**Addressing Social Determinants of Health**

**CURRENT ENVIRONMENT**
Social determinants of health are the circumstances in which people are born, grow up, live, work and age, and the systems put in place to deal with illness.

- For Each Year in the U.S.:
  - 1.5 million individuals experience homelessness
  - 3.6 million people cannot access medical care due to lack of transportation
  - 40 million people face hunger, and
  - 11.8 percent of households are food insecure

**IMPACT OF SOCIAL DETERMINANTS OF HEALTH**
Social determinants of health have tremendous affect on an individual’s health regardless of age, race, or ethnicity.

- **Socioeconomic Factors**
  - Education
  - Job Status
  - Income
  - Employment
  - Physical Environment

- **Health Behaviors**
  - Smoking
  - Exercise
  - Healthy Eating

- **Health Care**
  - Access to Care

**SDOH Impact**
- 20 percent of a person’s health and well-being is related to access to care and quality of services
- The physical environment, social determinants and behavioral factors drive 80 percent of health outcomes

**Economic Stability**
- Employment
- Income
- Expenses

**Neighborhood & Physical Environment**
- Housing
- Transportation
- Safety
- Parks
- Pesticides
- Walkability

**Education**
- Literacy
- Language
- Higher Education
- Vocational Training
- Early Childhood Education

**Food**
- Hunger
- Access to Healthy Options

**Community & Social Context**
- Social Integration
- Community Engagement
- Support Systems
- Discrimination

**Health Outcomes**
- Mortality
- Life Expectancy
- Health Care Expenditures
- Health Status
- Functional Limitations

**Health Care Systems**
- Health Coverage
- Provider Availability
- Provider Language & Cultural Competency
- Quality of Care

Source: Institute for Chronic Disease Excellence, A Report to Close Chronic Disease Problems, 2019. (Graphs designed by ProMedia.)

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SOCIAL DETERMINANTS OF HEALTH
We need to consider each factor to address the social determinants of health.

- Housing
- Food
- Education
- Transportation
- Violence
- Social Support
- Employment
- Health Behaviors

PLACE MATTERS
Where we live can determine how well we live and is a significant factor of life expectancy.

ZIP CODE MATTERS
Your zip code – where you actually live – also influences health.

- Chicago, Illinois
- Mississippi

Short Distances To Large Gaps In Health

COMMUNITY MATTERS
Community also matters and plays a role in how long and how well you live.

- Homicides by Chicago Neighborhood
  As of December 12, 2016

- Homicides by Brooklyn Neighborhood
  As of October 2016

Source: Institute for Health Metrics and Evaluation, University of Washington, 2014


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FOOD MATTERS

Food insecurity is a risk factor for various health issues, including chronic diseases, poverty, unemployment, homelessness, and developmental delays in children.

Illinois food insecurity rates:
- 4-14%
- 15-19%
- 20-24%
- 25-29%
- 30%+
11.7% are food insecure

Mississippi food insecurity rates:
- 4-14%
- 15-19%
- 20-24%
- 25-29%
- 30%+
21.5% are food insecure

THE ROLE FOR HOSPITALS AND HEALTH SYSTEMS

There are multiple ways hospitals and health systems can address social determinants of health—both within their own walls and outside in the community.

Internal:
- Screening
- Connecting patients to community resources
- Implementing hospital-wide initiatives

External:
- Engaging with the community
- Partnering with the community
- Investing in the community

THE ROLE FOR HOSPITALS AND HEALTH SYSTEMS

We know many hospitals and health systems are already addressing the social determinants of health in their communities.

<table>
<thead>
<tr>
<th>Category</th>
<th>% of Hospitals</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community Health Education</td>
<td>84%</td>
</tr>
<tr>
<td>Nutrition Program</td>
<td>79%</td>
</tr>
<tr>
<td>Health Fair</td>
<td>78%</td>
</tr>
<tr>
<td>Environmental/Translation</td>
<td>60%</td>
</tr>
<tr>
<td>Tobacco Treatment/Deviation</td>
<td>54%</td>
</tr>
<tr>
<td>Fitness Center</td>
<td>32%</td>
</tr>
<tr>
<td>Transportation to Health Services</td>
<td>22%</td>
</tr>
</tbody>
</table>

Percent of hospitals with one or more community partnerships, 2017

<table>
<thead>
<tr>
<th>non-medical services</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospitals that provide non-medical services</td>
</tr>
</tbody>
</table>

POTENTIAL NEXT STEPS

If a hospital or health system wants to move forward on their journey to address the social determinants, some examples of next steps include:

1. Know and engage with the community
2. Gather data
3. Develop organizational/internal engagement strategies
4. Integrate social determinants in strategic/financial plans
5. Explore funding options
6. Establish measurement strategies and evaluation tools
AHA RESOURCES: THE VALUE INITIATIVE
Tools, resources and education to address social determinants as part of value, population health and health equity efforts.

You are invited to explore The Value Initiative at: www.aha.org/TheValueInitiative

AHA RESOURCES: PATHWAYS TO POPULATION HEALTH
Tools, resources and education to address social determinants as part of value, population health and health equity efforts.

AHA RESOURCES: THE INSTITUTE FOR DIVERSITY AND HEALTH EQUITY
Tools, resources and education to address social determinants as part of value, population health and health equity efforts.

Institute for Diversity and Health Equity
An affiliate of the American Hospital Association

“There can be no quality without equity. Promoting diversity and inclusion and building community are essential strategies for delivering equitable care.”

www.diversityconnection.org

MEMBERS IN ACTION: FIGHTING FOOD INSECURITY
Connecting individuals and families to health food sources and improving their health.

ProMedica
More than 57,000 patients were screened for food insecurity
1,100 food insecure patients became food pharmacy clients
Additional 4,000 Medicaid patients referred to food pharmacy
Food pharmacy patients used ED 3 percent less, had 53 percent fewer hospital readmissions, and primary-care visits increased 4 percent
MEMBERS IN ACTION: ADDRESSING TRANSPORTATION NEEDS
Creative solutions to help individuals keep needed medical appointments.

- MedStar Health
- Ascension
- Denver Health

MEMBERS IN ACTION: ADDRESSING HOUSING
Providing chronically homeless individuals with stable housing and support services.

- University of Illinois Hospital and Health Sciences System

MEMBERS IN ACTION: ADDRESSING VIOLENCE
Connecting victims of violence with individual and family support to stop the cycle of violence.

- Children’s Hospital of Wisconsin

MEMBERS IN ACTION: IMPROVING SOCIAL SUPPORT
Increasing physical activity and event opportunities for seniors to improve health and build community.

- Northern Montana Hospital
- Activities include bus tours, picnics and fitness classes
- Built-in health screenings
- Diabetes prevention program resulted in decreased number of amputations
MEMBERS IN ACTION: SUPPORTING YOUTH EDUCATION
The Tipping the Scale Program provides at-risk students job training, mentoring, and summer employment.

Baptist Health & University of Florida Health
- Ninth graders begin weekly training sessions on job interviewing, resume writing, money management, and accountability
- 1,700 students each year
- 98% graduate high school
- Majority attend college, join military or get a job

MEMBERS IN ACTION: IMPROVING EMPLOYMENT AND HOUSING
SEED Program invests in a neighborhood to revitalize former vacant lots and turn around a poor retail market.

Bon Secours Richmond Community Hospital
- Initial investment - $50,000 a year with three-year commitment
- Established 14 business (still running today)
- Brought jobs to community and increased income
- Resulted in better housing opportunities

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