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Topic Area Comments

CHPPD Section of APHA on 12/30/2009 1:48:00 PM in [Quality of Life and Well-Being](#)

Recommendations for the development of a Social Determinants of Health Framework for HP2020

Some Key Areas of SDOH, such as Housing, do not have Topic Areas within HP2020. We would suggest that these areas might be addressed within the topic area of "Quality of Life and Well-Being":

We would therefore suggest including Housing/Residency/Neighborhood quality as a specific SDOH sub-topic under Quality of Life and Well-Being. We argue that in terms of ameliorating health inequities, residential/housing policies need to be developed that address social inequalities as well as the forces that translate these inequalities into environmental, temporal, mental, and physical abuse for some, and social protection for others.

Residency levels in sq. footage per person differ tremendously between social strata, between geographical settings, and between age groups, from zero (for the homeless) to several thousands of sq. feet.

Residence categories in terms of "ownership" also differs tremendously between social strata, etc, from negative ownership (prisons, refugee camps), to life-long renters, to multi-generational, legally acknowledged, titles to real estate.

Residence is a core social variable in the socialization process of learning to belong, to develop a sense of agency, a sense control over space, an ability to organize space and to learn to feel comfort and ease in a protective environment. Residency is where, under the right conditions, people find sanctuary (Sandra Bloom), can expect shelter, can build the first layer of social support systems (family, fraternities/sororities, "bunkmates", etc).

In terms of health inequality, lower income classes have less sq. footage to "live on", have less capacity for ownership development over that space, have less sense of agency or feel more restricted in expressing such agency, find more trauma (overcrowding, abuse, violence, etc) within their "nests," and in general develop more stress and stress-related illnesses as a result. Furthermore, in the lower social classes, there is a strong sense that society overall considers the housing requirements of low income people in terms of warehousing the commodity 'labor', just as public education is considered the training for human capital, and elite education is for the development of self-actualization.

Targets for housing policies to ameliorate health disparities in HP 2020 should be formulated around the following kinds of suggestions:

- a. By 2020, all housing inspection agencies should have representatives of the Health department on their strategic planning or oversight committees.
- b. All agencies involved in development or maintenance of housing, including architects, rental property owners, designers, should be trained in the health aspects of organizing space and (re)learn that residential buildings must be understood to satisfy the human need of shelter and comfort. (e.g. design special closets with locks for the storage of household chemicals, guns, ammunition, power tools)
- c. All mothers and fathers of newborns will be 'nudged' to accept advice and suggestions on organizing and maintaining space; this service will be coordinated by health and/or human welfare departments seeking

collaborations from the private sector, such as interior designers, IKEA, Home Depot, Lowe's, etc.

d. In collaboration with EPA, indoor inspections of housing stock and services for training in repair/maintenance/organization, should be offered to all parents of newborns, first entry school children etc.

e. Parents of children with asthma, who seek medical help, should be offered assistance regarding environmental and emotional wellbeing, including indoor air quality control, exposure to sound, chaos, cold/heat, light and smells.

f. Health care providers, police officers, social workers, educators, should be professionally trained to incorporate recognition of early signs of child trauma, physical or mental, or poor parenting skills, lack of social guidance, etc. and have proper reporting lines to channel such recognitions for further action.

CHPPD Section of APHA on 12/30/2009 1:39:00 PM in [Educational and Community-Based Programs](#)

Educational and Community-based Programs: This Topic Area and all of its objectives should be reworked to reflect the fundamental need for structuring educational and community programs in terms of engaged and participatory program models that build on the work and lessons of CBPR, and integrate a participatory policymaking emphasis in line with a Health in All Policies approach.

Students from high school through college, and in professional schools, could be much more effectively engaged in learning about the full range of health issues addressed in this topic area if they were encouraged to think about all of these areas in terms of policy advocacy and arenas of action that they could be engaged in. A Freirian model of education requires a more participatory student-centered framework for the development and delivery of health education and community health programming across the whole range of objectives under this topic area. (Maintaining a traditional hierarchical model of teacher-to-student education and non-participatory health programming is the best way to guarantee minimal progress in reducing disparities and achieving equity in areas of health education and community health programming.)

Rationale:

The WHO Commission on SDOH recommended (14.3, 14.4) that:

"National- and local-level government [should] ensure the fair representation of all groups and communities in decision-making that affects health, and in subsequent programme and service delivery and evaluation" (see also Recs. 6.1; 7.1; 9.1; 11.6).

"Empowerment for action on health equity through bottom-up, grassroots approaches requires support for civil society to develop, strengthen, and implement health equity-oriented initiatives."

CHPPD Section of APHA on 12/30/2009 1:36:00 PM in [Social Determinants of Health](#)

Recommendations for the development of a Social Determinants of Health Framework for HP2020

Recommendation: Each HP2020 Topic Area should integrate an overarching Social Determinants of Health in ALL Policies perspective to guide the development of a strategic framework for interventions related to each topic area.

This approach should incorporate two sets of concerns: (1) Use an SDOH-grounded Health in All Policies Approach to structure the objectives within each Topic Area, using a model such as that of Sacks and Swinburn (see below); and (2) ensure an appropriate balance between impact and policy measures within each topic area (see more detailed description in IIA below).

IIA. Evaluate HP2020 impact and policy objectives for each Topic Area

Analyze current set of objectives in each topic area to ensure inclusion of two key elements: (1) an appropriate balance between status/behavior/outcomes measures of impact, and policy measures (should the number be 40% impact measures/60% policy measures or something like that?); (2) Policy measures within each topic area that reflect action on social determinants of health that include appropriate mix of downstream, midstream, and upstream policy approaches.

An example of the kind of policy framework that should be used to organize all HP2020 topic areas is provided by G. Sacks, B. Swinburn, and M. Lawrence in their Figure of an "Obesity Policy Action framework: breakdown of 'upstream', 'midstream' and 'downstream' policy targets" [in "Obesity Policy Action framework and analysis grids for a comprehensive policy approach to reducing obesity," *Obesity Reviews* 10 (January 2009): 76–86].

Within this kind of policy action framework, upstream approaches include "policy actions that shape the economic, social and physical (built and natural) environments," while midstream/lifestyle approaches include "policy actions that directly influence behavior," and downstream/health services approaches involve "policy actions that support health services and clinical interventions."

We strongly suggest that this kind of policy action framework approach should be used to evaluate and organize all topic areas. This conceptual framework will be used by us below, and in our other comments on specific topic areas, to analyze particular objectives related to physical activity and fitness, nutrition and weight status, and public health infrastructure.

IIB. Specific Topic Area Comments

Example 1--Nutrition & Weight Status: In the Nutrition and Weight Status area, there are 20 draft objectives. Of these, 14 are status objectives (e.g. 4 relate to healthy weight, and 10 relate to nutrient status, i.e. iron, fruits, vegetables, whole grains, saturated fat, sodium, calcium, solid fats and added sugars. Note that Vitamin D is missing, and this is now known to be important, and will be submitted as a separate objective); and 6 are policy objectives (2 on physician counseling, one on worksite, one on school environment, & one on child care environment). Of these policy objectives, four can be considered mid-stream (NWS-16, 18, 19, 20), and two downstream policies (NWS: 12, 13). There are no upstream policies.

Example 2--Physical Activity and Fitness: In this topic area, there are 14 draft objectives. 9 focus on behavior impact and 5 of them are policy objectives, most around school policies. All five policy objectives (PAF: 2, 5, 12, 13, 14) are midstream policies; there are no downstream or upstream policies.

Example 3--Public Health Infrastructure: In this topic area, there are 19 draft objectives. Here we have a series of questions: How can we structure an SDOH-grounded policy framework for Public Health Infrastructure? Increased data collection and workforce development could be impact measures, but also suggest policy objectives. What would be the appropriate upstream, midstream and downstream approaches in relation to public health infrastructure? How can we link Public Health Infrastructure measures to particular social determinants of health? By making clear the ways in which strengthening public health infrastructure address particular SDOH, the argument and rationale for public health infrastructure can be strengthened. For example, there is general agreement that we need to educate and engage the community on social determinants of health and intersectoral approaches. But how does having something like a Community Health Improvement Plan translate into specific impacts? It is not clear from the 19 draft objectives how these kinds of questions would be addressed.

CHPPD Section of APHA on 12/30/2009 1:35:00 PM in [Public Health Infrastructure](#)

Recommendations for the development of a Social Determinants of Health Framework for HP2020

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Example--Public Health Infrastructure: In this topic area, there are 19 draft objectives. Here we have a series of questions: How can we structure an SDOH-grounded policy framework for Public Health Infrastructure? Increased data collection and workforce development could be impact measures, but also suggest policy objectives. What would be the appropriate upstream, midstream and downstream approaches in relation to public health infrastructure? How can we link Public Health Infrastructure measures to particular social determinants of health? By making clear the ways in which strengthening public health infrastructure address particular SDOH, the argument and rationale for public health infrastructure can be strengthened. For example, there is general agreement that we need to educate and engage the community on social determinants of health and intersectoral approaches. But how does having something like a Community Health Improvement Plan translate into specific impacts? It is not clear from the 19 draft objectives how these kinds of questions would be addressed.

CHPPD Section of APHA on 12/30/2009 1:33:00 PM in [Physical Activity and Fitness](#)

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CHPPD Section of APHA on 12/30/2009 1:31:00 PM in [Nutrition and Weight Status](#)

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fruits, vegetables, whole grains, saturated fat, sodium, calcium, solid fats and added sugars. Note that Vitamin D is missing, and this is now known to be important, and will be submitted as a separate objective); and 6 are policy objectives (2 on physician counseling, one on worksite, one on school environment, & one on child care environment). Of these policy objectives, four can be considered mid-stream (NWS-16, 18, 19, 20), and two downstream policies (NWS: 12, 13). There are no upstream policies.

CHPPD Section of APHA on 12/30/2009 1:26:00 PM in [Social Determinants of Health](#)

Recommendations for the development of a Social Determinants of Health Framework for HP2020

Overarching Recommendation: Use Social Determinants of Health (SDOH) to create a strategic framework/structure for HP2020, rather than simply to create another topic area of objectives. (Insofar as HP2020 develops work on SDOH within a particular topic area, this topic area should be used to organize a community health indicators approach to measuring indicators of SDOH, as suggested today in another comment by the California Dept of Public Health. Community Health and Sustainable community indicators frameworks, such as that developed by Sustainable Seattle, provide a model for developing a more interactive community-level framework for HP2020.)

Rationale: What is most needed in order to transform HP2020 into a strategic action framework for making progress on health disparities and health equity is a clear structure for organizing all topic areas and objectives in way that will allow for coordinated intervention planning and development to eliminate health disparities (through a Health in All Policies approach), and build health equity. This would be consistent with the interest of the HP2020 Secretary's Advisory Committee in using a Health in All Policies Approach in way that integrates SDOH into the structure of HP2020.

SDOH should be used to strategically organize the entire HP2020 programmatic structure in terms of a HEALTH IN ALL POLICIES (HIAP) Interventions Approach that will orient HP2020 toward achieving targeted objectives for the reduction of health disparities and the creation of health equity by 2020.

To accomplish this goal, SDOH should be used in two different ways to structure and coordinate the proposed topic areas and objectives:

- A. SDOH should be used as a strategic organizing framework from the outside-in (as a structuring Framework for all HP2020 topic areas and objectives)
- B. SDOH should be used as an organizing framework from within each topic area, with policy interventions as key for integrating whole structure as an "ACTION FRAMEWORK."

We will provide examples of each of these approaches (in A & B) below.

Rationale for this Approach: This proposed strategy for incorporating SDOH into HP2020 as a strategic organizing framework would provide a systematic and structured approach for integrating "Health in All Policies" across the entire range of HP2020 topic areas. It would also underline the ways a strategic emphasis on SDOH can help to create the kind of systematic structure for HP2020 that is needed to make significant progress on health disparities and health equity over the next decade.

A. HP2020 can use SDOH to develop a strategic framework for organizing the topic areas and objectives in the following way:

A1. This proposed list of 12 Social Determinants of Health (adapted from WHO and other scholarship on SDOH) can be coordinated into four main groups, each of which requires significantly different approaches to policy and program development. (In parentheses are federal agencies that would play a critical role in each of these SDOH areas.)

Group 1 (Social/Institutional Programs and Policies):

1. Social/Human Services (DHHS)
2. Health Infrastructure/Services (DHHS)
3. Education (DOE)
4. Housing (HUD)
5. Food Security (Agriculture, FDA)
6. Employment/Labor (DOL)
7. Transportation (DOT)

Group 2 (Environmental):

8. Environmental Protection (EPA)
9. Built Environment/Design/Planning

Group 3 (Community Engagement & Cohesion):

10. Community Engagement in Governance/Planning/Policy-making
11. Social Cohesion & Support Networks

Group 4 (Public Finance & Policy):

12. Taxation & Program Funding (Interagency Working Group)

A2. For this approach, note that some of the existing HP2020 topic areas are already addressing SDOH—These topic areas need to be prioritized and treated differently than other topic areas that are disease-focused or oriented to particular health areas (oral health, for example) or life-course:

--Educational and Community-based Programs (SDOH-Education, Community Engagement)
 --Environmental Health (SDOH-Environmental Protection)
 --Food Safety (SDOH-Food Security)
 --Nutrition and Weight Status (SDOH-Food Security, Built Environment)
 --Physical Activity and Fitness (SDOH-Built Environment, Education)
 --Public Health Infrastructure (SDOH-Health Infrastructure/Services)
 --Access to Health Services (SDOH-Health Infrastructure/Services)

A3. All the disease-specific and health area (oral health, for example) objectives should then be organized under particular SDOH categories. For example, the following topic areas could be organized under the Social Determinant of Social/Human Services:

SDOH: Social Support Programs/Human Services (HHS)

HP Topic Areas: Family Planning, Injury and Violence Prevention, Mental Health & Mental Disorders, Disability & Secondary Conditions, Hearing & Other Sensory Disorders, Vision, Medical Product Safety, STDs, Substance Abuse, Tobacco Use

B. In addition to using SDOH to organize all topic areas from above, as an overarching framework, SDOH should also be used as an organizing framework from within each topic area, with policy interventions as key for using SDOH as organizing structure for each topic area and to making HP2020 work as an "ACTION FRAMEWORK." With this "inside-out" approach, the SDOH "lens" should be applied to each existing topic area. So for example, the topic area "Nutrition and Weight Status" should integrate an SDOH framework similar to the one illustrated by Friel, Chopra, and Satcher, which shows relationships between the larger sociopolitical contexts and the specific SDOH policy influences on health outcomes (see "Unequal weight: equity oriented policy responses to the global obesity epidemic" Sharon Friel, Mickey Chopra, David Satcher, *BMJ* 2007;335:1241-1243, doi: 10.1136/bmj.39377.622882.47)

--And the Topic Area "Quality of Life and Well-Being" should address all SDOH areas, including Housing/Residence objectives (see details on this in our CHPPD Section comment on Topic Area of "Quality of Life and Well-being").

Current objectives within all topic areas would therefore be analyzed and structured to assure that they are addressed from a Social Determinants of Health perspective. [For more detail on how this would work within topic areas and specific objectives, please see specific examples contained in our other CHPPD comments in topic areas and objectives sections.]

Objective Comments

CHPPD Section of APHA on **12/30/2009 2:32:00 PM** in [HP2010 1-15](#)

Objective Clarification, Status: 15a should be retained for HP2020, and should include increasing number of physicians to do home visits, who are paid by medical insurance, to increase independence of home-bound patients.

CHPPD Section of APHA on **12/30/2009 2:27:00 PM** in [HP2010 1-11](#)

Objective Clarification, Objective Text, Status:

c. "Population covered by helicopter," should NOT be scrapped.

The State of Maryland has a medical emergency service that provides helicopter access for trauma. This service is paid for by vehicle registration fees. Access to emergency care response is extremely important to saving lives.

CHPPD Section of APHA on **12/30/2009 2:24:00 PM** in [AHS HP2020-4](#)

Objective Clarification, Objective Text: Add to a. and b. a third mode of coverage:

c. Population covered by helicopter (this should not be scrapped from HP2010).

The State of Maryland has a medical emergency service that provides helicopter access for trauma. This service is paid for by vehicle registration fees. Access to emergency care response is extremely important to saving lives.

CHPPD Section of APHA on **12/30/2009 2:18:00 PM** in [AHS HP2020-10](#)

Objective Clarification: Add holistic approaches to the mix such as chiropractic care. Chiropractors are often not recognized for their holistic approach to health care. Chiropractic care can reduce the use of medications and surgeries (i.e., carpal tunnel syndrome).

CHPPD Section of APHA on **12/30/2009 2:16:00 PM** in [AHS HP2020-8](#)

Objective Clarification: Add Physician Assistants and/or Nurse Practitioners to the emergency room for simple procedures.

CHPPD Section of APHA on **12/30/2009 2:14:00 PM** in [AHS HP2020-7](#)

Objective Clarification: Add psychological care to this mix. Persons who have mental health challenges and learning disabilities need access to counseling and medications to help with their situations.

Also add more dental care to those who do not have funds to provide for their care. Dental care is difficult and costly to access when funds are not available, but is key to overall health.

CHPPD Section of APHA on **12/30/2009 2:10:00 PM** in [AHS HP2020-6](#)

Objective Clarification, Data Source: Recommendations for the development of a Social Determinants of Health Framework for HP2020

Offer health insurance to the population that are "working poor" in order to obtain consistent care. All too often persons are not able to pay for the care because their income is higher than their living expenses. States tend to offer care for those who are below poverty level. Persons who are single often do not have access to care as they have income higher than poverty level but income that does not meet their living expenses.

Data source: Physicians to report data for those with ongoing diseases to the department of health.

CHPPD Section of APHA on **12/30/2009 2:07:00 PM** in [AHS HP2020-3](#)

Objective Clarification: Promote through health departments the importance of primary care providers. Problem: persons do not have funds to regularly access health care.

CHPPD Section of APHA on **12/30/2009 2:06:00 PM** in [AHS HP2020-1](#)

Objective Clarification: Recommendations for the development of a Social Determinants of Health Framework for HP2020

On State-wide basis, offer health insurance for the "working poor" (i.e. those who do not have enough funds to meet their living expenses but too much to have access to state insurance health care).

CHPPD Section of APHA on **12/30/2009 2:02:00 PM** in [PHI HP2020-10](#)

Objective Clarification, Objective Text: Comment: Change "implement" to "evaluate". A NACCHO survey indicates that majority of local health departments do implement health improvement plans – some better than others. Nudging communities to evaluate their health improvement plans would provide much needed information for community health improvement. The American Public Health Association membership has passed a policy on the need to evaluate community health assessments, an aspect of community health improvement plans for public health practice. See <http://www.apha.org/advocacy/policy/policysearch/default.htm?id=1330>

CHPPD Section of APHA on **12/30/2009 1:58:00 PM** in [PAF HP2020-9](#)

Objective Clarification, Objective Text: --PAF HP2020-9: (Developmental) Increase the proportion of employed adults who have access to and participate in employer-based exercise facilities and exercise programs.

Comment: Delete "employer-based," as this seems to needlessly limit the objective.

CHPPD Section of APHA on **12/30/2009 1:55:00 PM** in [PAF HP2020-2](#)

Objective Clarification, Objective Text:

--PAF HP2020-2: Increase the proportion of the Nation's public and private schools that require daily physical education for all students. A. Middle and junior high schools B. Senior high schools

Comment: Please also include elementary schools, as there is no rationale for excluding them.

CHPPD Section of APHA on **12/30/2009 1:51:00 PM** in [ECBP HP2020-2](#)

Objective Clarification, Objective Text: Recommendations for the development of a Social Determinants of Health Framework for HP2020

--The wording of ECBP HP2020-2 could be changed to:

Increase the proportion of elementary, middle, and senior high schools that provide a participatory and comprehensive participatory and policy-engaged school health education addressing the SOCIAL Determinants of health problems (with information on how students can be engaged in helping to address and prevent these problems in their communities) in the following areas:

Unintentional injury, violence, suicide, tobacco and drug use/addiction, unintended pregnancy, HIV/AIDS, and

STD infection; unhealthy dietary patterns, and inadequate physical activity.

Proposed Objectives

CHPPD Section of APHA on 12/30/2009 2:48:00 PM in [Nutrition and Weight Status](#)

Proposed Objective Text: Reduce Vitamin D Deficiency/Insufficiency among (1) women of childbearing age; (2) breastfed infants not receiving vitamin D supplements; (3) people with dark or brown skin type, including a large portion of African Americans and Mexican American adolescents and adults; and (4) elderly people.

Rationale: Vitamin D deficiency/insufficiency is recognized as a major public health concern for both children and adults in the United States. Deficiency is defined as less than 20 ng/mL, and insufficiency is greater than or equal to 20 ng/mL but less than 30 ng/mL. Vitamin D sufficiency is 30 to 100 ng/mL. It has been estimated that 30% to 40% of children and 40% to 50% of adults in the United States are at risk of vitamin D deficiency.

Four populations in the United States are at highest risk for vitamin D deficiency: (1) women of childbearing age; (2) breastfed infants not receiving vitamin D supplements; (3) people with dark or brown skin type, including a large portion of African Americans and Mexican American adolescents and adults; and (4) elderly people.

A comprehensive review jointly funded by the American and Canadian governments is currently underway to review the 1997 Dietary Reference Intakes values for vitamin D.

The APHA has also approved a policy for research and education into Vitamin D deficiency/insufficiency (<http://www.apha.org/advocacy/policy/policysearch/default.htm?id=1367>).

Proposed Data Sources(s): National Health and Nutrition Examination Survey

CHPPD Section of APHA on 12/30/2009 2:44:00 PM in [Educational and Community-Based Programs](#)

Proposed Objective Text: (Developmental) Increase the number and percentage of school and community health programs that integrate into their work specific education on SDOH and the fundamental importance of participatory structures of governance for achieving health equity, in line with the recommendations of the 2008 Final Report of the WHO's Commission on SDOH.

Rationale: In accord with Social Determinants of Health recommendations (14.3, 14.4) relating to participatory governance, as set out in the 2008 Final Report of the WHO's Commission on the Social Determinants of Health, a participatory policymaking framework should treat community members as citizens and co-producers of community health programs and education, rather than as clients or recipients of community health programming.

WHO Recommendations of Commission on SDOH (14.3, 14.4):

"National- and local-level government [should] ensure the fair representation of all groups and communities in decision-making that affects health, and in subsequent programme and service delivery and evaluation" (see Rec 6.1; 7.1; 9.1; 11.6).

"Empowerment for action on health equity through bottom-up, grassroots approaches requires support for civil society to develop, strengthen, and implement health equity-oriented initiatives."

In accord with these principles, this Topic Area and all of its objectives should be reworked to reflect the fundamental need for structuring educational and community programs in terms of engaged and participatory program models that build on the work and lessons of CBPR, and integrate a participatory policymaking emphasis in line with a Health in All Policies approach, as well as the emphasis of the WHO Report on SDOH on participatory governance structures, as a fundamental component of SDOH.

Students from high school through college, and in professional schools, as well as citizens and community residents in general, could be much more effectively engaged in learning about the full range of health issues addressed in this topic area if they were encouraged to think about all of these areas in terms of SDOH policy advocacy and arenas of action that they could be directly engaged in. A Freirian model of education requires a more participatory student-centered framework for the development and delivery of health education and community health programming across the whole range of objectives under this topic area. (Maintaining a traditional hierarchical model of teacher-to-student education and non-participatory health programming is the best way to guarantee minimal progress in reducing disparities and achieving equity in areas of health education and community health programming.) And any popular educational approach to SDOH will need to involve participatory structures if it is to be successful at promoting the vision of SDOH and health equity.

Proposed Data Sources(s): Association of Schools of Public Health; Identify and develop additional sources.

CHPPD Section of APHA on 12/30/2009 2:42:00 PM in [Educational and Community-Based Programs](#)

Proposed Objective Text: (Developmental) Increase the number and percentage of community health programs at the local, state, and regional levels that utilize a participatory policymaking framework to actively engage community members as citizens and co-producers in the planning and development of health programming.

Rationale: In accord with Social Determinants of Health relating to participatory governance, a participatory policymaking framework treats community members as citizens and co-producers of community health programs and education, rather than as clients or recipients of community health programming.

This Topic Area and all of its objectives should be reworked to reflect the fundamental need for structuring educational and community programs in terms of engaged and participatory program models that build on the work and lessons of CBPR, and integrate a participatory policymaking emphasis in line with a Health in All Policies approach, as well as the emphasis of the WHO Report on SDOH on participatory governance structures, as a fundamental component of SDOH.

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Proposed Data Sources(s): Potential Data source (developmental): National Neighborhood Indicators Partnership (NNIP) at <http://www2.urban.org/nnip/>

CHPPD Section of APHA on 12/30/2009 2:40:00 PM in [Educational and Community-Based Programs](#)

Proposed Objective Text: (Developmental) Increase the number and percentage of schools and colleges that offer opportunities for their students to become engaged in community-based participatory programs in health, informed by knowledge of Social Determinants of Health, to allow them to gain community-based health knowledge and skills through practice.

Rationale: This Topic Area and all of its objectives should be reworked to reflect the fundamental need for structuring educational and community programs in terms of engaged and participatory program models that build on the work and lessons of CBPR, and integrate a participatory policymaking emphasis in line with a Health in All Policies approach, as well as the emphasis of the WHO Report on SDOH on participatory governance structures, as a fundamental component of SDOH.

Students from high school through college, and in professional schools, as well as citizens and community residents in general, could be much more effectively engaged in learning about the full range of health issues addressed in this topic area if they were encouraged to think about all of these areas in terms of SDOH policy advocacy and arenas of action that they could be directly engaged in. A Freirian model of education requires a more participatory student-centered framework for the development and delivery of health education and community health programming across the whole range of objectives under this topic area. (Maintaining a traditional hierarchical model of teacher-to-student education and non-participatory health programming is the best way to guarantee minimal progress in reducing disparities and achieving equity in areas of health education and community health programming.) And any popular educational approach to SDOH will need to involve participatory structures if it is to be successful at promoting the vision of SDOH and health equity.

Proposed Data Sources(s): Association of Schools of Public Health

General Comments

CHPPD Section of APHA on 12/30/2009 1:20:00 PM in [General Comments](#)

CHPPD Section of APHA-- Recommendations for the development of a Social Determinants of Health Framework for HP2020

Overarching Recommendation: Use Social Determinants of Health (SDOH) to create a strategic framework/structure for HP2020, rather than simply to create another topic area of objectives.

Rationale: What is most needed in order to transform HP2020 into a strategic action framework for making progress on health disparities and health equity is a clear structure for organizing all topic areas and objectives in way that will allow for coordinated intervention planning and development to eliminate health disparities (through a Health in All Policies approach), and build health equity. This would be consistent with the interest of the HP2020 Secretary's Advisory Committee in using a Health in All Policies Approach in way that integrates SDOH into the structure of HP2020.

SDOH should be used to strategically organize the entire HP2020 programmatic structure in terms of a HEALTH IN ALL POLICIES (HIAP) Interventions Approach that will orient HP2020 toward achieving targeted objectives for the reduction of health disparities and the creation of health equity by 2020.

To accomplish this goal, SDOH should be used in two different ways to structure and coordinate the proposed topic areas and objectives:

A. SDOH should be used as a strategic organizing framework from the outside-in (as a structuring Framework

for all HP2020 topic areas and objectives)

B. SDOH should be used as an organizing framework from within each topic area, with policy interventions as key for integrating whole structure as an "ACTION FRAMEWORK."

We will provide examples of each of these approaches (in A & B) below.

Rationale for this Approach: This proposed strategy for incorporating SDOH into HP2020 as a strategic organizing framework would provide a systematic and structured approach for integrating "Health in All Policies" across the entire range of HP2020 topic areas. It would also underline the ways a strategic emphasis on SDOH can help to create the kind of systematic structure for HP2020 that is needed to make significant progress on health disparities and health equity over the next decade.

A. HP2020 can use SDOH to develop a strategic framework for organizing the topic areas and objectives in the following way:

A1. This proposed list of 12 Social Determinants of Health (adapted from WHO and other scholarship on SDOH) can be coordinated into four main groups, each of which requires significantly different approaches to policy and program development. (In parentheses are federal agencies that would play a critical role in each of these SDOH areas.)

Group 1 (Social/Institutional Programs and Policies):

1. Social/Human Services (DHHS)
2. Health Infrastructure/Services (DHHS)
3. Education (DOE)
4. Housing (HUD)
5. Food Security (Agriculture, FDA)
6. Employment/Labor (DOL)
7. Transportation (DOT)

Group 2 (Environmental):

8. Environmental Protection (EPA)
9. Built Environment/Design/Planning

Group 3 (Community Engagement & Cohesion):

10. Community Engagement in Governance/Planning/Policy-making
11. Social Cohesion & Support Networks

Group 4 (Public Finance & Policy):

12. Taxation & Program Funding (Interagency Working Group)

A2. For this approach, note that some of the existing HP2020 topic areas are already addressing SDOH—These topic areas need to be prioritized and treated differently than other topic areas that are disease-focused or oriented to particular health areas (oral health, for example) or life-course:

- Educational and Community-based Programs (SDOH-Education, Community Engagement)
- Environmental Health (SDOH-Environmental Protection)
- Food Safety (SDOH-Food Security)
- Nutrition and Weight Status (SDOH-Food Security, Built Environment)
- Physical Activity and Fitness (SDOH-Built Environment, Education)
- Public Health Infrastructure (SDOH-Health Infrastructure/Services)
- Access to Health Services (SDOH-Health Infrastructure/Services)

A3. All the disease-specific and health area (oral health, for example) objectives should then be organized under particular SDOH categories. For example, the following topic areas could be organized under the Social Determinant of Social/Human Services:

SDOH: Social Support Programs/Human Services (HHS)

HP Topic Areas: Family Planning, Injury and Violence Prevention, Mental Health & Mental Disorders, Disability & Secondary Conditions, Hearing & Other Sensory Disorders, Vision, Medical Product Safety, STDs, Substance Abuse, Tobacco Use

B. In addition to using SDOH to organize all topic areas from above, as an overarching framework, SDOH should also be used as an organizing framework from within each topic area, with policy interventions as key for using SDOH as organizing structure for each topic area and to making HP2020 work as an "ACTION FRAMEWORK." With this "inside-out" approach, the SDOH "lens" should be applied to each existing topic area. So for example, the topic area "Nutrition and Weight Status" should integrate an SDOH framework similar to the one illustrated by Friel, Chopra, and Satcher, which shows relationships between the larger sociopolitical contexts and the specific SDOH policy influences on health outcomes (see "Unequal weight: equity oriented policy responses to the global obesity epidemic" Sharon Friel, Mickey Chopra, David Satcher, *BMJ* 2007;335:1241-1243, doi: 10.1136/bmj.39377.622882.47)

--And the Topic Area "Quality of Life and Well-Being" should address all SDOH areas, including Housing/Residence objectives (see details on this in our CHPPD Section comment on Topic Area of "Quality of Life and Well-being").

Current objectives within all topic areas would therefore be analyzed and structured to assure that they are addressed from a Social Determinants of Health perspective. [For more detail on how this would work within topic areas and specific objectives, please see specific examples contained in our other CHPPD comments in topic areas and objectives sections.]

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