# Local Health Departments Leading to Address Social Determinants of Health

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## Introduction

The **social determinants of health** (SDoH) are the conditions in which people are born, live, learn, work, and play that affects their health (WHO). The priority for public health to address the social determinants of health has emerged with **the Public Health 3.0 Model**.

| 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 |
| Debt | Safety | Early Childhood Education | | Community Engagement | Provider Linguistic and Cultural Competency |
| Medical Bills | Parks | Vocational Training | | Discrimination | Quality of Care |
| Support | Playgrounds | Higher Education | | Stress | |
| | Walkability | | | | |
| | Zip Code / Geography | | | | |

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

Fig. 1. The Kaiser Family Foundation model categorizes the SDoH into 6 categories and was the framework used for this study.

The **purpose** of this study was to learn what Kansas health departments are doing to address the social determinants of health in their communities and inform

## Methods & Participants

Participants were identified using the KDHE **2019 State Formula Survey**. The local health departments (LHDs) were recruited via email to participate in a semi-structured phone interview. The interview topics focused on how the LHD is addressing the SDoH, strategies and tools, community partners, strengths and barriers, and what support is needed to advance the work. There were **13 participants**, representing all regions of Kansas except north central, with 6 being in the northeast region. See Fig. 2 and Fig. 3 for additional participant characteristics.

| SDoH Area LHDs Addressed (n=13) | |
|---|---|
| Economic Stability | 3 |
| Neighborhood & Physical Environment | 4 |
| Food | 5 |
| Health Care Systems | 1 |

Fig. 2

| Population Density of LHDs Interviewed (n=13) | |
|---|---|
| Frontier | 3 |
| Densely-settled rural | 2 |
| Rural | 1 |
| Semi-urban | 4 |
| Urban | 3 |

Fig. 3

## Key Findings

### Health Department Roles

**Public Health 3.0** recommends that governmental public health positions itself as their community's Chief Health Strategist. LHDs did this through playing one or more of the following roles:

- **Convener & Leader** (9): Leads and/or highly involved in coalitions; move work forward internally and externally
- **Data Role** (3): Provide data from CHA/CHIP or other sources to facilitate work internally and with partners
- **Funding Pass-Through** (3): LHD receives grant funds and works with community partners on shared goals

### Strengths & Facilitators and Barriers to SDoH Work

✓ Community support and engagement from residents, coalitions, and businesses
✓ Grant funding allows work to be done
✓ Many LHDs found skills learned in leadership trainings useful to facilitate work
✓ Support from public health state and system partners who provide facilitation, technical assistance, and subject matter expertise

✗ More time and funding is always needed to make progress
✗ Can be difficult to get community involved
✗ The work is adaptive, which makes it slow and creates fear of messing up
✗ Local/county government may not understand why public health does SDoH work
✗ Frontier and rural LHDs face limited funding and smaller staff sizes

Fig. 4. Depicts common themes mentioned when LHDs were asked about strengths and barriers to doing SDoH work

### Training and Support Needs

| Training Topic Needs by Focus Area | | |
|---|---|---|
| | **Skills Focus** | **Information Focus** |
| **Training Topics** | • Leadership training<br>• Strategic doing/ technical assistance<br>• Grant writing<br>• Social media<br>• Coalition building | • Trauma Informed Care<br>• Chief Health Strategist & Public Health 3.0<br>• Health equity and SDoH |

Fig. 5. Training supports LHDs mentioned would be useful for making progress on SDoH work

### Tipping Points

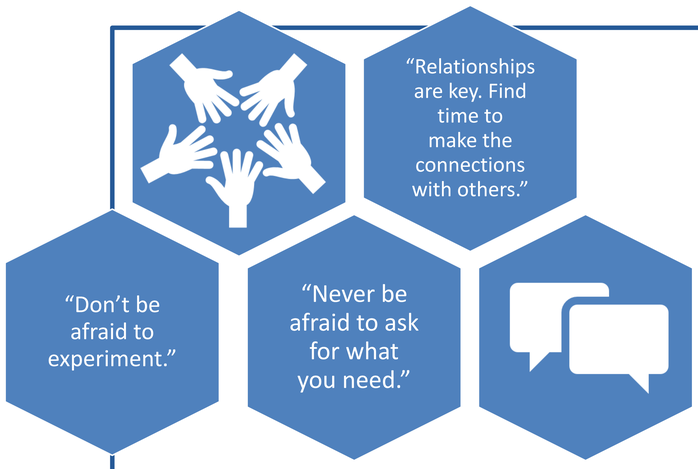
LHDs had a primary reason for choosing a particular SDoH area. LHDs identified the following as catalysts for action:

- **CHA/CHNA/CHIPs:** Over half the LHDs used data from these processes as a springboard into action
- **Grants Applied For or Offered:** Grant funding provided LHDs ability to begin to make progress on SDoH work
- **External Factors:** LHD staff's lived experience as frontline workers offerse insight; Other events that impact the community motivated LHDs to make progress on a SDoH area

### Key Players

**Common community partners** of LHDs included churches, local government (county commission, law enforcement, etc.), local universities and schools, K-State Research & Extension, business leaders, hospitals, and coalitions.

## Recommendations




**LHDs offered advice** for their peers who want to do SDoH work:

- Relationship building and engaging with community, county commission, and those who are impacted by the issue
- Avoid over-planning and embrace the uncertainty of adaptive work through experimentation and risk taking

Based on these findings, the following are **recommendations for LHDs and their state and system partners** to help advance SDoH work:

- LHDs should work collaboratively and partner with other sectors
- Training and peer learning opportunities are needed to build capacity of LHDs (See Fig. 5)

*Questions?* Contact Olivia Borland at olivia.borland@wichita.edu or Ty Kane at ty.kane@wichita.edu.