Upstream Determinant as Rallying Cry: Mesa's Connectedness Initiative

Community health partnerships are necessary public health infrastructure for building collective will to address the social determinants of health. Colorado’s local public health agencies have lead the way in establishing and supporting such partnerships. Several of these organizations, like the North Colorado Health Alliance and the Pueblo Triple-Aim Corporation, have demonstrated long-term viability as they apply community health best practices to carefully chosen outcome areas – typically using a collective impact model. Some form of Community Health Needs Assessment usually informs these outcome areas, and they vary substantially in scope and area. Most are focused on one or more outcomes in healthy eating active living (HEAL), mental health and substance abuse, and health care access or a reduction in avoidable health care usage (e.g. reducing emergency department visits).

Expanding a partnership’s priorities to include broad social and environmental determinants is resource intensive and may require significant culture change, building political capital, and careful management of expectations. Participants need a high level of dedication supported by longer-term strategic planning, stable operational funding, willingness to measure success using some non-health proximal outcomes, and patience with the slow pace of change. Partnerships might also have to choose between determinants. If limited resources permit only a single priority, for example housing, food security or economic opportunity, which do they choose? One western slope county in Colorado is trying an innovative solution by pursuing a determinant that has some effect on all the others: social connection.

Using results from their community health assessment, Mesa County Public Health (MCPH) convened a partnership of stakeholders called the Community Transformation Group (CTG). The CTG identified social connection as a factor underlying the region’s most challenging mental and physical health issues, including a suicide rate that is more than double the national average. There is significant linking low social connection with higher mortality and morbidity risk. Increased social connection has been associated with better mental health for over a century, and the World Health Organization now recognizes “social support networks” as a social determinant of health.

The CTG – which includes representatives from key county sectors like business, education, nonprofits, and government – set out to better understand the state of social connection in Mesa. While ample generalized evidence supported their focus on connectedness, they needed data with sufficient granularity to design interventions fitted to their communities’ needs and measure their progress. They collected that data during the summer of 2016, using an instrument adapted from the Organization for Economic Co-operation and Development (OECD) social capital question databank. They made the results available through the public facing organization for their partnership: Health Mesa County. The survey revealed that, overall, residents in Mesa County did not feel socially supported by their neighborhoods and expressed frustration with their political, educational, economic, and health institutions. Lower income residents especially demonstrated low participation in community activities and expressed a feeling of being left out of society. MCPH plans to conduct the survey annually, which should provide the necessary trend data to measure their efforts.
These efforts will start small, with a pilot in an unincorporated community just outside Grand Junction with one of the lowest social capital scores. Working through the neighborhood elementary school, MCPH developed a baseline understanding of the community’s currently addressable connection challenges, like a lack of public gathering spaces that residents perceived as safe. Another area of concern was the perceived lack of code enforcement and neglect by law enforcement. This presented an opportunity for county agencies to step up in a coordinated effort – with the school serving as an anchor institution – and demonstrate a commitment to better serving the neighborhood. This initial effort may start to impact residents feelings of “being left out,” and should improve the neighborhood’s basic connection infrastructure.

There are many ways such efforts could impact health outcomes. Improving safety and increasing park programming can encourage more social park use, potentially increasing opportunities for physical activity. Evidence suggests that better rates of health behaviors like physical activity, fruit and vegetable consumption, and sleep quality are associated with higher social connectedness. While the causal models for these benefits are not complete, it is safe to say that social connectedness has so many potential pathways to community health improvement. This means that MCPH and its partners have multiple ways of demonstrating efficacy-promoting success in this neighborhood. While some of these outcomes are long-term and difficult to measure, the clearly visible neighborhood improvements and the county’s investment in annual connectedness measurement should provide some more proximal outcomes to celebrate.

**Importance for HiAP**
This neighborhood effort involves multiple county government agencies working together, with MCPH functioning as a technical partner and backbone organization. Because connectivity is influenced through many channels and controlled by various sectors, impacting this determinant requires a cross-sector effort. Such efforts are central to a health in all policies approach, and this backbone role is a key part of public health institutional transformations championed by the Public Health 3.0 model.

Impacting upstream determinants requires more than coordinated cross-sector action. Broad, systems-change interventions are needed, and such efforts require participation and leadership from the community as well. Mesa’s low social connectedness is a barrier to meaningful community participation in collaborative health assessment and improvement efforts. The connectedness factors that Mesa County measures, such as frequency of communication with non-family members and trust in local government, likely impact both individual health and individuals’ willingness to participate in or lead collective population health improvement efforts.

Mesa’s pilot neighborhood effort could catalyze a feedback process where successful projects increase collective efficacy to engage in more impactful projects. If this initial government-led, cross-sector effort can demonstrate success, residents may perceive that their community is worth the effort and that change is possible. Knowing that they have institutional support from the county and the anchoring elementary school may also encourage them to lead efforts of their own.

Connectedness also makes an ideal rallying concept for engaging non-traditional public health partners in community health collaboration. Healthy Mesa coordinator Sarah Johnson is using its economic development potential for outreach to the business community, a sector that is notoriously difficult to engage in long-term community health improvement. In two op-eds in early 2018, she stressed the
business case for investing in community social capital, citing studies that reveal the correlation between economic growth and connectedness.

Compared to other upstream determinants, like tenant rights and wealth inequality, connectedness is relatively apolitical. Championing connectedness does not require overt discussions of economic class, racism, or climate change. For communities where such topics are deeply divisive, connectedness can be a “safe,” introductory upstream determinant for collaboration between polarized groups. Importantly, addressing connectedness is an educational opportunity for encouraging systems thinking among stakeholders. While assessing, planning, and implementing community-level interventions, partners are compelled to consider ecological health factors beyond individual choice. Such factors would necessarily could include county and municipal legislative policy.

A successful connectedness intervention can then become a starting point for addressing other systemic factors and potentially building trust for initiating difficult conversations on topics like race. It is also possible that higher connectedness may have a positive effect on equity through other upstream determinants. One study showed that property owners in high-connectedness areas were less likely to exploit or mistreat their low-income tenants. Another unifying factor of connectedness is its cultural flexibility. Interventions can plug into existing value systems by leveraging cherished cultural institutions, like faith organizations or a preferred type of outdoor recreation. The Healthy Mesa website presents county residents with ways to connect in a values-forward context, with the first menu choice being “strong families.”

Conclusion
Mesa’s connectedness initiative is a multi-pronged, strategic effort that explicitly aims to impact population health outcomes but may have an ancillary benefit in cultivating community attributes that can support collaborative, community led health improvement. If its pilot intervention and subsequent efforts are successful, this approach could build trust, power, and self-reinforcing collective efficacy for the policy-level systems change that are necessary for addressing equity and upstream determinants.

6 http://healthymesacounty.org/socialcapital17/