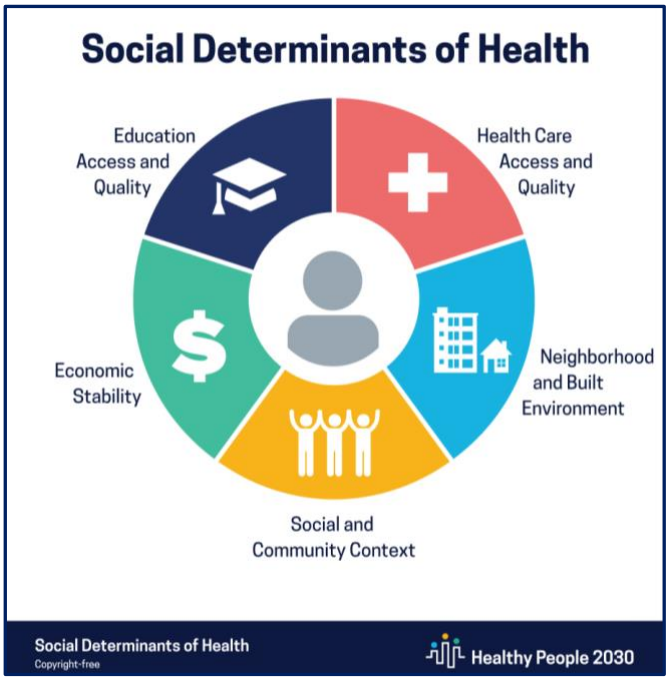
Summarizing SDOH

The Centers for Disease Control and Prevention (CDC) defines Social Determinants of Health (SDOH) as the nonmedical factors that influence health outcomes. They are the conditions in which people are born, grow, work, live, and age.

These include factors such as socioeconomic status, education, neighborhood and physical environment, employment, and social support networks, as well as access to health care. We must address SDOH to improve health and reduce longstanding disparities in health and health care.



Healthy People 2030 has outlined five key areas of SDOH:

- **Economic Stability.** This includes factors like employment, income, expenses, debt, medical bills, and support. The goal is to help people earn steady incomes that allow them to meet their health needs.
- **Education Access and Quality.** This focuses on early childhood education and development, high school graduation, higher education enrollment, language and literacy, and job training. The goal is to increase educational opportunities and help children and adolescents do well in school.
- **Health Care Access and Quality.** This area includes access to primary care, health insurance coverage, and health literacy. The goal is to increase access to comprehensive, high-quality health care services.
- **Neighborhood and Built Environment.** This encompasses access to healthy foods, quality of housing, crime and violence, and environmental conditions. The goal is to create neighborhoods and environments that promote health and safety.
- **Social and Community Context.** This includes social cohesion, civic participation, discrimination, and incarceration. The goal is to increase social and community support.

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Identifying a Framework, Strategies, and Resources to Address SDOH

The 10 Essential Public Health Services (EPHS) framework promotes policies, systems, and overall community conditions that enable optimal health for all and seeks to remove systemic and structural barriers that result in health inequities.

This document aligns with and builds on the CDC's Examples of How SDOH Can Be Addressed Through the 10 EPHS (May 2024).

Use the following table to identify activities recommended by the CDC and resources identified by the MCH Evidence Center.

Aligning the Ten Essential Public Health Services to SDOH Activities and Resources
1. Assess and monitor population health status, factors that influence health, and community needs and assets.
Activities Recommended by the CDC: • Use measures of social and structural determinants of health, such as income, education, and employment to understand the root causes of health disparities and inequities in communities (measures and data available from sources such as County Health Rankings, PLACES, Compendium of Federal Datasets Addressing Health Disparities. • Ensure community health assessments (CHAs) utilize SDOH measures and benchmarks from national sources, such as Healthy People 2030. • Engage communities and multi-sectoral partners in CHA efforts. **Resource Identified by the MCH Evidence Center:** • *Salud America!* Health Equity Report Card. The Health Equity Report Card is an interactive tool that allows users to generate a customized report card for their county. It provides data on various health-related conditions and social determinants of health, comparing the local area to state and national averages.
2. Investigate, diagnose, and address health problems and hazards affecting the population.
Activities Recommended by the CDC: • Include diverse sources of data and community-level determinants of health in investigations of public health issues. • Ensure multi-sector partner and community engagement in investigating and addressing health problems, soliciting input, and sharing information. • Consider the needs of populations who may be at higher risk (e.g., people experiencing homelessness, older adults, people with disabilities) during emergency responses and work with partners, including emergency management agencies, to plan accordingly.

Resources Identified by the MCH Evidence Center:

- The Health Impact Assessment (HIA) Resource and Tool Compilation. This resource consists of an inventory of available HIA resources and tools to help practitioners, community stakeholders, and organizations assess risk and assist in decision making. Developed by the Environmental Protection Agency (EPA), with support from the CDC, University of Washington School of Public Health, Oregon Health Authority, and Santa Clara University.
- Core Set of SDOH Screening Questions. This tool consists of two iterations of a set of 18 questions which can form a core set for screening for SDOH (across material, personal, social, and parenting well-being). These could be used as a separate screen or as a part of other screeners (e.g., child health status, family medical history, parent concerns). Developed by the Child and Adolescent Health Measurement Initiative.

3. Communicate effectively to inform and educate people about health, factors that influence it, and how to improve it.

Activities Recommended by the CDC:

- Work with community groups to create and deliver effective, culturally and linguistically appropriate approaches, messages, and materials to help address SDOH.
- Ensure the use of appropriate communication channels for the intended population, including disseminating through multisector partners.
- Ensure the use of best practices for clear, equitable, and accessible communication, employing principles of health literacy to inform the public.

Resources Identified by the MCH Evidence Center:

- Public Health Reports: Data Systems and Social Determinants of Health. This issue consists of articles that focus on how data can increase our understanding of SDOH. These articles describe ways to link national- and state-level surveillance data with data on labor, housing, and policy.
- National Equity Atlas. This tool for community leaders and policymakers provides data on demographics, racial inclusion, and economic equity at the city, state and national level. The Atlas is produced by PolicyLink and the USC Equity Research Institute (ERI).

4. Strengthen, support, and mobilize communities and partnerships to improve health.

Activities Recommended by the CDC:

- Authentically engage with community groups and people with lived experiences to understand and develop solutions to help address SDOH and improve health.
- Convene, facilitate, or engage in multisector partnerships and coalitions with partners, such as housing, law enforcement, education, and transportation.

Resources Identified by the MCH Evidence Center:

- The Health-Related Social Needs (HRSN) Screening Tool. This standard screening tool can be used to determine if systematically screening for health-related social needs has an effect on total healthcare costs and health outcomes. It includes ten items categorized into five domains: housing instability, food insecurity, transportation problems, utility help needs, and interpersonal safety. Developed by the Centers for Medicare & Medicaid Services Center for Medicare and Medicaid Innovation (CMMI).

5. Create, champion, and implement policies, plans, and laws that impact health.

Activities Recommended by the CDC:

- Champion, support, and leverage policies and laws that affect SDOH and implement policy initiatives that improve health outcomes, such as
  - Tenant-Based housing voucher programs that can provide access to better housing and neighborhood opportunities.
  - Land reuse planning that can improve community health.

- Develop and implement state/community health improvement plans that include and address the SDOH in collaboration with community partners.

Resources Identified by the MCH Evidence Center:

- Promoting Health Equity: A Resource to Help Communities Address Social Determinants of Health. This workbook provides tools to develop, implement, and evaluate interventions that target SDOH. Examples of programs and strategies are provided by topics (e.g., infant mortality, cancer, diabetes). Developed by the CDC.
- SDOH and Practice Improvement. This resource contains tools to help healthcare organizations address SDOH by assessing patient social risk and needs. Developed by the Agency for Healthcare Research and Quality.

6. Utilize legal and regulatory actions designed to improve and protect the public's health.

Activities Recommended by the CDC:

- Collaborate with multisectoral partners to ensure laws which impact SDOH are equitably applied in the community, such as housing eviction laws.
- Develop strategies to ensure enforcement of regulations and laws which impact health, such as housing and health codes to prevent childhood lead poisoning or laws related to injury and violence prevention.

Resources Identified by the MCH Evidence Center:

- Opportunity Index. This index examines the economy, education, health, and community factors at the county, state, and national levels. The index includes indicators within four dimensions of community well-being. Developed by Opportunity Nation and Child Trends.
- Screening for Social Determinants of Health in Populations with Complex Needs: Implementation Considerations- This document summarizes how organizations participating in the RWJF-funded Transforming Complex Care (TCC) Initiative are working to identify and address SDOH for populations with complex needs. Includes considerations for selecting, adapting, and adopting assessment tools; collecting and integrating SDOH information; and creating workflows to track patients' needs. Developed by the Center for Health Care Strategies.

7. Assure an effective system that enables equitable access to the individual services and care needed to be healthy.

Activities Recommended by the CDC:

- Connect eligible community members to health and social services such as
  - Medicaid, including its medical, mental health, and housing benefits.
  - Temporary Assistance for Needy Families.
  - Supplemental Nutrition Assistance Program.
- Collaborate with multisector partners (e.g., transportation, housing) to address and remove barriers to care.
- Ensure health services, including behavioral and mental health services, are culturally and linguistically appropriate.

Resources Identified by the MCH Evidence Center:

- PRAPARE Implementation and Action Toolkit. This toolkit compiles resources, best practices, and lessons learned from health centers focused on how to implement a SDOH data collection initiative. The toolkit is accompanied by an assessment tool. Developed by the National Association of Community Health Centers.

8. Build and support a diverse and skilled public health workforce.

Activities Recommended by the CDC:

- Support staff training and development efforts that build health equity skills and teach cultural humility.
- Incorporate responsibilities related to addressing SDOH into position descriptions and performance evaluations.
- Build partnerships with academic institutions to strengthen links between learning about and the practice in addressing SDOH.

Resources Identified by the MCH Evidence Center:

- HealthBegins Screening Tool. This resource was developed to spark discussions among healthcare providers about incorporating SDOH data to better inform patient care. The tool consists of questions on topics such as education, employment, social support, immigration, and violence. Developed by the Association of American Medical Colleges.
- EveryONE Project Toolkit. This resource provides information to help healthcare providers better understand and address SDOH in their patient community. It includes resources to embed equity into healthcare settings, as well as tools to be able to assess and screen for SDOH. Developed by the American Academy of Family Physicians.

9. Improve and innovate public health functions through ongoing evaluation, research, and continuous quality improvement.

Activities Recommended by the CDC:

- Use performance management and quality improvement methods to ensure services, policies, and plans effectively address SDOH and contribute to health.
- Promote use of evidence-based practices to address health inequity and demonstrate improved health outcomes; examples include healthy school meals for all , year-round schooling, and tenant-based housing vouchers.
- Establish and use community-based engagement and decision-making structures, such as community-based participatory research designs or participatory budgeting.

Resource Identified by the MCH Evidence Center:

- Data Set Directory of Social Determinants of Health at the Local Level. This directory contains an extensive list of data sets that include SDOH. The directory includes 12 domains of the social environment (e.g., economy, education, employment), a list of components within each domain (e.g., income, educational attainment, occupational safety), and data sources and variables (e.g., economic segregation, graduation rates, job quality) that can be used to measure the components. Included data sets mostly contain information for metropolitan statistical areas (MSAs). Developed by the US Department of Health and Human Services and the CDC.

10. Build and maintain a strong organizational infrastructure for public health.

Activities Recommended by the CDC:

- Actively engage governance bodies (e.g., board of health, health council) to understand and address SDOH in the community.
- Conduct strategic planning and establish organizational health equity policies in ways that utilize health equity frameworks and public health ethics.
- Establish robust information technology services that allow for collection and sharing of SDOH and health equity data.

Resource Identified by the MCH Evidence Center:

- Area Deprivation Index (ADI). This tool has been refined, adapted, and validated by the Census Block Group over a 30-year period. The ADI provides rankings of neighborhoods by socioeconomic disadvantage at the state or national level. It includes factors for the theoretical domains of income, education, employment, and housing quality. Developed by the Health Resources and Services Administration (HRSA).

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