



WICHITA STATE  
UNIVERSITY

**COMMUNITY ENGAGEMENT  
INSTITUTE**

*Center for Public Health Initiatives*

## 2019 KALHD District Meeting

### Social Determinants of Health Discussions

*Prepared for KALHD Board and Members*  
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# KALHD District Meeting

## Social Determinants of Health Discussion

### Spring 2019 Schedule:

District 3 Topeka - 3/15/19

District 5 Wichita - 4/15/19

District 6 Iola - 4/17/19

District 2 Salina - 4/22/19

District 1 Quinter - 4/29/19

District 4 Garden City - 5/29/19

### Overview

Wichita State University's Center for Public Health Initiatives facilitated discussions at six KALHD district meetings about the role of local health departments in addressing social determinants of health (SDoH). The discussions lasted about 40 minutes and included an exercise about moving from theory to practice and identifying strategies for doing SDoH work at the local and system level.

### Purpose

People are realizing that the current model of health promotion/disease prevention, which focuses on shaping individual behaviors, is insufficient when it comes to impacting population-level health outcomes. We now know that health outcomes are greatly influenced by where one is born, lives, works, and plays.<sup>1</sup> If we are to reduce disparities and create communities where everyone has an equal opportunity to be healthy, we must look beyond the individual and focus our attention on the “upstream factors” that contribute to health.

SDoH has become somewhat of a buzzword in recent years, and while the need to address these determinants is evident, there is less clarity about *how* to actually go about addressing them. Due to the vast, convoluted, and often ambiguous nature of this concept, it can be difficult to make the transition from thinking and talking about SDoH to actually implementing the work to address them. Therefore, the purpose of this discussion was to help local health departments start thinking about practical ways to address the social determinants of health in their communities.

### Process

The discussion began with a question: *What is the role of local health departments in addressing the social determinants of health?* Participants were given approximately 5 minutes to brainstorm responses, which were recorded on a PowerPoint slide that was visible to the group. Topic themes included supporting community partners and initiatives, being a source of information and educating the community about SDoH, making community connections, and engaging “unusual voices” in community assessments and planning processes. See Appendix A for a complete list of responses.

From there, participants chose a topic and used a quality improvement process called the *Five Hows*, designed to drill down into the potential strategies and first steps for addressing the chosen topic. As a large group, members identified two primary strategies for the chosen topic area and drilled down three levels (i.e., asked *how?* three times), rather than five, due to time constraints. See example from the District 2 meeting on the following page.

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<sup>1</sup> “About Social Determinants of Health.” World Health Organization. Retrieved from [https://www.who.int/social\\_determinants/sdh\\_definition/en/](https://www.who.int/social_determinants/sdh_definition/en/)

## Group Example from District 2: Salina

**What:** *Engage the community members that you are talking about (unusual voices)*

How: Identify community groups who are open to all types of members

How: Play the numbers game – ask around

How: Start with existing partners and build from there

How: Ask staff what organizations they know of or are a part of

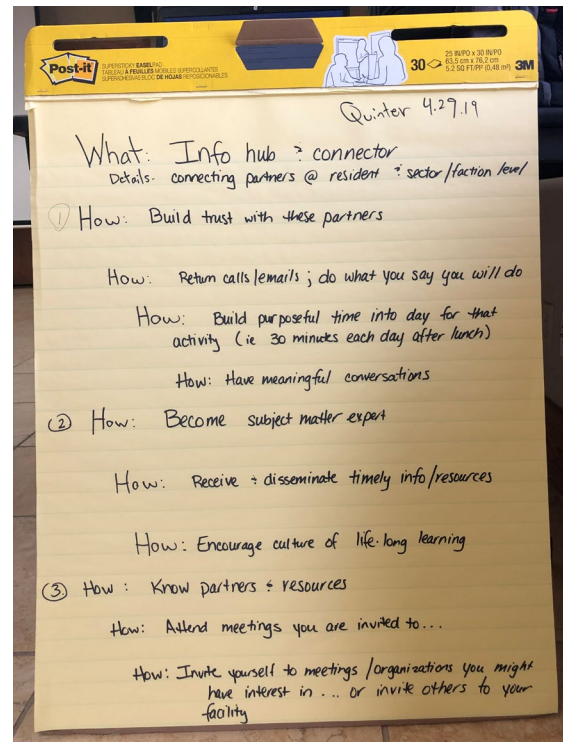
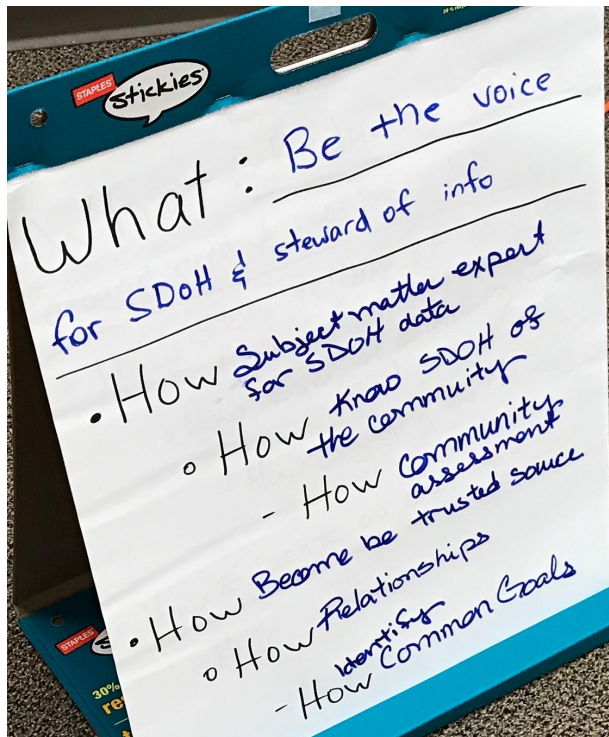
How: Create the “ask” and be informed about what you are wanting from these groups

How: Build trust with the individuals

How: Identify community partners who already have that trust and align with them

How: Be accountable and transparent

Next, members were split into small groups and asked to complete the process using a different topic area of their choosing. Groups were given flip charts with pre-written headings and sub-headings to help guide them through the process (see examples below). After approximately 10 minutes, groups took turns sharing their ideas with the larger group.



Examples of small group activity from Quinter and Salina.

## Results

Notes from each meeting were compiled and reviewed by CPHI staff to identify recurring topics, themes, and trends. For most groups, the chosen topic area fell into one of three categories, as presented below (see Appendix B for a full list of topics and accompanying strategies):

### ***Topic Areas: The “Whats”***

#### ***1. Education & Information***

- Educate the community about SDOH impacts
- Be the voice for SDOH and steward of information
- Be an information hub/connector

#### ***2. Programs & Policies***

- Implement housing rental inspections policy at county/city level
- Promote tobacco-free active lifestyle in community
- Create and implement poverty programs

#### ***3. Social & Community Impact***

- Increase social cohesion, maturation, hope in the community
- Reducing stigma around need and using LHD
- Building trauma-informed communities in county

### ***Strategies: The “Hows”***

The “hows” served as the strategies for attaining the “whats” in this exercise. Below is a breakdown of some of the primary strategies identified by group members that fell under each topic area. See Appendix B for a full list of topics and strategies.

#### ***1. Education & Information***

- Build awareness campaign by gathering data, educating, and persuading
- Become subject matter experts and trusted source for SDOH data/information
- Provide education to various community groups, including county commissioners
- Increase media exposure

#### ***2. Programs & Policies***

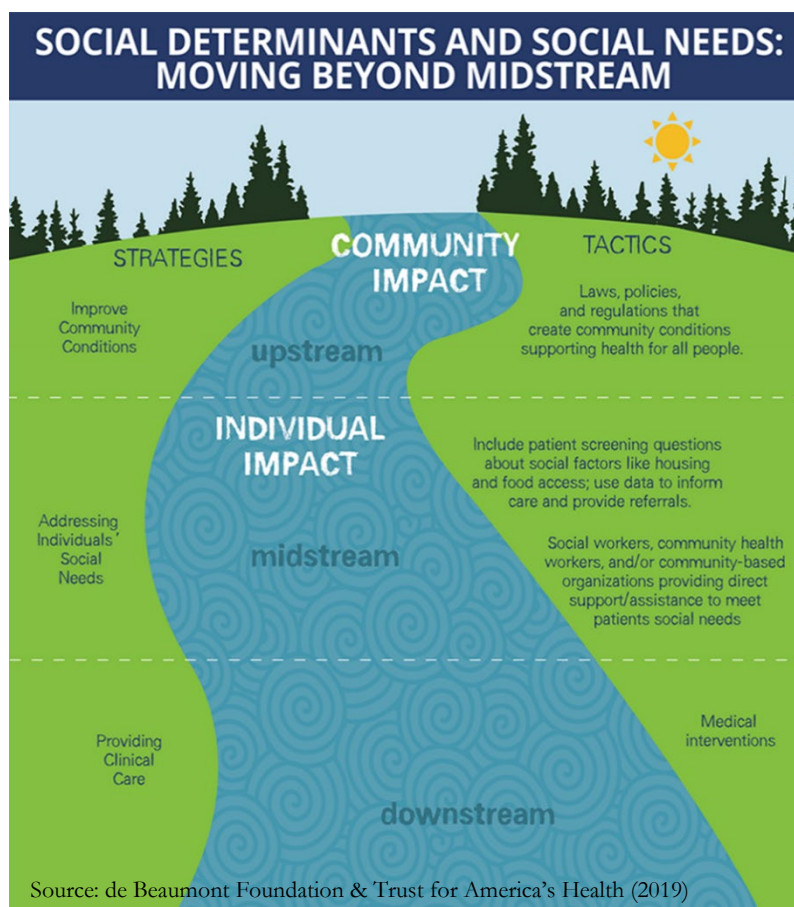
- Get property management buy-in for implementing housing policy
- Develop a county resolution that requires landlords to complete annual inspections
- Implement smoke-free parks policy
- Add “nicotine free” to tobacco free policy

#### ***3. Social & Community Impact***

- Reduce stigma by telling stories of everyday people (transparent)
- Develop life skills & social-emotional skills in children
- Support partner initiatives in the community
- Develop community resilience coalition
- Identify local stories that relate to the SDOH and offer opinions/feedback

## Conclusions

When reviewing strategies and tactics that outline the continuum between upstream (social determinants) and downstream (social needs) impact, most participating health departments tended to focus their attention on *midstream impacts*, or on what could be considered backbone supports to driving change at the upstream level. This includes activities such as “being the voice for SDoH,” building resilient, trauma-informed communities, and acting as an information hub for community data around the determinants. Through these types of activities it can be assumed that one of the main roles identified by the group was to *create environments in which change can occur*. For example, one strategy identified was using an “upstream” approach or lens when conducting Community Health Improvement Plans.



This role is one that aligns with public health models such as Public Health 3.0 and the concept of a Community Health Strategist. There were also several roles that included leading efforts around policy, such as housing and tobacco policy. Nationally, there is a recognized role for LHDs to engage in Health in All Policies work to address upstream impact.<sup>2</sup> While policy was only mentioned in a few districts, *there appears to be momentum to build on this identified role of working on policies that impact health, and there are resources available to guide LHDs in doing so*, such as the World Health Organization’s information brochure, Key Learning on Health in All Policies Implementation from Around the World.<sup>2</sup>

Other identified roles focused on current programs or additional support for those programs. There is value in the current public health efforts across the state, which can be captured by the fact that there is available funding and guidance for much of it. However, not all of these programs build towards upstream impacts. *It is possible that LHDs can look for ways to build on their current programs to address the root causes of the issues being addressed.* One example of this can be seen in many departments already through their efforts around tobacco usage, often starting with individual use through cessation programs, but then moving towards community-level impacts by addressing policy that would limit or restrict use. Other public health traditional programs offer an opportunity to lead an LHD toward addressing root causes of issue if they dive deeper into the determinants.

<sup>2</sup> Key learning on Health in All Policies implementation from around the world – Information Brochure. Geneva, Switzerland: World Health Organization; 2018 (WHO/CED/PHE/SDH/18.1). License: CC BY-NC-SA 3.0 IGO.



### *Next steps*

Local health departments are in a unique position when it comes to community interventions involving the determinants of health. While many LHDs must stay focused on revenues generated through grants and fees-for-service, there are plenty of grant opportunities and actions that can be taken on behalf of the local government. Much of this is directly tied to how individual departments operate as part of their local county system.

During this assessment, directors shared a wide degree of involvement with county commissioners and other county programs. Some directors openly acknowledged avoiding county commissioners to “stay off their radar,” while others made it a key role to keep commissioners informed of health information and look for ways to involve health in other county operations.

The following are three considerations for KALHD based on national research, current work of the association, and on-the-ground realities reported through this assessment:

1. **KALHD could continue to invest in, and focus on, building LHD capacities and expectations to build partnerships across local government and partners in the county.** Public health is just as important as other county departments, in many cases more so. Public health staff need to be better informed of ways to communicate with other county departments, local elected officials, and key sectors of the community and to provide examples of how health approaches are an investment in the community.
2. **KALHD could develop a method for departments interested in addressing the social determinants to come together around key areas for collaboration and advancement.** Areas identified in this assessment would be a place to start – either as a small group or through a grant effort. KALHD members could engage with one another to identify how to best to create opportunities for engagement.
3. **KALHD members could consider how they can expand or adapt *current* services and activities to address the more upstream influencers of health.** It may be beneficial for members to engage in learning opportunities to expand their understanding of how social determinants influence health and how the health department can address such health-promoting or health-hindering issues. Health departments are uniquely positioned identify the health needs of an individual and work upstream to identify and address the actual root causes of those needs. Not just focusing on the individual, but the community attributes that drive them.
4. **KALHD could educate and engage members around the issues of advocacy and policy.** While addressing individual social needs (e.g., transportation) is important, true community-level change is not possible without advancing policies that address the underlying social and economic conditions that lead to health disparities and poor health outcomes.<sup>3</sup> The public health system in Kansas could benefit greatly if KALHD members and LHDs were confident in their abilities to engage commissioners and other policy makers regarding the determinants of health.

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<sup>3</sup> Castrucci, B., & Auerbach, J. (2019). Meeting individual social needs falls short of addressing social determinants of health. *Health Affairs Blog*. Retrieved from <https://www.healthaffairs.org/doi/10.1377/hblog20190115.234942/full>

## **Appendix A. LHD's Role in Addressing SDoH - Complete List of Responses**

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- Identify SDoH and communicate with other orgs; data sharing
- Find partners that can fill gaps/provide supports
- Coordinate efforts for “the doing”
- Educate community about how these factors influence health; get commissioner buy-in (advocacy)
- Workforce development
- Work together to identify ways to decrease disparities (CHIP)
- Supporting existing programs (e.g., Circles)
- Weigh-in on issues/be at table
- Implement policy
- Education issues
- Raise awareness about SDoH including use of data/info
- Connecting Systems
- Transportation services
- Raise awareness about SDoH including use of data/info
- Grant-writing support for organizational partners
- Participating in poverty reduction programs
- Supporting local efforts across SDoH model
- Serving as chief health strategist for community
- Grant-writing support to bring new services to communities
- Advocating for tobacco free environments and other CDRR areas
- Focusing community efforts thru CHA/CHIP
- Championing HiAP approach
- ACES/TISC
- Creating coalitions on issues/topics
- Looking for areas of support in the community
- Bring up unusual voices
- Be the voice for SDoH for the community (steward of information)
- CHNA
- Gap assessment on needs & resources of community
- Reduce stigma around need
- Reduce stigma around utilizing the LHD
- Building Trauma Informed Communities
- Community Health Strategist – bringing in resources and making connections
- Information hub & connector
- CHA – ensuring an SDoH lens (data & perception)
- SDoH Subject Matter Expert, convener, facilitator of community projects
- Include community voices in planning and activities (unusual voices) building relationships
- Cross-sector relationships
- Community conversations
- Create stories behind data to get community on-board
- Teach, instruct, motivate, incentivize people to get themselves out of poverty
- Create a space/process for creating positive social relationships
- Encourage civic participation
- Being a voice for people who do not speak up (individual advocacy)

- Sharing tools/resources/programs with partners, especially medical partners
- Identifying supports for vulnerable populations (EM example)
- Assessment of the individual and their needs
- Cross sector partnerships: Information sharing
- Navigation of the system – identify need, help with processes (access to care)
- Collaboration on issues seen by others (such as law enforcement, schools, etc.)
- Education about health (parents and kids)
- Connections to economic stability health literacy



## **Appendix B. Complete List of Small Group Topics & Strategies by Region**

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### **3-15-19 Topeka**

#### **What: Educate the community about SDoH impacts**

How: Present to County Commissioners (along with other providers & county members)

How: Create educational materials about SDoH

How: Create stakeholder engagement activities

How: Increase media exposure

How: Create relationships with local media to do direct outreach

How: Cultivate stories where media reps are present (e.g., commissioner meetings)

How: Identify local stories that relate to the SDoH and offer opinions/feedback

#### **What: Find partners that fill gaps/provide support**

How: Cast a wide net to identify and engage general partners

How: Hold community meetings with partners

How: Identify capacity and fill gaps

How: Support (assure) partner initiatives in the community

How: Learn about their initiatives needs

How: Provide mutual support to help fulfill mission

#### **What: Implement housing rental inspections policy at county/city level**

How: Get property management buy-in

How: Sign covenant that they will fix/maintain property

How: See if any other county/city has this in place

How: Develop a county resolution that requires landlords to complete annual inspections

How: Find a champion

How: Develop data/evidence for champion

### **4-15-19 - Wichita**

#### **What: Promote tobacco-free active lifestyle**

How: Add “Nicotine Free” to tobacco policy

How: Build awareness campaign by gathering data, educating, and persuading

How: Draft proposed policy and engage policy makers

How: Present policy to public and take action

How: Implement smoke-free parks policy (same process as above)

How: Conduct physical assessment of park

How: Engage youth to perform scan (e.g., Count the Butts)

#### **What: Create and implement poverty programs**

How: Determine scope of work and needs

How: Secure someone with content expertise and someone with life experience (support)

How: Ensure culturally competent hiring practices

How: Connect resources

How: Implement enhanced and responsive referral network

#### **4-17-20 lola**

##### **What: Increase social cohesion, maturation, hope county**

How: Develop life skills & social-emotional skills in children

How: Implement after-school program

How: Find money

#### **4-22-19 Salina**

##### **What: Be the voice for SDOH and steward of information**

How: Become subject matter expert for SDOH data

How: Know SDOH of the community

How: Conduct community assessment thru SDoH lens

How: Become / be trusted source

How: Build and maintain relationships

How: Identify common goals

##### **What: Reducing stigma around need and using LHD**

How: Tell the story of everyday people (transparent)

How: Identify people with stories

How: Communicate that story thru a variety of methods

How: Educate on LHD programs, roles, and expectations

#### **4/29/19 Quinter**

##### **What: Building trauma-informed communities in county**

How: Provide education to various community groups

How: Schedule education opportunities in “their community”

How: Use consistent messaging and evidence-based curriculum

How: Identify educators – train the trainers

How: Identify objectives

How: Develop community resilience coalition

How: Define policies and procedures – response plan

##### **What: Be an information hub and connector (partners, residents, sector/faction level)**

How: Build trust with these partners

How: Return calls/emails; do what you say you will do

How: Build purposeful time into day for that activities

How: Have meaningful conversations

How: Become subject matter expert

How: Receive and disseminate timely info/resources

How: Encourage culture of life-long learning

How: Know partners and resources

How: Attend meetings you are invited to (even if outside your general interests)

How: Invite yourself to meetings at other organizations / invite others to your facility

## **5/29/19 Garden City**

### **What: Educate parents and children about health / what to do when child gets sick**

How: Attend training on presenting information

How: Identify staff meeting to provide info

How: HSHV, WIC, KBH

How: Distribute education booklets

How: Expand avenues of distribution

How: Advertise availability of education / offer training sessions

### **What: Assess individual and family transportation needs**

How: Develop transportation assessment tool

How: Determine which questions are important to ask

How: Use language that is culturally appropriate and easy to understand

How: Use tool to screen clients

How: Identify target population

How: Identify what medium to use (e.g., social media, in-person)