When individuals go to their health practitioner, they need someone with medical expertise to identify and respond to any medical issues they may have. Individual health, however, is affected by much more than detection and treatment of medical conditions. In fact, social determinants of health (economic, physical, environmental, social, and behavioral) account for the largest share of a person’s health.

Health practitioners often can serve at least as an identifier of and first responder to these social, as well as medical, determinants of health. In this capacity, however, health practitioners and their practice settings should not be seen as responsible to do this alone. Health practitioners themselves will not resolve landlord-tenant issues to secure stable housing, enroll individuals into various food and nutrition programs to ensure they have food on the table, or become a trusted friend, confidant, and mentor as they develop social ties and build their own resiliency.

At the same time, there is a growing array of exemplary programs and practice approaches that start in the primary health practitioner’s office by identifying such social determinants and then initiating some response to them. This usually includes some brief communication with the patient (anticipatory guidance) that supports response, coupled with a “warm handoff” to someone with knowledge and expertise in helping the patient resolve concerns, access resources and connect with community supports.

Currently, most health practitioners do some level of querying about some social determinants, including risky health behaviors (smoking, drinking) and core safety concerns (partner or family violence). They also frequently screen for signs of depression, which may involve medical treatment but also can be the result of social environments. At the same time, the screening practitioners do may not include other factors that can impact health, even when practitioners are in the position to be a positive influence on addressing those concerns. Practitioners are, and should be, careful not to screen for social determinants and health risks, if, when identified, they do not feel they can do anything about.

In many instances, however, practitioners can at least start the process of action to address social determinants – both through providing anticipatory guidance or referring to someone who can provide help. Practitioners may not be able to change environments or behavior concerns that impact health, such as weight or smoking, but they at least can be a voice that informs individuals of the impacts of these upon health and points them to resources and programs that can provide assistance.

Sometimes, this may simply be one more voice that leads to eventual actions. Practitioners cannot magically get a parent to quit smoking, but by informing that parent about the impact on his or her own health and on the child’s health (through second- and third-hand smoke – and in this instance forcefully recommending that, even if the parent continues smoking, this should not be in the home or in the car), the practitioner can provide an important impetus for change. The practitioner’s voice, when coupled with other messages received, can add weight to taking action that finally “tips the scales.”
Iowa has a step-up on many states in providing a response to social determinants of health, starting with the primary care practitioner:

- Iowa’s 1st Five program is a premier state-financed effort to respond to social determinants of health for young children;
- Iowa is one of four pioneer states testing the first version of a social determinants screening tool, PRAPARE, developed by the National Association of Community Health Centers;
- Iowa’s Medicaid program provides for a billing code and significant reimbursement for preventive screening that can include social determinants; and
- Iowa’s commitment to being the healthiest state in the nation has placed new emphasis upon more preventive and ecological approaches to improving health status and, in particular, promoting healthy behaviors that require addressing social determinants.

A health practitioner does not have to be part of any of these initiatives to take action. A practitioner also does not need to commit to doing a fully comprehensive social determinants screen of all possible social determinants to have an impact. In fact, a practitioner should conduct or add to the practitioner’s current screening questions only when the practitioner has the following:

- The ability to do so within the time and resources currently available for the routine or annual visit (questions do not have to be asked by the practitioner but can be secured from the patient before the visit, in the waiting area, or with a nurse or receptionist);
- The ability to do something (anticipatory guidance and/or referral and warm handoff to someone who can follow-up) that, at a minimum does no harm and at least provides some level of encouragement to the patient; and
- The opportunity to revise and change with experience, particularly when the practitioner wants to try out a new approach.

One of the best starting points for developing screening questions is the PRAPARE instrument, which not only provides questions but also provides guidance on how a practitioner can respond directly as well as refer to other services and supports which can help. There also are other screening tools in place which can be drawn upon, most of which have been validated and are short and simple to administer. While some screening tools and questions apply generally, there also are particular screening questions which have been developed specific to certain ages or life situations (young children, expectant mothers, seniors).

A companion paper, “Screening for Social Determinants of Health: A Framework and Cross-Walk of Select Screening Tools and Questions,” provides an expansive list of screening questions and covers all the different recognized social determinant domains.

The Appendix includes two sets of questions. The first offers a short set of possible questions, largely drawn from PRAPARE but also including questions from select other tools, along with very brief descriptions of how they might be used by the practitioner to provide advice and how they might be used to refer to other resources. The second offers some additional questions that have particular relevance to different ages and life situations.