TN Department of Health

Social Determinants of Health in Tennessee

What are Social Determinants of Health?

Social Determinants of Health (SDOH), also called the Social Drivers of Health*, are the conditions in the environments where people are born, live, learn, work, play, worship, and age[1]. These conditions are shown to have a major impact on an individual's mental health, health behaviors, and overall health status. The more safe, stable, and nurturing an individual's environment is, they healthier they tend to be.

SDOH are typically grouped into 5 categories:

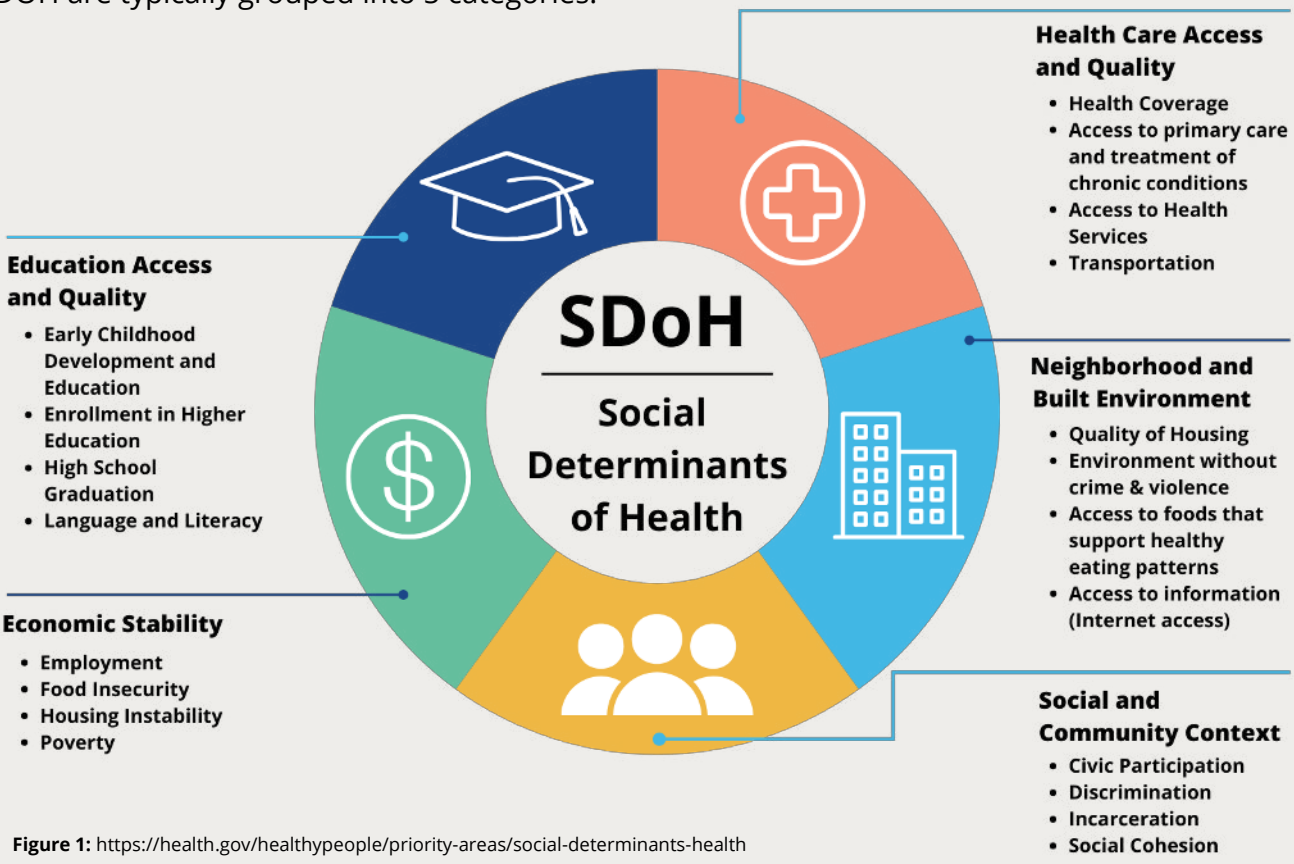


Figure 1: https://health.gov/healthypeople/priority-areas/social-determinants-health

Why are Social Determinants of Health Important?

One of the greatest predictors of someone's health or lifespan isn't their genetic code, but their zip code. Decades of research have shown the powerful role of SDOH in shaping a person's health and wellbeing. When communities face barriers to accessing resources such as food, housing and education, they are more likely to face health challenges throughout life. By recognizing and improving SDOH in our communities, more people have the opportunity to thrive.

* For this resource, we will be using the term "Social Determinants of Health" to correspond with the language asked to collect this data through the BRFSS.

1 Healthy People 2030, U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion, from https://health.gov/healthypeople/objectives-and-data/social-determinants-health

SDOH among Tennesseans

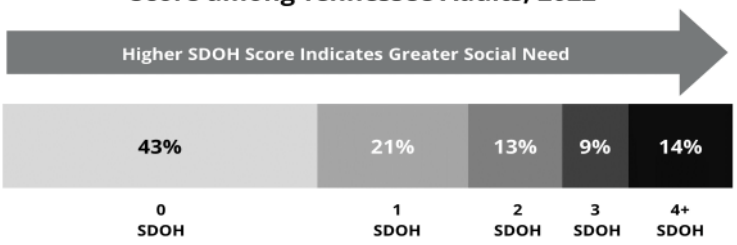
In 2022, the Tennessee Behavioral Risk Factor Surveillance System (BRFSS) included the SDOH Module, a series of 10 questions about the social factors or experiences that influence our health. These questions asked respondents about the following:

- ❑ Life Satisfaction
- ❑ Social and Emotional Support
- ❑ Social Isolation
- ❑ Employment Security
- ❑ Food Security: Use of Food Stamps
- ❑ Food Security: Having enough to eat
- ❑ Housing Security
- ❑ Utility Security
- ❑ Transportation Access
- ❑ Mental Wellbeing

Because some of these social risk factors or experiences are highly interrelated, respondents were assigned a cumulative SDOH risk score out of 10 and grouped into categories: 0, 1, 2, 3, and 4+. A higher score indicated an increased number of negative social risk factors experienced.

SDOH Prevalence in Tennessee

Prevalence of Social Determinants of Health Score among Tennessee Adults, 2022



Source: TN BRFSS, 2022

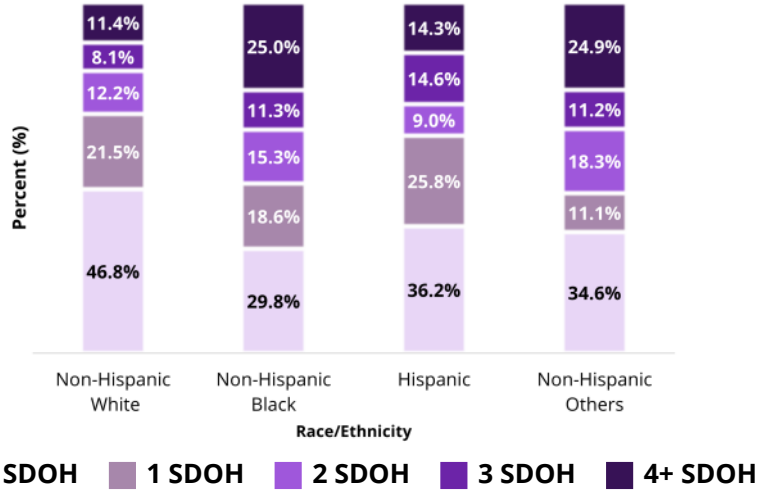
In 2022, **over 50%** of Tennesseans reported **at least one SDOH risk factor**. On the other hand, **43%** of Tennesseans reported 0 SDOH risk factors, while **14% reported 4 or more**.

In 2022, SDOH scores varied by race/ethnicity, with Non-Hispanic White adults in Tennessee reporting a more positive or supportive environment.

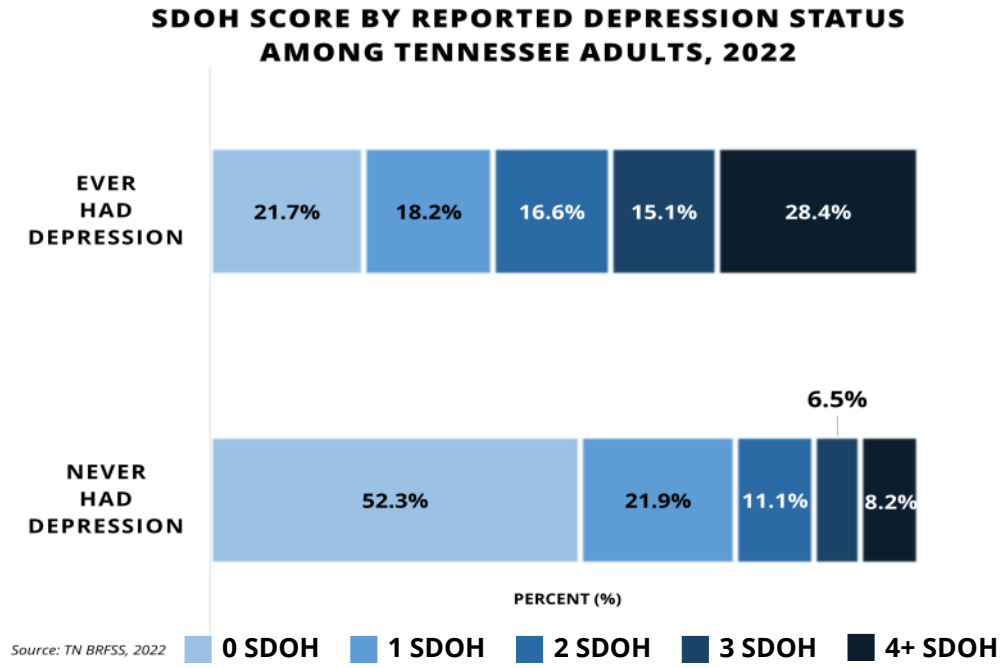
More Non-Hispanic White Tennesseans **(47%)** reported experiencing **no SDOH risk factors** compared to other racial and ethnic groups; over **11%** reported experiencing **4 or more** SDOH risk factors.

In contrast, a **25%** of Non-Hispanic Black and Non-Hispanic Others in Tennessee reported **4 or more** SDOH risk factors.

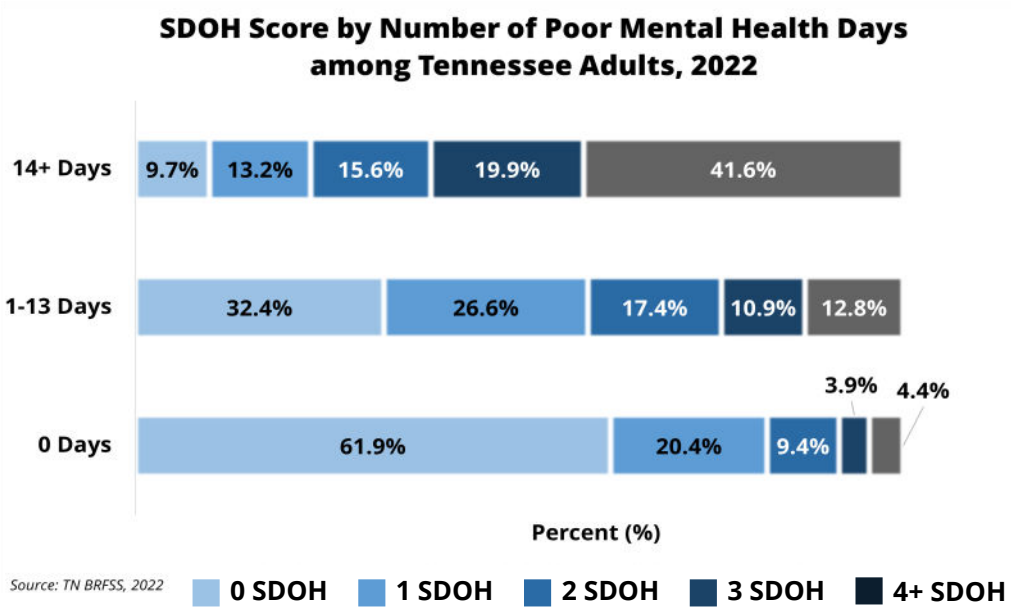
Social Determinant of Health Score by Race/Ethnicty among Tennessee Adults, 2022



SDOH and Mental Health

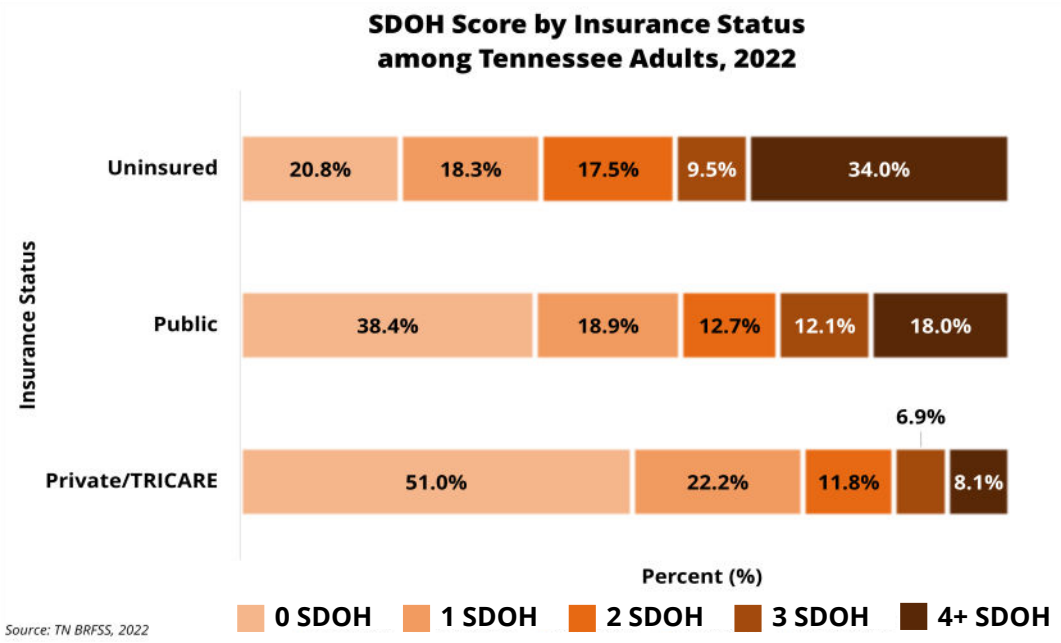


Ever having had depression was linked with increased SDOH risk factors. Over 1 in 4 Tennesseans who had ***ever*** had depression also reported 4+ SDOH risk factors, while only 2 out of 25 Tennesseans who ***never*** had depression reported 4+ SDOH risk factors.

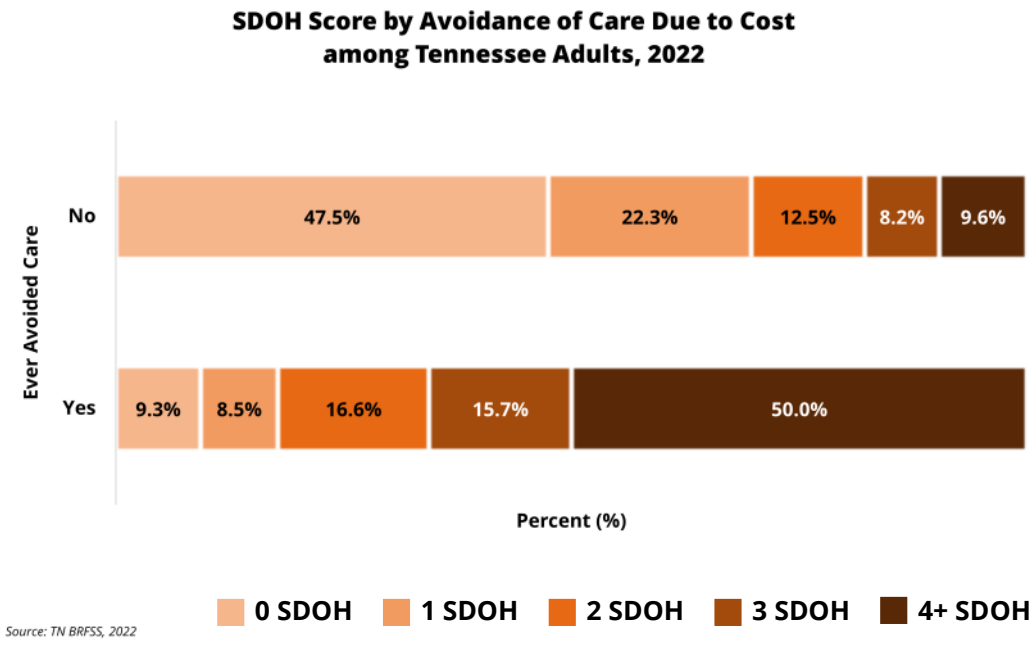


Similar to depression, **SDOH risk factors were linked to having more days per month with poor mental health**. Tennessee adults with 14+ poor mental health days per month more commonly reported 4+ SDOH risks (42%), while only about 4% of individuals with 0 mental health days reported 4+ SDOH risks.

SDOH and Healthcare Access

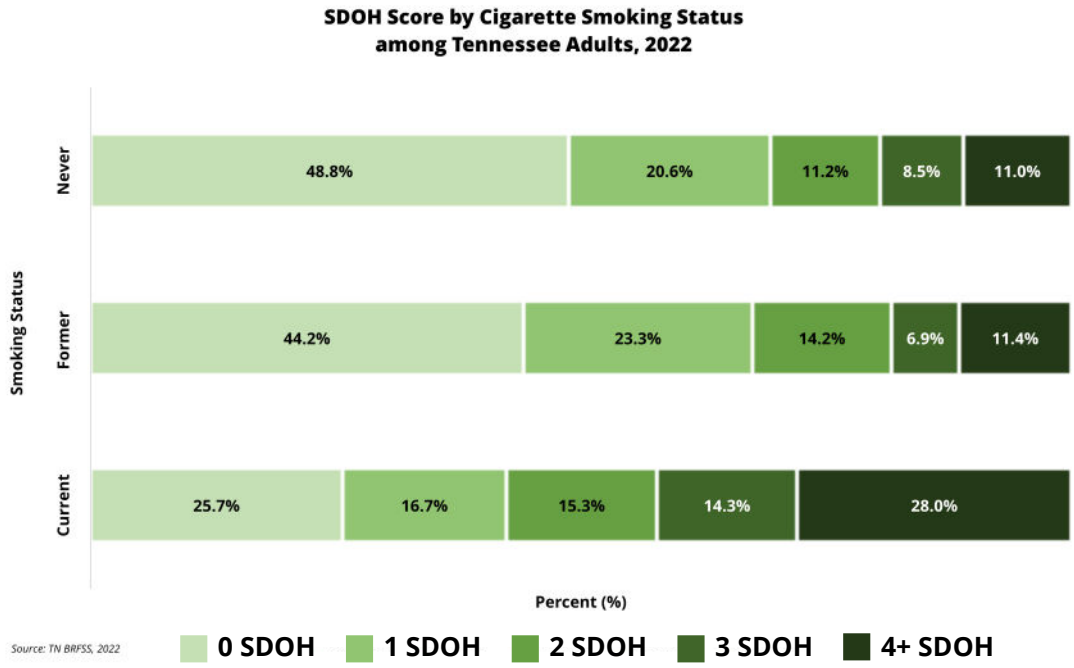


SDOH risk factors were also linked to accessing healthcare. **Over 1 in 3 Tennesseans without insurance** (34%) reported having **4+ SDOH risk factors,** while about 1 in 8 (12%) with insurance coverage had 4+ risk factors.

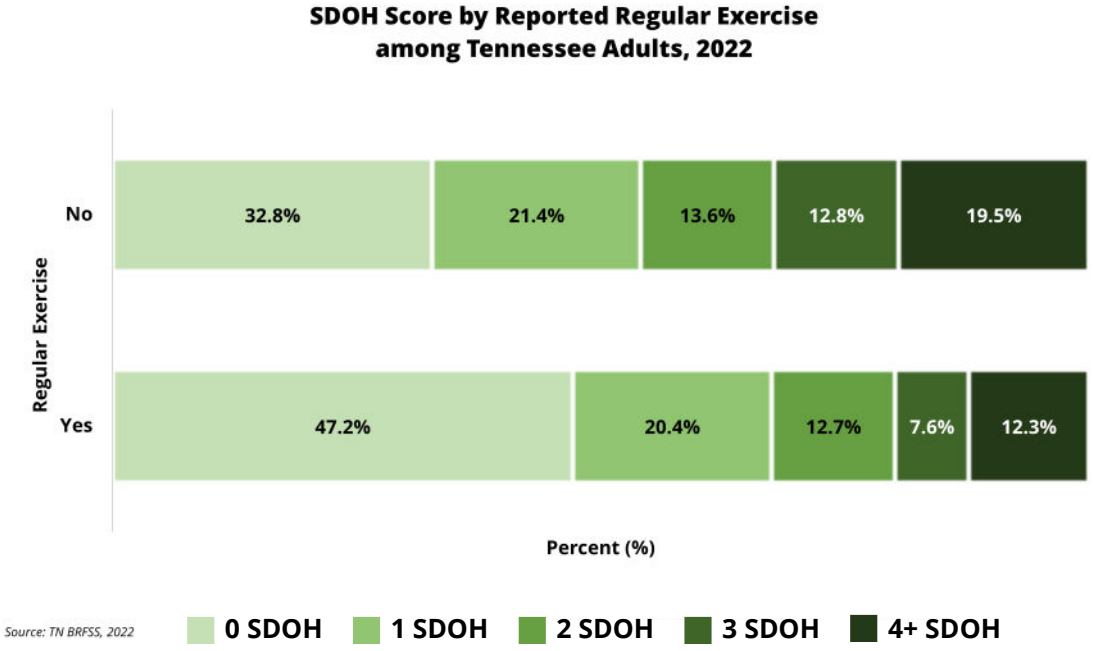


SDOH were also linked to a person's ability to afford health care. **Those who had ever avoided medical care due to cost had more SDOH risk factors**; 50% of those who had avoided care reported 4+ SDOH risk factors, while only about 10% of those who hadn't avoided care had 4+ SSDOH risk factors.

SDOH and Health Behaviors

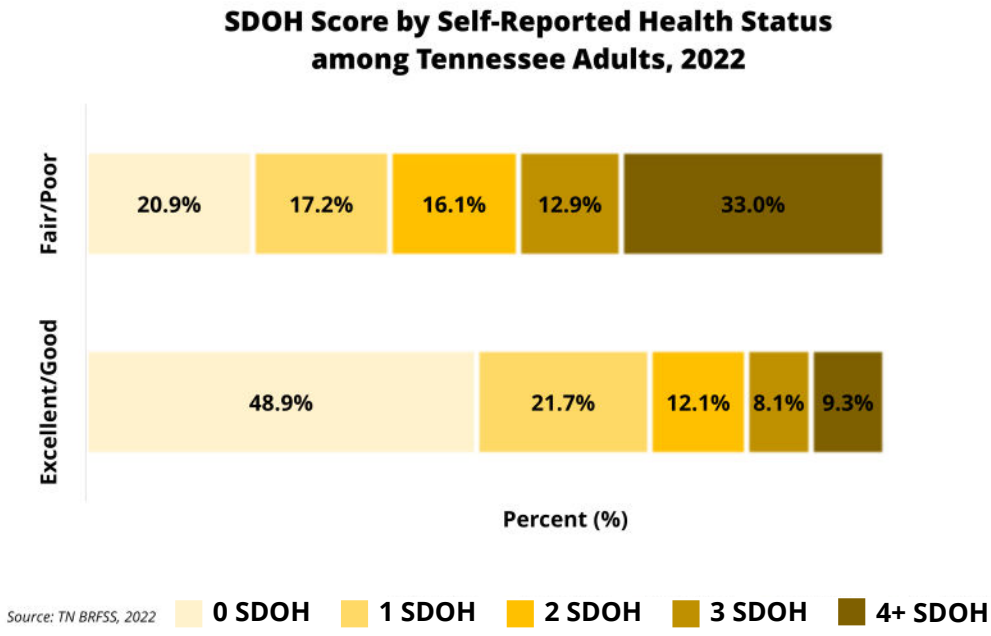


Smoking and tobacco use were also linked to increased SDOH risk factors. In 2022, 28% of Tennessee adults who were current smokers reported having 4+ SDOH risk factors, while about 11% of both former smokers and those who had never smoked reported having 4+ risk factors.

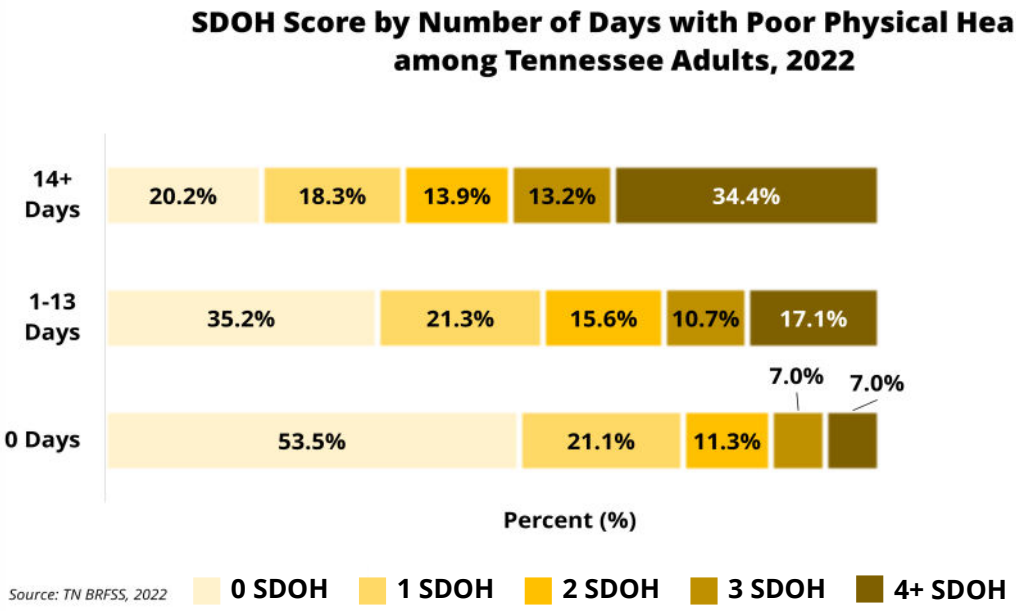


A healthy and safe social environment has been linked to and can help encourage regular exercise; Tennessee adults who reported getting **regular exercise** were **more likely to report 0 SDOH risk factors** (47.2%) compared to those who didn't report getting regular exercise (32.8%).

SDOH and Self-Reported Health Status



Those with excellent/good health less commonly reported having one or more SDOH risk factor (51.1%), compared to those with fair/poor health (79.1%).



Those who reported more poor physical health days per month also reported having more SDOH risk factors. About **1 in 3** Tennessee adults (34.4%) who reported having **14+ poor physical health days** per month reported **4+ SDOH risk factors**, while only **1 in 14** (7%) of those with **0 poor physical health days** reported 4+ risk factors.

What are the Public Health Implications?

Social Determinants of Health (SDOH) data tell us that where Tennesseans live, work, and play has a profound impact on their health outcomes. Tennesseans who experience adverse health outcomes (i.e. depression, being current smokers, avoiding medical care due to cost, etc.) also more commonly report having a higher number of SDOH risk factors.

Understanding the impact of SDOH outcomes is particularly vital for shaping upstream public health strategies. This moves health professionals from simply treating symptoms to preventing and eradicating diseases. By continuing to collect and analyze SDOH data specific to Tennessee, public health officials can identify areas of need and tailor interventions to address the unique challenges faced by communities across the state.

The SDOH serve as a vital component to achieving health equity. Housing instability, poor access to education and health care and many other SDOH disparities often are rooted in inequity. To address the root causes of illness, the focus must be broadened to address inequalities and inequities that are currently present within the state.

Tennessee Department of Health Initiatives to Address SDOH

The Tennessee Department of Health is committed to achieving health equity by addressing SDOH. Please visit the sites below to see a few of the many ways that TDH is working to address the root causes of illness within Tennessee :

Healthcare Access and Quality

- Community Health Access and Navigation in Tennessee (CHANT) provides care coordination through local health departments. Eligible individuals are connected to resources and support for their health and medical needs, such as reimbursement or assistance with co-pays.
- Local and Regional Health Departments offer clinical and community services to Tennesseans, including primary care.

Economic Stability

- Women, Infants, and Children Program (WIC) is a nutrition assistance program designed to support low-income pregnant, postpartum, and breastfeeding women, infants, and children. In addition to supplemental food, WIC provides nutrition education, breastfeeding support, and referrals to other health and community services.

Neighborhood and Built Environment

- The Office of Primary Prevention coordinates a variety of initiatives that address healthy built environments to achieve health equity, including through the Healthy Built Environment Grants and the Tennessee Livability Collaborative
- County Health Councils across the state work to address local health priorities through a County Health Assessment and Community Health Improvement Plan.

Social and Community Context

- The Division of Health Disparities Elimination offers programming specific to minority and rural health, and connects with community and faith based organizations to address health disparities
- The Office of Rural Health focuses on coordinating rural health care resources to improve rural health disparities in Tennessee.

Tennessee Behavioral Risk Factor Surveillance System

The Behavioral Risk Factor Surveillance System, or BRFSS, is a national telephone-based random digit dialed survey focused on health behavior and chronic disease prevalence in adults (18+ years). All 50 states and three U.S. territories participate in the BRFSS with CDC support. Tennessee has been participating in the BRFSS since its inception in 1984.

For more information about TN BRFSS:

Visit: https://www.tn.gov/health/health-program-areas/statistics/health-data/brfss/brfss/about-brfss.html

Or contact the **BRFSS coordinator** by: **Email**: TNBRFSS.Health@tn.gov | **Phone**: 615-532-7890

Office of Strategic Initiatives

The purpose of the Office of Strategic Initiatives (OSI) is to bridge the evidence-based strategies and resources of TDH with local knowledge, priorities, and leadership.

We guide the department's strategic planning process and support Tennessee's County Health Councils with the help of TDH staff and partners to implement upstream, innovative solutions to public health challenges. We do this through process facilitation, technical assistance, policy expertise, and relationship-building.

For more information on OSI visit:

https://www.tn.gov/health/health-program-areas/county-health-councils.html

Or contact us at **Health.Councils@tn.gov**

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