Social Determinants of Health (SDOH)

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The Health and Human Services (HHS) Healthy People 2030 Campaign recognizes that Social Determinants of Health (SDOH) have a major impact on quality of life.[1] These domains encompass nonmedical factors that influence the health of individuals and their community. Together, these factors shape the conditions of daily life; the conditions in which people are born, grow, work, live, and age.[2] HHS lists 5 domains within SDOH:

1) Economic Stability
2) Education Access and Quality
3) Health Care Access and Quality
4) Neighborhood and Built Environment
5) Social and Community Context

When these factors are considered, inequities in health and illness are more notable. ACOG recommends we support, "respectful, patient-centered care that incorporates lived experiences, optimizes health outcomes, improves communication, and can help reduce health and health care inequities."[3] It is important to identify and document any adverse SDOH early in each patient's care. This practice allows for coordination of supportive services such as social work, financial aid, and behavioral health. Standardized questionnaires are a best practice that improves SDOH identification and provides a consistent approach to all patients. Multiple validated questionnaires exist, including those from Centers for Medicare and Medicaid Services (CMS)[4] or the American Academy of Family Physicians.

Example using CMS Accountable Health Communities Health-Related Social Needs Screening Tool[4]:
35yo G3P2002 at 34 weeks presents to her routine prenatal care visit. She has gestational diabetes and takes 10 units of NPH insulin at night. She has not been attending her twice weekly non-stress test visits. At her visit today, she is 30 minutes late and presents a glucose log with values that are significantly out of range. She admits she does not walk after meals. Her BMI is 40.

<u>Transportation</u>

- Potential Assumption: Missing visits shows that she does not care about her pregnancy.
- Screening tool question: In the past 12 months, has lack of reliable transportation kept you from medical appointments, meetings, work or from getting things needed for daily living?
- Her truth: She takes two buses to get to her visits. She works 8am-5pm and cannot get to the clinic during business hours without missing work. She has already missed enough work that further misses will generate adverse consequences.
- Interventions: Social work arranged for ride vouchers. When her company offered no accommodations, the clinic saw her weekly after work for a visit and BPP.

Food insecurity

- Potential Assumption: Her blood sugars aren't well controlled because she's ignoring the recommended diet.
- Screening tool questions: Some people have made the following statements about their food situation. Please answer whether the statements were OFTEN, SOMETIMES or NEVER true for you and your household in the last 12 months.
  - Within the past 12 months, you worry that your food would run out before you got money to buy more.
  - Within the past 12 months, the food you bought just didn't last, and you didn't have money to get more.
- Her truth: She does not have the money to purchase a high protein diet. Her diet is limited to the foods available to her at the local food pantry.
- Intervention: Referral made and transportation provided to a local fresh food pantry.

Financial strain

- Potential assumption: She has not filled her prescriptions because she does not prioritize her pregnancy management.
- Screening tool questions: How hard is it for you to pay for the very basics like food, housing, medical care and heating? Would you say it is very hard, somewhat hard or not hard at all?
- Her truth: She has not been able to afford the copays of her medications.
- Intervention: Referral to services that provide safe and regulated medication donations.

References

1. U.S. Department of Health and Human Services. Office of Disease Prevention and Health Promotion. "Social Determinants of Health." Healthy People 2030, https://health.gov/healthypeople/priority-areas/social-determinants-health. Accessed 28 May 2024.
2. Importance of social determinants of health and cultural awareness in the delivery of reproductive health care. ACOG Committee Opinion No. 729. American College of Obstetricians and Gynecologists. Obstet Gynecol 2018;131:e43–8.
3. Centers for Medicare & Medicaid Services. "The Accountable Health Communities Health-Related Social Needs Screening Tool." https://www.cms.gov/priorities/innovation/files/worksheets/ahcm-screeningtool.pdf. Accessed 28 May 2024.