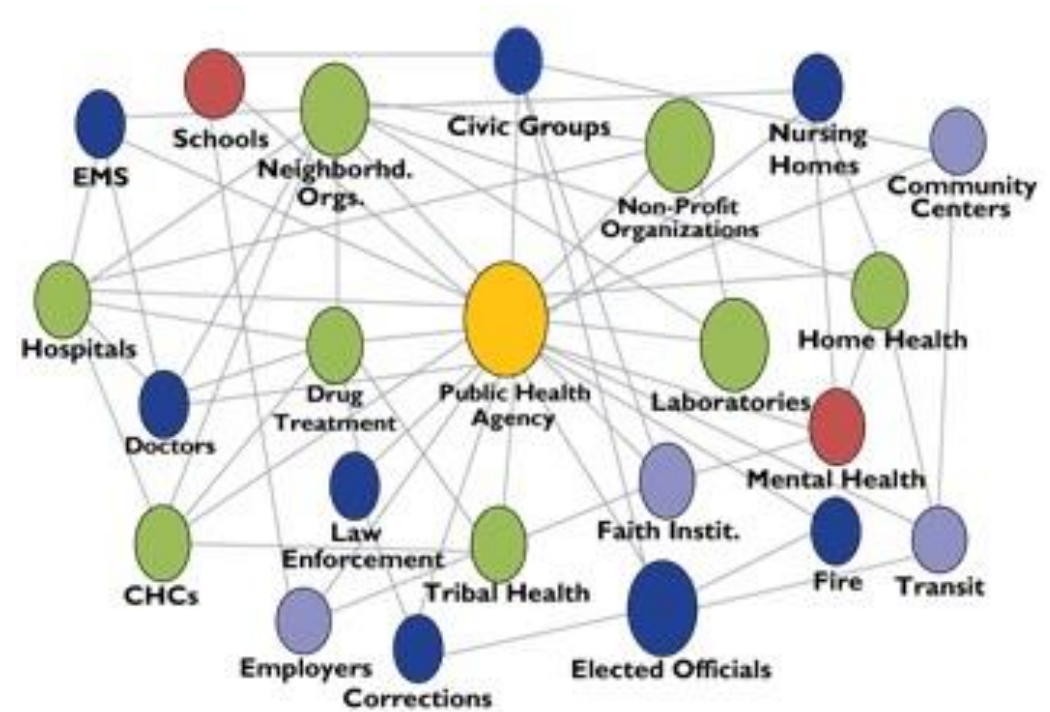
Interaction Institute for Social Change | Artist: Angus Maguire.

Solving Health Disparities in SDOH

Fostering multi-sector collaboration

Partnering with other organizations enable the best resources to improve the health of the community

(e.g. Public Health Organizations, Non-Profit Organizations, Local Clinics and Hospitals, Schools, Food Banks, etc.)



Illinois Dept. of Public Health, <http://www.dph.illinois.gov/topics-services/provider-partner-resources/public-health-standards>

Solving Health Disparities in SDOH



Empowering individuals to seek better health and improve their community by providing education and support.

How can CHWs help?

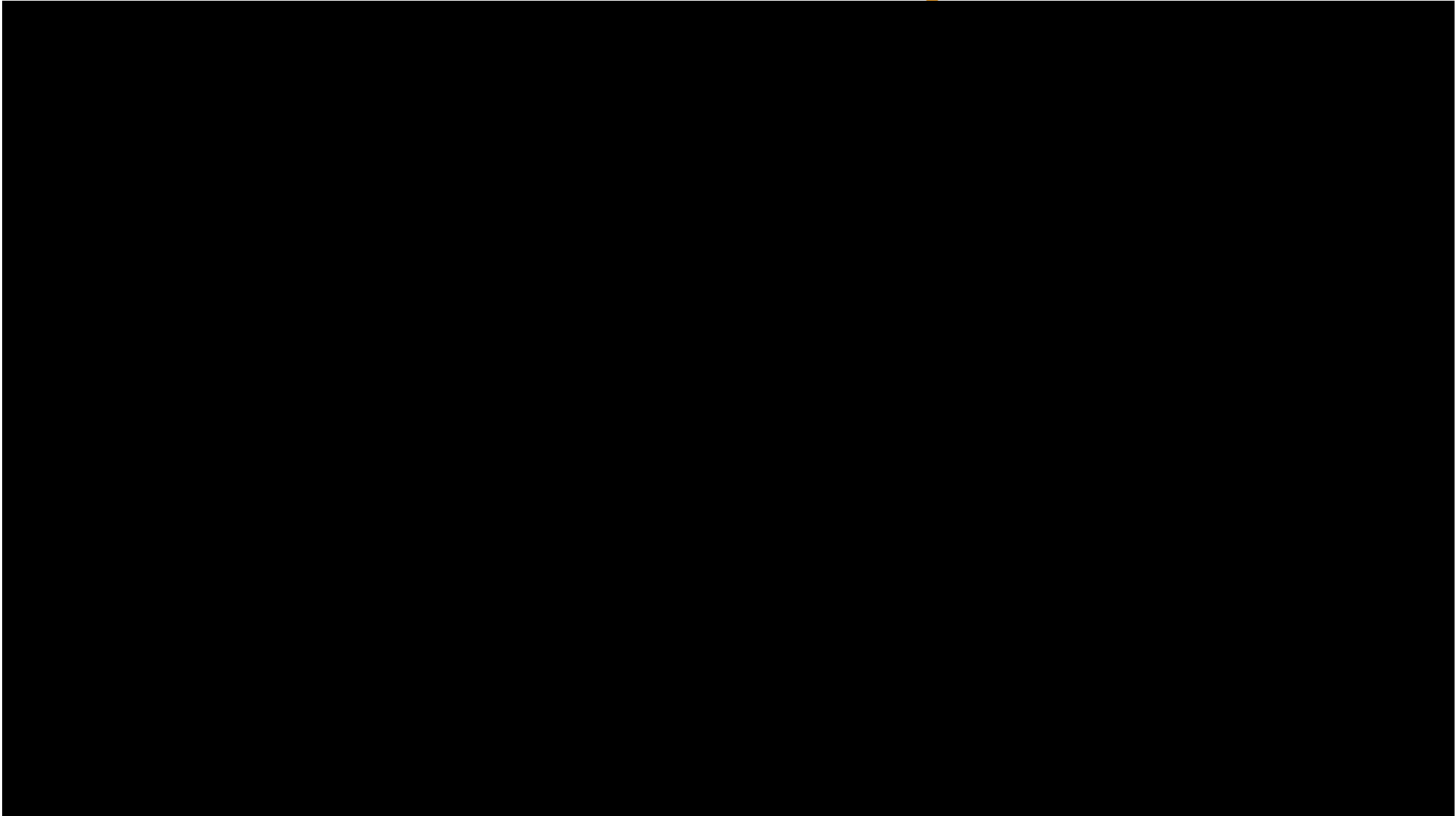


MHP Salud CHWs have demonstrated success in:



- ❖ Improve access to services
- ❖ Help people understand the health and social service system
- ❖ Enhance client and health provider communication
- ❖ Increase appropriate rates of service utilization
- ❖ Decrease costs for organizations and government programs
- ❖ Improve adherence to health recommendations
- ❖ Reduce the need for emergency and specialty services
- ❖ Improve overall community health status

Testimony



Questions?

Thank you!