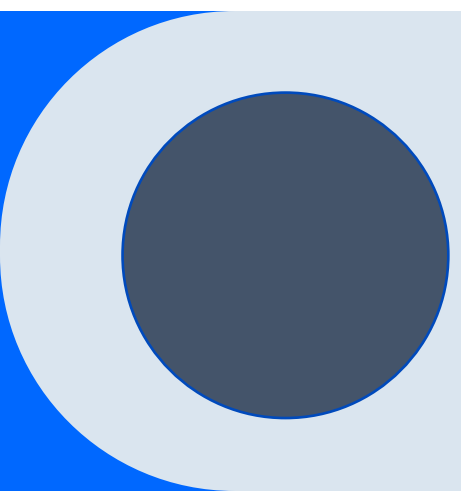



# A Sampling of Frameworks

Related to Understanding Social Determinants of Health (SDOH) and Measuring Health Equity



Prepared by National Academies staff as background material for the June 21, 2023, workshop The Ecosystem of Health Measures

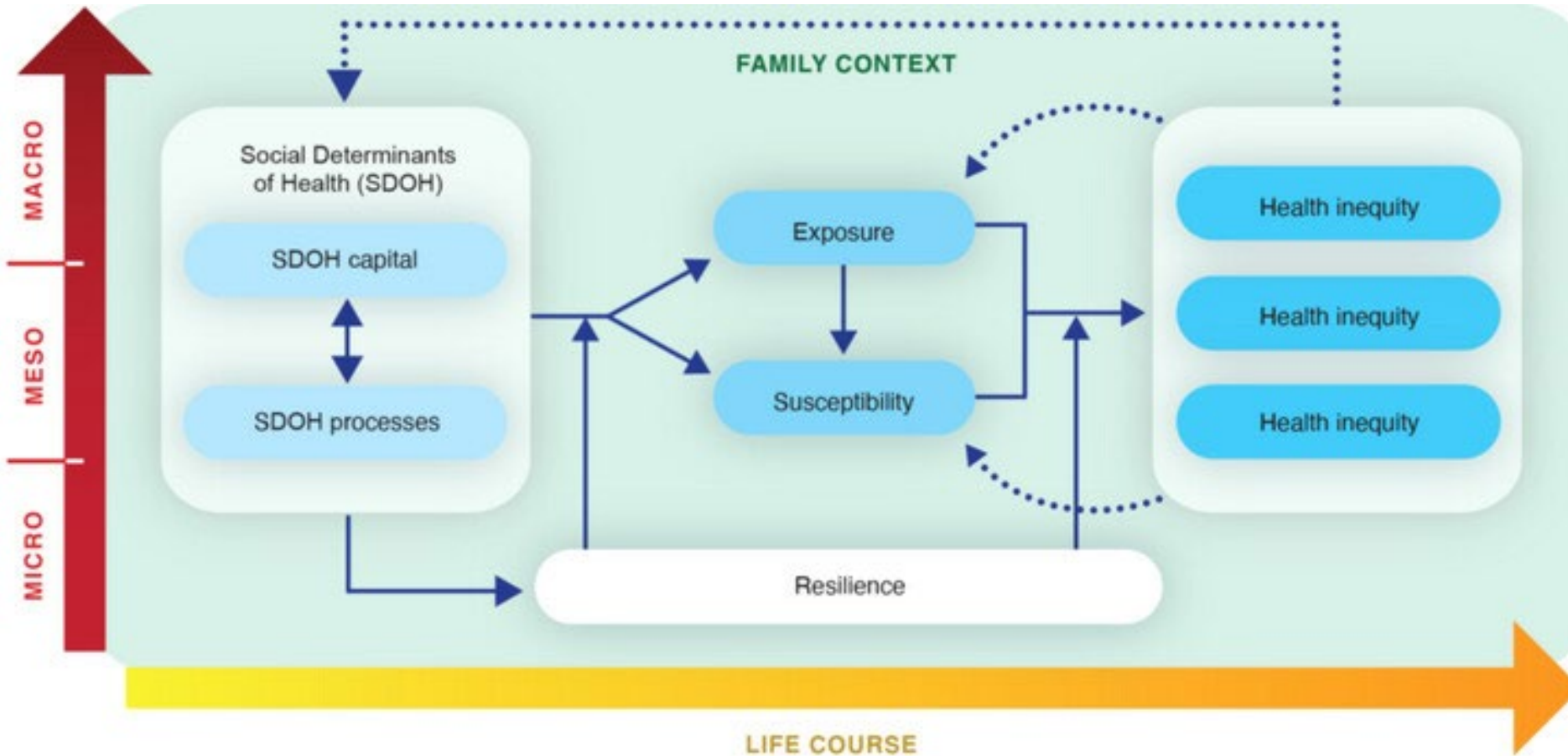


# 8 Key Principles of the SDOH

1. Are underlying causes of health inequities
2. Shape health inequities through contextual influences
3. Contextual disadvantage is not deterministic
4. Shape health over the life course
5. Operate through biological embedding
6. Operate intergenerationally
7. Shape clustering and synergies of health inequities
8. Unjust social processes shape SDOH mechanisms to produce health inequities

**SOURCE:**  
[Conceptualizing the Mechanisms of Social Determinants of Health](#); The Milbank Quarterly (2023)

# Framework for SDOH Mechanisms

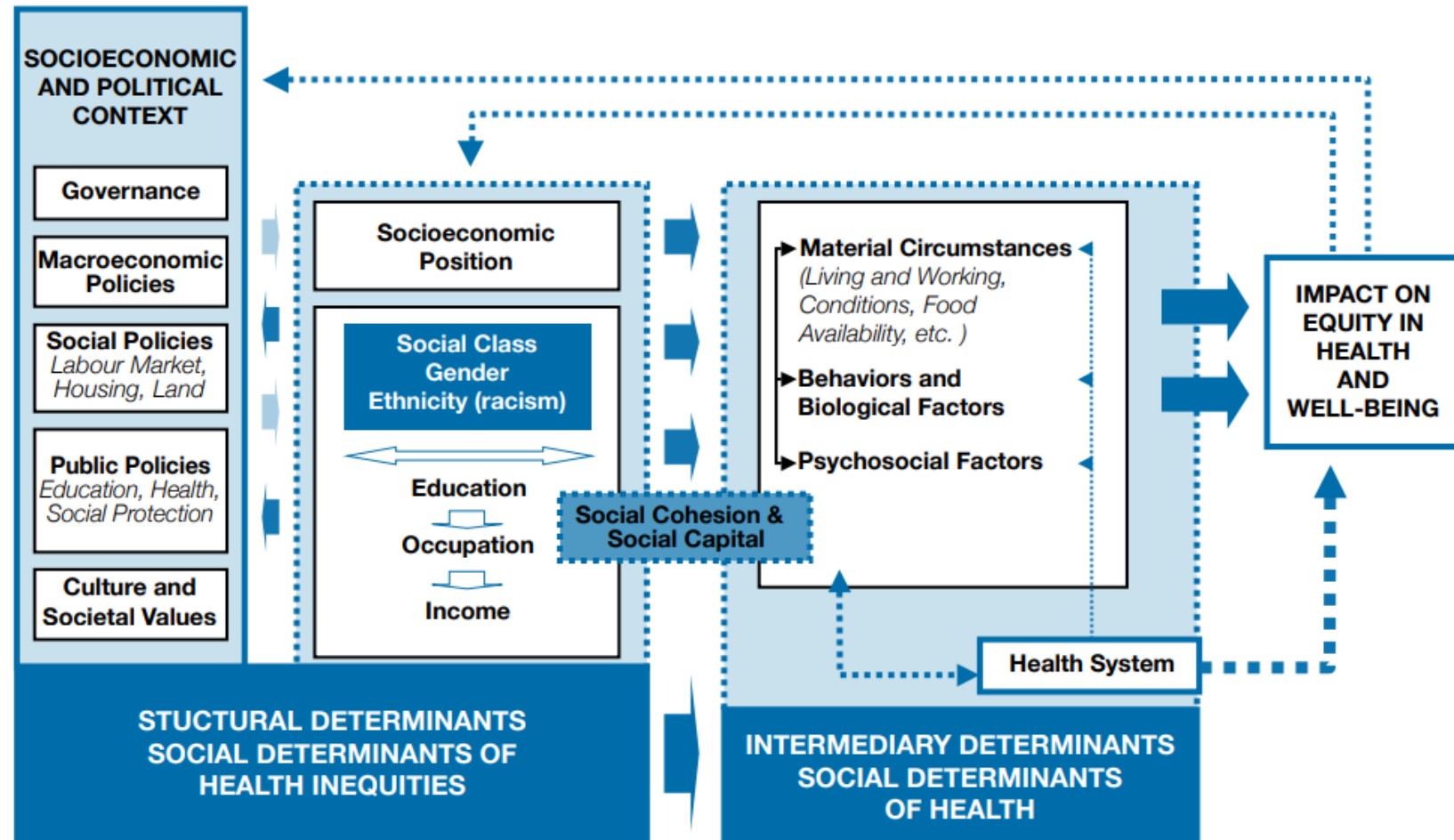


**SOURCE:** [Conceptualizing the Mechanisms of Social Determinants of Health](#); The Milbank Quarterly (2023)

# SOURCE: World Health Organization, 2010

## The Commission on Social Determinants of Health, Conceptual Framework

Figure A. Final form of the CSDH conceptual framework



**SOURCE:** [Measuring What Works to Achieve Health Equity](#); Prevention Institute (2015)

**Diagram B: Trajectory of Health Equity**



# Health Equity Metrics

## STRUCTURAL DRIVERS

### STRUCTURAL DRIVERS

1. Neighborhood Disinvestment Index
2. Gini Index
3. Index of Dissimilarity
4. Rates of incarceration by race/ethnicity
5. % of residents from traditionally marginalized communities in positions of influence
6. Life expectancy by zip code
7. Community Trauma
8. Community Readiness
9. Number of communities with indicator projects

## COMMUNITY DETERMINANTS

### Social-cultural environment

1. Collective efficacy
2. Civic engagement

### Economic environment

1. Number of living wage policies in place
2. Academic achievement
3. Local wealth
4. Complete and livable communities
5. School Environment
6. % of families who say it's hard to find the child care they need
7. Workplace safety

### Physical/built environment

1. Physical activity environment
2. Retail Food Environment Index
3. Food Marketing to Kids Group
4. Housing Index
5. Affordability of Transportation and Housing
6. Pollution Burden Score
7. Mobility and Transportation
8. Opportunities for engagement with arts, music and culture
9. Per capita dollars spent for park space per city/neighborhood
10. Safe place to walk within 10 minutes of home
11. Alcohol outlet density
12. Number of comprehensive smoke-free policies in places that prohibit smoking in all indoor areas of work-sites and public places
13. Community Safety Scorecard
14. Number of cities with a comprehensive, multi-sector violence prevention plan

## HEALTHCARE SERVICES

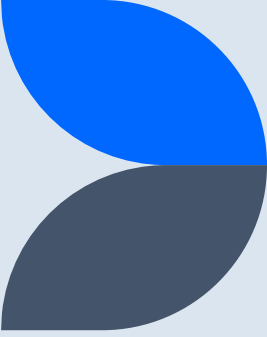
1. % patients who can access a “medical care home” within 2 weeks’ time
2. Patient satisfaction with medical encounters as a measure of culturally and linguistically appropriate care
3. Number of medical schools that integrate healthcare disparities and community learning throughout entire curriculum and training

**SOURCE:**

[Prevention Institute](#), 2015

# Well – Being in the Nation Measures:

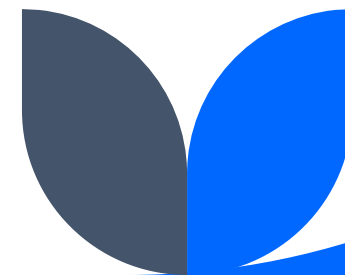
<https://www.winmeasures.org/about-win-measures/>





“The **Federal Plan for Equitable Long-Term Recovery and Resilience** leverages the **Vital Conditions for Health and Well-Being** as the framework. The vital conditions identify factors that people depend on to reach their full potential, organized into 7 categories.”

**SOURCE:** <https://health.gov/our-work/national-health-initiatives/equitable-long-term-recovery-and-resilience/framework>



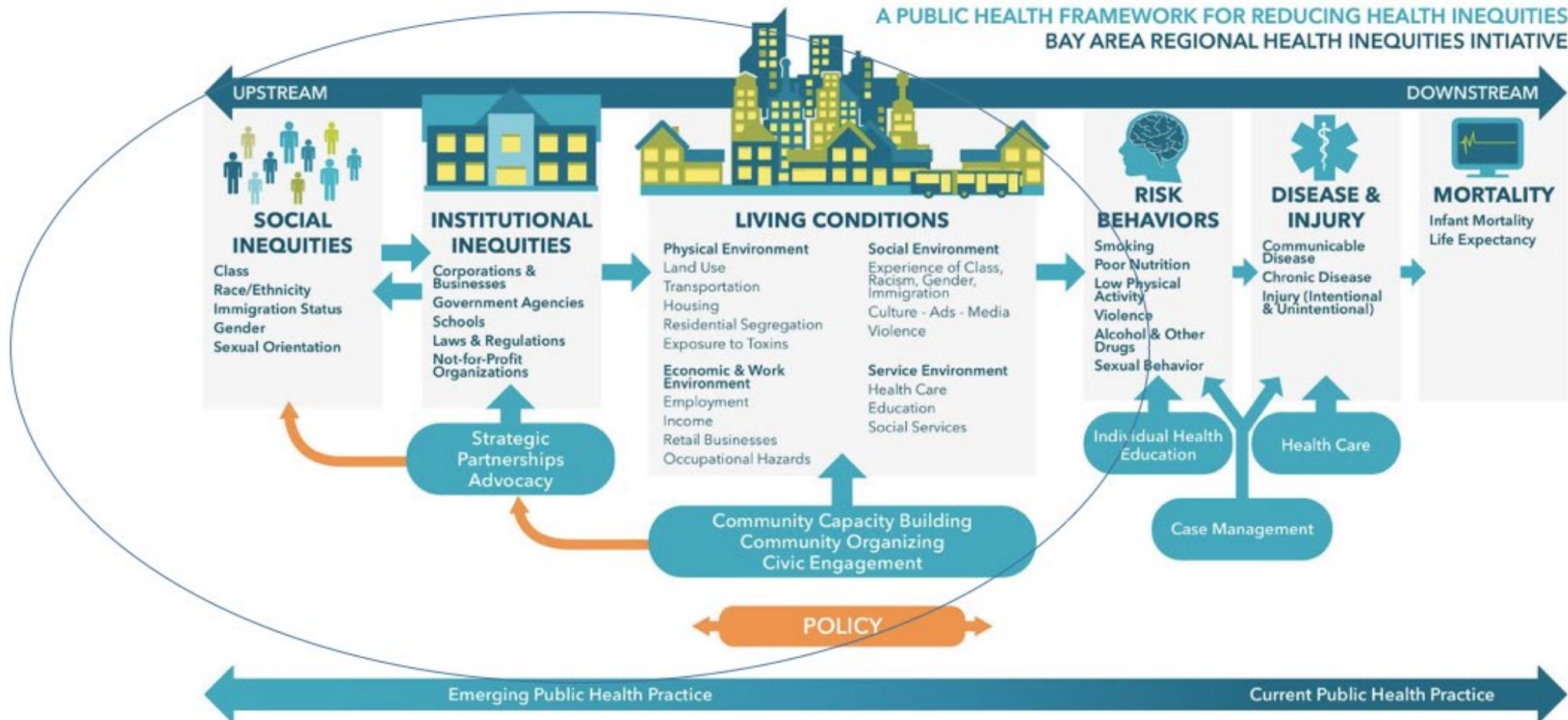


**SOURCE:**  
CMS  
Innovation  
Center  
Strategy  
Refresh

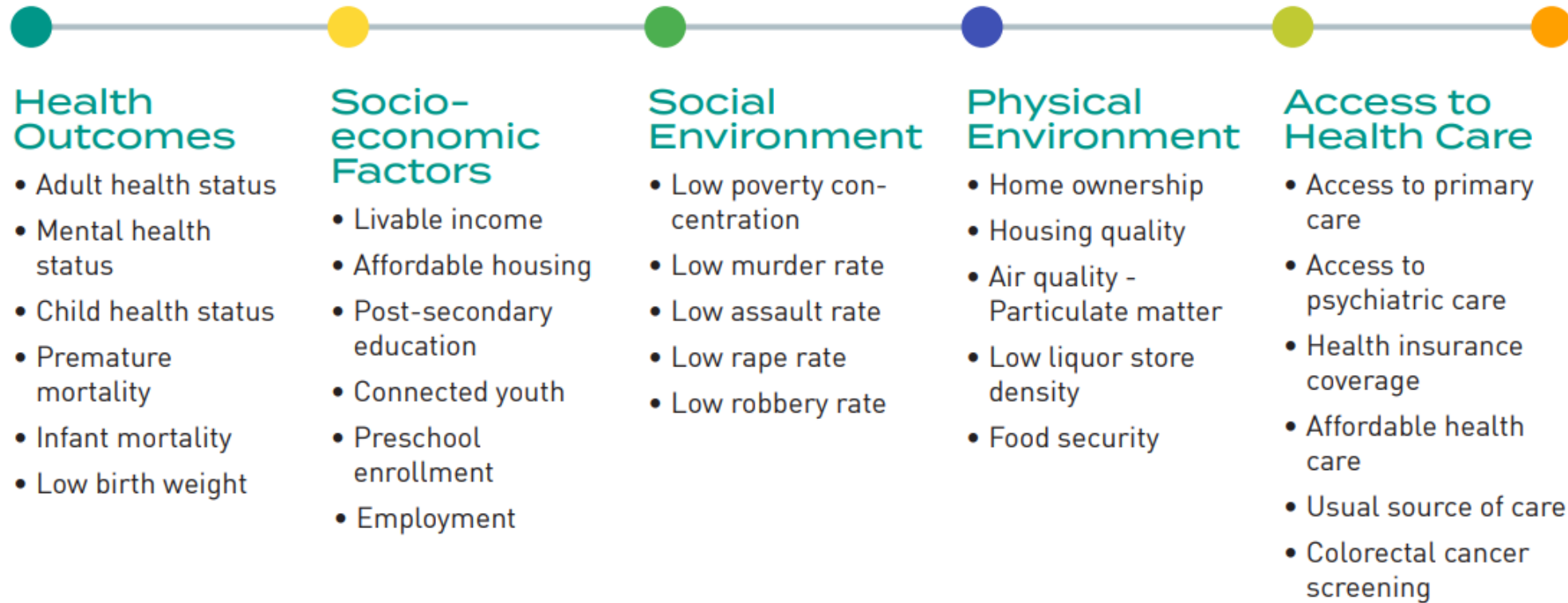


Figure 1. CMS Innovation Center Vision and 5 **Strategic Objectives** for Advancing System Transformation.

# SOURCE: BARHII



## The HOPE Initiative Measures



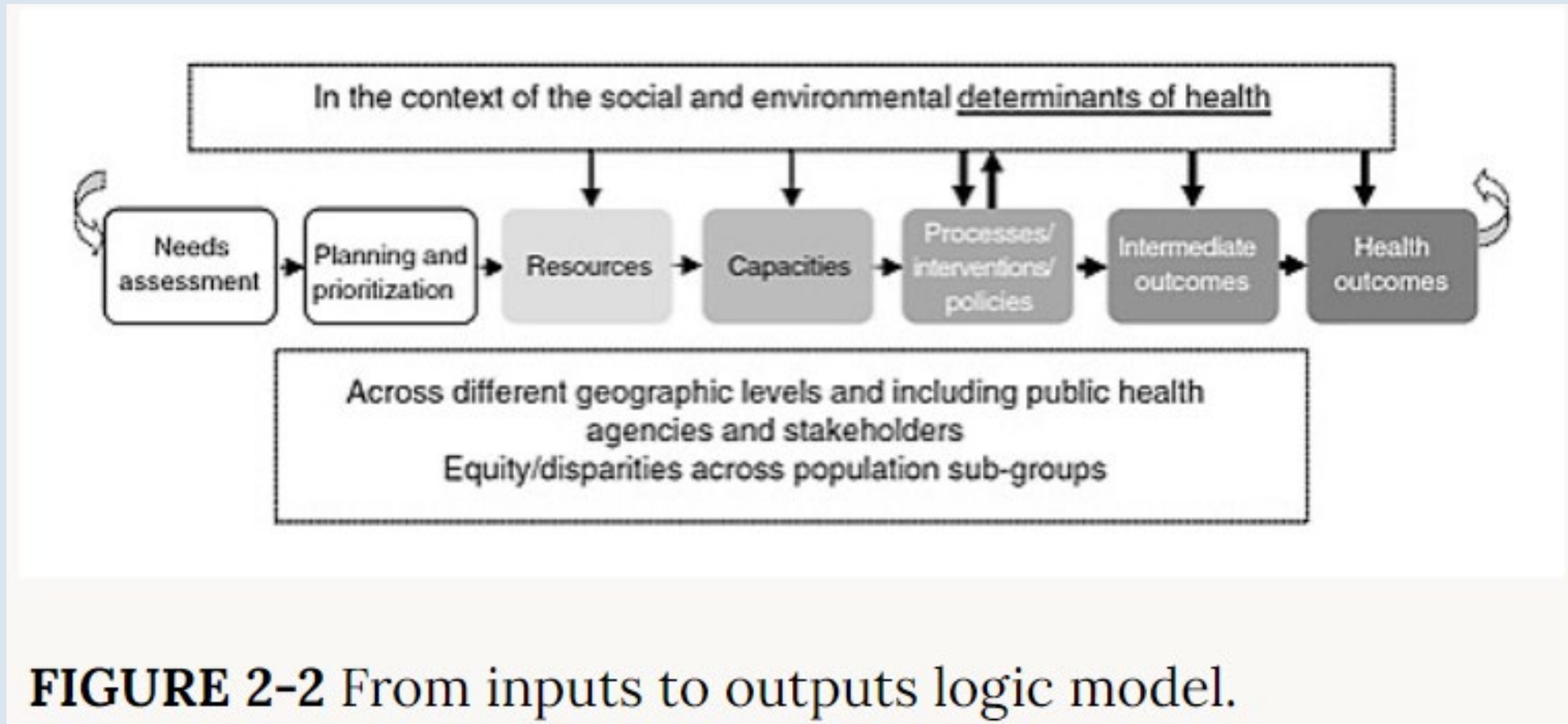
**SOURCE:** [The Health Opportunity and Equity \(HOPE\) Initiative](#)

## Rhode Island's Statewide Health Equity Indicators

**SOURCE:** [Rhode Island  
Department of Health](#)

DOMAIN	INDICATOR
Integrated Healthcare	<ol style="list-style-type: none"> <li>1. Percentage of adults who reported not seeking medical care due to cost</li> <li>2. Ratio: Number of individuals receiving to number of individuals eligible for SNAP benefits, based on income</li> <li>3. Ratio: Number of naloxone kits distributed to number of overdose deaths</li> </ol>
Community Resiliency	<ol style="list-style-type: none"> <li>1. Percentage of registered voters participating in the most recent presidential election</li> <li>2. Index score that reflects the social vulnerability of communities</li> <li>3. Ratio: Number of low to moderate-income housing units to number of low to moderate-income households</li> </ol>
Physical Environment	<ol style="list-style-type: none"> <li>1. Percentage of overall landmass with tree canopy cover</li> <li>2. Index score that reflects the affordability of transportation for renters</li> <li>3. Number and percentage of children with blood lead levels higher than 5 micrograms per deciliter</li> </ol>
Socio-economics	<ol style="list-style-type: none"> <li>1. Percentage of cost-burdened renters and owners</li> <li>2. Percentage of population who are food insecure</li> <li>3. Percentage of students graduating with a regular diploma within four years</li> </ol>
Community Trauma	<ol style="list-style-type: none"> <li>1. Percentage of adults reporting racial discrimination in healthcare settings in the past 12 months</li> <li>2. Number of non-violent offenders under Rhode Island probation and parole</li> <li>3. Violent crime rate and non-violent crime rate (per 100,000 people)</li> </ol>

# Source: 2011 NASEM (IOM report) [For the Public's Health: The Role of Measurement in Action and Accountability](#)



A scholarly, open access (free download) overview of graphic representations of the drivers of health and equity is available:

Givens et al., 2020. What Do We Know About the Drivers of Health and Equity? A Narrative Review of Graphic Representations. *Health Equity* 19;4(1):446-462. doi: 10.1089/heq.2020.0013

