



WISCONSIN DEPARTMENT OF PUBLIC INSTRUCTION

RESOURCE

Social Determinants of Health Exploration Guide

Introduction

Health, including mental health, is impacted by a complex set of social and environmental factors that affect an individual's development, functioning, and quality of life. These characteristics, or social determinants of health (SDOH), include the "conditions in the places where people live, learn, work, and play that affect a wide range of health risks and outcomes" (CDC 2018).

SDOH are grouped into five categories:

1. Economic Stability
2. Education Access and Quality
3. Social and Community Context
4. Healthcare Access and Quality
5. Neighborhood and Built Environment



Economic Stability

Includes determinants such as poverty, employment, food security, and housing security. Examples of indicators of economic stability include (USDHHS 2025):

- Percentage of children who live with at least one caregiver that works full-time.
- Percentage of families that spend more than 30% income on their housing.
- Housing assistance utilization rates.
- Unemployment rates.
- Poverty rates.
- Household food insecurity rates.



Education Access and Quality

Includes determinants such as graduation from high school, enrollment in higher education, general educational attainment, language and literacy, and early childhood education. Examples of indicators of educational access and quality include (USDHHS 2025):

- The Proportion of students who graduate from high school in four years.
- The Proportion of 8th grade students reading at or above the proficient level.
- The Proportion of 8th grade students doing math at or above the proficient level.
- The Proportion of high school graduates in higher education the October after graduating.
- Number of children participating in high-quality early childhood education programs.



Social and Community Context

Includes influencers such as community cohesion, civic participation, racism and discrimination, and conditions in the workplace. Examples of indicators of social and community context include (USDHHS 2025):

- Percentage of children with a caregiver that has spent time in jail or prison.
- The Percentage of children that say they have at least one trusted adult they can talk to about serious problems.
- Percentage of children and adolescents who communicate positively with their parents.
- The health and mental health literacy of the population.
- Number of bullying incidents of transgender students.



Healthcare Access and Quality

Includes determinants such as access to healthcare and primary care, health insurance coverage, health and mental health literacy. Examples of indicators of educational access and quality include (USDHHS 2025):

- Percentage of adults that receive preventative healthcare
- Number of adolescents who had a preventive healthcare visit in the past year
- Percentage of people with health insurance
- Rates of telehealth usage to improve access to care
- Percentage of women who receive early and appropriate prenatal care



Neighborhood and Built Environment includes determinants such as quality of housing, access to transportation, availability of healthy foods, air and water quality, and neighborhood crime and violence. Examples of indicators of neighborhood and built environment include (USDHHS 2025):

- Proportion of households with access to water that meets safe drinking water standards.
- Rate of minors committing violent crimes.
- Proportion of adults with broadband internet.
- Blood lead levels of children age 1-5.
- Proportion of adolescents who walk or bike to get places.

SDOH not only impacts the health and educational outcomes of individual students, but they also impact health and educational equity in the larger school community. To achieve health equity, a state in which every person has the opportunity to attain their highest level of health and wellbeing, communities must address disparities in SDOH (CDC 2024).

Certain SDOH, such as the effects of centuries of racism, are key drivers of health inequities within communities of color. The impact is pervasive and deeply embedded in society, creating inequities in access to a range of social and economic benefits—such as housing, education, wealth, and employment (CDC 2024). These inequities put people at higher risk of poor health and mental health.

We cannot eliminate these and other health and mental health disparities simply by promoting healthy living; education, healthcare, housing, and employment sectors need to band together to address SDOH. Schools are well-positioned to assess and take actions to help overcome these obstacles to student achievement, social-emotional development, and well-being. When school-communities are aware of the impacts of SDOH, they can make better program and policy decisions to improve student mental health (Center for Health and Healthcare in Schools 2021). Many communities across Wisconsin are already implementing innovative strategies to address SDOH.

Explore SDOH in Your School-Community

Assessing SDOH is an important first step in understanding what impacts student and staff mental health. Exploring SDOH is part of the needs assessment and resource mapping process, informs the development of mental health referral pathways, provides critical information about what programing is needed in the continuum of mental health supports, informs collaboration efforts between schools and community partners, and contributes to the sustainability of the school mental health system.

Addressing SDOH requires collaboration across sectors; any exploration of SDOH should include a variety of community partners, such as local and regional public health departments, social services agencies, health systems, and other community agencies interested in the well-being of children and families.



The following questions can help school-communities begin to explore SDOH in their unique context:




1. What do we already know about SDOH?

Your school-community already collects data about SDOH through things like universal screeners, community health needs assessments, and school district data. Federal, state, and regional entities also collect data that help paint a more complete picture of the SDOH at play in your community, including:

- [Youth Risk Behaviors Survey](#)
- [The Neighborhood Atlas](#)
- [Wisconsin Risk and Reach Dashboard](#)
- [School District Data](#)
- [Kids Count Data Center](#)
- [Drilldown Dashboard](#)
- [County Health Rankings and Roadmaps](#)

Identify and review existing data sources about SDOH in your school-community. Then, record what you learned below. Remember to include both things that are going well, or assets, and areas where your school-community may need to improve.

SDOH	Community Assets	Community Needs
<p>Economic Stability</p> 	<p><i>E.g., the unemployment rate in our community is low (1.5%).</i></p>	<p><i>E.g., 50% of students live in homes with food insecurity.</i></p>
<p>Education Access and Quality</p> 		

<p>Social and Community Context</p> 		
<p>Healthcare Access and Quality</p> 		
<p>Neighborhood and Built Environment</p> 		

2. What gaps exist in our understanding of SDOH in our community?

Next, consider what else you need to know about SDOH to improve outcomes in your community. Consider what subsets of students, families, or the broader community that you may need to know more about. Record your ideas below.

3. How can we get more information?

Consider how the school-community can fill the identified gaps in information. This may require data collection efforts, such as universal screening or additional surveillance activities. Consider what is feasible given time, materials, needed training, etc.

For examples of free or low-cost screening and assessment tools, reference the [Assessing Social Influencers of Health and Education](#) document from the School-Based Health Alliance and National Center for School Mental Health. Record your plan to gather additional SDOH information below.

4. Once we have more information, what will we do with it?

Consider how the data will be used to improve health and educational outcomes, including how the group will prioritize areas of need uncovered during data collection and exploration, and set goals for improving SDOH.

5. Given the SDOH data in our school-community, how will we take action to improve health and education outcomes?

Goals focused on improving individual student outcomes are important for meeting the immediate needs of students.

However, making a long-term impact on health and educational outcomes by addressing inequities in SDOH requires changing laws, policies, and regulations that create community conditions where people can thrive. Record your ideas for taking action below.

For guidance on identifying goals, developing change ideas, testing changes, and scaling improvements, reference the Wisconsin Department of Public Instruction's [Roadmap for School Mental Health Improvement](#).

References

US Department of Health and Human Services (USDHHS). 2025. "Healthy People 2030: Objectives and Data." <https://odphp.health.gov/healthypeople/objectives-and-data>.

Centers for Disease Control and Prevention (CDC). 2018. "Social Determinants of Health: Know What Affects Health." <https://www.cdc.gov/socialdeterminants/index.htm>.

Centers for Disease Control and Prevention (CDC). 2024. "What Is Health Equity?" <https://www.cdc.gov/health-equity/what-is/index.html>.

Center for Health and Health Care in Schools, School-Based Health Alliance, National Center for School Mental Health (2021). Assessing Social Influencers of Health and Education. Washington, D.C.: School Health Services National Quality Initiative.



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