## Beyond the obvious: Determinants of health, intersectionality, and next steps toward well-being for older North Carolinians

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## **Key Questions**

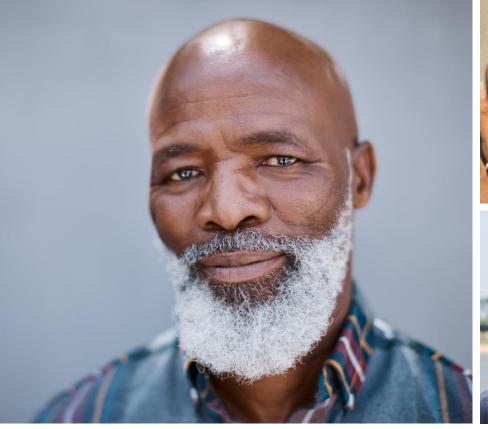


SCHOOL OF MEDICINE

- **1**. What are the key determinants to health and well-being among community-based older adults?
- 2. What are the larger systemic issues and why do they still exist?
- **3.** What are current facilitators/challenges/barriers?
- 4. What is the common factor(s) between social isolation, food and nutrition security, falls prevention, mobility?
- 5. Is there a place for research?







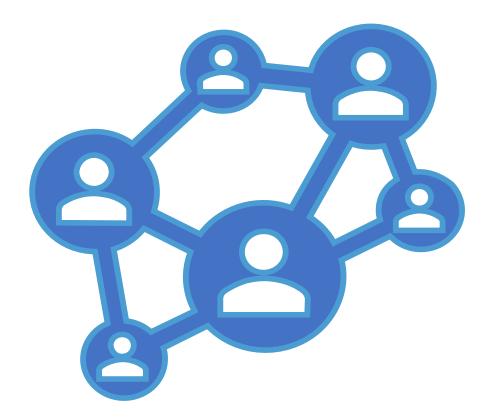






SCHOOL OF MEDICINE

- Disrupts linear thinking that prioritizes any one category of social identity
- Beyond singular categories of identity. This allows for a more comprehensive understanding of how health and illness are influenced by multiple determinants
- Notion that multiple identities intersect to create a whole that is different from the individual identities.
  - These identities that can intersect include age, gender, race, social class, ethnicity, nationality, religion, mental illness, physical disability, etc.



Intersectionality

#### To Be Old, Black, and Poor Full Video (51:57)



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Description of the video:

This is a gritty and painfully real exposition of what it means to ne black, poor, and elderly in the U.S. The film crew documents the life of Leonard and Sarah Bass on and off for six Months, recording their struggle to survive, watching as well-meaning neighbors and opportunists come and go.



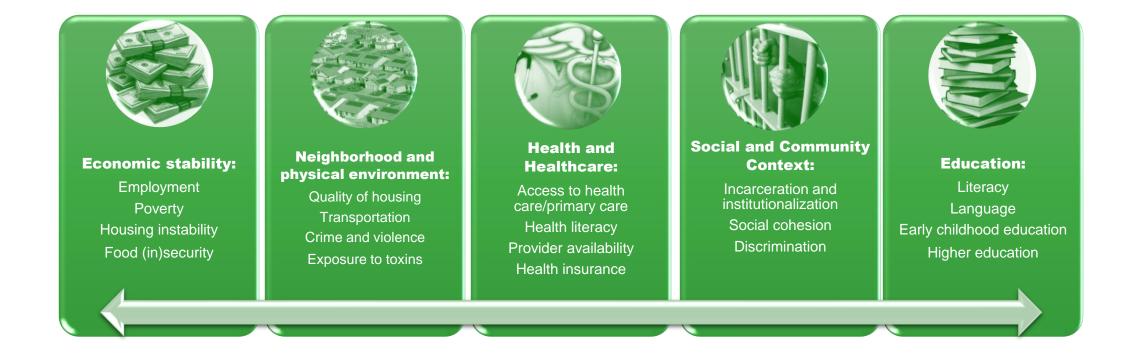
#### Environmental Zoning toxins Type of insurance Access to care **Quality of education** Stress Working conditions Smoking Access to healthcare Genetics Systemic bias Social & family support **Taxes** Poverty Housing **Neighborhoods Quality of care** Substance abuse **Racism/discrimination**

#### Social Determinants of Health

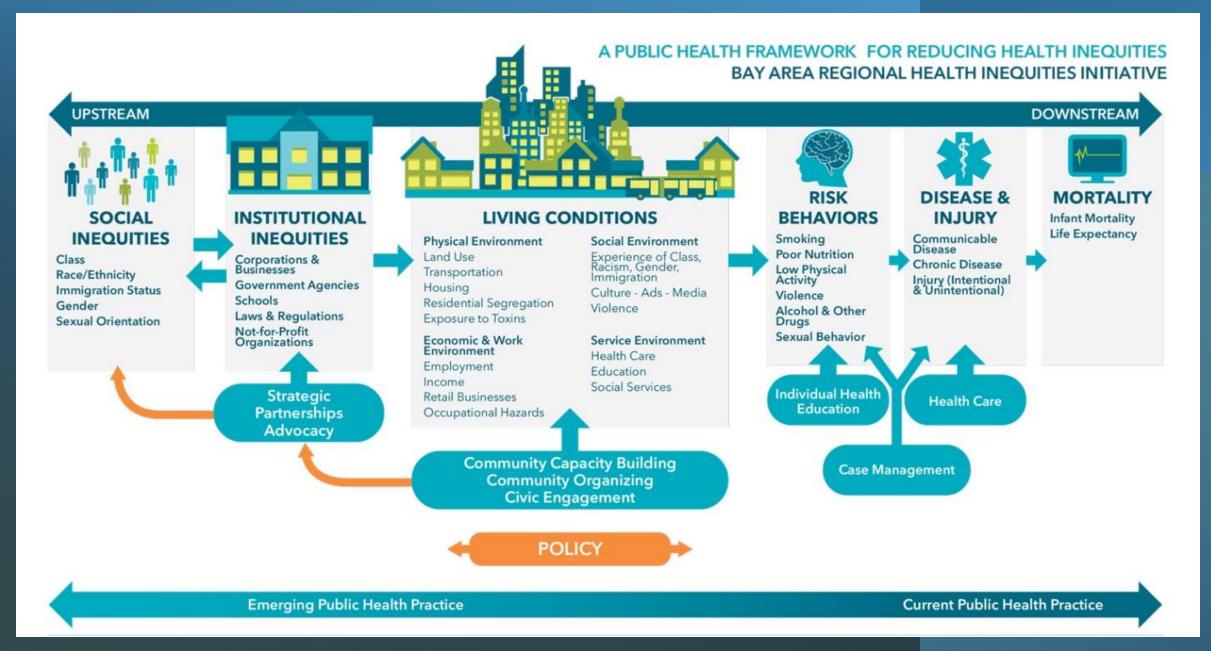
The conditions in which people are born, grow, live, work, and age. These circumstances are shaped by the distribution of money, power, and resources at global, national, and local levels. They are mostly responsible for health inequities.

~World Health Organization

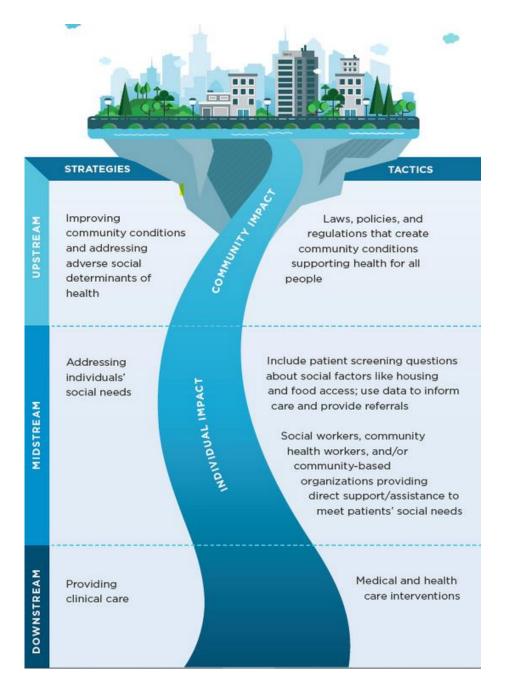
- Move beyond singular categories that shape and affect lives; allows for a more complex understanding of how health, illness, and wellbeing/quality of life are influenced by multiple determinants.
- Beyond individual behaviors
- "nonmedical factors influencing health, including health-related knowledge, attitudes, beliefs, or behaviors".



National Academies of Sciences, Engineering, and Medicine. 2021. The Future of Nursing 2020-2030: Charting a Path to Achieve Health Equity. Washington, DC: The National Academies Press. https://doi.org/10.17226/25982.



https://www.barhii.org/



What are our upstream, midstream, and downstream strategies/ Tactics/factors?



#### STRATEGIES

Improving community conditions and addressing adverse social determinants of health Laws, policies, and regulations that create community conditions supporting health for all people

TACTICS

- Include falls in State Health Improvement Plan
- Adjust home and community-based grant funding allocations
- Build capacity for more retired adults to participate in volunteer opportunities to accomplish some of the service needs (e.g., meal delivery)
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- Financial assistance for families
- DOWNSTREAM

MIDSTREAM

- Inequity of funding for older adult programs and services, particularly in rural areas
- Cost of care in rural settings
- Lack of accessible transportation infrastructure
- Lack of access to technological infrastructure and/or tech literacy
- Limited income to address modifiable risk factors for falls prevention, social connectedness, malnutrition, transportation
- Food insecurity (starvation-, chronic disease- and injury- related)
- Social isolation/loneliness as a public health crisis

#### The **<u>Right</u>** to Health of Older People

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Affiliations + expand PMID: 26994261 DOI: 10.1093/geront/gnw039

#### Abstract

A focus on the right to the enjoyment of the highest attainable standard of health (hereinafter, "the right to health") draws attention to the health needs of older people, including the most marginalized among them. Many factors that influence vulnerability or impede the enjoyment of health and access to quality services result from an inability to freely exercise these human rights. A human rights approach can help to address the legal, social, and structural barriers to good health for older persons, clarifying the legal obligations of State and non-State actors to uphold and respect these rights. However, despite growing impetus for action, this area has historically received limited attention. Drawing on practice examples from different regions, this article unpacks the meaning of the right to health and other related human rights of older people in practice, covering both health care and underlying determinants of their health. Questions of availability, accessibility, acceptability, and quality are highlighted from the perspective of older people's health and well-being. The article brings together knowledge, principles, norms, and standards from the human rights law, health, and ageing arenas. By making links between these arenas, it is hoped that the article fills a gap in thinking on how to achieve the progressive realization of the right to health of older people and the effective promotion and protection of their other related human rights, which are crucial for the enjoyment of health.





Accessible	Able to be reached or entered
Affordable	Reasonably priced
Acceptable	Able to be agreed on
Adequate	<ul> <li>Satisfactory in quality and/or quantity</li> </ul>
Accurate	• Correct
Available	<ul> <li>Able to be used or obtained</li> </ul>
Awareness	<ul> <li>Knowledge of a situation</li> </ul>

## **Changing negative attitudes toward aging**



### Why Reframing Aging?

The Reframing Aging Initiative is a long-term social change endeavor designed to improve the public's understanding of what aging means and the many ways that older people contribute to our society. This greater understanding will counter ageism and guide our nation's approach to ensuring supportive policies and programs for us all as we move through the life course.

This is what ageism sounds like:
I'm having a senior moment.
These wrinkles and grey hair have got to go.
I'm too old to try that.
You look good for your age.
It's time to put her/him out to pasture.
Those are just aches and pains from old age.
Sweetie, you don't look a day over 29.

# Changing the narrative...

Those who have the privilege to know have the duty to act, and in that action are the seeds of new knowledge

~A. Einstein



Thank you!