

# Social determinants of health: What they are, what they aren't

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There is a growing focus on the social determinants of health (SDOH). Yet the term is in danger becoming diluted, and SDOH interventions aimed at individual patients—while beneficial—should be accompanied by broader community interventions that can benefit a larger patient population.

As defined by the World Health Organization (WHO), SDOH are “the conditions in which people are born, grow, work, live, and age, and the wider set of forces and systems shaping the conditions of daily life, including economic policies and systems, development agendas, social norms, social policies, and political systems.”

## Meeting individual and community needs

In recent years, SDOH have been the subject of several studies and essays in JAMA Network™ journals, Health Affairs and a National Academies of Sciences, Engineering and Medicine report. These papers discuss the differences between individual-level “social needs” and community-level “social determinants.”

“There is a growing recognition that medical care alone cannot address what actually makes us sick,” wrote Brian Castrucci, CEO of the de Beaumont Foundation, and John Auerbach, president and CEO of Trust for America’s Health, in a *Health Affairs Blog* post, “Meeting Individual Social Needs Falls Short of Addressing Social Determinants of Health.”

Their post discusses how some hospitals and health systems have been addressing the social needs of patients who have been placed at high risk therefore creating high cost.

“While health care leaders have realized that programs to buy food, offer temporary housing, or cover ride-sharing programs are less expensive than providing repeat health care services for their highest cost patients, such patient-centered assistance does not improve the underlying social and economic

factors that affect the health of everyone in a community,” Castrucci and Auerbach wrote. “While targeted, small-scale social interventions provide invaluable assistance for individual patients, we must also remain focused on the social determinants that perpetuate poor health at the community level.”

## Public health and clinical strategies

Kirsten Bibbins-Domingo, MD, PhD, chaired the National Academies consensus committee that produced the report “Integrating Social Care Into the Delivery of Health Care: Moving Upstream to Improve the Nation’s Health,” and she summarized the panel’s work in a *JAMA* Viewpoint column.

Five different activities related to integrating social care into health care were noted by Dr. Bibbins-Domingo, who chairs the Department of Epidemiology and Biostatistics at the University of California San Francisco. They cover a range from the individual and community solutions others discussed and include:

- Awareness, which involves asking people about their access to transportation.
- Adjustment, such as reducing the need for in-person care by using telehealth technology.
- Assistance, such as providing vouchers for ride sharing or public transit.
- Alignment, which includes investing in community ride-sharing programs.
- Advocacy, such as working to fundamentally change a community’s transportation infrastructure.

The National Academies’ report lists five things that should be done “to achieve integration of social care into health care.”

According to the report, it is necessary to:

- Design health care delivery to integrate social care into health care.
- Build a workforce to integrate social care into health care delivery.
- Develop a digital infrastructure that is interoperable between health care and social care organizations
- Finance the integration of health care and social care.
- Fund, conduct, and translate research and evaluation on the effectiveness and implementation of social care practices in health care settings.

Also worth reading: “Upstream Communication Toolkit: Tools to improve communication about social needs and social determinants of health,” released by the Burbank, California-based physician-run advisory firm HealthBegins.