Social Determinants of Health
A priority area of the Collaborative Improvement and Innovation Network (CoIIN) to Reduce Infant Mortality

What are social determinants of health?

International, national, and state policymakers are increasingly drawing attention to the importance of social determinants of health (SDoH), which are the conditions in which we are born, grow, live, work, and age. The Centers for Disease Control and Prevention (CDC) states that addressing these determinants is a primary approach to achieving health equity.

Health equity is achieved when every person has the opportunity to “attain his or her full health potential” and no one is “disadvantaged from achieving this potential because of social position or other socially determined circumstances.” Healthiest Wisconsin 2020 acknowledges that not all “communities in Wisconsin are as safe or as healthy as they could be,” and that to be the healthiest state, “Wisconsin must address these persistent disparities in health outcomes, and the social, economic, educational and environmental inequities that contribute to them.”

Researchers and experts have found that factors such as social support, stress, insurance status, income and poverty status, and environmental conditions affect mothers and their infants, and they suggest that disparities persist due to differences in these factors among racial and ethnic groups. This is true in Wisconsin as well. See Figure 2 for the percent of Wisconsin families by race and ethnicity living below the poverty level in the last 12 months during 2010-2012.

Infant Mortality

- Infant mortality is the death of a baby before his or her first birthday.
- The infant mortality rate is often used to measure the health of communities because many of the same factors affecting the health of infants affect health across entire populations.
- The leading causes of infant mortality include birth defects, prematurity, Sudden Infant Death Syndrome, maternal complications, and injuries.
- There are differences in infant mortality by race and ethnicity. In Wisconsin, black infants are more than twice as likely to die before their first birthday as white infants (Figure 1), and this disparity is greater than the national average.

Figure 1. Infant Mortality Rates per 1,000 Live Births by Race and Ethnicity, Wisconsin, 2011-2012

Source: National Center for Health Statistics, Division of Vital Statistics, Linked Birth/Infant Death Records 2011-2012, CDC WONDER

Collaborative Improvement and Innovation Network (CoIIN)

The Collaborative Improvement and Innovation Network (CoIIN) to Reduce Infant Mortality is a public-private partnership to reduce infant mortality and improve birth outcomes. Wisconsin’s involvement in Social Determinants of Health began with other states in Region V, including Illinois, Indiana, Michigan, Minnesota, and Ohio, and now is being expanded nationally to include 24 states to share best practices and track progress toward shared benchmarks. Other priority areas for Wisconsin include Preconception and Interconception Care, and Safe Sleep and Sudden Unexpected Infant Death (SUID).

For more information, visit http://www.dhs.wisconsin.gov/healthybirths/coiin.htm and http://mchb.hrsa.gov/infantmortality/coiin/.
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Addressing social determinants

Evidence is mounting that addressing SDoH is critical to making Wisconsin the “healthiest state.”7 Examples of SDoH domains and strategies include:

- **Community Safety:** youth involvement with the criminal justice system and prevention of neighborhood crime and violence;
- **Education:** quality early childhood education and Kindergarten-Grade 12;
- **Employment:** supportive work environments and workers’ employability;
- **Family and Social Support:** early childhood home visiting and social connectedness;
- **Housing and Transportation:** access to housing and public transportation;
- **Income:** child care subsidy and Earned Income Tax Credit (EITC).

Wisconsin’s SDoH team, through the CoIIN, is learning how community conditions such as toxic stress, racism, and segregation affect these determinants and contribute to poor birth outcomes. A greater percentage of Hispanic and Black mothers in Wisconsin feel they have been treated differently in the 12 months before giving birth, due to their race or ethnicity, compared to white mothers (Figure 3). More than half (51%) of poor women in Wisconsin experience 3 or more stressors in the 12 months before giving birth, compared to only 13% of non-poor women (Figure 4).

**Selected Wisconsin efforts**

Partners throughout Wisconsin are working on:

- **Convening a leadership team** of state and local public health, community-based agencies, university schools of public health, medicine, and human ecology, and centers of health equity to seek community input for a statewide action plan.
- **Collaborating on the Committee on Institutional Cooperation (CIC)** with the University of Wisconsin to address health disparities.
- **The Wisconsin Partnership Program’s Lifecourse Initiative for Healthy Families** in southern and southeastern Wisconsin.
- **Implementing a comprehensive home visiting program.**

**References:**