Addressing Social Determinants of Health Through Community Research

Social Determinants of Health

Social determinants of health (SDOH) are conditions in the places where people live, learn, work, and play that affect a wide range of health outcomes. This puts some communities at a higher risk of poor health. These differences in SDOH represent inequities among groups experiencing disadvantage.

Social Determinants Linked to Chronic Disease

Differences in SDOH contribute to the stark and persistent chronic disease disparities in the United States among racial, ethnic, and socioeconomic groups. CDC’s National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP) is uniquely positioned to focus on the social determinants of health that can affect the risk of developing chronic diseases:

- Built Environment
- Community- Clinical Linkages
- Food and Nutrition Security
- Social Connectedness
- Tobacco-Free Policy

Role of Prevention Research Centers in Addressing Social Determinants of Health

The Prevention Research Center (PRC) Program—housed in NCCDPHP’s Division of Population—is a key program that supports the center’s priority in addressing SDOH.

The program provides funding to academic research centers, or PRCs, across the United States to conduct innovative, community-level public health research to prevent chronic disease, especially among populations experiencing health disparities. PRCs identify public health problems and develop, test, and evaluate solutions that can be shared widely and applied within the public health system.

Each PRC has a unique, longstanding relationship with the communities it serves and works hand-in-hand with community leaders, partners, and organizations to address public health problems. PRCs also have Community Advisory Boards to help guide their research. By including the community in their research process, PRCs and their partners better understand the core health issues their community faces. The trust between researchers and community members is fundamental for PRCs to be able to develop effective community-based programs.
Below are examples from the 2019–2024 funding cycle of how PRCs are working to address various SDOH across diverse communities.

**Built Environment**

**The Prevention Research Center at the University of Michigan's School of Public Health (PRC-MI)** promotes health equity through its Health Promotion Through Environmental Design (HPTED) project. HPTED is grounded in the “Busy Streets Theory,” which encourages people to make their neighborhoods safer and healthier by showing them how to care for and use their public spaces. PRC-MI’s work focuses on reducing violence and creating safe spaces where people can get fresh air and exercise. Residents learn how to work together to manage their neighborhoods.

**Community-Clinical Linkages**

**The University of Arizona's Prevention Research Center (AzPRC)** develops effective interventions, programs, and resources that connect Latinx populations to quality health care services through its Unidos: Linking Individuals to Social Determinant and Community Health Services project. One component of the Unidos project includes providing individual and group-based support guided by a novel framework for understanding the health advantages found within the Latinx community.

AzPRC plans to use the project results to develop a standard model for community-clinical linkages that decreases the risk of chronic disease in its community and in regions with similar populations.

**Food and Nutrition Security**

**The Prevention Research Center on Nutrition and Physical Activity at the Harvard T.H. Chan School of Public Health (HPRC)** identifies the most cost-effective ways to prevent childhood obesity through its Childhood Obesity Intervention Cost-Effectiveness Study (CHOICES) project. The research focuses on developing long-term solutions for communities with limited access to healthy foods to decrease the risk of obesity and associated chronic diseases.

Childhood obesity has become a priority for public health researchers, policy makers, and the general public. An extension of the CHOICES project, the Massachusetts CHOICES project uses cost-effectiveness analysis to forecast the population-level costs and health effects of obesity prevention interventions in youth. One of the ways in which CHOICES measures cost-effectiveness is cost per body mass index (BMI) reduction. Each childhood obesity intervention is compared to the expected change in BMI levels and health outcomes if no interventions were conducted.

The PRCs in the Nutrition and Obesity Policy Research and Evaluation Network (NOPREN) researched food and nutrition security and coordinated efforts in providing food to children who were missing school meals during the COVID-19 pandemic. They also produced a research brief for policy makers with recommendations on communication and outreach during the 2020-2021 school year. NOPREN is a thematic network consists of several PRCs.
**Social Connectedness**

University of Washington Health Promotion Research Center (UW HPRC) focuses on connecting older adults to quality mental health care through its Program to Encourage Active, Rewarding Lives (PEARLS).11 UW HPRC’s current project, PEARLS Equity: Expanding Access to Depression Care for Underserved Older Adults,12 is an extension of the PEARLS program and increases access to depression care for older adults in underserved communities by partnering with organizations that already work with these communities.

UW HPRC will help organizations that serve older adults adapt PEARLS Equity to better serve adults who are experiencing poverty, are community members of color, have limited English proficiency, or live in rural areas.

**People in the following communities or groups have participated in PEARLS:**

1. People with disabilities, including limited sight, limited hearing, and wheelchair or assistive-device users
2. Military veterans and their partners
3. LGBTQIA+ community members
4. Jewish community members
5. People living in rural areas across the United States
6. People living alone in rural or urban areas

**Tobacco-free Policy**

Emory University’s PRC (EPRC) researches decreasing secondhand smoke (SHS) exposure in homes. Researchers showed success of an intervention aimed at reducing secondhand smoke (SHS) exposure13 and provided evidence that tobacco-free policies have a major positive impact on public health and SDOH. As a result, their Healthy Homes/Healthy Families 2-1-1 Study14 is an adaptation of their previous research on helping families make significant changes to their home environments for healthier living. United Way 2-1-115 is an easy-to-remember, three-digit number that connects people to resources and assistance such as food pantries, job search and placement agencies, and financial assistance. The 2-1-1 adaptation stems from a partnership with United Way of Greater Atlanta to adapt the Healthy Homes/Healthy Families intervention for an urban 2-1-1 population.

Using findings from the original Healthy Homes/Healthy Families intervention, EPRC expanded its adaptation to focus on home food environments through a 12-week intervention. The adapted intervention included six coaching calls and six text messages over the duration of the study.

**Social Determinants of Health and the PRC Network’s Impact**

The work of the PRCs within their individual communities—keeping trust, listening, collaboration, and sharing findings—is a cornerstone of a community-based framework that this network has advanced for more than 35 years. Working closely with communities has been the key to PRCs’ success in addressing SDOH and incorporating it into the work they do to improve health now and in the future.
References

1 Social determinants of health (SDOH), https://www.cdc.gov/socialdeterminants/index.htm


4 Health Promotion Through Environmental Design (HPTED), https://prc.sph.umich.edu/projects/hpted/

5 Unidos: Linking Individuals to Social Determinant and Community Health Services, https://azprc.arizona.edu/unidos-azprc-core-research-project


7 Childhood Obesity Intervention Cost-Effectiveness Study (CHOICES), http://www.choicesproject.org/


10 Thematic network, https://www.cdc.gov/prc/thematic-networks.htm#:~:text=Thematic%20Research%20Networks%20are%20a,center%20and%20manages%20the%20initiative

11 Program to Encourage Active, Rewarding Lives (PEARLS), https://depts.washington.edu/hprc/programs-tools/pears/

12 PEARLS Equity: Expanding Access to Depression Care for Underserved Older Adults, https://depts.washington.edu/hprc/projects/pears-equity/


14 Healthy Homes/Healthy Families 2-1-1 Study, https://web1.sph.emory.edu/eprc/research/healthy-homes.html


FOR MORE INFORMATION ABOUT CDC’S PRC PROGRAM

Visit CDC’s PRC Program website, email the program, or search the PRC Project Database to view current projects.