

A RISING TIDE:

INCREASING RURAL LOCAL HEALTH DEPARTMENT CAPACITY TO ADDRESS THE SOCIAL DETERMINANTS OF HEALTH



CULTIVATING PARTNERSHIPS

LEADERSHIP

COMMUNITY ENGAGEMENT

DATA AND EVALUATION

COMMUNITY HEALTH IMPROVEMENT PLANNING



LEADERSHIP

Leadership — within the health department itself, the local community, and at the state and national levels — is a fundamental component of addressing SDOH in rural communities. Addressing SDOH requires the LHD and community partners to act as persuasive advocates and to show a strong commitment to keeping SDOH at the forefront of planning efforts. Support from local government and elected officials helps secure funding and facilitates the planning and implementation of cross-sector work to address the SDOH. Community leaders are also important to identify; these leaders can influence local leadership, engage the community, participate in strategic planning or drive progress in other ways.

CHALLENGES

- Conservative political ideologies in rural communities impact the ability and willingness of elected officials and county government to create policies, especially when the ideologies of their constituents are at odds with using public money to fund work to address the social determinants of health.
- Most rural sites interviewed indicate that they have good overall support from state leaderships; however, federal money to address SDOH doesn't make it down to the local level like it should, especially to rural communities whose populations are the smallest in the state.
- LHD leadership are often unable to interface directly with federal policy makers and federal regulatory agencies.
- LHDs are answerable to the priorities set at the state level and at CDC. Those priorities do not always reflect the reality of rural health or of the specific situation in the LHD's community. Much of the recent funding for SDOH work comes from other sources, such as NACCHO or other NGOs.

UPSTREAM LEADERSHIP

Upstream leadership includes federal and state leadership, state health departments, federal agencies (i.e., CDC) and elected officials at the state and federal levels. These entities may provide resources, funding and other benefits provided by partnerships at this level; however, these federal and state level leaders also dictate priorities for those resources, set mandates for spending and use, and are responsible for directing resources down to the local health department level.

RECOMMENDATIONS

- Identify and cultivate champions of public health within the community. These champions may be in local leadership roles or they may be community advocates, positioned to inform strategies at the local level, influence local leadership, or encourage community member engagement and support.
- Embrace the role of educating elected officials and policy makers on the importance of implementing policies that address SDOH and the importance of funding work to address SDOH.
- When communicating with local leadership regarding SDOH work, have a concrete ask. Despite the breadth of work to address the social determinants of health, it is important to distill it down and tailor communications and advocacy work to the interests of policy makers, elected officials and their constituents.
- Ensure that funding makes it to the local level and rural health departments.
- LHD leadership should commit to applying an SDOH lens across agency work by creating an agency culture that understands and is committed to upstream public health.



COMMUNITY ENGAGEMENT

Community engagement is essential to the sustainability of social determinants of health (SDOH) work and increase the effectiveness of interventions aimed at addressing social determinants of health. Community members may participate in coalitions where they can engage in planning and implementing SDOH programming, and are the key stakeholders in the work to address SDOH, especially in rural communities. These members are also key in identifying critical community issues.

ENGAGING IN THE COMMUNITY

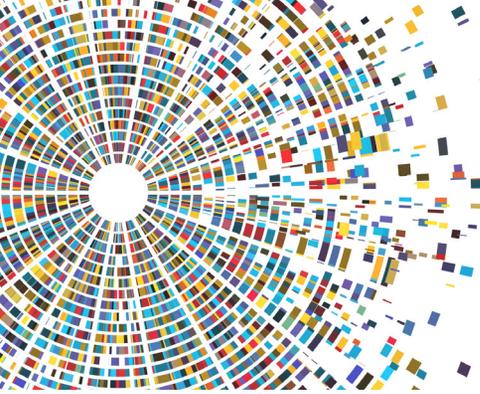
When there is meaningful community engagement, the work is more likely to continue, even with changes in LHD leadership and fluctuations in funding. Champions of SDOH work can be found and cultivated in an engaged community, and those champions then become key drivers of the work.

CHALLENGES

- In rural communities, geographic distance and isolation, lack of resources and infrastructure, including Internet access and transportation, make it difficult for people to participate in community meetings and townhalls.
- Limited public awareness of LHD work to address SDOH means that people are not often invested in the idea that the LHD should be engaging in work outside of traditional public health, such as vaccinations and health inspections. In fact, many community members only encounter the health department when something is wrong – when there is a disease outbreak, when a restaurant is closed, when there is a septic issue. Political ideologies among community members may also present challenges for garnering community support for SDOH work.
- Residents feel that they don't have a voice, are uncomfortable sitting on committees with professionals, feel that they don't have the knowledge or experience to participate in discussions.

RECOMMENDATIONS

- Provide opportunities for the community to participate and provide feedback. Ensure a variety of avenues for participation, including volunteering and participating in coalitions.
- When community input is incorporated as part of an initiative, communicate the roles that community members played as part of overall promotional efforts.
- Hold meetings in a variety of locations. Include ways to participate virtually, if feasible.
- Routinely go into the community to meet and mingle with people where they work, play, or otherwise gather. Partnerships with churches, volunteer organizations, or small local businesses may provide opportunities to engage directly with community members.
- Prioritize transparent communications about funding, spending, and goals for LHD programming, especially when working with communities with political ideologies that may not support government spending on SDOH.



DATA AND EVALUATION

A strong foundation for data collection, measurement, and evaluation supports partnerships, strategic planning, and community engagement. Data and evaluation are necessary for local health departments (LHDs) to establish themselves as experts in the social determinants of health, and a vital resource that the LHD can offer to partners. Routine monitoring and evaluation of SDOH practices allows for adaptive practice management and can inform strategies to improve the quality of programming. Evaluation should inform continuous quality improvement, as it provides an opportunity to demonstrate program success and to engage partners and the community.

CHALLENGES

- Lack of data on rural health issues and rural SDOH; including ability to map data in rural communities.
- Need for reliable, solid data (qualitative or quantitative) to inform practices before addressing the current status of SDOH, and moving forward on developing plans to address them.
- Incorporate monitoring and evaluation (M&E) and M&E planning into strategic planning and program timelines as early as possible; M&E can and should be conducted at all stages within a project or program cycle.
- The planning process for M&E should culminate in a clear understanding of what data is needed, and how and when it will be collected.

RECOMMENDATIONS

- Look to national groups, such as NACCHO, for training, technical assistance, and data repositories specific to SDOH and/or rural communities.
- Look to local universities, state health departments and regional extension centers for assistance in developing clear and validated SDOH indicators for inclusion into their CHIP.
- Engage partners and community members in evaluation through innovative data collection and sharing strategies, such as through a shared community data dashboard, LiveStories or collecting qualitative or story data.
- Identify simple, short-term measures of program performance that can be used for regular monitoring, reserving more extensive measures for large scale evaluations such as baseline, midterm and endline assessments.
- Where feasible, ground indicators in an existing framework for addressing the social determinants of health.

Find resources to help you identify SDOH indicators at:

www.naccho.org/hp2020



COMMUNITY HEALTH IMPROVEMENT PLANNING

Community-driven strategic planning is an important tool for prioritizing the social determinants of health (SDOH) work in the community, and plays a key role in strengthening partnerships, establishing the ground work for evaluation, engaging the community, and crystalizing leadership roles. Strategic planning provides an opportunity to harness momentum from existing programs and initiatives, and can provide a clearer understanding of existing resource gaps, trends and potential points of intervention.

CHALLENGES

Beginning the strategic planning work that addresses the SDOH can be challenging:

- Local health departments may have limited capacity to undertake large-scale work to address SDOH.
- There are inconsistent definitions and understandings of SDOH.
- Convening community members and partners can be especially challenging in rural areas due to the distances between places and a lack of public transportation.

RECOMMENDATIONS

- Community-driven strategic planning provides a clearer understanding of existing resource gaps, trends, and potential points of intervention. If the local health department (LHD) is in the process of building partnerships and cultivating community buy-in, start with a realistic number of strategic priorities and begin to build trust by achieving early wins together before pursuing larger reach goals.
- Ground the CHA/CHIP in an understanding of SDOH and health equity, using resources available from national or local partners to orient community members and partners to SDOH and revisiting this framework during each phase of the CHA/CHIP.
- Partner with local nonprofit hospitals and other groups who may conduct similar community assessments, such as the local United Way chapter.
- Using an established framework such as Mobilizing for Action through Planning and Partnerships (MAPP) can provide needed structure for conducting a comprehensive CHA and CHIP, which lends credibility to partnerships and to planned activities.
- Search for innovative ways to fund strategic activities such as leveraging the role of local businesses, and other partners or a financing method such as social impact bonds.

For more information and resources on conducting the CHA/CHIP, please visit:
www.naccho.org/chachipresources