A RISING TIDE:

Increasing Rural Local Health Department Capacity to Address the Social Determinants of Health

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Introduction

The new era of Public Health 3.0 calls for local health departments (LHDs) to address not only the immediate health concerns of a community but to strategically partner with other sectors to address the social determinants of health (SDOH) that drive adverse health outcomes (DeSalvo et al., 2017). While moving into this space requires many LHDs to shift roles from their traditional operations, rural LHDs may face unique challenges leveraging resources to take on this new role while also providing the traditional services of local public health. While in general, changes in the national landscape such as the Affordable Care Act have meant a shift away from LHDs providing direct clinical services, rural LHDs are more likely to provide clinical services than their urban counterparts (National Association of County and City Health Officials, 2017).

Additionally, there are unique challenges reported by rural LHDs in addressing SDOH, such as obtaining local-level data for rural populations and demonstrating the links between health outcomes and SDOH (Meit, 2018). On the other hand, rural communities may also have unique assets and strengths from which to draw, such as community connectivity and trusted "anchor" institutions like schools and faith-based organizations that are natural conveners of community members (Meit, 2018). The National Association of County and City Health Officials (NACCHO) and the Centers for Disease Control and Prevention (CDC) aimed to build on previous work exploring how rural LHDs are addressing SDOH in their communities by focusing on communities who are actively engaged in this work to learn from their experiences.

Assessment Questions:

1. What are the key components of creating a foundation to address social determinants of health in rural communities?

2. What are the challenges and facilitators of engaging in SDOH work in rural communities?

3. What role do local health departments play in designing and implementing a strategy to address SDOH?

Goal:

To provide recommendations for LHDs and other actors at each level of the health system to improve approaches to SDOH work in rural communities.

Methods

As a means of recruiting rural local health departments actively engaged in work that addresses SDOH, NACCHO created the Achieving SDOH Population Improvements in Rural Environment (ASPIRE) award. The award served three purposes: 1. To formally recognize the work of the LHDs; 2. To provide small grants to allow award winners to support their ongoing work, and 3. To act as a means of identification of LHDs to answer the assessment questions. The application was designed to ensure that selected LHDs were engaging in appropriately upstream work as well as key activities known to facilitate that work, such as working with multisector partners. All applicants were asked to complete a Community Health Improvement Matrix (CHIM), a tool that allows for the mapping of strategies against both the levels of public health intervention and the social ecological model. This visual representation allows for a clear determination of an approach that addresses systemic causes of health inequities.

Phone interviews were conducted with contacts at five rural local health departments who were selected to receive the ASPIRE award. Two rounds of structured interviews were conducted from March to May 2019. These interviews were included within the identified scope of work for agencies selected to receive the ASPIRE award. Expectation of participation was made clear as a condition of the award. Interviewers followed up with respondents by email to confirm willingness to participate and to schedule interviews. Interviewers reviewed community health improvement plans (CHIP) for each health department before conducting the interview. The questionnaire for

the first round of interviews was constructed to identify the foundational elements, facilitators and challenges of working to address the social determinants of health (SDOH) in rural settings. A second round of interviews were conducted to delve more deeply into the themes identified in the first round. In the second round of interviews, interviewers also probed for strategies and recommendation. All sites were asked all questions included in the first-round instrument. In the second round of interviews, sites were only asked to elaborate on themes that had emerged in their first-round interview where applicable. All interviews were audio recorded with the verbal consent of respondents. Audio recordings were transcribed. In both rounds, qualitative data analyses to identify themes throughout the interviews were performed using NVivo 11. The preliminary report was shared with the study participants to elicit feedback on the conclusions drawn and recommendations made by researchers.

Results

Five themes emerged that related to the foundational elements of the work to address social determinants of health in their communities: Partnerships, Leadership, Community Engagement, Data & Evaluation, and Strategic Planning. In each site, LHD activities and strategies to facilitate SDOH work in their community could be categorized into one of these five themes below.

Theme	Primary Activity
Partnerships	Developing partnerships across multiple sectors
Leadership	Leveraging leadership to drive adoption and implementation of SDOH principles into work
Community Engagement	Engaging with community members who represent the target population to inform and support initiatives
Data and Evaluation	Using timely and reliable data to track SDOH measures
Community Health Improvement Planning	Engaging in a formal, community-wide strategic planning process to define priorities that address the SDOH

PARTNERSHIPS

At every site, LHDs reported that they rely on rich, diverse partnerships with organizations operating across sectors and at multiple levels—locally, regionally and nationally—to facilitate their work to address the SDOH in their rural communities. Partnerships emerged as a key component in planning & implementing SDOH work in these communities; however, the work derived the most benefit from these relationships when partners were actively engaged and could provide tangible support such as funding, human resources, subject matter expertise or political clout.

Local partnerships included relationships with other county government departments (i.e. the departments of transportation or housing, the chamber of commerce, the sheriffs' office or juvenile detention services). LHDs also cultivated strong relationships with the public school system, hospitals, churches, and the local business community. Indeed, for each of the LHDs interviewed, the multifaceted nature of their work to address the SDOH often required the cooperation of partners throughout the community, especially for issues that may fall outside the traditional scope of the health department's work. For example, putting in a bike lane or expanding recreational spaces in the community required the LHD to form partnerships with the departments of Parks & Recreation and Transportation, as well as with nearby schools and local community bicycling organizations. Another LHD described how without partnerships with the owners of local grocery stores, gas stations, and markets, their county-wide nutrition and healthy eating program would not have been possible. The same LHD described how partnerships with schools and libraries facilitated community-wide uptake of the initiative and allowed them to more broadly engage with the community.

"… At the end of the day the success lies in our partnerships and in the people of [our community], because we can sit in our offices all day and plan out these great programs and policies, but [it takes] that tangible effort – you see that when there's a child coming out of WIC and they're graduating out of it and their growth is ideal and they came in as underweight. That's a success story."

Each of the sites described a multitude of ways in which local partnerships facilitated their work. By building relationships with organizations who are already working throughout the community, LHDs can coordinate efforts, maximize funding efficiency and broaden the impact of their initiatives. Partnerships with community-based organizations can provide the LHD with access to the population with which that organization works. Often, this means that the LHD can leverage the trust built between the community and that partner to better engage community members when designing and implementing interventions or other programming intended to address SDOH in the community. Partners can perform work that the LHD is not equipped to perform and lend expertise on a broad range of topics relevant to addressing the SDOH which may be outside the scope of the LHD's expertise. They also may contribute or mobilize funding and human resources to collective programming. LHDs who cultivated lasting relationships with established organizations, reported that having partners engaged from the beginning of the community health assessment and improvement plan (CHA/CHIP)—was a key factor in the success of their work.

"I think that maybe we could consolidate some of the work that's being done and break down some silos. [I will] see in the paper that other [potential partners] are working on the same thing, and I have to get ahold of them to say 'Hey! Guess what? We're working on this as well.' So, I think that if we can get more key partners at the table that maybe some of this stuff will start gelling and will come out of the silos."

Interviewees reported being in varying stages of relationship building and partnership engagement in their communities. While all sites cited partnerships as among the biggest drivers of success for the ASPIRE award practices, some reported working through informal relationships throughout the community while others described formal partnership agreements or county-wide coalitions designed to convene partners from many sectors for the express purpose of planning and implementing SDOH work. Where applicable, LHDs reported that formalized partnerships, such as those formed by establishing a coalition, have added structure and accountability to these relationships and have created additional funding opportunities through collective appeal and increased accountability.

> "One of the benefits of formal agreements is that you have to renew them regularly, and it gives you that formal process to say, 'Welcome to the community. Welcome to your position. Did you know public health has a formal agreement with you all? We'd like to continue that agreement, and now you're the leader of this. Let me tell you how we've been working together."

Partnerships outside of the local community and those at the state, regional or national level were also described by each of the five sites. Partners at the national level included organizations such as NACCHO, Public Health Accreditation Board (PHAB), and AmeriCorps. Most often, national partners provided support through funding opportunities (i.e. grants). Many sites also reported that national partners provided other infrastructure resources to expand capacity. For example, one LHD emphasized the importance of their partnership with AmeriCorps to supply the bulk of their workforce, which has been facing severe staff shortages since the recession. Another LHD described how pursuing PHAB accreditation informed the health equity policy that they now use in all LHD programming.

National partners were described as important advocates for SDOH work and for the value of public health in general to state and federal legislators and policy makers. Regional healthcare networks, multi-county entities, and state health departments were among key partners cited at the subnational level. Partners at this level most often provided technical assistance, such as for strategic planning and evaluation. These organizations also provided important data for benchmarking health indicators against peer districts and national standards.

Many of the LHDs relied on their relationships with peer LHDs working in other communities, particularly those working in rural communities. Peer-to-peer sharing with other rural LHDs occurred through both direct contact (i.e. interpersonal relationships) and by taking advantage of opportunities to connect when convening at the state, regional or national level (i.e. opportunities sponsored by national and regional organizations).

"We needed structure to make sure that people were held accountable to implement their pieces of the plan. [We created] a structure that resembled a 501(c)(3). So, we had a board. And then we had to form a board of directors. And then we formed a leadership committee – so, the people who have governance over resources can make decisions about various levels of involvement from the organizations involved."

Partnership challenges

When asked to describe the challenges they face related to their work to address the SDOH in their communities, the five sites reported similar struggles when attempting to build local partnerships. Many rural areas report similar challenges when addressing the social determinants of health, poverty and isolation – essential local stakeholders and potential partners are already overburdened and strapped for resources. While local partnerships can facilitate collective decision making, competing priorities can make it challenging to make decisions regarding shared funding. Furthermore, an early lack of coordination in long-term partnerships—often the result of those same competing priorities—can make it difficult to keep practices focused and coordinated as the work progresses. Occasionally, interviewees indicated a lack of trust between the LHD and potential partner organizations. Some LHDs discussed how, in rural communities, failures do not go unnoticed. Just as the small-town nature of these communities can facilitate relationships, previous attempts at programming or partnerships that were unsuccessful in the past are not easily forgotten.

> **"Different partners want to focus on a different piece of SDOH partly due to differing programmatic priorities, but also due to differing definitions of SDOH or because they were looking at SDOH through the lens of very different timelines."**

LEADERSHIP

Leadership –within the health department itself, the local community, and at the state and national levels—emerged as a clear foundation to the work to address the SDOH in rural communities. Interviewees described important ways that leadership can influence their work. Buy-in from local government and elected officials was described by interviewees as essential for funding, planning and implementing work to address the SDOH. These local leaders have policy making and finance authority and are tasked with approving health policies and budgets and directing local funds. Interviewees also described the LHD as an active participant in SDOH work in the community, taking on a variety of roles to convene, mediate and formalize partnerships. The LHD often lead the process of strategic planning and data collection for the CHIP. Many sites stressed the importance of having senior leadership within the LHD that are committed to addressing the SDOH in the community as strategic priority in all LHD work.

"… it really does start with the leader. You can have staff that are doing this all the time, but when the leader and the board of health stand up and say, 'This is what we're doing, and this is how we want to engage', it really holds, I think, a lot more weight. We have staff out there every single day, but if there's no leadership behind them, I still think there is not a whole lot of success."

Included among the LHD's many roles is its responsibility to identify and cultivate champions of SDOH within their community. Champions of SDOH work in the community are individuals or organizations who advocate for SDOH work on behalf of the health department or from within the health department; who may be a vocal supporter of SDOH, or whose passion for and commitment to SDOH drives its inclusion in community-wide work in some way. Several sites described champions of SDOH who are considered community leaders of the work in their own right. The scope of influence of a champion depends on their role in the community. For example, elected officials who are champions of the work can help to direct funding and leverage legislative power. Other champions in the community who do not have the same funding and policy authority can influence local leadership, engage the community, participate in strategic planning or drive progress in other ways.

"I think [a champion] is someone who loves the county, is invested in the county. I think it's someone who has an investment in their own personal health. I think it's someone who has vision. . . . People who are proud of [their county], what we have to offer but who have the vision to make it even better, to make it a place where people have more job opportunities, so that they when they graduate they can stay here and make a decent living. They don't have to leave. The can have a whole life, a whole healthy life here. So, it's people who are willing to make a long-term commitment to making positive improvements here in the county."

Leaders at the federal and state level, such as state health departments, federal agencies (i.e CDC), and elected officials, also provided resources, funding and other benefits provided by state and national partners; however, these agency leaders also dictate priorities for those resources, set mandates for spending and use, and are responsible for directing resources down to the local health department level. Most of the sites interviewed indicated that they have good overall support from state and local leadership; however, federal money to address SDOH doesn't make it down to the local level like it should, especially to rural communities whose populations are the smallest

in the state. LHDs are answerable to the priorities set at the state level and at CDC, and those priorities dictate how that money is spent or saved. However, those priorities do not always reflect the reality of rural areas or of the local context, and LHD leadership are often unable to interface directly with policy makers and regulatory agencies, especially the federal level. Much of the funding for SDOH work comes from other sources (i.e. NACCHO and other national NGOs).

"Government decision making is done on a fiscal basis, with a short lens, where tackling SDOH is a long game."

COMMUNITY ENGAGEMENT

Community engagement was described as essential to the sustainability of SDOH work and to increase the likelihood that interventions aimed at addressing SDOH are effective. Community members were recognized as the key stakeholders in SDOH work who must be involved in identifying needs in the community, prioritizing issues and identifying the solutions to address them. The sites indicated that community members are engaged through multiple avenues, including participation in formal coalitions where they can engage in planning and implementing SDOH interventions in the community. Community engagement also facilitated the SDOH work being undertaken in these communities by providing opportunities to identify and cultivate champions of SDOH who would become key drivers of the work in the community.

"When we're creating a new strategic plan, we engage the community to provide input into what the issues are in the community, and what solutions they say. Then, we have community members engaged in action groups, where they are engaged in the actual implementation… We also ask the action groups to come up with measures. In between our strategic planning years, we present our accomplishments [to the community], and we ask is there something we're missing that needs to be included? Or, again, are there some other solutions that you see that we're not looking at?"

Community Engagement Challenges

The interviewees cited issues such as geographic distance and isolation, lack of resources and infrastructure (including internet access and transportation) as important challenges to community engagement. Community members often have difficulty attending community meetings and townhalls. Furthermore, community members may be unfamiliar with the LHD's work outside of traditional public health activities, such as vaccinations and health inspections. Many community members only encounter the health department when something is wrong, such as when there is a disease outbreak, when a restaurant is closed, or when there is a septic issue. This limited public awareness of the LHD and the LHD's involvement in SDOH work may exacerbate an existing mistrust of government agencies in some communities. Political ideologies among community members may also present challenges for garnering community support for SDOH work. For example, several sites described pushback from Tea Party constituents regarding public funding for LHD programming, especially programming aimed to address SDOH.

> "I think we all have to earn that trust in our communities, whether it's through the director, or the board of health, or our staff doing home visits, or our environmental people doing food establishment inspections. I think every place along the way that public health touches our communities, we have to earn their trust. Because we're government."

DATA & EVALUATION

Having and using reliable data on the status of SDOH in the community and being able to gather evidence on how best to address them was cited as a key component of SDOH work in rural communities. The capacity for data collection, measurement and evaluation emerged as an important foundation for partnerships, strategic planning and community engagement.

> "[The data] isn't enough, and it's not always good. We will try to match all of our data points back to a baseline or benchmark or Healthy People 2020. For a lot of our social determinants, we couldn't find a match. So, that was one of our challenges."

Evaluation data provides a mechanism through which LHDs can demonstrate program successes to partners and to the community. Data was also described as an important tool for an LHD to establish its expertise on SDOH in the community and is also a key resource that the LHD can offer to partners. It is also essential for monitoring the impact of SDOH programming, and to inform shifting or adapting strategies for continuous quality improvement.

Data and Evaluation Challenges

LHDs reported facing challenges related to a lack of reliable data on rural health issues and rural SDOH, and a need for validated metrics for SDOH that allow for benchmarking. Many of the sites reported that TA to develop measures or indicators for the evaluation of SDOH practices would be helpful.

> "Data's a real issue; mapping of data – there's so much work that's been going on or had gone on, especially in our big cities. They have software, the people [trained to use the software] that can map down to the city block. We are really left out of a lot of this in rural America."

COMMUNITY HEALTH IMPROVEMENT PLANNING

Community health improvement planning played an important role in prioritizing SDOH work in the community and supporting each of the other foundational elements to SDOH work. It provided avenues through which the LHD could engage the community and key partnerships. LHDs often cited that they used a prescribed strategic planning process (i.e. MAPP) to conduct their CHA/CHIP. LHDs reported that this process of community-driven strategic planning facilitated SDOH work by allowing them to harness momentum from existing programs and initiatives, crystalizing leadership roles and providing a framework for partnership engagement. Strategic planning also laid the groundwork for evaluation and provided opportunities to identify community indicators, including SDOH metrics. Finally, following a community-driven strategic planning process such as MAPP that heavily emphasizes partnership development and community engagement throughout the CHA/CHIP, helps to ensure that the CHIP is community-driven.

The role of the local health department in addressing social determinants of health

Educator – While terms like "social determinants of health" and "health disparities" are well-understood to public health professionals, there can be a great deal of misunderstanding for those in different fields. Effective cross-sector engagement means having superior skills in communication and a deep understanding of the target audience. The local health department can take on the role of "educator" to help partners understand how their work can affect the publics health.

Convener – As the primary agency addressing public health, LHDs are well positioned to reach out to partners across multiple sectors to plan how to address community health. Agencies may be brought to the table to participate in community wide strategic planning, program implementation, advocacy efforts, and to provide diverse perspectives, particularly those with lived experience. By adopting the role of "convener", the LHD can build trust in their community and allow others to see that addressing the social determinants of health is a community wide effort.

Connector – By looking at the health of the whole population, LHDs can make connections between the work of potential partners and the SDOH. For example, a hospital may see a large number of asthma attacks in the ER, but could also play a role in addressing the poor housing conditions that exacerbate asthma in the community. By taking on the role of "connector", LHDs can help other organizations make direct links between their work and the social determinants of health.

Strategist – The 10 Essential Public Health Services lay out the core functions and responsibilities of the public health system (CDC, 2018). In order to address these responsibilities in a meaningful way that drives work upstream, LHDs must think more strategically and holistically about their approach to their work and the role of partners. By adopting the role of "strategist", LHDs can use their position to drive action through formal strategic planning processes, but also to think innovatively about how to reach populations in new ways, using by working with new partners.

Rural Context

Each of the sites discussed the ways in which the context of their rural communities both posed unique challenges and served as an asset to their SDOH work. Interviewees discussed high rates of poverty and isolation in their communities – the impacts of which were compounded by provider shortages and by the lack of resources, infrastructure and transportation in their communities. Political ideologies at odds with public funding for LHD work or LHD involvement in SDOH work were reported to impact community engagement and the willingness of local elected officials to create policies or direct funds for SDOH work. However, these rural health departments also described the many ways in which the "small town nature" of their communities facilitated their work. LHD staff felt empowered to build relationships across sectors and within county government and to connect more intimately with the community.

> **"Well, that's one of the nice things about being in a rural county. A lot of people have the same connections and we're able to identify who should be at the table. And, if we're not able to, someone else at the table can."**

Discussion and Recommendations

In this study of rural local health departments, we have identified five themes to addressing social determinants of health at the local level: Partnerships, Leadership, Community Engagement, Data & Evaluation, and Strategic Planning. These themes are consistent with the challenges and best practices for SDOH work described elsewhere. For example, relationship building, community engagement, data collection and sharing, partnerships and leadership are all emphasized as important components in the BARHII Health Equity and Community Engagement Report (BARHII, 2013) Strong leadership is known to be an important factor in influencing policy and prioritizing health equity and SDOH (Baker, 2018).

This study adds an important rural lens to that existing evidence, illuminating the facilitators and challenges for rural local health departments working to address the social determinants of health in their communities. The rural context described by each of the sites is reflective of the challenges in the literature, which indicate that rural communities like the ones interviewed here often fare worse than suburban or urban areas in several key areas, including rates of poverty, access to services, economic opportunity, and rates of chronic disease (HRSA, 2017; USDA, 2018).

The political ideologies of elected officials and their constituents have often come into conflict with public health interventions (Hunter, 2016).

The interviewees reflected on the ways in which they've had to serve a public with conservative ideologies that are more present in rural America, especially when those ideologies are odds with directing funding toward social causes. LHDs found increased success in engaging with strongly conservative communities (i.e. those with a large Tea Party following) when they prioritized transparency regarding funding, spending and goals for LHD programming.

LHD partnerships with community-based organizations and providers for planning, implementation and data collection and evaluation have found to be associated with high levels of program success, and with improved health outcomes (Cheadle, 2008; Klaiman, 2016). The challenges described by these LHDs working to address SDOH are echoed throughout the literature in studies on public health infrastructure and LHD collaboration (Prybil, 2014; Chiang, 2017). By examining the strategies employed by these LHDs, we present recommendations related to partnerships below.

Recommendations

Partnerships

Recommendations for forming local partnerships

By working together, partners can meaningfully engage community members, make more efficient use of funding and community resources, and avoid duplicating efforts in the community.

- Partnerships (formal or informal) often arose or may arise out of requirements for accreditation, funding or strategic planning. LHDs can use these activities as an impetus for reaching out and establishing relationships with local partners that are connected with a specific goal or activity.

- To facilitate the formation of partnerships, the LHD may also take on the role of convener – working to bring partners together and to break down silos of activity in the community.

- LHDs actively seeking external partnerships should demonstrate to potential partners that much of their work overlaps, that they have a shared interest in addressing SDOH, and that the LHD's work to address SDOH is connected to that organization's existing work.

Recommendations for sustaining local partnerships

- Encourage frequent and transparent communication among partners to craft and maintain productive partnerships.

- Provide regular updates, including sharing successes as well as lessons learned from unsuccessful efforts helps to build credibility and trust.

- Where competing priorities and resources threaten the success of partnerships, conduct a CHA/CHIP using a framework such as Mobilizing for Action Through Planning and Partnerships (MAPP), which provides an opportunity for using a data-informed approach to identify community priorities.

- An LHD can contribute to partnerships to ensure relationships are bidirectional – with LHD staff participating in outside coalitions and advisory boards and providing support to outside partners when it is feasible.

- Position the LHD as a credible source of data on health issues or as the local technical expert on community health outcomes.

- Consider formalizing partnerships; this may provide clarity and structure to the relationship and any work conducted through those partnerships. This formalization can be attained through interdepartmental MOUs containing commitments for people time or indirect costs contributions. Partnerships may also benefit from formalization in the form of coalitions with prescribed roles or onboarding procedures, or with 501(c)(3) status to leverage funding as member agency.

Recommendations for leveraging national and regional partnerships

- Develop and share stories with national organization about community needs and about the impact of LHD work to address those needs. Working with these national organization to create key messages can support advocacy efforts.

- Engage with peer organizations to share strategies around addressing SDOH in rural communities.

Leadership

While State and Federal leadership must ensure adequate funding of the foundational services of local governmental public health, including for local assessment and planning, and for SDOH specifically, the LHD also has a significant role to play in galvanizing leadership at the local level to drive SDOH work.

Recommendations for cultivating local leadership

- LHD leadership should commit to applying an SDOH lens across agency work by creating an agency culture that understands and is committed to upstream public health.

- When interfacing with local leadership, the LHD may embrace the role of educating elected officials and policy makers on the importance of implementing policies that address SDOH, and the importance of funding work to address SDOH.

- Ensure a concrete ask when communicating with local leadership about addressing SDOH in the community. Despite the breadth of work, it is important to distill it down and tailor messages to the interests of policy makers, elected officials and their constituents.

- Identify and cultivate champions of public health within the community. These champions may be in local leadership roles or they may be community advocates, positioned to inform strategies at the local level, influence local leadership, or encourage community member engagement and support.

Community Engagement

Recommendations for engaging the community

- The LHDs interviewed had the greatest success in engaging the community when they provide opportunities for the community to participate and provide input at all stages of planning and ensure a variety of avenues for participation (i.e. volunteering, participating in coalitions).

- When community input is incorporated as part of an initiative, communicate the role that community members played as part of overall promotional efforts.

- Routinely go into the community to meet and mingle with people where they work, play, or otherwise gather and ask them

to share their experiences. For example, partnerships with churches, taverns, volunteer organizations, or local small business all provide excellent opportunities to engage directly with community members.

- Some LHDs provide ways to participate virtually, if feasible, such as livestreaming meetings or presentations, social media engagement, or interactive data dashboards. This was especially helpful, given the rural context of these communities, where residents face more difficulty gathering at townhalls or community meetings due to geographical distance and a lack of public transportation.

- When working in communities with strong political ideologies, prioritize transparency regarding funding, spending, and goals for LHD programming.

Data and Evaluation

Recommendations for evaluating SDOH practices in rural communities

- Look to national groups, such as NACCHO, for training, technical assistance, and data repositories specific to SDOH and/or rural communities.

- Look to local universities, state health departments and regional extension centers for assistance in developing clear and validated SDOH indicators for inclusion into their CHIP.

- Evaluation can drive continuous quality improvement most effectively when LHDs and their partners periodically re-visit the CHIP measures to reflect on any new data and what changes may need to made to the plan.

- Incorporate monitoring and evaluation (M&E) and M&E planning into strategic planning and program timelines as early as possible; M&E can and should be conducted at all stages within a project or program cycle.

- The planning process for M&E should culminate in a clear understanding of what data is needed, and how and when it will be collected.

- Engage partners and community members in evaluation through innovative data collection and sharing strategies, such as through a shared community data dashboard, LiveStories or collecting qualitative or story data.

- Identify simple, shorter measures of program performance that can be used for regular monitoring, reserving more extensive measures for large scale evaluations such as baseline, midterm and endline assessments.

- Where feasible, indicators should be grounded in an existing framework for addressing the social determinants of health.

Community Health Improvement Planning

Community-driven strategic planning was a key component of driving SDOH work forward and for supporting each of the other key elements for the work. Strategic planning provides an opportunity for the LHD to establish SDOH as a priority by incorporating SDOH strategies and indicators into community health improvement plans (CHIP). The CHIP also provides an opportunity to engage the community and partners in strategic planning related to SDOH.

Recommendations for community health improvement planning

- Using an established framework such as Mobilizing for Action through Planning and Partnerships (MAPP) can provide needed structure for conducting a comprehensive CHA and CHIP, which lends credibility to partnerships and to planned activities.

- If the LHD is in the early stages of building partnerships and engaging community members, start with a realistic number of strategic priorities and begin to build trust by achieving early wins together before and pursuing larger reach goals.

- Ground the CHA/CHIP in an understanding of SDOH and health equity, using resources available from national or local partners to orient community members and partners to SDOH and revisiting this framework during each phase of the CHA/CHIP.

- Search for innovative ways to fund strategic activities such as leveraging the role of local businesses, and other partners or a financing method such as social impact bonds.

- Partner with local nonprofit hospitals and other groups who may conduct similar community assessments, such as the local United Way chapter.

Recommendations for Regional and National Partners

- Continue to provide funding for rural communities to support staff time and initiative development for the long-term work required to address SDOH.

- Provide funding with enough flexibility to allow LHDs to allocate it to community-identified needs.

- Federal and state researchers and policy makers should make relevant, local-level data on the status of SDOH available to LHDs in rural communities.

- State health departments should provide training and technical assistance for evaluating the impact of interventions to address SDOH and should provide or maintain repositories of data to allow for monitoring of SDOH indicators.

- Collect local stories on community needs and the impact of evidence-based and promising practices in order to advocate for continued public health funding at state and federal levels.

- State and national public health partners should cultivate relationships with peers in other sectors to build relationships that help support cross-sector work at the local level.

- Develop and provide training and resources aimed at a rural audience that can increase both capacity and capability of addressing SDOH.

- Develop and promote resources that assist LHDs with the translation and communication of SDOH topics to diverse audiences.

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Available Resources from NACCHO

NACCHO webpages

- Addressing Social Determinants of Health in Rural Communities

- Mobilizing for Action through Planning and Partnerships (MAPP) webpage

- Community Health Assessment and Improvement Planning webpage

Rural Health Section

- Virtual Communities group with quarterly calls

Webinar recording

- Webinar recording of Working Upstream: Addressing the Social Determinants of Health in Rural Communities Webinar on NACCHO University with supplemental materials (note: must log in or create a naccho.org account): https://www.pathlms.com/naccho/courses/12640