NEJM Catalyst | Innovations in Care Delivery

INSIGHTS REPORT

Health Care Is Confronting the Social Determinants of Health

With **Damon Francis, MD**
Medical Director, Homeless Health Center, Alameda Health System, Alameda, California, USA; Chief Clinical Officer, Health Leads, Boston, Massachusetts, USA

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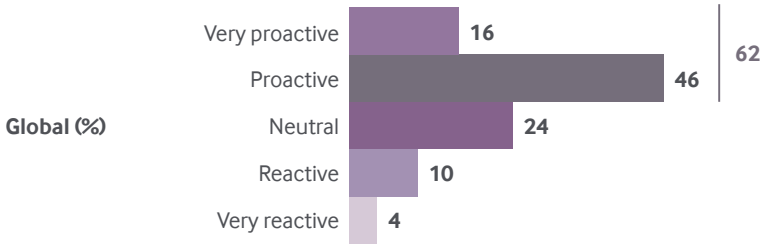
A survey of the NEJM Catalyst Insights Council finds widespread awareness of the importance of addressing SDOH, and increased data collection on health-related social needs.
Now including global data.

Increasingly, health care providers seek to address the impact of social determinants of health (SDOH) on patient health. Driven by the mounting evidence of the effect of SDOH on individual health outcomes and population health, leaders and clinicians are ramping up their data collection efforts to undertake the difficult task of addressing health-related social needs that extend beyond traditional health care.

In an April 2022 survey of NEJM Catalyst Insights Council members — who are clinicians, clinical leaders, and executives at organizations around the world that are directly involved in care delivery — 62% of respondents globally say that their organization is taking a proactive approach to addressing SDOH. Collection of SDOH data is an area of emphasis for Council members' organizations, led by health insurance status (indicated by 68% of respondents), concerns about emotional or physical personal safety (62%), and housing status (52%).

To what extent is your organization addressing social determinants of health (SDOH)?



Base: U.S. only – 597; Global – 982 (may not total 100 due to rounding)

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Damon Francis, MD, is Medical Director for the Homeless Health Center at Alameda (California) Health System and Chief Clinical Officer for Health Leads, a national nonprofit organization based in Boston that focuses on addressing health inequities. He says that, while many of the survey results are positive, the reality on the ground may be quite different.

"I think there's probably a little bit of rose-colored glasses on the high response rate for being proactive," says Francis. "If you look at it from the perspective of the patients we serve and ask them how proactive their health care organization is in addressing social determinants of health, I doubt we would see anywhere near these numbers."

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Health care organizations are increasing their efforts to collect SDOH data, according to survey results. For example, compared with a previous NEJM Catalyst survey on SDOH conducted in January 2020 (among U.S.-based respondents only), data collection on housing status is up 20 percentage points; for food security, up 19 percentage points; and for concerns about emotional or physical personal safety, up 13 percentage points.

"I think the optimistic view is that health care organizations are increasing their work on SDOH as part of the longer arc of what their institutions are doing in the community," Francis says. "The particular domains that are increasing have been emphasized by CMS [the Centers for Medicaid & Medicare Services] in their initiatives, so this is a sign that those efforts may be paying off."

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Fully 59% of Insights Council members globally say their organizations' SDOH initiatives have improved patient health. Executives are notably more positive on the impact of SDOH programs than other respondents, with 71% of U.S. executives saying patient health has been improved, against 58% of clinicians and 55% of clinical leaders.

The top two challenges to successful implementation of SDOH initiatives are lack of resources to address patient needs, indicated by 58% of respondents globally, and lack of coordination

with community-based organizations, tabbed by 47%. Working with partner organizations is important, Francis says, because no single organization has the resources or full understanding of the unique challenges of their local community to go it alone. The top three partners for health care organizations to tackle health-related social needs are nonprofit community organizations (65% of respondents), social services agencies (57%), and governmental agencies (53%).

While 57% of survey respondents globally report that their organization involves partners to some degree in decision-making to address SDOH, 42% say that these partner organizations are not very or not at all involved.

Francis suggests that it is critical for providers to understand how their local communities are being impacted by SDOH, and the only way to do that is by directly engaging with them. "The challenge with many SDOH initiatives is that we are trying to study and implement them like pharmaceuticals. But unlike pharmaceuticals, these interventions don't have predictable impacts in different social contexts. We need to be working in our communities in ways that they tell us are helping, and allow them to provide feedback on the things that are actually working. And that's missing from a lot of this work right now."

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While addressing SDOH is a difficult undertaking, its connection with racial inequities adds another layer of complexity for health care leaders and clinicians. Two-thirds of survey respondents globally report that their organizations' SDOH initiatives are connected to initiatives to improve racial health equity, while the other third are either not very or not at all connected.

Francis says that it is very difficult to separate health-related social needs from challenges derived from racial inequities in health care. "The range of circumstances that people face and that influence their health have been shaped by a pretty brutal history, just looking at it from the point of view of diseases and deaths. That history is baked into our current laws and institutions, and continues to harm some racial groups much more than others. We need to address this reality head on if we want to change it."

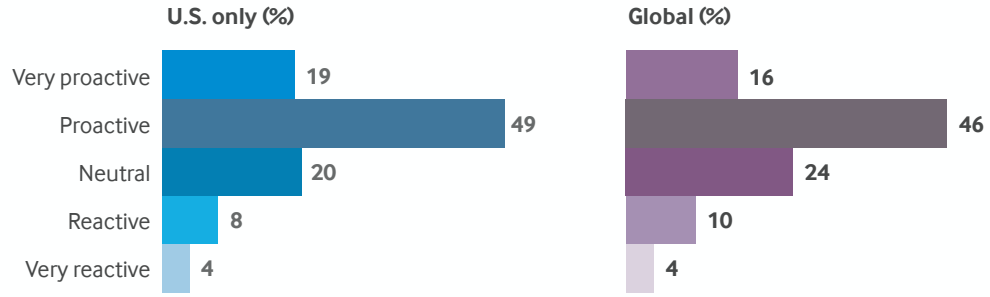
"I think a lot of the implicit theory of health care is that individually oriented interventions are going to change the reality of social determinants of health and health equity," he adds. "But the fundamental theory that's been developed over the years about social determinants of health, which is based on mounds of public health evidence, is that these are primarily social challenges, that they're about policy and investment and the environment."

Charts and Commentary

NEJM Catalyst surveyed health care executives, clinical leaders, and clinicians in April 2022 about social determinants of health (SDOH). Specifically, respondents were asked about: the extent to which their organization is addressing SDOH; the collection and use of health-related social needs data when providing individual patient care; improvement of patient health through SDOH initiatives at their organization; the effect of the Covid-19 pandemic on provider awareness of the need to address SDOH; the impact of Covid-19 on the health of patients with health-related social needs; the connection between SDOH and health equity initiatives; challenges to SDOH interventions; parties responsible for SDOH investment costs; the use of partner organizations to address SDOH; and the extent of partner organization involvement in decision-making. A total of 982 completed surveys are included in the analysis for all respondents globally, including 597 from U.S.-based respondents. Results for U.S. responses are compared to NEJM Catalyst's January 2020 study (751 completed surveys) where applicable.

Health Care Organizations Are Actively Addressing Social Determinants of Health

To what extent is your organization addressing social determinants of health (SDOH)?



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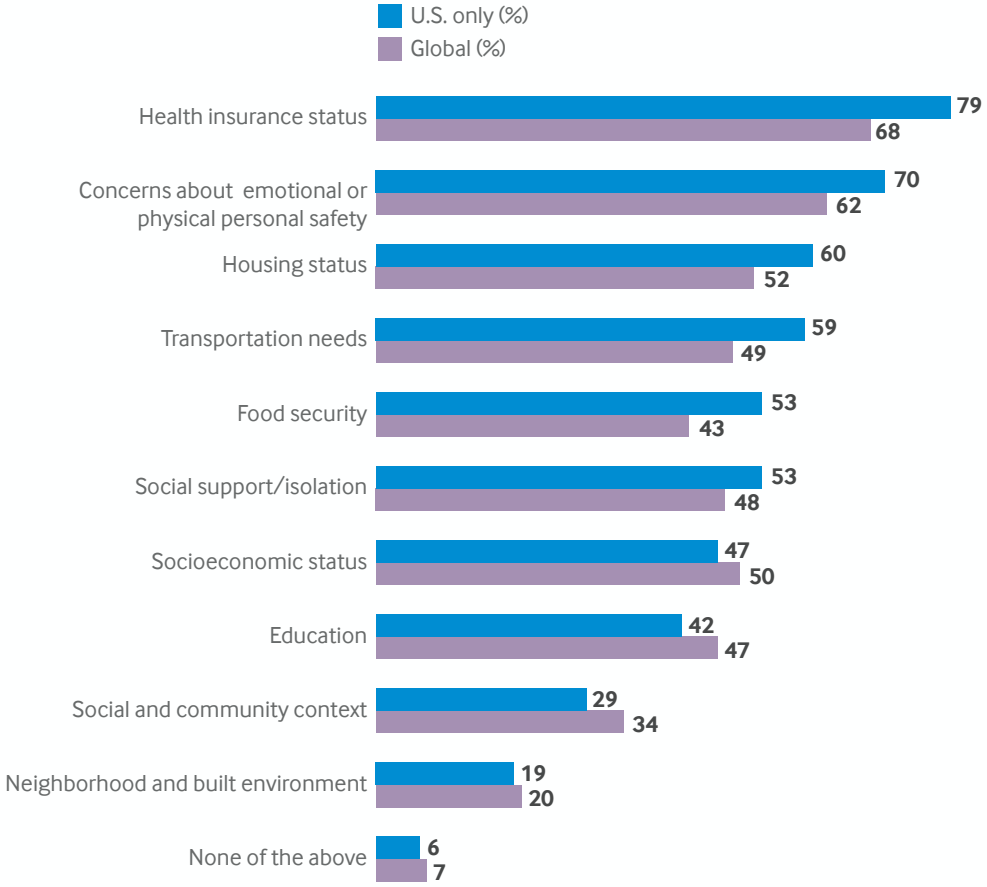
Sixty-two percent of Insights Council members globally say that their organization is taking a proactive approach to addressing SDOH. A higher percentage of U.S. respondents (68%) than non-U.S. respondents (54%) say this. A higher percentage of U.S. executives (77%) than clinical leaders (68%) and clinicians (62%) say that their organization is taking a proactive approach to addressing SDOH.

In written comments from respondents, a U.S. executive says the most pressing question facing providers is "achieving equity and being proactive to reach the most vulnerable populations. Why are the poor elderly being allowed to become less healthy, and have major illness and injury from lack of care and support?"

A Wide Range of Health-Related Social Needs Data Is Collected and Used for Patient Care

Does your organization collect and incorporate any of the following data about patients' health-related social needs when providing individual patient care?



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Three types of data about patients' health-related social needs are collected by more than half of respondents' organizations globally: health insurance status (68%), concerns about emotional or physical personal safety (62%), and housing status (52%). U.S. respondents say their organizations collect this data at a higher rate than non-U.S. respondents: health insurance status (79% versus 50%), concerns about emotional or physical personal safety (70% versus 51%), and housing status (60% versus 39%).

An executive from the U.S. says of collecting SDOH data, "We seem stuck in just collecting SDOH versus trying to do something about it. Collecting SDOH now is like when we started collecting REAL data [race, ethnicity, and language] over 10 years ago. We spent too much time on the how to collect and still don't do much with the data to improve outcomes. SDOH today is being used to describe the problem. We need to focus on fixing the problem."

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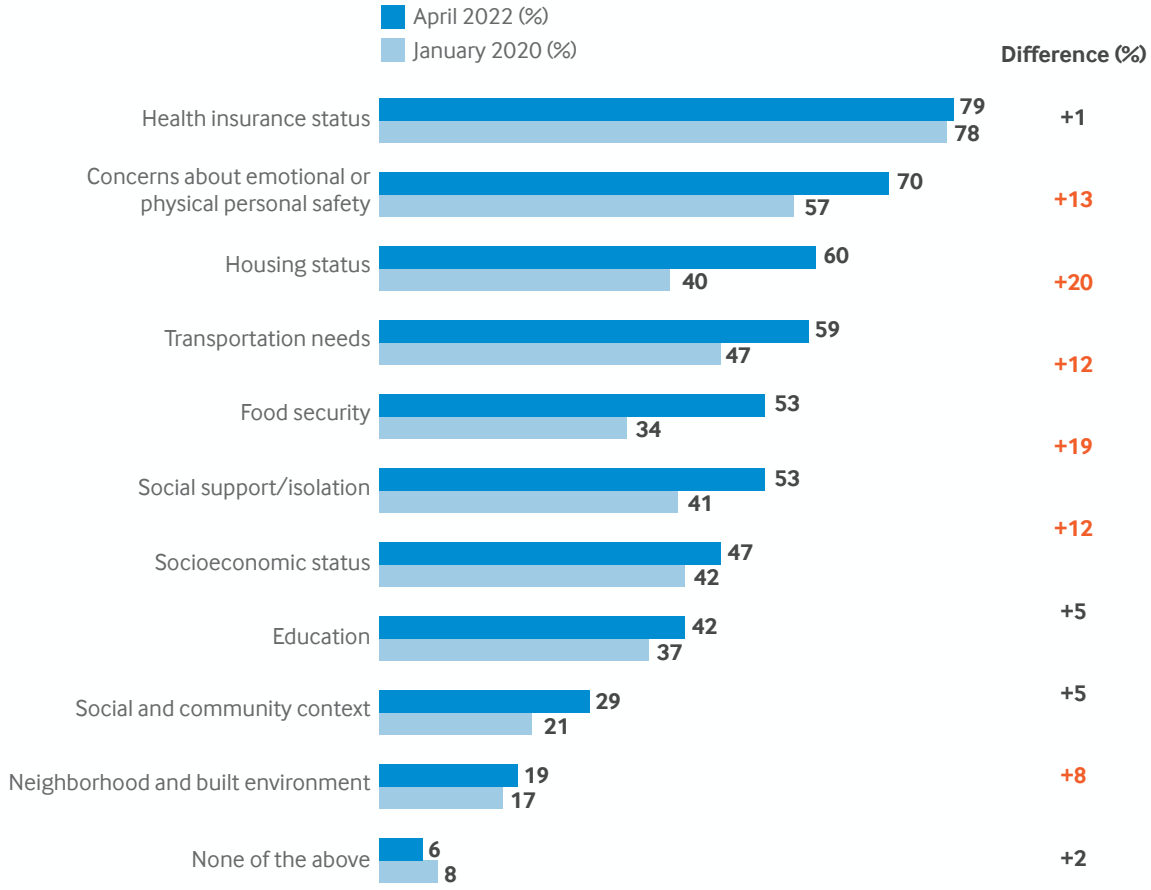
Collection and Use of Health-Related Social Needs Data Has Grown Sharply in the Last 2 Years

Does your organization collect and incorporate any of the following data about patients' health-related social needs when providing individual patient care?



Statistically significant differences are noted in red.

Base: U.S. only: April 2022 – 597; January 2020 – 751 (multiple responses)

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Collection of data on health-related social needs has changed substantially compared with an NEJM Catalyst survey conducted in January 2020 among U.S. respondents. The biggest increases are for housing status (up 20 percentage points) and food security (up 19 percentage points). Collection of the top data type, health insurance status, is nearly unchanged.

An executive from the U.S. says of the challenge of collecting SDOH data, "While data acquisition and screening is important, the current industry ecosystem is not equipped to manufacture positive change. No financial incentive for providers to improve on identified health-related social needs due to the degree of difficulty in quantifying ROI of spend."

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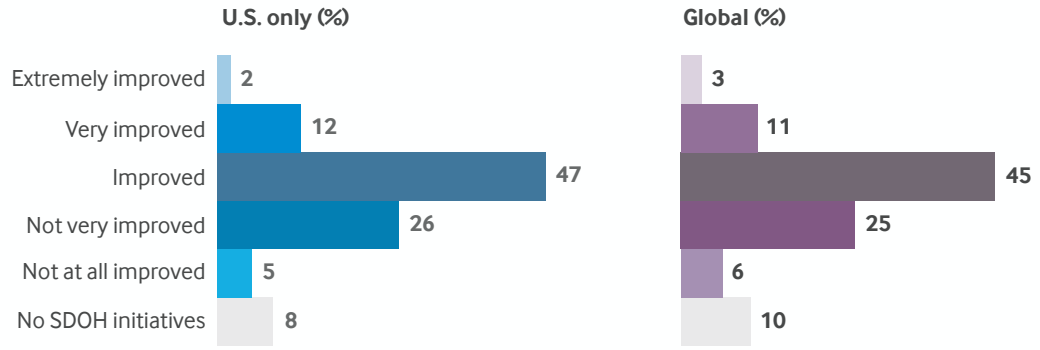
SDOH Initiatives Improve Patient Health

To what extent has the health of patients with health-related social needs been improved by SDOH initiatives at your organization?



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Fifty-nine percent of Insights Council members globally say that SDOH initiatives at their organization have improved patient health. A higher percentage of non-U.S respondents (14%) than U.S. respondents (8%) say their organization has no SDOH initiatives.

A higher percentage of U.S. executives (71%) than clinicians (58%) and clinical leaders (55%) say that patient health has been improved by SDOH initiatives at their organization.

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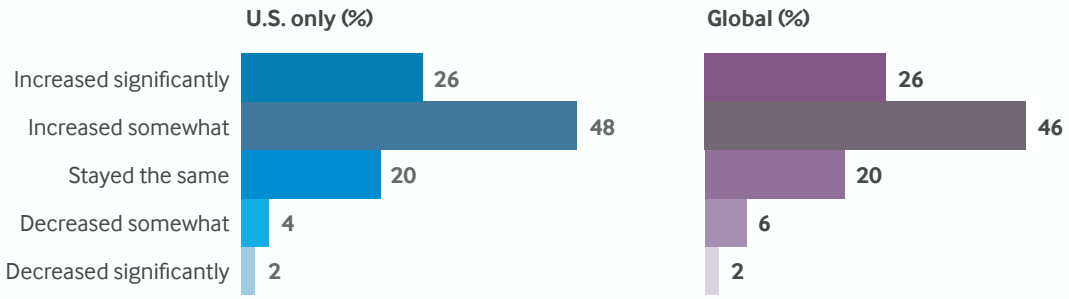
The Covid-19 Pandemic Increased Providers' Awareness of the Need to Address SDOH

How has the Covid-19 pandemic affected health care providers' awareness of the need to address SDOH?



Base: U.S. only – 597; Global – 982 (may not total 100 due to rounding)
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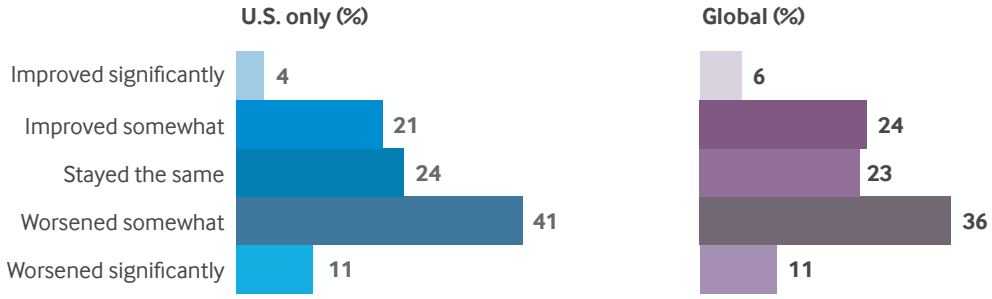
Nearly three-quarters (64%) of Insights Council members globally say that the Covid-19 pandemic has affected provider awareness of the need to address SDOH. A higher percentage of U.S. respondents from nonprofit (77%) than for-profit (63%) organizations say the Covid-19 pandemic affected provider awareness.

An executive from Canada says the most pressing question that health care providers face is "lack of awareness and understanding about the social and economic backgrounds [of patients] and delivering appropriate cost-effective t/t and management with precision."

The Covid-19 Pandemic Worsened the Health of Patients with Social Needs

How has the Covid-19 pandemic affected the health of your organization's patients with health-related social needs?



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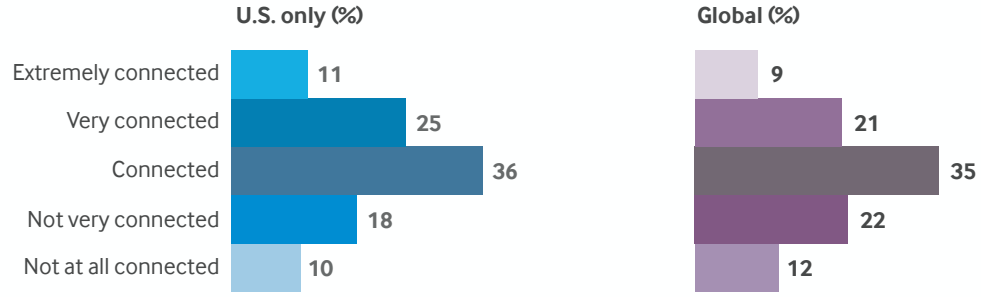
Nearly half (47%) of survey respondents globally report that the Covid-19 pandemic has worsened the health of their organizations' patients with health-related social needs. A higher percentage of U.S. respondents (52%) than non-U.S. respondents (39%) say this.

A clinical leader from Canada says, "In the midst of a pandemic, with staff shortages, burnout, and profound decreases in access to care in the community at crisis levels, SDOH is an afterthought in my organization of three publicly funded hospitals in Canada."

SDOH and Health Equity Initiatives Are Connected

To what extent are your organization's SDOH initiatives connected to initiatives to improve racial health equity?



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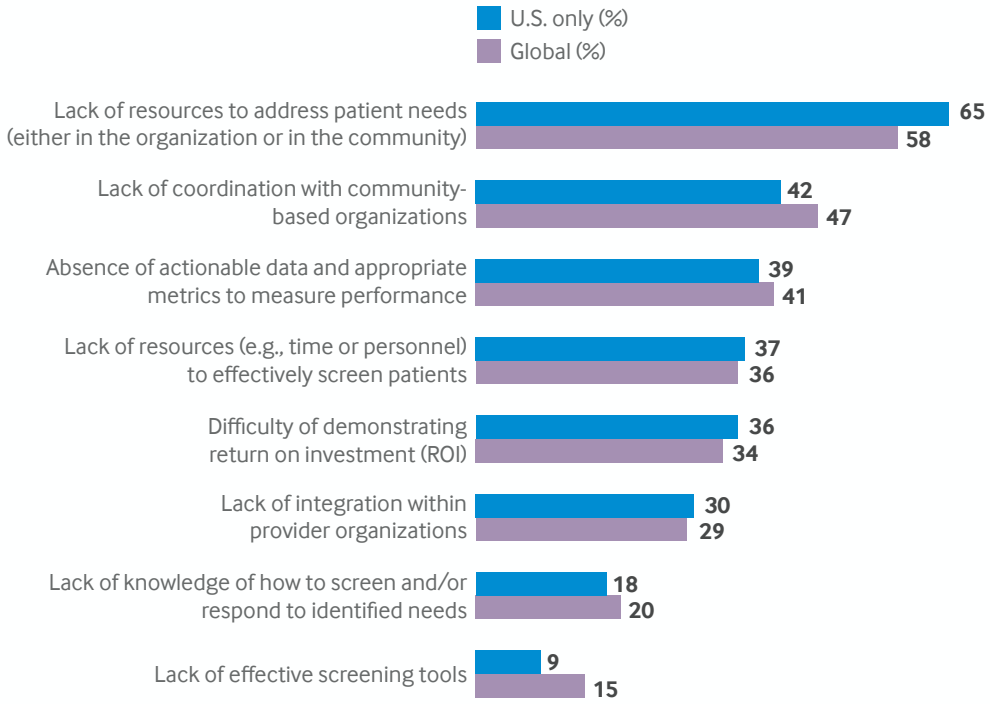
Two-thirds of survey respondents globally indicate that their organizations' SDOH initiatives are connected to initiatives to improve racial health equity. A higher percentage of U.S. respondents (72%) than non-U.S. respondents (56%) say this.

A clinician from the U.S. says, "Value-based care will also need to address SDOH and look at patient outcomes and health equity. Also, providers and systems should be held accountable if outcomes are worse for one [population] group versus another (i.e., 10% maternal mortality for Black patients versus white or Asian) to begin to address implicit bias and racism. More capital and people are needed to do this and to get more information and data on why this is occurring."

A higher percentage of U.S. respondents from nonprofit (75%) than for-profit (62%) organizations say that their organizations' SDOH initiatives are connected to initiatives to improve racial health equity.

Lack of Resources Leads a Wide Range of Challenges to SDOH Interventions

What are the top three challenges to successful implementation of interventions designed to address patients' health-related social needs?



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Lack of resources to address patient needs, either in the organization or in the community, leads the challenges to successful implementation of SDOH interventions. For respondents outside the U.S., the top challenge is lack of coordination with community-based organizations (cited by 54%).

A clinical leader from the U.S. describes SDOH challenges this way: "From the provider perspective, lack of sufficient resources to address patient's social needs. The challenge for executives is different, their challenge is to operationalize social care within the workflows of the health care delivery system."

A higher percentage of U.S. respondents from nonprofit (42%) than for-profit (31%) organizations mention absence of actionable data and appropriate metrics to measure performance as a challenge to successful implementation of SDOH interventions.

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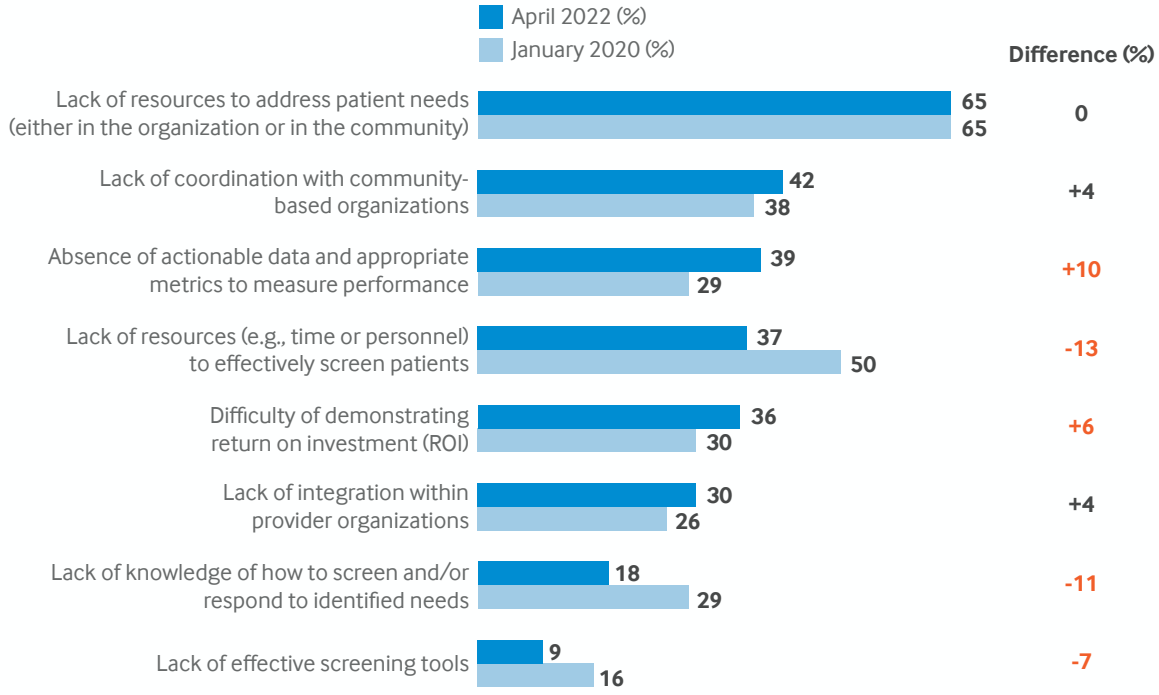
The Challenges to SDOH Interventions Are Changing

What are the top three challenges to successful implementation of interventions designed to address patients' health-related social needs?



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Base: U.S. only: April 2022 – 597; January 2020 – 751 (multiple responses)

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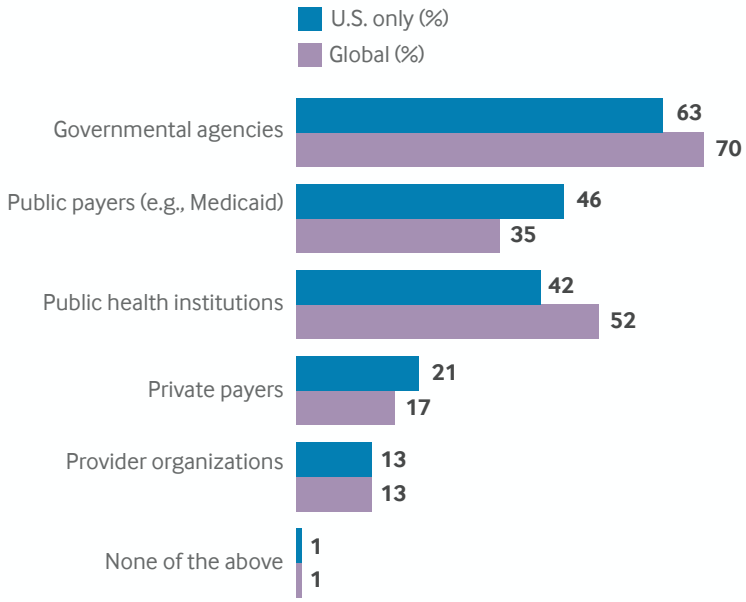
Compared with a January 2020 NEJM Catalyst survey on SDOH among U.S. respondents, two challenges to implementation of SDOH interventions have increased: absence of actionable data and appropriate metrics to measure performance (up 10 percentage points) and difficulty of demonstrating ROI (up 6 percentage points). The two biggest decreases are for lack of resources (e.g., time or personnel) to effectively screen patients (down 13 percentage points) and lack of knowledge of how to screen and/or respond to identified needs (down 11 percentage points).

A clinician from the U.S. comments, "We KNOW these problems exist. We KNOW the disparities are real. We KNOW the people that need the resources the most are not getting things allocated equitably. We DON'T KNOW how to effectively address the problems we see. By the time a patient is in a hospital, this challenges the scope of what a hospital offers for individuals. We need to redefine the scope of hospital services OR we need to create institutions that are equipped to support SDOH effectively."

Government Leads Responsibility for SDOH Investment Costs

What are the top two parties that should be responsible for the majority of investment costs in addressing patient health-related social needs?



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Survey respondents globally say governmental agencies and public health institutions should be most responsible for investment costs in addressing health-related social needs. Note that provider organizations receive the lowest response.

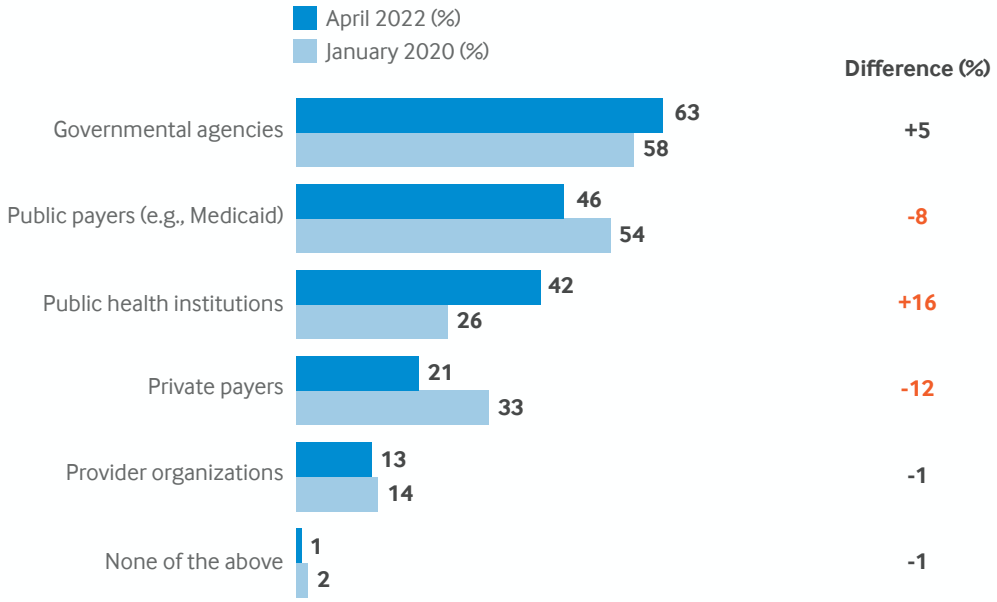
A U.S. clinical leader asks, "Why does this responsibility fall on health care providers who were not trained to address these issues? Wouldn't it make more sense for the government to step up and invest in solving these problems?"

A higher percentage of non-U.S. respondents than U.S. respondents mention governmental agencies (79% versus 63%) and public health institutions (68% versus 42%) as parties that should be most responsible for investment costs.

Return to TOC

The Public Health Responsibility for SDOH Investment Costs Has Grown

What are the top two parties that should be responsible for the majority of investment costs in addressing patient health-related social needs?



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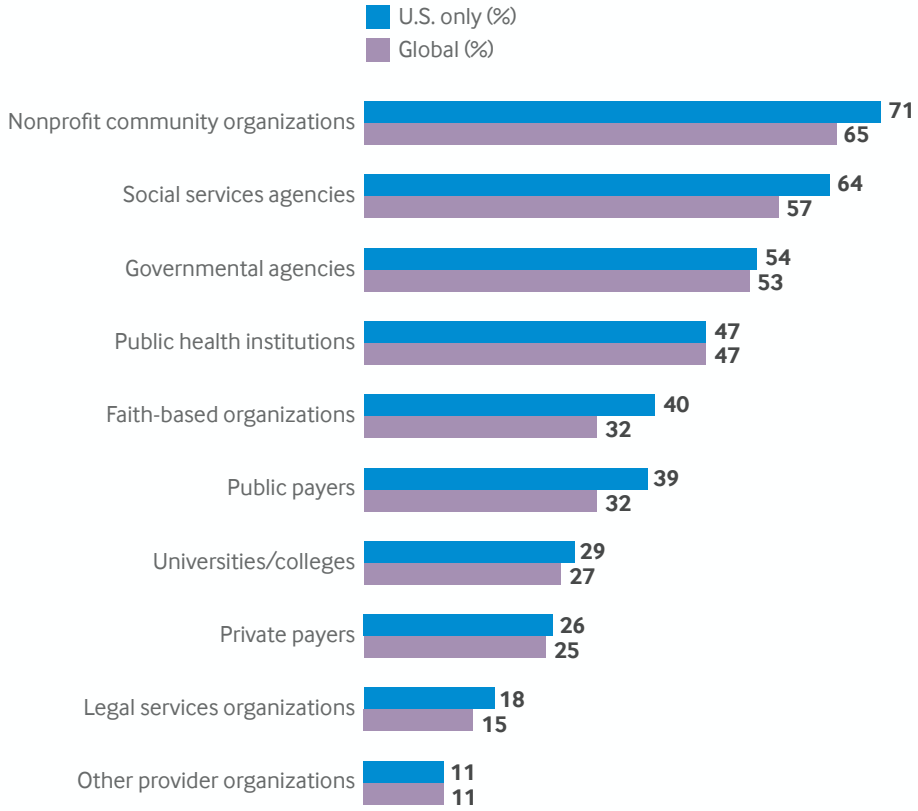
Compared with a January 2020 NEJM Catalyst survey, U.S. respondents emphasize public health institutions' responsibility for investment costs in addressing patient health-related social needs. The biggest decrease is for private payers.

A clinician from Australia says the most pressing question that health care providers face as they work to address patients' health-related social needs is "recognition of the personal and community responsibility to save and set aside funds for health access and provision."

Health Care Organizations Have Many Partners in Addressing SDOH

Which other organizations does your organization partner with to address SDOH?



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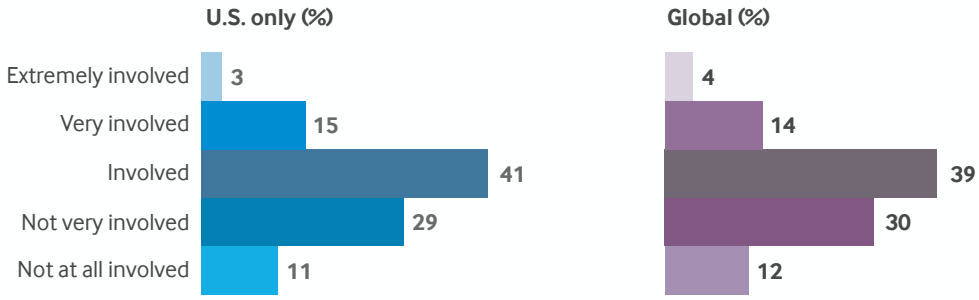
Insights Council members globally say their organizations work with a range of partners to address SDOH, led by nonprofit community organizations. A higher percentage of U.S. respondents than non-U.S. respondents say their organizations partner with nonprofit community organizations (71% versus 55%), social services agencies (64% versus 46%), faith-based organizations (40% versus 19%), and public payers (39% versus 21%) to address SDOH.

A clinician from Portugal says the biggest SDOH challenge is "connection with the social sector in order to find a social response to those needs. If we don't know what the community has to offer, we cannot even suggest it to the patients. For example, I don't live in the city where I work. And my organization has never told what resources I have…not even within the private group I work for."

Partner Organizations Are Somewhat Involved in SDOH Decisions

To what extent does your organization involve partner organizations in decision-making to address SDOH (e.g., investments)?



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Fifty-seven percent of survey respondents globally say that their organization involves partner organizations to some degree in decision-making to address SDOH, while 42% say that these organizations are either not very or not at all involved.

A U.S. clinician suggests that "public health agencies should be expanded and resourced to participate in public decisions on housing, education, social services, development of jobs in communities (and safety provisions for workers), and environmental decisions. ACOs [accountable care organizations] and other for-profit institutions should be required to contribute to these services."

A higher percentage of U.S. respondents from nonprofit (64%) than for-profit (47%) organizations say that their organization involves partners to some degree in decision-making to address SDOH.