Social Determinants of Health in Community Health Assessment and Improvement Planning

A guide for local health departments, hospitals, and other partners

Goal and learning objectives

Overall goal: Increased ability for communities to use a Social Determinants of Health framework to understand and address the root causes of health disparities which have been identified through the community health assessment process.

Objectives: The learner will be able to:

- Describe the Healthy People 2020 Social Determinants of Health framework.
- Engage community members in assessment and improvement planning processes which are consistent with a social determinants of health approach.
- Use a fishbone diagram to identify underlying contributors to health disparities.

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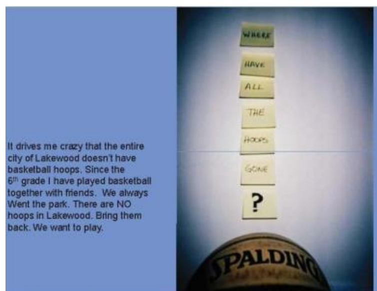
Creating contexts for health



http://ccbh.info/hipcuyahoga/?page_id=479

A public health perspective

DEFINITIONS AND DESCRIPTIONS

Health, Public health, and health disparities

Definition of Health

- Health is a dynamic state of complete physical, mental, spiritual and social well-being and not merely the absence of disease or infirmity (World Health Organization, 1947).

Public Health

- What we as a society do collectively to assure the conditions in which people can be healthy. (The Future of Public Health, Institute of Medicine, 1988)

Health Disparities

- Variations in rates of disease occurrence and disabilities between socioeconomic and/or geographically defined population groups. (National Library of Medicine)

Health Equity – the ultimate goal

[Health equity is] "the absence of systematic disparities in health (or in major social determinants of health) between groups with different levels of underlying social advantage or disadvantage—that is wealth, power, or prestige. Inequities in health put groups of people who are already social disadvantaged (for example, by virtue of being poor, female, and/or members of a disenfranchised racial, ethnic, or religious group) at further disadvantage with respect to their health….Equity is an ethical principle; it also is consonant with and closely related to human rights principles. Assessing health equity requires comparing health and its social determinants between more and less advantaged groups. These comparisons are essential to assess whether national and international policies are leading toward or away from greater social justice in health."

Source: Paula Braveman and Sophia Gruskin, "Defining Equity in Health," *Journal of Epidemiology and Community Health* 57 (2003): 258

"Health equity cannot be concerned only with health, seen in isolation. Rather, it must come to grips with the larger issue of fairness and justice in social arrangements, including economic allocations, paying appropriate attention to the role of health in human life and freedom. Health equity is most certainly not just about the fair distribution of health."

Source: Amartya Sen, "Why Health Equity," in Anand:.21.

The social determinants of health

Social determinants of health are the economic and social conditions that influence the health of individuals, communities, and jurisdictions as a whole. Social determinants of health determine whether individuals stay healthy or become ill (a narrow definition of health). Social determinants of health also determine the extent to which a person possesses the physical, social, and personal resources to identify and achieve personal aspirations, satisfy needs, and cope with the environment (a broader definition of health). Social determinants of health are about the quantity and quality of a variety of resources that a society makes available to is members.

These resources include – but are not limited to – conditions of childhood, income, availability of food, housing, employment and working conditions, and health and social services. An emphasis upon societal conditions as determinants of health contrasts with the traditional focus upon biomedical and behavioural risk factors such as cholesterol, body weight, physical activity, diet, and tobacco use. Since a social determinants of health approach sees the mainsprings of health as being how a society organises and distributes economic and social resources, it directs attention to economic and social policies as means of improving it.

(Raphael, D. (2004). *Social Determinants of Health: Canadian Perspectives.* p. 1).

Healthy People 2020 Approach to the Social Determinants of Health (SDOH)

Healthy People Model

World Health Organization Definition

The social determinants of health are 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.

SDOH: Health and Health Care

Access to Health services
  (including clinical and preventive care)
Access to Primary Care
  (including community-based health promotion and wellness programs)
Health Technology

Source: www.cornucopiafoods.net

SDOH: Economic Stability

Poverty
Employment Status
Access to Employment
Housing Stability
(homelessness, foreclosure)

Source: http://www.vatmi.com.au/user-data/employment-sign.jpg

SDOH: Social and Community Context

Family Structure
Social Cohesion
Perceptions of Discrimination and Equity
Civic Participation
Incarceration
Institutionalization

Source: http://vantagepoint.com.sg/wp-content/uploads/2009/12/KingdomContext300.jpg

SDOH: Neighborhood and Built Environment

Quality of Housing
Crime and Violence
Environmental Conditions
Access to Healthy Foods

Source: http://nakedphilly.com/wp-content/uploads/2012/03/422033_244740468938165_227733170638895_549469_563811192_n-560x373.jpg

SDOH: Education

- High School Graduation Rates
- School Policies
  - Supporting Health Promotion
- School Environments
  - Safe
  - Conducive to Learning
- Enrollment in Higher Education

Community health assessment and community health improvement planning

A COMMUNITY AFFAIR

Community health assessment

Community health assessment is a systematic examination of the health status indicators for a given population that is used to identify key problems and assets in a community. The ultimate goal of a community health assessment is to develop strategies to address the community's health needs and identified issues. A variety of tools and processed may be used to conduct a community health assessment; the essential ingredients are community engagement and collaborative participation. (Turnock, B. Public Health: What It Is and How It Works. Jones and Bartlett, 2009).

Community health needs assessment

A community health needs assessment (CHNA) is required under the Internal Revenue Code (IRS) by the *Patient Protection and Affordable Care Act* (ACA). The IRS requires hospital organizations to document compliance with CHNA requirements for each of their facilities in a written report that includes:

A description of the community served

A description of the process and methods used to conduct the assessment

A description of methods used to include input from people representing the broad interests of the community served

A prioritized description of all community health needs identified in the CHNA, as well as a description of the process and criteria used in prioritizing such needs

A description of existing health care facilities and other resources in the community available to meet the needs identified in the CHNA.

(irs.gov/pub/irs-drop/n-10-39.pdf)

http://www.phaboard.org/wp-content/uploads/PHAB-Acronyms-and-Glossary-of-Terms-Version-1.0.pdf

Community health improvement process

Community health improvement is not limited to issues clarified within traditional public health or health services categories, but may include environmental, business, economic, housing, land use, and other community issues indirectly affecting the public's health. A community health improvement process involves an ongoing collaborative, community-wide effort to identify, analyze, and address health problems; assess applicable data; develop measurable health objectives and indicators' inventory community assets and resources' identify community perceptions, develop and implement coordinated strategies; identify accountable entities; and cultivate community ownership of the process. (National Public Health Performance Standards Program, Acronyms, Glossary, and Reference Terms, CDC, 2007. www.cdc.gov/nphpsp/PDF/Glossary.pdf).

Community health improvement process steps

- Prepare and plan
- Partner with a broad network of individuals and organizations, including the community at large
- Develop a goal or vision
- Assess
- Identify Key Priorities
- Develop and implementation strategy and Implement it
- Evaluate and monitor outcomes

An example using diabetes

IDENTIFYING SOCIAL DETERMINANTS OF HEALTH

Steps in identifying the underlying social determinants of health

- Identify disparate outcomes
- Use a fishbone process to begin to sort out the contributors to the disparities
- Remember that while data can describe disparities, communities can tell you how the disparities came to be
- See more at http://www.naccho.org/topics/infrastructure/healthy-people/upload/NACCHO-Healthy-People-Mtg-HCC.pdf

Assessment – Discovering the Disparity in Diabetes by Income (Source: CDC BRFSS 2010)

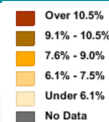
Have you ever been told by a doctor that you have diabetes?

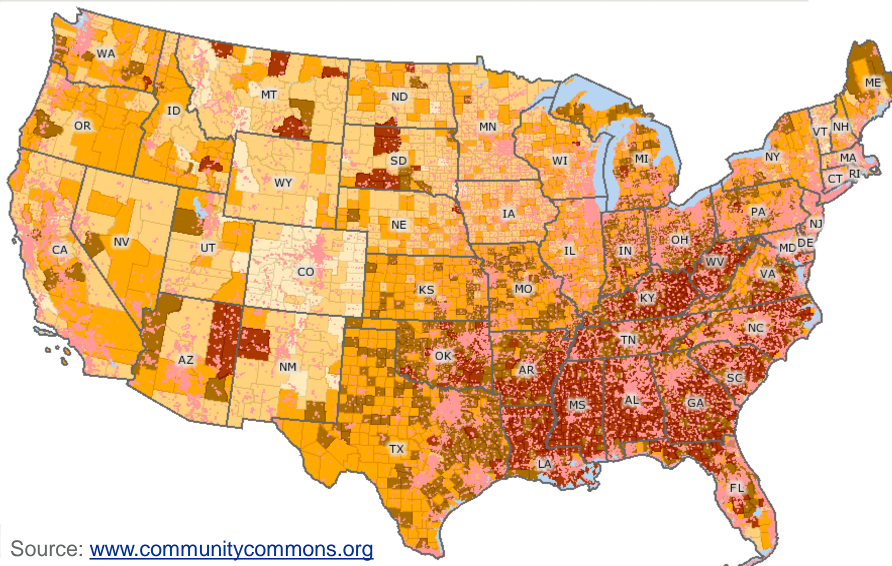
Income:		Yes	Yes, pregnancy-related	No	No, pre-diabetes or borderline diabetes
Less than $15,000	% CI n	20.5 (15.3-25.7) 140	0.1 (0.0-0.1) 2	71.6 (65.9-77.4) 428	7.8 (4.8-10.8) 49
$15,000- 24,999	% CI n	14.5 (11.9-17.0) 258	0.1 (0.0-0.2) 2	82.1 (79.2-85.0) 1127	3.3 (1.8-4.9) 50
$25,000- 34,999	% CI n	8.7 (6.2-11.2) 77	N/A	83.5 (79.7-87.2) 465	7.8 (5.0-10.7) 60
$35,000- 49,999	% CI n	11.2 (7.8-14.6) 79	1.9 (0.0-3.8) 6	81.7 (77.0-86.4) 481	5.2 (2.2-8.1) 31
$50,000+	% CI n	5.9 (4.4-7.4) 97	0.4 (0.0-0.8) 6	90.0 (88.1-91.9) 926	3.7 (2.7-4.8) 75

% = Percentage, CI = Confidence Interval, n = Cell Size
Percentages are weighted to population characteristics.

Disparities in Diabetes by Place

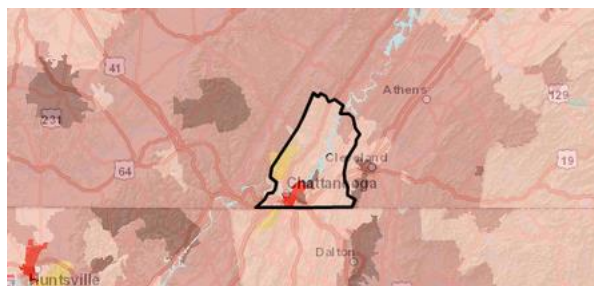
Diabetes Prevalence in Adults 20 Years and Older, 2009

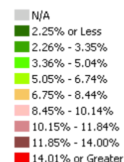




Source: www.communitycommons.org

Small Area Analysis – example from Hamilton County, TN





Source: Maps.z-atlas.com

Thinking with your community about root causes of health disparities

- Once a disparity is identified, the next step is to consider the root causes – to identify the contributing factors involved and the underlying systemic patterns
- A "fishbone" diagram can be used to start the thinking
- The fishbone moves in the direction of understanding the contributing factors in the present time
- Community members know the history – how these contributing factors came to be.

The fishbone process

The value of using a fishbone **lies in the process used to produce it**. It is not, in itself, an analytic model. The process, however, can:

- Generate ideas and insights into the problem
- Provide thoughts for further investigation or for possible solutions.

When developed by a community group, the fishbone becomes a 'shared conceptual space' where

- More possibilities are uncovered
- All community members benefit from each other's contribution
- Community members develop a common understanding of the problem

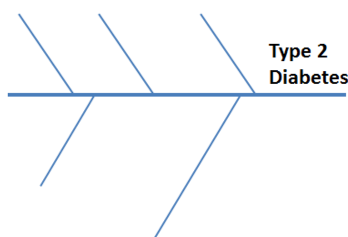
The fishbone can be used as a working document which is changed as new data is collected and different solutions tried.

Different types of fishbone approaches are available.

Adapted from http://www.hci.com.au/cause-and-effect-diagrams/

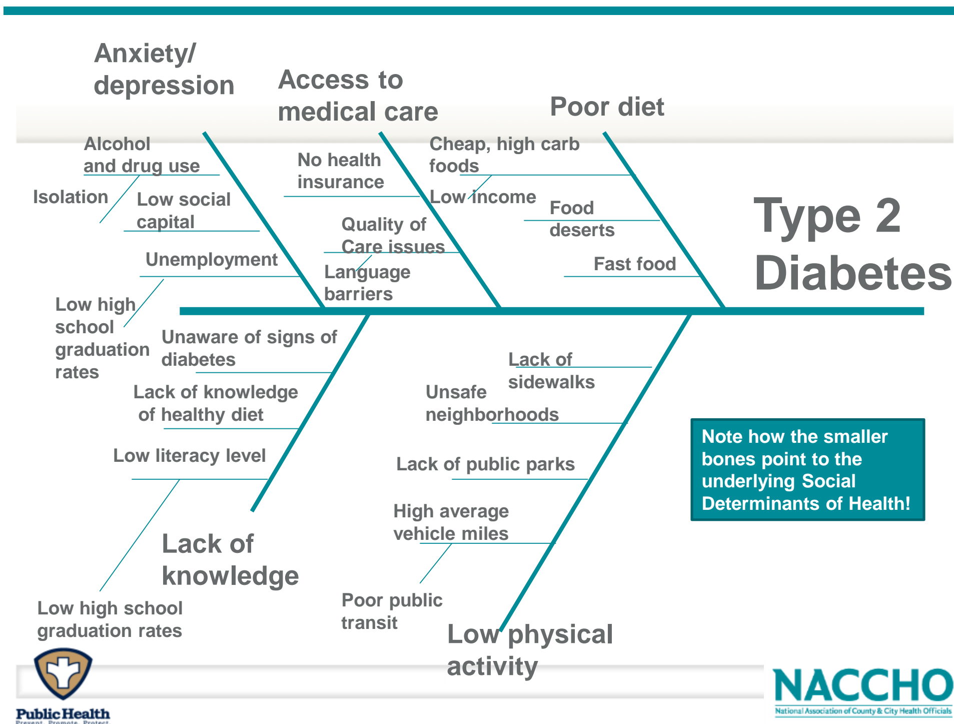
See more at http://www.health.state.mn.us/divs/opi/qi/toolbox/fishbone.html

Fishbone diagrams

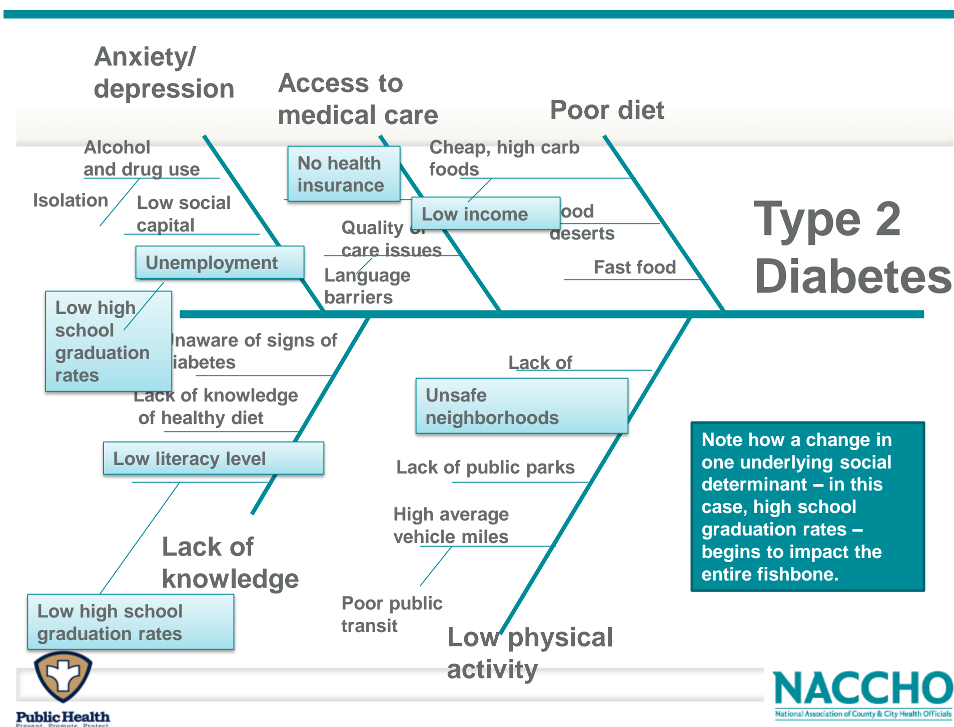


Tips for completing fishbone diagrams

- Include community members and health professionals to gain a full range of potential causative factors.
- Begin with the "result" in the far right side and fill in the causes as the "bones" of the fish
- Or begin by listing causative agents, group them, and then create the diagram.



Anxiety/ depression
Access to medical care
Poor diet
Alcohol and drug use
Isolation
Low social capital
Unemployment
Low high school graduation rates
No health insurance
Quality of Care issues
Language barriers
Cheap, high carb foods
Low income
Food deserts
Fast food
Type 2 Diabetes
Unaware of signs of diabetes
Lack of knowledge of healthy diet
Low literacy level
Lack of knowledge
Low high school graduation rates
Lack of sidewalks
Unsafe neighborhoods
Lack of public parks
High average vehicle miles
Poor public transit
Low physical activity
Note how the smaller bones point to the underlying Social Determinants of Health!
Public Health
Prevent. Promote. Protect.
NACCHO
National Association of County & City Health Officials



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Lack of knowledge of healthy diet
Low literacy level
Lack of knowledge
Low high school graduation rates
Lack of
Unsafe neighborhoods
Lack of public parks
High average vehicle miles
Poor public transit
Low physical activity
Note how a change in one underlying social determinant – in this case, high school graduation rates – begins to impact the entire fishbone.
Public Health
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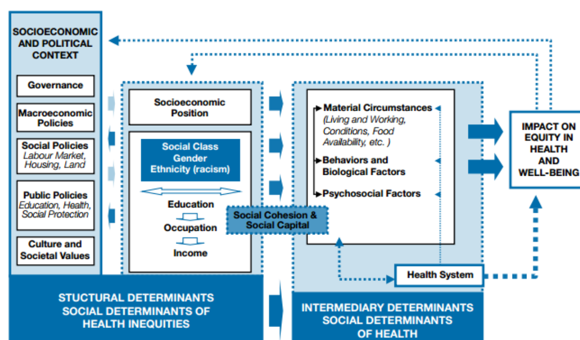
World Health Organization conceptual framework



http://www.who.int/sdhconference/resources/ConceptualframeworkforactiononSDH_eng.pdf

An example using diabetes

ADDRESSING SOCIAL DETERMINANTS OF HEALTH

Health care: Cultural barriers in diabetes care

Information

For information on the importance of culturally sensitive diabetic care: http://www.ahrq.gov/research/findings/factsheets/diabetes/diabdisp/index.html

Source: http://www.diabetes.org/

Tips

For tips on clinics and communication:

http://www.naph.org/Main-Menu-Category/Newsroom/Safety-Net-Matters-Blog/When-Poor-Communication-Trumps-Good-Care.aspx

Economic Stability – Local economies and diabetes

Information

For information on the importance of the local economy to health outcomes, see
http://www.sciencedaily.com/releases/2009/09/090921134859.htm

" When African Americans and whites live in similar environments and have similar incomes, their diabetes rates are similar."

Tips

For tips on partnerships in local economic development, see

- The Business Alliance for Local Living Economies' (BALLE), whose work is focused on creating real prosperity by connecting leaders, spreading solutions that work, and driving investment toward local economies. https://bealocalist.org/about-us
- Your local Chamber of Commerce

Social and community context: Discrimination, segregation and diabetes

Information

For information on the bidirectional nature of diabetes and mental health, see

http://www.ncbi.nlm.nih.gov/pubmed/21098346

http://www.sciencedaily.com/releases/2014/05/140503082722.htm

Tips

For tips on addressing racial justice by highlighting the intersection and compounding effects of race and key societal issues, see http://www.raceforward.org

Race Forward research conducts cutting edge, original research on pressing racial justice issues… Focusing largely on institutional and structural racism as opposed to personal prejudice, *Race Forward* believes that a true understanding of social justice issues requires an explicit, though not exclusive, examination of race and ethnicity.

Neighborhood and Built Environment: Active living by design and diabetes prevention

Information

For information on active lifestyles and healthy eating approaches to prevent or lower the risk for diabetes, see http://www.diabetes.org/are-you-at-risk/lower-your-risk/?loc=atrisk-slabnav

Tips

For tips on creating contexts for active lifestyles, see Active Living By Design, which creates community-led change by working with local, state and national partners to build a culture of active living and healthy eating. http://www.activelivingbydesign.org

Education: Safe Routes to Schools

Information

For information on increasing rates of type 2 diabetes among youth, see

http://care.diabetesjournals.org/content/34/Supplement_2/S161.full

Tips

For tips on improving the context for young persons to lead healthy lives, see the Safe Routes to School National Partnership. Their mission is to advance safe walking and bicycling to and from schools, and in daily life, to improve the health and well-being of America's children and to foster the creation of livable, sustainable communities.

http://saferoutespartnership.org/blog/resources-connecting-partners-and-power-people-safe-routes-school

http://saferoutespartnership.org/

Putting it all together into an implementation strategy

STORIES AND METHODS FOR TACKLING SDOHS

Community Themes and Strengths

The SDOH model presents many possible areas for strategic intervention…

•Which ones fit with your community's strengths?

•What assets exist to support the work?

•Which partner(s) are best able to work on which areas?

Tip: Think with your community about the challenges and opportunities through a community themes and strengths assessment.
http://www.naccho.org/topics/infrastructure/mapp/framework/clearinghouse/phase3CTSA.cfm

Community group in Cleveland, OH
http://ccbh.info/hipcuyahoga/?page_id=31

Stories from the Field

Stories from health department community health assessment and improvement planning partnerships:
http://www.naccho.org/topics/infrastructure/healthy-people/stories-from-the-field.cfm

Training Presentation: Identifying Effective Strategies to Address the Social Determinants of Health

- Describes what types of actions will best address the root causes of health inequities or social determinants of health
- Discusses the role of policy change in addressing the social determinants of health
- And more!

Watch the free archived recording of this webinar at:
https://cc.readytalk.com/cc/playback/Playback.do?id=cunls9

Access the presentation slides at:
http://www.naccho.org/topics/infrastructure/CHAIP/upload/Identifying-Effective-Strategies-to-Address-the-Social-Determinants-of-Health-Final-Slides.pdf

Health Impact Assessments

- A systematic process that uses an array of data sources and analytic methods and considers input from stakeholders to determine the potential effects of a proposed policy, plan, program, or project on the health of a population and the distribution of those effects within the population. HIA provides recommendations on monitoring and managing those effects (National Research Council)
- Use Health Impact Assessments to review needed, proposed, and existing social policies for their likely impact on health
- http://www.naccho.org/topics/environmental/health-impact-assessment/index.cfm
- http://www.cadh.org/images/stories/A_Health_Impact_Assessment_of_the_New_Britain-Hartford_Busway.pdf

Health in all Policies

•Because where we live, work and play have a significant impact on our health, it is important that health be a top priority in education, transportation, planning, food and other policies. A new resource, "Health in All Policies: A Guide for State and Local Governments," is designed to help improve the public's health and safety by incorporating health considerations into decision-making across all sectors and policy areas.

•Written by public health practitioners, the guide was developed in collaboration with the American Public Health Association, California Department of Public Health and Public Health Institute. It features strategies for achieving good health and sustainability across the community and tips for engaging stakeholders, building relationships and making joint decisions across sectors. The publication also includes guidance on developing messages around the health in all policies concept as well as examples of co-benefits that can be attained through strong public health policy.

http://www.naccho.org/topics/environmental/HiAP/index.cfm

Other Resources

•Health People 2020 website: www.healthypeople.gov
•NACCHO Website:
  •Healthy People Resources www.naccho.org/healthypeople
  •MAPP Clearinghouse: www.naccho.org/mapp
  •CHA/CHIP Resource Center www.naccho.org/chachipresources
•Community Guide: http://www.thecommunityguide.org/about/aboutTF.html
•County Health Rankings and Roadmaps: http://www.countyhealthrankings.org/roadmaps
•County Health Rankings and Roadmaps What Works for Health: http://www.countyhealthrankings.org/roadmaps/what-works-for-health
•Community Commons http://www.communitycommons.org/
•Community Toolbox - http://ctb.dept.ku.edu/
•PolicyMap http://www.policymap.com/
•Roots of Health Inequity Learning Collaborative http://rootsofhealthinequity.org/
Healthy Human Habitats: http://www.youtube.com/watch?v=UfmR0LPfBX8

THANK YOU!

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