



# Chronic Disease Directors Weigh In Social Determinants of Health

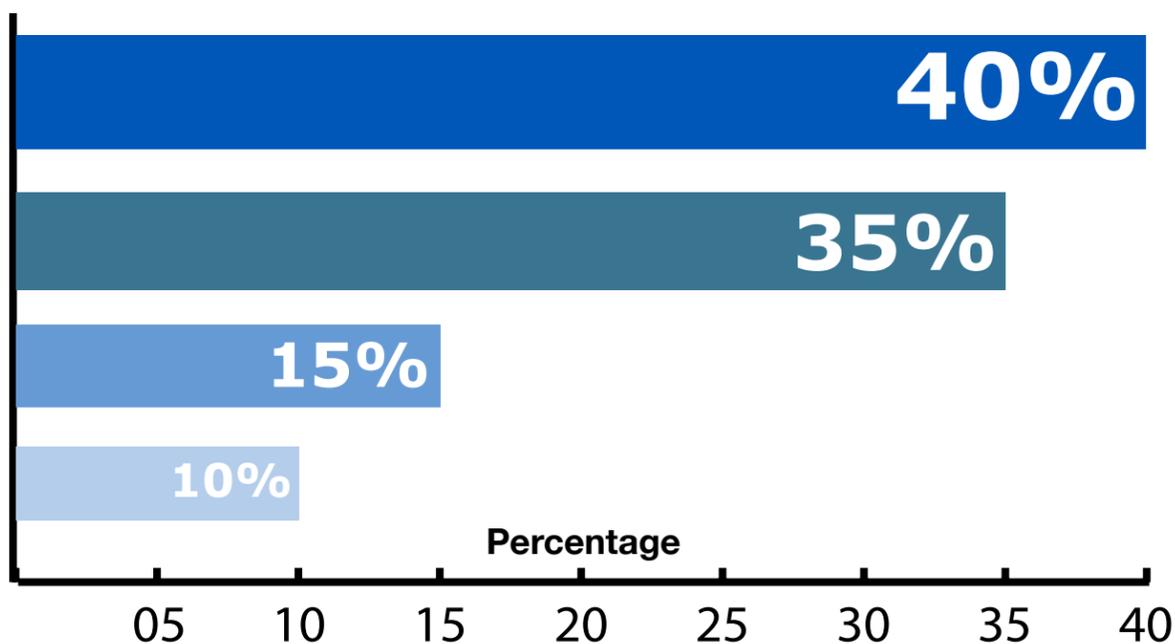
**If BRFSS could add only one question about social determinants of health, what aspect would you like that question to address?**

**Discrimination** based on race/ethnicity, gender, age, sexual orientation, or disability

**Intergenerational poverty**

**Harmful social context** (e.g. fear of violence)

**Other** (answered: access to all needed health services)



Question 2\*

What programmatic challenge could you solve if the BRFSS core collected data on the social determinants for health?

**Cross-sector interventions**

**Data-informed leadership**

**Improved definition of priority populations**

**Resource allocation**

**Geographic inequities**

\*These are summarized from a few responses. For the full list, email [info@chronicdisease.org](mailto:info@chronicdisease.org).

## Additional comments

The survey asked for additional comments on how BRFSS data can be used in programming to address social determinants of health. Here's a sampling of responses. If you'd like a list of complete responses, please contact [info@chronicdisease.org](mailto:info@chronicdisease.org).

There are measures that are not available in census data or other existing population based data. The BRFSS has the advantage of assessing respondent's perceptions. The crime rate in a community may tell a very different story than the respondents feelings of violence. Social connectedness may be more than infrastructure, and how an individual feels about her community matters.



We often talk about the SDOH as if they are negative; however they are actually neutral, I think we need more data to catalog the positive outcomes that result from having healthy SDOH. That way we can start to develop programs that increase assets rather than only address deficits.

Many social determinants of health metrics primarily focus on basic demographic characteristics but do not cover issues of social justice and/or discriminatory experiences of the population. This in turn makes it very difficult to understand the intersectionality between poor health status and social justice. BRFSS questions regarding discrimination would help with addressing equity issues. Moreover, it would provide context for measures of poverty, unemployment and/or low educational attainment.



I was tempted to include housing insecurity as a needed measure, but the survey methodology would likely lead to big gaps in this dimension, as those in extreme housing insecurity (homelessness) would likely be missed altogether. How can we tweak the methodology to be able to be more inclusive of those living on the fringe? I suspect many of the SDOH are correlated, so if we're missing the homeless, we are also missing many who suffer intergenerational poverty, discrimination, etc.

