Foreword: Addressing the Social Determinants of Health through Academic-Community Partnerships

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While health disparities have been documented for years, we have learned that, to understand the causes of health disparities, we need to focus above and beyond individual risk factors and turn our attention to the social determinants of health (SDOH) or the causes of the causes.[1] However, it was not until the end of the 20th century with the publication of *The Solid Facts*[2] by the World Health Organization,that these determinants were translated into action to address health inequities within and between countries. In fact, *The Solid Facts* summarizes the evidence on SDOH into 10 messages to provide a guide to policy makers and the public.

Despite health disparities being pervasive in the United States, the SDOH model has only recently emerged as an important foundational element supporting work to eliminate health disparities. Interestingly, *Healthy People 2020* recognizes the importance of SDOH by including it in one of its four overarching goals: "Create social and physical environments that promote good health for all." This goal is limited relative to the determinants proposed by WHO (social gradient, stress, early life, social exclusion, work, unemployment, social support, addiction, food and transportation, 2003)[2] and the ones used in Canada (income and income distribution, education, unemployment and job security, employment and working conditions, early childhood development, food insecurity, housing, social exclusion, social safety network, health services, Aboriginal status, gender, race and disability).[3] The *Healthy People 2020* goal focuses on five key areas: economic stability, education, social and community context, health and health care, and neighborhood and built environment (http://tinyurl.com/z32yfnv).

I commend and congratulate the guest editors of the supplement for being ahead of the game in finding creative ways to eliminate health disparities in the United States. This supplement comprises a collection of nine articles emanating from research supported by the Academic-Community Engagement (ACE) Core of the Mid-South Transdisciplinary Collaborative Center for Health Disparities Research (Mid-South TCC). The Mid-South TCC used a combination of three models - SDOH, the socioecological model, and community-based participatory research (CBPR) - to establish an infrastructure to investigate the SDOH related to social, economic, cultural, and environmental factors driving and sustaining health disparities. Specifically, in addition to its involvement in all research projects funded by the Research and Pilot Core of the Mid-South TCC, the ACE Core funded and supported 15 community projects across its six partner states—Alabama, Louisiana, Mississippi, Arkansas, Tennessee, and Kentucky.

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Research and Programming at the Individual-level

Two articles in this section focus on awareness and access to a healthy diet. These research articles bring attention to promotion, awareness and use of fresh food markets and farmer's markets in New Orleans, Louisiana. For instance, Ferdinand et al tackle how barriers to buying fruit and vegetables could be removed by providing monetary incentives to a low-income minority community. Moreover and also in New Orleans, Nuss et al found that more than 80% were not aware that a local farmer's market accepted electronic benefit transfer payment as a form of pay. With barriers to promoting fruit and vegetable consumption identified, low-income communities will be more likely to address and find solutions to health problems related to healthy eating habits.

Research and Programming at the Community-level

This set of articles underscores the need to address and identify benefits around transportation, social support and social networks in minority communities. These articles stress the identification of 1) bikeshare as a potential transportation option in low-resource neighborhoods (Oates et al); 2) violence and lack of neighborhood cohesion and safety as community concerns (Bateman et al); and 3) how theories of social networks and social capital can enhance academic-community partnerships (Bright et al). Hood et al illustrate how academic-community partnerships led to collaborations between higher education institutions and their surrounding communities through funding of innovative projects addressing health disparities and improving overall community well-being in the greater Birmingham area. Finally and another example of such partnerships, results of a survey conducted by Skizim et al showed community interest in the availability of screenings for chronic diseases, exercise classes at local churches, financial management workshops, and health fairs run by local community organizations.

Research and Programming at the Society-level

In this section, the guest editors present two articles focused on policy, systems and environmental (PSE) interventions that target individuals such as elected officials and stakeholders who could influence policy around obesity prevention programs (Betancourt et al) and identifying correlates of fruit and vegetables consumption (Bateman et al). These articles call attention to PSE strategies and interventions that may improve health outcomes, especially chronic diseases including heart disease, among high-risk populations such as low-income African American.

Conclusions

By examing SDOH, our goal is to identify the roots of inequality beyond individual-level factors to include the society-level structural, social and economic factors to promote policy changes leading to health equity within an individual's context. To that end, the academic-community partnerships and the processes of community-based participatory research in the Mid-South TCC programs have provided a voice to call attention to the issues affecting low-income and low-resourced communities. Thus, the Mid-South TCC needs to be commended for its successful work with communities in a six-state region; their work provides a model for academic-community partnerships that should be replicated in other communities.

References

1. Marmot MG, Wilkinson RG. *Social Determinants of Health*. Oxford: Oxford University Press. 2006.
2. Wilkinson R, Marmot M. *The Solid Facts: Social Determinants of Health*. Copenhagen: Centre for Urban Health, World Health Organization. 2003.
3. Bryant T, Raphael D, Schrecker T, Labonte R. Canada: a land of missed opportunity for addressing the social determinants of health. *Health Policy*. 2011;101(1):44-58. https://doi.org/10.1016/j.healthpol.2010.08.022. PMID:20888059.

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City of Knoxville Mayor's Office, Knoxville, Tennessee
City of New Orleans Mayor's Office, New Orleans, Louisiana
City of Oak Ridge Mayor's Office, Oak Ridge, Tennessee
Collaborative Community Advisory Boards, Jackson, Mississippi
Community Engagement Group, New Orleans, Louisiana
Daughters of Charity, New Orleans, Louisiana
Dillard University Office of Community and Church Relations, New Orleans, Louisiana
East Lake Market, Birmingham, Alabama
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