- [Rebecca] Thank you, everybody, for being here today. We're excited to have you here for this webinar on the social determinants of health. If you don't know me, I'm Rebecca Martin and I'm the project manager for the Inclusive Healthy Communities Grant Program administrative team that is housed at the Rutgers Bloustein School of Planning and Public Policy. Just a few notes for the day, run of house.

We do have sign language interpreters who are spotlighted for you today and we also have enabled captions and the transcript features in Zoom if you would like to use those. We usually send out our slides in advance, but we weren't able to do that today, but you will receive accessible slides later in the day today also to review the materials if you'd like. If you have any questions, you can feel free to ping me in the chat, and I'm more than happy to help you.

And then we will have our presentation today and ask you for questions at the end, which you can unmute to ask yourself or you can feel free to put them in the chat at any point during the conversation today and then we can bring them up for you as well, okay? And now, without further ado, I'd like to introduce to you Dr. Linda Whitfield-Spinner. She's going to talk to us about the social determinants of health, and I'm very excited for this. Dr. Whitfield-Spinner is a licensed clinical social worker who has recently retired from her career working throughout various health care systems in New Jersey as director of quality programs for the New Jersey Primary Care Association.

She collaborated with New Jersey Federally Qualified Health Care Centers in planning and developing quality improvement initiatives that led to improved quality health care for New Jersey residents. Dr. Whitfield-Spinner has a doctorate in medical humanities from Drew University and a Master of Social Work from Rutgers, where she has worked as a lecturer since 2012. She also served as the past president of the Medical History Society of New Jersey and has published works relating to medical history and family genealogy.

Finally, Dr. Whitfield-Spinner has the distinction of being one of the best instructors I have ever had the privilege of taking a course with, and I'm thrilled to introduce you to her today. I hope that she will be as life changing for you as she has been for me. So without further ado, Dr. Whitfield-Spinner, take it away.

- [Dr. Whitfield-Spinner] Good morning. I didn't add that last part to the bio, but thank you very much. Good morning and thank you, Rebecca, for asking me to talk about this very important topic. We've all heard and perhaps we've used the term social determinants of health, but do we really know what it means?

And so we'll be exploring that today. I often wonder why the scientific community and academia always choose to confuse us when they title their work social determinants of health. It took me a long time to wrap my head around really what that is. And so we'll be exploring that today.

Is it because they think that the phrasing looks more scholarly or more intellectual? Sometimes we get caught up in our own jargon. So what does social determinants of health mean to you? How would you describe it? And I'm going to ask you to think about how you describe social determinants of health before we get started.

Hopefully, I'll enhance that definition. But I'm going to ask you to put in the chat, what is your definition of social determinants of health? Let's get some ideas of how much we know. Come on, let's not be bashful. Oh, great.

Thank you. Oh, good. Thank you.

- Oh, we're getting a lot of good ones here.

- Yeah, good. Yeah, great.

- The way lifestyle affects health, non-medical things affecting someone's health, zip code, perhaps. Oh, they're flying past me.

- That's okay. I wanted to just get some ideas about who we have on the...

- Socio-economic status, education, environment.

- Somebody's been doing homework. Okay, great. Thank you for doing that. During the talk today, I'll be asking you to jot some things in the chat. We'll take a confidential polling in a little while, but this helps me understand who we have in the webinar.

So we see a lot of good definitions of what social determinants of health is and a lot of facets from the term. And if we work together, we could probably come up with a comprehensible definition of social determinants of health. So you're going to hear a lot of this phrasing that you have provided.

I'm going to put it together and make it clear for everyone on the call today to make sure when we leave here that we really have a good definition of what social determinants of health is. Today, I'll be sharing with you my research on social determinants of health and how the literature defines it.

I'll attempt to present the concepts in a way that will be conducive to a better understanding of the phrase. Hopefully, this session will enable you to easily address social determinants of health in conversations and in developing special projects.

Now, listen, I'm presenting what I know. All right. And so you will choose to agree with me or not agree with me. But at the end of the session, we're going to say thank you very much. We're going to say and we're going to send you on your merry way for you to enjoy the rest of your day. But hopefully, there will be some useful takeaways from today's message.

So I'm going to share my screen... so we can begin the slide presentation. Okay, can you see the slides, Rebecca?

- Yes, they look great.

- Okay, good. All right. All right. So, these are my objectives for the day. We want to clearly define what social determinants of health is. I want to also offer a very, very brief history.

You guys heard I'm a historian, so I interject history in everything I do, but it'll be brief to show you, you know, that the history exhibits social determinants of health from the beginning, but we didn't label it as such.

But we'll talk a little bit about how health was evolved in the United States. And then I'm going to spend more time on discussing the importance of social determinants of health for those who are seeking health care. And then for those who feel that this information is important for them as they work to advance health equity.

So those are the objectives. I think the biggest message that I've learned in reviewing the literature is that health problems cannot be addressed only by medical care. Medical care is not adequate enough to improve health care or reduce disparities without addressing where and how people live.

Recent studies have found that medical care itself only accounts for a small portion of contributors to people's health outcomes. So just going to the doctor and getting that prescription is not going to be the only thing that affects your health outcomes.

So according to the CDC, social determinants of health are what you guys listed in the chat are the non-medical factors that influence health outcomes. They are the conditions in which people are born, grow, work, live, and age that influence health outcomes more than medical care.

Now, when we look at some of the literature and look at some of the illustrations that portray social determinants of health, we see all these listings of facets of what other folks define as social determinants of health.

So this is just an example that you might see. And remember that they're non-medical factors, right? Non-medical factors. And so, we see things

like economics, education, housing, job security, food security, and all of these that are listed. And an interesting point in my recent research, I noticed voting.

Someone had voting as a facet of social determinants of health. I thought was pretty interesting and certainly racial discrimination. But every document that you see pertaining to health, I'm sorry, pertaining to social determinants of health will not have the same facets, will not have the same factors listed as social determinants of health.

So they could be a lot of things. But for each individual author and writer, it's going to mean something different. And social determinants of health also can be influenced by money, power, politics and resources, a lack thereof, which produces health inequalities. So I have a polling question that Rebecca is going to launch.

And please take a little time just to do that. I'd like to see how social determinants of health might affect you. We have a lot of folks on the webinar today, so I like to get a good number.

- I see results coming in.

- There's one question missing about whether or not... whether or not the term or the phrase confuses them.

- Oh, no, it's here.

- Oh, I didn't scroll down. Okay, thank you.

- Thirty five percent say yes and 37... I see now somewhere approximately 38% say yes.

- Okay. All right. Oh, I'm pretty interested in the first question when I ask, have you personally or have a family member experience?

And so you guys know we, you know, we understand that when we seek medical attention, that social determinants of health, you know, those

environmental factors can definitely affect our health outcomes. And so, you've picked up on that those experiences have affected you.

Not for some. Do you understand the terms? Okay, so a lot of us have had patients or clients that we work with, perhaps that we've advocated for as they experience the social determinants of health that we'll explore and give more in depth a review for.

And then lastly, does this... So, you know, some of you are very honest and very transparent that the term is confusing for some. And so I appreciate that you engaged us in this.

Thank you very much. In ways of informing and educating folks on social determinants of health illustrations, infographics are tools that are used to educate professionals as well as clients and patients on this topic.

And so this is one illustration that I pulled up. And, you know, it's very pleasing to the eye. It gives me some factors related to what they describe social determinants of health as being. So some of the terminology could be or is here and illustrated here is economic stability, education, access to quality here, a neighborhood built in the environment.

I'm going to move my...you guys are blocking my PowerPoint, so I'm going to move this over. So this is one illustration of what you might see in an attempt to define social determinants of health. But it doesn't give a lot of information.

Here's another illustration that I kind of prefer because it gives me a little bit more detail. So when they say economic stability, that does not give me that factor. They're telling me that I need to be mindful about employment and income and expenses and debt and medical bills.

These are the things that can affect health outcomes. I understand it better because they're giving me some ideas about what economic stability or instability means. And when we talk about neighborhood and physical environment, what does that mean? You know, it means that we need to

be considerate of housing, transportation of my patients. And excuse me, I will say patients because I've been in health field all my professional career.

So if I say patients, that was the same as clients, but just for your information. And then safety, how safe is that community, is my community? Do I have parks that I can go to to exercise? Are my kids safe in playgrounds within my neighborhood?

My doctor wants me to walk. Are there venues and areas where I can walk and be safe? And someone put in the chat zip codes give us an idea about the community that I live in. And education, literacy, I mean, you know, even today, people make the assumption that everybody, mostly everybody, can read.

And that's not always the case. And how do we address that with clients who come to us and patients who come to us? And they're helping them to understand what the doctor has just shared with them. Language is very, very important when we come, when we discuss social determinants of health as it impacts health outcomes, because if I don't understand what the doctor is telling me, because he does or she does not speak my language, how am I able to adhere to the recommendations being presented to me?

Education… is very important, but we can't make the assumption that just because someone is educated, that they're going to be understanding of what has been shared with them. When we say food as a factor, we're talking about access to healthy choices.

Do I live in a community and a neighborhood where I can get fresh produce? Community and social context. Do I have a support system? You know, discrimination is an ever, ever-going practice, especially these days. And also stressful situations can impact outcomes.

Health care systems. Do I have insurance? You know, what is my copay? I went to my primary care last week, physician last week and the young lady said, you have a $15 copay that, you know, it's no big thing to me.

And then I overheard the person asked the next person for their copay. And I couldn't believe the amount that this person has to pay as a copay for every visit. You know, is that person able to make that copay every time they come? And if they if they have a chronic illness, what is that going to mean for that person?

So all of these factors are important in determining whether or not I'm going to be able to improve my health outcomes. And if not, then we're concerned about morbidity and mortality and life expectancy. It's not just the medical intervention.

It's about these other non-medical factors that's going to impact my health outcome. So this...I'm sorry.

- Sorry, we have a question in the chat wanting to know what morbidity is in this context as a health outcome.

- Morbidity is how well that person is going to be able to do with that particular disease or illness. You know, what are the things that are impacting that person from preventing to be healthier? All right.

Social determinants of health, we're going to take a deeper dive on that. I just kind of did that with that last illustration. But these are the things we want to consider with the identification of factors that impact our health outcomes. Things that we might not necessarily think about.

So when we say health care affordability, can we afford the insurance? Can we afford to pay for that test if we don't have the insurance? Employment. I mean, yeah, we say, okay, you got to have a job. But think about those people who are working two and three jobs because they can't maintain their household. And we're talking not just about employment,

but we're talking about how well that person is being paid and how steady the income is coming in.

We're talking about child care that impacts so many families. Child care is outrageous. It was outrageous a hundred years ago when I had children. And today, it's even worse how much people are paying for child care. And every time the school calls to say, you know, we're closing early today or there's no school tomorrow because of whatever, how is that affecting my ability to have somebody watch my child while I go to work?

I have to work. Is that impacting my income because I don't have child care? And then education, the more education has been linked to increased social supports. Educated individuals may be better informed, not necessarily, but most times better informed and they make better health care decisions.

When we talk about quality health care, we're talking about insurance. We're talking about primary care. You know, do I have access to primary care? You know, people are quick to say you need to go to see your doctor. You know, but where is that doctor? Where is that medical center?

Where is that facility where I can go to get primary health care? And is anybody involved with preventive care? That's part of health care. So if I'm going to the doctor once a year and nobody's engaging me in screenings, how well am I going to be if I don't keep those things in check? Rebecca, you're going to have to help me monitor my time because...just let me know when I'm 15 minutes from the end, that would help me.

- Okay, sure.

- So, you know, we talk about safe neighborhoods. It's not just a nice place to look, you know, to live. It's not just, you know, that I have a roof over my head. You know, at least you have a roof over your head. But it means more than that. It means access to fresh air and water.

If my child or I have asthma, I'm going to be concerned about my triggers, the triggers, mold, dust and and pests and infestation. You know, I live in a decent place, but are there recreational activities offered in my community?

Am I worried about crime and violence every time I step out my door, every time my child leaves to go to school? Am I hearing gunshots all night long? These are the things that can impact health outcomes. Social supports, conditions within the workplace.

How many of us have been on jobs that we hated? Or jobs that we just did not get along with someone? You know, that stress can build up to a point where it affects your health. Co-workers, family members, family members who are always wanting something from you.

You know, if you're incarcerated, not having those social supports can affect you as well. Okay, at this time, I want to go over a little bit about the history of health in the United States. And think about this through the lens of social determinants of health.

Now you know, it's not medical intervention, but the things in our environment, how we live, work and have available supports. Think about all of that as we look at our history through this timeline. So certainly our history of slavery is a point in time where we were not having those kinds of resources that we're talking about today.

And whether or not we believe that we have a civic right or a human right to health care, some folks never did during this time period. And so when we talk about exploitation of of enslaved women, when Dr. Sims was doing those experimental surgeries and looking for cures, those folks did not have an ability to refuse.

It's interesting that this federal Indian boarding school came up with Dr. Biden, President Biden, who gave an apology for the history of this, where American Indian children were removed from their families in an attempt to have them culturally assimilated into the American culture.

But they suffered with severe abuse and neglect. So I thought that was kind of timely in that President Biden had given an apology for that.

Immigration acts. You know, there was attempts to screen the folks who were entering the United States, America at the time, and deciding, society was deciding, who should be restricted based on all kinds of different things. Eugenics, you know the forced sterilization for low-income women and people of color.

So we continue with the civil rights movement. And at this time, we see that we are looking to expand rights for American citizens, to end racial segregation and to achieve medical rights during this time, enactment of the Civil Rights Act. In addition to that, at the same time that that was going on, we began to see the health care movement, you know, same principles of fighting for civil rights, the health care movement was initiating acts and actions for those changes.

Federally qualified health centers were established in 1965. Rebecca shared with you that I worked for New Jersey Primary Care, which is the association that represents the federally qualified health centers in New Jersey.

And the first ones were established in 1965 as an experiment, really, to see what was going on in these communities where the outcomes were so poor and disparities were so high. The first two were in Mississippi and Boston.

And what that experiment showed is that it wasn't necessarily medical interventions that were impacting these poor health, but it was the environment in which these people lived and worked and tried to survive that made these horrible, high increased numbers and outcomes.

And so the FQACs or the community health centers were established to serve the medically underserved communities. And there's lots of them in New Jersey and across the country, actually. And then we want to make note of the ADA, the Americans with Disabilities Act.

We began to see changes with the attempts to improve care for this grouping. So moving on to social determinants of health for those seeking health care. I just got to move this.

Okay, I figured out how to move it. All right, now, access to health care and an important part of the civil rights movement. Is health care a civic right? Is it a human right?

I'm not going to ask you to put that in the poll, but I want you to think about it. Do you think or do you believe that health care is a right? We'll just talk about within the United States. I can expand that globally. Do you think that health care is a right, a human right for every human being?

I talked about the federal health centers providing primary care and preventive services. Environmental factors affecting these communities resulted in health disparities and poor outcomes. No available health care.

Can you imagine living in a community where you had no access to health care? And the nearest health facility, you may not be welcomed to. You're living in poor conditions, no running water, no healthy foods.

You have limited wages here in America. In helping people who are seeking appropriate quality health care, we should be looking beyond medical intervention and asking important questions about the environment in which our patients live. So it's not enough to go to the doctor, have him give you a diagnosis of diabetes, give you a prescription for insulin of which you cannot pay for.

But if my physician is asking the right questions, that person is understanding that I don't have the resources, that I'm not understanding what he or she just shared with me. Asking the right questions, not just, you know, what's your blood pressure, looking at your lab work, but asking those social determinants of health types questions, non-medical questions.

The patient-centered care model, the chronic care model, mostly I think a lot of you might be familiar with, I have an illustration of it. But I think when this rolled out, I was with the community health centers. And a lot of times the federal government will come up with models and initiatives, and they kind of get the FQACs involved right away.

This was a game changer. This was really a game changer. I'll talk a little bit more about the chronic care model. But the practitioners and supportive staff really got involved with this because it solicited patients to be a part of the process.

And it was, we fussed about it because we realized it was going to be a lot of work. And we realized it was going to be different than what we were doing all along. But once we got into it, and years later, we saw the benefit. We saw real data that showed us that this model was working for us. So we'll talk a little bit more about that in a minute.

Building trustworthy relationships with patients. Doing intentional listening. This is what the patients need. This is what people who are seeking health care... Think about when you go to the doctor. Is the doctor rushing in and out, not giving you an opportunity to ask questions? You're telling your story.

Sometimes patients don't do this, which I encourage them all to do when I was in the field, is to put out your concerns. Ask those questions. I don't care how busy the folks are. You begin to ask, then they'll address it. But we want the practitioners to be listening intentionally. We know that health care in America is a business.

And there's a certain number of patients I got to see every day. But we try to solicit and advocate for our patients that we want them to be engaged with their providers. Check your biases at the door. Listen, I didn't like every patient I saw.

I didn't. I didn't like every patient I saw. But did they know it? No, because I was professional enough and I understood as a medical social worker that every patient had a right to my service. You leave your biases at the door.

Anyone who tells me, oh, I love all my patients, I love everyone, peace and harmony, I'm not buying it. Everybody has biases. The key to it, though, is to recognize it for what it is and check it at the door.

When I walked in that room, I provided the same care for every single patient that I saw. What can we do to prevent people from getting sick in the first place? In the first place, what can we do? Can we advocate for policy changes to improve communities? Can we help patients in the community fight for healthier foods?

These kinds of things will help them and prevent them from getting sick. Screenings. How can we get patients to participate in screenings? When working at...

I worked at three different hospitals in New Jersey and one in particular was an urban, big, large teaching medical school hospital. And so I had good foundation. I had good training. I went to another hospital that was more... suburban-like.

And they would have these healthcare, these big healthcare events at the hospital. That's not where the community will get their information. We had to teach them, you have to go into the community to provide these services if you want to make an impact.

- Dr. Whitfield-Spinner?

- Yes.

- You have about 12 minutes left for presenting.

- Oh, I got to go, I got to move, then. But this is the illustration for the chronic care model. It's in the slides. I'll ask you to take a look at it. But the

important key to this is that you see, inform active patient. All right? So the patient is really a part of this process.

So we might not have time to do both of these samples... case studies, But this is it. In the chat, let's talk about this. There's a young lady with a hip injury after a fall from a curb, presents for initial evaluation. The provider determines she should have an MRI scan, referral to orthopedics, and remain non-ambulatory.

Can you identify... Oh, I'm sorry. She's a waitress with no health insurance and unable to afford this MRI. In addition, she declines that referral to the orthopedic. She's requesting a note for work, and the diagnosis is limited to clinical findings, which makes the management decision more complicated.

What are your thoughts on this? Can you identify the social determinants of health in this case? If you would just jot in the chat, at least one or two social determinants of health involved that's related to this particular case. And Rebecca, I don't have a view for the chat, so if you could let me know if anybody's responded.

- Sure. We have employment, medical and financial strain. And she needs help getting health coverage.

- Yeah. Okay. So we've identified them. But in this case, no one's provided resources for her or to help or advocated for her, right, to get these kinds of resources, which would influence her outcome better than not doing anything at all.

Here's another case real quick. A 68-year-old gentleman was recently seen in an emergency room, an emergency department for an uncomplicated laceration to the right hand. He presents a wound check in which possible infection is noted. No additional testing or treatment is required. The provider learns that the patient cannot cleanse the wound at home because his water has been shut off.

So what is the non-medical social determinants of health in this? It's obvious, but this is the question that...I'm just impressed that the provider took the time to learn that information, to get that information.

And perhaps this provider will refer to a supportive staff to help advocate for that patient. This is a great example of dealing with the non-medical factors of health care. These are the populations that are affected by health disparities.

Certain populations experience disparities in health outcomes. It is critical to understand and address the causes of these differences and ensure that populations experiencing disparities in health, whether based on race, ethnicity, culture, gender identity, sexual orientation, income, geography, or disability are adequately addressed.

All of these populations can be impacted by social determinants of health. This is what we need to know as advocators for health care. Addressing social determinants of health is important in improving health and reducing disparities.

Know that, understand that. According to the National Institute of Health, health equity is the guiding principle for the processes of ensuring that all individuals or populations have optimal opportunities to attain quality health care.

Health equity, equity for all people, not just the people who have the resources. Building awareness, learn about the work currently being done. There's lots of work being done. Evidence-based data is there to help you develop policy that can address these issues. Your role in this effort, partner and network with other agencies and organizations to effectively make change.

Work together to test and implement interventions, expand on what's working. You don't have to reinvent the wheel. There's some stuff out here that is making a difference. Learn about them, implement them, enhance them. That can be a part of what we do. In summary, we have learned that

the conditions into which people are born, live, learn and work influence their health, social determinants of health.

That's it. These factors affect the opportunities a person has in assessing nutritious food, a good education, safe housing and quality health care. Is health care a human right? Is it a human right for everyone?

Should everyone have access to health services? If so, then we should be advocating for more action so that this happens. Health care clinicians, public health professionals can be the key resource for local, state and national policymakers in improving social determinants of health. Okay.

I'm going to stop sharing. I'm sorry I kind of ran through that, but I wanted to get as much as I could in. Oh, I have some questions here. Let's see.

- The first one is can you comment on how important participation in a faith community is to in social determinants of health?

- Great question. Absolutely. Listen, it was the faith-based community, the churches, right? The temples, they were a substitute for what weren't happening in the community. In fact, I happen to be an AME, African Methodist Episcopal member of church. Part of the framework is a department of health within the church that made sure that we understood, that we understand to go for our screenings.

They had health fairs right within the church, right within the community. And folks would listen to those leaders. They would listen to those leaders more than the medical community. The whole issue around trust. I want to find a provider that speaks my language.

I don't understand what these folks are saying. And I trust the people in my community. Great question. Thank you, Karen.

- May I say something about that, Dr. Whitfield-Spinner?

- Sure. Sure.

- I want to just say that, and this is something to think about too, because I think that faith-based organizations really do play an important role in social service provision and in getting people to the social determinants of health that they need to have healthier outcomes. But being from the LGBTQ community myself, I'm aware that there are lots of places where the services are offered where people from my community are not always welcome.

And so that's an important sort of tension that we can have with social determinants of health, where our choices about where to offer these services can benefit a very large part of the population. And maybe that's a great method to increase our outreach, but then also to be thinking about the other people who those choices might be affecting.

I think it's just a really great example between those two communities.

- Good point. Good point. Yes. Although I've seen some changes in transition of thought, slow, very slow, very small, but for some institutions that were not even bringing up the question, you wouldn't dare bring up the question at some point.

So I appreciate the comment. Thank you.

- Thank you. Does anybody else have other questions? You can feel free to unmute or you can put it in the chat if you'd like.

- [Jenna] Hi, this is Jenna from Freehold. How are you?

- Hi, I used to live in Jackson.

- Okay, nice and close.

- Yeah.

- I don't have any questions, but I just wanted to say thank you. The way that you presented and the content in which you presented was very easy to understand. And our particular IHC initiative is focused on a lot of what

you spoke on. And so we'll certainly be taking some of these things back to our partners to continue to implement in the community.

So thank you.

- Thank you. Thank you.

- [Woman] So I just had a comment. Having done some of this work before, yes, thank you for the presentation. It brought to light everything I learned about 10 years ago and brought me to this grant program because the whole idea of policy environmental change, which is the formation of this grant, is how we can reduce those social determinants of health and start to eliminate barriers.

So I know in my work in the Y, we've done a lot of work with policy and then also advocating for environmental change in our facilities as well as in the community.

- I'm hoping, or maybe I missed this, that you are networking and working with other like-minded organizations because we've really got to work together on all of this and engage in some actions that's going to make a difference.

Right?

- Certainly.

- Thank you. Thank you.

- [Erica] Hi. My name is Erica Kerver. I'm an attorney with a nonprofit legal service program and everything we do addresses social determinants of health. So I really appreciate this conversation to really get the word out. With my dealings with other provider agencies, I do believe that there's a recognition that we do have to address social determinants of health and they do do screenings.

But then the next, the follow-up is, well, where do we send these individuals? Right? Because there's not enough capacity, there aren't

sufficient resources. So with your example, the last example that you gave about that gentleman who didn't have any water, right? So as an attorney, you know, doing, you know, I've been involved in poverty law for many, many years.

First thought is you got to deal with the landlord. And who better to deal with a landlord than an attorney to get involved? Because there may be a lot of underlying issues as to why the water was shut off. Is this individual not paying their rent?

Do we not need to deal with the public utilities issues? If there's a non-payment of rent issue, it could be a constructive eviction. All these things and many social determinants of health can only be addressed through legal process. So that's always a question of, yes, we're screening, but we don't have sufficient resources. Where do we send these individuals?

Because once you start asking those questions, there's an expectation by the patient that they're going to be helped. So there's a disconnect that, again, partnerships, we are trying to formulate more partnerships, medical legal partnerships. Funding is always an issue. So it really comes down to funding and capacity.

This all sounds great. And again, really getting the word out and educating more people is critical. But I do think from a policy perspective, there has to be sufficient resources to do this work.

- I'm sorry. Your name?

- It's Erica Kerber. I am the executive director of the Community Health Law Project in New Jersey.

- Erica, you're bringing me, I'm retired now, but you bring me back into the work that I used to do at the hospitals. I worked at University Hospital in Newark. So yes, you're absolutely right. This is hard stuff. Some people don't get it. But that's where we then have to fight for policy change.

I'm not saying that one person is going to make a difference or a group of people going to make an instant difference. But if nobody's talking about it, if nobody's understanding that these things, some people don't live in those environments, so they don't care about it. Right? So we have to find a way of impacting the situation through policy change.

And the last statement you said, you said, you're absolutely right. Sometimes the patient is expected, if they're sharing their issues, they're expecting for some supportive help that's going to make a real difference. But sometimes they just need a listening ear.

They need somebody to hear the problem. And be honest with the patients. I'm honest with my patients to say, they're so happy that they've been able to share this anxiety with someone. But I let them know what I can do and what I can't do and what I hope to do. And there's some sense of appreciation in that.

So don't think that, you know, that when they share this information with you, it's for naught, it's an opportunity to share with somebody who's willing to listen.

- I agree. Thank you.

- Thank you.

- [Michael] Good morning. My name is Michael. Thank you so much for doing this. It's great to put it into the wide holistic terms of, you know, not just, as you said, not just the specific medical treatment, but all the factors that go into it. I think that helps with us working on it and solving it when we can see it in the wide perspective and not just in a limited way.

My comment is sort of that it's my hope, and I'm not an expert on this field at all, but it's my hope that some of the disadvantages or groups that are normally disadvantaged or that those that we would reach a point, my hope is, that where those disadvantages are, we make so much progress with those disadvantages are no longer actually disadvantages of that.

At one point in time in the future that, you know, those, the challenges, you know, where everyone would be empowered and getting the good health outcomes and that, you know, where we would make so much progress rather that the disadvantaged groups or the groups that have more challenges would be just as empowered and just as healthy and getting just as good care as everyone else.

So I was wondering if you have any- - Michael, Michael, I'm there with you. I'm there with you. And by the way, I'm not an expert either, but we learn what we can while we can, because things change overnight, right?

So I don't know who is an expert on everything and anything these days, but I have the same hope too. But the thing of it is, is that, you know, hope is not enough. What can we do to advocate for these changes? I'm a child of the civic revolution.

And so we were out there, you know, protesting. We were out there. We were in our city halls, in our council meetings, at the Capitol. And so when we have those opportunities or if we need to make those opportunities, that's sometimes the only way change can come about.

Our representatives will meet with us when we're loud enough, you know, but if we're sitting at home and not saying that and, you know, having empathy, they don't know who we are. They don't care who we are. Right. So I'm there with you. I'm hoping too. And as long as American health care is a business, it ain't going to happen.

So, you know, we need to kind of look at this current model. Oh, we got a lot of stuff in the chat, but I'm sorry. I'm missing it.

- People are sharing about in Centers for Independent Living, having resources for people with disabilities, sharing personal stories about challenges, receiving assistance by just barely meeting cut off in sort of the limitations of what the criteria is, which we know is often a big challenge because who determines what poverty is, the poverty line, we know it's very difficult to live, even if you're just above the poverty line.

Right. And so and then we have someone noting that people with disabilities were front and center in the civil rights movement as well. And then if we don't have any other questions, why don't...I'm going to ask you, why don't you talk about health as a human right for the last couple minutes since you've asked us a few times whether or not it's a human right.

I would love to hear your perspective on that.

- My perspective is a personal one. You know, I believe in health care for all. I believe, I personally believe, it's a human right. I'm a human. Every human should have access to health care, I think.

But that's my personal opinion. And I don't know if everybody, you know, if anybody feels the way I do, but what people don't understand that if I'm sick, it's going to impact you. It's going to impact my neighbor.

It's going to impact my community because, you know, I'm using resources that's coming from the, you know, does my illness impact you, my next door neighbor, if your taxes are going up, because now we got all these people with chronic illness living in this particular community. Am I impacting you because the majority of the folks in my town don't have insurance?

Can you imagine? I was working on this thing today. I mean, not today. I've been working on it for weeks, actually. But I was thinking, I'm saying, some people don't have health insurance. And when I was at my primary care office, this guy came in and his copay, I'm not going to say what it is because some of you might have that high copay too.

I'm like, oh my gosh, he pays this amount every time he comes to see the doctor. I imagine people don't come for follow-up visits because of costs, especially if they don't have health insurance and they have to pay out of pocket, you know, that MRI stuff that, you know, that's amazing.

I'm sorry. I went off on a tangent. I'm sorry.

- [inaudible] Thank you. You know, I have a bit of a blue collar background and, you know, I used to work full time in retail and my colleagues never went to the doctor because our copays and our deductibles were so high that you had to be, I mean, you had to be seriously ill to go to the doctor.

And so, I mean, there are so many people who are insured that are still, they still have no access, you know, not in real terms.

- I don't know who this is. P Jacobs. Boy, did you hit a note here, especially medications which are unaffordable. Oh, this is why I'm, you know, I get so keyed up about human rights. I mean, can you imagine the doctor telling you that you have diabetes and you cannot pay for your insulin, you can't pay for your metformin, you can't pay for that dietary class that he wants you to attend, but the medications are outrageous.

And so what happens? People are going online, buying those medications and they're not the real thing. They're making them sicker. Good point, P Jacobs.

- And I think on that note, we're out of time, unfortunately. But, Dr. Whitfield-Spinner, this has been a real delight. Thank you so much for coming to tell us about the social determinants. of health. I think you really helped us tie it to how these things can really impact, I think, and made it so tangible for us.

So thank you.

- Thank you for having me. Thank you.

- Thank you. Thank you, everybody, for being here. We really appreciate you. Have a great day. And thank you to the interpreters. Stephanie had to leave early, but thank you both.

- Thank you, Leah.

- But thank you all for being here. Thank you to the Division of Disability Services, as always, for supporting this and allowing us to provide these webinar trainings for you. Everybody have a wonderful day.