Much of health happens beyond the walls of hospitals and health systems. As community cornerstones, hospitals recognize that to improve health equity, we must address the societal factors that influence the health of patients and communities. Recent events — COVID-19 and the social unrest around racism and equity — add a sense of urgency to this essential work. Societal factors are multifaceted and complex, and can only be taken on in partnership with public and private community stakeholders. A comprehensive, hospital-based strategy to address them should consider how to create an impact at the individual, community and systemic level.

The AHA’s **Societal Factors that Influence Health Framework** is designed to guide hospitals’ strategies to address the social needs of their patients, social determinants of health in their communities and the systemic causes that lead to health inequities so the entire field can have meaningful conversations around these issues.
As hospitals and health systems collaborate with stakeholders on strategies to address the societal factors that influence health, they can consider aligning their efforts with the levels of the framework: person, community and systemic. Below is a description of each level and examples of what hospitals can do to improve the health of their patients and communities.

**PERSON**

**Who:** Individuals who present for health care services.

**Setting:** Patient encounter at a point of care.

**Examples:** Lack of stable housing, homelessness, limited access to healthy food, insufficient transportation options, loneliness, human trafficking or an unsafe home environment.

**Strategies:** Patient-level interventions can mitigate non-medical social and economic challenges. Hospitals can: screen and document social needs; gather race, ethnicity and language data; utilize relevant ICD-10-CM Z codes; create interdisciplinary care teams that include social workers, case managers and community health workers; establish hospital-based food pharmacies; connect to temporary supportive housing; partner with ride shares to provide transportation to medical appointments; provide referrals to social service organizations; provide assistance in signing up for medical and social benefits.

**COMMUNITY**

**Who:** The community served by the hospital.

**Setting:** In the community – where people live, learn, work, play and pray.

**Examples:** Food deserts, lack of affordable housing, community violence or inadequate public transportation.

**Strategies:** Hospitals can lead, convene, collaborate, invest in or support activities that improve the community environment with multi-sector stakeholders. Hospitals can: support local food banks and meal delivery services; partner with economic development organizations and contribute to the local investment environment; build grocery stores in food deserts; invest in affordable housing; foster employment and career advancement opportunities; advocate for the public transportation ecosystem.

**SYSTEMIC**

**Who:** Anchor organizations, such as hospitals and health systems, community leaders, legislators or policymakers.

**Setting:** Community, state or national.

**Examples:** Systemic inequities such as racism, sexism, generational poverty, redlining by financial institutions, environmental injustice or educational systems.

**Strategies:** In partnership with other stakeholders, hospitals can support and affect policy, system, environmental and cultural changes to achieve widespread impact on societal issues. Hospitals can: incentivize investments in poor communities; support higher wages or equal pay; advocate for child tax credits; invest in early childhood education.

For more information and resources, visit www.aha.org/societalfactors.