

## Dr. Davis NMHM 2025 edited

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Social drivers of health, previously also known as social determinants, are those things that impact where we live, work, grow, learn, pray and play.

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Things like education, transportation, access to food, strength of community, all of those things that often happen outside of the doctor's office that impact how that impact our health.

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And there have been some studies that have suggested that they make up the social, social drivers of health, really make up the majority of things that impact our health and healthcare.

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I can give you an example.

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When I was in practice, I was at a community Health Center and we saw a lot of patients with diabetes.

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We did a lot for our patients with diabetes.

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We had group visits.

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We had nutritionists, we had podiatrists who came.

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We did instructions on how to read nutrition labels, all of the things that really help people with diabetes to take control of their condition and have better health outcomes.

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But none of those things that we did did anything to reduce the number of people in the community with diabetes.

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And in order to do that, we needed to think about how do we have more healthy food options and nutrition in the community?

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How do we have communities that make it more accessible for folks to walk?

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How do we have education systems that teaches people how to use food and how to cook food and how they have time in their schedule to be able to make healthy food.

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So it really is that interplay between what we as physicians do in terms of teaching people about their health and how communities are built to really that really influence and drive positive health outcomes in folks.

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When we think about social drivers of health and HealthEquity, I think for some docs, what comes to mind is a long list of questions on top of the medical questions that you're already asking people asking them about transportation, how did they get there?

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You know, where did they sleep at night?

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Do they have help at home?

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And I think those that is one way to help get at social drivers to, you know, potentially have the medical assistant or nurse to give your patients a checklist.

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But I would say I think a better way is really to be a curious doctor.

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We as family physicians, we want to know our patients and we want to know our patients beyond just their condition.

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And so when your patient comes in and says, and they, you know, their blood pressure is high and you ask him if they take took their medication and they say no, don't just leave it at no.

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Don't just talk about pill boxes and reminders.

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Ask them.

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Did you have trouble picking up your medications?

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Was finance a factor?

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Could you not afford it?

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Did you not have a way to get to the pharmacy?

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Be curious about those things that might be impacting their health.

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When we're thinking about, you know, nutrition and asking them to, you know, maybe a patient with hypertension to have less salt in their diet.

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Are we going the next step to make sure that they understand how to read a food label?

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Are we asking them about do they have access to the healthy foods?

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And so yes, a checklist is a way to do it.

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That might be a good reminder.

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But I think when you get to the a deeper level of understanding the why behind your patient may have trouble in following certain advice that helps us to really understand those those social drivers of health.

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Family positions are so well poised to address maternal health, maternal health care, infant and maternal health outcomes because we see the full spectrum.

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You know, often that pregnant mom when she's coming back in, she may not see the OB for six weeks after delivery.

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But that newborn, that baby's getting seen within a week or two, which is a great opportunity to check in with mom, see how she's doing, even if she's not your patient, to give a little bit of a, some encouragement to ask, are they, are they having any problems with hypertension or bleeding?

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And if they are your patient, wonderful, you can help get them connected.

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And if they're not, that may be the little nudge that they need to go back and see the OB if things aren't going as expected.

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So, you know, that's a, that's a great role to play in being that connector.

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I think there's a lot that we can also do in the preconception phase.

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So when we are dealing with patients who may be considering getting pregnant, helping them to, to have a healthy pregnancy from the start.

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When we're dealing with patients who are pregnant, whether or not we are the person who's providing that obstetrical care, we can still help to educate our patients on what what's normal in delivery, what's normal during pregnancy, to teach them about counts, to teach them about how to advocate around what's normal and what's not the signs to look for in terms of blood pressure and continuing to be that that person who's helping to educate and inform our patients.

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I think, you know, people have such a trusted relationship with their family doctor and really being that trusted resource I think goes a long way to help provide that reassurance to moms and also for the babies.

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I think again, when you think about that 4th trimester, those three months postpartum is such a crucial time.

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And again, you know the mom that may not be seeing the OB for, you know, several weeks, but that baby is going to be seeing quite frequently.

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And so as a family doc, if you might be providing that newborn care, checking in with mom when she's there, asking about things like postpartum depression, asking specifically around hypertension and blood pressure, inquiring as to whether the delivery went as is expected.

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Were there any, was there anything that was unexpected or unforeseen helping to be that coach and bridge to make sure that that in that postpartum period, you're getting the care that we want?

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I think it's also important, you know, when we look at the statistics for birth outcomes, especially when we're looking at black moms.

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So we know that in the United States, the maternal health outcomes for all races are actually worse than what we would like to see when we compare with other similarly developed countries.

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But when we look at black moms in particular, we see that those difference, those that disparity is even more stark.

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And we see that that disparity exists despite socioeconomic status.

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And so I think sometimes we think about the Teen Mom or the low income mom and making sure that we have that they have resources.

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But really we need to be thinking about those pregnant folks at any stage, at any socioeconomic status.

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And especially when you think about that Black working mom who may have resources, she may not have time to come in for group visits and counseling sessions.

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And so being sure to include them in the conversation and giving that same advice regardless of income level, regardless of education status, everybody needs to hear it.

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And I think when we get into that, that's the best practice across the board of making sure that we are getting that information out to folks across the board as well as tailoring it to be culturally humble.