



Equity Framework



County of San Diego | Health and Human Services Agency
Public Health Services | Community Health Statistics Unit

January 2022

Introduction to the Equity Framework

Overview

Live Well San Diego is a vision for a region that is Building Better Health, Living Safely, and Thriving. It aligns the efforts of individuals, organizations, and government to help all 3.3 million San Diego County residents live well. The Top 10 *Live Well San Diego* Indicators define what it means to live well in San Diego. The Indicators are divided under five Areas of Influence that are essential for overall well-being: Health, Knowledge, Standard of Living, Community, and Social.¹

The elements of the *Live Well San Diego* framework relate to the concept of social determinants of health (SDOH). SDOH impact many aspects of a person’s life and often predict population health outcomes. The Equity Framework includes the five Areas of Influence of the *Live Well San Diego* framework but is expanded by including additional measures of SDOH.



Equity Versus Equality

The emphasis of this framework is on equity because, as the Centers for Disease Control and Prevention (CDC) defines it, health equity is when everyone has the opportunity to be as healthy as possible.² While equality means everyone is given the same opportunities or resources, equity recognizes that some groups may need more opportunities or resources. According to the Centers for Disease Control and Prevention (CDC), 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.”² Notably, it is the *social* factors, not biological or genetic factors, that lead to disparities in health equity. With the goal of equity in mind, disparities in systems and health outcomes may be identified and become more balanced.

Social Determinants of Health

Social determinants of health (SDOH) are 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. Aligned with the US Department of Public Health and Human Services Healthy People 2030 objectives and indicators, SDOH can be grouped into five domains that are similar to the

¹ County of San Diego Health and Human Services. Top Ten Live Well San Diego Indicators. [Online] 2021. [Cited: September 13, 2021.] <https://www.livewellsd.org/content/livewell/home/data-results/Indicator-Home.html>.

² Centers for Disease Control and Prevention (CDC). March 11, 2020. Health Equity. <https://www.cdc.gov/chronicdisease/healthequity/index.htm>

five Areas of Influence: health care access and quality, education access and quality, economic stability, neighborhood and built environment, and social and community context.³ These domains translate into the LWSD domains of health, knowledge, standard of living, community, and social, providing the structure of the Equity Framework.

For each of the five domains, some of the determinants include:



Health– access to healthcare, access to primary care, health insurance coverage, and health literacy



Knowledge– graduating from high school, enrollment in higher education, educational attainment, language and literacy, and early childhood education and development



Standard of Living– poverty, employment, food security, and housing stability



Community – quality of housing, access to transportation, availability of health foods, air and water quality, and neighborhood crime and violence



Social– cohesion with a community, civic participation, discrimination, conditions in the workplace, and incarceration

More positive outcomes among SDOH are predictors of better health in general, however SDOH are typically shaped by money, power, and resources. Importantly, health inequities are shaped by more than differing and ill behaviors.⁴ By addressing inequities among groups in these various conditions and environments, population health outcomes can be influenced for the better.⁵

Existing Literature

The Equity Framework utilized existing models to explain the role of inequities in health and well-being outcomes. Paradies et al. (2015) created a framework explaining how racial discrimination, through various social and economic factors, can lead to physical and mental health disparities.⁶ Similarly, Yearby (2020) revised the Healthy People 2020 SDOH framework by examining the effect of structural discrimination and law on key social determinants of health.⁷ These models were adapted and the use of SDOH aligns with the County of San Diego's *Live Well San Diego* vision and the recognized Areas of Influence. Overall, there is evidence that populations who experience systemic inequities tend to experience measurable disparities in health and well-being outcomes, including higher rates of morbidity and death.

³ Office of Disease Prevention and Health Promotion. Social Determinants of Health. *Healthy People 2030*. [Online] n.d. [Cited: September 29, 2021.] <https://health.gov/healthypeople/objectives-and-data/social-determinants-health>.

⁴ Michael Marmot and Jessica J. Allen, 2014: Social Determinants of Health Equity American Journal of Public Health 104, S517_S519, <https://doi.org/10.2105/AJPH.2014.302200>

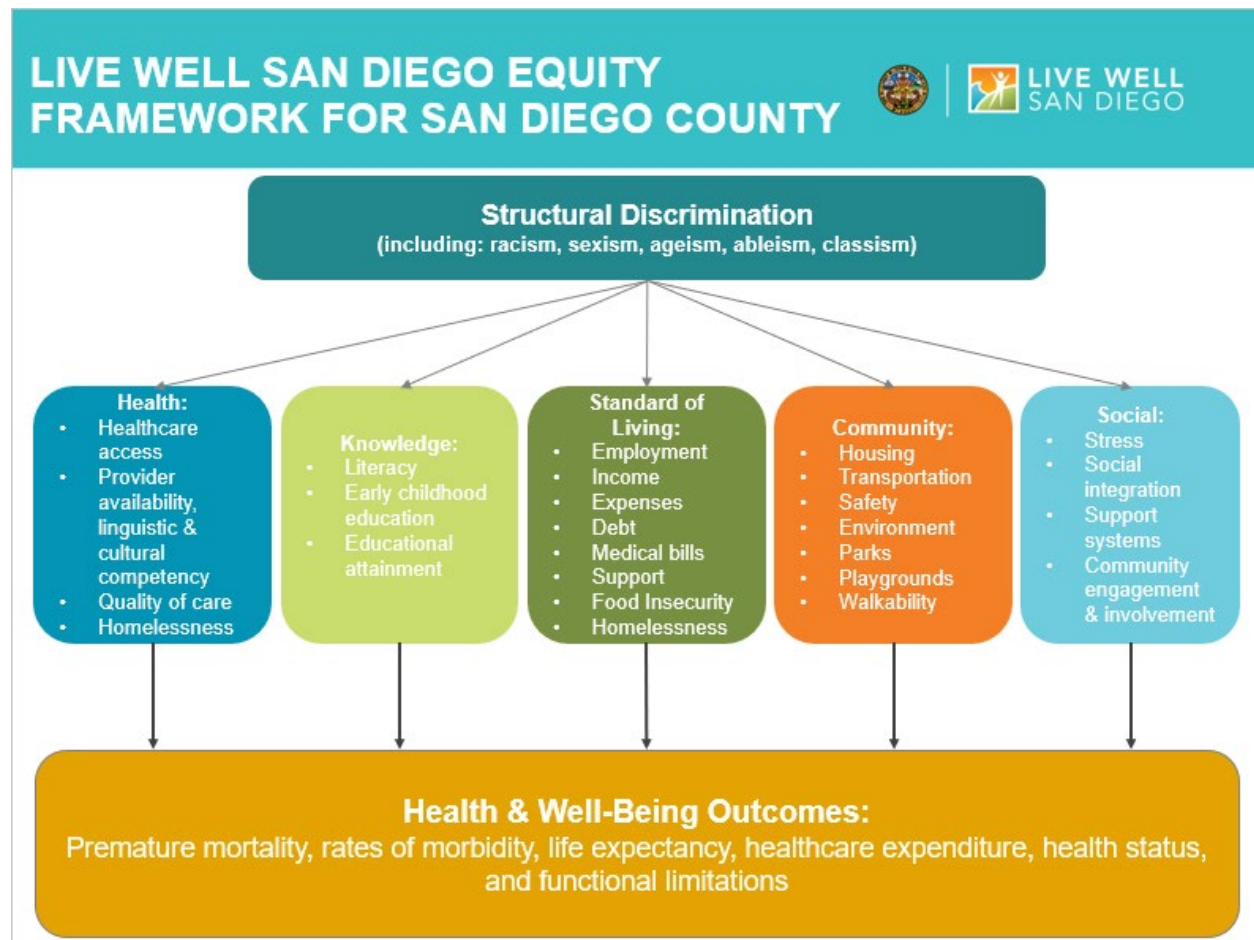
⁵ Centers for Disease Control and Prevention (CDC). About Social Determinants of Health (SDOH). [Online] March 10, 2021. [Cited: September 29, 2021.] <https://www.cdc.gov/socialdeterminants/about.html>.

⁶ Paradies Y, Ben J, Denson N, Elias A, Priest N, Pieterse A, et al. (2015) Racism as a Determinant of Health: A Systematic Review and Meta-Analysis. *PLoS ONE* 10(9): e0138511. doi:10.1371/journal.pone.0138511.

⁷ Ruqaiyah Yearby, Structural Racism and Health Disparities: Reconfiguring the Social Determinants of Health Framework to Include the Root Cause, 48 J. of L. Med. & Ethics 518-526 (September 2020).

Equity Framework


The Equity Framework aims to better understand systemic inequities with the purpose of providing the data for SDOH and related health and behavioral indicators. The series considers various SDOH and explores lenses of health equity, including racial equity, age equity, socioeconomic equity, gender equity, and geography equity. Additional lenses of health equity may include ability equity, sexual orientation equity, and gender identity equity as data becomes more widely available.



When SDOH are examined by lenses of health equity, such as by race/ethnicity, disparities become apparent. This framework can also be applied to other vulnerable populations, such as those with disabilities, the young and the elderly, and those of low socioeconomic status. The inclusion of more measures in the Equity Framework helps to better understand the root causes of health inequities so that actions may be taken to ensure health and well-being for all San Diego County residents.

Conclusion

The social determinants of health data can be used as a baseline to understand the health and well-being of residents of San Diego County. The data itself cannot solve the issues it highlights but can be used to inform programs and decisions related to inequity.



Moving forward, the County of San Diego plans to continue work examining inequities and addressing how to close gaps in health and well-being outcomes. Based on the *Live Well San Diego* vision, the next steps include continuing to locate, collect, extract, and organize data by various social groups to fill any potential gaps in the framework; identifying disparities utilizing the *Live Well San Diego* and Equity frameworks; and informing community partners, including internal and external stakeholders, to turn knowledge into action.