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The role of physicians in addressing social determinants of health

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To a large degree, health is shaped by the conditions in which people are born, grow, live, work, and age, collectively termed the social determinants of health.^{1,2} The US public and health care professionals care about improving health outcomes. Compared to other high-income countries, the US spends significantly more per capita and in total on healthcare.³ Yet through chronic underinvestment in some of the conditions that most influence health, such as social services, education, physical environments, and access to healthy food, progress has been undermined, with lower than average outcomes across a range of health indicators, including life-expectancy.

While perhaps slow to respond to this challenge to the health of populations, in the last decade, hospitals and physicians in the US have taken up a role in addressing social determinants of health. According to a 2017 survey of 284 hospitals by Deloitte, 80 percent of respondents, including clinical and administrative staff across leadership levels, indicated that "...leadership was committed to establishing and developing processes to systematically address social needs as part of clinical care."⁴ This often includes partnering in some way with community organizations to improve access to housing, food, transportation, or social services to patients who may have difficulty with access to healthcare. The American Hospital Association has published a toolkit on "...how hospitals can address the social determinants of health in their communities" including helping to address food insecurity or transportation costs."⁵

There are several reasons for this. Physicians and hospitals understand that health is shaped by these broader conditions and are genuinely motivated to improve them as part of their responsibility to community health. With the enactment of the Affordable Care Act, hospitals have clear incentives to monitor and address community needs. Mitigating the social determinants of health may help Accountable Care Organizations reduce costs and meet value-based-care goals, such as mitigating risk of re-admission or medication non-adherence. At its core, for many health care organizations, addressing social determinants is born of frustration with the often-demoralizing alternative: treating people only to send them back to the conditions that contributed to their health problems.

Efforts to address these issues are also reflected in the literature. In a recent series of articles physicians were encouraged to interpret health issues from a social determinants perspective.⁶ The suggestion underpinning such initiatives, however, is often that once social determinants are "diagnosed", these powerful influences can be attended to by practitioners and clinical service organizations.

This is, however, far easier said than done. Many fundamental determinants of health are far upstream of healthcare and are deeply rooted in the distribution of money and power, at local and national levels. This growing medical engagement with social determinants then raises two important questions. Does physician engagement with these factors risk distracting from the broader responsibility government and society must assume if meaningful progress is to be made for the health of all? What is the most relevant focus with which physicians can engage the social determinants to make a difference?

Starting with the first question, physician engagement with the social determinants is different than physicians' core role: providing healthcare to those who need it. Through necessity, healthcare practitioners must focus on the immediate illness or health problem, and are not well positioned to coordinate longer term population-level health improvement strategies. For example, emergency physicians and surgeons treat patients with gunshot wounds, but their focus on this critical task means they are not best placed to be responsible for the longer-term, strategic goal of preventing gun violence, and incentivizing them to do so may distract them from their vital role. Even more worrisome, the

medicalization of the social determinants of health also absolves policy-makers in non-health sectors such as justice, transportation, housing, employment, environment, benefits, education, sanitation, and a host of other vital contributors to health from any responsibility in the generation of health, despite the widely accepted acknowledgement of these very same factors as crucial in determining health.

In parallel, the notion of addressing social determinants in the context of clinical practice devalues and medicalizes the complex burden and barriers encountered by those affected by discrimination or poverty. Conditions such as poverty or racism are not medical ailments that can be alleviated. Such conditions have individual, community, and societal influences on this and future generations that extend far beyond health. The societal responsibility to these determinants clearly extends beyond the medical focus of eliminating the health harms that reflect acute and expressions of much larger and complex disadvantages. Therefore, healthcare professionals cannot and should not bear primary responsibility for changing these determinants, particularly if they truly want them to change.

Caught in this dilemma, what can physicians and other clinicians along with healthcare organizations do to maximize their influence on the social determinants of health, particularly when these are so fundamental to improving health, and when no physician wants to send a patient back to health-harming conditions?

A core role of the medical profession is preparing the next generation. That it took over-long decades for doctors and organized medicine to embrace a social determinants agenda suggests that a rethinking of medical training is warranted, and essential. Medical education for physicians could be revised from first principles, and be founded upon the generation of health, not just the provision of healthcare. This would cast an understanding of the structural forces that shape health at the heart of medical training rather than relegating it to the sidelines as a course to which little attention is paid. This refocus will help equip physicians for what might be their most enduring impact: creating a healthier world.

In parallel, ensuring adequate representation among physician ranks from all walks of life could go a long way towards putting social determinants thinking at the heart of the medical profession. Poverty and racism are an abstraction at best when one has not experience of either. It is not a far step to see how having a diverse physician body can, indeed, create doctors in future who are much more willing and able to speak and change the public conversation on the social determinants of health. This aligns the burgeoning diversity and inclusion efforts at nearly all medical schools in the country.

Finally, their most enduring effect may be in changing the conversation around health and responsibility for it. Physicians are the most powerful and authoritative voices on health, and they can use this characteristic to champion health in all policies approaches.⁷ They can point to the narratives of their patients and how much of health is determined by forces outside their control.⁶ They can use their knowledge to counter the unsupported narratives in which individuals who have health conditions that are beyond their control are blamed and penalized for their poor health. Clinicians also can communicate their own stories as healthcare practitioners and the hopeless task they at times encounter in delivering effective care for patients, only to return them to the social and economic conditions of which their illness was a symptom.

As those most acutely exposed to the consequences of inequality and the relationship with health, physicians and other clinicians are well-positioned to encourage state and federal agencies to focus on

generating better health for all in the community. It seems incumbent on physicians to acknowledge that a concern with the social determinants is not just their responsibility, but also everyone else's.

References

1. Marmot M, Friel S, Bell R, Houweling TA, Taylor S. Closing the gap in a generation: health equity through action on the social determinants of health. *Lancet*. 2008;372(9650):1661-1669.
2. Silverstein M, Hsu HE, Bell A. Addressing Social Determinants to Improve Population Health: The Balance Between Clinical Care and Public Health. *JAMA*. 2019;322(24):2379-2380.
3. Papanicolas I, Woskie LR, Jha AK. Health Care Spending in the United States and Other High-Income Countries. *JAMA*. 2018;319(10):1024-1039.
4. Deloitte Centre for Health Solutions. *Social determinants of health: How are hospitals and health systems investing in and addressing social needs*. Deloitte;2017.
5. American Hospital Association. Social Determinants of Health. American Hospital Association. Population/Community Health Web site. <https://www.aha.org/social-determinants-health>. Published 2019. Accessed 10/8/2019, 2019.
6. Stonington SD, Holmes SM, Hansen H, et al. Case Studies in Social Medicine - Attending to Structural Forces in Clinical Practice. *N Engl J Med*. 2018;379(20):1958-1961.
7. World Health Organisation. *Health in All Policies: Helsinki statement. Framework for country action*. World Health Organisation;2014.