

Identifying Effective Strategies to Address the Social Determinants of Health

August 1, 2012

Presented by:

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Webinar Logistics

- The lines are muted. If you wish to mute/unmute your line to ask/answer a question, please do the following:
- To **unmute** your own line, **press *7**
- To **mute** your own line, **press *6.**

- Throughout the presentation and during the Q&A session, if you have a question, please use ReadyTalk's 'raise your hand' feature or use the chat box to indicate you have a question. The facilitator will call your name and ask for your question.

Webinar Learning Objectives

At the completion of the session participants will be able to do the following:

- Describe the project and PHAB documentation requirements for strategy selection and implementation.
- Discuss what types of actions will best address the root causes of health inequities or social determinants of health.
- Discuss the role of policy change in addressing the social determinants of health.
- Plan strategies and tactics for addressing the social determinants of health along with community members and LPHS partners.
- Name a resource for evidence-based or “model” or promising strategies that address the social determinants of health.
- Describe methods to overcome challenges in addressing the social determinants of health.
- Identify additional partners or stakeholders to involve in addressing the social determinants of health.
- Describe how strategies aimed at improving the social determinants of health can be part of a multi-level intervention approach or strategy “bundling” to maximize effectiveness.

PROJECT REQUIREMENTS & PHAB STANDARDS AND MEASURES: SOCIAL DETERMINANTS OF HEALTH



Setting the Gold Standard for CHAs and CHIPs



- Your work will set the standard for others!
- Demonstration Project Key Features:
 - Engaging community members and LPHS partners in a meaningful way.
 - Addressing the social determinants of health.**
 - Using QI and quality planning techniques.

Project Requirements: Addressing the Social Determinants of Health

Required Characteristics of Processes to Conduct the Community Health Improvement Process:

- The CHAs conducted should consider multiple determinants of health, especially social determinants like social and economic conditions that are often the root causes of poor health and health inequities among sub-populations in their jurisdictions.
- Include relevant data and other resources from the County Health Rankings project to help understand these (social determinants of health) conditions.
- Sites must engage non-traditional partners (i.e., those not historically involved in community health improvement processes) to address the root causes of health inequities in their communities

Project Requirements: Addressing the Social Determinants of Health

Required Characteristics of Processes to Conduct the Community Health Improvement Process:

The project seeks to ensure that the CHAs conducted have a particular focus on the following:

- **Identifying populations** within their jurisdictions with an **inequitable share of poor health outcomes**;
- **Assessing the social determinants of health** in their jurisdiction and ensuring that they are **considered in indicator and data source selection, data collection, and data analysis**;
- Including at least one of these issues as a priority for community health improvement efforts in addition to other health priorities in the CHIP; and

Project Requirements: Addressing the Social Determinants of Health

Required Characteristics of the Community Health Profile:

Data and analyses that do the following:

- Demonstrate the use of indicators, data collection methods, and data analysis techniques that allow for the identification and examination of health inequities.
- Choose indicators that represent a broad range of items that community members have indicated, or literature shows, may be inequitable.
- Use data and data collection methods that can be analyzed and reviewed for health inequities (i.e., if a data source already exists for an indicator but the data cannot be analyzed for health inequities, consider using another data source or collecting new data on this indicator to fulfill this need).
- Ensure that sample sizes are large enough, when appropriate, to allow for data analysis to examine health inequities between and among sub-populations.

Project Requirements: Addressing the Social Determinants of Health

Required Characteristics of the CHIP:

Priority issues section that does the following:

- Describes the process by which the priorities were identified.
- Outlines the top priorities for action. The priorities need to include at least one priority aimed at addressing a social determinant of health that arose as a key determinant of a health inequity in the jurisdiction. *(See slide #11 for more information)*
- Includes a brief justification for why each issue is a priority.

Project Requirements: Addressing the Social Determinants of Health

Requirements of the Community Health Improvement Process Report:

CHA and Community Health Profile overview:

- Describe how the site addressed the social and economic determinants of health in conducting the CHA.
- Discuss what type of data analyses were conducted to do the following:
 - Ensure that analyses were meaningful and appropriate for jurisdiction/community size and characteristics. When possible and appropriate, data analysis should allow for review of trends and sub-population-specific data and these data should be presented in the CHA report; and
 - Ensure that health inequities in sub-populations were identified to the maximal degree allowed by the data.

CHIP overview:

- Specify how your strategy aimed at addressing a social or economic determinant of health/health inequity was identified.

Project Requirements: Addressing the Social Determinants of Health

Project Requirements Highlight:

‘Priority issues section that includes at least one priority aimed at addressing a social determinant of health that arose as a key determinant of health inequity in the jurisdiction’.

This does not have one specific priority aimed at addressing a social determinant of health. It could be that social determinants of health are considered as underlying or cross-cutting themes among all priority areas chosen. If you choose to approach these issues in this manner, please be prepared to simply describe this in your final Community Health Improvement Process report.

PHAB Standards & Specific Mention of Social Determinants of Health, Disparities, or Equity

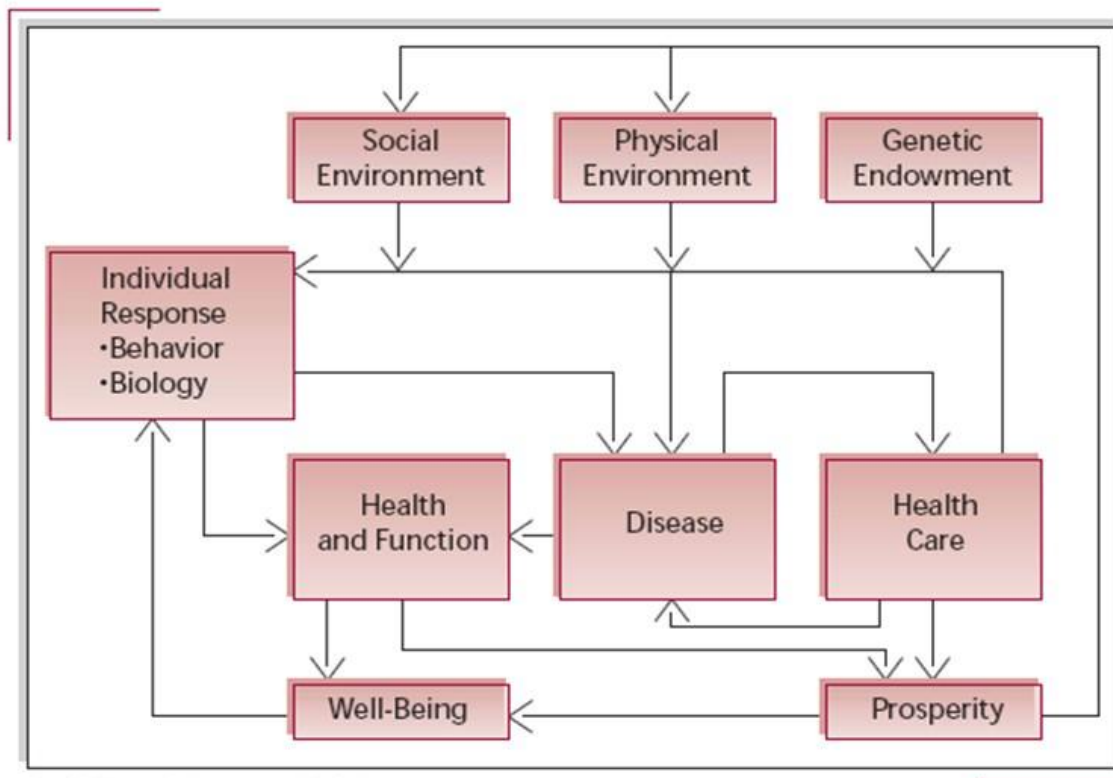
- Community Assessment—Health status disparities, health equity, and high health risk populations must be addressed (Standard 1.1.2L)
- Data Collection—May collect data on social conditions (such as unemployment, poverty, or lack of accessible facilities for physical activity) (Standard 1.2.4L)
- Data Analysis—May consider social conditions that affect health and may consider reports of health disparities (Standard 1.3.1A)

QUICK REVIEW OF THE MULTIPLE DETERMINANTS OF HEALTH

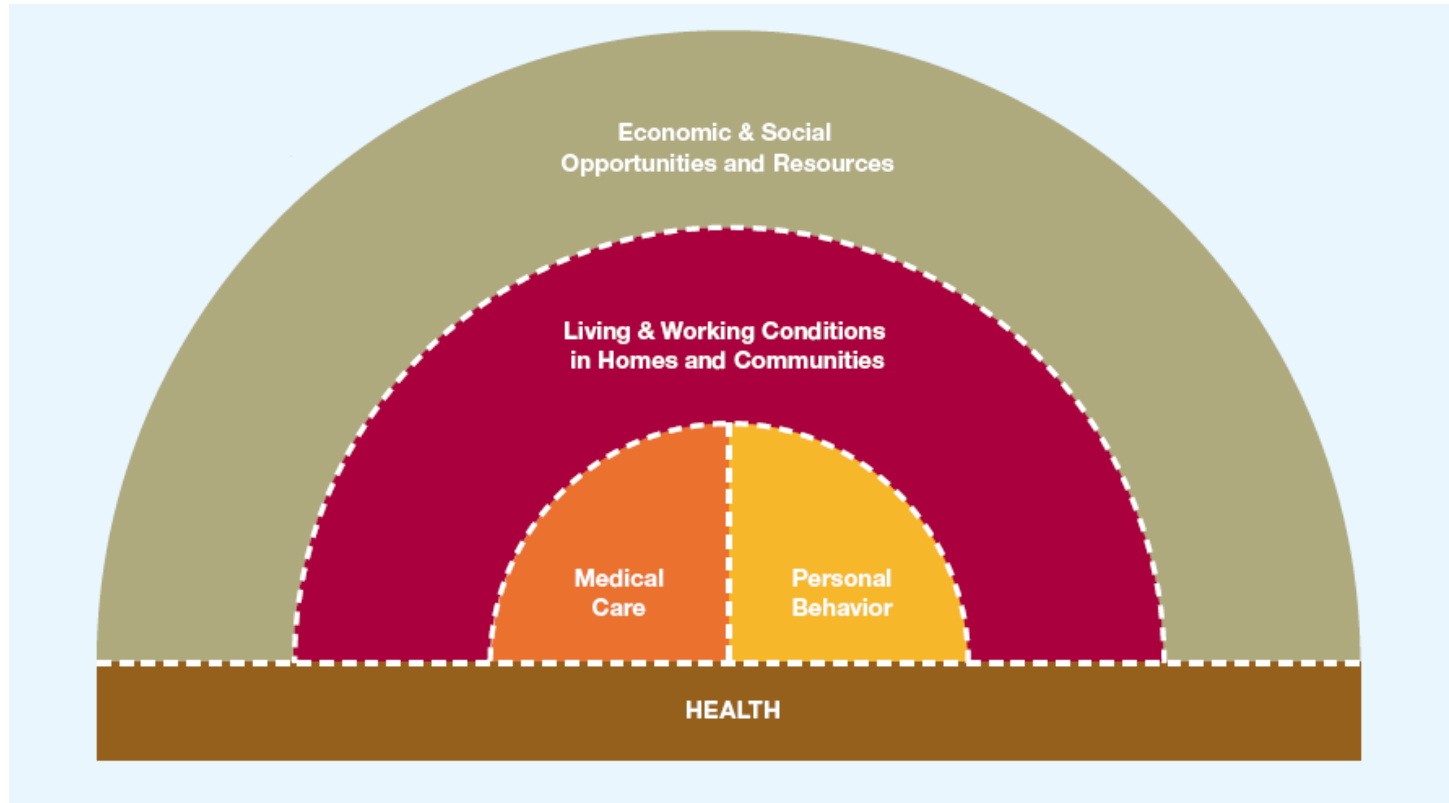


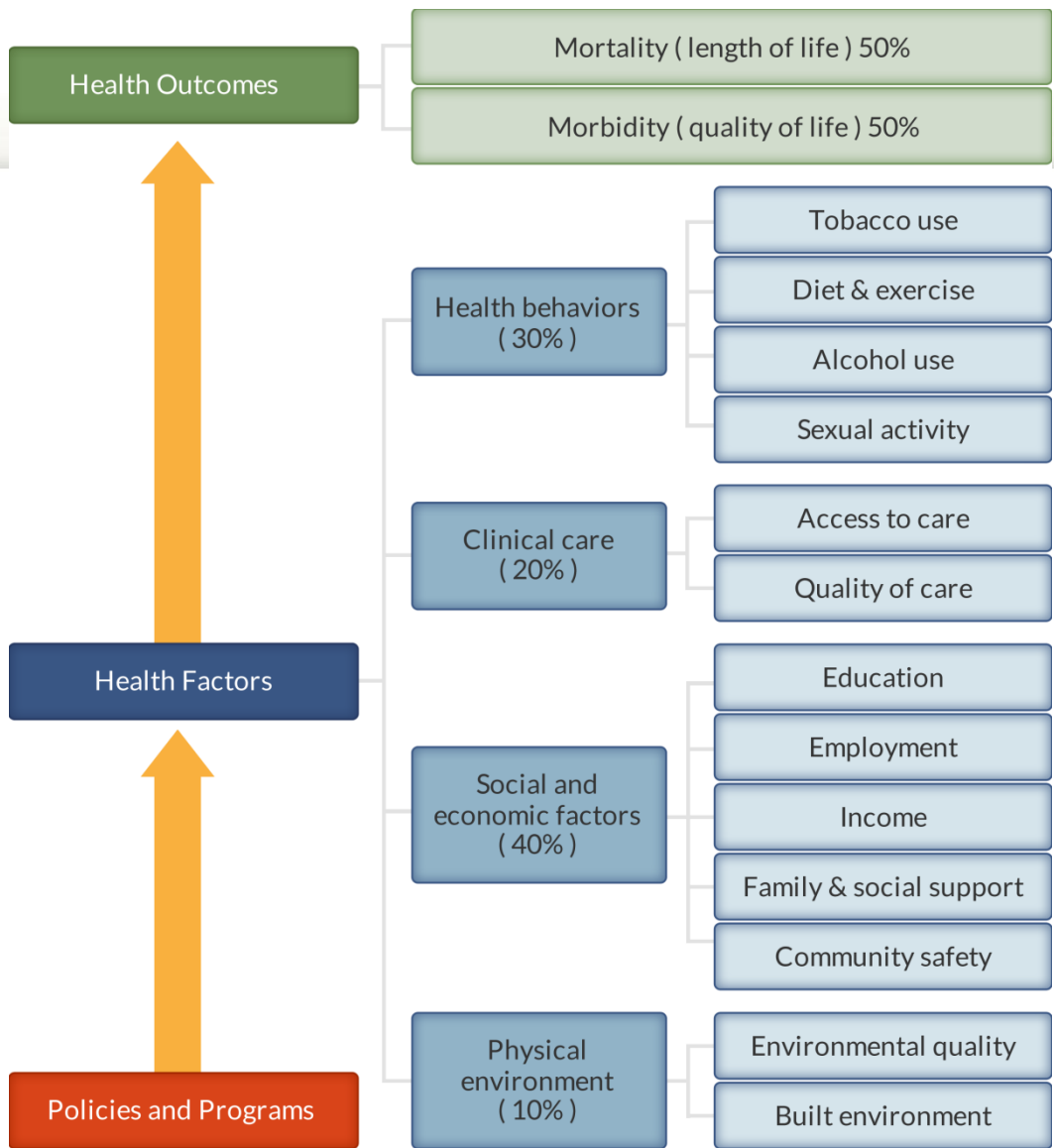
Evans & Stoddart Multiple Determinants of Health, 1994

MODEL OF THE DETERMINANTS OF HEALTH



RWJF Commission to Build a Healthier America. *Overcoming Obstacles to Health, 2008*



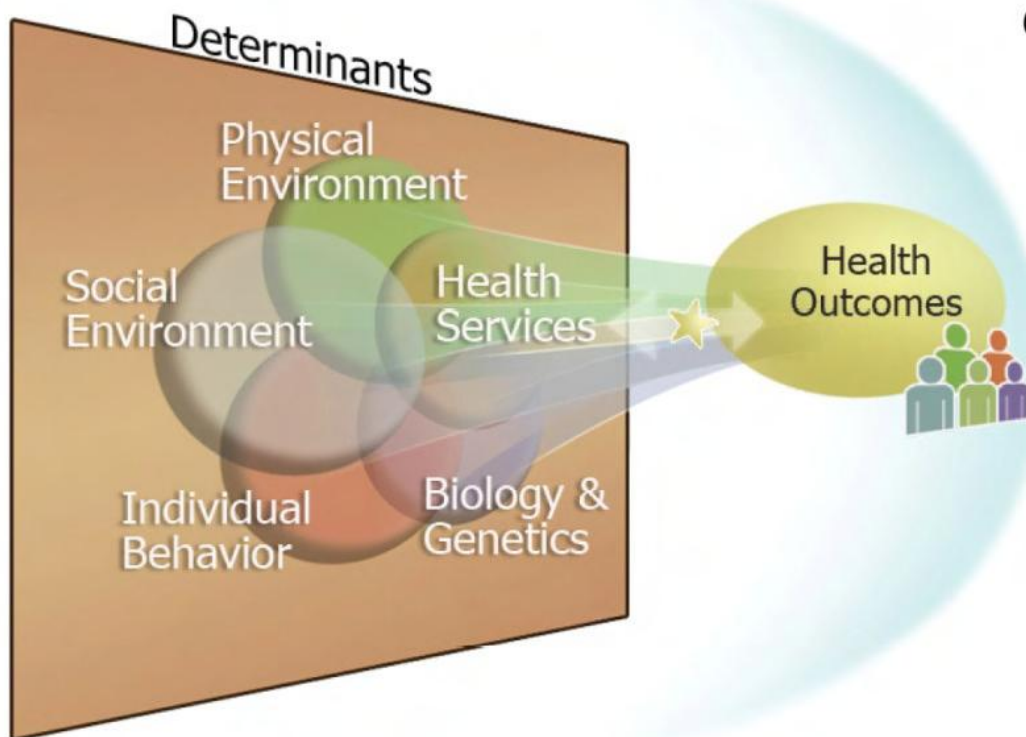


County Health Rankings model ©2012 UWPHI



Healthy People 2020

A society in which all people live long, healthy lives



Overarching Goals:

- Attain high quality, longer lives free of preventable disease, disability, injury, and premature death.
- Achieve health equity, eliminate disparities, and improve the health of all groups
- Create social and physical environments that promote good health for all.
- Promote quality of life, healthy development and healthy behaviors across all life stages.

DISCUSSION QUESTIONS

As you move into implementation planning, what are some of the challenges you are facing when you ask your community to consider the multiple determinants of health?

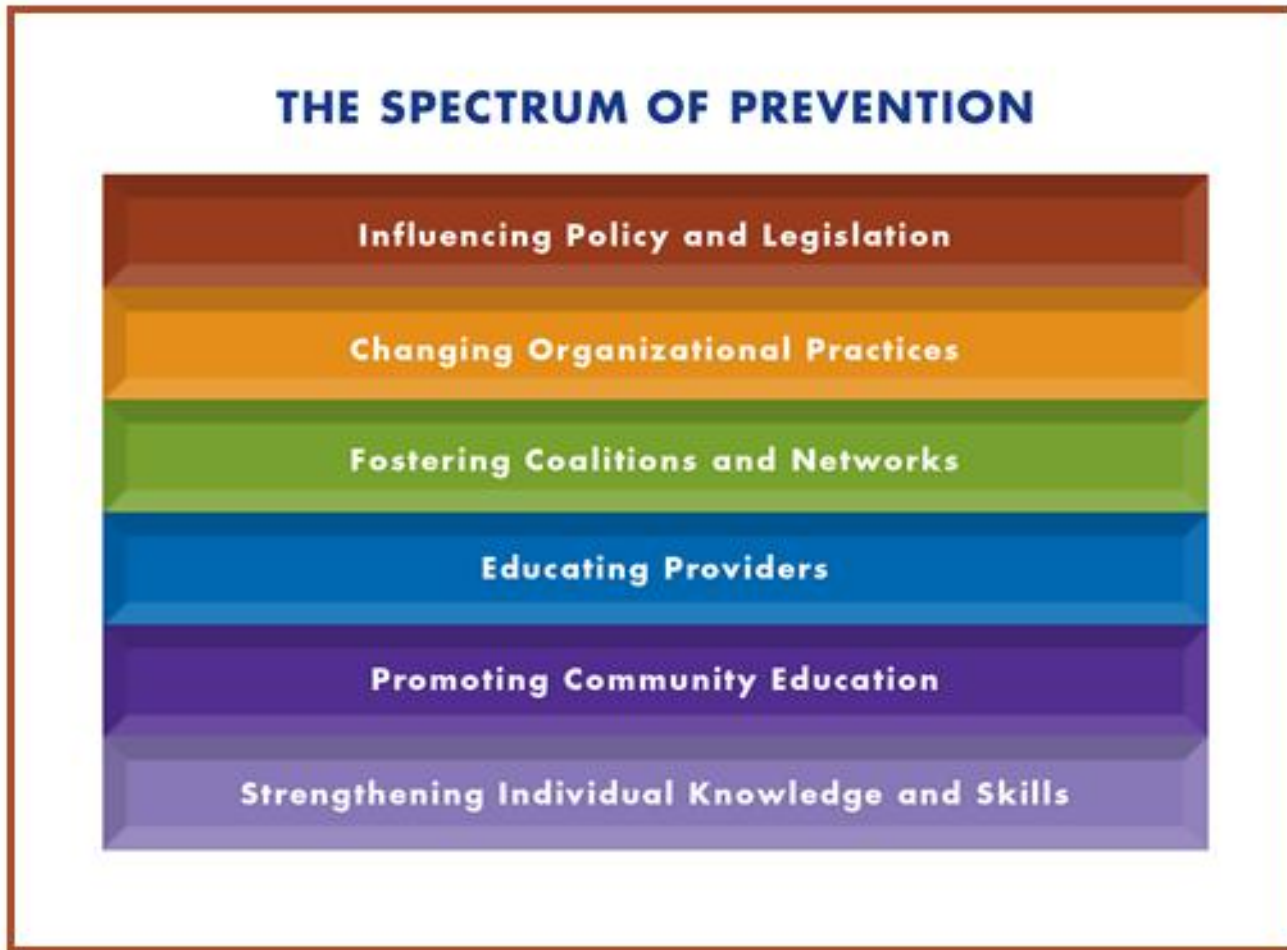
How do people perceive the “social” determinants of health”?

THE CONTINUUM OF INTERVENTION STRATEGIES

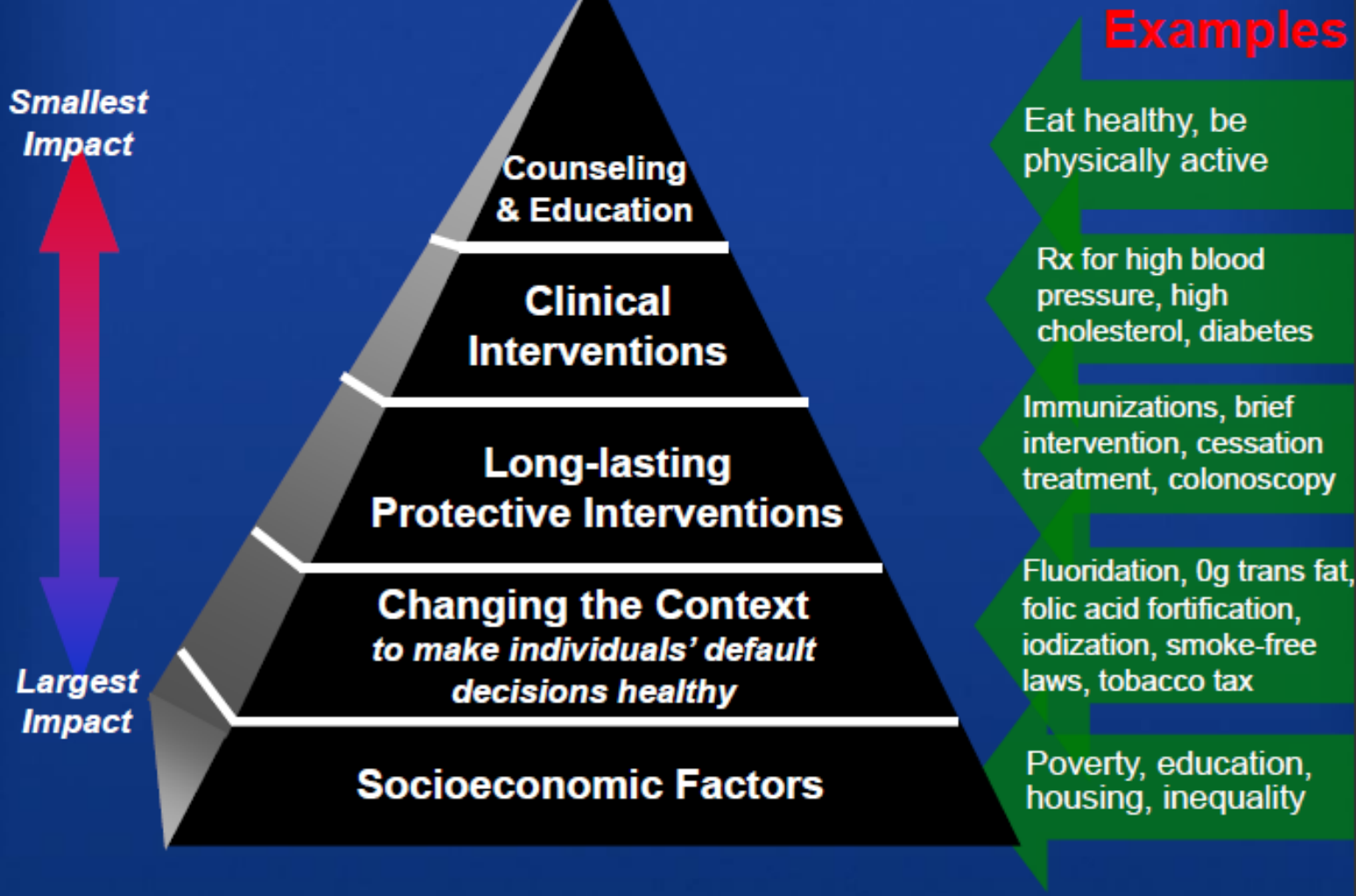


Spectrum of Prevention (Prevention Institute)

www.preventioninstitute.org



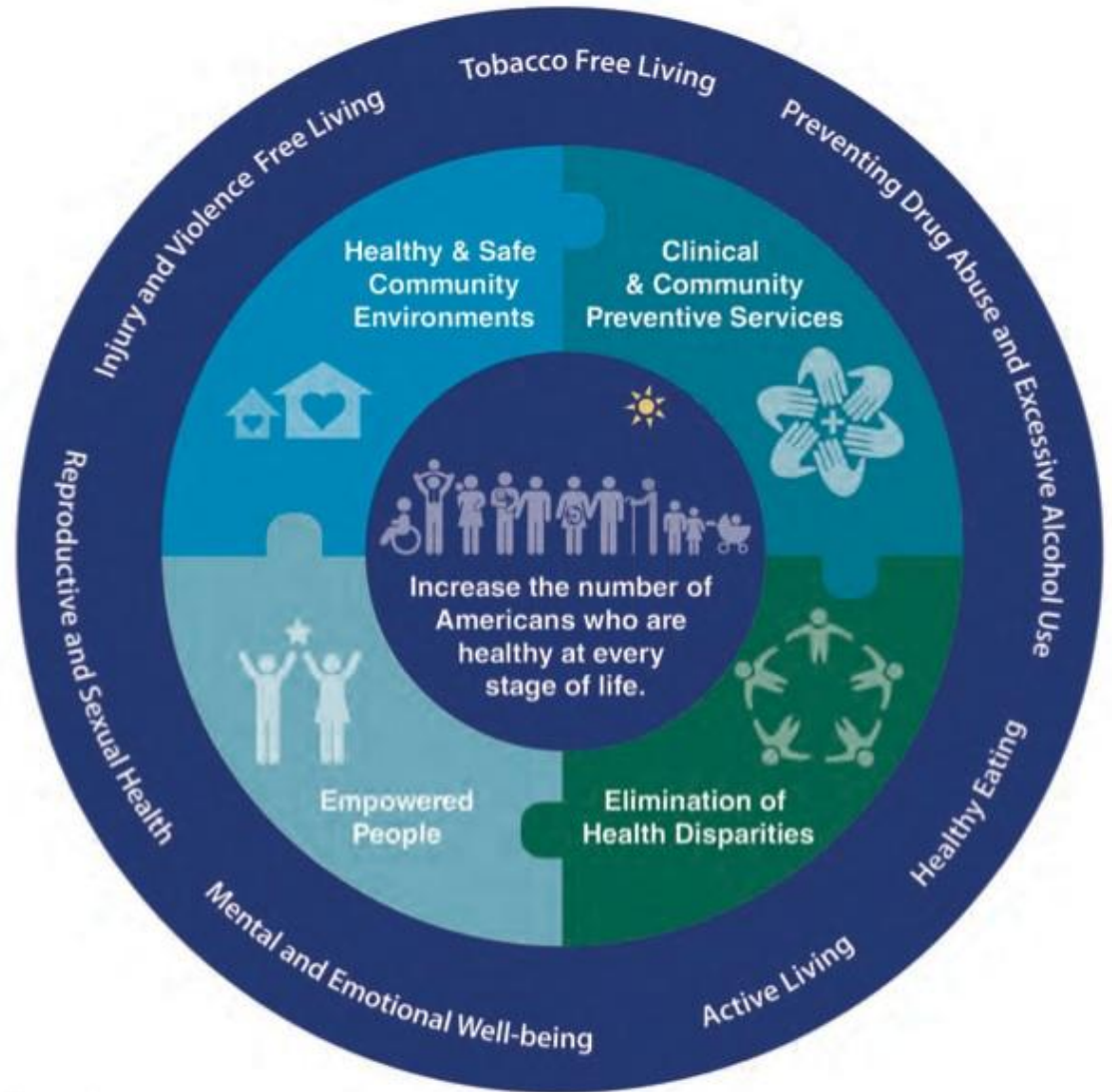
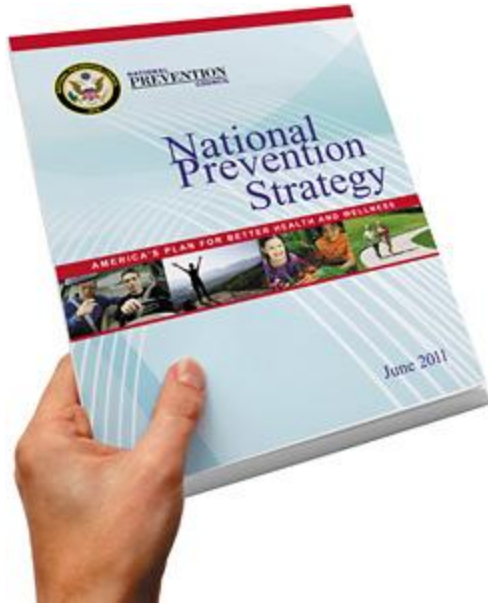
Factors that Affect Health



<http://www.cdc.gov/about/grand-rounds/archives/2010/download/GR-021810.pdf>

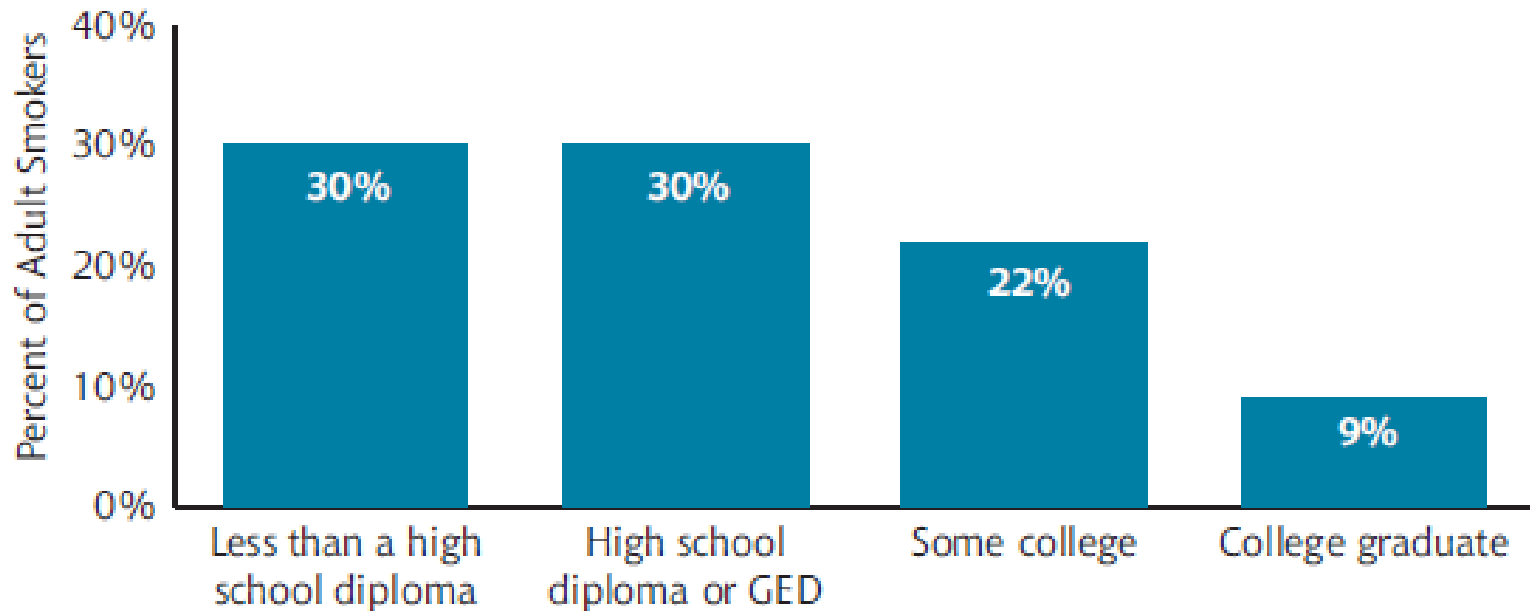


National Prevention Strategy



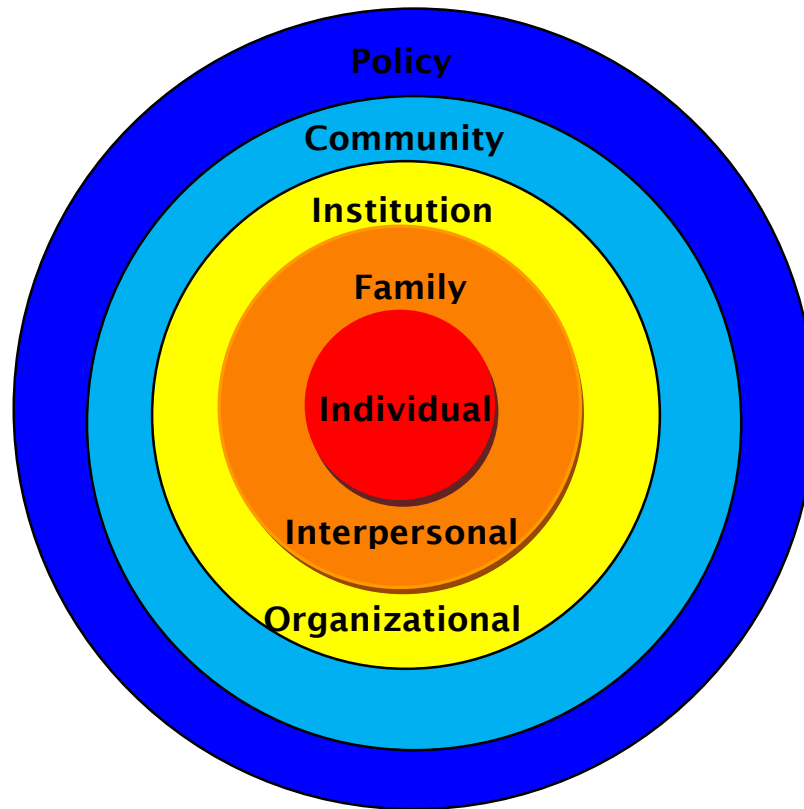
National Prevention Strategy (p. 23)

Smoking Rates are Associated with Education



Source: National Health Interview Survey, CDC, 2009

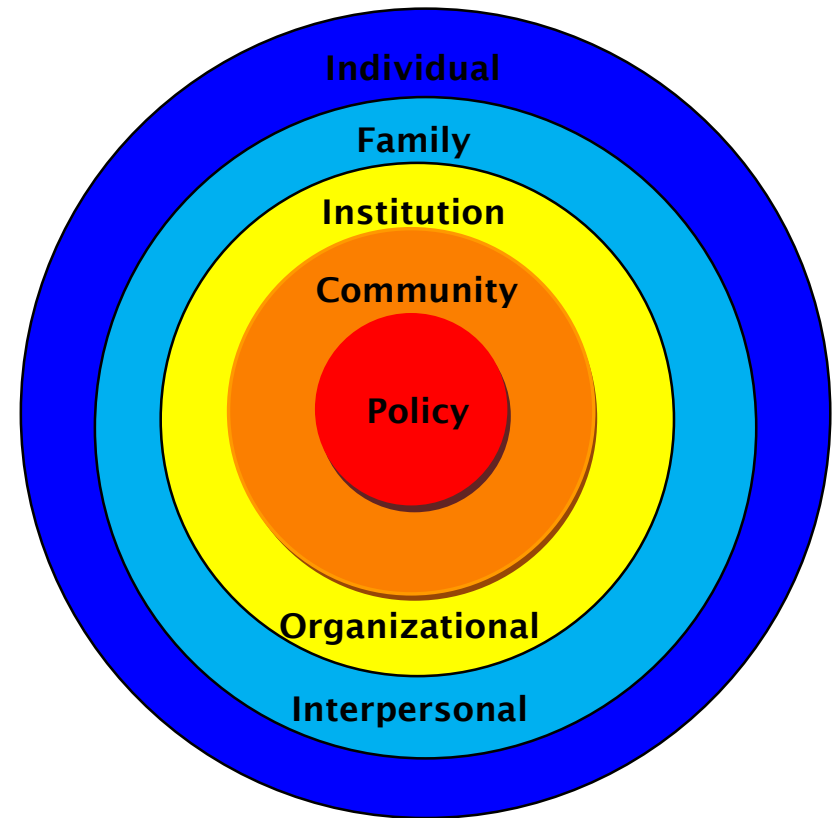
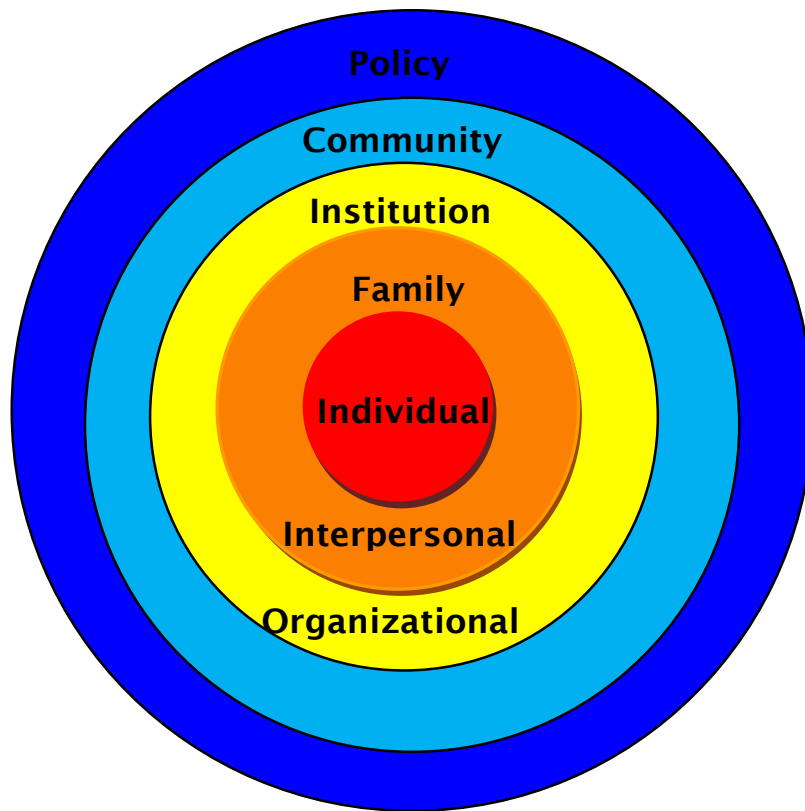
Social Ecological Model (McElroy, Bibeau, Steckler, & Glanz, 1988)



Social Ecological Model In Practice

	Obesity	Education
Individual	Weight Reduction Exercise Programs	Attend class Do homework
Family/Interpersonal	Family Nutrition Classes Active Family Challenge	Attend parent teacher conferences Turn off the TV
Institutional	Healthy Nutritional Choices Competitive Pricing Activity Challenges Point of Decision Prompts	Service learning Early intervention for truancy
Community	Bike and Walking Trails Safe Routes to School	Families and Schools Together (FAST) Mentoring Programs
Policy	Junk Food Tax Transfat Bans	Reduce class size School reform

Social Ecological Model(s) Left Version: McElroy et al, 1988; Right Version: Linda Rae Murray, 2010



DISCUSSION QUESTION

As you think about the continuum of interventions, what are your challenges to moving people towards policy & systems change?

What examples of policy & systems change have you implemented, observed, or considered in the area of social and economic factors that determine health?

FINDING THE EVIDENCE





Using What Works for Health

Our Ratings

Our Methods

Our Sources

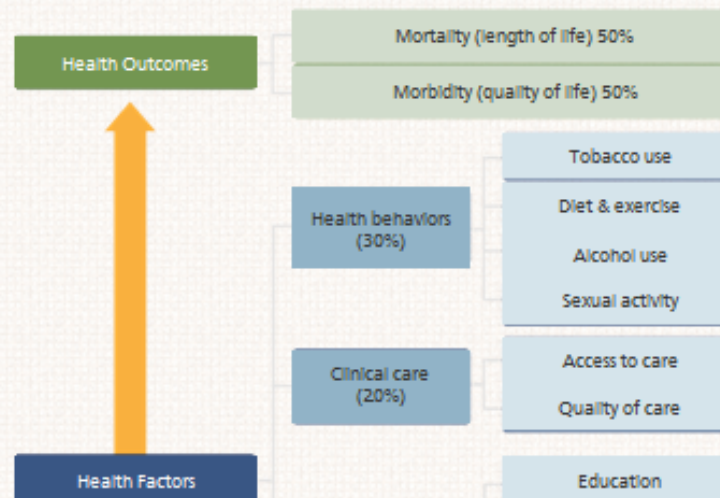
Choosing Your Strategy

[BROWSE ALL POLICIES & PROGRAMS](#)

WHAT WORKS FOR HEALTH

What Works for Health provides communities with information to help select and implement evidence-informed policies, programs, and system changes that will improve the variety of factors we know affect health.

To learn more about potential strategies, select a factor such as tobacco use or education in the model below.



Systematic Review Resources

Systematic reviews are considered the gold standard of evidence. These web sites include systematic reviews for various content areas:

- The [Campbell Collaboration Library of Systematic Reviews](#)
- The [Cochrane Library](#)
- The Guide to Community Preventive Services ([The Community Guide](#))
- [health-evidence.ca](#)

Rating Organizations

Many government and private organizations assess the effectiveness of policies and programs. Organizations focus on a variety of topics; each has its own criteria to assess and rate evidence of effectiveness. Examples include:

- [AHRQ Evidence-based Practice Centers](#)
- [AHRQ Health Care Innovations Exchange](#)
- [Best Evidence Encyclopedia](#)
- [Blueprints for Violence Prevention](#)
- [The California Evidence-Based Clearinghouse for Child Welfare \(CEBC\)](#)
- [FindYouthInfo.gov](#)
- [Promising Practices Network](#)
- [Public Health Law Research \(PHLR\)](#)
- [SAMHSA National Registry of Evidence-based Programs and Practices \(NREPP\)](#)
- [Social Programs that Work \(SPTW\)](#)
- [Violence Prevention Evidence Base and Resources](#)
- [What Works Clearinghouse](#)

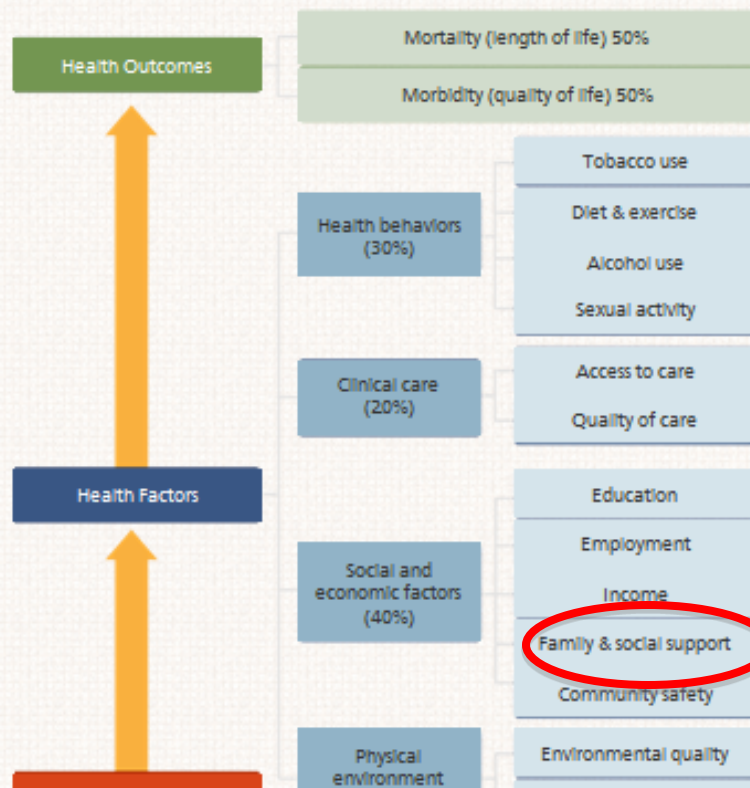
Evidence Rating: Criteria

Rating	Evidence Criteria: Amount & Type	Evidence Criteria: Quality of Evidence
Scientifically supported	<ul style="list-style-type: none"> • 1 or more systematic review(s), or • 3 experimental or quasi-experimental studies, or • 6 descriptive studies 	<p>Studies have:</p> <ul style="list-style-type: none"> • Strong design • Statistically significant finding(s) • Large magnitude of effect(s)
Some evidence	<ul style="list-style-type: none"> • 1 or more review(s), or • 2 experimental or quasi-experimental studies, or • 3-5 descriptive studies 	<p>Compared to 'scientifically supported', studies have:</p> <ul style="list-style-type: none"> • Less rigorous design • Smaller magnitude of effect(s) • Effects may fade over time • Statistically significant finding(s) • Overall, evidence trends positive
Expert opinion	<ul style="list-style-type: none"> • Varies, generally less than 3 studies of any type 	<p>Body of evidence less than 'some evidence'</p> <ul style="list-style-type: none"> • Recommendation supported by logic; limited study • Methods supporting recommendation unclear
Insufficient evidence	<ul style="list-style-type: none"> • 1 experimental or quasi-experimental study, or • 2 or fewer descriptive studies 	<ul style="list-style-type: none"> • Varies, generally low quality studies
Mixed evidence	<ul style="list-style-type: none"> • Two or more studies of any type 	<ul style="list-style-type: none"> • Body of evidence inconclusive • Body of evidence mixed leaning negative
Evidence of ineffectiveness	<ul style="list-style-type: none"> • 1 or more systematic review(s), or • 3 experimental or quasi-experimental studies, or • 6 descriptive studies 	<p>Studies have:</p> <ul style="list-style-type: none"> • Strong design • Statistically significant finding(s) • Large magnitude of effect(s) • Evidence of harm

WHAT WORKS FOR HEALTH

What Works for Health provides communities with information to help select and implement evidence-informed policies, programs, and system changes that will improve the variety of factors we know affect health.

To learn more about potential strategies, select a factor such as tobacco use or education in the model below.



Keyword Search

GO

WHAT WORKS FOR HEALTH

Policies and Programs that can improve health

Filter by Health Factors

(-) Family and Social Support

Filter by Decision Makers

- Community Leaders (18)
- Healthcare Professionals and Advocates (3)
- Government Officials (11)
- Educators (2)

Filter by Evidence Rating

- Scientifically Supported (5)
- Some Evidence (6)
- Expert Opinion (2)
- Insufficient Evidence (6)

Early childhood home visitation programs

Community Safety
Family and Social Support

Early childhood home visitation programs are those in which parents and children are visited in their home prenatally and/or during the child's...

Housing First program

Family and Social Support

Housing First addresses chronic homelessness by providing rapid re-housing as well as support services like crisis intervention, needs assessment,...

Moving to Opportunity

Family and Social Support

Moving to Opportunity (MTO) was a program sponsored by the United States Department of Housing and Urban Development (HUD) from 1994 to 1998. The...

Nurse-Family Partnership

Family and Social Support

EARLY CHILDHOOD HOME VISITATION PROGRAMS

Evidence Rating



Scientifically Supported

Health Factors

Community Safety
Family and Social Support

Decision Makers

Healthcare Professionals and Advocates
Government Officials
Community Leaders

Early childhood home visitation programs are those in which parents and children are visited in their home prenatally and/or during the child's first two years of life by trained personnel who provide some combination of the following: information, support, and training regarding child health, development, and care.

Expected Beneficial Outcomes:

- Decreased child injury and maltreatment
- Improved cognitive and socio-emotional development
- Improved parental attitudes and behaviors
- Increased birth weight and gestational age

Evidence of Effectiveness:

There is strong evidence that early childhood home visitation programs prevent child injury and maltreatment (CG-Home Visiting, Sweet 2004, CDC-MMWR Hahn 2003, Roberts 1996, Bilukha 2005, MacLeod 2000) and improve cognitive and socio-emotional development outcomes (Sweet 2004). There is less evidence that such programs affect other parental behaviors and parental attitudes (Kendrick 2000, Sweet 2004) as well as birth outcomes (Issel 2011). Home visitation programs may not be successful and may even be harmful when implemented in populations of drug and alcohol abusers (Cochrane-Turnbull 2012, Cochrane-Doggett 2005).

Home visiting programs vary substantially in implementation and target a variety of outcomes. For example, such programs can be delivered by professionals (e.g., nurses), paraprofessionals, and non-professionals, and can start both before and after a child is born. Visits by paraprofessionals appear to have stronger effects on maltreatment outcomes and visits by professionals appear to have stronger effects on cognitive outcomes in

Impact on Disparities:

Likely to decrease disparities

Implementation Examples:

Home visiting programs have been around since the late 1970s and are implemented in at least 40 states. Widely recognized models include: Healthy Families America (HFA), Home Instruction for Parents of Preschool Youngsters (HIPPY), Nurse-Family Partnership (NFP), and Parents as Teachers (Parents as Teachers). These programs are implemented many states (Johnson 2009, Guttmacher-Boonstra 2009).

Implementation Resources:

[US DHHS-Child Welfare](#) - US Department of Health and Human Services (US DHHS). Child Welfare Information Gateway. Home visiting.

[DC's HealthCheck Provider Education System](#) - Health CHECK Provider Education System. Home Visiting Toolkit. District of Columbia Department of Health Care Finance (DHCF) & Georgetown University.

[US DHHS–Maternal and Child Health](#) - US Department of Health and Human Services (US DHHS). Health Resources and Services Administration. Maternal, infant, and early childhood home visiting program.

Citations - Evidence:

[Roberts 1996](#) - Roberts I, Kramer MS, Suissa S. Does home visiting prevent childhood injury? A systematic review of randomised controlled trials. *BMJ*. 1996;312(29).

[Bilukha 2005*](#) - Bilukha O, Hahn RA, Crosby A, et al. The effectiveness of early childhood home visitation in preventing violence: A systematic review. *American Journal of Preventive Medicine*. 2005;28(2 Suppl 1):11-39.

[CG-Home Visiting](#) - The Guide to Community Preventive Services (The Community Guide). Violence prevention focused on children and youth: Early childhood home visitation.

[Cochrane-Doggett 2005*](#) - Doggett C, Burrett S, Osborn D. Home visits during pregnancy and after birth for women with an alcohol or drug problem (Review). *Cochrane Database of Systematic Reviews*. 2005; (4):CD004456.

[CDC-MMWR Hahn 2003](#) - Hahn RA, Bilukha OO, Crosby A, et al. First reports evaluating the effectiveness of strategies for preventing violence: Early childhood home visitation. *Centers for Disease Control and Prevention (CDC). Morbidity and Mortality Weekly Report (MMWR)* 2003:1-9.

[Issel 2011](#) - Issel LM, Forrestal SG, Slaughter J, Wiencrot A HA. A review of prenatal home-visiting effectiveness for improving birth outcomes. *Journal of Obstetric, Gynecologic & Neonatal Nursing* (JOGNN)



with an alcohol or drug problem (Review). Cochrane Database of Systematic Reviews. 2012;(1):CD004456.

[Kendrick 2000*](#) - Kendrick D, Elkan R, Hewitt M, et al. Does home visiting improve parenting and the quality of the home environment? A systematic review and meta analysis. Archives of disease in childhood. 2000;82(6):443-51.

Citations - Implementation Examples:

[NFP](#) - Nurse-Family Partnership. Making new beginnings possible.

[Parents as Teachers](#) - Parents as Teachers. Federal Home Visiting Program.

[HIPPY](#) - Home Instruction for Parents of Preschool Youngsters (HIPPY).

[Guttmacher-Boonstra 2009](#) - Boonstra HD. Home visiting for at-risk families: A primer on a major Obama administration initiative. Guttmacher Policy Review. 2009;12(3):11-15.

[Johnson 2009](#) - Johnson K. State-based home visiting strengthening programs through state leadership. National Center for Children in Poverty. 2009.

[HFA](#) - Healthy Families America (HFA).

Last Verified:

2012-06-05

* Journal subscription may be required for access.

More Policies & Programs



[Comprehensive early childhood development programs](#)

[Kinship care for children removed from home due to](#)

[Neighborhood watch](#)



[BROWSE ALL POLICIES & PROGRAMS](#)

Acting on evidence

Finding relevant evidence is not the end

Consider:

- How well the strategy addresses your priorities
- Community fit
- Feasibility to implement (time & resources)
- Political will
- Need to adapt? Can you assess effects?

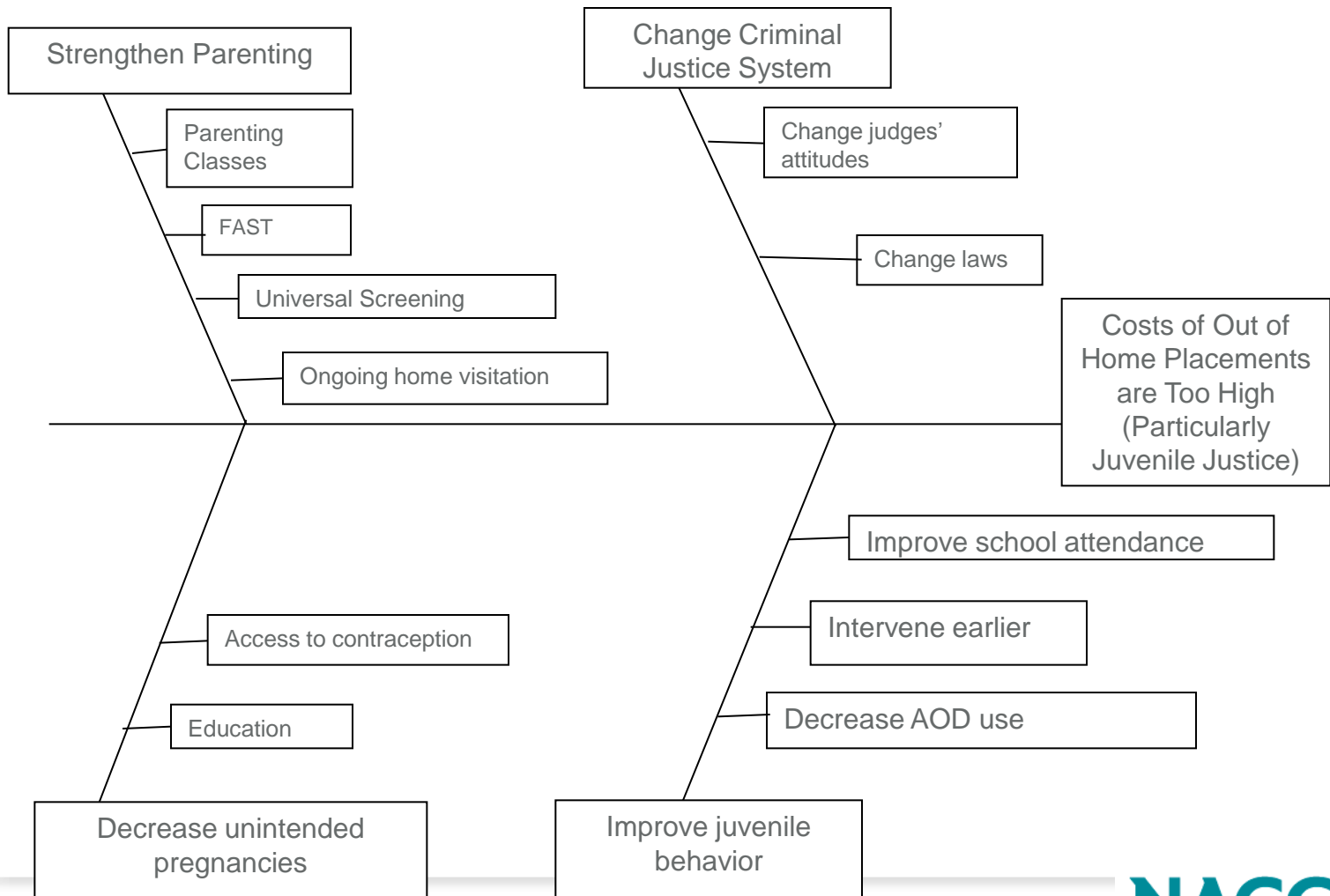
DISCUSSION QUESTION

What are the challenges you face as you consider evidence in selecting interventions to address the multiple determinants of health?

PUTTING IT ALL TOGETHER



Marathon County Example



Questions and Discussion



Additional Resources

- **Tackling Health Inequities through Public Health Practice: Theory to Action**
Richard Hofrichter and Rajiv Bhatia
- <http://policylink.com/>

Last Word

The next CHA/CHIP training webinar will be on:

‘Topic TBD’

Presenter and Date: TBD

**Please complete the evaluation before
logging off the webinar.**