Latoya Johnson, Prevention Evaluation Specialist
Social Determinants of Readiness: Viewing Social Determinants of Health Through a Military Lens

Transcript: U.S. Army Directorate of Prevention, Resilience and Readiness Outreach Webinar

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Presenter:
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Lytaria Walker:	00:04	Welcome to the Directorate of Prevention, Resilience, and Readiness Outreach webinar for November. At this time, all participants are in a listen-only mode. However, you may ask questions at any time by placing them in the Q&A box. There will be several opportunities for questions throughout the webinar, and we should have some time at the very end as well. Today's webinar has been approved for one hour of live continuing education units. Participants must obtain CEU certification through their local commanders by downloading the webinar presentation slides as attendance verification. The slides will be posted in the chat box at the end of the webinar and emailed to registered participants as well. Please note that the views of DPRR Outreach Webinar presenters are their very own and are not endorsed by the Department of the Army or the Department of Defense. This month, our guest is Ms. Latoya Johnson.
Lytaria Walker:	01:01	Ms. Johnson currently serves as the Prevention Evaluation Specialist within the Headquarters Department of the Army G9 Directorate of Prevention, Resilience, and Readiness, Integrated Prevention Division. In this role, Ms. Johnson assists in building the Department of Defense's Integrated Prevention Advisory Group, IPAG, by assessing integrated prevention capabilities for the Active Army Guard, US Army Reserve components, civilian employees, Family members, and contract personnel worldwide. Ms. Johnson holds a Master of Public Health with a concentration in Community Health and Prevention from Drexel University and a Bachelor of Science in Biology from Virginia Commonwealth University. Ms. Johnson is also credentialed as a Master Certified Health Education Specialist by the National Commission for Health Education. She has over a decade of professional public health experience. Ms. Johnson, thank you

so much, ma'am, for joining us this afternoon. Please take it away.

Latoya Johnson: 02:12 Thank you, Ms. Walker, for that lovely introduction and good afternoon to everyone. I just want to thank you all for joining today's webinar on the social determinants of health. I think it's a very important topic as it relates to public health and prevention. It's important, it's exciting, and it's also very timely. So I'm glad you all are here this afternoon. We'll ask that you bear with us. We have been having several technical difficulties, so hopefully the tech powers will shine their light on us for the next 45 minutes or so. We'll go ahead and get started. Next slide, please.

Latoya Johnson: 03:02 So, the purpose of today's webinar is to develop a shared understanding of the social determinants of health, or SDOH. And, more importantly, we want to understand how these factors impact readiness. And, when I say readiness, I'm not just talking about being physically ready, I am talking about readiness in a holistic sense. So in addition to being physically ready, we want to be mentally ready, emotionally, spiritually ready, all of that. So throughout today's discussion, we'll define SDOH. We will communicate the importance of SDOH, as it pertains to readiness and harmful behaviors. We want to understand how these things interact with each other, and then finally, we want to promote SDOH awareness to increase readiness and reduce harmful behaviors. Next slide.

Latoya Johnson: 03:58 We were going to watch a short introductory video on SDOH. But again, with the tech issues, we're not even going to risk that. I believe one of my teammates will put the link to the video in the chat for you all if you care to watch it at your own convenience. But really, the video highlighted some of the external factors that impact a person's health outcomes. These are non-medical factors. So things like your living environment, your neighborhood, your access to quality healthcare, access to food, quality food, things of that nature. When you all have a chance, you can watch that video at your convenience. Next. So, what are SDOH? The Centers for Disease Control and Prevention define SDOH as the conditions in which people are born, grow, work, live, and age, and the wider set of forces and systems shaping the conditions of daily life. Now, when we talk about these wider sets of forces and systems, we're really thinking about things like economic policies or social policies, social norms, the larger, global factors that impact the conditions of daily life—climate change, racism, things like that. That is the definition of SDOH. Next slide, please.

Latoya Johnson:	05:57	Remember, I said a few moments ago that SDOH is not just important, it's timely right now. And this is really being evidenced by the many different areas where we see SDOH being discussed. And so, for starters, these are the Secretary of the Army's priorities. Next please. Here, I just wanted to highlight that of these six priorities, three of them directly engage people. Building positive command climates, reducing harmful behaviors, and adapting the way we recruit and retain talent—all of those actions directly engage people and, in turn, are linked to the social determinants of health. Next slide. So, in addition to the SEC Army's priorities, again, we see SDOH conversations occurring in multiple Army venues. This first example comes out of G1 where we have Lieutenant General Stitt being quoted, acknowledging the Army's focus on bolstering SDOH to help prevent harmful behaviors. Next. SDOH conversations are being had in various forums, such as building cohesive teams and quality of life initiatives. Next.
Latoya Johnson:	07:48	And this is super exciting because this is hot off the press. The White House, in conjunction with the Department of Health and Human Services, have released the US Playbook to Address Social Determinants of Health. I believe this came out earlier this month, about two weeks ago. And it outlines three specific approaches to addressing SDOH as a nation. And then the next example would be the G9 and DPRR, the Directorate of Prevention, Resilience, and Readiness newsletter, which contains SDOH information, SDOH topics. And then finally, several reports from behavioral and social health—military reports contain SDOH information as well. So, really all that to say, I just wanted to let you know, you're in the right place at the right time because SDOH is at the forefront of leaders' minds, and it is literally being discussed all the way from the White House down.
Latoya Johnson:	09:08	Next slide. Department of Health and Human Services groups SDOH into separate domains or different multiple domains. And so we're going to talk about the domains in the general sense and then provide some Army context to help you think through what SDOH looks like in your respective communities. So the first domain here is healthcare access and quality. So this typically includes things like health literacy—what is your ability to obtain and understand health information? You can look at things like health coverage, your provider availability, pharmacy availability. So in the Army, you can think about Soldiers' access to sick call, again, provider availability, appointment wait times, how long does it take between when someone makes an appointment to when they are seen. Next. The next domain is the neighborhood and the built environment.

Latoya Johnson:	10:20	When we're talking about this domain, we are talking about environmental conditions. An example could be air quality. We are talking about the absence or presence of violence or crime. We are talking about the neighborhood design. Are there walking paths? Are there sidewalks? Are there bike trails? So from an Army perspective, you can look at your actual geographic location, you can look at installation safety, transportation options, and childcare. Childcare is definitely a big one. It's especially important for single parents or dual military households especially, folks doing shift work, being in the Army, being Soldiers 24 hours a day. Is childcare available? Are the hours conducive to folks? The next domain is the social and community context. Generally speaking, you would think about community participation.
Latoya Johnson:	11:38	Do people vote? Do they volunteer? Do they participate in community events? Is there discrimination in the community? Things like that. In the Army, you can look at the sponsorship program or Family readiness groups or FMWR. Look at the quality of those types of programs. The next domain is economic stability. Pretty straightforward. It considers employment, underemployment, income. And in an Army context, you can think about financial literacy, financial literacy classes, spouse employment opportunities, and any government assistance, financial assistance programs, and things of that nature. The next domain is education access and quality. Generally this includes literacy, early childhood education, higher education, access to schools. We know different school systems, depending on the funding, can determine the quality of the schools.
Latoya Johnson:	13:07	Now in an Army context, in addition to education access and quality, you also want to consider training. So what is the quality of your field training exercises? What's the quality of your military and civilian professional education? Are there educational opportunities for Family members? And what is the quality of those opportunities? How accessible are those opportunities. These are the traditional five SDOH domains that are usually spoken about. The Kaiser Family Foundation has added the sixth domain—food access and quality. And it's looking at things like food deserts. A food desert is a neighborhood that lacks grocery stores that sell fresh, nutritious foods. In addition to that, you also want to think about finances. Do you have the finances to purchase high quality foods—or not even high quality—do you have enough money to buy food in general?

Latoya Johnson:	14:18	In the Army, you can think about on- and off-post food options. What are the options on-post? What are the options in the local community? What are the quality of these options? The defects. Are the hours of operation conducive? Again, going back to Soldiers working shift work. We've seen instances where Soldiers get off work and they go to the DFAC and there is no more food available. These are the SDOH domains. And we know that the military has universal healthcare and housing and steady paychecks. And because the military and the Army have these things, people tend to think that SDOH doesn't apply to the Army, or it's not important because, again, the Army offers these resources to everybody. But that's not true.
Latoya Johnson:	15:28	And SDOH is still very much applicable, because it's not about having these things, it's about the quality and conditions of these things. And that's the key here.
Latoya Johnson:	15:45	If you take away nothing else from this presentation, that is the key. It's not about—do you have health insurance or do you have a DFAC? No, it's about the quality and the conditions of said resources. And we also have to consider that people aren't born today and join the Army tomorrow. There are at least 17 to 18 years of life that that person has lived, and we have to account for those experiences. When you're thinking about SDOH, you should also think about historical impacts of SDOH. So things like poverty, for example. What are the impacts of someone being exposed to poverty or repeatedly exposed to poverty, or malnutrition, or racism? These things diminish readiness by increasing negative health outcomes such as anxiety and depression that we will get into on the next slide.
Latoya Johnson:	17:07	We're going to get into the so what. Why should I care about SDOH? This slide talks about the general population. Data shows that as much as 50% of variation in health outcomes or readiness is attributable to SDOH factors. When we think about the domains, we can see the impact that each factor has on the population. With racism, data shows that minority populations experience higher rates of poor health and disease. Education data shows that if you get a quality education, this leads to better opportunities, better financial opportunities, and increases your likelihood of getting accurate health information, knowing where to go to find information, knowing how to distinguish between reliable health information. With housing, data shows that poor housing or inadequate housing, namely mold and poor plumbing, can lead to increased respiratory issues.

Latoya Johnson:	18:33	With the economic stability, I don't know if people may have heard the term house poor. That's when people spend the majority of their money on their living situation—their mortgage, their rent, anything related to keeping a roof over their heads—and have little money left over. That has been deemed "house poor." But studies do show that people who spend 30% or more of their salaries on housing have little money remaining for other necessities. When it comes to nutrition, food insecurity. The US Department of Agriculture defines food insecurity as a lack of consistent access to enough food for every person in a household to live an active, healthy life. So in 2020, nearly 14 million households were deemed food insecure at some point during the year. And some of these households included children. So that's not good. And then finally, crime. Crime can result in physical pain and injury, but also depression, suicidal thoughts, and anxiety. Next slide.
Latoya Johnson:	20:08	Now we're going to look specifically at the Army. This slide shows two data sources that could be used to obtain SDOH information. The active-duty spouse survey and then the DEOCS. We will start with the active-duty spouse survey. The target population of this survey includes spouses of active-duty Army, Marines, Navy, and the Air Force including the Space Force. In 2021, we saw that the survey really broached quite a few of the SDOH domains, when it comes to economic stability, neighborhood, and the built environment, and the social and community context. So starting with employment, we see that the Army had higher civilian unemployment rates when compared to other services. Food access, the Army had higher overall response of food insecure when compared to the other services. Childcare, the Army had a higher percentage of civilian childcare receiving military assistance fees. And then with social relationships, the Army had a higher proportion of respondents reporting dissatisfaction with marital life and negative changes in their spouse after a return from deployment.
Latoya Johnson:	21:52	The DEOCS is a survey to get a pulse on the climate, on the organizational climate, and it contains risk and protective factors. And so these percentages here were a part of a data pool from last month. And what they're showing—the green are the protective factors, and those percentages were all lower than total respondents on the survey. And the risk factors in red were all higher than the total respondents in the survey. So I will say there are lots of caveats to this data. Anyone familiar with the DEOCS especially knows. But the bottom line here is that there are issues across the SDOH domains that the Army has room to improve upon.

Latoya Johnson: 23:00

Next slide. Now we're going to walk through an example of how harmful behaviors and SDOH intersect. So for starters, the Army is currently in the process of hiring its prevention workforce, which is called the Integrated Prevention Advisory Group, or the IPAG for short. And the IPAG is going to focus its efforts on integrated primary prevention. And by that I mean that the IPAG will focus its efforts on preventing two or more harmful behaviors. So this example uses sexual assault and suicide as our two harmful behaviors. And we are targeting their shared risk and protective factors. So, sexual assault and suicide—they have shared risk factors including substance use, poverty, and unemployment, and they have a shared protective factor of connectedness. Now, it's important to note here that these risk and protective factors, they influence each other.

Latoya Johnson: 24:20

Poverty, substance use, unemployment, connectedness—they can all impact the presence of harmful behaviors. And so, an example of this could be—we have poverty—it could be associated with high unemployment. Folks who live in these areas may feel isolated and not connected, and then engage in substance use as a coping mechanism. So everything really influences and interacts with each other. If we look at the associated SDOH factors, we can connect substance use to healthcare access and quality. Maybe a person does not have access to healthcare or quality healthcare to get treatment. We can connect neighborhood poverty. So the neighborhood, the built environment, that can also be connected to economic stability. These categories are not mutually exclusive. Connectedness can go with the social and community context and unemployment with economic stability. And here again, it's important to note that these SDOH domains are also interacting with each other. Just like the shared risk and protective factors interact with each other, so do the SDOH domains.

Latoya Johnson: 25:43

We can see, for example, economic stability. Your job, your income, things of that nature can impact social community context. It can dictate what you participate in within your community. It can dictate where you live, what type of neighborhood you live in—which can dictate how accessible quality healthcare is. Is it close by? Do you have to travel an hour away to see a good doctor? Things like that. So, yes, the SDOH domains are all interacting with each other. The risk and protective factors are all interacting with each other. And everything is really under this umbrella, this larger umbrella. By this last box here, these circumstances are shaped by the distribution of money, power, and resources at global, national, and local levels.

Latoya Johnson:	26:54	If we think back to our SDOH definition in the beginning, it's not just about the domains, the areas where people live, work, play, grow, et cetera, but it's also about those wider sets of forces and systems that are shaping the conditions of daily life. In a general sense, we're looking at how these resources are distributed globally, nationally, locally. But if we flip this to the Army context, we need to look at how money and power are distributed at the strategic, operational, and tactical levels, because we are definitely impacted as well. So we should look at things like unit policies, installation policies, program funding, et cetera, and make sure that we are distributing these resources strategically and equitably to enhance SDOH factors to mitigate harmful behaviors. Next.
Latoya Johnson:	28:03	What is the Army? The Army is adaptable, and the Army must remain ready at all times. And we've discussed how SDOH impacts readiness. We've discussed how the Army has universal healthcare and housing and paychecks. And we've also discussed that it's not just about having these things, but it's about the quality and the conditions of these things. So if we prioritize bolstering SDOH, this presents several opportunities for prevention and intervention. And so to this end, the Army is being very, very, very intentional about improving SDOH components, which ultimately improves the overall quality of life and increases readiness. So all the quality of life initiatives are the approaches that the Army is taking to enhance these SDOH elements.
Latoya Johnson:	29:12	So this slide really depicts how DOD and the Army are making significant financial investments in areas that support primary prevention, namely SDOH. So they have several lines of efforts, targeting improving Soldier barracks and Family housing, supporting childcare access and child development programs, and also resourcing efforts to prevent harmful behaviors. This slide gives you quick high points of what the Army is doing, where their money is going concerning these SDOH factors. Next slide. You may be asking yourself—well, hopefully I've built a case as to why everyone should care about SDOH. And so at this point, you may be asking, "What can I do? What can we do? What can leaders do? What can prevention partners do?" So our call to action is similar to the SDOH playbook that I mentioned earlier.
Latoya Johnson:	30:23	If you have a chance, check it out. But the first thing leaders can do is prioritize SDOH. If you're not familiar with SDOH, learn. I encourage you to learn. There are several resources out there. So definitely learn because you want to be able to communicate its importance and its impact on readiness to your Soldiers. And

you want your Soldiers to be ready because we have missions to complete. The next is data. We need routine, accurate, and reliable SDOH data to evaluate our efforts. We need leaders to champion participation in data collection efforts. So whether that means surveys or interviews, focus groups, et cetera, sensing sessions, we need leaders to encourage participation, especially in areas where data is lacking. So, areas like Family, Family data retaliation—this is one area where the IPAG will focus its efforts on. They'll be conducting community needs assessments to really capture the tactical, operational, and strategic level data to help inform prevention activities. But also, use existing data. There's no need to reinvent the wheel if you already have data. It really could be just a matter of going back to those old reports and flipping to the recommendation section and saying, "Hey, let's try this."

Latoya Johnson: 32:05 The third thing leaders can do is set the standard for what healthy commands look like. Advocate for and develop policies that enhance SDOH factors and readiness. You definitely encourage connectedness across your community. If you want to institute protected time for training or Family time, mentoring, leader development, things of that nature, I encourage you to do so. So you can set those standards and build healthy command climates. And the last is collaboration. The concept of prevention is collaborative by nature and is really everyone's responsibility. So it's important to establish relationships with fellow prevention partners. Talk to your IPAG, talk to SHARP, talk to suicide prevention, talk to ACS, but also think outside the gates. Don't just limit yourself to what's on the installation. Go outside the gates and establish relationships with local agencies and community organizations as well. Next slide.

Latoya Johnson: 33:26 And finally, these are some resources for SDOH that may be helpful. And thinking through what SDOH looks like in your respective communities, as I said earlier, may provide some ideas on some SDOH metrics to monitor and ways to enhance these factors. So I encourage folks to check out these resources and save them. I believe we're going to put links in the chat to the resources. But definitely save them. Save them in your favorites, bookmark them, and they will come in handy. So that is all. Oh, also, I did want to let you all know that we are considering developing an SDOH webinar series where we'll do deep dives into each SDOH domain and help get a greater understanding of each domain and how each domain impacts readiness and health outcomes. So if folks are interested, we're trying to gauge interest. So if people are interested, or would be interested in participating in something like that, or if you see a

need for it, maybe not for you but your community, and you think there will be interest, please let us know in the chat. And we'll take all that into consideration as well. And that is all. And I'll pass it over to you, Ms. Walker.

Lytaria Walker:	35:08	Ms. Johnson, thank you so much for that presentation. We will now take a few questions from the audience. If you would like to ask a question, please type your question in the Q&A box and we will read them aloud. There will be a short delay before the first question is announced. You may drop your question in the Q&A box at this time. First question, curious how this has worked within the military or joint basing?
Latoya Johnson:	36:23	Could you be more specific? As far as how what has worked?
Lytaria Walker:	36:37	As we wait for clarification on that question, please, if you have other questions, please drop your question there in the Q&A box. We do have another question in the meantime. Does the Army conduct research on Families in transition or returning from deployment, specifically looking at stress inventories?
Renee Johnson:	37:16	Hi, Ms. Walker, it's Renee Johnson, and I can offer an input here for Ms. Johnson's consideration. I just wanted to share that the Army had something in the past called the Global Assessment Tool or otherwise frequently referred to as the GAT. The GAT is now transitioned to a survey instrument that is called the Azimuth Check, and that tool has a few questions on it that do look at stress, and the DEOCS survey questions also look at stress at an individual level and also at an organizational level. And I'll send the net over to Ms. Latoya Johnson and see if she has anything she would like to add. Over.
Lytaria Walker:	38:06	Thank you for that answer, Ms. Renee Johnson.
Latoya Johnson:	38:12	Yeah, nothing to add on that.
Lytaria Walker:	38:16	Okay. We'll move to the next question. This sounds like it's primarily an active duty thing. Will this branch out into reserves at some point?
Latoya Johnson:	38:30	Yes. So the information presented today was definitely primarily focused on the active duty. We are working on and trying to figure out what the best approach would be. And not just for SDOH, but the IPAG as well. Because we understand the reserves and the National Guard is a very unique and different population. So, more to follow on that.

Lytaria Walker:	39:14	Okay, next question. Are commanders receiving training on SDOH?
Latoya Johnson:	39:25	Probably not formal training. But that's also one of the things that as we're considering developing an SDOH series, it's one of the things that we're also considering as well, specific for commanders.
Lytaria Walker:	39:51	Thank you for that answer. If you have a question, please drop it in the Q&A box at this time. Okay, next question. I recall that one version of the definition of SDOH included worship and play. Curious about thoughts from the DPRR perspective of integrated prevention and as chaplain teams are unit- and community-based resources.
Latoya Johnson:	40:33	That's a good question. I'll open that up to Ms. Renee Johnson. Would you have a response for that?
Renee Johnson:	40:45	Thank you. From my perspective, I think the chaplains in our military community do play a role in SDOH. I know personally, with my spouse's service, we've sought the counsel of chaplains many, many times, both in the military and outside the military. And from my perspective, yes, I do see the chaplaincy as a strong partner in our efforts to bolster SDOH at the community level. I hope that's helpful. Over.
Lytaria Walker:	41:26	Thank you for that answer. If you have a question, please drop it in the Q&A box at this time.
Lytaria Walker:	41:33	We will do our best to answer them aloud. Any other questions? We will drop today's presentation slides in the chat box. If you're viewing this webinar from your mobile device, you may not be able to download, but if you are a registered participant, you will receive the slides via email later on today. We just dropped the slides at the 2:42 mark. Looks like we have another question here. You may have answered this one in a different fashion, but I'll ask it again. Are military chiefs leaders, i.e., HQ DA, HQ DAF, HQ Navy, receiving training on SDOH?
Latoya Johnson:	43:12	At this time? No, to my knowledge, they're not receiving any formal SDOH training.
Lytaria Walker:	43:32	Are there any more questions at this time? If there are no more questions, we will conclude this afternoon's webinar. I want to extend a gracious thank you to Ms. Johnson for joining us. Thank you, listeners, for joining today's webinar as well. Once the webinar concludes, you will be prompted to complete a

survey. We appreciate your feedback as this helps us to improve upon future webinars. If you'd like to receive invitations for DPRR webinars and to receive the latest news and information from the Director of Prevention, Resilience, and Readiness, please go to DPRR's website armyresilience.army.mil and sign up for notifications there. Thank you again for joining us today. Have a wonderful rest of your day. Bye now.