Social Determinants of Health

March 2020 Provider Education

Environmental Influences

Social determinants of health are conditions in the environments in which people live, learn, work, play, worship and age that affect a wide range of health, functioning and quality-of-life outcomes and risks.

EDUCATION
ECONOMIC STABILITY
ENVIROMENT
SOCIAL DETERMINANTS OF HEALTH
COMMUNITY SOCIAL
NEIGHBORHOOD **HEALTH** **EMPLOYMENT**
FAMILIES SOCIOECONOMIC STATUS
SOCIAL SUPPORT NETWORKS

Physical and Social Environment Impact Patient Health and Wellbeing

The physical environment can harm health when it exposes individuals and communities to toxic substances, irritants, infectious agents, stress-producing factors (e.g., noise) and physical hazards. Exposures can occur in homes, schools, worksites, through transportation systems and in other settings. Physical barriers in these settings can present safety hazards or impediments to persons with disabling conditions.

Availability of resources to meet basic daily needs (e.g., educational and job opportunities, adequate incomes, health insurance, personal assistance services, healthful foods) is an important facet of the social environment. Individuals, their behaviors and their ability to interact with the larger community also contribute to the quality of the social environment, as do the resources available in neighborhoods and the community.

Physical Environment Factors	Social Environment Factors
- Plants - Atmosphere - Weather - Topography - Settings: home, worksite, school, healthcare and recreational facilities, surrounding neighborhoods and related community	- Interactions with family, friends, coworkers, community - Cultural attitude, norms and expectations - Social relationships and policies in school, neighborhood, workplace, business, place of worship, healthcare and recreation settings - Social aspects of health related behaviors (tobacco use, substance use, physical activity) in the community - Social institutions such as law enforcement (e.g., the presence or lack of community policing), governmental, nongovernmental organizations

There are efforts within the government to increase understanding and impact of SDoH on healthcare and healthcare outcomes. The Office of the National Coordinator for Health Information Technology's draft Federal Health IT Strategic Plan 2020-2025 outlines a "Promote Health and Wellness" goal to capture and integrate SDoH "into EHRs to assist in care processes, such as clinical decision support and referrals, integration of medical and social care and address health disparities in a manner that is ethical and consistent with routine patient care." The CMS Office of Minority Health is putting effort into identifying and addressing a patient's SDoH status as outlined in Actively Addressing Social Determinants of Health will Help Us Achieve Health Equity.

CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

Five Key Areas of Social Determinants of Health

The Office of Disease Prevention and Health Promotion under Healthy People 2020 categorizes physical and social environments into the following five key areas of SDoH:

Economic Stability	Education	Social and Community Context	Health and Healthcare	Neighborhood and Built Environment
• Employment • Food insecurity • Housing instability • Poverty	• Early childhood education and development • Enrollment in higher education • High school graduation • Language and literacy	• Civic participation • Discrimination • Incarceration • Social cohesion	• Access to health care • Access to primary care • Health literacy	• Access to foods that support healthy eating Crime and violence • Environmental conditions • Quality of housing

In healthcare, organizations are increasingly more accountable for improving health outcomes and lowering costs. To achieve these goals, organizations need to better understand their patients and address the socioeconomic factors that impact patients' health behaviors, health outcomes and health costs. It is estimated that 80% of the factors that influence a person's health are related to SDoH.

How Providers Can Help to Identify and Address Gaps in Social Determinants of Health for Medicare Beneficiaries

Gaps in food security, housing, etc. may be found after assessing patients' SDoH status. The following are some resources which can help providers try to identify and mitigate these gaps:

- The AMA Ed Hub has information about how to assess SDoH at the patient level and how to link patients to SDoH resources, such as the 211-Essential Community Services Program which is available throughout the country.

- Aunt Bertha is an online social care network that aims to make it easier for people to find social services in their community, for nonprofits to coordinate their efforts and for customers to integrate social care into the work they already do.

- The CDC has a list of tools and resources which can help practitioners take action to address SDoH.

- The American Academy of Family Physicians Neighborhood Navigator helps provide next steps for improving social determinants of patient's health.

- CMS through their Accountable Health Communities Model has developed the Accountable Health Communities Health Related Social Needs Screening tool consisting of ten questions related to; housing stability, food insecurity, transportation problems, utility help needs and interpersonal safety.

- The National Association of Community Health Centers (NACHC) developed the Protocol for Responding to and Assessing Patients' Assets, Risks, and Experiences (PRAPARE) tool for providers to help health centers and other providers collect the data needed to better understand and act on their patients' social determinants of health. NACHC worked with EHR vendors and Health Center Controlled Networks to create PRAPARE EHR templates that are freely available to users. They

currently have free PRAPARE templates and configuration/implementation guides for Cerner, Epic, eClinicalWorks, GE Centricity and NextGen and an excel template for providers to utilize.

- Health Leads developed a Social Screening Toolkit in 2016, which was updated in 2018 to identify and screen patients for adverse social determinants of health.

How to Document Social Determinants of Health

ICD-10 CM group codes help clinicians capture and report a patient's socioeconomic and/or psychosocial needs. Most of these codes are in the Z55-Z65 range:

- Z55 - Problems related to education and literacy
- Z56 - Problems related to employment and unemployment
- Z57 - Occupational exposure to risk factors
- Z59 - Problems related to housing and economic circumstances
- Z60 - Problems related to social environment
- Z62 - Problems related to upbringing
- Z63 - Other problems related to primary support group, including family circumstances
- Z64 - Problems related to certain psychosocial circumstances
- Z65 - Problems related to other psychosocial circumstances

References

- Understand the PRAPARE Project
- Why Big Health Systems are Investing in Community Health