5 BITES:
Understanding the Social Drivers of Health (SDOH) in Substance Use Disorder (SUD) Primary Prevention

During the past decade, a focus on the social drivers of health (SDOH) has become an important area of focus for substance use disorder (SUD) primary prevention. Healthy People 2030 defines the Social Determinants of Health as "the conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks."[1] SDOH are an identified priority area of Healthy People 2030 and have been subcategorized into five domains: (1) economic stability, (2) education access and quality, (3) health care access and quality, (4) neighborhood and built environment, and (5) social and community context.

What is the difference between the "social determinants of health" and the "social drivers of health"? While 'determinants' and 'drivers' can be used interchangeably, in the overall context of SDOH health outcomes and impacts, there are notable differences between the terms from a health equity perspective. The term 'drivers of health' is more accurate, accessible, and understandable when approaching SDOH from a health equity lens: efforts to address the

Social Determinants of Health

Education Access and Quality

Health Care Access and Quality

Economic Stability

Neighborhood and Built Environment

Social and Community Context

Social Determinants of Health
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systems, policies, and power structures that sustain systemic racism and oppression must acknowledge the agency of privilege and supremacy culture that *drive* rather than *determine* these inequitable health outcomes.[2] Therefore, this publication focuses on the "social drivers of health" in an effort to both address the health outcomes associated with the five SDOH domains, as well as to proactively include and bring to light the underlying systemic health equity injustices and disparities that drive them.

A deeper dive into the SDOH domains reveals an important observation: the impacts of SDOH conditions frequently align with known behavioral health risk and protective factors. The information shared in this 5 Bites has been gathered from the [Centers for Disease Control and Prevention (CDC)][3] and [Healthy People 2030] SDOH websites, and focuses specifically on the application of SDOH considerations in the context of SUD prevention, the prevention of mental health (MH) conditions, and associated prevention priorities.

1 Economic Stability

Healthy People 2030 Goal: Help people earn steady incomes that allow them to meet their health needs.

Economic Stability works to address the impacts of poverty on those living in the United States. 10% of the current population is affected by poverty, resulting in challenges affording health care, healthy foods, and housing. For adults, the problem is often further complicated by a lack of steady employment or by inadequate income, even with a consistent job. Healthy People 2030 is working to improve Economic Stability by addressing physical health problems that impact steady employment opportunities, housing challenges, nutrition and healthy eating, and workplace-related injuries.

Experiencing family poverty is an established risk factor for adolescent substance use[4] and serious mental illness.[5] These risk factors relate directly to the SDOH *Economic Stability* domain. By addressing risk factors associated with poverty, housing, and nutrition, preventions also reduce the associated risk of outcomes related to SUD and MH. One notable example in California is the Universal Meal Program.[6, 7] This innovative approach to addressing Economic Stability is available in only a small handful of states nationwide. Through the Universal Meals Program, all school-aged children attending public school districts, county offices of education, and charter schools have guaranteed access to breakfast and lunch every day at school, regardless of their ability to pay, whether they otherwise qualify for free and reduced-price meals, and despite any current economic circumstances their families and/or caregivers might

be facing. California's Universal Meal Program legislation[8] directly impacts the two nutrition objectives identified by Healthy People 2030, thereby addressing household food insecurity and hunger, as well as supporting an improvement in food security for children.

2 Education Access and Quality

Healthy People 2030 Goal: Increase educational opportunities and help children and adolescents do well in school.

Frequently taught by the Substance Abuse and Mental Health Services Administration (SAMHSA), the socio-ecological model supports the notion that individuals do not exists in a silo, but rather across the individual, relationship, community, and societal levels of a wider community network.[9] Schools and educational institutions are a fundamental component of the community level, which directly aligns with the SDOH *Education Access and Quality* domain. Healthy People 2030 notes that "people with higher levels of education are more likely to be healthier and live longer." Objectives to address this SDOH domain include improving access to and quality of educational opportunities for children, adolescents, and people with disabilities. Objectives additionally focus on school-based topic areas, including to "increase interprofessional prevention education in health professions programs." [10]

Alignments with SUD prevention best practices are bountiful under the *Education Access and Quality* SDOH domain. In SUD prevention, MH prevention, and violence/trauma prevention, school-based services are frequently selected to be the program setting for evidence-based programs and strategies.[11] This is because the implementation of evidence-based programs, policies, and practices address many risk and protective factors that are fundamental in primary prevention, including poverty, academic failure, prosocial opportunities, and availability of healthy adults and mentors. Through the *Education Access and Quality* SDOH domain, objectives match with many of the risk and protective factors that primary preventionists prioritize in their day-to-day prevention strategies, which not only prevents substance use, but also improves this SDOH domain.

3 Health Care Access and Quality

Healthy People 2030 Goal: Increase access to comprehensive, high-quality health care services.

Healthy People 2030 recognizes that 10% of people living in the United States do not have health insurance. This impacts access to primary care, preventative services,

and affordable healthcare. Objectives to advance the SDOH *Health Care Access and Quality* domain include concentrating on children and adolescent healthcare needs, focusing on drug and alcohol use, improving community preventative services, enhancing health communication, and expanding access to comprehensive healthcare services.

Healthcare professionals, including those who work in primary care settings, are included within the Drug-Free Communities (DFC) 12 sectors of local prevention leadership.[12] Access to healthcare settings offers opportunities for primary preventative services, brief intervention, and risk assessment screenings. It also provides parents and caregivers with fundamental education in supporting SUD prevention practices for the youth under their care.

An additional component of the *Health Care Access and Quality* domain is the acknowledgement that people who live far away from healthcare settings often experience barriers in access to quality healthcare, even if they have health insurance. This can be due to geographic distance or lacking access to reliable transportation between home and healthcare settings. SAMHSA's Rural Behavioral Health[13] services identify rural behavioral health access and care as a critical need in advancing health equity, emphasizing needs such as housing stability, insurance status, proximity to services, and culturally responsive care as important in addressing the domain of Health Care Access and Quality.

4 Neighborhood and Built Environment

Healthy People 2030 Goal: Create neighborhoods and environments that promote health and safety.

Like school-based settings, Neighborhood and Built Environment also overlaps with the community level within the socio-ecological model. This SDOH domain acknowledges that where people are born, live, work, play, worship, age, and exist in their day-to-day lives has a major impact on their overall health and well-being. A major area of alignment for this domain with SUD primary prevention includes the building of protective factors and conditions that promote safety and quality-of-life. Objectives for the *Neighborhood and Built Environment* domain include specific aims around tobacco prevention, as well as other focus areas that impact risk and protective factors often identified in SUD primary prevention.

A shared risk and protective factor (SRPF) approach is also a key area of opportunity for preventionists, when focusing on the SDOH Neighborhood and Built Environment domain. *Healthy People 2030* includes objectives that address violence prevention, promote community safety, work to create opportunities for prosocial engagement, and prevent injuries. As such, preventionists who want to address SUD prevention as well

as another problem behavior or area of prevention-related concern can focus on the Neighborhood and Built Environment domain to identify community-level shared risk and protective factors.

5 Social and Community Context
Healthy People 2030 Goal: Increase social and community support.

Health is often affected by things that are outside of individuals' immediate control or that will take longer to change, such as financial difficulties, exposure to systemic injustices, or unsafe neighborhoods. However, there are strategies that can promptly work to build health and improve health outcomes. While many preventionists and public health professionals work to address SDOH domains that are associated with long-term goals, *Social and Community Context* is a great area of focus for preventionists who want to build up protective factors within their community in a shorter timeframe. Objectives in this SDOH domain focus on diversity, equity, inclusion, and belonging (DEIB) efforts, the promotion of effective health communication, and emphasizing the importance of caring relationships for positive health outcomes.

Protective factors for adolescent SUD prevention include social coping skills, a positive social orientation, attachment between youth and caregivers, positive emotional support within the community, positive community social norms, and the availability of supports and resources for well-being.[14] These protective factors also support the goal and objectives of the *Social and Community Context* SDOH domain; *Healthy People 2030* objectives highlight focus areas that increase the quality time youth and caregivers are able to spend together, promote opportunities for prosocial engagement at home and within the community, and improve community-based communication about overall health and well-being. A SRPF approach is also applicable in this SDOH domain, specifically in the context of improving community MH, assuring transgender students experience a reduction in bullying rates, and working to keep those living with intellectual or developmental disabilities in community-based settings rather than out-of-home placement.

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