# Social Determinants of Health: Indicators and Data

Emory Prevention Research Center August 9, 2024

#### **Facilitators**



Dr. Cam Escoffery, PhD, MPH, CHES®
Associate Director, EPRC
Associate Professor, RSPH



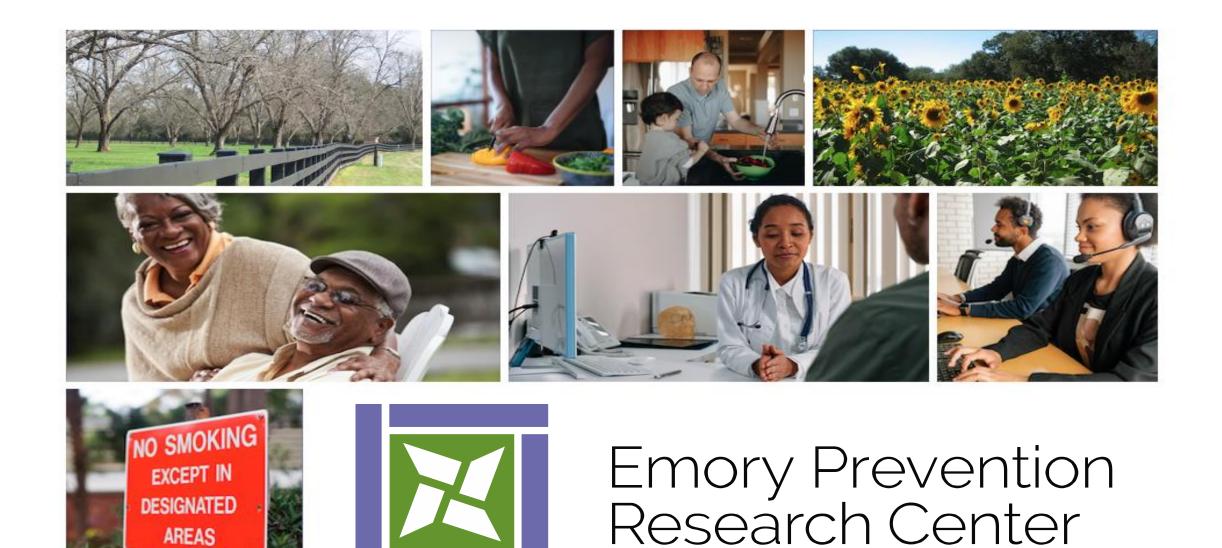
**April Hermstad, MPH**Evaluation Coordinator, EPRC



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- Describe categories of social determinants of health
- Discuss indicators of social determinants of health
- Locate social determinants of health data for your community



Partnering with communities and leveraging research to prevent cancer and promote health equity

**AREAS** 

## **Prevention Research Centers (2019-2024)**





# Emory Prevention Research Center (EPRC)



Core (CDC-funded) research focuses on cancer prevention & reducing health disparities related to chronic disease in **rural** communities



Based in the Department of Behavioral, Social, and Health Education, Rollins School of Public Health, with strong connections to Winship Cancer Institute



Funded by CDC from 2004-2014, and now again 2019-2024



Strong partnership in **southwest Georgia** since 2004, building on Cancer Coalition of South Georgia's (now called Horizons Community Solutions) Board of Directors for our **Community Advisory Board** initially and prior study on smoke-free homes



**Encourage and support SIP proposals to focus on southwest Georgia when appropriate** 







RESEARCH

**EVALUATION** 

TRAINING







DISSEMINATION



# **Training Symbols**



Zoom Poll



Annotate Feature



Video Clip



Breakout Room *OR* Chat



# **Learning Objectives**



Describe categories of SDOH



Discuss indicators for different categories of SDOH



Locate SDOH data for your community through web-based resources



#### **CHAT**

What are some reasons that you want to find SDOH data about your community?

# Why focus on SDOH and health equity?

- The social determinants of health and their interactions affect people throughout their lives (e.g., move)
- Supporting people by addressing one or more contextual factors has the potential to help attain their highest level of health
- Communities/public health can focus resources on the areas where investments can make progress for health (e.g., education, transportation, etc.)



#### Potential uses for SDOH data

- Assess data as part of a community health assessment
- To inform programmatic decisions
- To support grant writing efforts
- To measure change over time or following an intervention



#### What are Social Determinants of Health?

"The conditions in which people are born, grow, live, work, and age" and "the fundamental drivers of these conditions"

World Health Organization, Commission on Social Determinants of Health



#### **Social Determinants of Health**



# Economic & Education Factors





#### **Economic Factors**

Poverty

**Employment** 

Income

Income inequality

Housing/ transportation affordability

Childcare access

Food security

#### **Education Factors**

Academic achievement (High school graduation)

Language and literacy

Early childhood education and development

Infrastructure and capacity

School environments

Health education



# Health Care & Neighborhood Factors





#### **Health Care Access**

Health care utilization & access

Health care infrastructure

Quality of care

Provider training

Public health program/services

#### Neighborhood/ Built Environment

Food environment and agriculture

Housing and transit (community-level)

Safety, crime, violence, policing Environmental conditions



# Social Factors



#### **Social Factors**

Family/social support

Social cohesion/collective efficacy/social capital

Civic participation/engagement/governance

Social mobility

Discrimination/racism

Incarceration

Segregation





What social determinants of health issues you are seeing in your community?

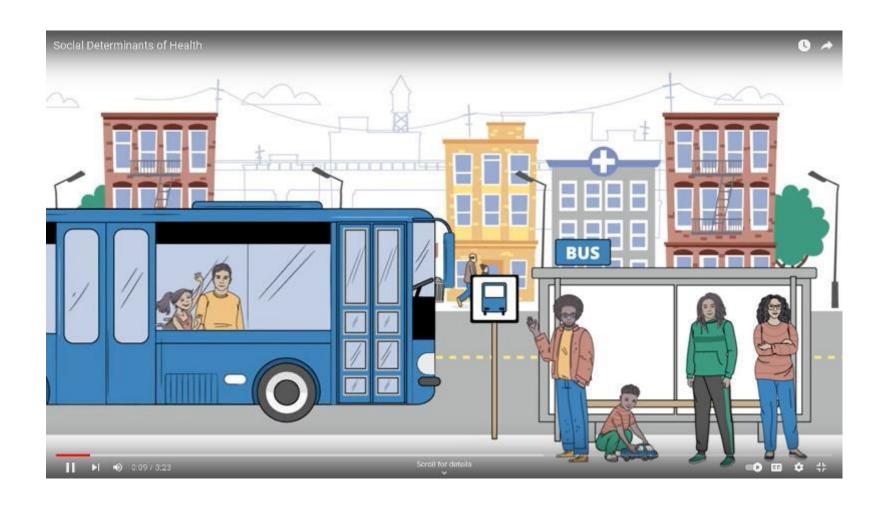






#### **VIDEO**

# Social Determinants of Health (own time)



#### **CDC - Social Determinants of Health**

https://www.youtube.com/watch?v=u loBt7Nicw



#### What are Health Indicators?

Measurable characteristics that help describe populations

#### **Example Income Indicators\*:**

Per capita income Household income

Wage or salary income for Households Other types of income: Social security, retirement, public assistance, etc.

Median household income Average household income

\*all indicators refer to income in the past 12 months



## **Identifying Health Indicators**

#### **INDICATOR:**

A specific, observable, and measurable accomplishment or change that shows the progress made toward achieving a specific output or outcome in your logic model or work plan.

#### Each should be:

Specific	clearly describe what you want to measure
Observable	focuses on an action or change
Measurable	usually presented in numeric terms, e.g., counts, percentages, ratios





#### Scenario:

A local coalition has decided that they want to address low high school graduation rates in their community. So they implement a 4-year intervention.

Evaluation Question: Did the <u>high school graduation rates</u> improve in the community following the intervention?

Specific	clearly describe what you want to measure
Observable	focuses on an action or change
Measurable	usually presented in numeric terms, e.g., counts, percentages, ratios



### **Selecting Indicators & Data Sources**

#### **Considerations:**

- Sensitivity of indicators to change
- Availability of data and/or cost of data collection
- Possible comparisons & unit of analysis

## **Good Data Use Tips**

- Describe the indicator and the data in the narrative or as a table footnote; use the definition given by the source
- Cite the source of your information and the year(s) of the data values when you use them in a report, presentation or a grant (for example, Population and People, U.S. Decennial Census, 2020)
- Print or save the data for reference





#### **CHAT**

What topic(s) or kinds of indicators are you looking for information about in your community?



# Finding SDOH Data for your Community

# Showcase of web-based resources for community data

- This is not an exhaustive list
- Please refer to Resources page with this training for more resources

## **Economic Factors**

Poverty
Employment
Income
Income inequality
Housing/ transportation affordability
Childcare access
Food security



## **Economic Factors**

	County Health Rankings	American Community Survey	Healthy People 2030	Behavioral Risk Factor Surveillance System	National Equity Atlas
Poverty			•		
Employment			•		
Income, inequality	•				•
Housing, transportation					
Childcare access					
Food security	•	•	•	•	

## **County Health Rankings**

https://www.countyhealthrankings.org/

- Committed to creating resources and tools that support community-led efforts to accurately diagnose core problems, understand and account for historical context and implement evidence-informed solutions
- Provides data on a variety of SDOH domains and indicators (Health Data section)
- Highlights policies and practices that can help everyone be as healthy as possible (Solutions and Strategies section)















What Impacts Health >

Health Data v

Strategies and Solutions v

Findings and Insights V

About Us v

Q

#### NEW: 2024 Annual Data Release

# **Creating thriving communities** through civic participation

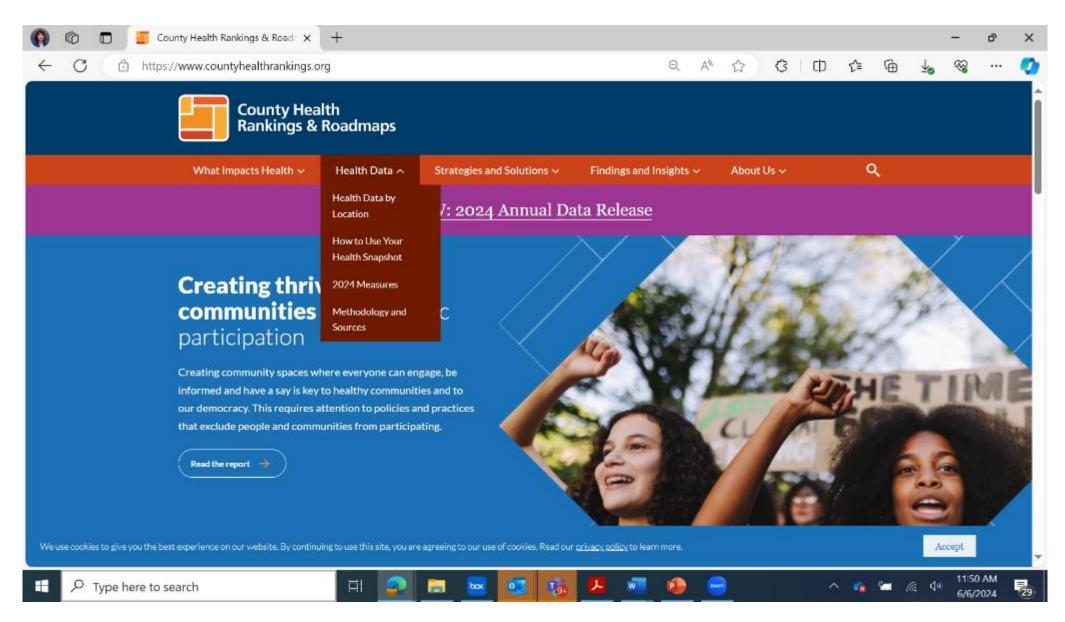
Creating community spaces where everyone can engage, be informed and have a say is key to healthy communities and to our democracy. This requires attention to policies and practices that exclude people and communities from participating.

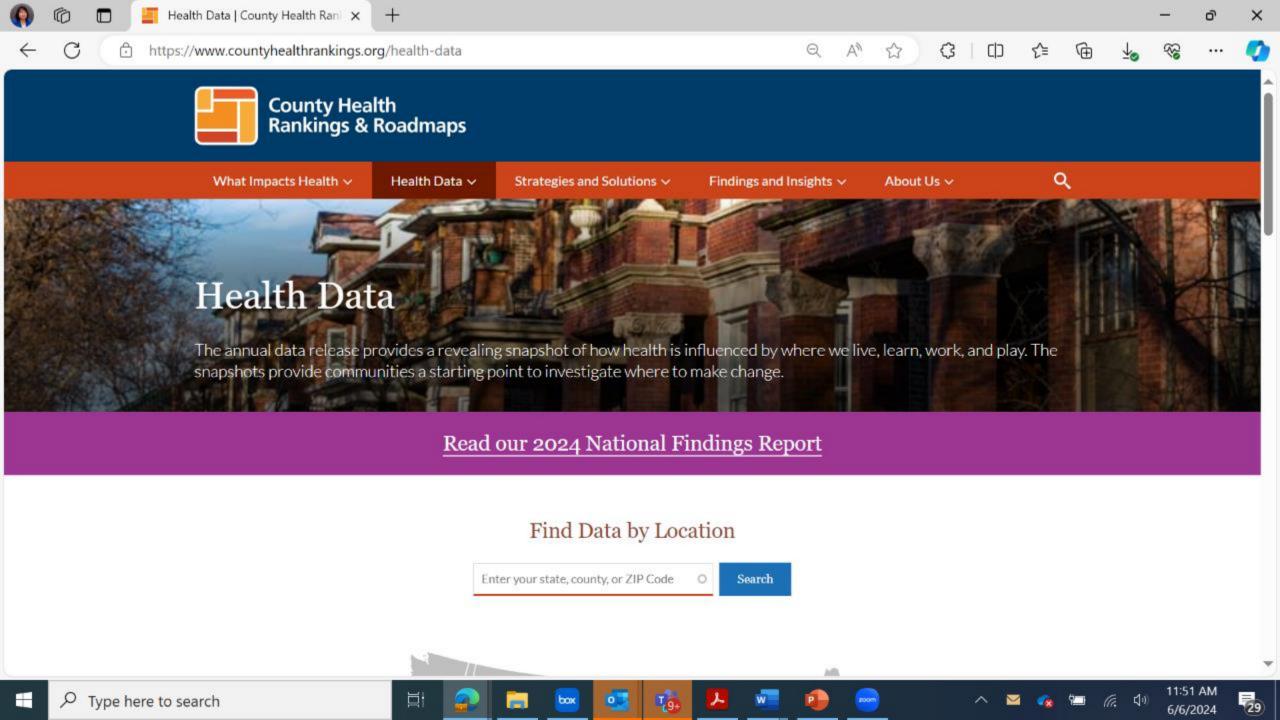
Read the report \Rightarrow

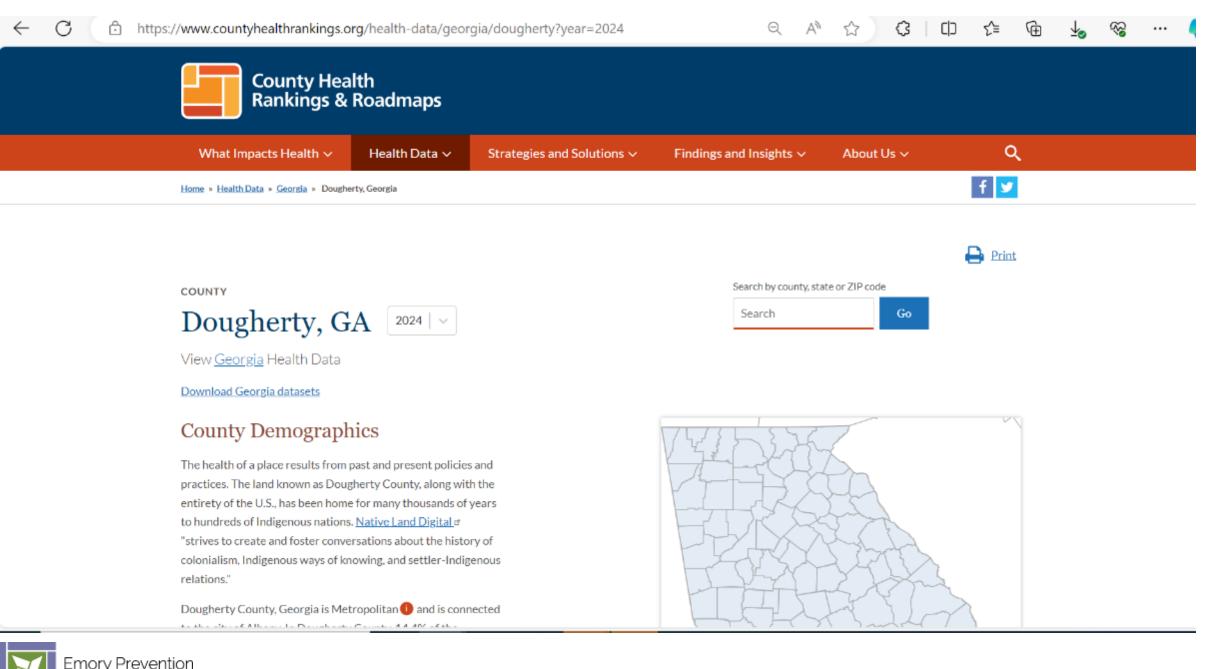


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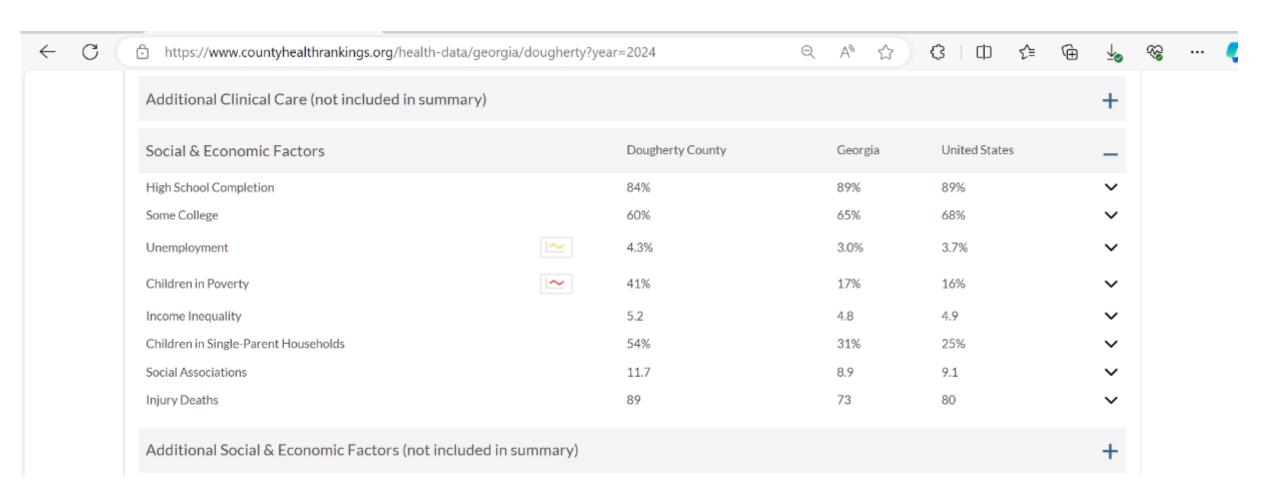
Accept











## **Education Factors**

Academic achievement (High school graduation)
Language and literacy
Early childhood education and development

Infrastructure and capacity School environments Health education



### **Educational Factors**

	County Health Rankings	American Community Survey	Healthy People 2030	Behavioral Risk Factor Surveillance System	National Equity Atlas
Educational attainment	•	•	•		•
Language and literacy			•		
Early childhood education & development			•		
Infrastructure & capacity			•		
School environments					
Health education			•		

## **U.S. Census Bureau**

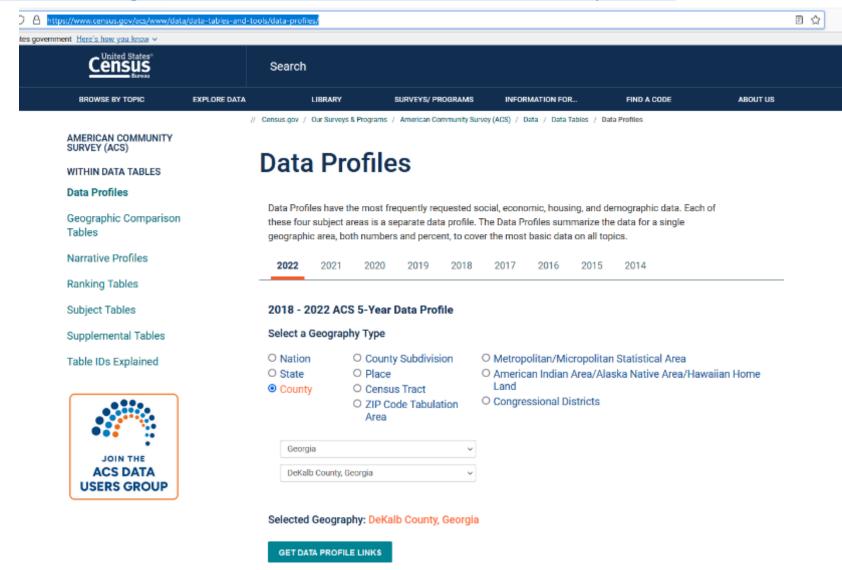
https://www.census.gov

- Provides data and figures about people, places and economies
- U.S. Census
  - Sent to all persons living in U.S. every 10 years
  - Asks about age, sex, race, Hispanic origin, and owner/renter status
- American Community Survey (more frequent to sample of people)
  - •Sent to a sample of addresses (about 3.5 million) in the 50 states, District of Columbia, and Puerto Rico
  - •Asks about topics not on the 2020 Census, such as education, employment, internet access, and transportation

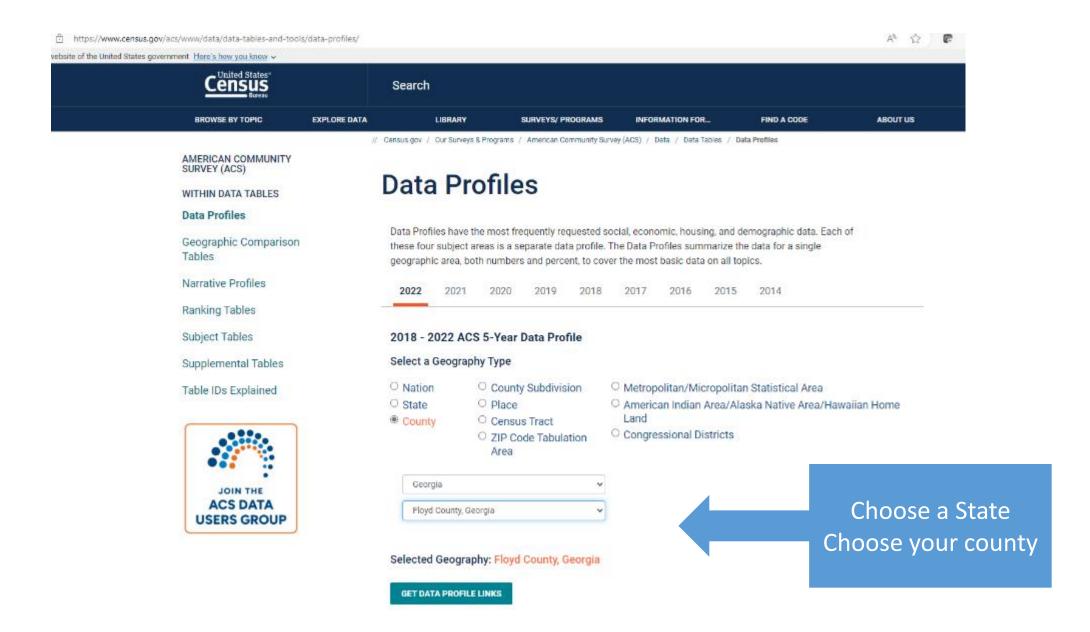


#### **American Community Survey**

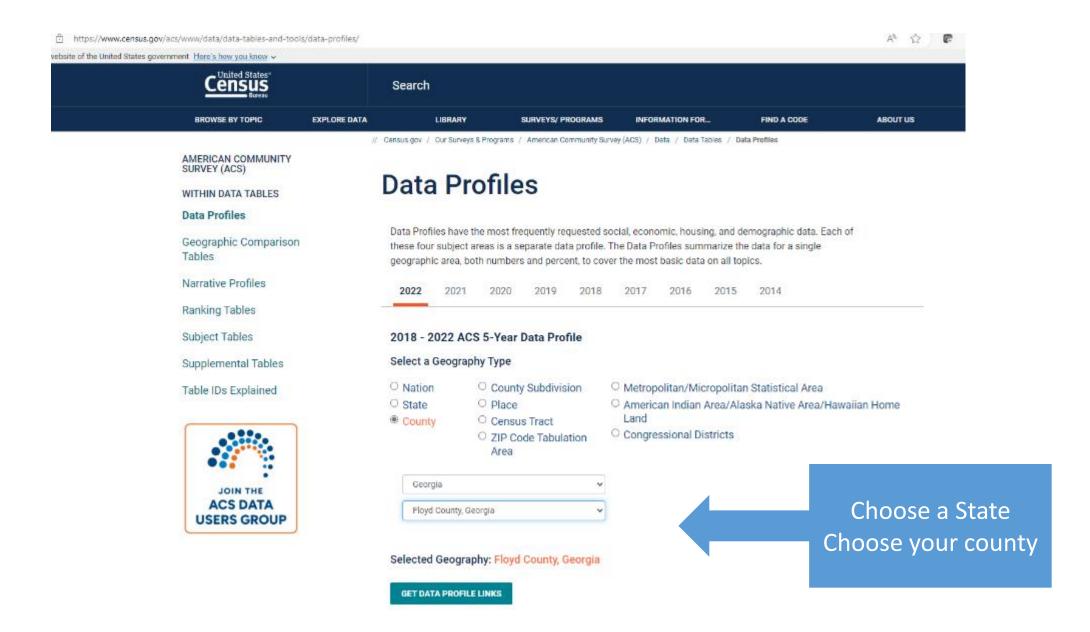
https://www.census.gov/acs/www/data/data-tables-and-tools/data-profiles/













#### WITHIN DATA TABLES

#### **Data Profiles**

Geographic Comparison Tables

Narrative Profiles

Ranking Tables

Subject Tables

Supplemental Tables

Table IDs Explained



#### **Data Profiles**

Data Profiles have the most frequently requested social, economic, housing, and demographic data these four subject areas is a separate data profile. The Data Profiles summarize the data for a singlegeographic area, both numbers and percent, to cover the most basic data on all topics.

2022 2021 2020 2019 2017 2016

#### 2018 - 2022 ACS 5-Year Data Profile

#### Select a Geography Type

- County Subdivision Nation State Place County Census Tract
  - ZIP Code Tabulation Area
- O Metropolitan/Micropolitan Statistical Area
- O American Indian Area/Alaska Native Area/ Land
- O Congressional Districts

Georgia Floyd County, Georgia

#### Selected Geography: Floyd County, Georgia

Social Characteristics - includes Education, Marital Status, Relationships, Fertility, Grandparents.

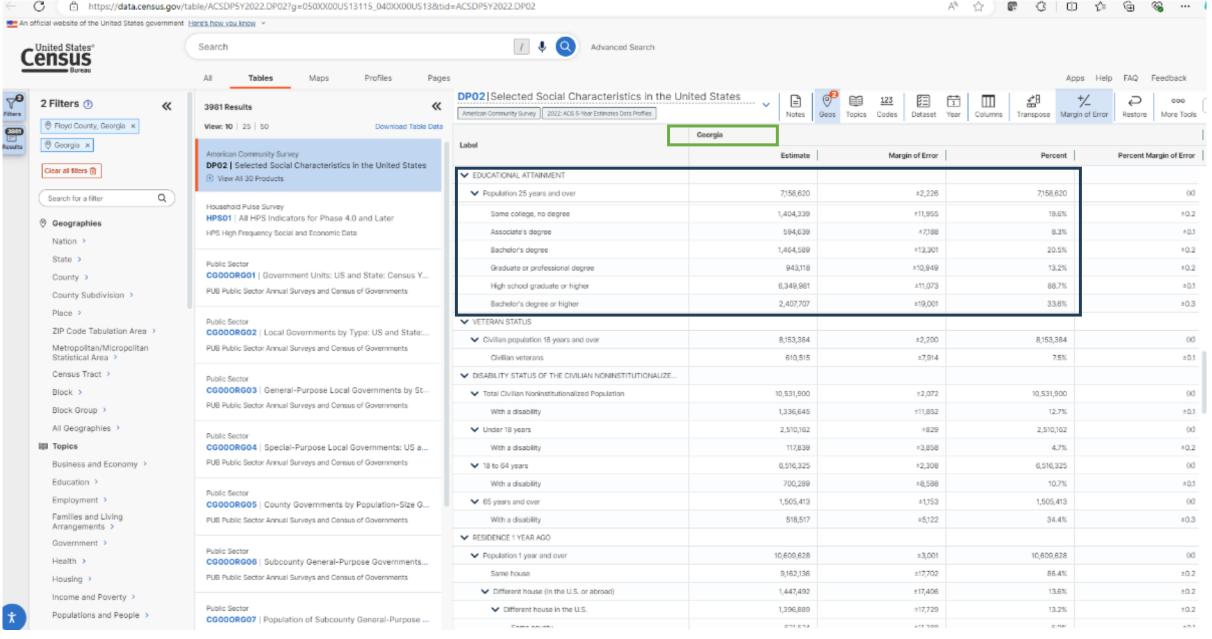
Economic Characteristics - includes Income, Employment, Occupation, Commuting to Work.

Housing Characteristics - includes Occupancy and Structure, Housing Value and Costs, Utilities.

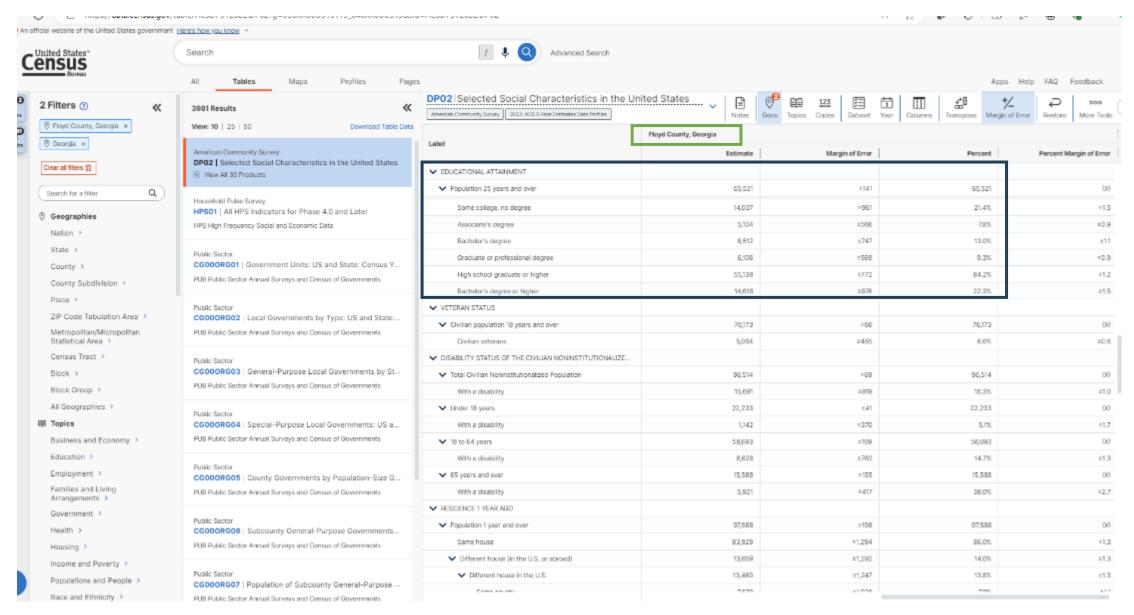
Demographic Characteristics - includes Sex and Age, Race, Hispanic Origin, Housing Units...

All links go to data.census.gov

Choose type of SDOH data We selected social characteristics for Education









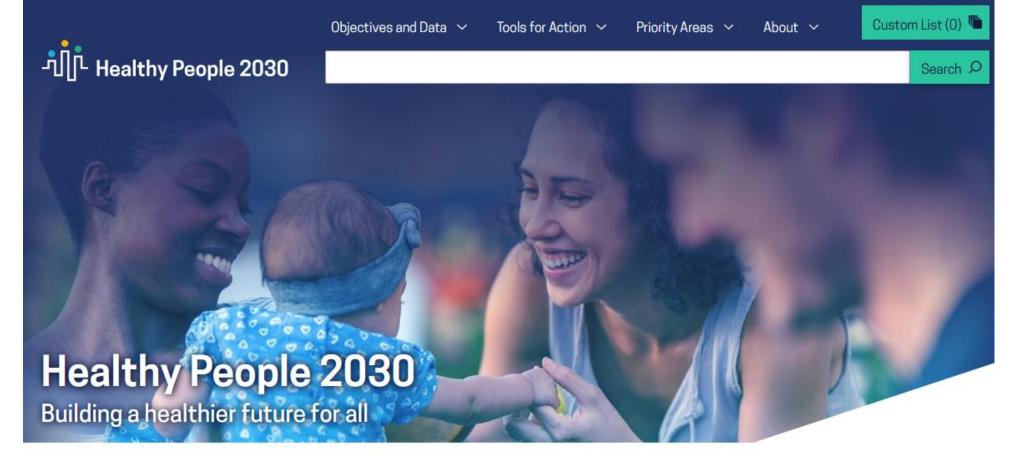


# **Resources for Neighborhood Factors**

	County	American	Healthy	Behavioral Risk	National
	Health	Community	People	Factor Surveillance	Equity
	Rankings	Survey	2030	System	Atlas
Food environment					
& agriculture					
Housing & transit					
(community-level)					
Safety, crime,					
violence, policing					
Environmental					
conditions					

# HEALTHY PEOPLE 2030

https://health.gov/healthypeople



Healthy People 2030 sets data-driven national objectives to improve health and well-being over the next decade.

Find objectives



Healthy People 2030 includes 358 core — or measurable — objectives as well as developmental and research objectives.



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Find objectives



Healthy People 2030 includes 358 core — or measurable — objectives as well as developmental and research objectives.

Learn more about the types of objectives.

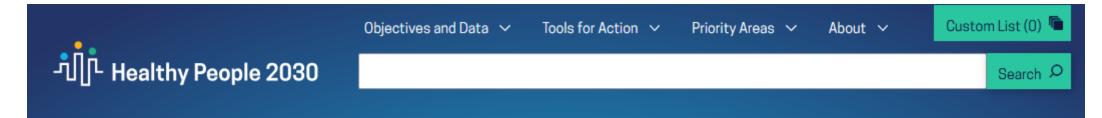


#### Social Determinants of Health

Social determinants of health have a major impact on people's health and well-being — and they're a key focus of Healthy People 2030.

Read about social determinants of health





<u>Home</u> » <u>Objectives and Data</u> » **Browse Objectives by Topic** 

#### **Browse Objectives by Topic**

Healthy People 2030 objectives are organized into intuitive topics so you can easily find the information and data you're looking for. Pick a topic you're interested in and explore the related objectives.

On this page: Health Conditions | Health Behaviors | Population Groups | Settings and Systems

Social Determinants of Health



#### Social Determinants of Health

Economic Stability

Education Access and Quality

Health Care Access and Quality

Neighborhood and Built Environment

Social and Community Context





Home » Objectives and Data » Browse Objectives by Topic » Neighborhood and Built Environment

## **Neighborhood and Built Environment**

Overview and Objectives

Evidence-Based Resources

Healthy People in Action

Goal: Create neighborhoods and environments that promote health and safety.





#### **Environmental Health**

Increase the proportion of people whose water supply meets Safe Drinking Water Act regulations — EH-03

✓ Target met or exceeded

Reduce the amount of toxic pollutants released into the environment — EH-06

✓ Target met or exceeded

Reduce health and environmental risks from hazardous sites — EH-05

Improving

 $\frac{\text{Reduce the number of days people are exposed to unhealthy air}}{\text{EH-01}}$ 



Little or no detectable change

#### **Health Policy**

Increase the proportion of people whose water systems have the recommended amount of fluoride — OH-11

Baseline only

#### **Housing and Homes**

Reduce the proportion of families that spend more than 30 percent of income on housing — SDOH-04



Little or no detectable change



#### Status: Little or no detectable change





Most Recent Data:

**35.0** percent (2021)



Target:

25.5 percent



**Desired Direction:** 

Decrease desired



Baseline:

**34.6** percent of families spent more than 30 percent of income on housing in 2017

See detailed data for this objective

Reduce the proportion of families that spend more than 30 percent of income on housing

Target-Setting Method: Percentage point improvement

Data Source: American Housing Survey (AHS), HUD & Census

Learn more about data measurement for this objective





Most Recent Data:

**35.0** percent (2021)



Target: **25.5** percent



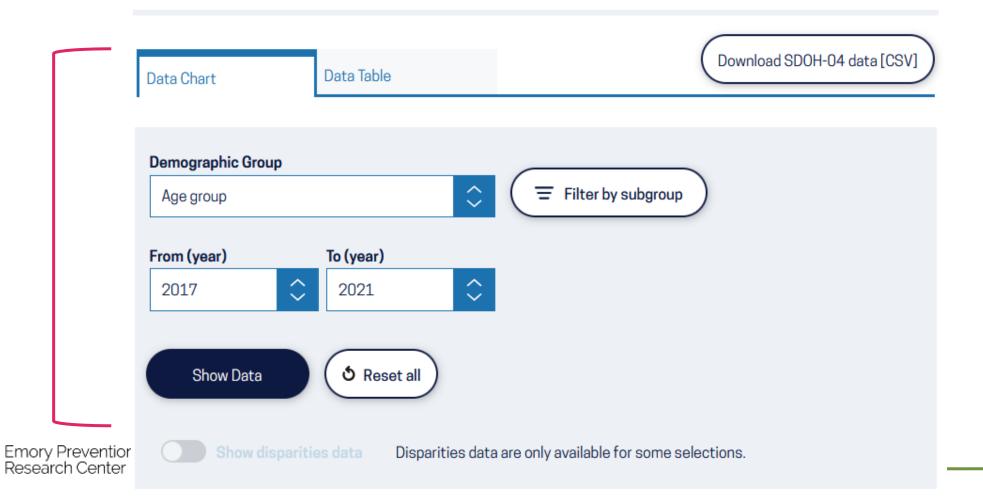
Desired Direction:

Decrease desired

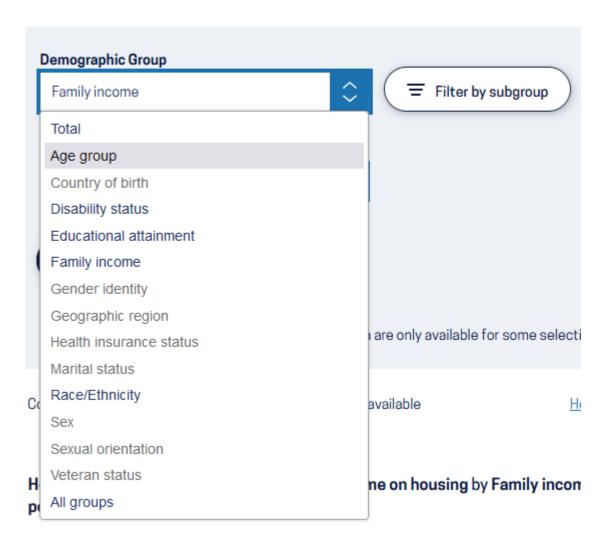


Baseline:

**34.6** percent of families spent more than 30 percent of income on housing in 2017



Data Table





## Households that spend more than 30% of income on housing by Age group (of household reference person), 2017-2021







Households that spend more than 30% of income on housing by Age group (of household reference person), 2017-2021

(percent)

#### Decrease desired

Population	2017	2019 🗘	2021
Under 25 years	48.6	48.0	48.4
25-29 years	36.7	32.6	37.7
30-34 years	31.9	31.8	34.0
35-44 years	32.7	31.3	32.1
45-54 years	29.8	29.9	30.3
55-64 years	31.6	30.7	32.0
65-74 years	38.3	39.1	37.9
75 years and over	43.4	43.0	43.1



# **Healthcare Access**

Health care utilization & access
Health care infrastructure
Quality of care
Provider training
Public health program/services

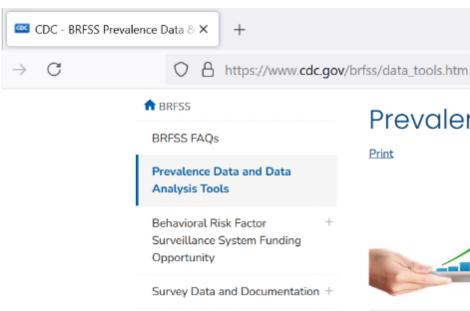
# **Health Care Factors**

	County	American	Healthy	Behavioral	National	GA
	Health	Community	People	Risk Factor	Equity	OASIS
	Rankings	Survey	2030	Surveillance	Atlas	
				System		
Access to						
<b>Facilities/Providers</b>						
<b>Insurance Status</b>						
Use/Screening						
Mortality/Morbidity						
<b>Health Status</b>						
Conditions						
Maternal/ Child						
Health/ Infant						
Mortality						
Behavior						

# Web Resources for Healthcare Access Indicators

	Data Source	Brief Description of the Survey
Preventive care access Nutrition/diet Physical activity Tobacco use Cancer screening (breast, colorectal) Sexual activity Mental health	Behavioral Risk Factor Surveillance Survey (BRFSS) <a href="https://www.cdc.gov/brfss/brfssp">https://www.cdc.gov/brfss/brfssp</a> revalence/index.html	tracks health practices, health conditions, and risk behaviors of adults aged 18 years and older in the U.S.
Preventive care access Diet Cancer screening	National Health Interview Survey (NHIS) <a href="https://www.cdc.gov/nchs/nhis/s">https://www.cdc.gov/nchs/nhis/s</a> <a href="https://www.cdc.gov/nchs/nhis/s">hs.htm</a>	assesses range of health topics and tracks health status and health care access personal household interviews of adults in U.S.
Adults with usual source of care Quality of life	Youth Risk Factor Surveillance Survey (YRFSS) <a href="https://www.cdc.gov/yrbs/dstr/index.html">https://www.cdc.gov/yrbs/dstr/index.html</a>	measures health-related behaviors and experiences that can lead to death and disability among youth and adults in U.S.





Behavioral Risk Factor Surveillance Survey (BRFSS)

#### Prevalence Data & Data Analysis Tools

Print



Find city and county data collected through the Selected Metropolitan/Micropolitan Area Risk Trends (SMART) project, the Web Enabled Analysis Tool (WEAT), interactive maps, and other resources provided through BRFSS.

#### Prevalence and Trends Data

Using the Prevalence and Trends Data Tools, users may produce charts for individual states or the nation by health topic. Users may select specific years or request multiple year data. The Prevalence and Trend Data Tools will produce line graphs for multiple years and bar charts for single years for each selected indicator.

#### Web Enabled Analysis Tool (WEAT)

The Web Enabled Analysis Tool (WEAT) permits users to create custom crosstabulation tables for health indicators within selected states. Up to two control variables may be included to create crosstab tables within each category of control variables. WEAT also may be used to create logistic equations using BRFSS data. Users are prompted to make selections of year, state and variables to be included in the analyses.

#### **SMART: City and County Data**

€ 67% < \( \frac{1}{2} \)</p>

Selected Metropolitan/Micropolitan Area Risk Trends (SMART) is an ongoing project that uses BRFSS data to produce some local area estimates. Counties and Metropolitan/ Micropolitan Areas (MMSAs) were selected for SMART if there were 500 or more respondents BRFSS combined landline and cell phone data for any year.

#### Chronic Disease Indicators (CDI)

The Chronic Disease Indicators Tool allows users to select two or more geographic areas such as states, Metropolitan/ Micropolitan Areas (MMSAs), or regions within states. The tool then creates a table illustrating differences on user selected health indicators by geographic area.





#### CDC

#### BRFSS Prevalence & Trends Data

Search

An official website of the United States government Here's how you know -

#### Print

Welcome! Here you will find the enhanced version of the BRFSS Prevalence and Trends Tool. You have the option of exploring the prevalence data by location or topic. Both routes enable you to view and download prevalence estimates through charts, graphs, and maps based on the path you direct. This version provides access to prevalence estimates from the BRFSS core data at the state level as well as data from Selected Metropolitan/Micropolitan Area Risk Trends (SMART). The prevalence estimates have been updated to include both crude prevalence and age-adjusted prevalence. The tool will continue to be updated as new functions and data become available.



Help

# **Explore BRFSS Data By Location** Explore BRFSS Prevalence & Trends data for all questions for one location. States & Territories | Select One GS FII Metropolitan/Micropolitan Statistical Areas (MMSAs)

#### **Explore BRFSS Data By Topic**

Explore BRFSS Prevalence & Trends data for one question for all available states and MMSAs.

Class Select One

Topic Select One v GO

#### Work with BRFSS Data Directly

Go to the Behavioral Risk Factors Data Portal to create your own filtered BRFSS Prevalence dataset, customize visualizations, download data, and more.

Behavioral Risk Factors Data Portal

Behavioral Risk Factor Surveillance System

\*\* BRFSS\* The Behavioral Risk Factor Surveillance System







#### CDC

#### **BRFSS Prevalence & Trends Data**

Search

M official website of the United States government Here's how you know -



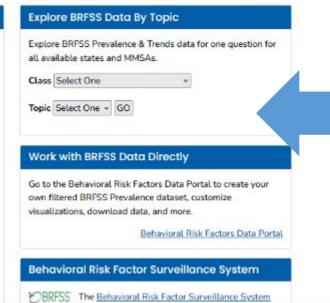
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Help

# Explore BRFSS Prevalence & Trends data for all questions for one location. States & Territories Select One GO Metropolitan/Micropolitan Statistical Areas (MMSAs)



Select
State/Territories
and Topic



#### CDC

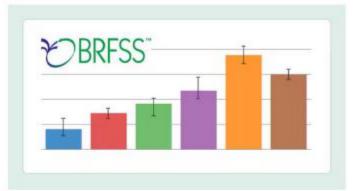
#### **BRFSS Prevalence & Trends Data**

Search

Q

#### Print

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#### Explore BRFSS Data By Topic

Explore BRFSS Prevalence & Trends data for one question for all available states and MMSAs.

Class Colorectal Cancer Screening v

Topic Blood Stool Test - GO

#### Work with BRFSS Data Directly

Go to the Behavioral Risk Factors Data Portal to create your own filtered BRFSS Prevalence dataset, customize visualizations, download data, and more.

Behavioral Risk Factors Data Portal

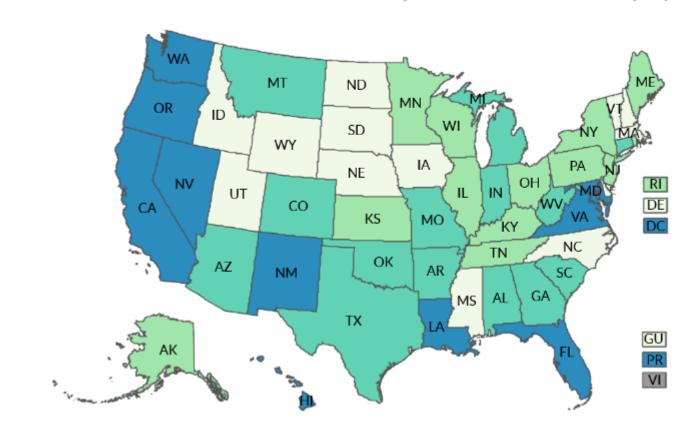
#### Behavioral Risk Factor Surveillance System

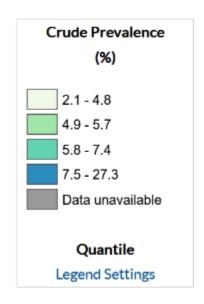
\*\*BRFSS\*\* The Behavioral Risk Factor Surveillance System (BRFSS) is the nation's premier system of health-related telephone surveys that collect state data about U.S. residents

2022
Adults aged 45-75 who have had a blood stool test within the past year (variable calculated from one or more BRFSS questions) (Crude Prevalence)

View by: Overall

Response: Had a blood stool test in the past year









Family/social support
Social cohesion/collective efficacy/social capital
Civic participation/engagement/governance
Social mobility
Discrimination/racism
Incarceration
Segregation

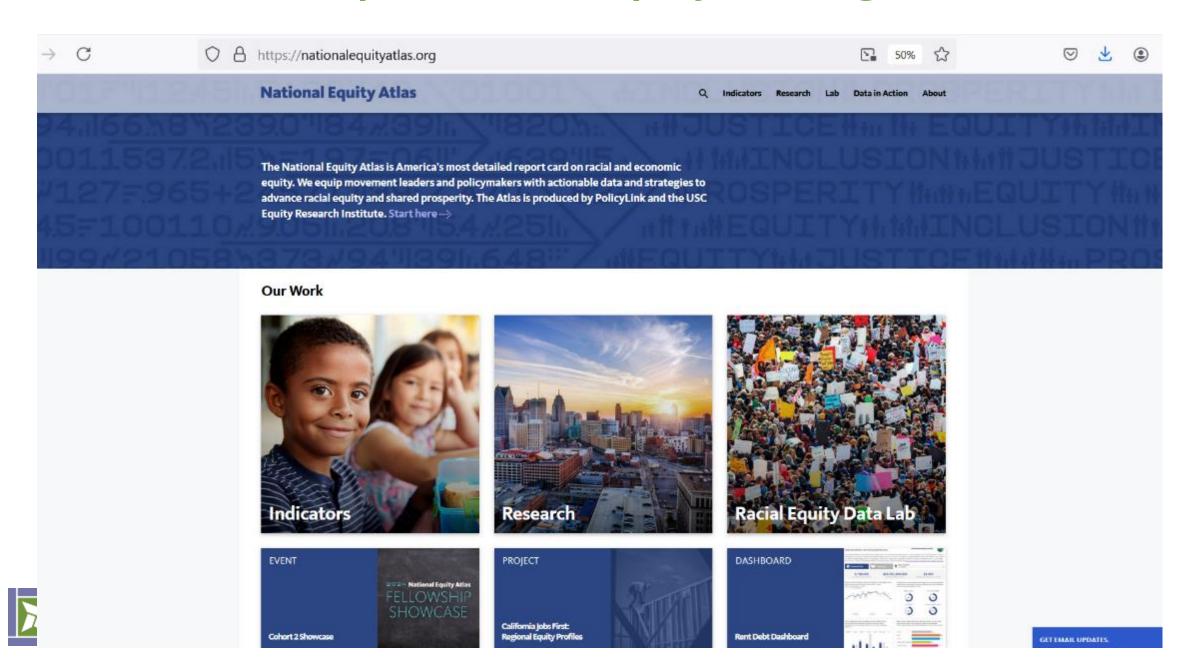
# **Social Factors**

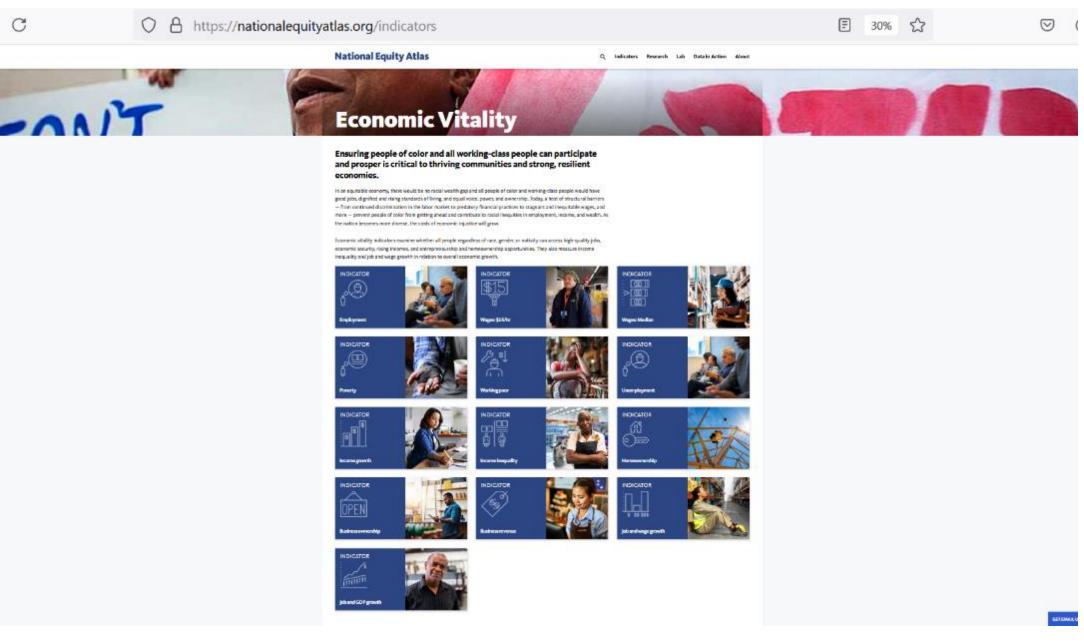
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	Health	Community	People	Factor Surveillance	Equity
	Rankings	Survey	2030	System	Atlas
Family/social support					
Social cohesion/					
collective efficacy/					
social capital					
Civic participation/					
engagement					
Social mobility					
Discrimination/racism					
Incarceration					
Segregation					

# **Social Factors - More Resources**

Indicator	Source
Social Capital/Cohesion	Social Capital Atlas  The Social Capital Atlas
Civic engagement - Persons eligible to participate in elections who are registered to vote	US Census, Healthy People 2030
Family support – Children in single parent households	US Census
Incarceration	US Department of Justice <u>Prisoners in 2021 – Statistical Tables (ojp.gov)</u>
Disconnected youth	National Equity Atlas

## https://nationalequityatlas.org/







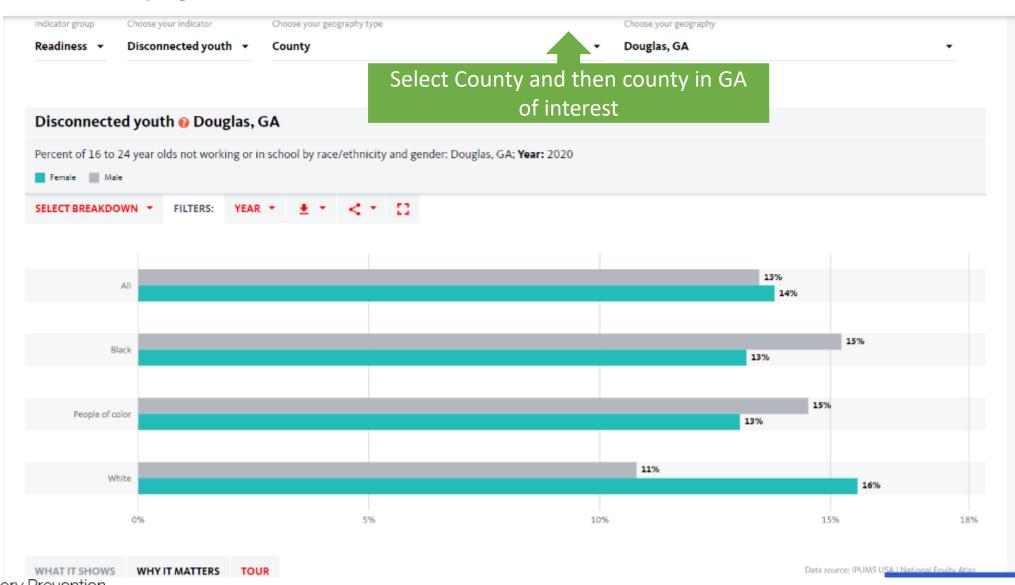
#### **National Equity Atlas**

Q Indicators Research Lab Data in Action About



#### **National Equity Atlas**



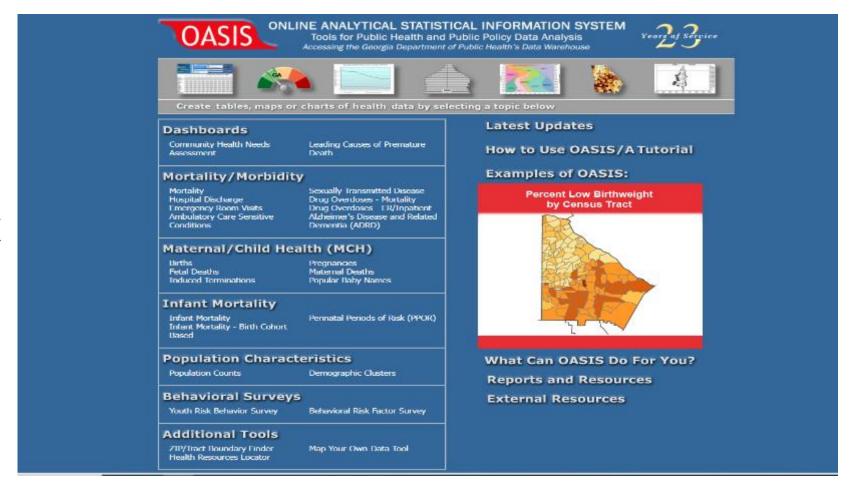




# State Specific Health Data – GA

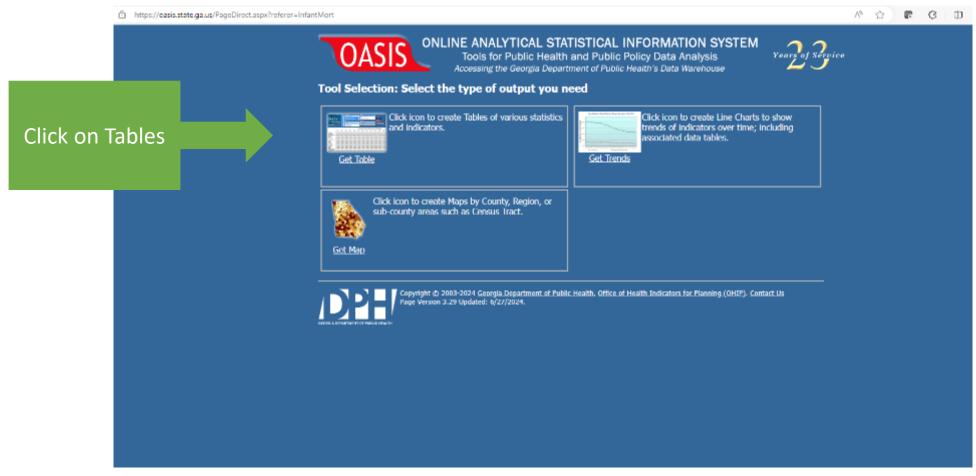
GA Department of Public Health Online Analytical Statistical Information System (OASIS)

https://oasis.state.ga.us/





# **Infant Mortality**





# **Infant Mortality Rate**



IMPORTANT NOTICE ABOUT KNOWN DATA ISSUES - PLEASE REVIEW BEFORE USING THIS TOOL



# Community Data for SDOH Activity Worksheet (~20 mins)



- 1. Think about a SDOH topic that you are working on in your community.
- From the SDH categories:
  - a. Select 1-2 categories
  - b. Select one web-based resource for that SDOH category and enter your community (city, county, state, or US)
  - c. Review the data that you found





# **SDH Activity – Finding Community Data Worksheet**

SDOH Topic: \_\_\_\_\_

SDH Category	Web-based Resources	What did you find? What was helpful?
Education	County Health Ranking, US Census	
Economics	US Census	
Social/ Community	County Health Rankings, Healthy People, Metro Atlanta Equity Atlas	
Neighborhood and built environment	Healthy People 2030, US Census	
Healthcare access	OASIS, BRFSS, County Health Rankings	



# Activity: Finding Community Data Worksheet Report Out

1 What SDH categories did you research?

2 How helpful were these data?

How can you apply them to a future project?







- Social determinants are the conditions in which people in our community live, work, interact and play
- There are website resources where you can find information to related to SDH indicators for your community
- These data can be helpful to conduct a community assessment, plan a public health program or initiative, or write a grant proposal

# Collaboration for Public Health: Community Partnerships

SEPTEMBER 2024						
S	М	Т	W	Т	F 6	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30					

### Mark your calendars!

Friday, Sept 6<sup>th</sup> 10:00-11:30

### **Training Focus**

Engagement continuum Roles of partnerships Evaluating partnerships

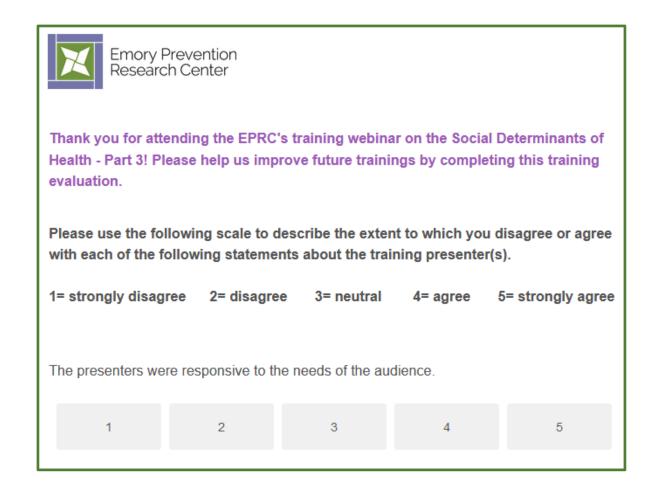


You'll be the first to be notified about registration!

# **Training Evaluation**

#### https://tinyurl.com/SDOHPT3







## **THANK YOU!**

#### **Stay Connected with the EPRC**

https://web1.sph.emory.edu/eprc/training/





