

# Social Determinants of Health

## How Do I Ask and What Can I Do?

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# Disclosures

None

# Learning Objectives

At the end of this session, participants will be able to:

- ▶ Define the Social Determinants of Health
- ▶ Describe areas where they can act upon SDoH both inside and outside the clinic

# Social Determinants of Health: Definition

- ▶ Social determinants of health (SDoH) are the conditions in which people are born, grow, live, work and age that shape health

Figure 1

# Social Determinants of Health

Economic Stability	Neighborhood and Physical Environment	Education	Food	Community and Social Context	Health Care System
Employment	Housing	Literacy	Hunger	Social integration	Health coverage
Income	Transportation	Language	Access to healthy options	Support systems	Provider availability
Expenses	Safety	Early childhood education		Community engagement	Provider linguistic and cultural competency
Debt	Parks	Vocational training		Discrimination	Quality of care
Medical bills	Playgrounds	Higher education		Stress	
Support	Walkability				
	Zip code / geography				

## Health Outcomes

Mortality, Morbidity, Life Expectancy, Health Care Expenditures, Health Status, Functional Limitations

## Equality



The assumption is that everyone benefits from the same supports. This is equal treatment.

## Equity



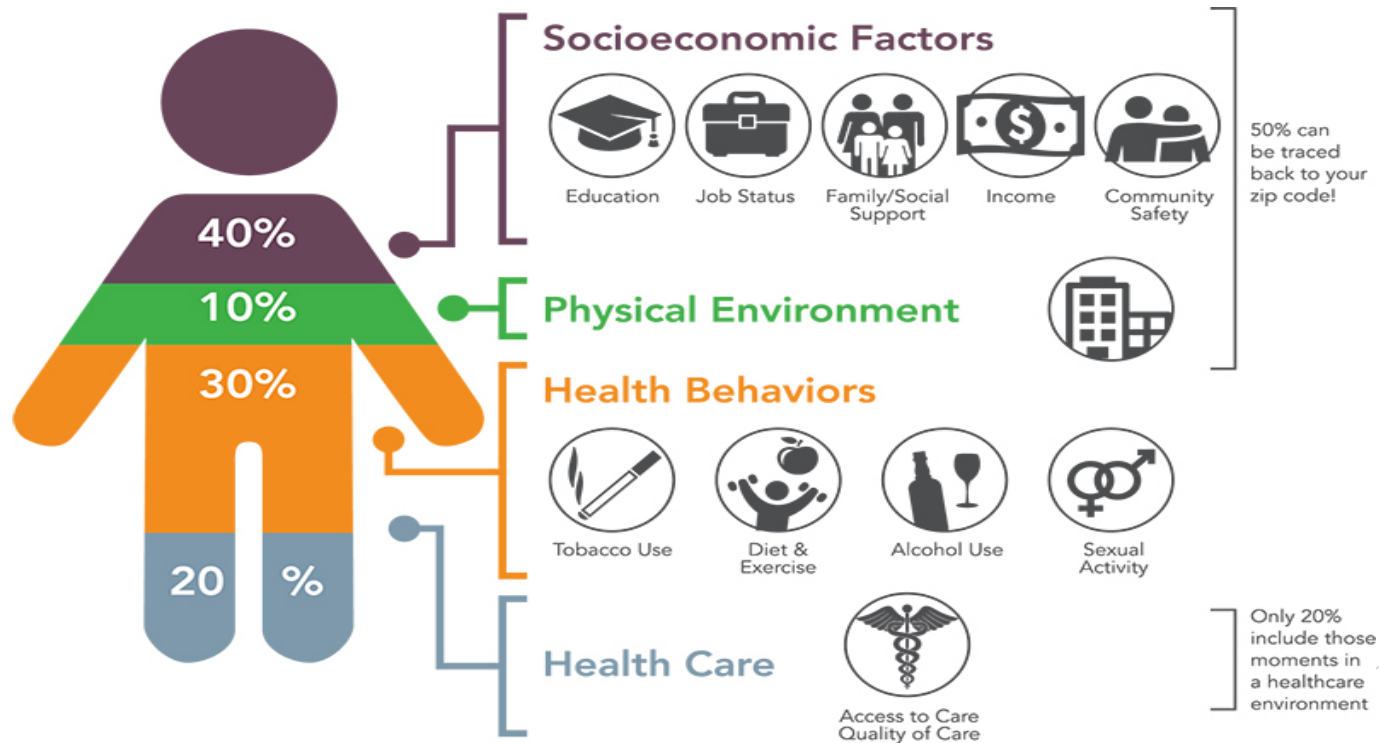
Everyone gets the supports they need (this is the concept of "affirmative action"), thus producing equity.

## Justice



All 3 can see the game without supports or accommodations because the cause(s) of the inequity was addressed. The systemic barrier has been removed.

# Impact of Social Determinants of Health



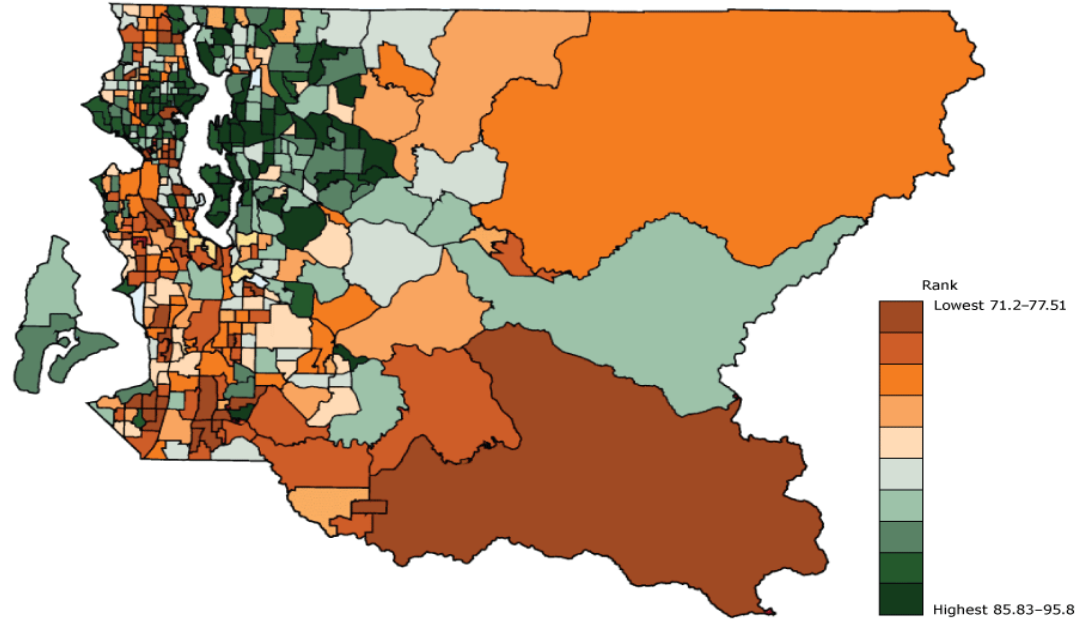
# Social and Medical Contributors to Disease (Galea, 2011)

U.S. Deaths in 2000 due to:

- ▶ Acute MI = 193,000
- ▶ Low education = 245,000
  
- ▶ Lung cancer = 156,000
- ▶ Low social support = 162,000
  
- ▶ Cerebrovascular disease = 168,000
- ▶ Racial segregation = 176,000



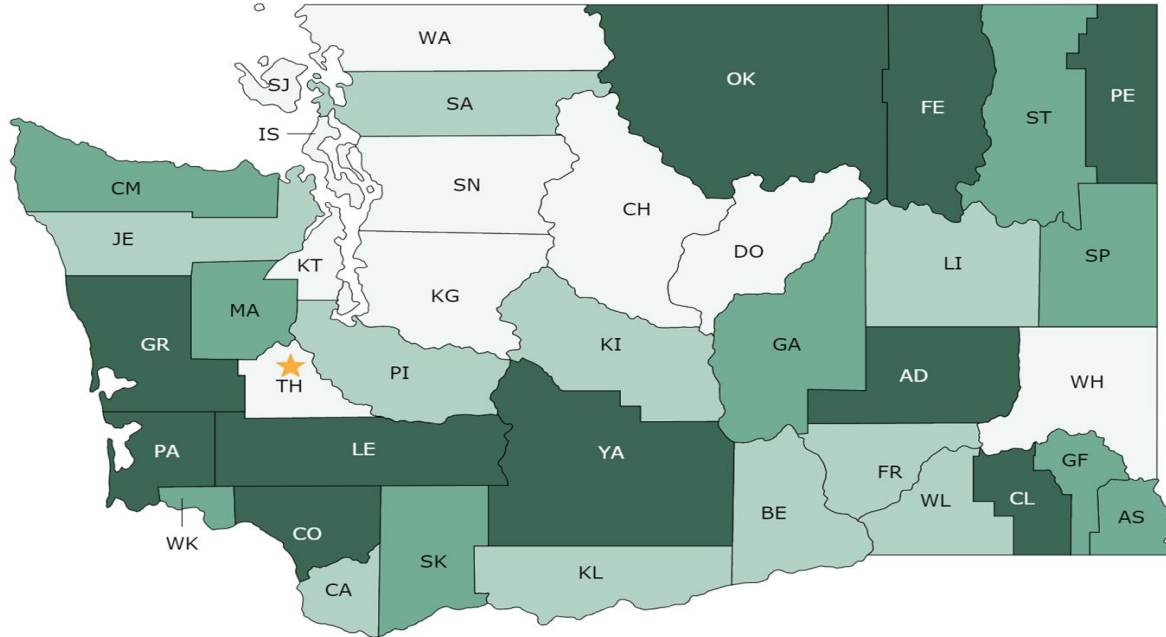
# Life Expectancy at Birth in Seattle-King County 2018 (Boothe et al, 2018)



0 Miles 25

# COUNTY RANKINGS

## 2019 Health Outcomes - Washington



Rank 1-10   Rank 11-20   Rank 21-29   Rank 30-39

## Don't Even Want to Ask? You Are Not Alone! Providers' attitudes About identifying and addressing patients' social needs--AAFP survey (2017)

- ▶ 83% agree FPs should identify and help address patients' SDoH
- ▶ 80% don't have time to discuss SDoH with patients
- ▶ 56% feel unable to provide solutions to patients
- ▶ 78% agree FPs should partner with community organizations to address community health disparities
- ▶ 64% aren't properly staffed to address risk factors with patients
- ▶ 75% agree FPs should advocate for public policies that address SDoH

# Benefits of Asking About SDOHs

(Andermann, 2018)

- ▶ Patients appreciate it and feel supported (Felitti and Anda and others)
- ▶ Providing whole-person care
- ▶ Reducing missed opportunities for diagnosis reducing “revolving door medicine” and recurrent emergency room visits by understanding underlying causes of the presenting health issues
- ▶ Providing more cost-effective care by intervening early and preventing hospitalization
- ▶ Increasing adherence to medication and improving health by prescribing medicines that patients can afford providing more trauma-informed care.

# Patient Case Study

- ▶ 50 y.o Mexican immigrant mother of three with h/o of Diabetes, Obesity, Sleep Apnea and Heart Failure

# Why is Maria in the clinic?

- ▶ Activity: Draw out the causes and conditions of Maria's chronic diseases

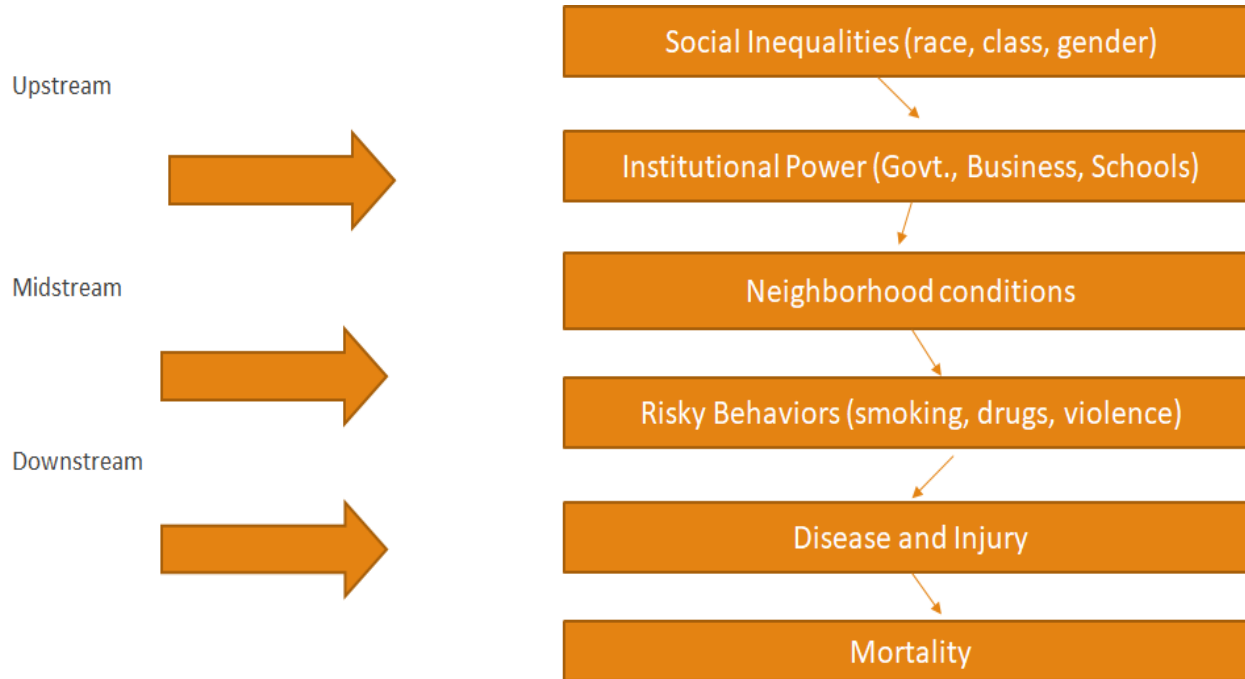
# SDoH INTERVENTION EFFECTS

BMJ Case Reports

## Upstream and Downstream effects

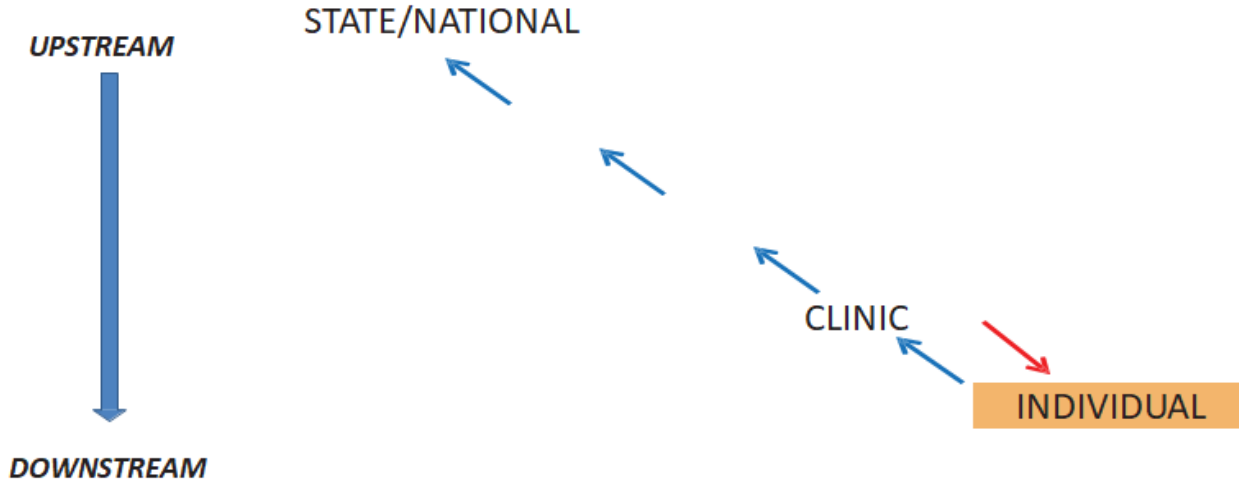
Upstream Intervention (leads to health equity)	Upstream	Patient	Downstream	Downstream intervention (leads to social gradient)
Policy is revised in order to make drugs affordable and accessible	Health Policy	Patient would benefit from a new drug for chronic illness	Patient forced to use generic drug, not optimized	Patient pays for drug out of pocket or uses samples
Universal Health Insurance is installed	Health Insurance	Patient requires imaging for diagnosis	Delayed diagnosis due to inappropriate imaging	Patient pays or relies on personal insurance for imaging
Clean water and sanitation is ensured for all the population	Water systems	Patient lives in an area with unclean water	Patient infected	Patient relies on personal filters or water systems

# MOVING UPSTREAM FROM BEHAVIORS TO POPULATION CHANGE





# LEVEL OF INTERVENTION



# PRACTICAL INTERVENTIONS AT THE CLINIC LEVEL

- ▶ SDOH Interviewing
- ▶ SDOH Screening (SDOH-6 Screening Tool)
- ▶ SDOH integrated into EHR (Questionnaire & ICD 10)
- ▶ Train clinic staff and leadership
- ▶ Expand clinic services to meet SDOH needs
- ▶ Integrate Trauma Informed Care
- ▶ Interdisciplinary approaches to care using team based model/chronic disease model
- ▶ Expand referral and community resources

# EXPANDED SERVICES IN THE CLINIC

- ▶ Navigators and Community Health Workers
- ▶ Medication Assistance
- ▶ Transportation
- ▶ Mobile Clinics/ER/Jail
- ▶ Reach out and Read
- ▶ Professional Interpreter Services
- ▶ Voter Registration
- ▶ Housing

# THE EVERYONE PROJECT TOOLKIT

- ▶ <https://www.aafp.org/patient-care/social-determinants-of-health/everyone-project/eop-tools.html>
- ▶ Building a team approach to addressing SDoH
- ▶ Building cultural competency
- ▶ Key aspects of health literacy
- ▶ Addressing implicit bias
- ▶ Tips on talking to elected officials
- ▶ Links to resources
- ▶ Social Needs Patient Action Plan

# IMPACT OF SDoH AT THE INDIVIDUAL LEVEL

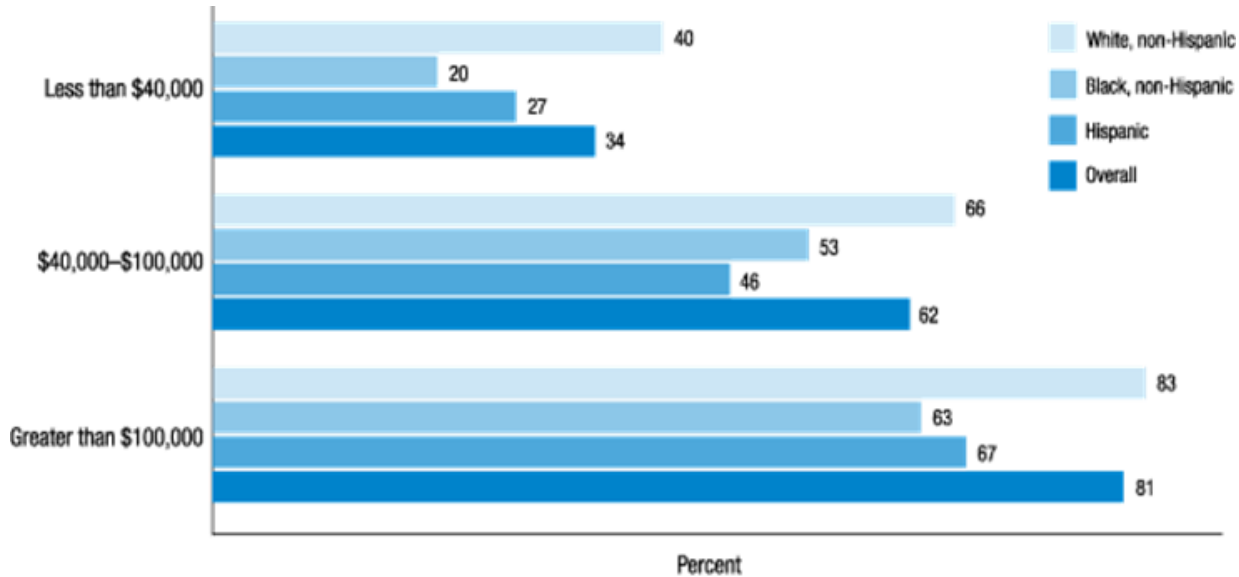
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# PERCENT OF AMERICANS WHO COULD COME UP WITH \$400 IN AN EMERGENCY

- ▶ 26%
- ▶ 46%
- ▶ 66%
- ▶ 86%

# ANSWER: 46%

**Respondents who would completely pay an emergency expense that costs \$400 using cash or a credit card that they pay off at the end of the month (by family income, race, and ethnicity)**



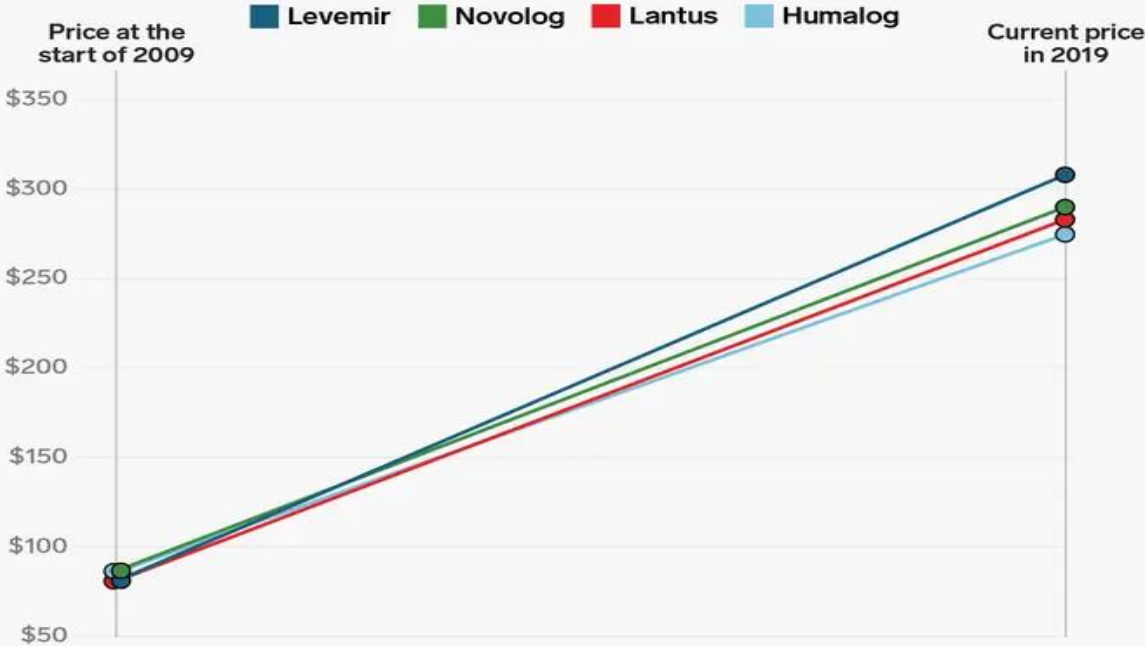
# IT IS TOUGH BEING POOR IN THE US

- ▶ Federal poverty guidelines:
  - ▶ For a family of four it is \$25,750
  - ▶ For a single person it is \$12,490
- ▶ Medicare is a federal program and consistent across all states
  - ▶ Straight Medicare has no prescription benefit
  - ▶ Medicare Advantage plans have prescription benefits, but have higher premiums
- ▶ Medicaid is a state-federal partnership and eligibility and coverage vary widely
  - ▶ Each state sets its own rules on things such as Medicaid Spenddowns



# PRICE OF INSULIN OVER THE LAST DECADE

### Insulin list prices over the last decade



Sources: Truven Health Analytics; Bloomberg

# ARE YOU OVERWHELMED YET?

- ▶ WHAT CAN AN INDIVIDUAL PROVIDER DO?
- ▶ A LOT, ACTUALLY

# ASK SOME SIMPLE SCREENING QUESTIONS

- ▶ Are you working these days?
- ▶ Where are you living these days?
- ▶ How far did you get in school? Did you have any trouble with reading or math?

# MAKE USE OF FREE ONLINE TOOLS

One Degree	<a href="https://www.1degree.org/">https://www.1degree.org/</a>
Aunt Bertha	<a href="https://www.auntbertha.com/">https://www.auntbertha.com/</a>
211	<a href="https://wa211.org/">https://wa211.org/</a>
Health Leads	<a href="https://healthleadsusa.org/">https://healthleadsusa.org/</a>
Healthify	<a href="https://www.healthify.us/">https://www.healthify.us/</a>

# REFER YOUR STRUGGLING PATIENTS TO A COMMUNITY HEALTH CENTER

- ▶ It's what we were created to do--we won't get mad