Health of the Public: Collaborating to Meet the Challenges of Diversity and Health Equity

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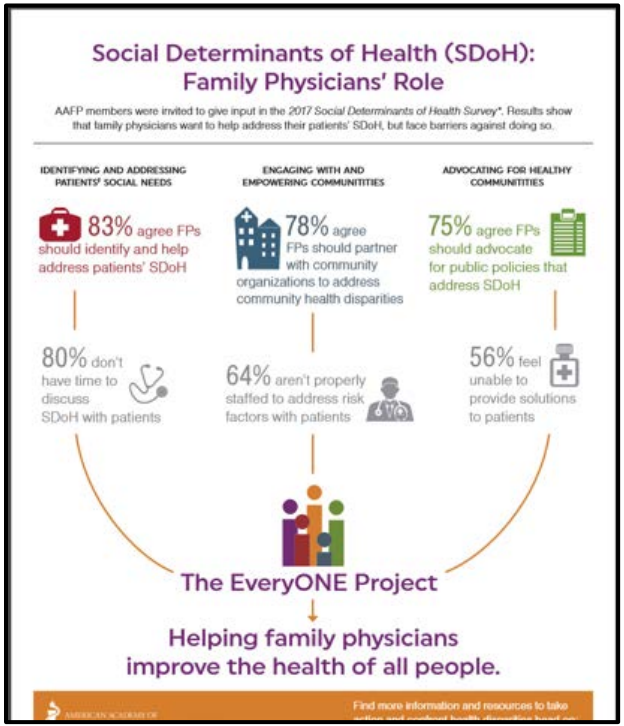
AMERICAN ACADEMY OF FAMILY PHYSICIANS

AMERICAN ACADEMY OF FAMILY PHYSICIANS FOUNDATION

2017 Social Determinants of Health (SDOH) Survey



About the Survey

- Purpose is to inform the AAFP of the prevalence of this issue among our members and the patients they serve
- Identifies
  - family physicians' perceptions of SDOH
  - activities of primary care clinics (screening, referral, advocacy)
  - barriers and needs

Results (Available at www.aafp.org/everyone)

- Four in 10 indicated this is either an 'essential' or 'high' priority issue
- Nearly 60% are screening patients for SDOH and making referrals to social service resources
- Family physicians are establishing high impact partnerships to address the issue with the help of:
  - community-based organizations (35%)
  - health insurers (13%)
  - philanthropic organizations (15%)

AAFP Strategic Priority

- The mission of the AAFP is to improve the health of patients, families, and communities by serving the needs of members with professionalism and creativity.

- The AAFP aims to take a leadership role in addressing diversity and social determinants of health (SDOH) as they impact individuals, families, and communities across the lifespan and to strive for health equity.

AMERICAN ACADEMY OF FAMILY PHYSICIANS
STRONG MEDICINE FOR AMERICA

Center for Diversity and Health Equity

Vision: Advance health equity and improve health for all

Mission: Establish the AAFP as a leader in advancing diversity and achieving health equity in primary care.

Core Focus Areas

Workforce Development

Health in all Policies

Interdisciplinary Collaboration

Evidence-Based knowledge

The AAFP has developed its Center for Diversity & Health Equity to take a leadership role in advancing diversity in the family physician workforce, advocating for health in all policies, promoting health equity through synergistic collaborations and growing the knowledge base of social determinants of health. Visit us at www.aafp.org/patient-care/social-determinants-of-health/cdhe.html

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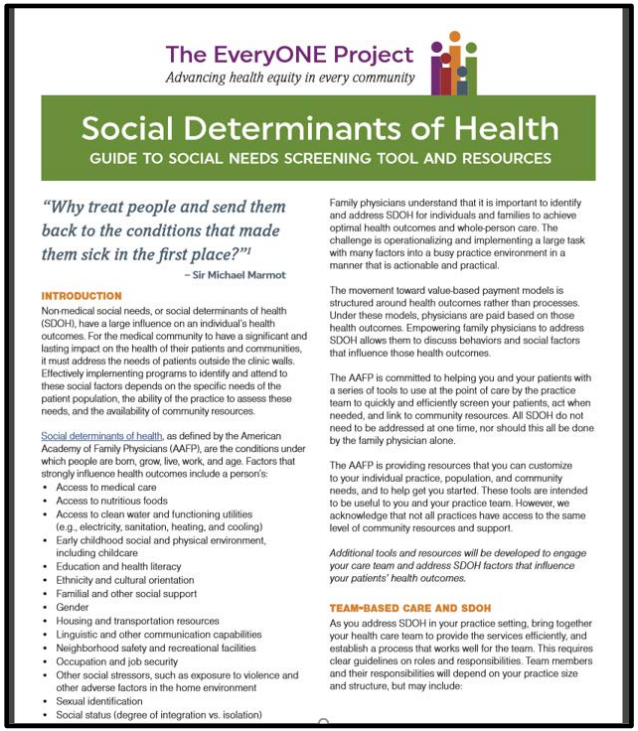
The EveryONE Project

Advancing health equity in every community

AAFP FOUNDATION

AAFP Social Determinants of Health Toolkit



The EveryONE Project
Advancing health equity in every community

Social Determinants of Health
GUIDE TO SOCIAL NEEDS SCREENING TOOL AND RESOURCES

"Why treat people and send them back to the conditions that made them sick in the first place?"[1]
– Sir Michael Marmot

INTRODUCTION

Non-medical social needs, or social determinants of health (SDOH), have a large influence on an individual's health outcomes. For the medical community to have a significant and lasting impact on the health of their patients and communities, it must address the needs of patients outside the clinic walls. Effectively implementing programs to identify and attend to these social factors depends on the specific needs of the patient population, the ability of the practice to assess these needs, and the availability of community resources.

Social determinants of health, as defined by the American Academy of Family Physicians (AAFP), are the conditions under which people are born, grow, live, work, and age. Factors that strongly influence health outcomes include a person's:

- Access to medical care
- Access to nutritious foods
- Access to clean water and functioning utilities (e.g., electricity, sanitation, heating, and cooling)
- Early childhood social and physical environment, including childcare
- Education and health literacy
- Ethnicity and cultural orientation
- Familial and other social support
- Gender
- Housing and transportation resources
- Linguistic and other communication capabilities
- Neighborhood safety and recreational facilities
- Occupation and job security
- Other social stressors, such as exposure to violence and other adverse factors in the home environment
- Sexual identification
- Social status (degree of integration vs. isolation)

Family physicians understand that it is important to identify and address SDOH for individuals and families to achieve optimal health outcomes and whole-person care. The challenge is operationalizing and implementing a large task with many factors into a busy practice environment in a manner that is actionable and practical.

The movement toward value-based payment models is structured around health outcomes rather than processes. Under these models, physicians are paid based on those health outcomes. Empowering family physicians to address SDOH allows them to discuss behaviors and social factors that influence those health outcomes.

The AAFP is committed to helping you and your patients with a series of tools to use at the point of care by the practice team to quickly and efficiently screen your patients, act when needed, and link to community resources. All SDOH do not need to be addressed at one time, nor should this all be done by the family physician alone.

The AAFP is providing resources that you can customize to your individual practice, population, and community needs, and to help get you started. These tools are intended to be useful to you and your practice team. However, we acknowledge that not all practices have access to the same level of community resources and support.

Additional tools and resources will be developed to engage your care team and address SDOH factors that influence your patients' health outcomes.

TEAM-BASED CARE AND SDOH

As you address SDOH in your practice setting, bring together your health care team to provide the services efficiently, and establish a process that works well for the team. This requires clear guidelines on roles and responsibilities. Team members and their responsibilities will depend on your practice size and structure, but may include:

Physician level: Screening and referral resources to connect patients to community based resources – January 2018

Practice level: Transforming practices to address social determinants -March 2018

Community level: Community engagement and advocacy initiatives that support policy and system level interventions - TBD

2018 Priorities

- Raising awareness of the affect of SDOH and establishing best practices for SDOH screening
- Developing strategies for coordinating with social services and behavioral health resources
- Developing workflows that incorporate the primary care practice team
- Advocacy initiatives that support policy at the local, State and Federal levels
- Provide recommendations for payment models
- In-person trainings and informational webinars to support members continuing medical education
- Topic issue briefs to engage multi-sector stakeholders

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Discovery Discussions

1. Strategies to diversify the healthcare workforce
2. Mutual health equity priorities
3. Identifying and engaging key stakeholders
4. Expanding on the research