BACKGROUND

Many factors contribute to a person’s health – genetic make-up, home and family life, environment, personal behavior/lifestyle, and medical care and treatment. Different efforts made to assess the relative importance of each have generally concluded that medical care and treatment plays a small role (10 to 20 percent) in a person’s overall health and longevity. Most factors affecting health and longevity relate to non-clinical factors (see Chart One for one often-cited iteration, which excludes genetic make-up as that is not considered to be subject to change). While access to medical care and the quality of the medical care received is important, improving population health and longevity largely requires actions that address other human and social factors.

DEFINITIONS

In general, “social determinants of health” refer to such environmental factors, including those related to personal behaviors and actions as part of that environment. The World Health Organization’s seminal publication on the subject, *Social Determinants of Health: The Solid Facts*, outlines ten social determinants (see Chart Two on Page 2), which represent the foundation for other related efforts, including those by Healthy People 2020 and the Centers of Disease Control and Prevention.
While some definitions of social determinants separate out environmental from lifestyle factors, these clearly are interconnected. They are particularly so for children, who are growing and developing within the context of their home environment. In fact, that is the reason that “early childhood” itself is singled out as a factor in the WHO’s definition. This also relates to the research on the impact of adverse childhood experiences (ACEs) on adult health and the particular impact of prolonged and unmitigated adversity (“toxic stress”) on young child development.

The two charts are very closely aligned – with the WHO’s social determinants fitting into health behaviors, social and economic factors, and environmental factors (particularly as these also relate to poverty and exclusion) and accounting for the greatest overall contribution to individual and community health.

The role and training of medical practitioners primarily is to identify and then provide care and treatment for medical conditions. At the same time, in order for that medical care and treatment to be most effective, social determinants that can impact that treatment also must be addressed. Providing regimens of treatment that a patient is not able to follow is ineffective and can even be self-defeating.

While few medical practitioners themselves are expert in responding to social determinants of health or themselves have the time to do so (nor would that be a good use of their time), medical practitioners can and need to play a role in understanding and providing an initial response to social determinants. An optimal time to address social determinants is with initial screening and surveillance and then referral to someone else with the capacity to follow-up.
Some of this initial screening and surveillance already is being incorporated into annual check-ups and well-child visits. Primary care practitioners now routinely screen for domestic violence; the “welcome to Medicare” visit requires specific screenings, using validated tools in widespread use, for both depression and safety. The Center for Medicare and Medicaid Services has issued guidance to states on how to incorporate parental depression screening as part of well-child visits, a breakthrough in assessing a child’s own health in the context of family health and well-being.

Whether through screening (specific queries of patients about their situations) or surveillance (observations for stress or environmental concerns), primary care practitioners can initiate actions to respond to social determinants – particularly if they can provide a referral/“warm handoff” to someone who will follow-up. This may be a care coordinator, a community health worker, a counselor or advocate or other community-based coordinator who can meet with and help the patient respond to concerns – to secure concrete resources, understand opportunities and building resiliency, and connect with other sources of support.

Responding to social determinants of health through screening or surveillance and then referral and a “warm handoff,” is within the scope of medical practice and contributes to the practitioner’s own effectiveness in addressing medical concerns.

REFERENCES

1 For a discussion and summary of different analyses, see: “Health Policy Brief: The Relative Contribution of Multiple Determinants to Health Outcomes,” Health Affairs, August 21, 2014.