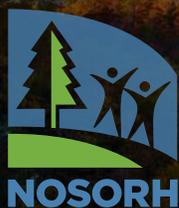
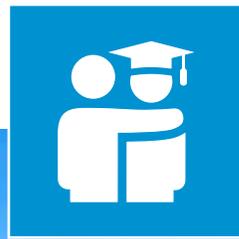


Social Determinants of Health:

A Quick Reference Guide for State Offices of Rural Health and State and Territorial Health Officials

September 2017



National Organization of
State Offices of Rural Health



Association of State and
Territorial Health Officials

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There are many factors which influence the health of people living and working in rural America: access to care, genetics, relationships with friends and family, environment, and a wide variety of social determinants of health. While the focus of many rural health programs is on the delivery of healthcare services, research has shown that 20 percent of an individual's health is attributed to healthcare, 30 percent to health behaviors, and the remaining 50 percent related to socioeconomic or environmental factors.¹

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The broad ranging and life-long impact of these determinants creates unique challenges for rural communities, educators, health providers, public health, and other human service agencies who serve people in rural areas. Armed with information on programs and resources, state offices of rural health (SORH) and state and territorial health officials (S/THO) can collaborate and plan programs with national, state, regional, and local stakeholders to grow healthy communities and reduce health-care costs by addressing these determinants.

Determinants of health are defined by the [Healthy People 2020](#) initiative as the “range of personal, social and environmental factors that influence health status.”² As a component of the determinants of health, social determinants of health (SDOH) are “the social factors and physical conditions of the environment in which people are born, live, learn, play, work, and age.”³ SORH and S/THO should understand that poverty is one of the major underlying contributing factors to SDOH in rural areas and that when compared to those residing in metro areas, rural Americans

are more likely to live in poverty and to have incomes below 400 percent of the federal poverty level.⁴

The [Rural Health Information Hub](#) provides a complete guide to understanding how rural populations are impacted by poverty, how they are different, and how social determinants are different in rural areas. A snapshot of rural populations (Table 1) illustrates some of the demographic differences and other indicators relating to SDOH in rural areas.

Four determinants have been selected for review for this guide: housing, transportation, education and food insecurity. There are a wide variety of other SDOH that also have deep and long-term potential to improve or harm human health and wellbeing, such as occupational safety and environmental health. The four selected for this guide are only a sampling of SDOH for rural populations and provide some focal points on which S/THO and SORH may wish to begin to explore initiatives to improve the health of rural populations. Addressing the social determinants of health requires S/THO and SORH to look beyond the traditional view of public health and rural health, and to grow partnerships with non-healthcare providers to improve the health of rural people in small towns across the nation.

This guide has been developed through a partnership between the Association of State and Territorial Health Officials (ASTHO) and the National Organization of State Offices of Rural Health (NOSORH) to provide a quick, general reference and introduction to a range of national resource organizations and some examples of state work to address SDOH.

SORH and S/THO can use this guide to identify the range of national organizations engaged in addressing SDOH, and opportunities for collaboration or replication of programs to address SDOH. This list of organizations provided is only a sampling and provides a starting point to scan the possibilities for potential partners and programs.

TABLE 1:
Rural and Urban Demographics, 2010-2011, unless otherwise noted

Demographic indicator	Rural	Urban
Percentage of population	19.3%	80.7%
Number of physicians per 10,000 people	13.1	31.2
Population aged 65 and older	18%	12%
Average per capita income	\$45,482	\$53,657
Non-Hispanic white population (2016) ⁵	78.4%	58.4%
Adults who describe health status as fair/poor	19.5%	15.6%
Percentage covered by Medicaid	16%	13%
Unless otherwise noted, information in this table is from the 2014 Update of the Rural-Urban Chartbook. ⁶		



HOUSING

A growing body of scientific evidence shows that low-quality or inadequate housing can harm the health of individuals. Health risks associated with poor housing include: respiratory and cardiovascular diseases from indoor air pollution, illness and deaths from temperature extremes, accelerated spread of communicable diseases, and risks of at-home injuries.⁷ As a component of SDOH, housing is not limited to simply access to housing, but includes adequate housing that protects occupants from harms such as tobacco smoke and radon.



PARTNERS

[Affordable Rural Housing Council](#)

[American Seniors Housing Association \(ASHA\)](#)

[Council for Affordable and Rural Housing](#)

[U.S. Housing and Urban Development \(HUD\)](#)

[National Low-Income Housing Coalition \(NLIHC\)](#)

[National Association of Housing and Redevelopment Officials](#)

[National Council of State Housing Agencies \(NCSHA\)](#)

[National Rural Housing Coalition](#)

[Public Housing Authorities Directors Association](#)



RESOURCES

[World Health Organization's Developing guidance for health protection in the built environment — mitigation and adaptation responses](#)

[HUD Office of Policy Development and Research](#)

[ASHA's Where You Live Matters](#)

[NLIHC's Resource Library](#)

[NCSHA's Resource Archive: Housing Research and Analysis](#)



NATIONAL LEVEL INITIATIVES

[HUD's Healthy Home Program](#) Focusing on mold, lead, allergens, asthma, carbon monoxide, home safety, pesticides, and radon

[HUD's Smoke-Free Public Housing Final Rule](#)

[CDC's Healthy Homes Program](#) Focusing on lead, allergens, radon, and substandard housing

[National Healthy Homes Workgroup's strategy on healthy homes](#)

[Interagency Council on Homelessness](#)

[NCSHA Rural Housing and Economic Development program](#)

[U.S. Department of Agriculture's \(USDA\) Rural Housing Service](#)

[Office of Community Services' Low Income Home Energy Assistance Program \(LIHEAP\)](#)



Maryland's [Green and Healthy Homes Initiative](#)



Iowa's [Smoke Free Homes Program](#)



TRANSPORTATION

Rural Americans travel farther for access to healthcare than their urban counterparts and are more likely to lack access to public transportation to meet their needs.⁸ Lack of transportation can have a significant impact on health and on the ability to make healthy lifestyle choices, such as regular physical activity, access to healthcare, access to steady, well-paying jobs, and ability to purchase healthy foods. According to the 2013 American Housing Survey, only 3.7 percent of rural households utilized public transportation services, compared to 17.3 percent of all American households overall.⁹ This relative lack of access to public transportation impairs rural America’s ability to access goods and services, including healthcare, to which metropolitan communities have more ready access.



PARTNERS

- [U.S. Department of Transportation \(U.S. DOT\)](#)
- [Community Transportation Association of America](#)
- [American Association of State Highway and Transportation Officials](#)
- [American Public Transit Association](#)
- [American Public Works Association](#)



RESOURCES

- [Robert Wood Johnson Foundation’s \(RWJF\) How does transportation impact health?](#)
- [Rural Transportation Data for Regional Planning](#)
- [U.S. DOT’s Transportation and Health Tool](#)
Joint effort with CDC, for state by state comparisons
- [National Center for Mobility Management](#)
- [CDC’s Built Environment Assessment Tool and Manual](#)
- [YMCA’s Pioneering Healthier Communities: Lessons and Leading Practices](#)



NATIONAL LEVEL INITIATIVES

- [CDC’s Transportation Health Impact Assessment \(HIA\)](#)
- [U.S. DOT’s Rides to Wellness initiative](#)
- [Rural Planning Organizations of America](#)
- [Regional Transportation Planning Organizations](#)



Massachusetts’ [Healthy Transportation Compact](#)



Arkansas’ [Hometown Health Improvement](#)



EDUCATION

Educational attainment has a direct impact on an individual's health, as those with lower education levels are less likely to receive health screenings and prevention services, have higher risks of hospitalization, and have an overall poorer health status.¹⁰ A number of factors affect rural students' growth, proficiency, and performance in school, which combined with further educational opportunities all impact rural residents' ability to lead healthy, productive adult lives. Additional studies have concluded that a higher educational attainment can also be linked to healthier behaviors, better health outcomes, higher use of preventive healthcare, and an increased life expectancy.¹¹ This is important for rural America where only 83.6 percent completed high school and 16.4 percent have a bachelor's degree, compared to 86.7 percent and 29.8 percent respectively for the nation.¹²



PARTNERS

[U.S. Department of Education \(U.S. ED\)](#)

[National Association for Health and Fitness](#)

[Society of Health and Physical Educators of America \(SHAPE America\)](#)



RESOURCES

[U.S.ED's Data and Statistics](#)

[SHAPE America's Explore Physical Education Curriculum and other tools for implementation](#)

[RWJF's Education Matters for Health Comprehensive study including additional resources](#)

[USDA Economic Research Service's Rural Education at a Glance](#)

[Healthy People 2020's Educational and Community-Based Programs](#)



NATIONAL LEVEL INITIATIVES

[Substance Abuse and Mental Health Services Administration's Safe Schools/Healthy Students](#)

[CDC's Whole School, Whole Community, Whole Child \(WSCC\) initiative](#)

[U.S. ED's Promise Neighborhoods Program](#)



[Washington's Compassionate Schools Program](#)



[North Carolina's Promoting Physical Activity Through Joint Use Agreements](#)



[Mississippi's Best Practices Tool Kit for Shared Use Agreements](#)



[Minnesota's Physical Activity: Moving Matters Implementation Toolkit](#)



FOOD INSECURITY

There are many difficulties in achieving access to healthy foods in rural areas either due to availability or cost. Rural American households are more likely than other areas to be food insecure, with households including children being even more food insecure.¹³ The inability for rural Americans to access healthy foods can be related to barriers in transportation, income levels, and even educational attainment.¹⁴



PARTNERS

[U.S. Department of Agriculture \(USDA\)](#)

[Feeding America](#)

[Meals on Wheels of America](#)

[WhyHunger](#)



RESOURCES

[USDA's Economic Research Service](#)

Data, topical guides, and issue briefs related to food insecurity at a state and local level

[Meals on Wheels' Facts and Resources](#)

Identifies successful programs and policies



NATIONAL LEVEL INITIATIVES

[USDA's National School Lunch Program, Summer Food Service Program, and School Breakfast Program](#)

[USDA's Farmers Market Nutrition Program](#)

[Administration for Community Living, Administration on Aging's Older Americans Act Nutrition Program](#)

[USDA's Women, Infants, and Children \(WIC\) Program](#)

[USDA's Supplemental Nutrition Assistance Program \(SNAP\)](#)

[Feeding America's Food and Nutrition Assistance Programs](#)
Successful programs for providing to the food insecure

[Share Our Strength's No Kid Hungry campaign](#)



Arkansas' Fair Food Network's [Double Up Food Bucks](#)



Colorado's [Care and Share Food Bank for Southern Colorado](#)

Additional Resources and Opportunities for Collaboration

The information in this section is intended to provide links to partners, resources, and initiatives that are multi-sector approaches to addressing the social determinants of health — meaning that rather than focusing on a single sector, the listed partners, resources, and initiatives may work in all sectors or multiple sectors.

 PARTNERS	 RESOURCES	 NATIONAL LEVEL INITIATIVES
<p><u>Appalachian Regional Commission</u></p> <p><u>Delta Regional Authority</u></p> <p><u>National Organization for Human Services</u></p> <p><u>Association of State and Territorial Health Officials</u></p> <p><u>Kaiser Family Foundation (KFF)</u></p> <p><u>National Association of Counties</u></p> <p><u>National Association of County and City Health Officials</u></p>	<p><u>America's Essential Hospitals' Essential Communities</u> Innovative programs and population health resources</p> <p><u>ASTHO's Health in All Policies: An Introduction</u></p> <p><u>RWJF's Social Determinants of Health Topic Area Resources</u> Data, literature and synopsis of each area included in social determinants of health</p> <p><u>KFF's Beyond Health Care: The Role of Social Determinants in Promoting Health and Health Equity</u></p> <p><u>Community Toolbox's Addressing Social Determinants of Health and Development</u></p>	<p><u>ASTHO's Integration Forum</u> Web-based platform for learning about population health initiatives from state, local, and national partners</p> <p><u>RWJF's Culture of Health</u> Multisector program aimed to create a culture of health in all communities at a grassroots level</p> <p><u>CDC's Health Impact in 5 Years (HI-5) Program</u> Community-wide approaches that have an impact on health outcomes</p> <p><u>CDC's 6 18 Initiative</u> Six ways to spend smarter for healthier people</p>

CONCLUSION

The partners, resources, and initiatives provided within this quick reference guide are intended to assist S/THO and SORH as they identify existing opportunities for collaboration on SDOH. The state examples of activities that are addressing SDOH offer opportunities for replication in other states, and a foundation for further development. To be effective, S/THO and SORH must continue to look beyond the traditional roles of rural health and public health, and to grow relationships with non-healthcare organizations to improve the health of rural and small towns all across the country.

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FOOTNOTES

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- ¹⁴ *Ibid.*