

RESEARCH IN ACTION:

Wharton's Fareeda Griffith Examines the Social Determinants of Health Care

THE PROBLEM:

Health care is more than just a basic human right, it also plays a significant role in creating thriving communities. Yet underrepresented groups across the United States struggle with barriers to adequate care, including a lack of resources, access, and empathy. Those issues are often magnified for immigrants who may be dealing with a language barrier, no health insurance, or difficulty finding a doctor who understands their cultural values, which is known as cultural competency.

Wharton's Fareeda Griffith said the argument for having quality and affordable health care for everyone goes beyond improving mortality and disease. The social determinants of health – factors including race, income, education level, physical living conditions, and exposure to discrimination – are integral to overall quality of life.

“This work fits squarely into closing the wealth gap,” she said. “We need to think about how financial and physical wellness are interconnected. If you have a set of people who do not have access to the same health care as the majority, that contributes to the gap growing even larger.”



THE RESEARCH:

The immigrant Somali population in Columbus, Ohio, served a case study for Griffith's research. And the Patient Protection Affordable Care Act, signed into law by President Barack Obama in 2010, provided context for understanding the health status of those immigrants.

In 2016, Griffith conducted extensive interviews with 20 Somali women in the community to find out what they knew about the ACA and whether the legislation, which was designed to increase access to health insurance, improved their encounters with medical practitioners. The women were all over 18, Muslim, heads of household, and had varying levels of education, income and English proficiency.

The study yielded three key insights. First, social determinants of culture, discrimination, and socioeconomic status significantly influenced access to the ACA for Somali women. Second, Somali women knew about the ACA, but they accessed medical care differently depending their length of time in the U.S., language proficiency, and education. Third, Somali women were generally skeptical about the quality of care they would receive and concerned that a health practitioner would not understand their specific culture or religious values. This skepticism often kept them from seeking preventative care.

The results of her study were published in a paper titled "Knowledge, Access and Practice: Understanding the Affordable Care Act from the Voices of Somali Immigrant Women in the United States."

THE SOLUTION:

While the study targeted a particular group, the results offer a lens through which other underrepresented groups can be seen. And what comes into sharp focus is the need for more assistance in navigating the labyrinth of American health care, Griffith said. That can be accomplished through an array of support services, more translation of materials, interpreters, and ombudsmen who can help with specific questions, she said.

The study also underscores the need for greater cultural competency among health care providers, Griffith said. Some health care systems and medical schools have begun providing such training in recent years, and Griffith said that needs to be expanded.

"Advancing health equity was the goal of this project, and that is also part of the mission of the Wharton CEO Initiative," Griffith said. "We can use the lessons learned in this research to help other underserved populations and start closing the gap."



THE SCHOLAR: *FAREEDA GRIFFITH*

Fareeda Griffith is the managing director of the Wharton CEO Initiative. She joined the school in 2022 after spending 13 years at Denison University in Ohio, where she served as an associate professor of anthropology and sociology, and as director of Global Health. Griffith is a quantitatively trained sociologist and demographer who earned her Ph.D. in sociology from UPenn.

Griffith chose to study the Somali immigrant population in Ohio because she wanted to conduct research that would benefit one of the most vulnerable populations where she lived. In the nearby capital of Columbus, government and nonprofit agencies were established to help Somalis build their new lives in America, from help enrolling their children in school to help finding jobs. But Griffith found that Somali immigrants still faced barriers in health care, some that were compounded by trying to understand the changes ushered by the ACA.

“It was a population I wanted to bring awareness to in terms of access to health care, particularly because women are the head of the household in the Somali community and are making the health care decisions for their families,” she said.

The Wharton Coalition for Equity and Opportunity (CEO) creates research-driven solutions to help current and future leaders ensure equity in business relationships and leadership. Dean Erika James, who is Wharton’s first Black and first female dean, is emblematic of a paradigm shift in executive leadership. She has launched the Wharton Coalition for Equity and Opportunity as the hallmark of her leadership commitment to diversity, equity, and inclusion. The initiative is being led by Kenneth L. Shropshire, Wharton emeritus professor of legal studies and business ethics. Shropshire is the former director of the Wharton Sports Business Initiative and former CEO of the Global Sport Institute.