Translating Knowledge of Social Determinants of Health into Practice: Challenges and Next Steps

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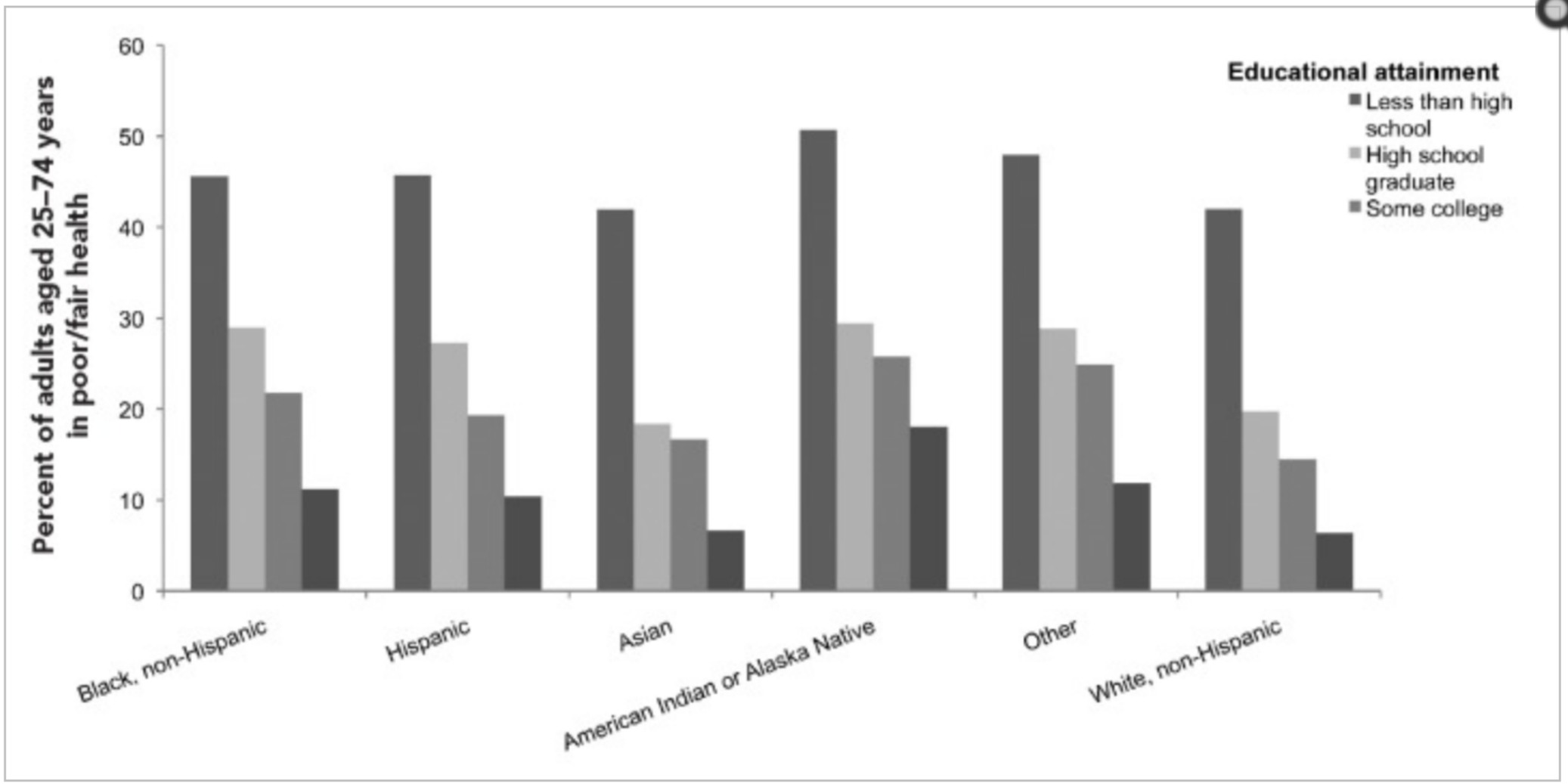
self actualization
esteem
love & belonging
safety & security
physiological
Where can I start?



Socioeconomic gradients in poor/fair health among adults aged 25–74 years within racial/ethnic groups in the U.S., 2008–2010[a]

Men Women

Figure 1
Life expectancy in the U.S. at age 25, by education and gender, 2006[a]

Percent of U.S. adults aged ≥25 years with activity-limiting chronic disease, by family income, 1988–1998

Social-Psycho-Bio Model

Biomedical model	Social-Psycho-Bio Model
Disease is the result of external pathogens or disorders in the functions of organs and body systems.	Disease is the embodiment of the symbolic network linking body, self, and society (Engel, 1977). A dynamic dialectic between cardiovascular **disease processes** (hypertension)
	Psychological stress (panic or demoralization)
	Environmental situations (losing a job, a failing marriage, living in poverty, dealing with sexism/racism, symbolic violence, low self-value).

ACGME Milestones

PC-3 Partners with the patient, family, and community to improve health through disease prevention and health promotion

Partners with the patient and family to overcome barriers to disease prevention and health promotion

PC-4 Partners with the patient to address issues of ongoing signs, symptoms, or health concerns that remain over time without clear diagnosis despite evaluation and treatment, in a patient-centered, cost-effective manner

Identifies the medical and social needs of patients with undifferentiated signs, symptoms, or health concerns

SBP-3 Advocates for individual and community health

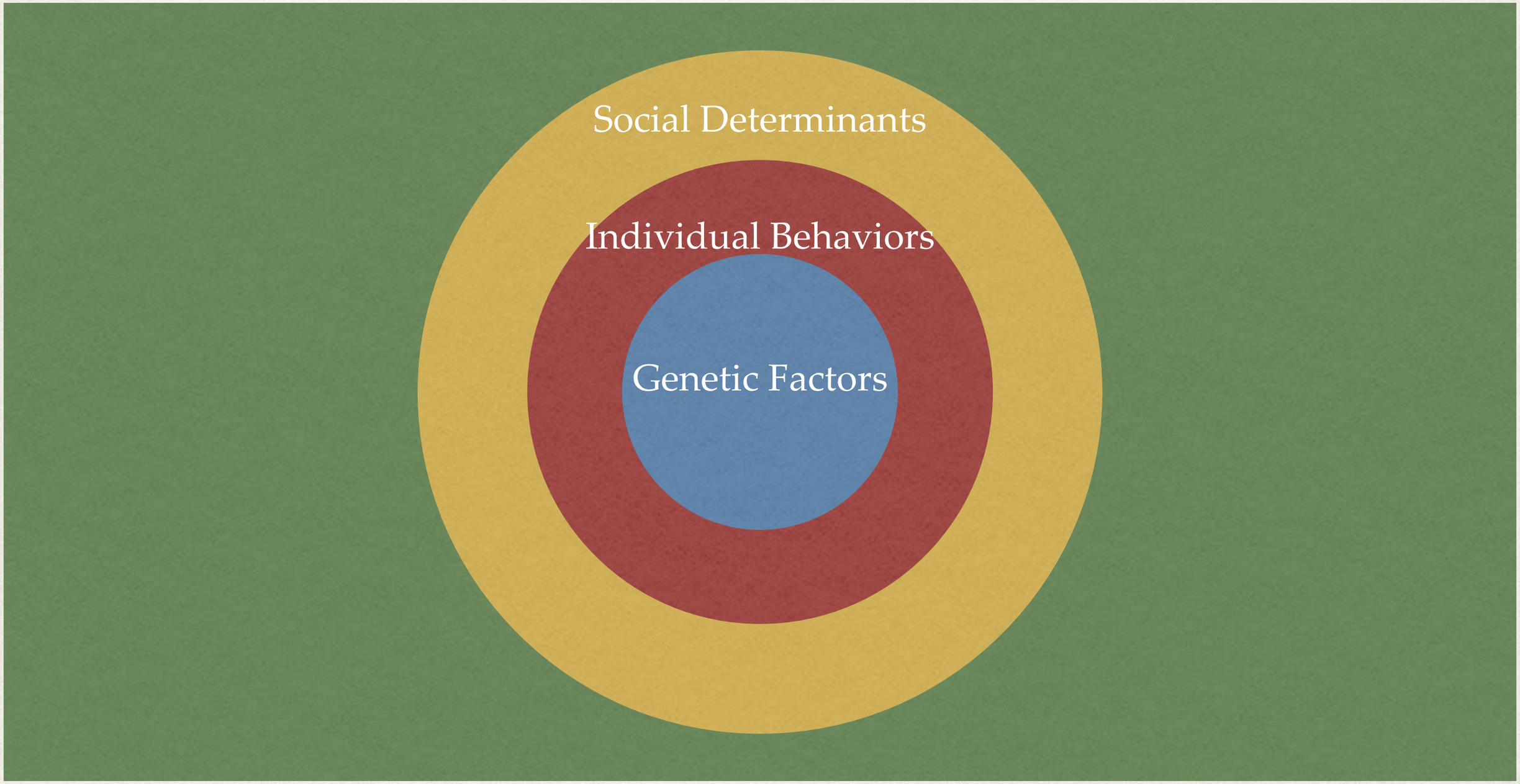
Collaborates with other practices, public health, and community-based organizations to educate the public, guide policies, and implement and evaluate community initiatives

PROF-3 Demonstrates humanism and cultural proficiency

Identifies health inequities and social determinants of health and their impact on individual and family health

Demonstrates leadership in cultural proficiency, understanding of health disparities, and social determinants of health

Social Determinants of Health Review



SDoH

"The economic & social conditions that influence health"

"The conditions in which people are born, grow, live, work, and age"

Determinants of Health…

<u>Factors detracting from optimal health conditions</u>

- Income
- Housing
- Education
- Access to services

Significant factors

- Social Status
- "Neighborhood"
- Physical Environment
- Class and Race
- Social stressors (allostatic load)

Determinants of Health…

<u>When we think of the conditions for optimal health outcomes</u>

- Genetics
- Choices (when possible)
- Supportive Relationships
- Access to affordable care (not just quantity of visits but the quality of the relationship)
- All social/physical environments

How to translate SDoH into our work

- Understanding
- Collaboration
- Project building and implementation
- Attention to policy

Understanding

- Know the data
  - Life expectancy, maternal/child morbidity and mortality, unemployment, housing costs, substance/tobacco use, income, health insurance
- Know the people
  - Asking open-ended questions during visits
  - Talk with other providers
  - Social interactions outside clinics

Collaboration

- Critical to addressing social determinants
  - Health and community advocacy agencies
  - Universities/community colleges
  - Policy makers
  - Interprofessional teams
- Community-level
  - Faith-based organizations
  - School districts
  - Work sites

Project building and implementation

- Community grants
- Federal Funding
- Academic partnerships
- Patient satisfaction/quality improvement
- Training programs

Attention to policy*

- Use faculty development/didactics to engage providers in dialogue about local politics and be informed about bills related to health and social determinants
- Learn how to advocate for patients and the community
- Use existing partnerships to influence policy (invite policy makers to see your practice settings)
- Do not limit to state/county/local but clinic/hospital, and school-level policy awareness as well as work-site policy
- Be current with shared data and published research

Challenges

Next steps…

- Support the Implementation of SDoH curriculum into resident standard training
- Share lessons learned
- Foster “organic intellectuals”

Implement SDoH curriculum

- Upstream thinking…
- Procedures to increase health promoting behaviors and reducing HCBs
- Invite local experts (this is a larger group than you might initially think)
- Invite experts from various disciplines

Share lessons learned

- You have so much to share with one another and within this shared information are some of the answers to the problems facing our patient populations
- Teachable moments
- Always learning

Foster “organic intellectuals”

- Programs with middle, high, and undergraduate school students

- Volunteer groups to work in clinics

- Building “pipelines” to expand the pool of medical professionals who have themselves been impacted by SDoH specific to a community (recruitment and retention)

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References

- Kleinman, A. The Illness Naratives
- Foster Wallace, D. This is Water
- ACGME. The Family Medicine Milestone Project.
- Braveman, & Gottlieb. The Social Determinants of Health: It's time to consider the cause of the causes.
- Barber et al. Double Jeopardy: The Joint Impact of Neighborhood Disadvantage and Low Social Cohesiion on Cumulative Risk of Disease Among AA Men and Women .