Commentary

Social Determinants of Health Can Only Be Addressed by a Multisector Spectrum of Activities

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When grappling with the social determinants of health (SDOH)—such as poverty and racism—the magnitude of the challenges may seem overwhelming. The resources to address these challenges within the public health sector are inadequate if they exist at all. There are virtually no SDOH line items within state or local public health budgets that pay for specialized personnel and little formal training or on-the-job experience that most public health professionals can draw upon. There certainly is a willingness to tackle this work among more and more public health professionals. Both the Association of State and Territorial Health Officials (ASTHO)[1] and the National Association of County and City Health Officials[2] have developed resources to assist their members and highlighted examples of good work already underway. ASTHO Board President Nicole Alexander Scott, MD, from Rhode Island, for example, has shown remarkable leadership with her state's Health Equity Zone initiative and her presidential challenge of "building healthy and resilient communities."[3] However, in general, while the will is there, the way is not so clear. The public health sector lacks dedicated funding, staffing, and training to fully take this on.

The health care sector has a notable appreciation for the impact of the SDOH, in large part because the determinants are seen as a major contributor to the rising cost of care. This was a factor in the development of the Centers for Medicare & Medicaid Services (CMS) Innovation Center's Accountable Health Communities (AHC) demonstration program that funds scores of health systems to identify the unmet health-related social needs of their patients and create referral mechanisms to address them.[4] There are many other examples of interest in the SDOH in the health care sector such as Kaiser Permanente's newly announced Thrive Local initiative,[5] Humana's Bold Goal initiative, and Trinity Health's top priorities. Each has focused attention on identifying and helping to address the nonmedical social and economic needs of patients. Unlike the public health sector, each of these examples in the health care sector has come with a significant infusion of dollars.

Perhaps, as a result of the interest in the health care sector, the momentum to tackle the social determinants is strong in that sector. Bills have been proposed and/or filed in Congress that would assist the health care sector to address the nonmedical social needs of patients. CMS approved a Medicaid waiver for North Carolina that broadens the allowable reimbursement to cover some housing and/or food insecurity needs. CMS Director Seema Verma announced in the summer of 2019 that for the first time Medicare Advantage and Part D plans could pay for non–health-related transportation and other social needs under certain circumstances. These are terrific developments. But as highlighted in a recent *Health Affairs* blog all too often the health care sector's focus is on meeting the immediate social needs of individual patients—particularly those with complex and costly diagnoses—rather than the broader social or economic conditions of the total population within a geographic area.[6]

The efforts of the health care sector to screen patients and create connective bridges to community agencies assume that the capacity exists to meet the needs. But what if services do not exist to address them? Without a focus on the root causes and the community-wide supply of needed services to address them, there is a danger that all the good work in the health care sector may fail. In the words of one frustrated clinician, "Are we building a bridge to nowhere?"

How is it possible to avoid this pitfall? This is where the public health sector comes in. Because public health is accustomed to focusing on the total population, it is a useful complement to the health care sector's approach. It can work to bring representatives from diverse sectors to a figurative if not literal table

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to look at the larger picture and come up with genuine solutions to the identified needs, including ones that involve policy change.

A Public Health Framework

Just who are those that a mobilized public health sector might bring to the table? They are those who are likely to have an impact on the conditions in communities, workplaces, and schools. They include those in the housing, transportation, business, public safety, and economic opportunity sectors. While there is a fair amount of talk regarding the importance of these other sectors, the forums on social determinants that currently exist often do not include them. They are dominated by those in the public health, health care, and community services sectors, although some also include academic institutions, philanthropies, and governmental representatives.

So, action step number 1 for public health is creating a process that meaningfully engages those from these other sectors. This requires relationship building which is often no easy feat. A key reason that there are not more of these forums is that establishing and sustaining the relationships across multiple sectors are challenging and take resources and skill. Public health officials can and should initiate the effort and have respectful discussions with potential invitees. This involves understanding the priorities, needs, and challenges faced by those in the other sectors. In addition, public health officials can and should gather and analyze data, collaborate on goals, help to set agendas, and manage often complex logistics.

What Drives the Action Once the Table Is Set

Once gathered together, those from the public health and other sectors need a framework that can help them tackle the complexity of the social determinants. In the absence of that framework, many of the approaches undertaken thus far have been focused on just one component of the response, such as assisting the health care sector with screening and referral. But success will not be achieved by a solitary focus. An alternative approach is to frame the work as existing along a spectrum with multiple coordinated and simultaneous steps from one end to the other.

Visual representations of such a spectrum are presented in Figures 1 and 2 (offering examples of the possible roles for public health departments in Figure 1 and the possible roles for health care systems in Figure 2). The SDOH spectrum envisions 5 sets of activities all occurring simultaneously and in conjunction with each other. The activities range from the identification of need for an individual person in the doctor's office at one end of the spectrum through prevention or through meeting the needs for all residents at the municipal level. Within this framework, there is a recognition of a varied division of labor where specialists in one sector form partnerships with specialists in other sectors, each supporting the other as best they can.

It may be useful to describe each column or set of activities one at a time along with the likely organizations and individuals who will take the lead in accomplishing the needed work:

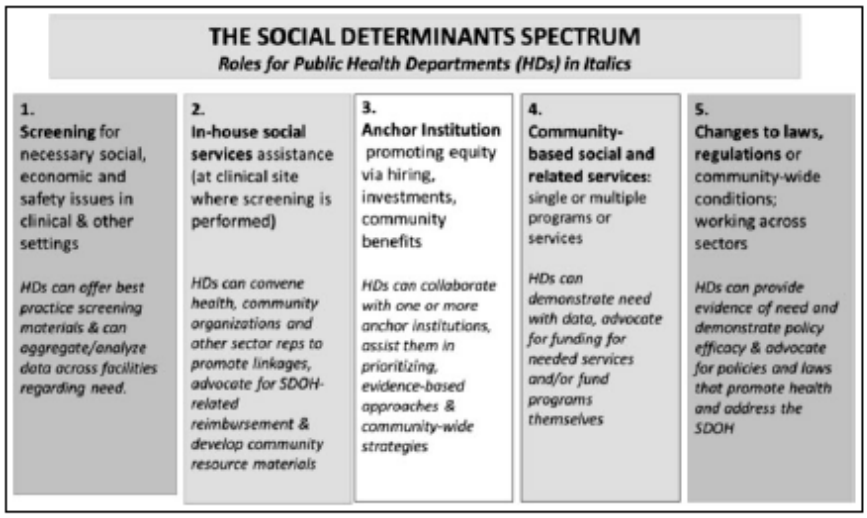

FIGURE 1 The Social Determinants Spectrum of Activities—Roles for Public Health Departments

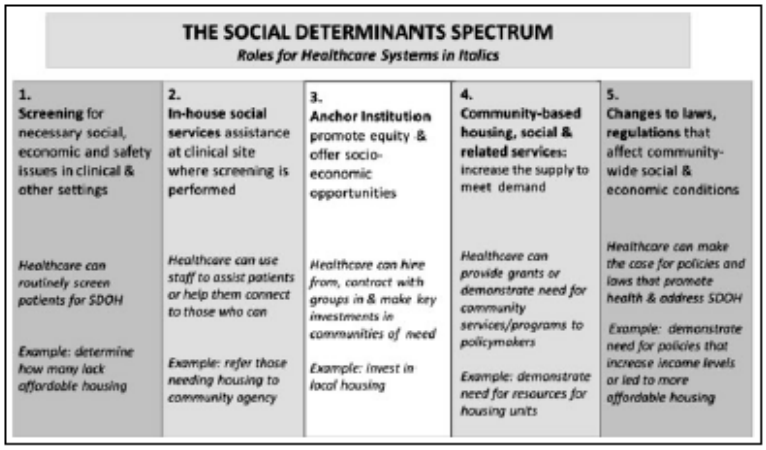

FIGURE 2 The Social Determinants Spectrum Of Activities—Roles For Health Care Systems

Column 1: Screen individuals for social and economic needs

The first column involves screening patients for their social, economic, informational, and safety needs directly related to their health and well-being. The CMS Innovation Center's AHC funded sites all use such a screening tool as do many other hospitals and health systems. Among the various tools currently in use are the PRAPARE and the EveryONE Project.[7]

Column 2: Refer individuals to agencies where their needs may be met

The second column involves hospital or health system in-house social or referral services intended to address the needs identified earlier. Such activities can utilize traditional social service personnel as well as peer *promotoras* such as those supported by *Visión y Compromiso* and innovative programs such as Health Leads.[8,9]

To summarize, the first 2 columns are focused on identifying and addressing the needs of individuals. While these examples involve the health care sector, it is also possible that screening and referrals could occur at other sites such as community-based social service organizations or government-supported service sites, such as the Women, Infants and Children (WIC) program.

Column 3: Take steps to invest in communities as an anchor organization

The third column illustrates the potentially beneficial role of a major institution in the community with a long-term commitment to the health and well-being of the geographic area and its residents, such as a hospital, a university, or a large employer. Such an organization can leverage its resources to address the social determinants within the community in which it is located or its patients reside. This can be done in a variety of ways such as in its hiring and job training practices, purchasing, and contracting relationships and supports for affordable housing and other community investments.

As was true in the first 2 columns, a hospital or health system may be a natural illustration of such an anchor institution. However, in some communities, there may be no such facility and others, such as a large employer, may assume the role.

Column 4: Support/finance services needed to address the social and economic needs

The fourth column represents the efforts to ensure that there are sufficient resources to provide the nonmedical services for community residents. For example, this might involve adequate funding for those organizations that provide safe and affordable housing, food supplements and supports (such as WIC and SNAP benefits), and educational and job training opportunities for those who are unemployed or underemployed. There is often a gap between demand and supply of identified nonmedical social services. Policy makers can take steps to fill existing gaps with direct funding from government, philanthropy, or the for-profit business sector. Some of these needs might be addressed by investments from the health care sector, perhaps utilizing funds from hospital endowments or community benefits. But this is a column where other sectors may play a more prominent role.

Column 5: Implement policies that prevent or reduce social and economic needs

The fifth column involves the passage and implementation of policies and community-wide systems that make healthier behavior easier. Elected or appointed government officials as well as advocates and community residents and leaders may play an outside role in pushing for this column's action steps. Such policies might not immediately appear to be related to health, such as paid family or sick leave, or earned income tax credits or policies that make it easier for someone to find employment after incarceration.

Public health and the health care sector may be able to provide the scientific evidence of the efficacy of such policies (using resources such as the Centers for Disease Control and Prevention's *HI-5*, the de Beaumont Foundation's *cityhealth*, and Trust for America's Health's *Promoting Health and Cost Control in States*).

Action Is Needed to Promote This Spectrum Approach

With public health officials mobilized to engage those from multiple sectors, with the gathering and analysis of the data on need and on gaps and with a comprehensive spectrum as a model, one can envision an initiative that sets priorities, takes action, and makes measurable improvement in health. While currently there are few locations where the necessary ingredients exist, there are increasing efforts to identify the funding and training that public health officials need to become the necessary change agents.

In summary, the key to having an impact on the social determinants will be to have a multisectoral, aligned planning and implementation mechanism with adequate resources for staffing. The public health and the health care sectors need to take on some new and critical roles in this effort. In Figures 1 and 2, there are examples of what hospitals and public health departments could do in each column. But they are not alone. Organizations and policy makers from multiple sectors need to be invited to the table and encouraged to consider what they can contribute within this comprehensive SDOH framework.

As stated in the introduction, the magnitude of the effort to change the social determinants can seem overwhelming. But it is essential. And while it is not impossible, it will take more than a few actions by a limited number of health sector organizations and dedicated individuals. It will require a conscious strategy with a guide to action, a realistic division of labor and the commitment across multiple disciplines and domains.

References

1. Association of State and Territorial Health Officials. Health equity and social determinants of health. https://www.astho.org/Programs/Health-Equity. Accessed September 2, 2019.
2. National Association of County and City Health Officials. Healthy People 2020 and social determinants of health. https://www.naccho.org/programs/public-health-infrastructure/performance-improvement/community-health-assessment/hp2020-and-sdoh. Accessed September 2, 2019.
3. Association of State and Territorial Health Officials. ASTHO President's Challenge 2019. https://www.astho.org/ASTHO-Presidents-Challenge/2019. Accessed September 2, 2019.
4. Centers for Medicare & Medicaid Services. Accountable Health Communities model. https://innovation.cms.gov/initiatives/ahcm. Published 2019. Accessed September 2, 2019.
5. Permanente Medicine/Kaiser Permanente. Imelda Dacones, MD, highlights the importance of Kaiser Permanente's new Thrive Local social health network. https://permanente.org/imelda-dacones-md-highlights-the-importance-of-kaiser-permanentes-new-thrive-local-social-health-network. Accessed September 2, 2019.
6. Health Affairs. Meeting individual social needs falls short of addressing social determinants of health. https://www.healthaffairs.org/do/10.1377/hblog20190115.234942/full. Accessed September 2, 2019.
7. National Alliance to Impact the Social Determinants of Health (NASDOH). Resources. http://www.nasdoh.org/resources/#screening-tools-and-tool-kits. Accessed September 2, 2019.
8. Visión y Compromiso. Home page. http://visionycompromiso.org. Accessed September 2, 2019.
9. Health Leads. Home page. https://healthleadsusa.org. Accessed September 2, 2019.