Impact of Social Determinants of Health
The physical environment, social determinants and behavioral factors drive 80 percent of health outcomes.

Socioeconomic Factors 40%
Physical Environment 10%
Health Behaviors 30%
Health Care 20%

Source: Institute for Clinical Systems Improvement, Going Beyond Clinical Walls: Solving Complex Problems (October 2014)

Clinicians see first-hand the negative impact lack of food, unsafe housing and a myriad of other social challenges have on the health of their patients and communities. Diabetes patients having trouble accessing healthy foods. Heart patients skipping daily medication worried they cannot afford to refill their prescription. Young asthma patients continually coming to the emergency department because landlords refuse to remove mold and other toxins from their home.

JAMA recently noted the potential of social media to dig into these complex issues in real-time and “meaningfully influence health outcomes.” while the American Academy of Family Physicians encouraged creation of core competencies relating to social determinants of health training clinicians receive. The question has shifted from how great is the impact of these social determinants on an individual’s health to how can we best address it?

As health care moves from volume to value, it is also moving from treating sickness to promoting health and wellness. By tackling social determinants of health (SDoH), clinicians have a great opportunity to positively impact both the health of communities as well as the affordability of care in partnership with hospitals and health systems. SDoH can most effectively be addressed when organizations develop a systematic approach to the core challenges and clinicians use a framework that maximizes their skills and relationships with patients.
The AHA has a wealth of resources to help clinical and administrative leaders better understand and address social determinants of health. Some of the most popular resources include:

**Virtual Expedition Modules**

To help clinicians address SDoH this web-based virtual expedition equip, staff with how-to actions and companion resources. Modules include a SDoH overview, introduction to upstream quality improvement, addressing food and housing insecurity as well as transportation. [www.aha.org/physicians/SDOH](http://www.aha.org/physicians/SDOH)

**Presentation Addressing Social Determinants of Health**

Developed by The Value Initiative, this PowerPoint presentation defines SDoH for multiple audiences as well as the tremendous impact SDoH has on individual and community health. The format allows users to easily adapt as needed and includes examples of what hospitals are doing to address this important issue. [www.aha.org/addressing-social-determinants-health-presentation](http://www.aha.org/addressing-social-determinants-health-presentation)

**Field in Action**

**Five Questions with Clinical Leaders:** Christine Stabler, M.D., vice president of academic affairs for Lancaster Health, discusses the importance of partnerships and thinking outside the box in order to improve the health of individuals and communities. “You can become blinded if you only look at people who live in poverty. There is need across the board and hidden carefully by people who don’t want to be identified as having a lack of housing, food or an addiction.” [soundcloud.com/advancinghealth/social-determinants-creating-community-partnerships-featuring-dr-christine-stabler-lancaster/s-N6wad](http://soundcloud.com/advancinghealth/social-determinants-creating-community-partnerships-featuring-dr-christine-stabler-lancaster/s-N6wad)

**Because We Must!**: David A. Perlstein, M.D., president SBH Health System, outlines the hospital and health system imperative to address social needs as well as what SBH is doing including a project that creates apartments for formerly homeless individuals, day-care, walking-track and patient education center. “By addressing food and housing insecurity, and personal safety concerns, we will be better able to address the burden of untreated preventable illness in the community, which keeps people from maximal productivity and creativity.” [www.aha.org/news/insights-and-analysis/2018-10-03-why-sbh-health-system-addresses-social-needs-because-we-must](http://www.aha.org/news/insights-and-analysis/2018-10-03-why-sbh-health-system-addresses-social-needs-because-we-must)

**Applying Quality Improvement to SDoH:** Rishi Manchanda, M.D., M.P.H., president and CEO, HealthBegins, defines what it means to follow upstream quality improvement practice and how it can successfully tackle social determinants of health. “Upstream quality improvement means refashioning existing tools to not just reduce readmissions, but refashion tools to deploy and invite upstream partners focusing on specific populations to impact social determinants and outcomes.” [soundcloud.com/advancinghealth/social-determinants-of-health-featuring-rishi-manchanda/s-MlHVi](http://soundcloud.com/advancinghealth/social-determinants-of-health-featuring-rishi-manchanda/s-MlHVi)

**Sources**

1. [https://jamanetwork.com/journals/jama/fullarticle/2719583](https://jamanetwork.com/journals/jama/fullarticle/2719583)

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**Each Year In The U.S.**

- **1.5 million** individuals experience homelessness.
- **3.6 million** people cannot access medical care due to lack of transportation.
- **40 million** people face hunger, and **11.8 percent** of households are food insecure.