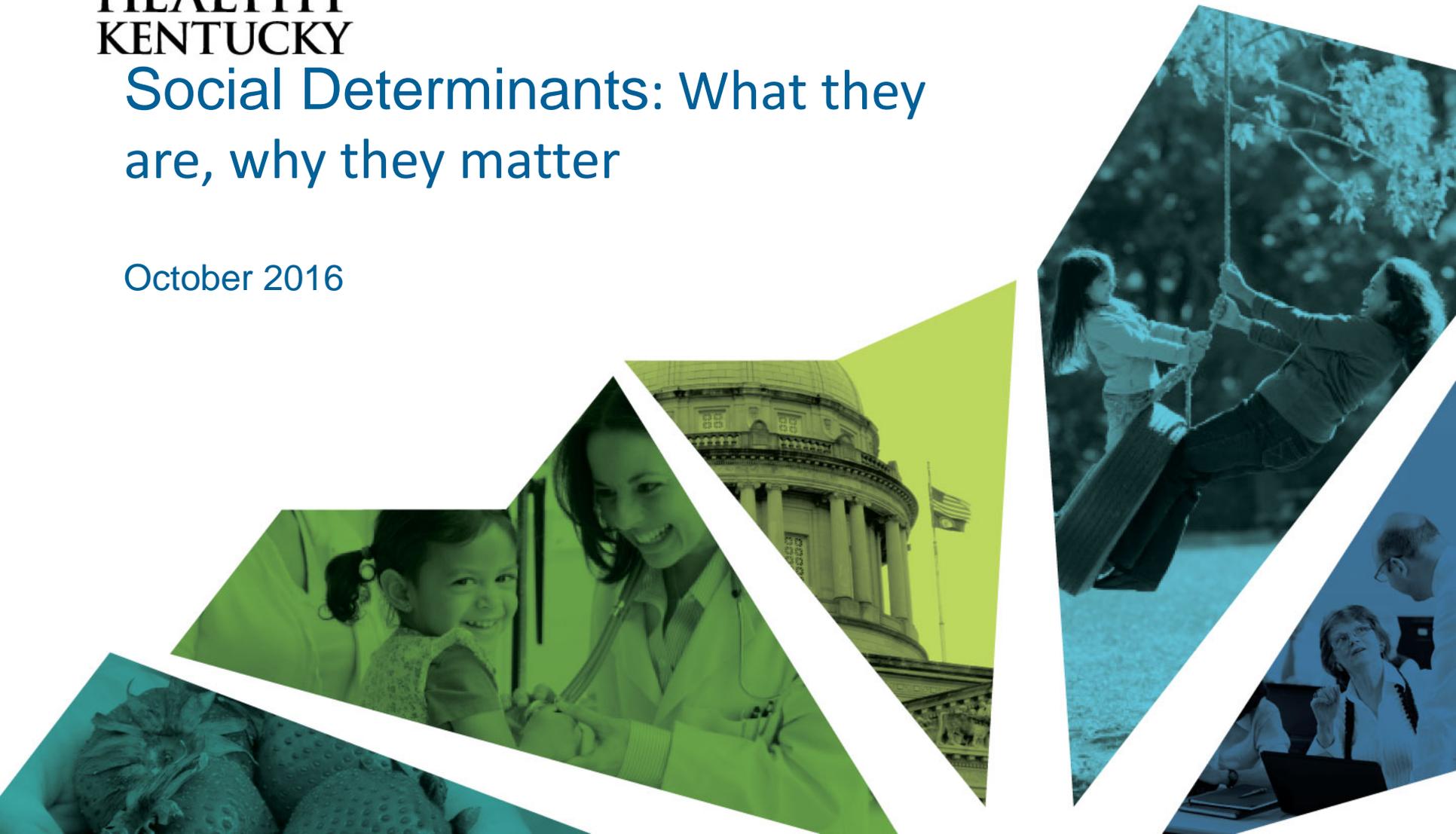




FOUNDATION FOR A  
**HEALTHY  
KENTUCKY**

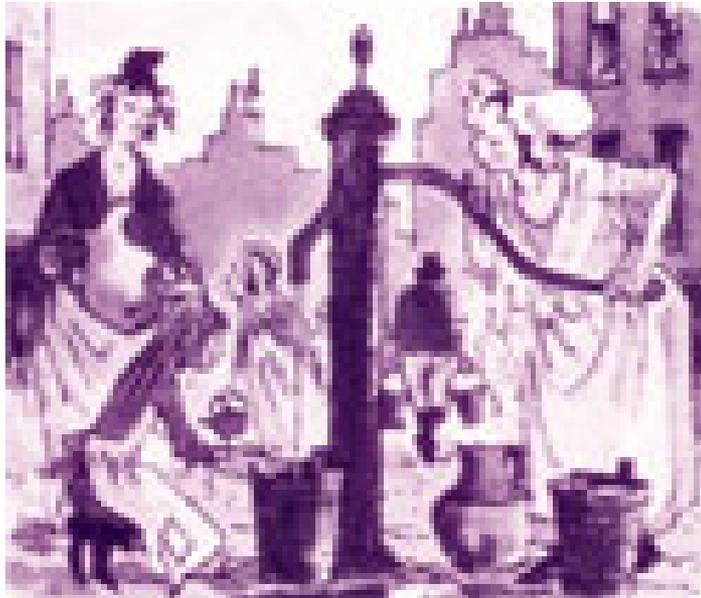
# Social Determinants: What they are, why they matter

October 2016



# Where Public Health all began....

- John Snow – 1854 Cholera outbreak and the Broad Street pump handle

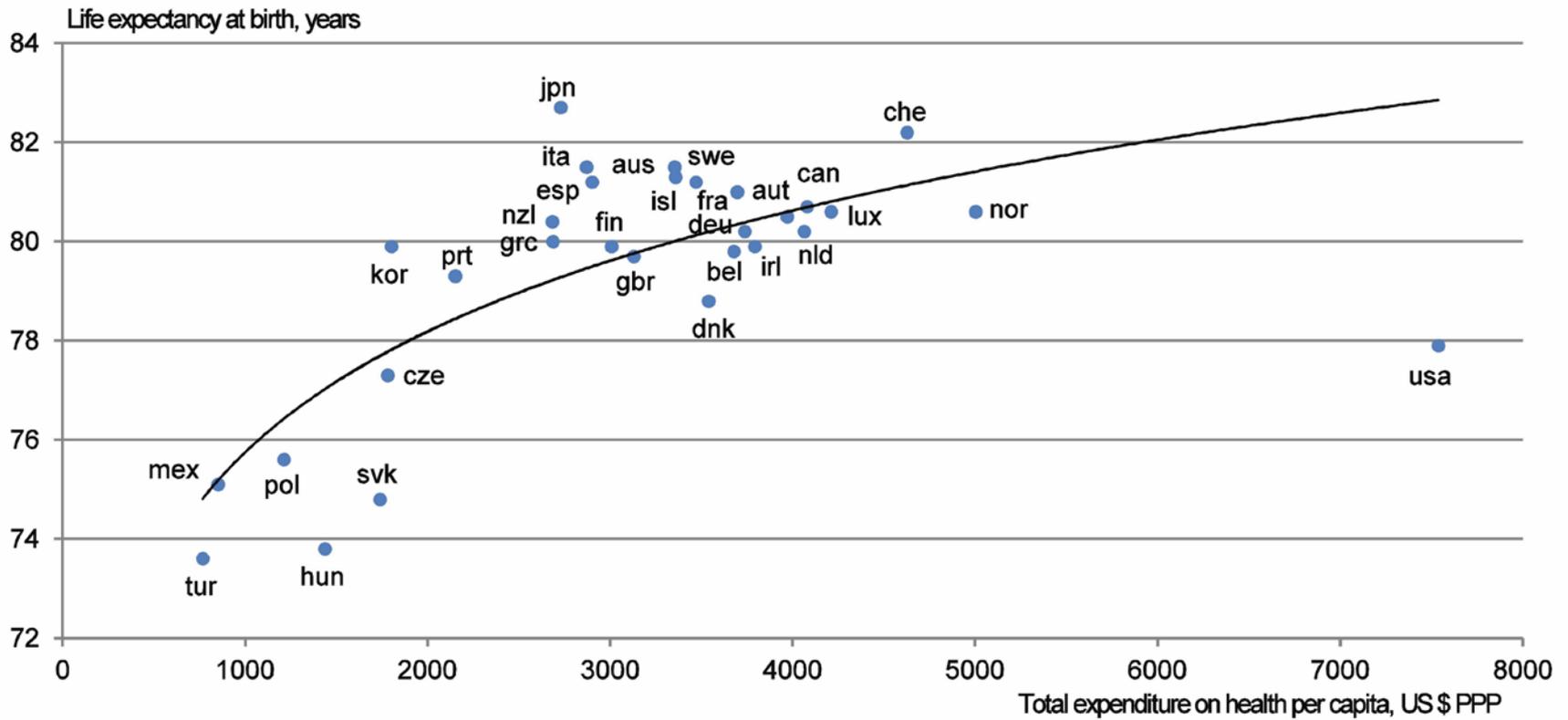


# Protecting the Public Health and Safety

Fast forward to laws about –

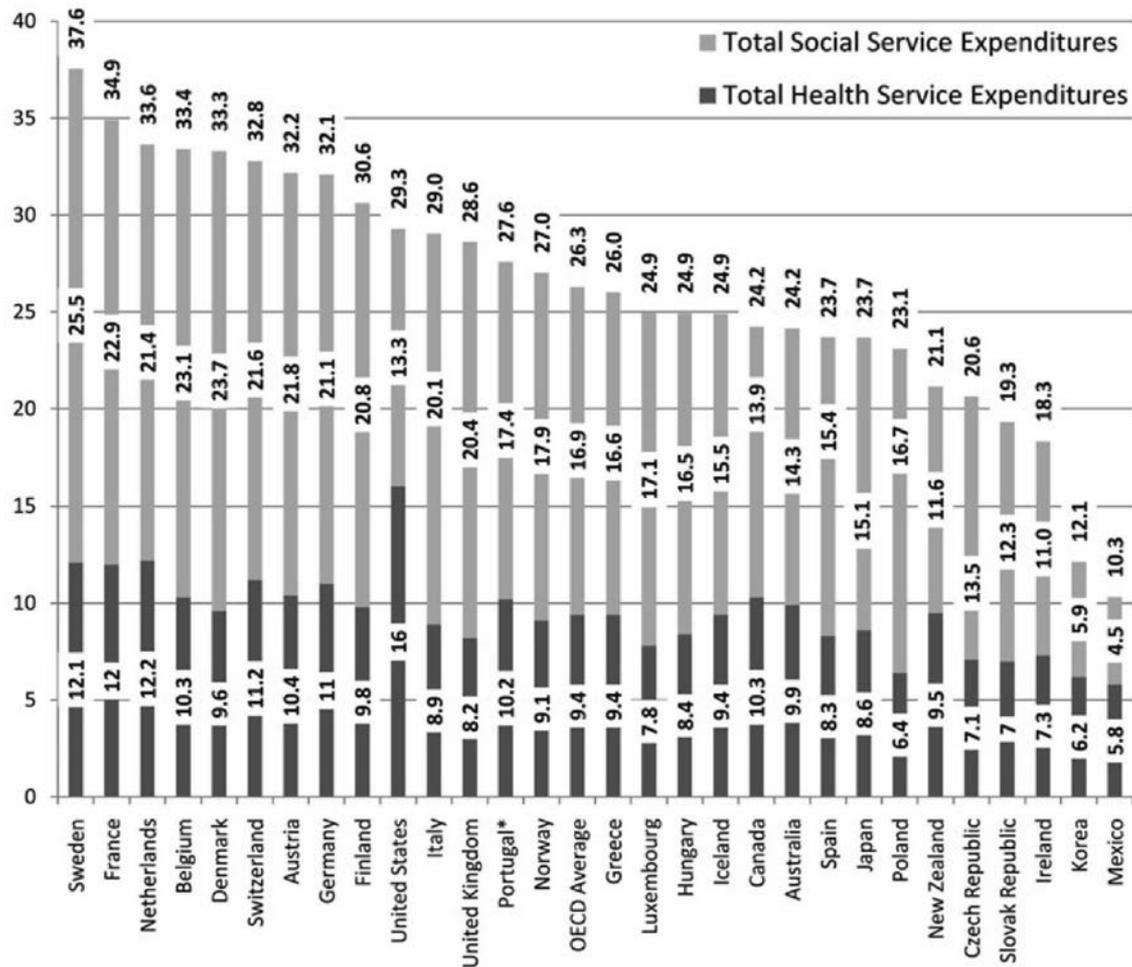
- Immunization
- Disease reporting
- Drunken driving
- Driving speed limits
- Water fluoridation
- Needle exchanges
- Smoke free buildings
- Seatbelts in cars; helmets for bikers
- Texting or talking while driving

# And still...



Source: OECD Health Data, 2010

# How we compare



SOURCE: Bradley et al., 2011, p. 3.

# Protecting the Public Health and Safety

Thus spoke the Institute of Medicine:

- Assessment
- Assurance
- Public Policy



# Protecting the Public Health and Safety

NACCHO, ASTHO, APHA expanded on the three-fold path → the 10 Essential Public Health Services:

- Monitor health status → identify + solve community health problems.
- Diagnose + investigate health problems + health hazards
- Inform, educate, + empower people about health issues.
- Mobilize community partnerships + action to solve health problems.
- Develop policies + plans that support individual + community health efforts.

# Protecting the Public Health and Safety



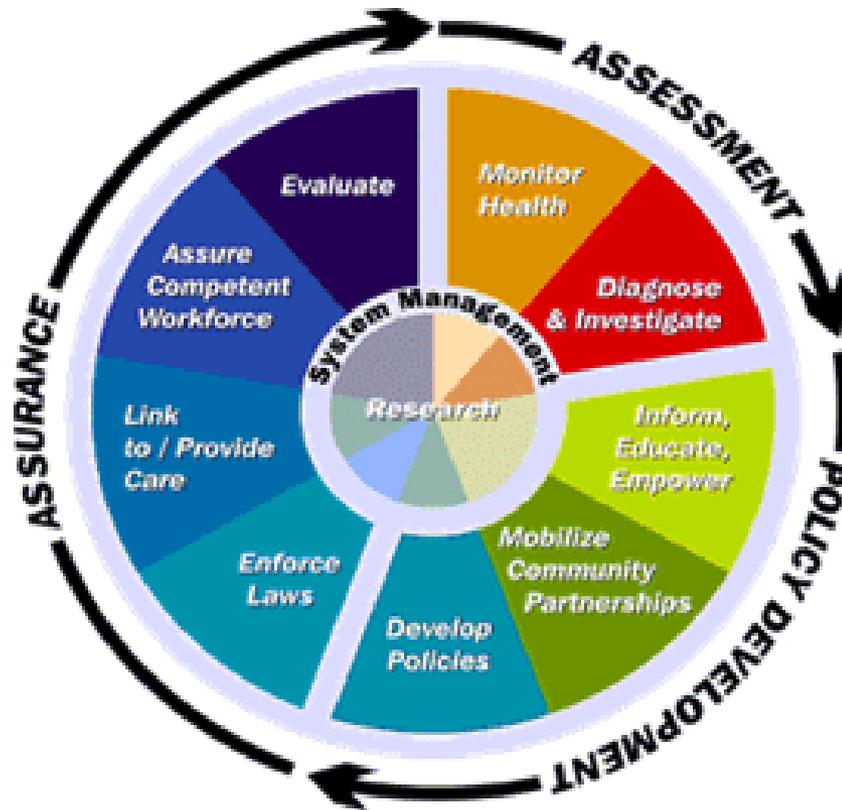
# Protecting the Public Health and Safety

The rest of the 10 Essential Services:

- Enforce laws + regulations that protect health and ensure safety.
- Link people to needed personal health services + assure the provision of health care when otherwise unavailable.
- Assure competent public + personal health care workforce.
- Evaluate effectiveness, accessibility, + quality of personal and population-based health services.
- Research → new insights + innovative solutions to health problems.

# Protecting the Public Health and Safety

And CDC put it all together:



# What Really Keeps Us Healthy and Safe?

Figure 2

## Social Determinants of Health

Economic Stability	Neighborhood and Physical Environment	Education	Food	Community and Social Context	Health Care System
Employment	Housing	Literacy	Hunger	Social integration	Health coverage
Income	Transportation	Language	Access to healthy options	Support systems	Provider availability
Expenses	Safety	Early childhood education		Community engagement	Provider linguistic and cultural competency
Debt	Parks	Vocational training		Discrimination	Quality of care
Medical bills	Playgrounds	Higher education			
Support	Walkability				

**Health Outcomes**  
 Mortality, Morbidity, Life Expectancy, Health Care Expenditures, Health Status, Functional Limitations



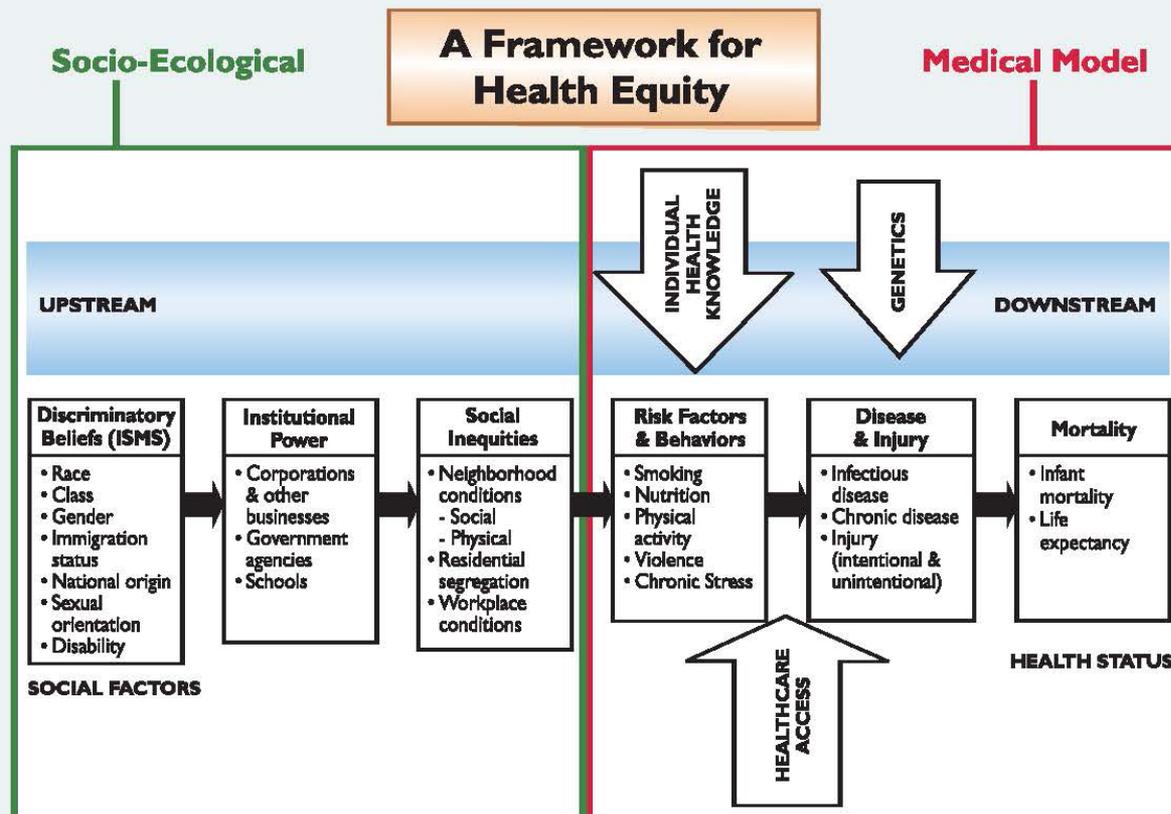
# Protecting the Public Health and Safety

## Foundational capabilities:

- Information systems, surveillance capacity
- Health planning → community health improvement
- Partnership development + community mobilization
- Policy development, analysis + decision support
- Communication (including health literacy, cultural competence)
- PH research, evaluation, quality improvement

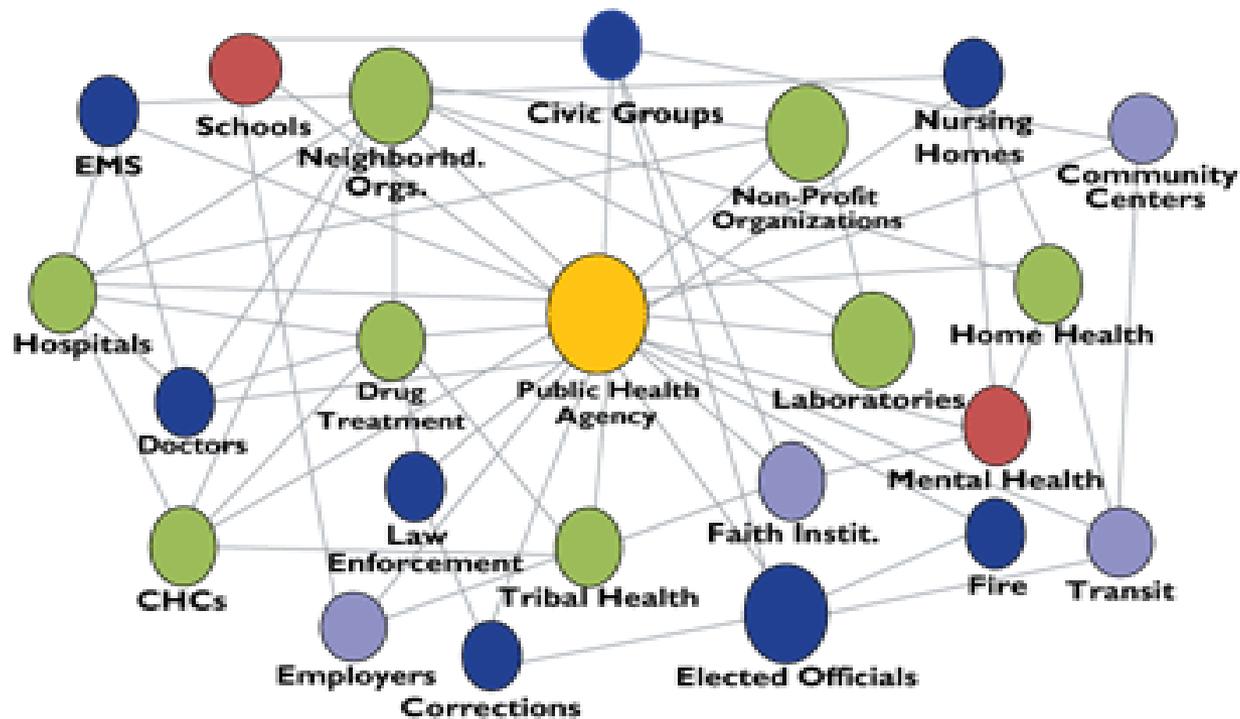
# Whose Job is It?

FIGURE 1. A FRAMEWORK FOR HEALTH EQUITY



Source: ACPHD 2008

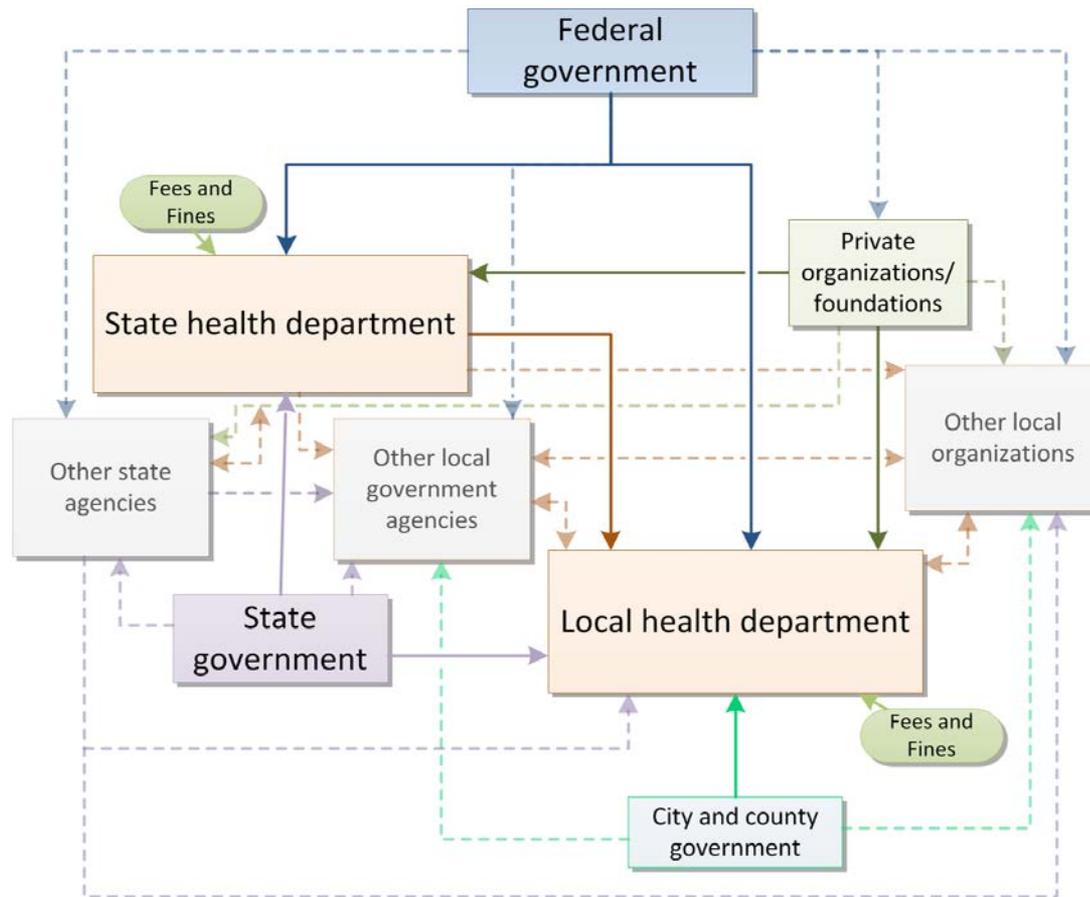
# Whose Job is It?



# Whose Job is It?



# How Do We Pay for It?



# How Do We Get Attention? Engagement?

- When public health does its job really well, we prevent a lot of bad stuff from happening *in the first place*. Car crashes avoided, cancer clusters dissipated, community violence diminished, cases of type-2 diabetes absent, asthma attacks that never happened and HIV that wasn't transmitted.... *How do you measure what never happened?*
- It's frequently not until we're sick or injured that we start asking how an illness or injury could have been prevented. And since, as a nation, we spend \$2.8 trillion a year on health care—the vast majority for conditions *that can be prevented*—the real question is what can we all do to prevent needless suffering, avoidable injuries, preventable illnesses and runaway costs? That's the ongoing agenda for prevention and public health.

- Larry Cohen, Prevention Institute

# How Do We Get Engagement? Resources?

Prevention Institute has lifted up some options:

- Wellness Trusts (Massachusetts-style) – funded by tax on insurers and larger hospitals
- Social/Health Impact Bonds (New York City – to reduce recidivism)
- Community benefits from nonprofit hospitals

When did we remove Public Health from the “public health and safety” trio of fire, police and public health?

How do we get it back?

# Getting from here to there....

Collaboration &  
Collective Impact



Innovations in  
Financing



Health &  
Health Equity



# Getting from here to there...

Public Health 3.0 suggests:

1. Health Dept. Director → Chief Health Strategist
2. Engage community stakeholders in structured, cross-sector partnerships
3. Enhance accreditation
4. Share timely, reliable, actionable data
5. Modify and enhance public health funding

# Opportunities and Challenges

## ACA –

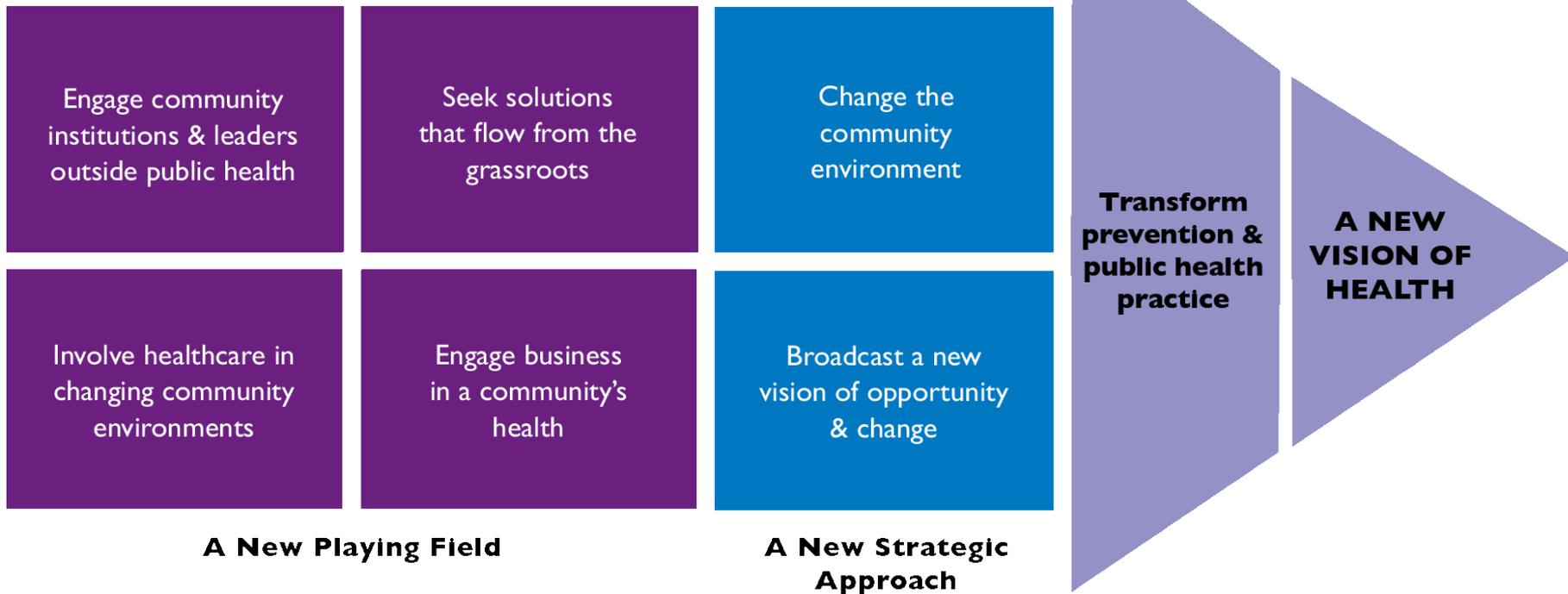
- Offers competitive grants to states and communities to find effective preventive strategies and better manage chronic diseases (e.g., Community Transformation Grants)
- Requires hospitals to do robust assessment and community benefit planning

## Health Dept. Accreditation –

- Requires local health departments to do community assessment
- Requires that they engage the community in identifying needs and solutions

# Opportunities and Challenges

Prevention Institute suggests 6 elements to transform prevention and PH practice –



# Assessment

Will your Health Department:

- Continue **basic surveillance** functions, aligning HD **information technology capacity** to mesh with health care provider requirements?
- Take a lead role in local **Health Information Exchange**?
- Take a lead role in developing **quality metrics** for Medicaid MCOs, ACOs, employers, health insurers?

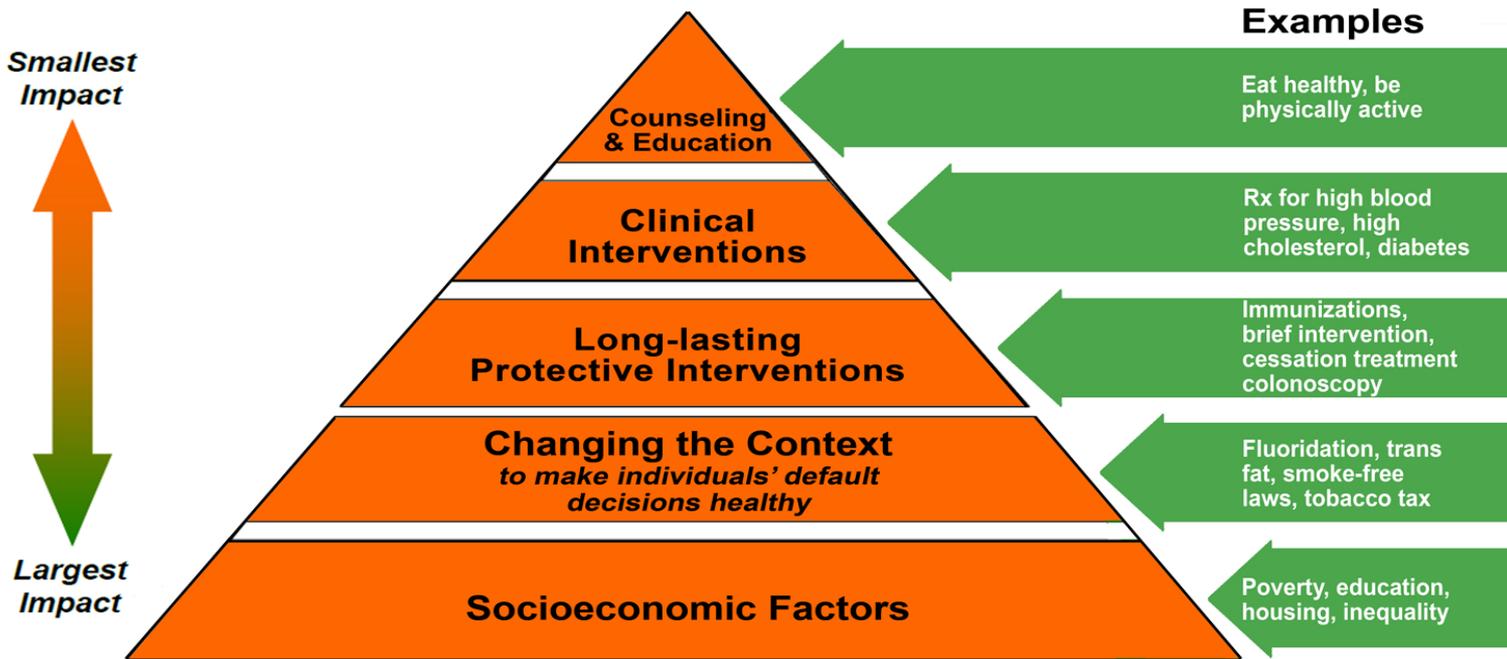
# Policy Development

Will your Health Department:

- **Develop policies and plans** that support individual and community health, reaching out to new partners?
- Use the opportunities in ACA related to community health needs assessment, to reach out to local hospitals **and jointly plan to improve your community** while building your HD's accreditation readiness?
- Be a **convener of new partnerships toward collective impact**, to put shared community health plans into action?

# CDC Health Impact Pyramid

## Factors that Affect Health



Check the Tarrant County Public Health Web site to learn more.  
<http://health.tarrantcounty.com>



# Two Steps Back to Prevention

Population-level

Individual-level

Social and Physical  
**Environment**

Exposures &  
Behaviors

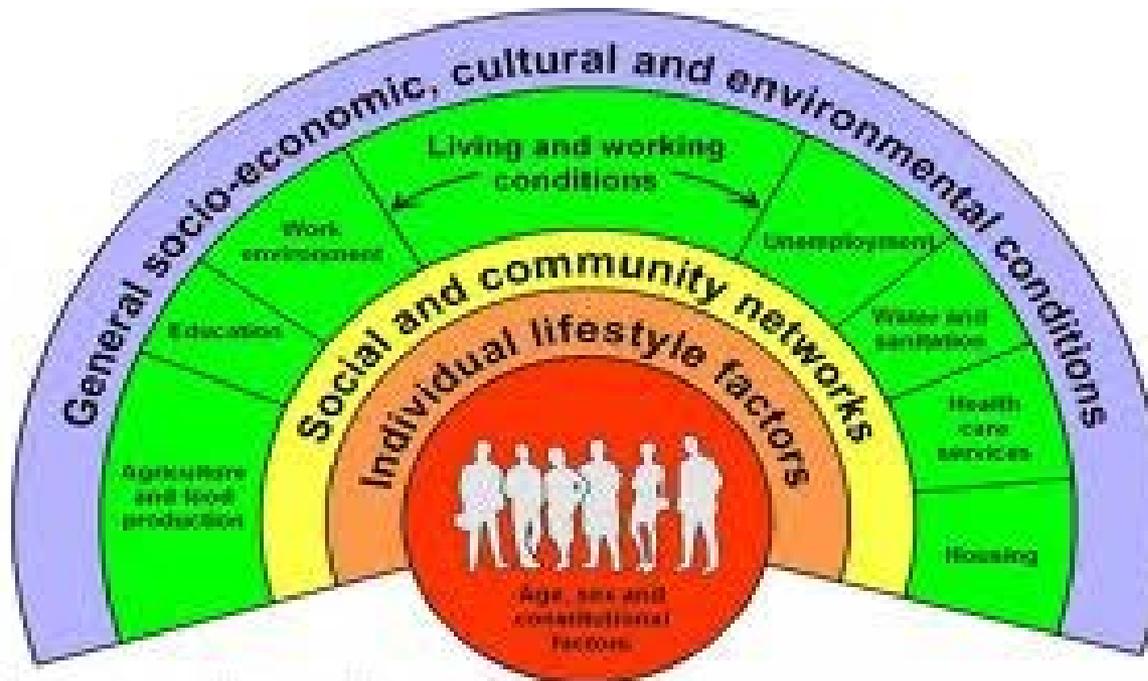
Health  
care/services

**Health  
Outcomes**

*Approach adapted from Prevention Institute*

# Opportunities and challenges

Through work on population health, primary prevention, and policy-level changes, communities move toward equity, better health, prosperity

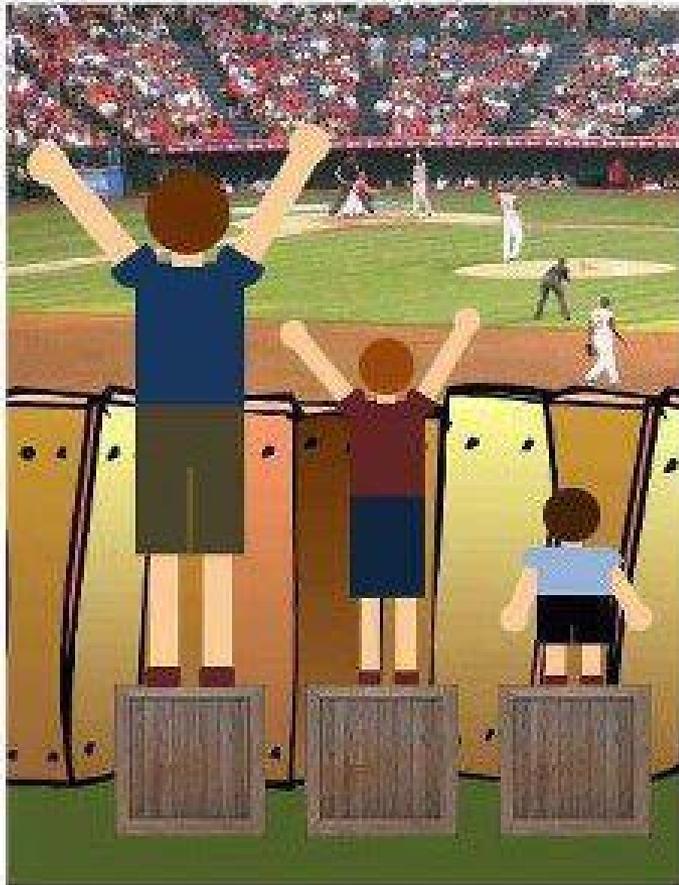


Source | Dahlgren and Whitehead, 1991

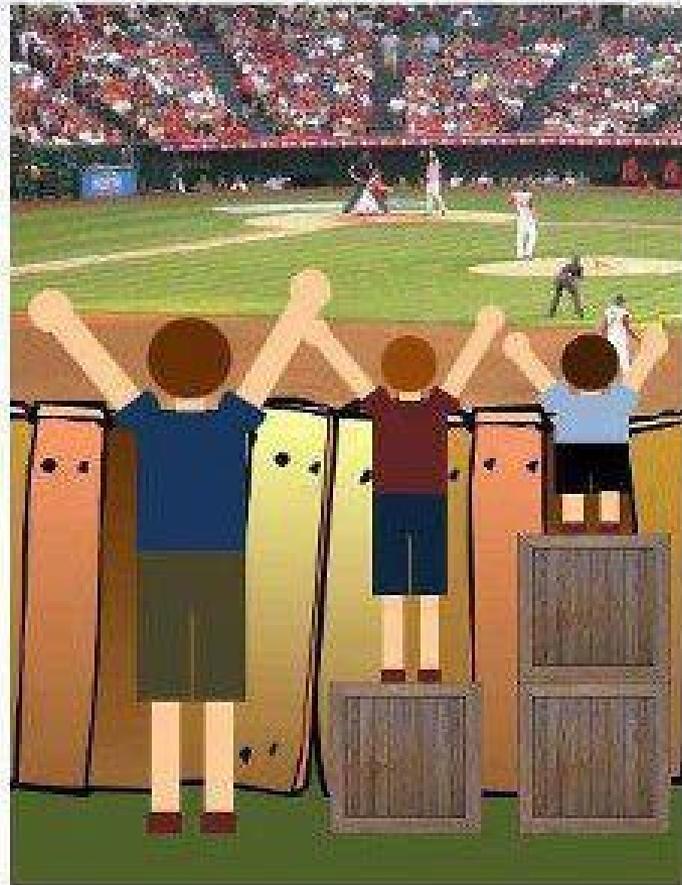
# Opportunities and challenges

*Where you live, work, play, and learn matters when it comes to health*

# Opportunities and challenges



**This is Equality**



**This is Equity**

# Opportunities and challenges

- All types of policies → health
- Policies can:
  - make inequities worse,
  - maintain the status quo,
  - help correct inequity

Policies informed by equity address the ***causes*** of health and disease, not just the ***outcomes***

# A Few Upstream Ideas...

- Place-based strategies
  - Partner with education to enroll eligible children in needed services
  - Make playgrounds accessible to community after hours
  - Double SNAP at farmers' markets
  - Walkable communities
- Policy and systems change
  - Smoke free facilities, communities
  - Recess, walking breaks
- Cross-sector collaboration
  - To reduce exposure to health risks, support healthy behaviors
  - Promote safe neighborhoods
  - Promote healthy food, physical activity

Not an option:



# In Times of Change...

“In times of change, learners inherit the earth, while the learned find themselves beautifully equipped to deal with a world that no longer exists.”

- Eric Hoffer

Philosopher and longshoreman

# In times of change...

It will take all of us here today,  
Working together,  
Learning together,  
To identify our local needs and challenges, and  
Find ways to address them.

# References

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- Georgia Health Policy Center, *Leading through Health System Change: A Public Health Opportunity - Planning Tool* (2013)
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- Prevention Institute, *Towards a 21<sup>st</sup> Century Approach: Advancing a Vision for Prevention and Public Health* (2013)
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***Thank you!***

**Questions?**

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