



## PRESIDENT'S COLUMN

# SOCIAL DETERMINANTS OF HEALTH: WEIGHING IN ON THE CONSEQUENCES OF ACTION

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*SDOH has been an obsession since Hurricane Katrina where I saw that what my patients needed most was not medical care, but housing, access to food, transportation, schools, and jobs. Over the past 14 years, I have become more convinced that addressing these non-medical needs is where we need to focus our societal energy to drive health for individuals and communities. Though not only the responsibility of the healthcare system to address these non-medical needs, health care is being asked to step up.*

“It is easy to say that people should follow a healthier life-style and in a better environment, but can this be achieved? Are the required policies acceptable? How effective would they be? The last of these three questions is substantially scientific, but the others are political, pragmatic, and ethical.”

—Geoffrey Rose



**T**his past summer, my husband and I traveled to Wyoming where we spent the time enjoying nature including some fly fishing and hiking. On our hikes, we saw animal tracks in the soft soil of the forest floor. They were everywhere, especially hoof prints

of the abundant moose, deer, and prong horn in the area. For some reason, these hoof prints made me think about the social determinants of health. But then, everything makes me think about the socials determinants of health (SDOH)!

SDOH has been almost an obsession of mine since Hurricane Katrina where I saw firsthand that what my patients needed most was not medical care, but housing, access to food, transportation, schools for their kids, and jobs to come back to. Over these past 14 years, I have become more convinced that addressing these non-medical needs is where we need to focus our societal energy if we really want to drive health for individuals and communities. Though it isn't only the responsibility of the healthcare system to address these non-medical needs, health care is increasingly being asked to step up.

And so, SDOH was on my mind in the woods. I couldn't help but think that these hoof prints, impressions left behind by an event that happened on the trail that I didn't see, were like the many events leaving an impression on the lives of individuals and communities. The forest floor in Wyoming seems resilient and so these

hoof prints are largely innocuous, temporary dents in the soft soil, and the forest floor generally rebounds.

On the other hand, the social determinants of health tend to be less innocuous dents and can have a more lasting, and often negative, impact on the health of our patients and communities. Particularly enduring challenges include generational poverty, policies like redlining, and structural racism. Such challenges have been shown to be a constant allostatic load on an individual, causing changes to their physiology and an increase in susceptibility to disease ranging from colds to cardiovascular disease.<sup>1</sup> Just because as doctors we don't see the insults, challenges, and life circumstances, the social determinants are impacting our patients' health in significant ways—pressing into them just like the animal's hooves on the trail.

It is no wonder that public health officials and policy makers are excited about the momentum around the recognition that the social determinants drive the majority of our health outcomes and that the practice and research community are busy understanding what actions can positively address social needs and, as a result, improve health outcomes. For example, if we identify and address food insecurity, we can improve the management of heart failure and reduce unnecessary hospital admissions. These would be the *intended consequences* and a driver behind professional medical societies like the American College of Physicians,

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American Association of Pediatrics, and the American Association of Family Practice to put forward position statements and in some cases tools kits to support physicians and healthcare systems in identifying and addressing the social determinants of health.

In February 2018, Congress weighed in by providing additional flexibility for Medicare Advantage to address healthcare-related social needs in beneficiaries, and this regulatory latitude has been acted on by the Trump Administration in their guidance to plans. This policy work isn't limited to the federal government, and states are active in their work to leverage programs like Medicaid to address social determinants of health, such as the Medicaid program in North Carolina where they are engaged in local experiments to address social needs ranging from transportation to intimate partner violence.<sup>2</sup> Recently, America's Health Insurance Plans made clear that they see the social determinants of health as a strategic priority signaling interest by commercial plans. This interest by public and private payers is a step towards expecting the healthcare system to be accountable for the social determinants of health as well.

While the nation is at work to find ways to impact the social determinants, we should also remember that there may be unintended consequences to our actions. My "watch list" of the unintended consequences of addressing the social determinants of health includes: 1) adding complexity to the health system with new documentation, quality measures and payment rules; 2) harming those we want to help by highlighting their social needs; 3) overwhelming the social care system we are relying on to help our patients and communities; and 4) medicalizing the social determinants of health.

I don't think this is an exhaustive list of unintended consequences by any means. But, I see these as likely to occur if we, as a country, and medicine as a field, are not intentional about the work we do to address the social determinants of health. The last one, medicalizing the social determinants, may have the most significant consequence and we are on a national pathway to make social needs a medical condition. Some of this involves expecting physicians to code needs like "food insecurity" in to the medical record. Healthcare policy makers are also beginning a journey of building insurance benefits for Medicare and Medicaid populations (and commercial payers won't be far behind) that support healthcare-related social needs. Rather than expecting health care to address social needs, we should be strengthening social systems and services so they can be strong partners with health care in this work.

There are some early signs that the health system and policy-makers are willing to take a pause and consider how the well-intentioned and in some corners aggressive measures we are taking may impact those we want to help most.<sup>3,4</sup> Others are helping to articulate the important distinction between addressing the health care related social needs of individuals and addressing "upstream determinants" in the community context.<sup>5</sup> However, the aggressive move to action by payers, policy-makers and some healthcare systems will likely continue given the prevailing thinking that there is a real opportunity to improve health outcomes, improve efficiency, and drive down unnecessary healthcare utilization and cost but making the healthcare system more accountable to the social determinants of health.

And so, I am excited that SGIM is planning to add its voice to the conversation about the social determinants of health over the next year. We bring a special set

of experiences, skills, and perspectives to the conversation. We also have significant administrative and educational responsibilities in the U.S. healthcare system. As such, we have a responsibility to be educated about the topic and to have a point of view. We weigh in not only about what can be done "downstream" to address healthcare-related social determinants of health but also "upstream" to address the context and community where our patients live, learn, work, and play. In the end, we will have a publicly available position statement on SDOH that provides a broad overview of the role and opportunity for academic general internal medicine to support policy, research, practice, and educational efforts to advance efforts to address all the drivers of health and make recommendations where appropriate. We will also consider the potential unintended consequences of acting on the SDOH.

To do this work, Council has assembled a workgroup to develop a position statement for the society. The group will include SGIM members with expertise in the social determinants of health and/or expertise in areas of import that the medical community should consider including the unintended consequences and the impact on our patients and communities. The goal is to release the paper coincident with our SGIM 2020 Annual Meeting in Birmingham, Alabama, where the theme will be "Just Care: Addressing the Social Determinants for Health." I hope that SGIM members who want to engage in the process with suggestions for the position paper and/or are willing to review the draft documents will reach out to me directly so that we may be as inclusive as possible.

Developing a position statement is not a panacea to protecting our patients and communities from the adverse impacts of the social de-

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terminants of health. But, it is an important step in the essential work ahead to address health beyond health care. From a public health perspective, it would be ideal if we could create a world where health equity was the norm. Where the countless events that affect the lives of our patients, like the countless hoof prints I saw on the forest floor in Wyoming, did not leave a mark because our patients and communities were resilient. SGIM members have a critical role to play in this dialogue and work, including articulating the intended consequences, and unintended consequences of action.

### References

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