Taking Action on the Social Determinants of Health at a Local Health Department

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1. WCHD – health equity strategic direction
2. Who is JHA?
3. WCHD – taking action on social determinants of health and health equity
4. Health equity mapping exercise
5. Wrap up
Learning Track:
Internal Organizational Change

“The first step toward change is awareness. The second step is acceptance.”

(Nathaniel Branden)
Learning Objectives:

• Discuss a change process within a local health department

• Describe social determinants of health (and social determinants of health equity) that impact our communities.

• Give examples of public health actions that address root causes of poor health and health inequities.

• Identify potential barriers and opportunities for taking action.
Whatcom County Snapshot

• Population
  – 200,000 (80,000 in Bellingham, otherwise mostly rural)
  – Race/ethnicity: Mostly white (83.3%)

• Community Assets
  – Higher education, hospital, schools, outdoor recreation

• Jobs/Economics
  – Education, healthcare, oil refineries, agriculture, seafood

• Politics
  – Polarized (Liberal vs. Conservative)

• Health Status
  – Ranked 7th healthiest county in the state, but......
Whatcom County Health Department

• Organizational Structure
  – County government
  – Five divisions (Admin, CH, EH, HS, DRC)
  – Two separate locations

• Personnel
  – 77 FTE (90 FTE in 2008 → 65 FTE in 2012)

• Governing/Advising Structure
  – Board of Health = County Council
  – Public Health Advisory Board
Why health equity?

• Public Awareness
  – Unnatural Causes (PBS Series)

• National Focus
  – CDC/HRSA/APHA/NACCHO/RWJF/Prevention Institute...

• State Focus
  – WSALPHO/CHLF Work Groups

• Inspiring Local Examples
  – Alameda
  – Contra Costa
  – King County
WCHD Momentum for Change

• Comprehensive Health Planning Process (‘07-’08)
  – Community Themes ➔ Poverty, Housing, Safe Neighborhoods, Social Connections, Clean Air and Water, Healthy Children

• ACHIEVE Chronic Disease Initiative (‘09-’10)
  – Focus ➔ Disparities in chronic disease risk factors and health outcomes; recognition of need to address policy, systems, environment, and children

• Health Department Strategic Planning (‘09-’10)
  – Core Values ➔ Social justice, health equity, opportunities for all people in Whatcom County to be healthy
  – Strategies ➔ Community understanding and investment, system level change, skilled and informed staff
<table>
<thead>
<tr>
<th></th>
<th>Overall</th>
<th>&lt;$20 K</th>
<th>&gt;$50 K</th>
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<tbody>
<tr>
<td>Diabetes</td>
<td>6%</td>
<td>10%</td>
<td>4%</td>
</tr>
<tr>
<td>Obese</td>
<td>26%</td>
<td>36%</td>
<td>23%</td>
</tr>
<tr>
<td>Tobacco use</td>
<td>18%</td>
<td>36%</td>
<td>11%</td>
</tr>
<tr>
<td>Hungry/not afford food</td>
<td>9%</td>
<td>30%</td>
<td>1%</td>
</tr>
<tr>
<td>Health status fair or poor</td>
<td>13%</td>
<td>41%</td>
<td>4%</td>
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Talking the talk...

- Cultural competency
- Diversity
- Health disparity
- Social determinants of health
- Social determinants of health equity
- Social justice
- Health equity
Walking the walk...

“Too often public health agencies use the language of social determinants of health and the need to reduce disparities but do not internally transform in ways that allow for nontraditional actions required to address social injustice as a risk to the public’s health... The major challenge is... to move theoretical knowledge about the relationship of social injustice to increased health risks and poor health outcomes into broad sustainable changes in agency policies and practices”

Transforming Elements of Public Health Practice

- Support Equity as a Value and Social Right
- Leadership
- Interagency/Multi-disciplinary Coordination
- **Workforce Development and Education**
- Working and Collaborating with Communities
- Communications Strategy and Public Education
- Health Promotion
- Building Alliances and Coalitions
- Public Policy Development and Analysis
- Advocacy
- Monitoring and Surveillance

Transforming WCHD:
Workforce Development

• Conduct social determinants of health and health advocacy training for all staff
• Develop health equity working group to serve as catalyst for action within the department
Just Health Action advocates for reducing health inequities that result from social, political, economic, and cultural factors.

Through a social justice lens, we teach workshops and classes that review the evidence and facilitate discussion and consensus on how individuals and communities can take action on these root causes.
The diagram illustrates the social determinants of health, focusing on racism, sexism, classism, and individual behaviors.

- **Racism** includes:
  - Education
  - Housing
  - Food
  - Work environment

- **Sexism** includes:
  - Living and working conditions
  - Unemployment
  - Water/sanitation

- **Classism** includes:
  - Health care
  - Age, sex, and hereditary factors

- **Individual behaviors** include:
  - Smoking
  - Drinking
  - Overeating
  - No exercise
  - Risky sex
  - Illicit drug use

The diagram is adapted from Dahlgren & Whitehead (1991) and Jones et al (2009).
Critical health literacy

1. functional
   transmission of factual information (e.g. AIDS, drugs, tobacco)

2. interactive
   develop personal skills – problem solving, communication, decision making, act independently on advice received (e.g. refusal skills)

3. critical
   Individual’s understanding of the SDOH combined with the skills to take action at both the individual and community level (e.g. taking action on teen violence in the community)

Nutbeam, 2000, Health Promotion International, Vol 15, No 3
Empowerment model linked to critical health literacy approach

- extend traditional behavior change model
- empowerment
- praxis: action and reflection

- ecological: focus on “upstream” circumstances that affect health
- empower to improve health of entire population or sub-population (beyond individuals)
- a means to understand root causes and strategize taking action on them
JHA critical health literacy framework link to WCHD health equity workshop series

- tools
  - listening/communicating
  - dissemination
  - community technical assistance
  - facilitation
  - policy analysis
  - health impact assessment
  - community based participatory research

- compass
  - unpacking advocacy
  - find your passion
  - vision & goals
  - inspiration

- knowledge
  - social determinants of health
  - health equity

action!
JHA/WCHD/WWU Collaboration

• Use of JHA pedagogy but training needed adaptation to entire organization

• Regular interaction with HD liaison (Astrid) to fit the workshop series to WCHD needs

• Brainstorming together to make the best workshop/s possible.
WCHD Health Equity Workshop Series

- WS1: Introduction to population health
- WS2: Introduction to health advocacy
- WS3: Operationalizing health equity at WCHD (part 1)
- WS4: Operationalizing health equity at WCHD (part 2)
- WS5: Reflection and Evaluation
Workshop Series Goals

WCHD staff will:

• Be empowered and emboldened to take on a role in addressing health equity and SDOH
• Generate a list of ideas and a game plan of how health equity can be incorporated into their work
• Acquire skills to understand what data needs to be collected to measure health equity
• Be able to discuss health equity concepts with confidence
• Have ideas of where you can intervene to incorporate health equity
• Take on their responsibility to address the social inequities that have been normalized (i.e., homelessness)
WS1: Intro to population health
(June 18 and July 27)

1. What is population health?
2. What is the SDOH model?
3. Social factors shape biology
WS1: Intro to population health (cont)

4. Health disparities vs inequities
5. “Causes of the causes” diagramming
6. Solutions to the causes diagramming
WS2: Advocacy for health equity
(September 14)

1. A call to action – health equity at all levels

Tackling Health Inequities Through Public Health Practice:
A Handbook for Action
WS 2: Advocacy for health equity

2. Is health equity in my job description?
   
   • Public health rooted in egalitarian tradition from late 1800s in US.
   • Public health founded on 3 basic principles
     – Social justice
     – Public responsibility for social health and welfare
     – Advocacy

Siegel & Doner, 2004. Marketing public health: Strategies to promote social change
WS2: Advocacy for health equity

3. JHA advocacy continuum
4. “Cliff analogy” and case study examples using health equity lens
WCHD: Action on SDOH instead of health behaviors

Adapted from Dahlgren & Whitehead (1991) and Jones et al (2009)
WCHD health equity role: Moving away from the net to moving people away from the cliff

Jones et al, The Cliff Analogy 2010
WCHD: Moving upstream from behaviors to population health change

Figure 1. Framework for Understanding and Measuring Health Inequities

UPSTREAM
Social Factors

INSTITUTIONAL POWER
Corporations & other businesses
Gov't agencies
Schools

NEIGHBORHOOD CONDITIONS
Physical environment
Land use
Transportation
Housing
Residential segregation
Social environment
Experience of class
Experience of racism
Experience of gender
Cultural assimilation/isolation
Population histories

RISK BEHAVIORS
Smoking
Nutrition
Physical activity
Violence

DOWNSTREAM
Health Status

MORTALITY
Infant mortality
Disease
Life expectancy

HEALTH EDUCATION

HEALTHCARE

GENETICS

INDIVIDUAL HEALTH KNOWLEDGE

WCHD
Case Studies – Reframing questions to get more upstream

1. Why do some restaurants get more violations than others?
2. Why do some people get HIV counseling and testing and others don’t?
3. Why do children and women continue to need nutrition assistance (WIC)?
**Advocacy vs lobbying**

Public Health Depts can do both!

- Policy advocacy is NOT lobbying unless it involves the promotion of a *specific vote on a specific legislation*. OK to research, develop, plan, implement, enforce, and evaluate public policy.
- Public health depts may lobby at state and local levels (state and local initiatives, not federal). OK to conduct educational campaign that addresses need for federal legislation as long as they don’t urge public to contact legislators or to support or oppose specific legislation.
WS3: Operationalizing health equity at WCHD (Part 1, September 28)

1. Establish credibility/power of the “health equity working group”
2. WCHD SDOH analysis and mapping (6 parts)
3. WCHD role: public health core functions and link to health equity
WC SDOH Analysis

- What are the SDOH issues in WC?
- Who is affected?
- Where and how big are the problems?
- Why do the problems exist?
- Is this fair?
- MAP IT…
SDOH Analysis:
The “Other” Whatcom County

• Tribes/Reservations (~5000)
  – Lummi/Nooksack
  – Unemployment, substance use, injuries

• Hispanic Population (12,000)
  – Rural Areas/North Bellingham
  – Jobs, housing, pesticide exposure, gangs

• Immigrant Population (??)
  – Russian/Slavic communities (fleeing religious persecution)
  – Language, distrust

• Poverty
  – Rural/pockets in Bellingham
  – Single mothers, generational poverty
  – Education, jobs, transportation, health care access
SDOH Mapping Exercise
Determinants of health

Social determinants of health equity

Classism

Racism

- Education
- Housing
- Food
- Work environment

Living and working conditions

Sexism

Unemployment

- Water/sanitation
- Health care

Individual behaviors

- Age, sex, and hereditary factors
- Overeating
- No exercise
- Smoking
- Drinking
- Risky sex
- Illicit drug use
- Smoking
Step forward into health equity

“Moving forward does not require significant new investments of resources; rather, applying what is already known to spheres of influence outside the traditional boundaries.”

Linking core functions and essential services to health equity

WCHD’s Role: Potential actions for WCHD to take with respect to some of the essential services that address health inequity

<table>
<thead>
<tr>
<th>Essential Public Health Functions</th>
<th>WCHD</th>
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<tbody>
<tr>
<td>1: Monitor health status to identify community health problems</td>
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<tr>
<td>2: Diagnose and investigate identified health problems and health hazards in the community</td>
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<tr>
<td>3: Inform, educate and empower people about health issues</td>
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<tr>
<td>4: Mobilize community partnerships to identify and solve health problems</td>
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<tr>
<td>5: Develop policies and plans that support individual and community health efforts</td>
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<tr>
<td>Service 6: Enforce laws and regulations that protect health and ensure safety</td>
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<tr>
<td>7: Link people to needed personal health services and assure the provision of health care when otherwise unavailable</td>
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<tr>
<td>8: Assure a competent public and personal health care workforce</td>
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<tr>
<td>9: Evaluate effectiveness, accessibility, and quality of personal and population-based health services</td>
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<tr>
<td>10: Research for new insights and innovative solutions to health problems</td>
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WS4: Operationalizing health equity at WCHD (Part 2, October 19)

1. Assessment
   • What data/information do we need to tell the story?

2. Policy development
   • How might we use “health impact assessments” in our community to increase equity?

3. Assurance
   • How can we be better partners in addressing community needs? Cultural competency/humility, listening skills

4. Next Steps
   • What three things will we do to move forward?
WCHD BUILDING HEALTH EQUITY: A BRIDGE BETWEEN COMMUNITIES AND POLICY MAKERS
"Thank God! A Panel of Experts!"
Challenges

• Leadership
  – Political Will/Understanding
  – Who is buying in? At what level internally/externally?

• Staff
  – Interest/Excitement vs. Resistance to Change/Skeptics
  – Concern and Focus on Current Job/Direct Services
  – Understanding of How This Fits
  – Perceived Lack of Skills/Tools to Take Action

• Resources/Tools
  – Funding Priorities/Categorical Funding
  – Limited Concrete Examples of Upstream Action

• Language
  – Trigger Words (“social justice”)
Many Opportunities

• Staff!!!

• Community Partners
  – Community members, cultural organizations (tribes/Hispanic), faith-based, social service providers, non-profits, business, healthcare, education, media...

• Training
  – Conferences, workshops, webinars

• Collaboration with Other LHJs/mentors
Keys to Success

• Organizational champion(s)
• Top management buy-in/engagement
• Staff interest/involvement
• Commitment of dedicated time and resources for learning and dialogue (use of flexible local funds)
• Desire to really listen to each other and community
• Collaboration with outside facilitators/experts
Helpful Resources

• Training/Technical Assistance
  – Just Health Action

• Practical Guides
  – CDC: Promoting Health Equity-A Resource to Help Communities Address SDOH (2008)
Discussion

1. What are some barriers to operationalize health equity in your own community/local health jurisdiction?

2. What are some opportunities to operationalize health equity?

3. Where are there opportunities for action?
Thank you
Muchas Gracias!!

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