Social Determinants of Health

World Health Organization definition:

"the circumstances in which people are born, grow up, live, work and age, and the systems put in place to deal with illness. These circumstances are in turn shaped by a wider set of forces: economics, social policies, and politics."
Health is local…
Social Determinants of Health

Source: CDC Healthy People 2020
RWJF Leveraging Partners and Assets to Improve Health and Equity Project Team

- NORC Walsh Center for Rural Health Analysis

National Health Partners
- National Rural Health Association
- National Organization of State Offices of Rural Health

Regional Partners
- Southwest Center for Health Innovation
- Louisiana Public Health Institute
- Maine Rural Health Research Center
- Wisconsin Office of Rural Health
- East Tennessee State University

Non-Health Partners
- National Association of Development Organizations
- National Association of Counties

Consultant
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Project Purpose

• Conduct formative research to identify strengths, assets, and strategies that will accelerate and improve health and well-being in rural communities.

• Identify factors and partners that can influence health and well-being within rural communities, including why barriers have not been overcome in the past.

• Identify opportunities for action and a set of recommendations for diverse rural stakeholders and funders.
Research Questions

1. What **assets** can be leveraged to support health and equity in rural communities?
2. What **assets exist in different rural regions**?
   - What are the **similarities and differences** in assets across rural regions?
   - Are there **common assets**?
3. What **cultural factors** exist within and between rural regions that impact health and equity?
4. What types of **promising strategies** exist to leverage rural assets to improve health and equity?
5. How can **specific assets** such as culture or social cohesion accelerate improvements in health and equity?
6. Who are the **change agents**, champions, and partners in different rural sectors that can support a culture of health in rural communities?
7. Why have **challenges** not been overcome with respect to improving health and equity in rural communities?
8. What are the **opportunities for action** for RWJF and others to build on current work to leverage assets to improve health and equity? What are the **implications** of our findings?
Contextual Factors: Political environment, policies, history
Regional Community Forums
Forum #4: Upper Midwest

• Partner: Wisconsin Office of Rural Health
• 43 participants

• Sectors represented: healthcare, public health, education (university), cooperative extension, aging, philanthropy, youth, tribal nation

• Panelists: Members of the Jackson In Action coalition

Black River Falls, Wisconsin
• Population: 3,622
• Jackson County population: 20,449 (2010 Census)
Forum #4: Upper Midwest

- Health priorities: obesity, healthy eating/physical activity, opioids, alcohol use
- Strong focus on local public health

Assets
- Reliability and volunteerism are key assets among individuals.

Partners
- Relationships with multiple ethnic communities, including tribal and Amish communities
- Health department, local philanthropy, hospital, university

Recommendations
- Focus on capacity building, operational and indirect support
- Support a staff person to organize and coordinate community level action across all partners working towards common goals: “Someone has to pay somebody to harness all this passion.”
Cody, Nebraska

- https://vimeo.com/136627286
Common discussions related to social determinants of health, but priorities related to health behaviors and outcomes varied
  • Most sites discussed the need to address “root causes” in order to improve health and equity

Many common assets, including social capital, relationships, and independence
  • Community members “wear many hats” in both professional and personal lives, and are strongly connected
  • Lack of resources can potentially fuel creativity and innovation

Partners were similar across sites, but variation in “lead” partners and “non-traditional” partners
  • Hospitals, health departments and educational institutions are some of the main anchor institutions in rural communities
  • Examples of “non-traditional” partners included real estate agents, state alcohol trade associations, and juvenile probation
Cross-Site Reflections

• “Culture of Collaboration” across most sites
  • Collaboration and multi-sector approaches are already the norm in many rural communities

• Rural change agents take on several different roles – often, they are formal and/or informal leaders who have a passion to address an issue and leverage their resources for action.

• Even within rural areas, resources tend to be distributed to more densely populated areas, excluding the most remote.
Conetoe, North Carolina

- https://www.youtube.com/watch?v=r8lhNVMA42k
What are the challenges to local success?

• Lack of tools and strategies
  • Evidence-base or promising practices
  • Systematic way to share and analyze data
• Resource and perspective differences between organizations
• Lack of effective multi-sector collaboration
• Lack of interoperable data systems
What makes successful local solutions sustainable?

- Leadership, leadership, leadership
  - Vision
  - Action
  - Community buy-in
- Establish effective multi-sector collaboration
- Engage multi-generations
- Build upon success
  - Share data to demonstrate outcomes
https://www.ruralhealthinfo.org/community-health/toolkits
Thank You!

The Walsh Center
for Rural Health Analysis

NORC AT THE UNIVERSITY OF CHICAGO