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Social Determinates of Health

Robert Strack, PhD, MBA

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University of North Carolina Greensboro

***Task Force on Rural Health
MARCH 20, 2013***

GUILFORD COUNTY DEPARTMENT OF PUBLIC HEALTH



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What determines your health?

Social Determinates of Health

Outline

- Task Force on Rural Health, your stated charge
- Collective realities of our collective ill-health
- Another way to think about social determinates
- Small challenge task for you and your neighbors
- How to talk about social determinates without being a Debbie Downer

Task Force on Rural Health

- Charge: “develop a comprehensive, coordinated rural health action plan”
- The rural health plan will:
 - highlight the underlying causes of health disparities in rural areas, and
 - identify strategies at the state and local levels to address those problems.

One-in-three North Carolinians lives in a rural county and are:

- less likely to have access to health services,
- more likely to engage in risky health behaviors,
- have a higher mortality rate
- are more likely to forgo seeing a doctor due to cost
- less likely to visit a dentist
- have higher prevalence of smoking and obesity
- more likely to die due to heart disease, diabetes, lung disease, unintentional injuries, and suicide.



The rural-urban disparities are due to:

- infrastructure and the capacity to address health needs.
- differences in demographic and socioeconomic factors,
- health behaviors,
- access to, and quality of health care



Task Force on Rural Health

Specifically, the Task Force will:

- 1) Examine the health of rural North Carolinians as well as disparities in health access and outcomes for North Carolina's rural and urban residents. As part of this work the Task Force will consider the factors that contribute to these disparities including demographic and socioeconomic factors, differences in health behaviors, and variations in access to and quality of health care around the state.
- 2) Identify potential strategies that are critical to improve rural health outcomes and actionable over the next three to five years.



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Overweight / Obesity Trends in the United States

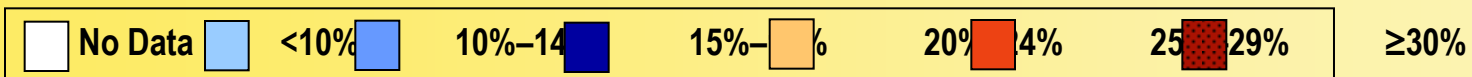
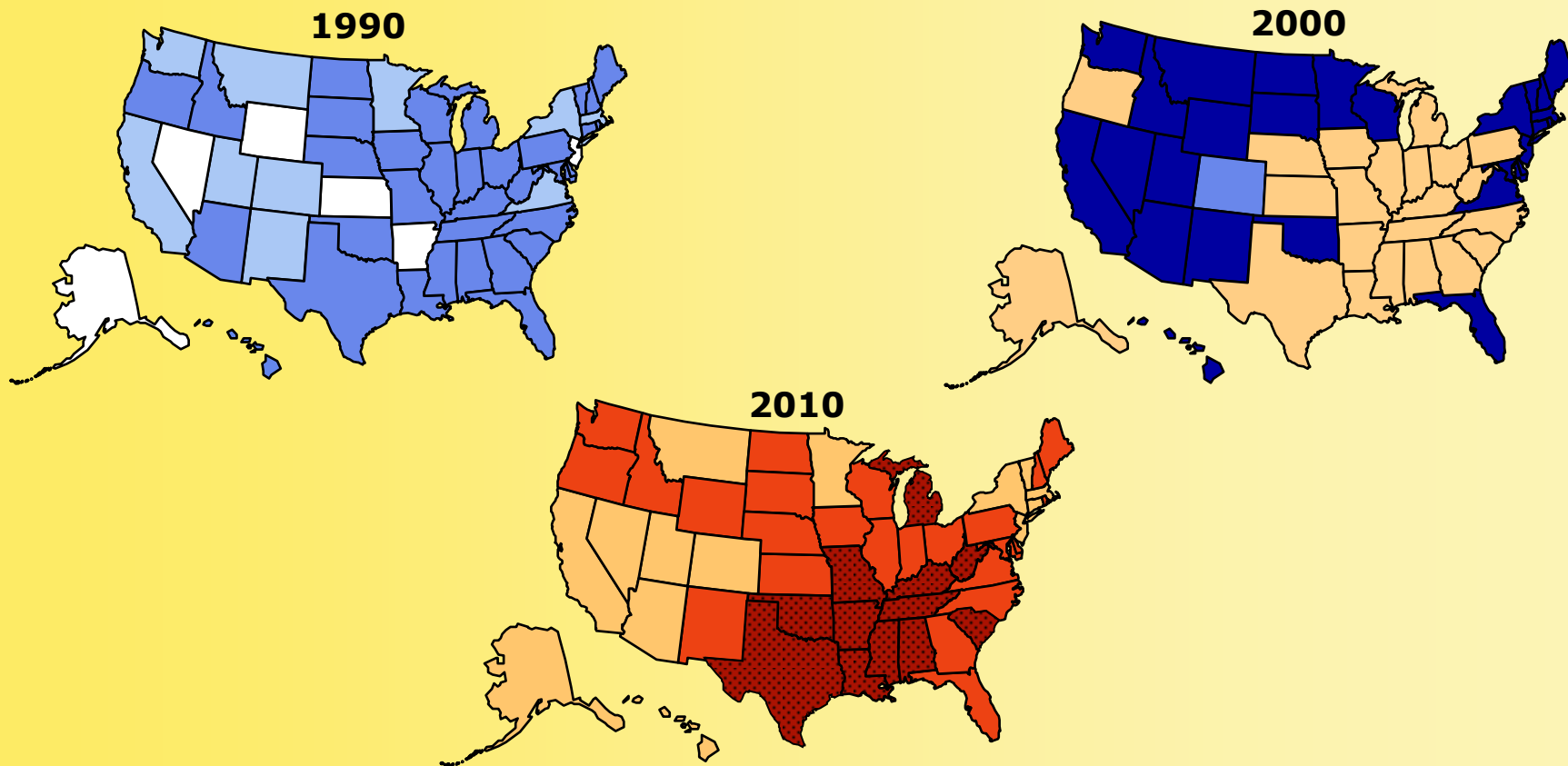


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Obesity Trends* Among U.S. Adults BRFSS, 1990, 2000, 2010

(*BMI ≥ 30 , or about 30 lbs. overweight for 5'4" person)





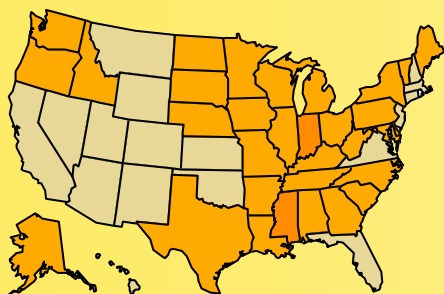
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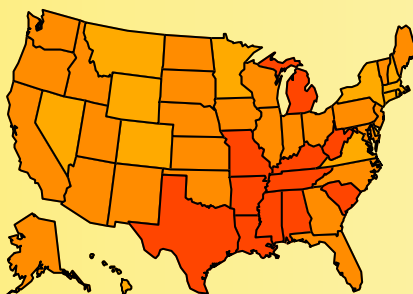
Age-Adjusted Prevalence of Obesity and Diagnosed Diabetes Among U.S. Adults Aged 18 Years or older

Obesity (BMI ≥ 30 kg/m²)

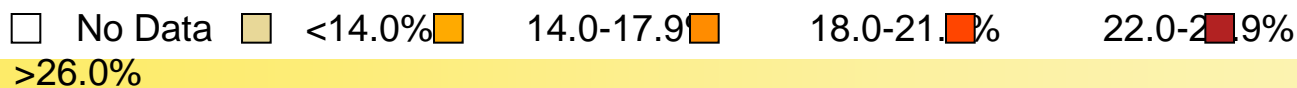
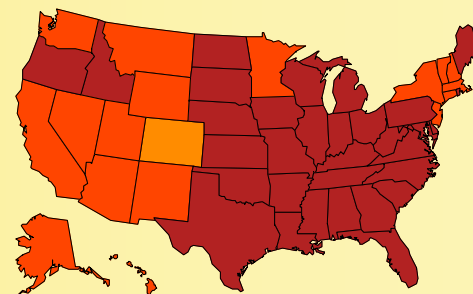
1994



2000

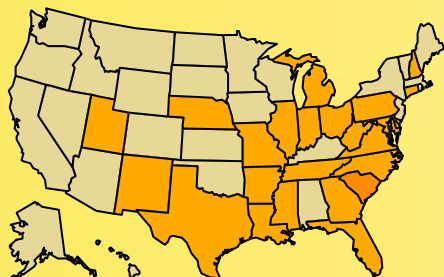


2010

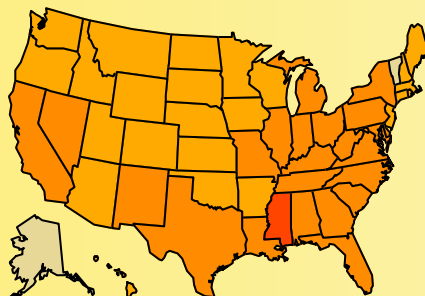


Diabetes

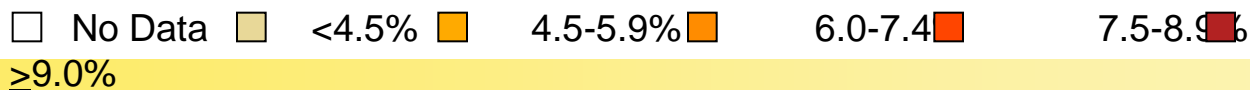
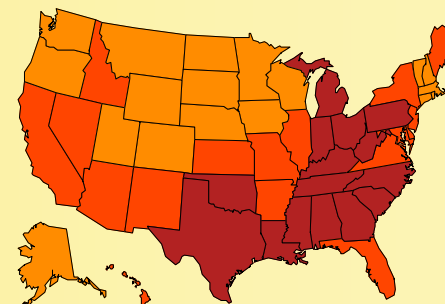
1994



2000



2010

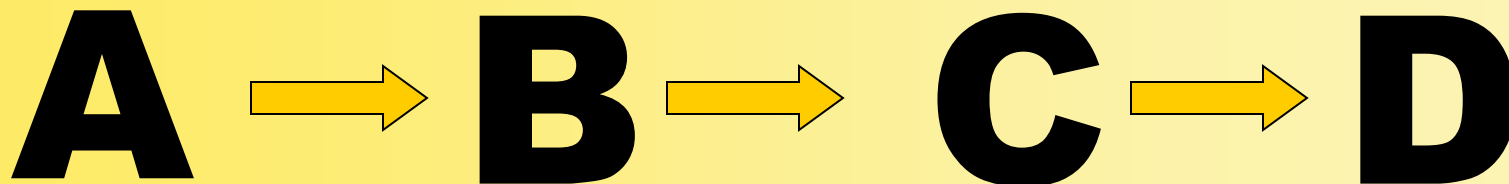


CDC's Division of Diabetes Translation. National Diabetes Surveillance System available at

<http://www.cdc.gov/diabetes/statistics>

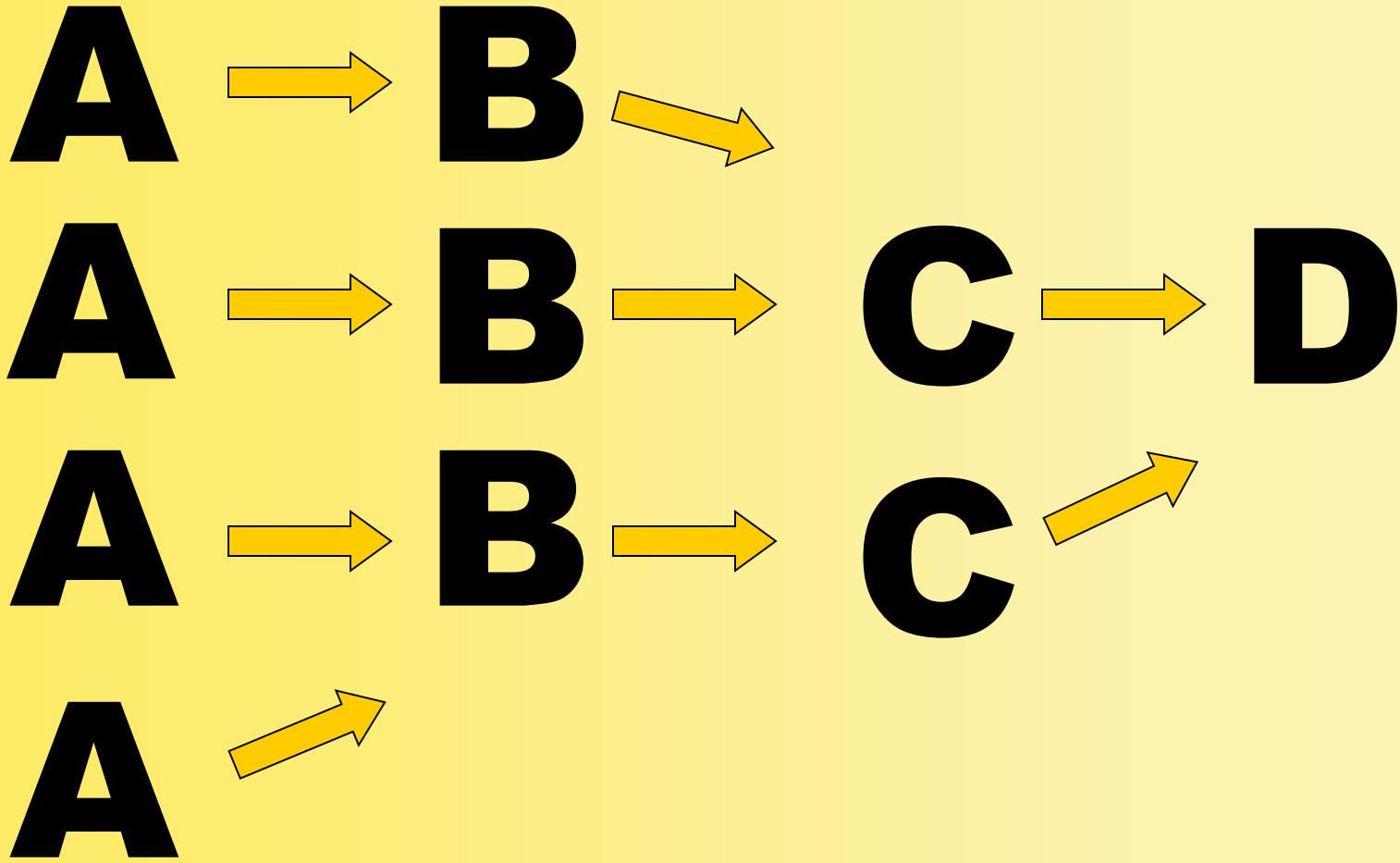


Cause and Effect



What determines ~~your health?~~
obesity/diabetes?

Cause and Effect





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Individual choice

(the “it’s your choice!” argument)

VS.

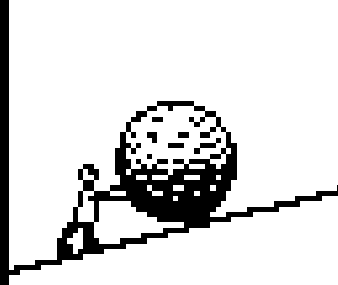
Collective realities

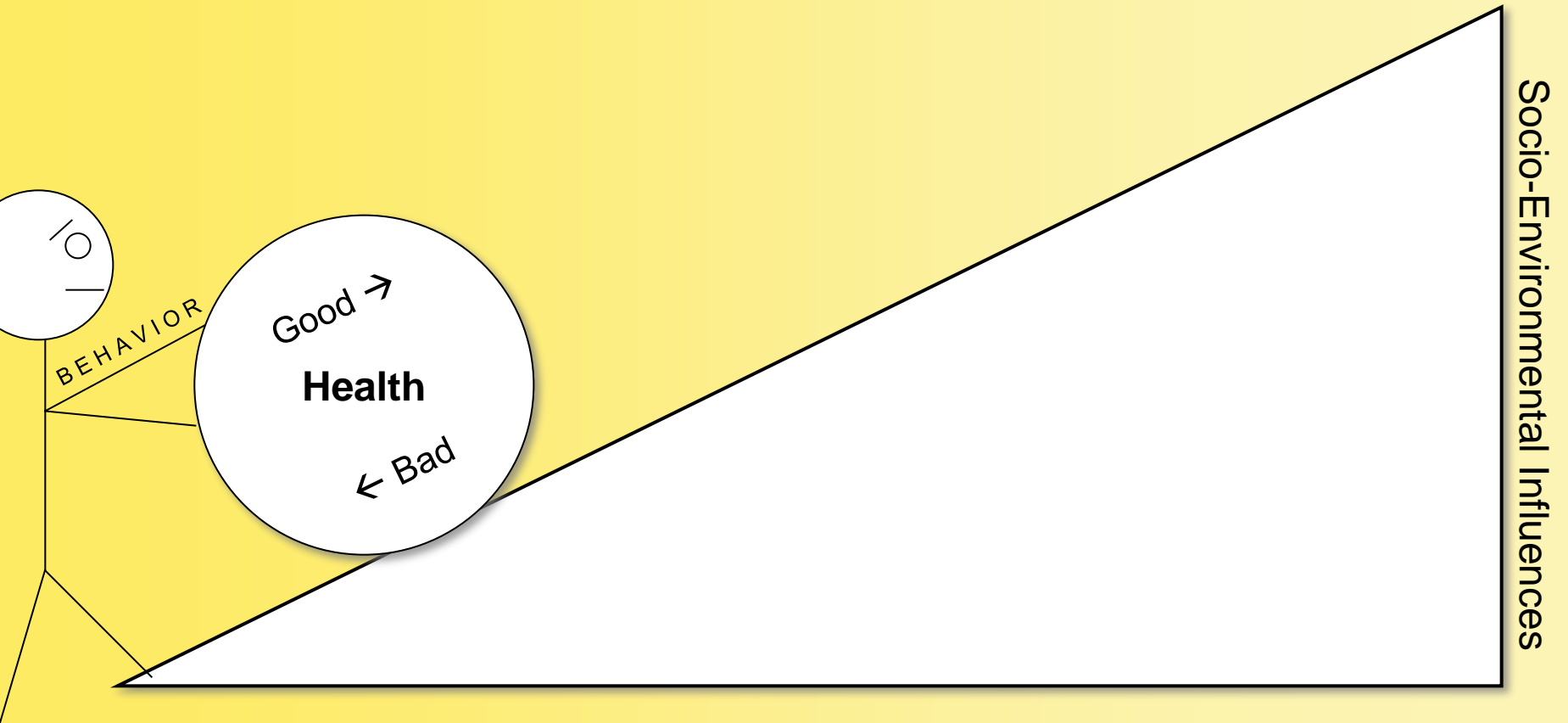
(the “we’re all floating in the same sea” argument)

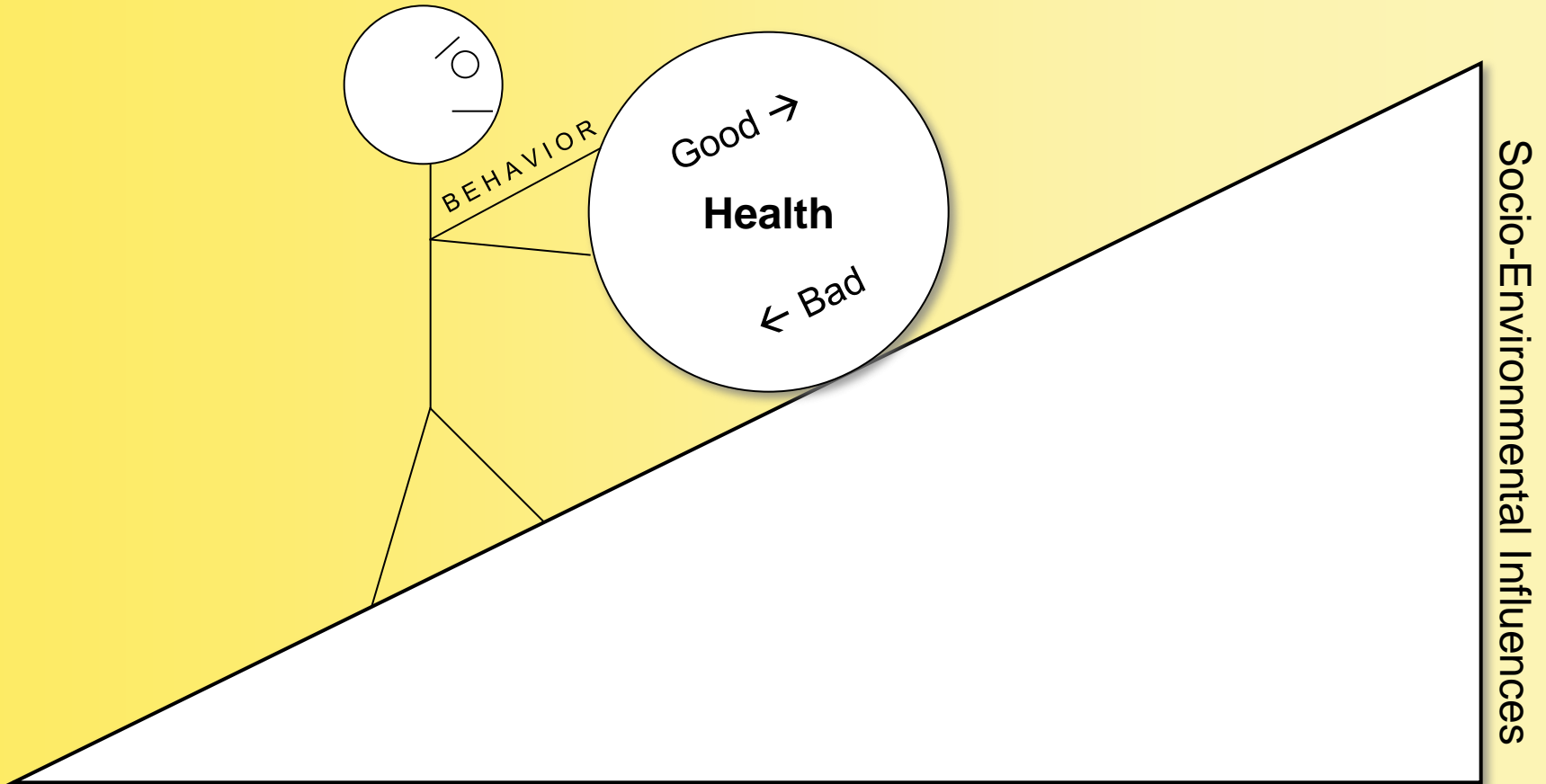


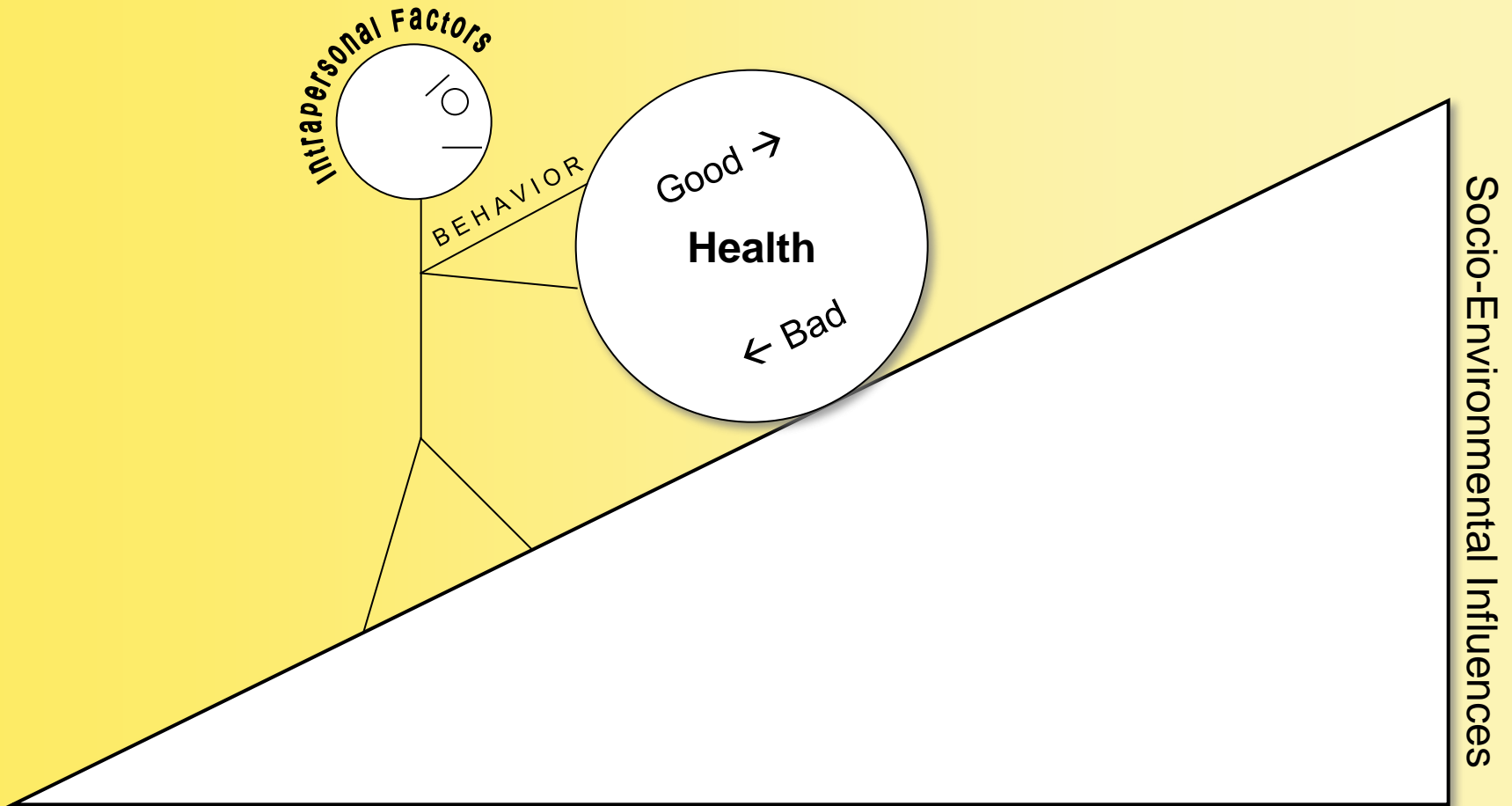
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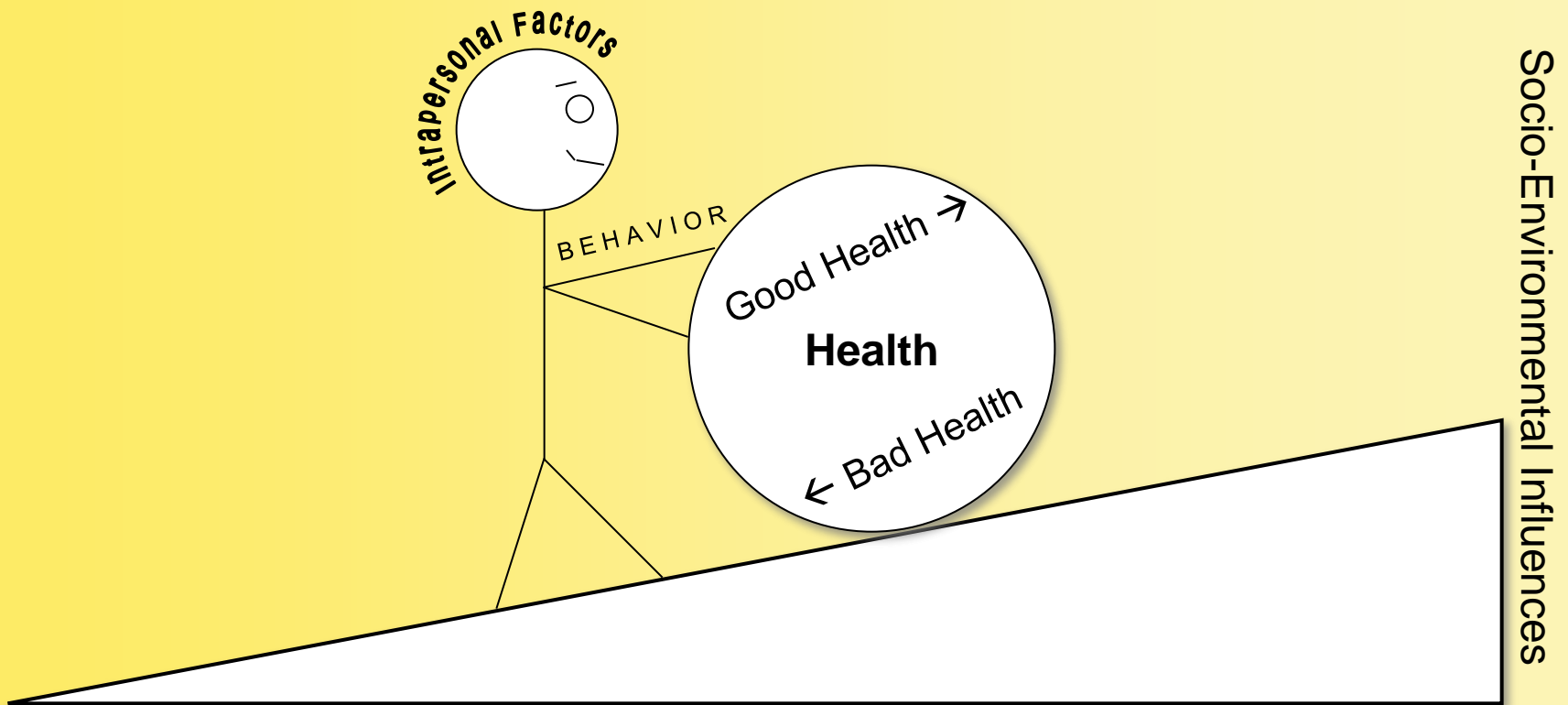
Sisyphus







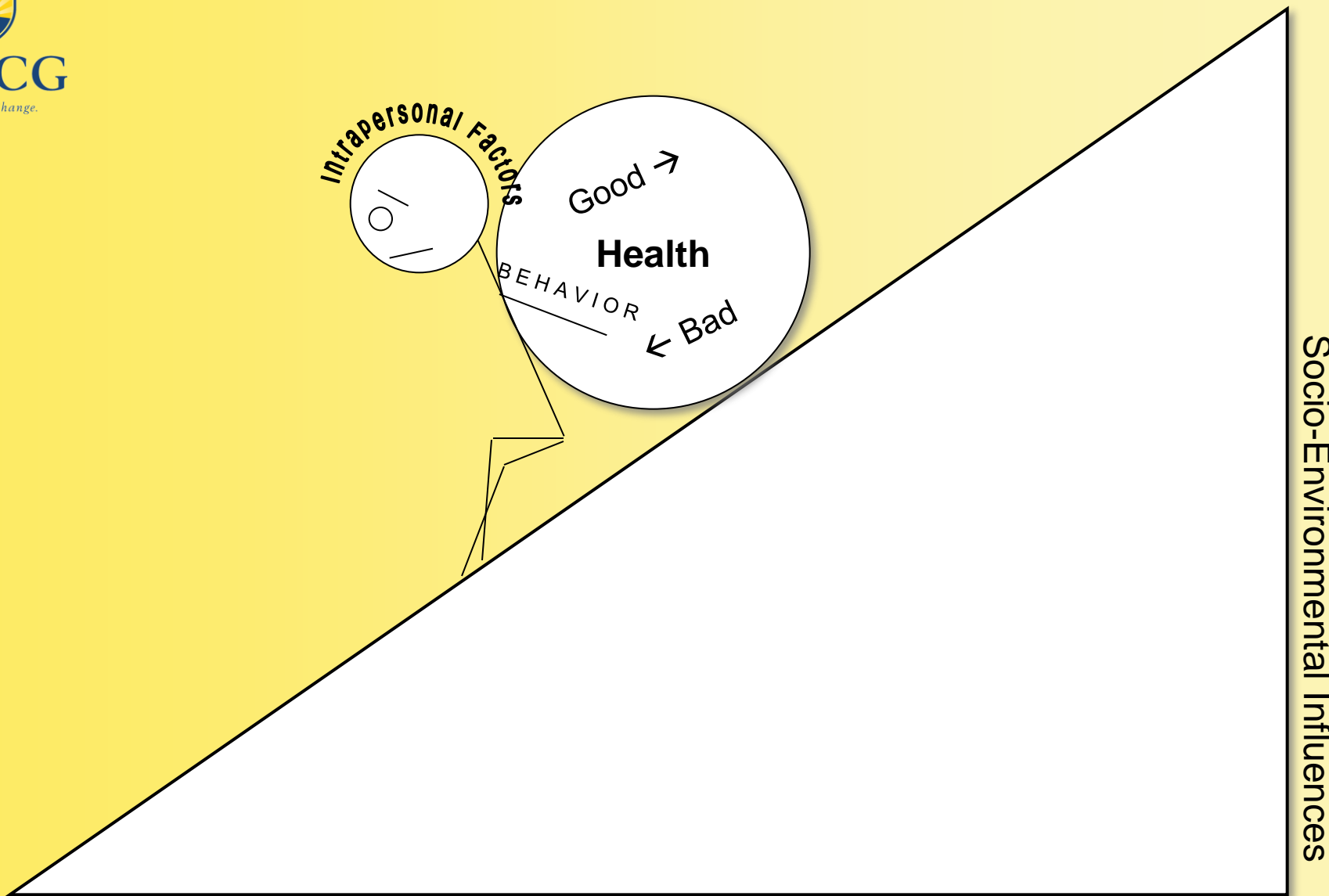


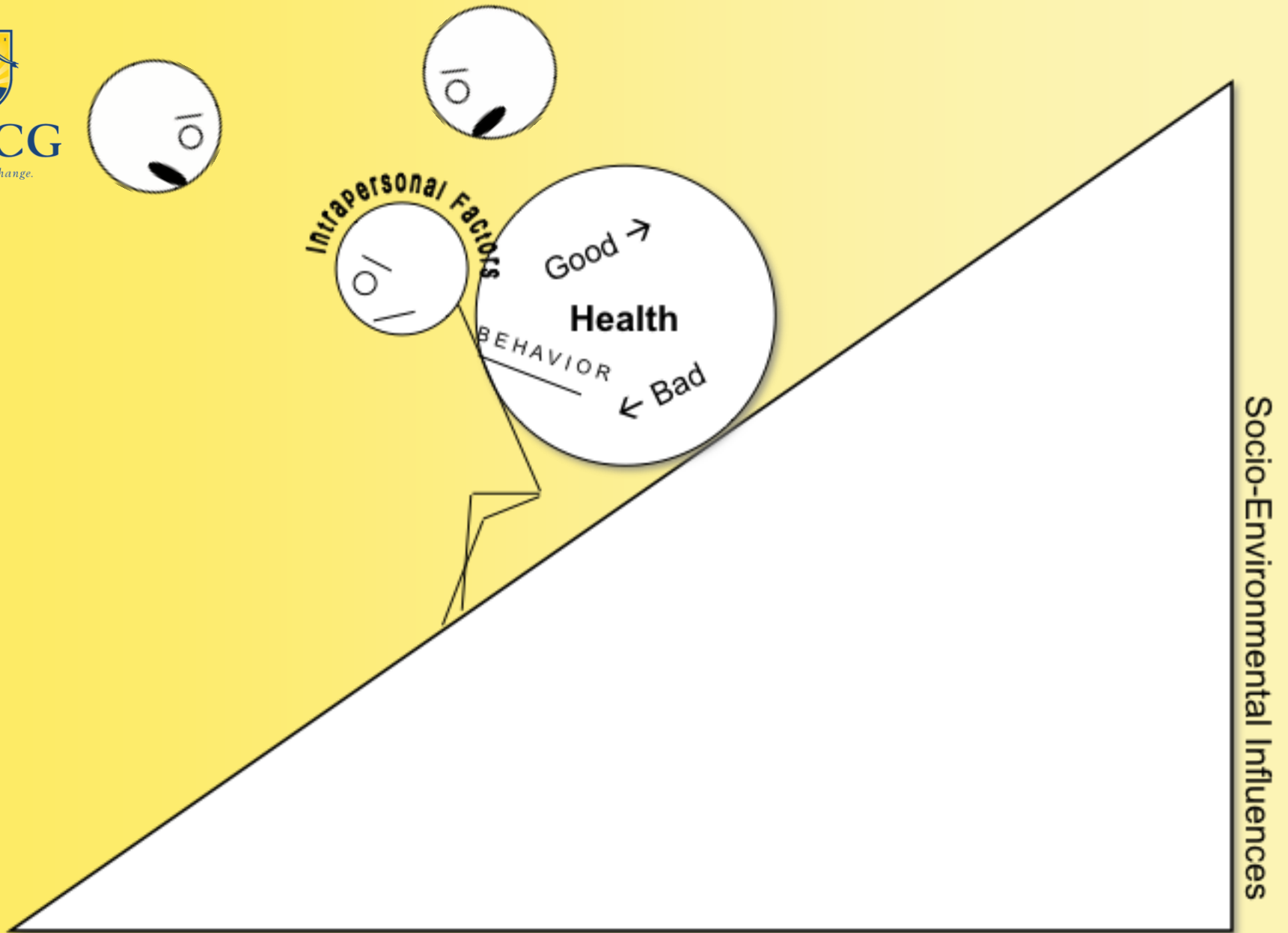




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What's your story?



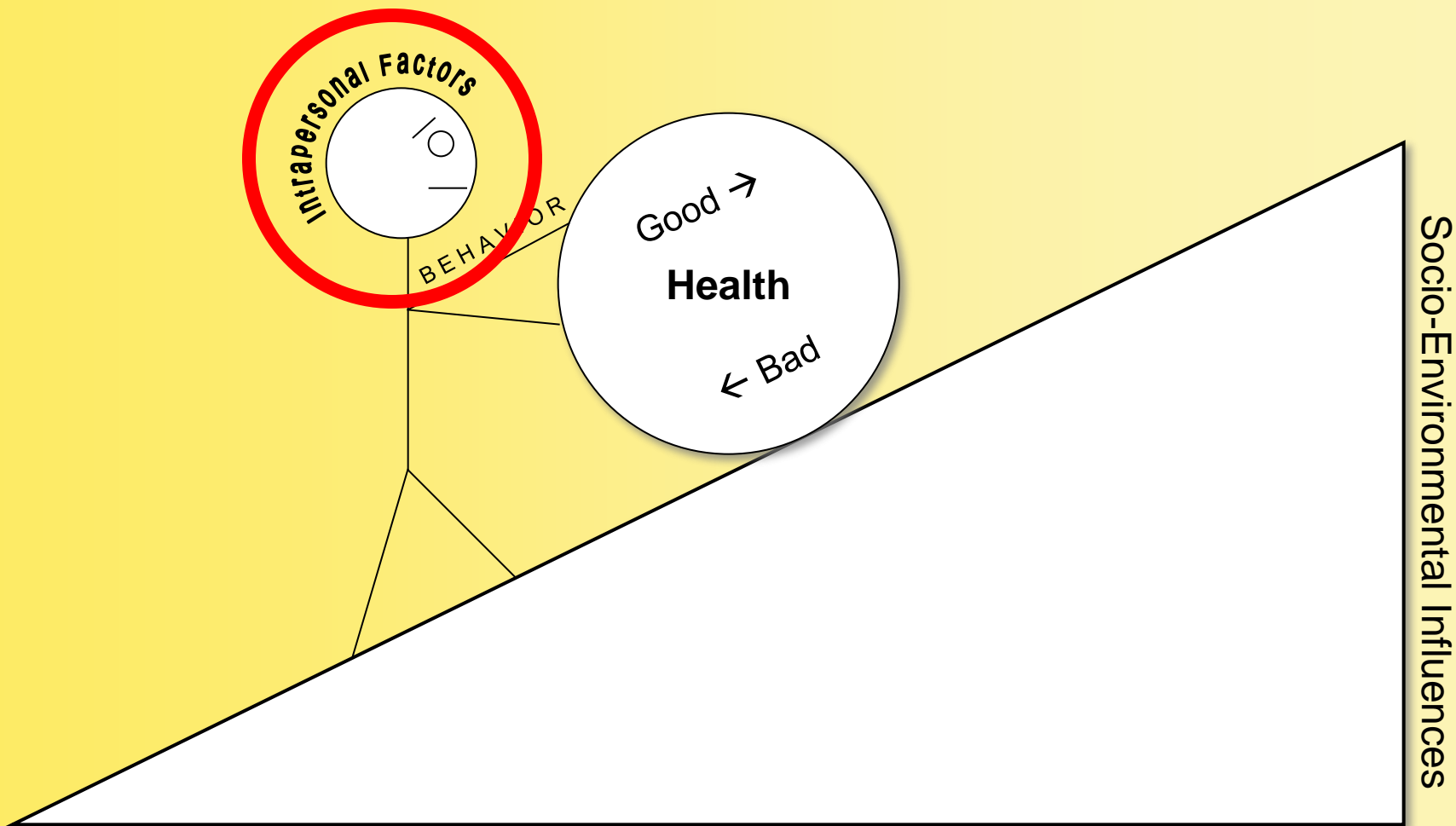
What does your wedge look like?

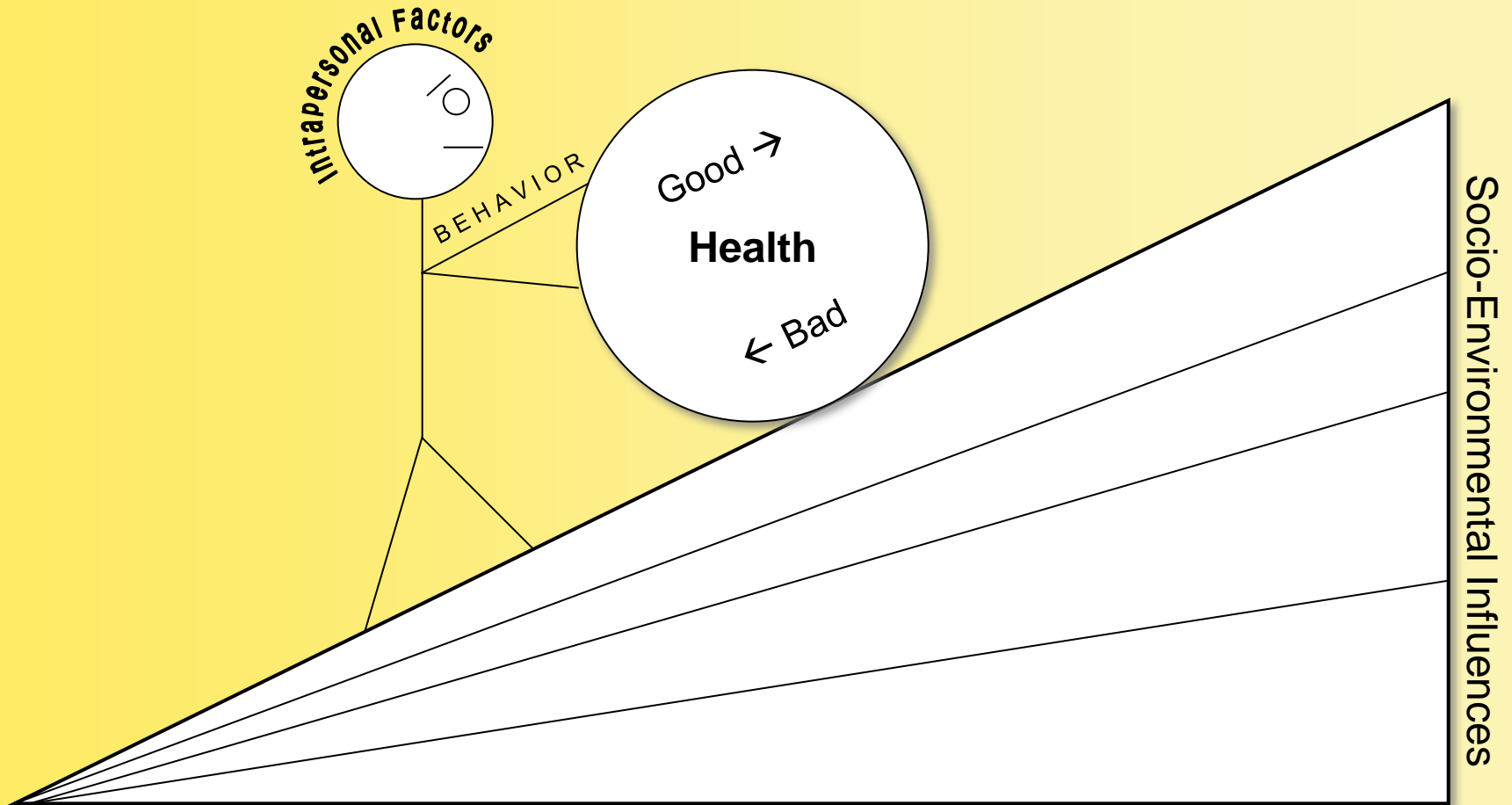




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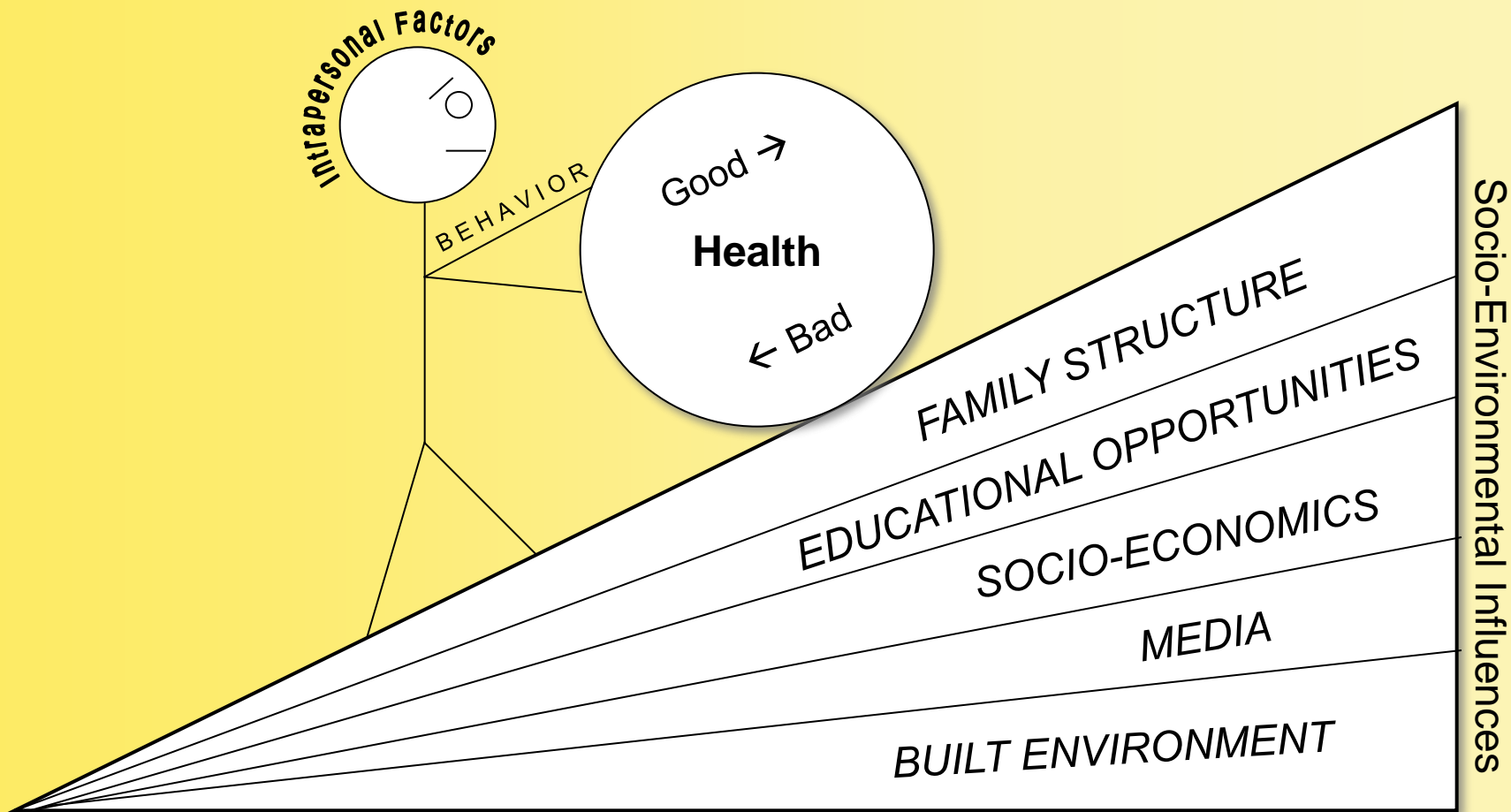






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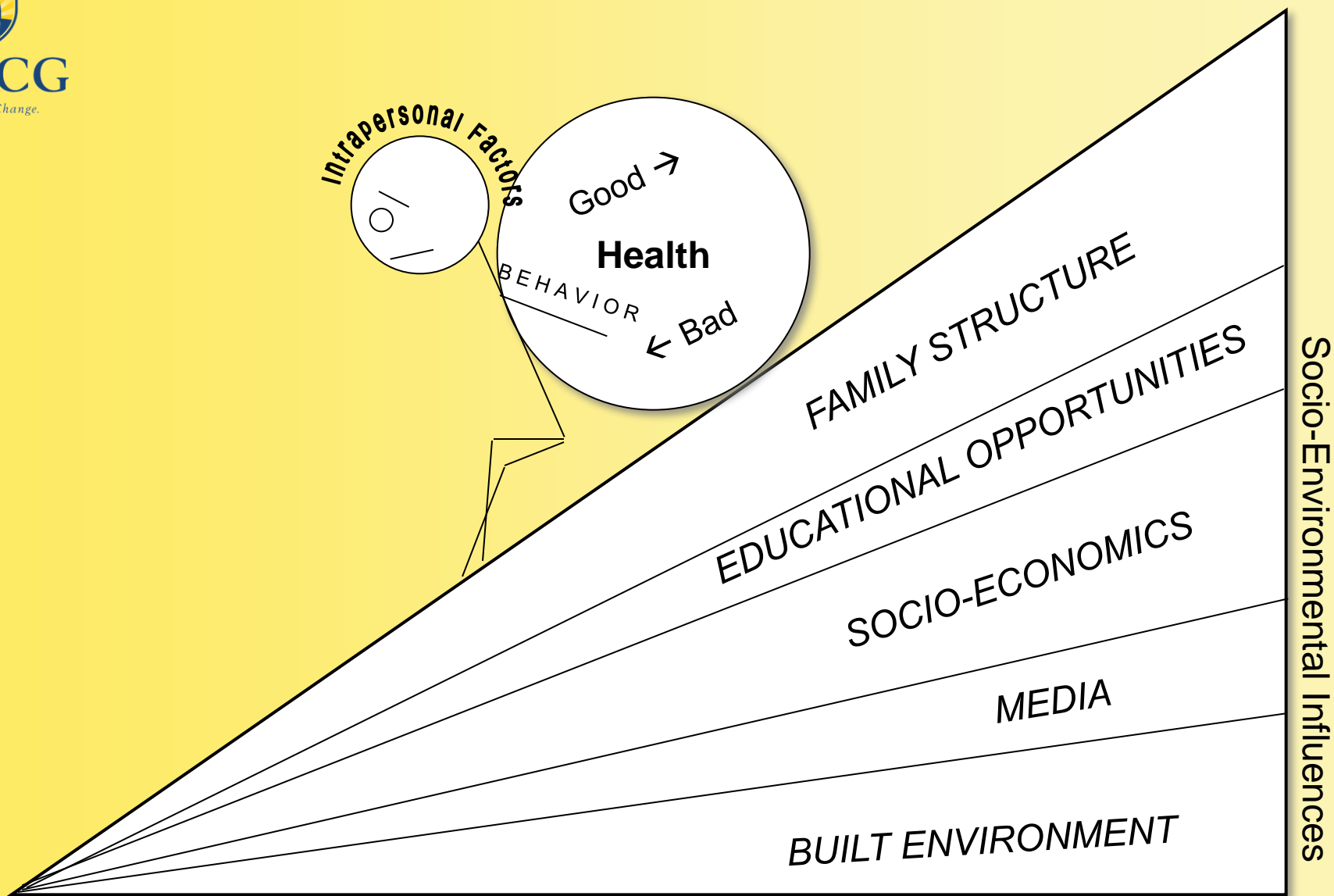
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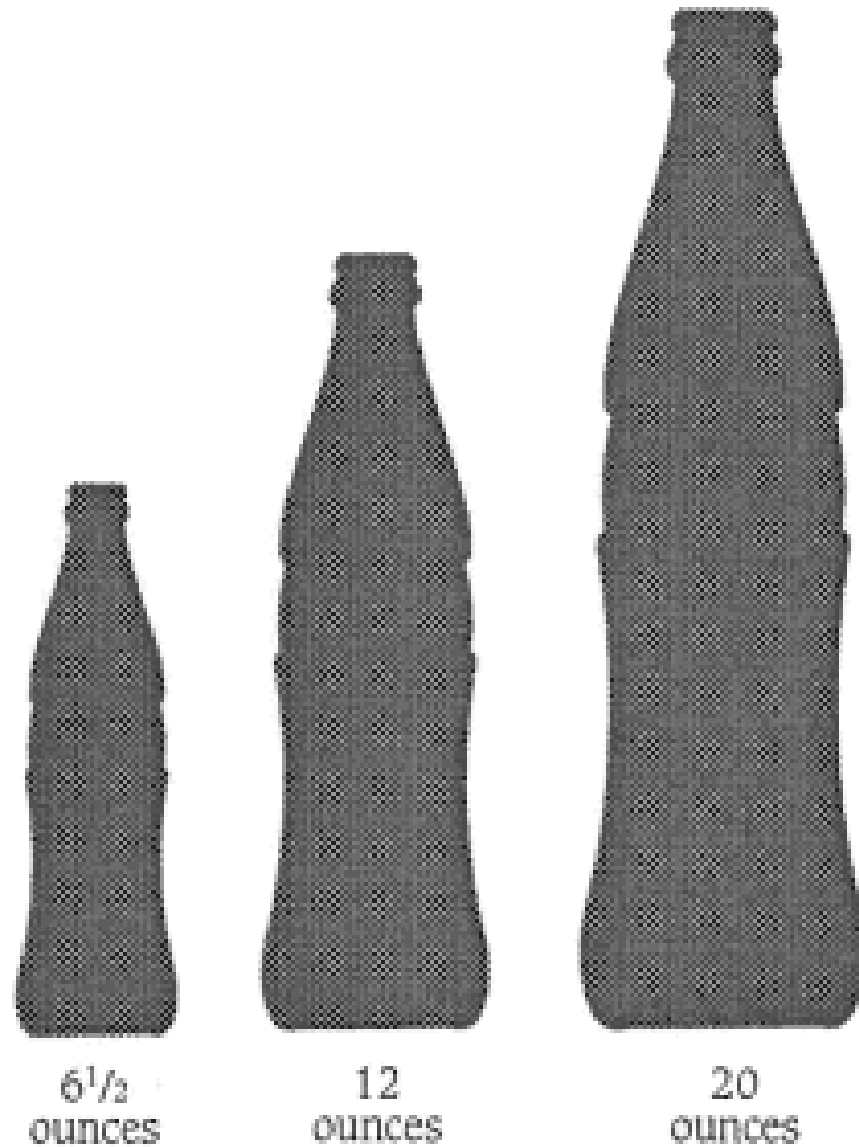




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Serving Proportion Changes

Figure 2. Growing size of single-serving containers



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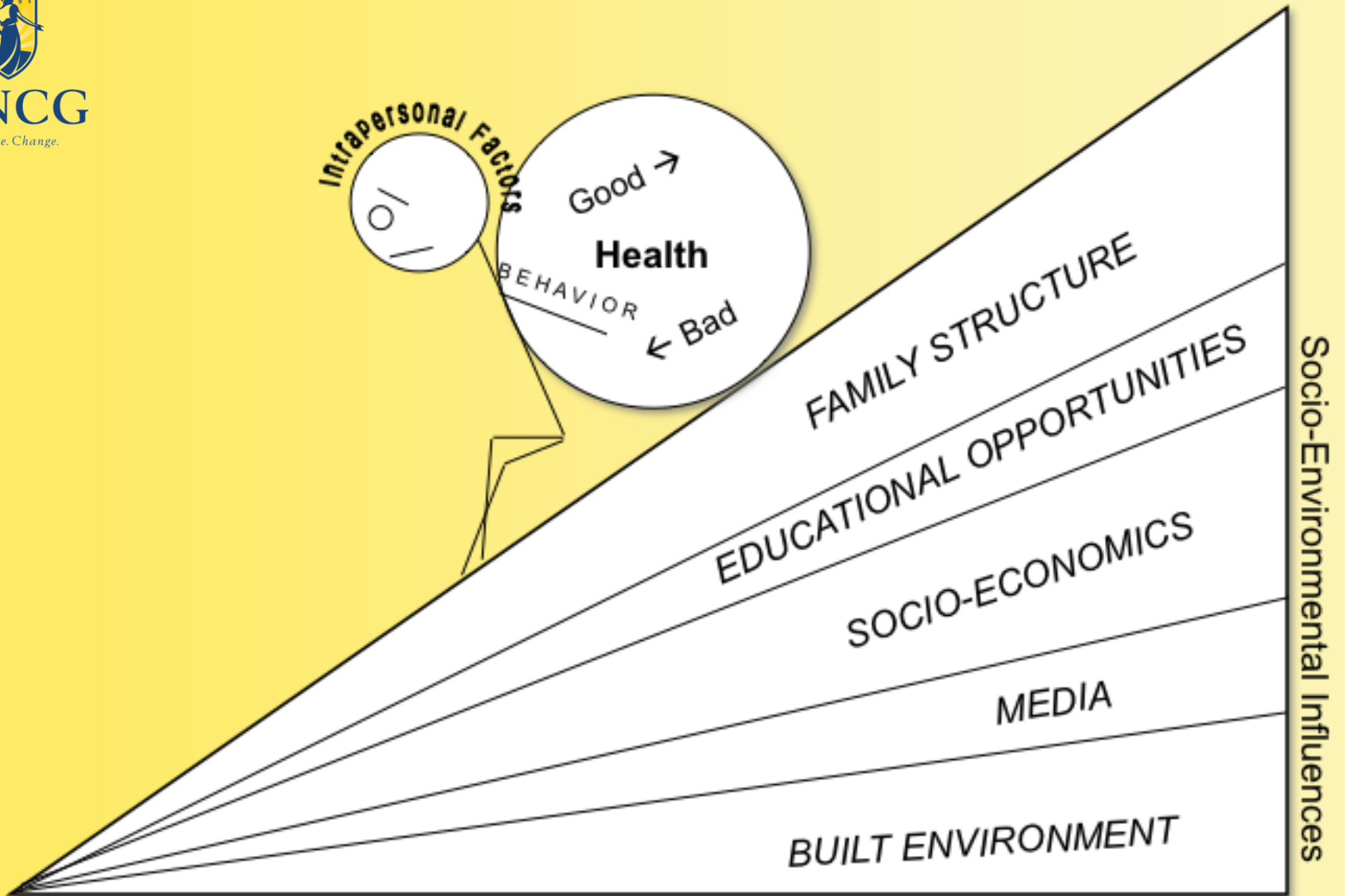


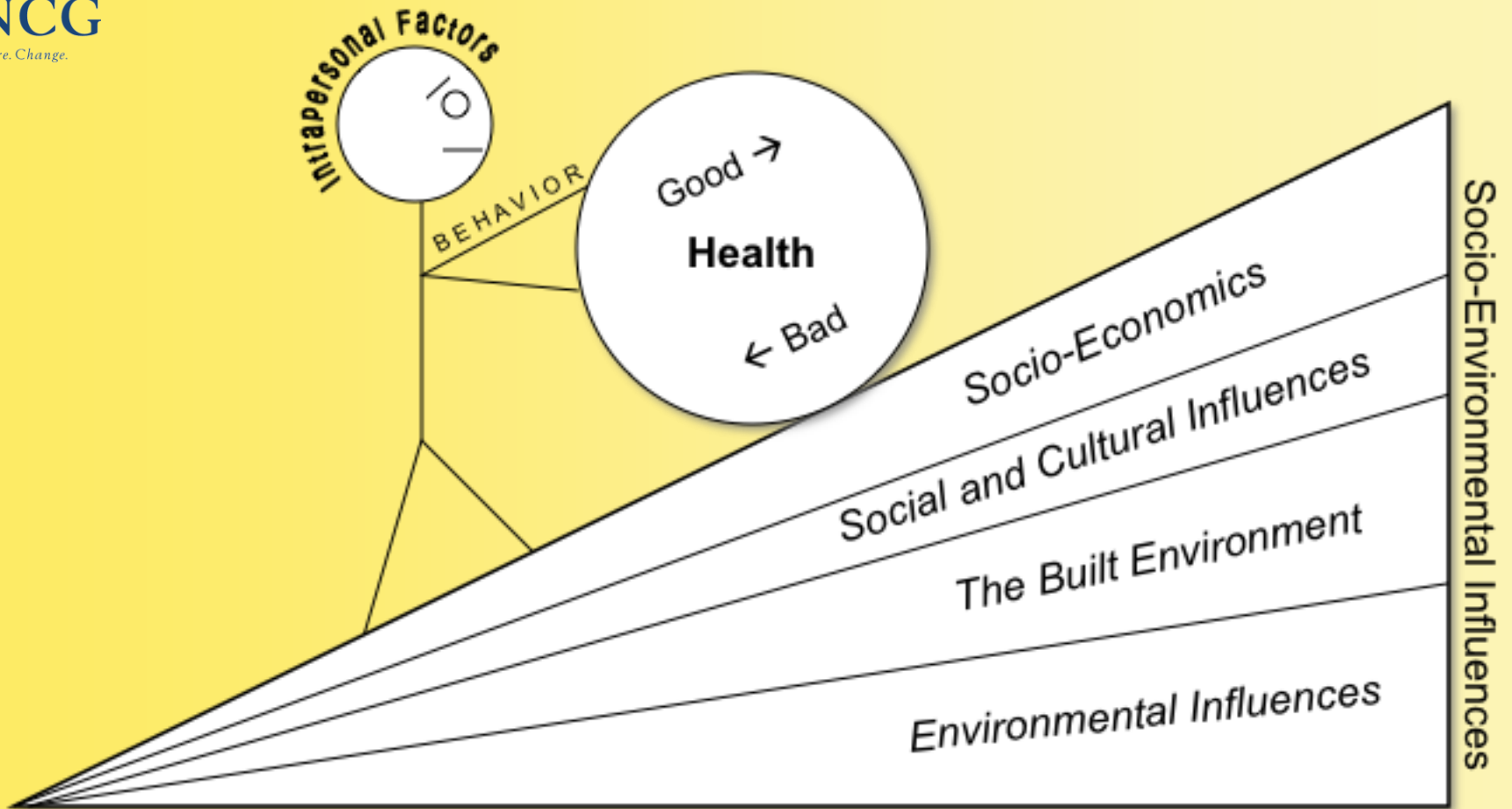
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Normalizing
behavior is a critical
component of the
consumer
marketplace

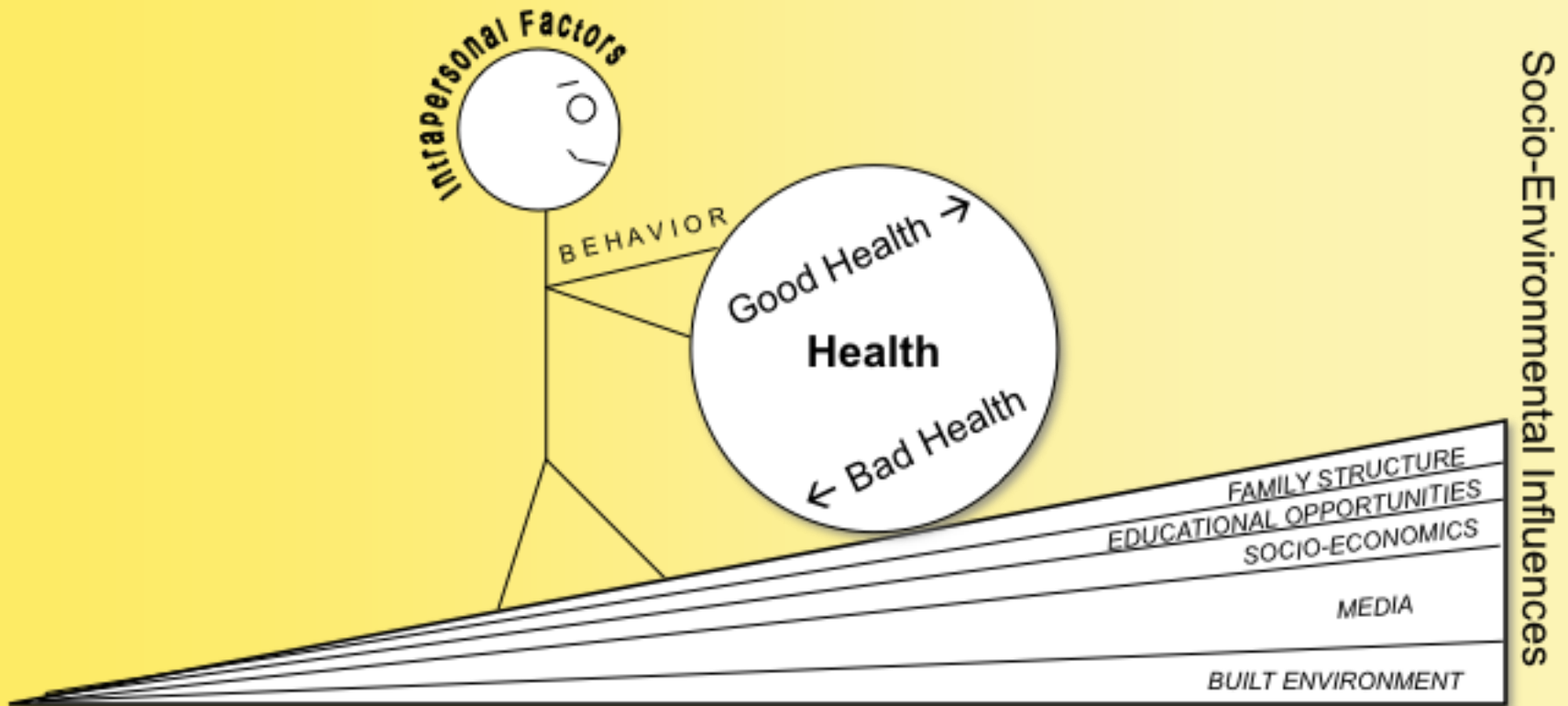








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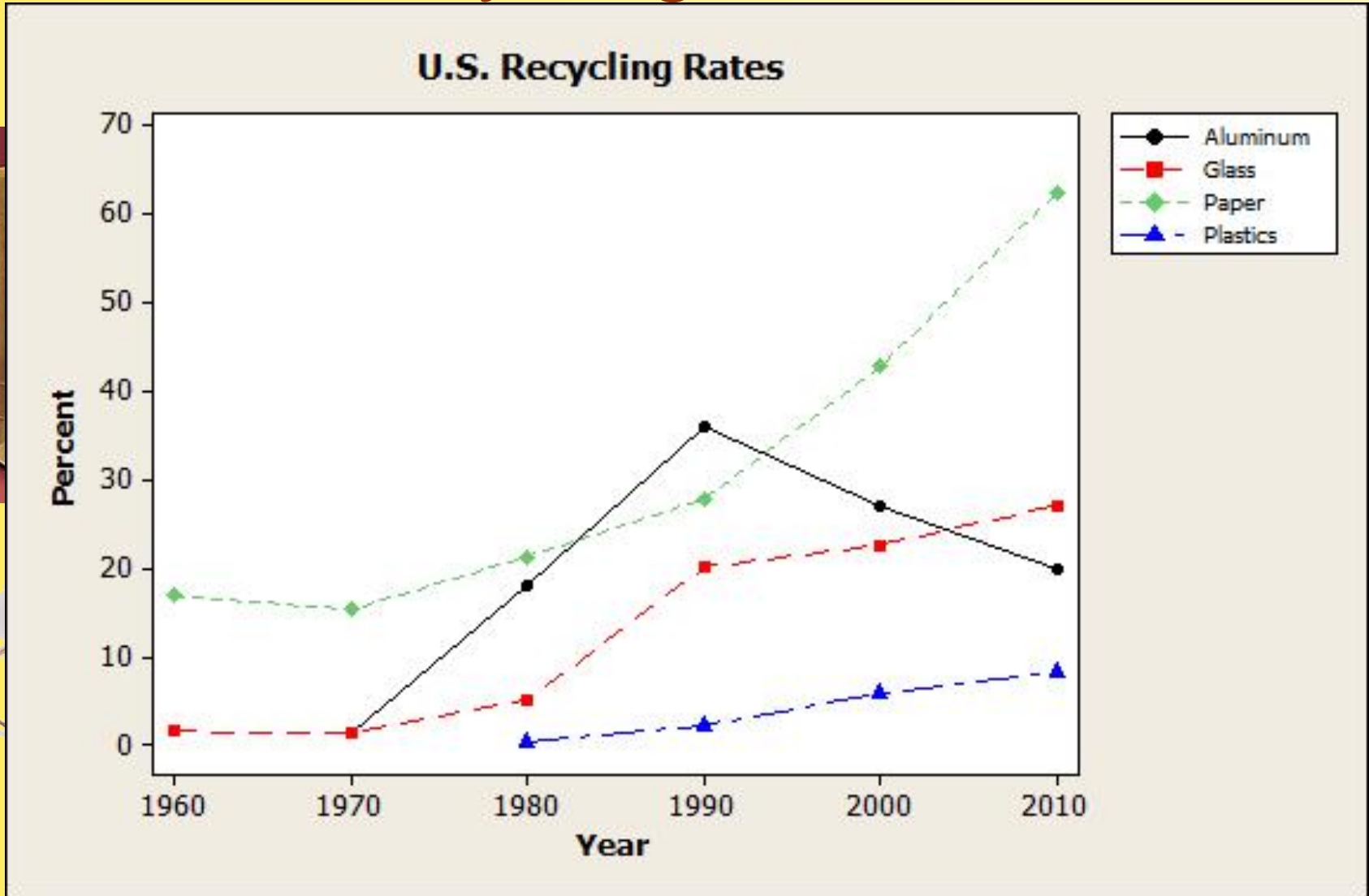
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Behavior and our Environment Recycling Illustration





Behavior and our Environment Recycling Illustration





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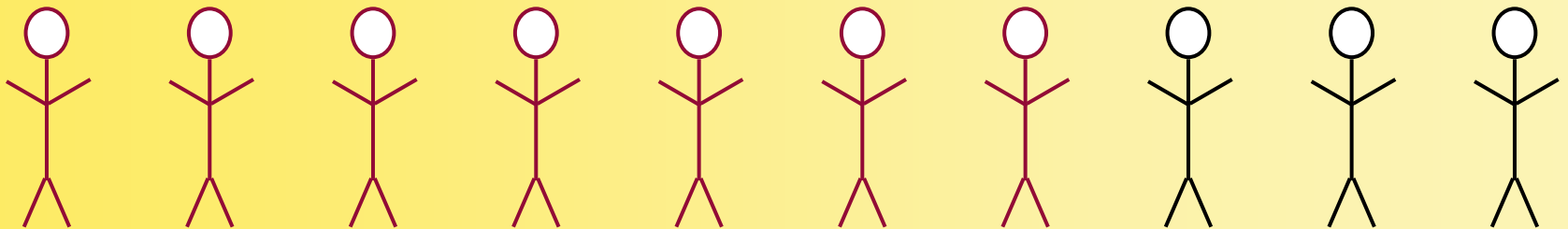
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Truth #1: Chronic diseases are the #1 cause of death and disability in the U.S.

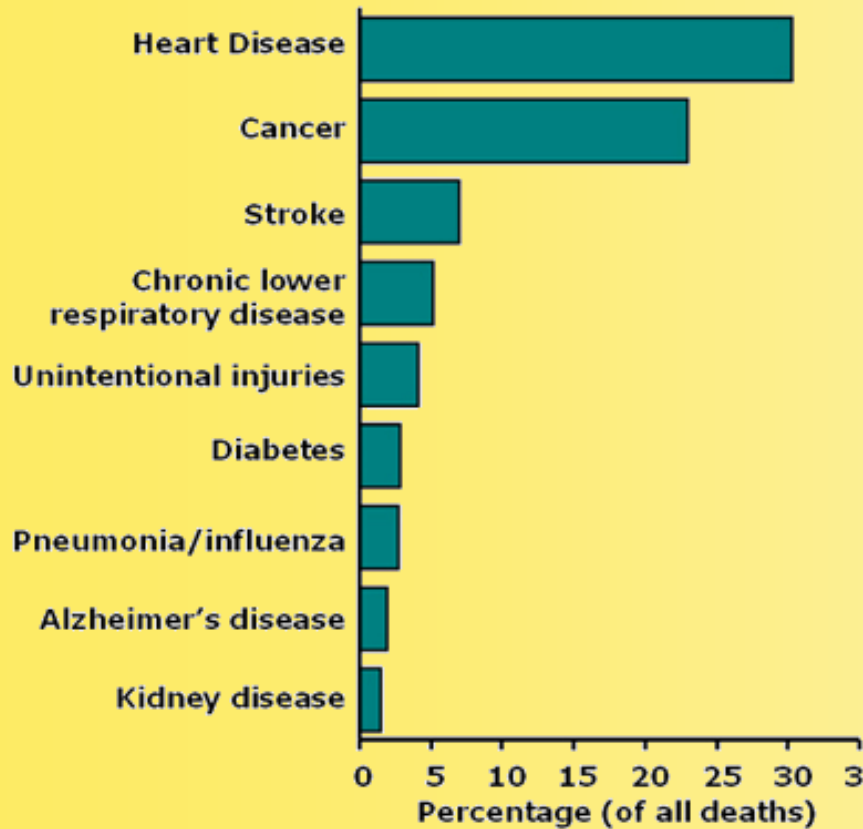


**133 million Americans
(45% of Americans)
have at least one
chronic disease**

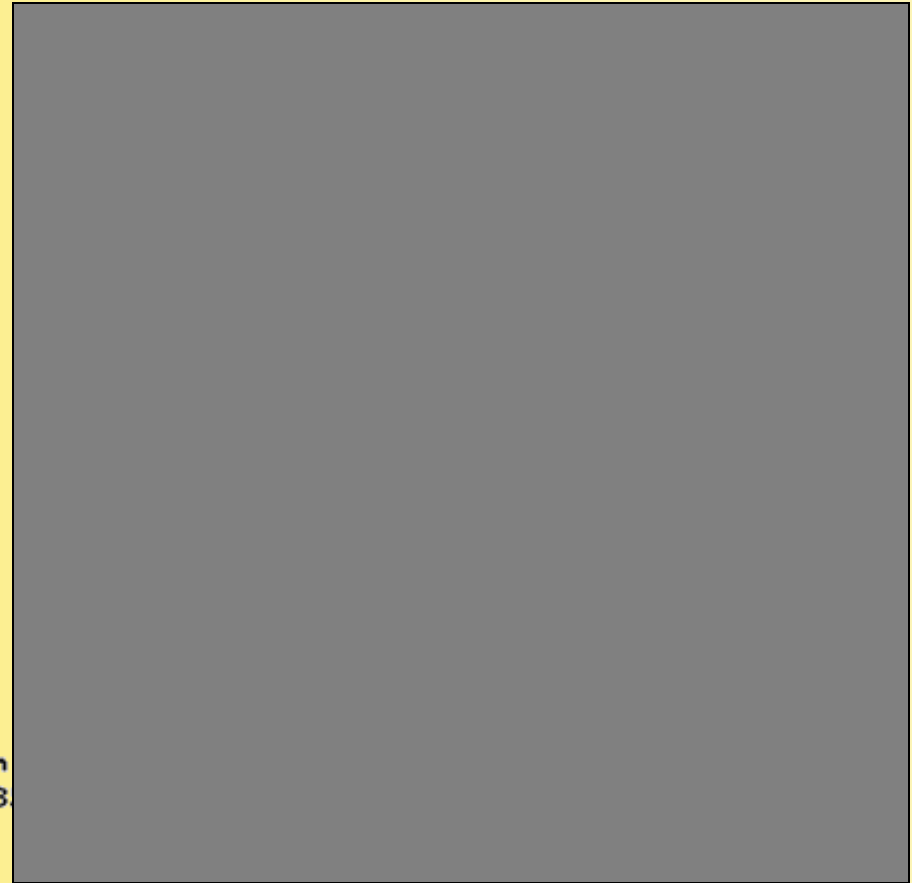
Chronic diseases are responsible for 7 of 10 deaths in the U.S.



Leading Causes of Death* United States, 2000



Actual Causes of Death† United States, 2000

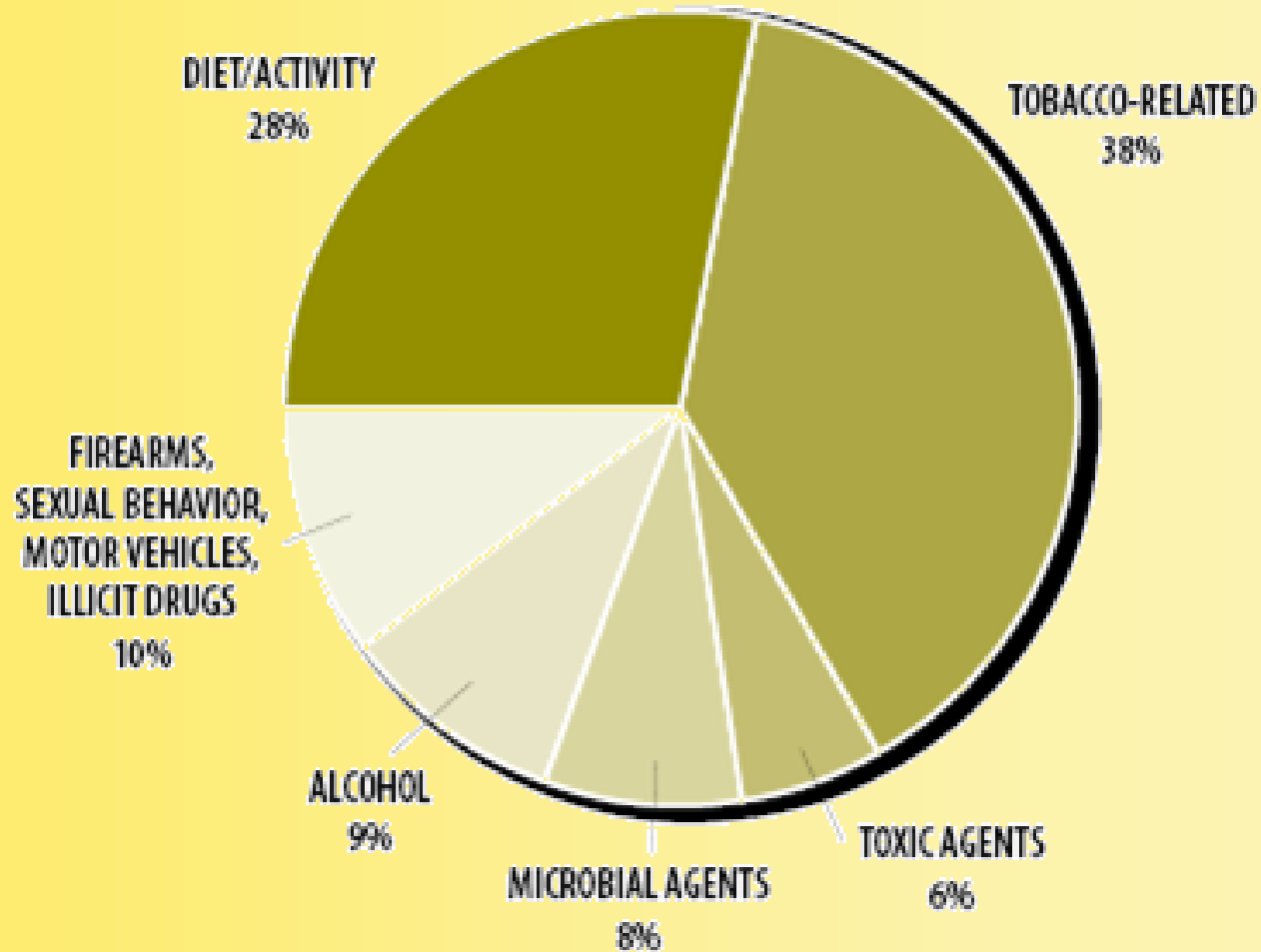


* Miniño AM, Arias E, Kochanek KD, Murphy SL, Smith BL. Deaths: final data for 2000. National Vital Statistics Reports 2002; 50(15):1-120.
† Mokdad AH, Marks JS, Stroup DF, Gerberding JL. Actual causes of death in the United States, 2000. JAMA. 2004;291(10):1238-1246.

Leading and Actual Causes of Death in the United States, 2000

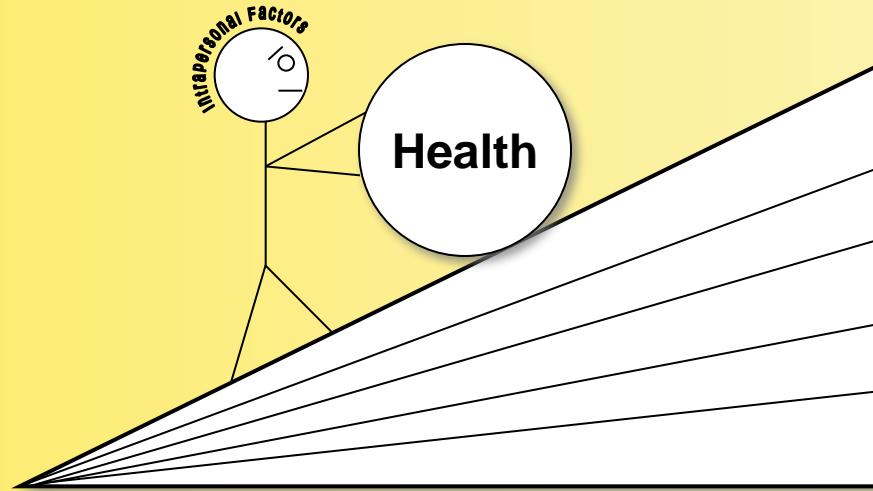


Actual Causes of Premature Death





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We need to work...

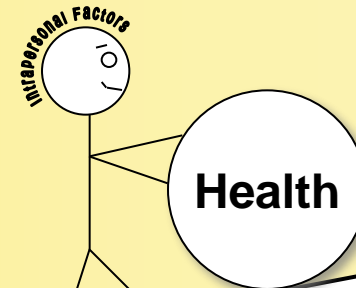
Here



And Here.



Here



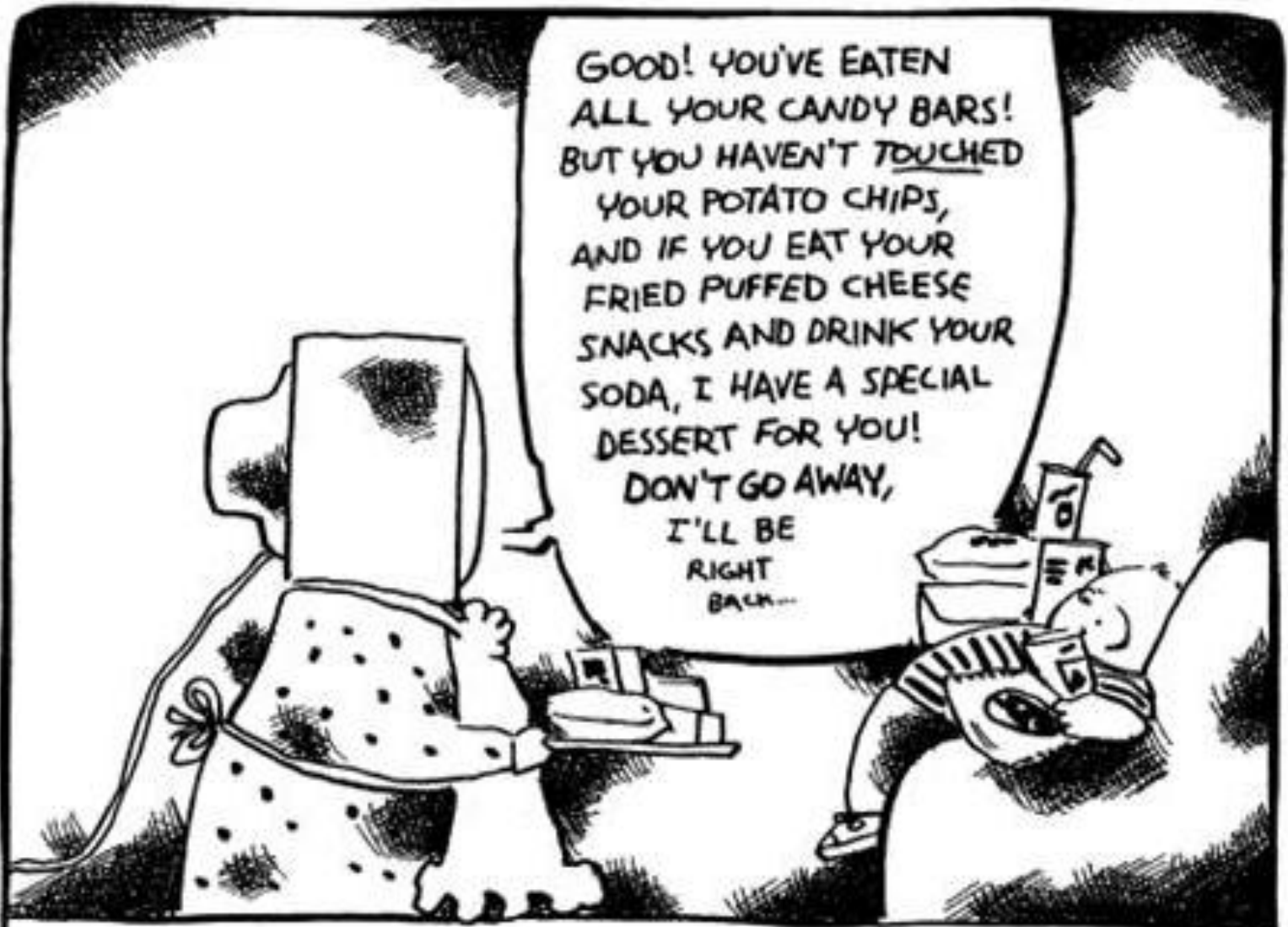


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“Rather than regarding lifestyle as the prime cause of health problems, we need to analyze the determinants of lifestyle”

- Nicholas Freudenberg, DrPH



GOOD! YOU'VE EATEN ALL YOUR CANDY BARS! BUT YOU HAVEN'T TOUCHED YOUR POTATO CHIPS, AND IF YOU EAT YOUR FRIED PUFFED CHEESE SNACKS AND DRINK YOUR SODA, I HAVE A SPECIAL DESSERT FOR YOU! DON'T GO AWAY, I'LL BE RIGHT BACK...

Epidemic childhood obesity baffles researchers.

TOLES

UNIVERSAL PRESS SYND. 10/10/95 THE BUFFALO NEWS

I'M NO LONGER ABLE TO GO AWAY.



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Of every dollar spent...



...75 cents went
towards treating chronic
disease





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As the Institute of Medicine affirmed

To prevent disease, we increasingly ask people to do things that they have not done previously, to stop doing things they have been doing for years, and to do more of some things and less of other things. .

. . It is unreasonable to expect that people will change their behavior easily when so many forces in the social, cultural, and physical environment conspire against such change.

Key Social Determinants of Health

- Income and Social Status
- Social Support Networks
- Education and Literacy
- Employment/Working Conditions
- Social Environments
- Physical Environments
- Personal Health Practices and Coping Skills
- Healthy Child Development
- Biology and Genetic Endowment
- Health Services
- Gender
- Culture



Intrapersonal Factors

BEHAVIOR

Good →

Health

← Bad

Socio-Environmental Influences

Let's look at an example.





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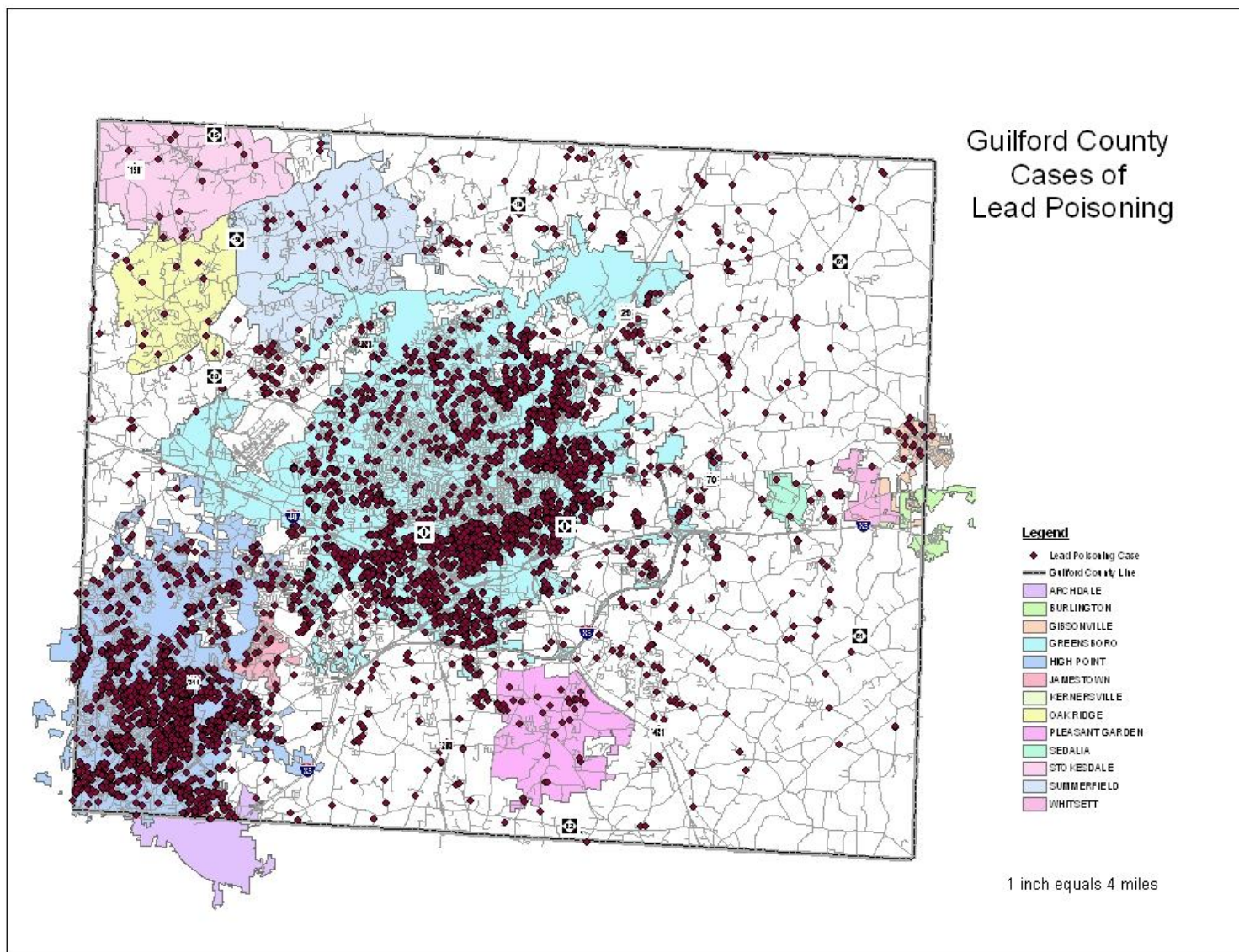


Solutions aimed only at individual behavior change will miss the target.

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Using data to get the lead out



Using data to make policy changes

Collaborative Agencies

- **City of Greensboro Fair Housing Department**
- **City of High Point Community Development**
- **Faith Action**
- **Greensboro Housing Coalition**
- **GC Dept. Public Health**
- **Landlord Associations**
- **Lead Certified Contractors**
- **Local Media Outlets**
- **NCA&T**
- **UNC-G**

Policy Changes

- All children under age of six will be screened free of charge regardless of income.
- All health care providers are required to screen every child under age of six at least once.
- Abatement is now required for residences of children with lower blood lead levels.

The Socio-Ecological Model



Health Task Force Health Promotion Strategies

Socio-Ecological Model

Public Policy
national, state, local laws and regulations

Community
relationships among organizations

Organizational
organizations, social institutions

Interpersonal
family, friends, social networks

Individual
knowledge, attitudes, skills

Organization Mission/Goals

✓✓✓✓✓

✓✓

✓

✓✓✓✓✓
✓✓✓✓✓
✓✓✓✓

Health Task Force Health Promotion Strategies

Socio-Ecological Model

Community Response

Public Policy
national, state, local laws and regulations

Community
relationships among organizations

Organizational
organizations, social institutions

Interpersonal
family, friends, social networks

Individual
knowledge, attitudes, skills

Example: Adolescent Sexual Behavior

Socio-Ecological Model

Community Response

Public Policy
national, state, local laws and regulations

Funding; access restrictions to remedies

Community
relationships among organizations

Schools pressured to inaction; Single parenthood accepted social norm; no sharing of information among agencies

Organizational
organizations, social institutions

Poor access to reproductive health services; clinics not "youth friendly"

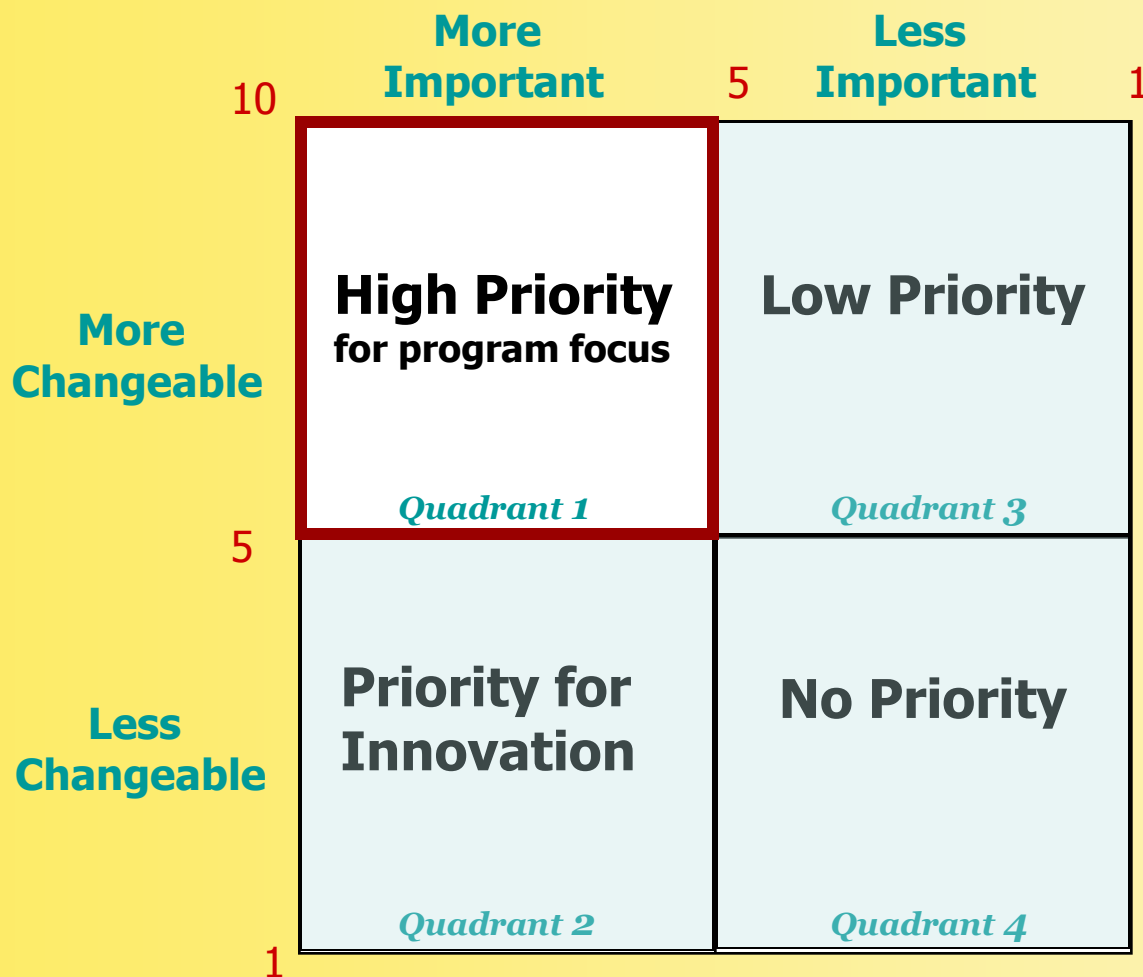
Interpersonal
family, friends, social networks

Peers validate sexual attitudes/behaviors; families may influence sexual initiation

Individual
knowledge, attitudes, skills

Beliefs about risk; gender/racial differences in sexual initiation and attitudes

What are the Import and Changeable Factors in our Community?





Ways to Assess.....

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Importance

Things that most likely affect the problem you want to fix/impact in _____ County.

Changeability

The possibility of changing the issue that contributes to the problem in _____ County.



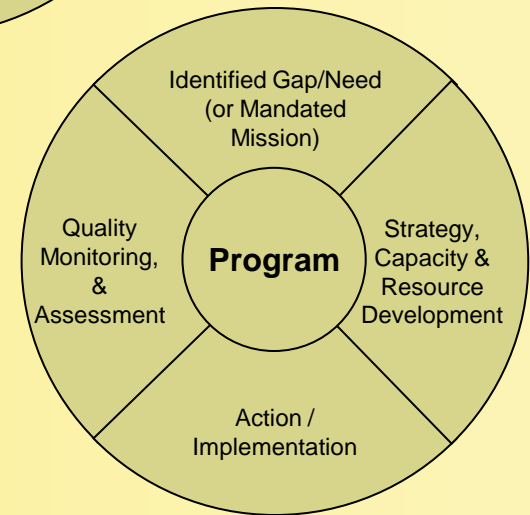
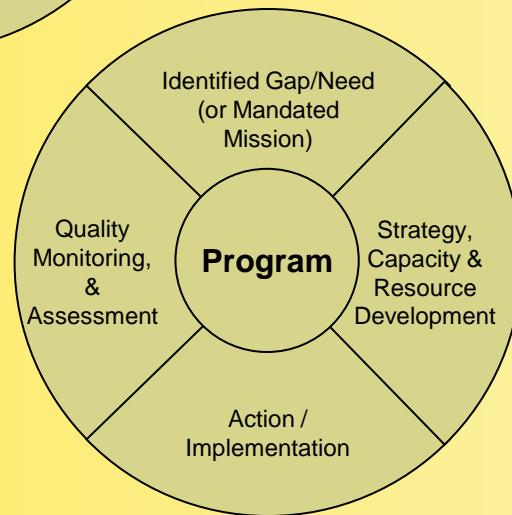
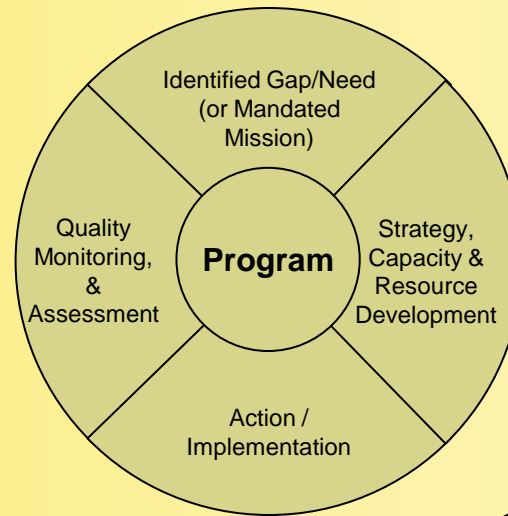
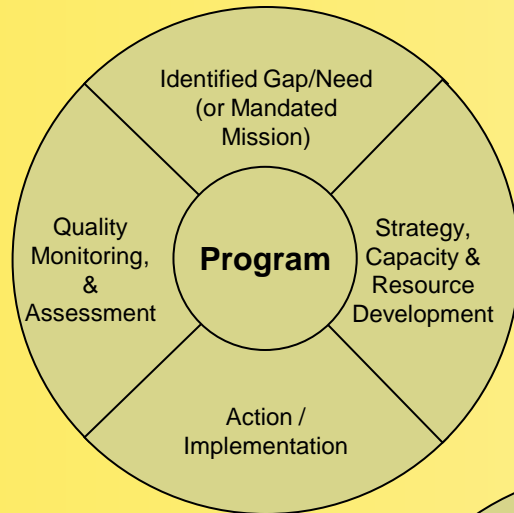
Basic Agency/Program Functions



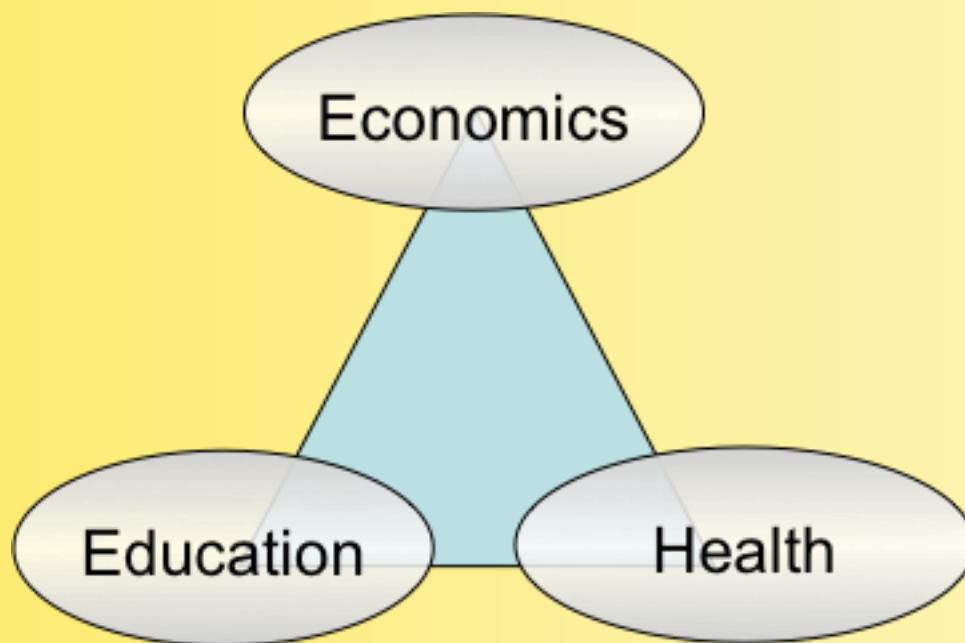


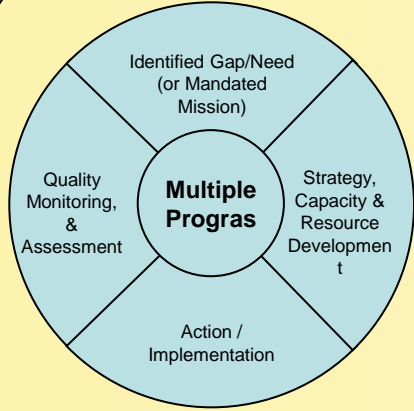
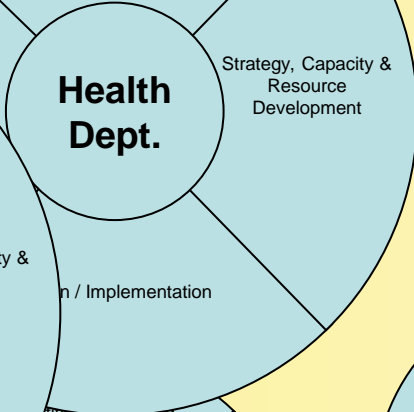
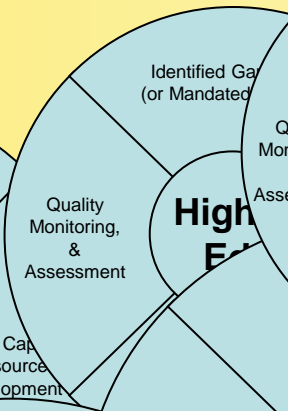
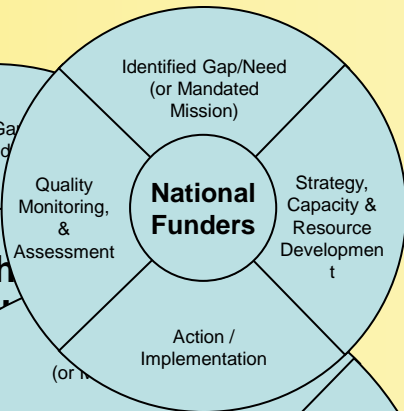
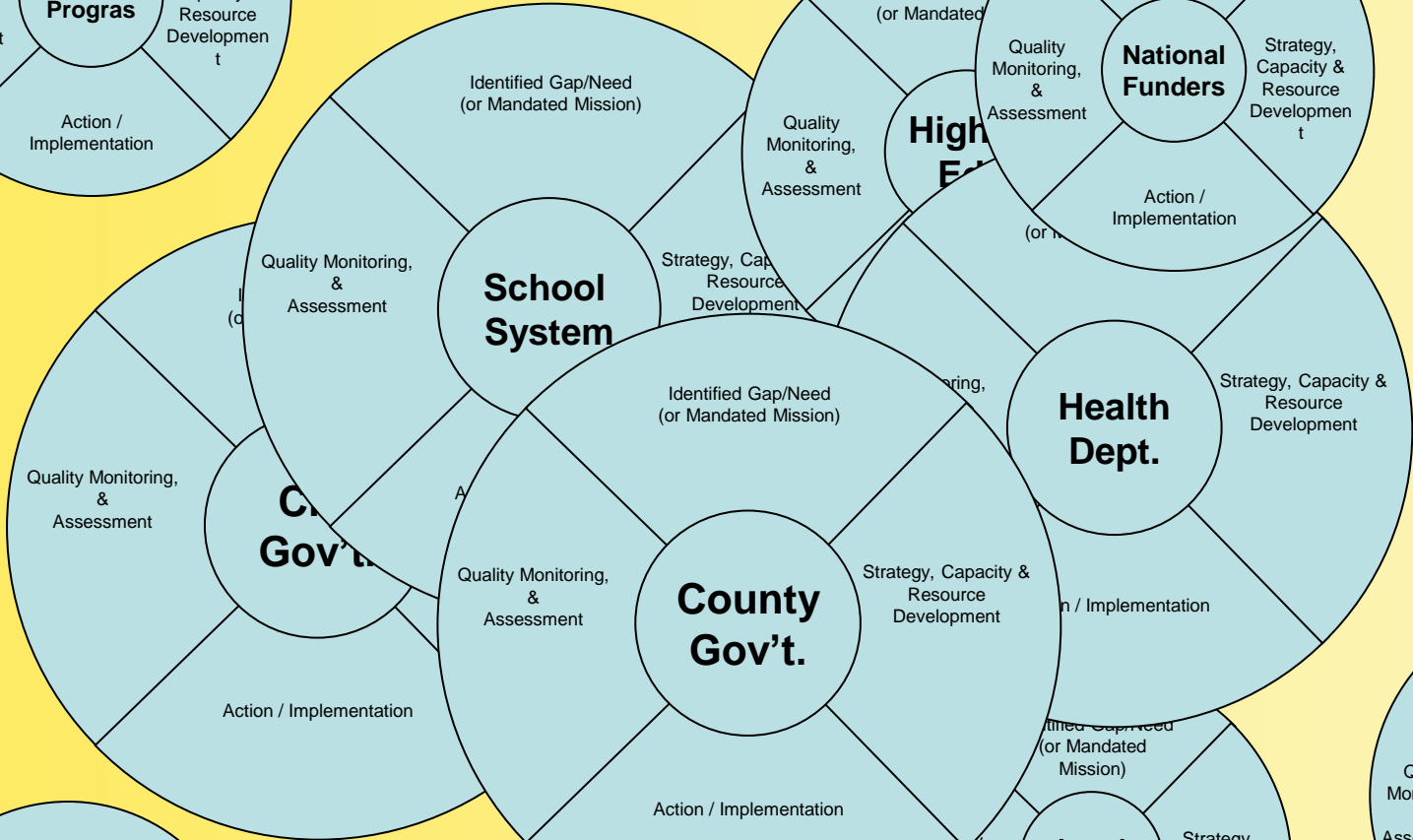
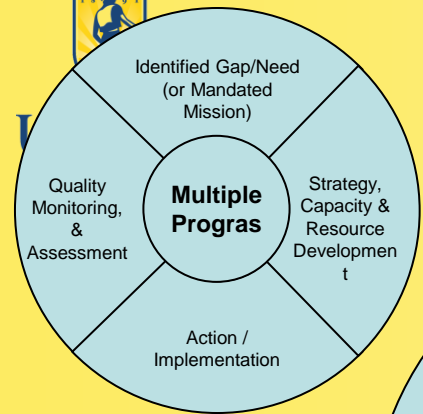
Agency/Issue Silos

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Interaction of key determinates





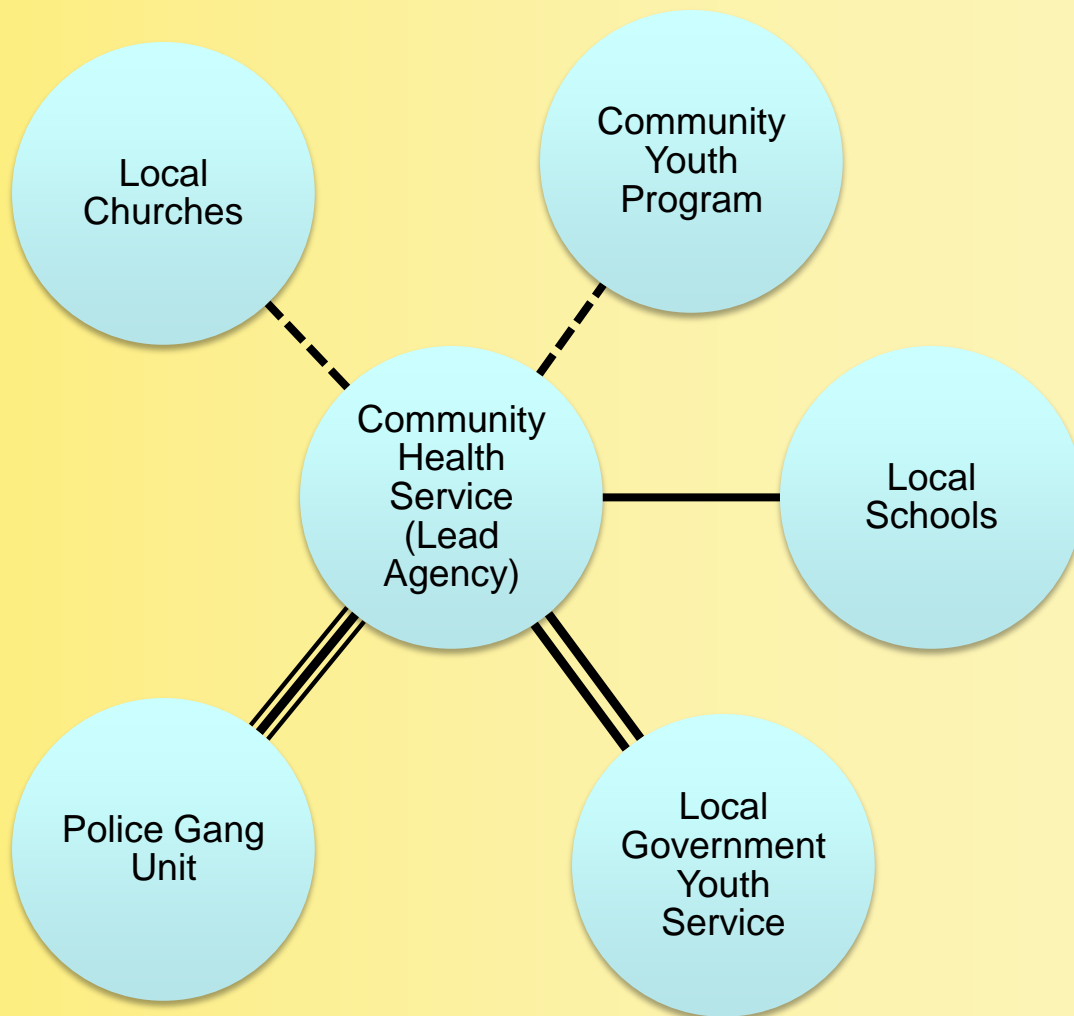
Partnership Forms

- **Networking**
 - involves the exchange of information for mutual benefit. This requires little time and trust between partners. E.g. regular updates of issues and work.
- **Coordinating**
 - involves exchanging information and altering activities for common purpose.
- **Cooperating**
 - involves exchanging information, altering activities and sharing resources. It requires a significant amount of time, high level of trust between partners and sharing the turf between agencies.
- **Collaborating**
 - In addition to the other activities described, collaboration includes enhancing the capacity of the other partner for mutual benefit and a common purpose. Collaborating requires the partner to give up a part of their turf to another agency to create a better or more seamless service system.

Example: project to increase participation for young people at risk

Nature of relationships
Between partners

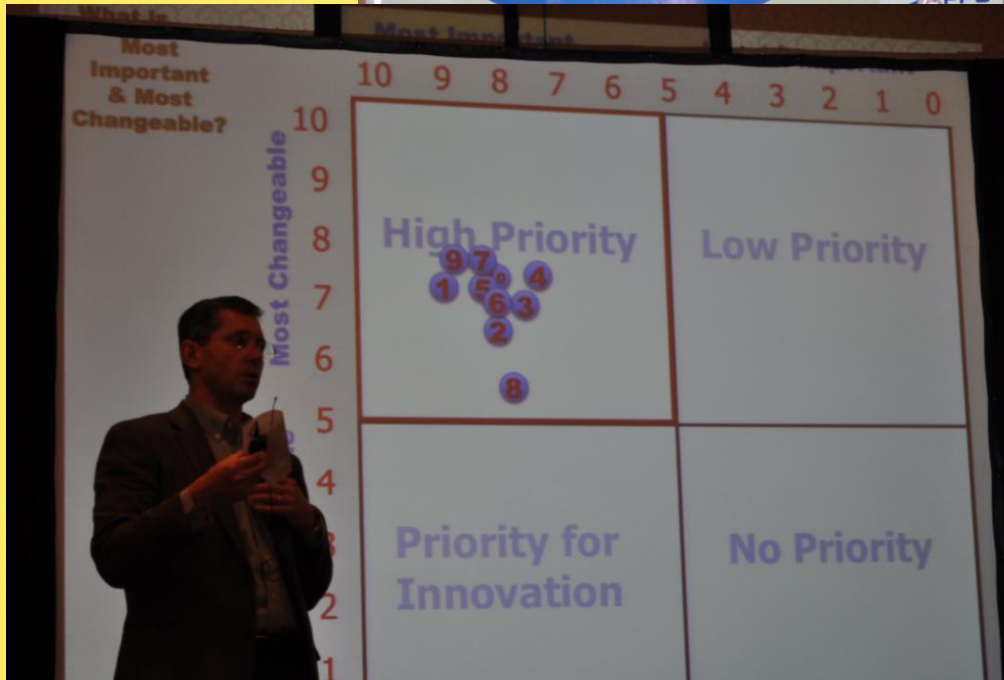
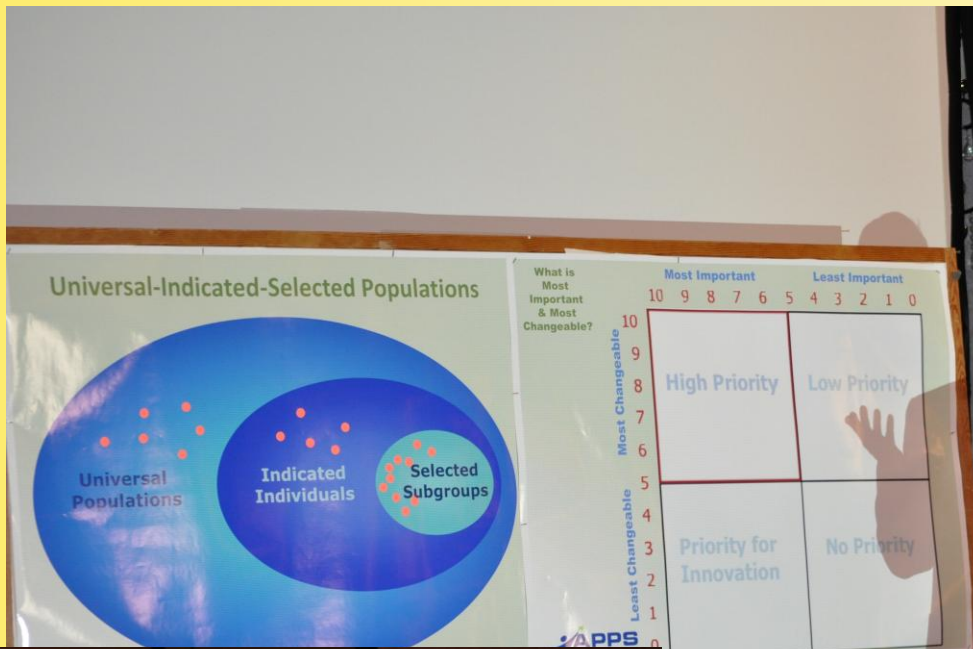
Networking	----
Coordinating	——
Cooperating	==
Collaborating	===





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Social Determinates

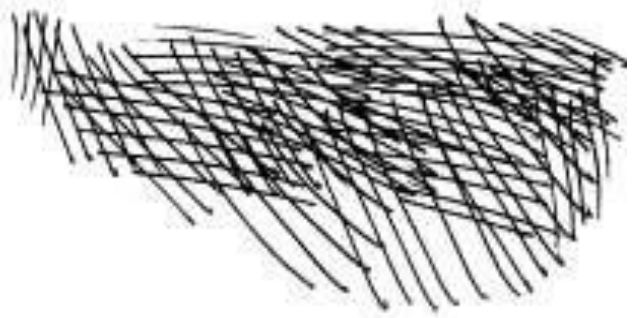
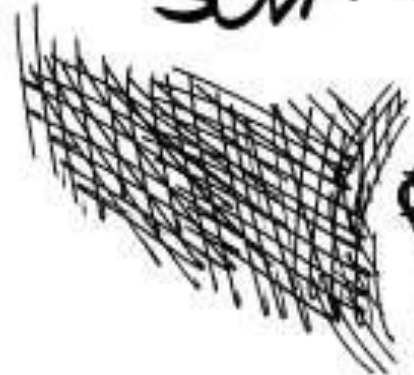
The image shows the cover of a report. The top section is a teal rectangle with the title 'A New Way to Talk About THE SOCIAL DETERMINANTS OF HEALTH' in white text. Below this is a white horizontal band containing four circular icons: a green house, a red book, a teal hammer, and an orange group of people. The bottom section is a large green rectangle. At the bottom left of the green section, it says 'VULNERABLE POPULATIONS PORTFOLIO'. At the bottom right, it features the Robert Wood Johnson Foundation logo and name.

<http://www.rwjf.org/content/dam/farm/reports/reports/2010/rwjf63023>

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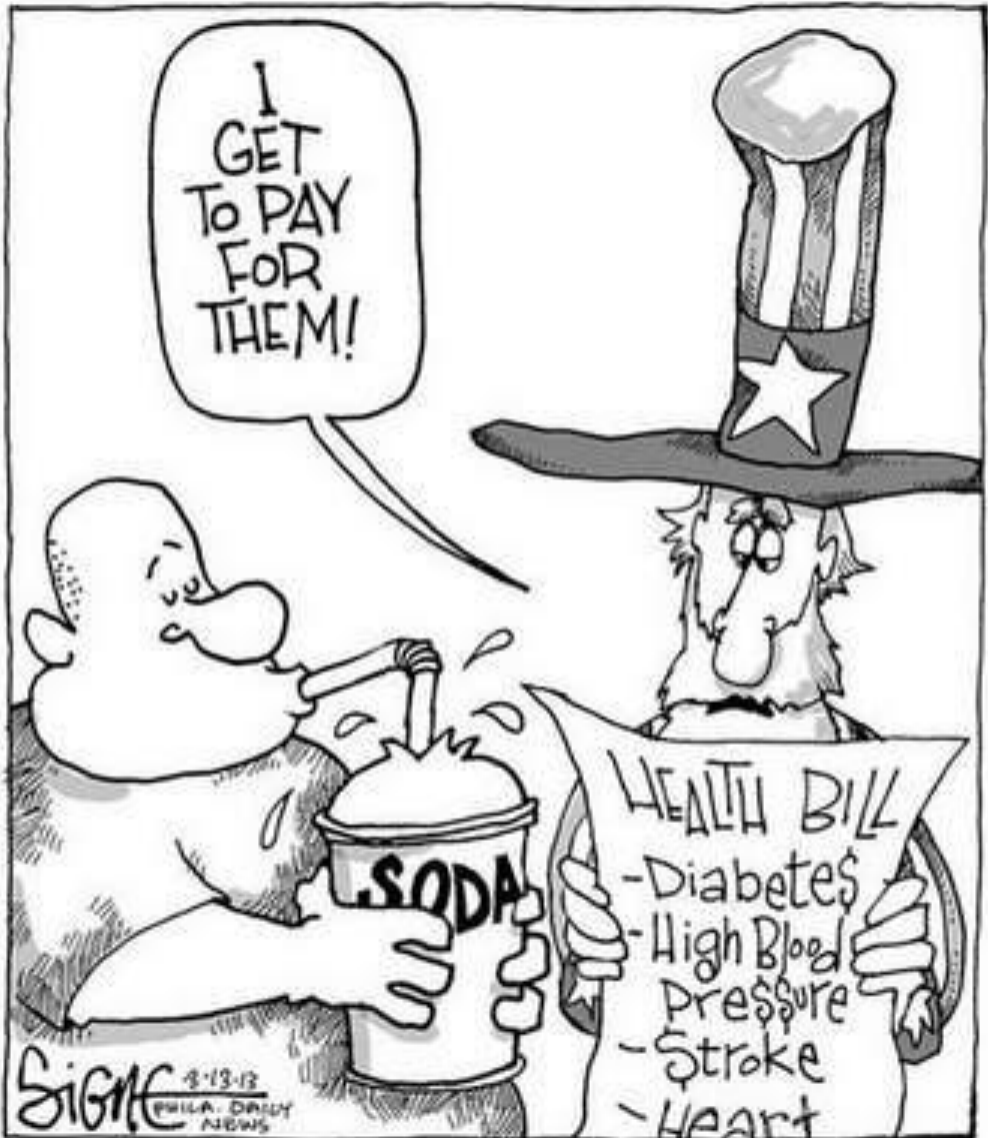
GIVE ME A
32 OUNCE
SODA POP...

OR GIVE ME
A
NANNY STATE...!



TRIGGER
WWW. ©12-6
UPTRIGGER.COM





Seven Lessons for Framing “Social Determinates of Health” to bring people together for solutions

1. Social determinate language consistently tested poorly.
2. Priming audiences about the connection with messages they already believe makes concept more credible.
3. Use one strong compelling fact for maximum impact.
4. Identify the problem, but offer potential solutions.
5. Incorporate the role of personal responsibility.
6. Mix traditional conservative values with traditional progressive values.
7. Focus broadly on how social determinates affect all Americans (versus sub-group).

Six Ways to Talk about S.D

1. Health starts—long before illness—in our homes, schools and jobs.
2. All Americans should have the opportunity to make the choices that allow them to live a long, healthy life, regardless of their income, education or ethnic background.
3. Your neighborhood or job shouldn't be hazardous to your health.
4. Your opportunity for health starts long before you need medical care.
5. Health begins where we live, learn, work and play.
6. The opportunity for health begins in our families, neighborhoods, schools and jobs.

Some closing thoughts...

- Individual behavior is important but insufficient to address problems long term in the most effective and economic way.
- Medical care alone is only a partial solution and will only address a fraction of the real problems faced by citizens in our communities
- How we talk about these things matters!
- Collaboration and new ways of doing business are going to be key to addressing social determinates and the systemic problems of our communities.



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So...

What determines your health?



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University of North Carolina Greensboro

***Good luck in your task &
thank you for your efforts...***

***Task Force on Rural Health
MARCH 20, 2013***

GUILFORD COUNTY DEPARTMENT OF PUBLIC HEALTH

Another Way to Approach Disease and Risk Factors

- **Focus on the underlying determinants of health**
 - **Pros:**
 - Addressing the underlying determinants of health can affect positive change for wide variety of diseases
 - **Cons:**
 - Difficult to understand the complex relationships of the underlying determinants and interrelated factors that affect health
 - Traditional sources of public health funding will not cover cost of these efforts
 - Requires working on issues that require knowledge and actions in non-health and non-public health sectors