Using Data on the Social Determinants of Health to Engage Communities in the Chronic Disease Strategic Planning Process

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Learning Objectives

Introduction: This presentation will describe how the Chronic Disease Management and Control Branch (CDMCB) at the Hawaii Department of Health (DOH) is using data on the social determinants of health to engage communities in a coordinated chronic disease strategic planning process.

After attending this presentation, conference attendees will be able to:

1. Understand how disparities are apparent across all chronic diseases/risk factors in Hawaii.

2. Understand how to use disparities data to engage community stakeholders in strategic planning.

3. Identify promising practices to address disparities and social determinants of health.
Chronic Disease Management and Control Branch

The Hawaii State Department of Health receives funding from the Centers for Disease Control and Prevention (CDC) for programs in the Chronic Disease Management and Control Branch:

- Tobacco Prevention and Control
- Diabetes Prevention and Control
- Comprehensive Cancer Control
- Breast and Cervical Cancer
- Heart Disease and Stroke Prevention
- Healthy Communities
Background

- The impetus for a coordinated, collaborative and community-based approach to addressing chronic diseases in Hawaii began more than 10 years ago.

- The focus is on how chronic disease and risk factor programs could begin to work differently, together and with their community coalitions, rather than working mainly in categorical program and risk factor areas.

- All funding came from CDC funded Hawaii-based chronic disease and tobacco programs.
Chronic Disease Disparities Report: Social Determinants of Health

Project Summary: Data on chronic disease and risk factor disparities was developed into a *Chronic Disease Disparities Report 2011: Social Determinants*.

Data across all chronic disease programs revealed consistent health disparities among those with low socio-economic status (low income, low education) and among certain ethnic groups (Native Hawaiian and other Pacific Islanders and Filipinos) and geographic populations (rural areas).
Applied Public Health Practices

• This approach is aligned with the increasing attention in public health on social epidemiology and community engaged interventions.

• Social epidemiology has recently focused more attention on social determinants of health (socio-economic status indicators, life course approaches, places and neighborhoods, racism and social capital).

• The utility of community engagement to address disparities (through community empowerment, community coalitions/partnerships and community-based participatory approaches).

Sources: Wallerstein, Yen and Syme, 2011; Trickett, Beehler, Deutsch, Green, Hawe, McElroy, Lin Miller, Rapkin, Schensul, Schultz and Trimble, 2011
Applied Public Health Practices

• A focus on social determinants is aligned with the new Healthy People 2020 objectives, wherein draft social determinants of health objectives are included for the first time.

• Under consideration for inclusion are specific social determinants objectives on education, employment, income, housing, family and the built environment.

Source: Koh, Piotrowski, Kumanyika and Fielding, 2011
Community Engagement Process

Data from the *Chronic Disease Disparities Report 2011: Social Determinants* was initially presented at two Chronic Disease Summits with wide scale community participation.

The focus of the Summits was to increase awareness of the social determinants of chronic disease.

Sixteen key informant interviews were conducted with participants from the Summits to inform the strategic planning process along with subsequent town hall meetings.

Seven town hall meetings were performed on all islands throughout the state to engage communities on how to address chronic disease related disparities and the social determinants of health.

The current strategic plan framework is a compendium of these community-based efforts.
Chronic Disease Summit I & II

The purpose of the summits was to:

(1) Present an overview of the information from the burden report identifying the key socio-economic indicators and demographic factors that are associated with high prevalence of chronic disease.

(2) Engage various parts of Hawaii’s Health Department, coalition partners, and health care service delivery leaders in dialogue.
Summit Recommendations

• Development of Inter-Agency Council or Coalition
• Increasing Transparency, Accountability and Sustainability
• Community Action through Community/Stakeholder Engagement
• Early-Education Focus/Educational Reform
• Food Policy (Increasing Access & Information to Promote Access to Healthy Food)
• Active Living by Design
• Communication/Public Education about Health Equity (The Importance of Story)
CDMCB Actions Taken (post Summits)

Recommendations from Summit participants was presented to the Director of Health as a white paper.

Multi-disciplinary team was established within the DOH to address health equity.

A Community Resource Action Guide, a compendium of Community-Based Promising Practices, was created.

Many Summit recommendations were adopted by the Office of Health Equity and incorporated into the Department’s overarching strategic plan.
Strategic Framework

The CDMCB developed a functional strategic framework that is:

– linked to national and state priorities;
– aligned with DOH strategic vision; and
– incorporates feedback and promising practices from the local communities.
Community Engagement Findings

To better inform the chronic disease strategic planning process:

(1) Key informant interviews were conducted in February and March 2012 with 16 key community leaders

(2) Seven town hall meetings to obtain community input in the planning process were conducted on all islands in April and May 2012.
Overarching Themes/Take-Aways

**Kauai**

- Begin with children and youth in the school setting to ensure a healthy start. The schools/education can’t do it alone; families must provide support and help create family environments supportive of healthy behaviors.

- Access to needed health promotion/wellness, disease prevention, and management services needs to be ensured for all.

- Engage potential partners and allies who are not now actively engaged in this meeting.

- Create a more conducive environment at many levels.

- Taxes on sugary (or corn syrup loaded) drinks and increasing taxes on tobacco if dedicated to a fund to promote health and prevent and control chronic disease.
Overarching Themes/Take-Aways

Maui

• The critical importance of leading by example.
• Money talks. Adequate funding, financial incentives.
• Focus on promoting healthy and health-conscious parents/families in every setting.
• Policies for quality development/physical environments that promote wellness are essential.
• Appropriate data and assessments to drive healthier public policies and better practices – active collaboration, strategic communication, and advocacy strategies are also needed.
Overarching Themes/Take-Aways

Oahu

- Social norms and the roles of many institutions need to change around primary prevention, nutrition and physical activity.
- Bold and inspiring vision of success that addresses underlying causes of poor health (e.g., low-income, inadequate education) not just effects.
- Strong, consistent, and focused leadership (including leadership by example from DOH to promote wellness in all elements of its work, including its role as employer).
- People power, passion, persuasion, persistence – to help change policy and incentives to promote wellness and primary prevention.
- Developing, growing, and mobilizing novel partnerships, stronger coalitions, and systematic cross-boundary collaboration.
Overarching Themes/Take-Aways

Oahu, continued

• Multi-channel innovative communication and more proactive outreach efforts that inform and move key stakeholders, including disseminating clear data on what works and return on investment for various initiatives.

• Cultural sensitivity and tailoring programs and systems to varying communities.

• Recognizing and rewarding successful wellness leaders/trail blazers in education, business, government, etc.

• Identifying and building on strengths, assets, and social capital within community.

• Generating sufficient revenues to pay for these change initiatives and address health disparities.
Overarching Themes/Take-Aways

Molokai

• Molokai is a special place – it needs to be understood (e.g., its wisdom, Hawaiian and other values and practices).

• Need more medical specialists (heart, diabetes, etc), trauma team, younger MDs.

• Reduce barriers (cost, lack of awareness) to screening.

• Community gathering place for physical activity and health education.

• Promote health, wellness and prevention rather than disease; remove stigma.
Overarching Themes/Take-Aways

West Hawaii (Kona)

• Paradigm change to emphasize the positive (health promotion/wellness) is the key to an effective strategy.

• Systems and norms change, not merely isolated initiatives to shift the paradigm.

• Better Collaboration/Innovative Partnerships.

• Coordinated Knowledge, Strategies, and Actions to Overcome Fragmentation.

• Identification of Key Areas of Strength and Building on Centers of Excellence Approaches.

• Continuity and Sustainability of Strategic Initiatives is Critical.
Overarching Themes/Take-Aways

**East Hawaii (Hilo)**

- Make the mental shift to “wellness” is normal.
- Individuals acting alone cannot assure their own health and wellness – “Change has to be bigger than the individual.”
- Change incentives and policies to promote health and wellness.
- Development of new partnerships with other nontraditional stakeholders (e.g., transportation, housing).
- Embrace a “health in all policies” approach including tax and zoning policies, government procurement policies, transparency and public right to know type policies, etc.
- Effective advocacy depends on effective communication, and mobilization of community concern, building coalitions, utilizing social capital, and deploying new technology resources.
- Tell stories of successes, best practices, and leadership for health and wellness.
- Include strategies to deal with immigrant populations and sub-populations to address cultural issues.
Overarching Themes/Take-Aways

**Lanai**

- Network locally to share resources and across Maui county, e.g. reaching out to Maui Nutrition and PA Coalition for bike initiative.

- Engage elected officials – not enough people on Lanai to influence politics.

- Plan should specifically address issues unique to Lanai and other small communities.

- Health care access a significant challenge – few providers, especially specialists; no resources for durable medical equipment; patients have to travel off-island, which increases cost.

- School and community gardens to increase access to fruits and vegetables.
Overarching Themes/Take-Aways

There are unique issues in Hawaii’s diverse communities (such as lack of medical specialists on neighbor islands).

There are cross-cutting social determinants issues (such as access to safe places for physical activity) on all the islands.

Potential interventions need to be community-based, innovative and culturally appropriate to affect behavioral choices which may be constrained by social determinants such as low household income and education level.
Conclusion

• The CDMCB used data to create a viable planning framework to base its future coalition, work group development and activities, to ensure that chronic disease disparities and the social determinants of health are addressed in a coordinated way.

• The state Coordinated Chronic Disease Strategic Plan (under development) will guide partners and stakeholders and allow them to identify cross-cutting strategies and culturally-appropriate and community-based interventions.
References


Mahalo!

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• For more information, contact the CDMCB at 586-4609.