Social Drivers of Health and Local Public Health Agencies of North Carolina

Author: Stradley, Laurie L. B.

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Abstract
Social determinants of health (SDH) have far reaching impact on population health outcomes. SDH include income, education, transportation, housing, racism and other social factors. Research shows that they account for between 28 and 50% of health outcomes. North Carolina’s local public health agencies are tasked with improving the public health through three core functions: assessment, policy development and assurance. In order to determine the major health concerns of their populations, all counties complete a community health needs assessment (CHNA) and identify local health priorities. At the time of this research, only 17 of 100 counties prioritized a SDH.

The purpose of this dissertation was three-fold: identify facilitators of and barriers to prioritizing and engaging in work to improve SDH by local public health agencies; identify common characteristics, circumstances, policies and practices associated with local public health agencies that are prioritizing and engaging in work to improve SDH; and a practical guide to improving prioritizing and engaging in SDH for local public health agencies.

An electronic survey was sent to all NC local health directors. Response rate was 68%. From those respondents, four counties were identified for closer examination. Across the four counties, 15 key informants were interviewed.

Survey results indicated interest in SDH work by local health agencies. Local health directors rated the role of public health highest for education, environment, social connectivity and racism. The lowest rated sectors were income, housing and transportation. The primary concern around implementation was access to resources. There was no single “type” of North Carolina public health agency more or less likely to prioritize SDH. No matter the economic status or population density, different communities are identifying with the roles local public health agencies can or should be playing in SDH.

Interview results further illuminated opportunities and barriers to work in SDH. While access to resources remained a central theme, most informants referenced community connectivity and engagement as a major support for SDH work. Informants were committed to the work, but recognized that formal processes, funding and structure would improve their ability to have an impact.

Advisor
Silberman, Pam

Committee member
Harris, A. Gibson; Mullen, Dolly Jenkins; Samuel, Cleo A.; White, B. Alexander

School
The University of North Carolina at Chapel Hill

Department
Health Policy and Management

School location
United States – North Carolina

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Dr.P.H.

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