

#### **CHEAT SHEET**

# Social Determinants of Health

Non-clinical factors that shape health

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## Key takeaways

- Social determinants of health (SDOH) are non-clinical factors that impact one's health. These factors include economic stability, food security, and physical environment.
- As much as 50% of a patient's health can be attributed to nonclinical factors.
- The root causes of SDOH are intergenerational poverty and structural inequity. To address them, health systems must look beyond clinical solutions and social service referrals – and towards broader partnerships with community stakeholders to combat community-level poverty and inequity.



# What are they?

Social determinants of health (SDOH) are "the conditions in which people are born, grow, live, work, and age that shape health." They include non-clinical factors such as economic stability, food security, and physical environment.

## Domains of the social determinants of health



#### Economic Stability

- Employment
- Income
- · Expenses
- Debt
- Medical bills
- Support



#### Neighborhood and Physical Environment

- Housing
- Transportation
- · Safety
- Parks
- Playgrounds
- Walkability



## Education

- Literacy
- Language
- Early childhood education
- Vocational training
- Higher education



## Food

- Hunger
- Access to healthy options



# Community and Social Context

- Social integration
- Support systems
- Community engagement
- Discrimination



#### Health Care System

- Health coverage
- Provider availability
- · Provider bias
- Provider cultural and linguistic competency
- · Quality of care

SDOH are distinct from individual social needs. For example, a patient might experience episodic homelessness, an individual social need, which can demonstrate the community's lack of affordable housing, a SDOH.

Kaiser Family Foundation definition of SDOH.
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# Why do they matter?

SDOH significantly impact overall health. Up to 50% of patients' health can be attributed to non-clinical factors, such as social, economic, and physical environment.<sup>1</sup>

SDOH can also amplify existing disparities in patient access and outcomes. For example, 66% of food insecure households have to chose between paying for food or paying for medical care.

Consequently, SDOH are strongly associated with increased costs to health systems. For example, patients with unmet social needs have 10% higher annual health expenditures, approximately \$2,443 per year. The collective impact on the health care system is staggering. The annual health-related costs attributed to food insecurity alone—just one of the SDOH—amount to \$155 billion.

As new regulations continue to push health systems from volume-based to value-based care, industry leaders have increasingly recognized the importance of addressing SDOH to improve quality and reduce costs.

#### As much as

50%

Of patients' health can be attributed to their social, economic, and physical environment

and Roadmaps, https://www.countyhealthrankings.or.g/explore-health-rankings/measures-data-sour ces/county-health-rankings-model; "Wha are the Connections Between Food Insecurity and Health?" Hunger + Health, https://hungerandhealth.feedingamerica.org/understand-food-insecurity/hunger-health-101/; Social Determinants of Health, Health Care Industry Committee, Advisory Board Research; The Field Guide for Defining Providers' Role in Addressing Social Determinants of Health, Health Care Advisory Board, Advisory Board Research.

Source: "County Health Rankings Model," County Health Ranking



# How do health systems address them?

While there is clear evidence that SDOH greatly impact health outcomes, there is less evidence behind best practices to address them. For that reason, most health systems are experimenting with interventions and evolving their approach.

A growing number of systems now screen for social needs in emergency departments and primary care clinics, and navigate patients to the appropriate non-clinical services for support. But for many medically and socially complex patients, one-off referrals to social services won't seriously impact the structural root causes that perpetuate SDOH disparities.

In order to inflect deeper change, health systems have an opportunity to set long-term strategies centered around the root causes of SDOH in their communities: intergenerational poverty and structural inequity. That means partnering with community stakeholders to address these challenges at the community level. The most advanced approaches include contracting with local businesses, hiring locally, raising wages, and investing in community projects to promote economic mobility and health equity.



# Conversations you should be having

- Determine the most critical social determinant of health challenges your community is facing.
- Rely on the community's voice to understand foundational needs, design solutions, and select the right role(s) to play. Otherwise, you risk of wasting resources and alienating the community.
- Figure out how to prove commitment with significant internal change (such as committing to local purchasing and prioritizing women- and minority-owned businesses when possible).

Conversations about SDOH may uncover how your organization may have increased certain challenges for marginalized communities. If so, decide what your organization will do—by itself and with community partners—to promote economic mobility and health equity among these groups.



# Related resources

- WEBINAR
  Social Determinants 101
  advisory.com/SDOH101
- RESEARCH REPORT
  The Field Guide for Defining Providers' Role in Addressing Social Determinants of Health advisory.com/SDOHFieldGuide
- WEBINAR
  Health Equity 101
  advisory.com/HealthEquity101

EXECUTIVE RESEARCH BRIEFING
3 Imperatives for Investing in Successful
Community Partnerships
advisory.com/CommunityPartnerships

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## Physician Executive Council

#### **Project Directors**

Clare Wirth

wirthcl@advisory.com 202-266-6823

Ryan Furr-Johnson

rfurrjo@advisory.com 202-266-5373

## Contributing Consultant

Darby Sullivan

### Program Leadership

Megan Clark

Sarah Evans

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