Social Determinants of Health in US and Canadian medical schools

Health is determined by many factors including genetics, behavior, and environment. Access to quality care is important, but it is estimated that only a relatively small portion (15-20%) of overall health is attributed to clinical care. The social determinants of health – "the conditions in which people are born, grow, work, live, and age and the wider set of forces and systems shaping the conditions of daily life"¹ – have a much greater impact on one’s health and well-being.

There is a growing consensus that medical students should understand the social determinants of health in order to provide optimal care.² As documented in the related Curriculum Inventory content report, the majority of medical schools are teaching the social determinants of health, mostly in the earlier academic level time periods. Medical schools are using multiple methods of instruction to teach and are employing a variety of strategies to assess student learning about the social determinants of health.

Nevertheless, despite this recognition that medical students should understand how the social determinants of health impact their patients, many faculty members who are responsible for teaching
this content (as documented in a recent DR-ED discussion) are grappling with what to teach about this topic, how to teach it, and how to evaluate students' knowledge, skills, and attitudes.

It should not be surprising that there is not yet defined an optimal approach to teaching medical students about their role as physicians in addressing the social determinants of health. Most faculty were not formally taught about the social determinants of health in their training, and learned of their role in addressing them through trial and error. But to continue this inefficient, and often ineffective, approach now that it is well accepted that addressing the social determinants of health is a primary strategy to attaining health equity, may be unethical, or at the very least, a great disservice to quality patient care.

There are recent initiatives that reinforce the need to teach the social determinants of health to medical students to ensure a prepared workforce to optimally care for patients. Hospitals are increasingly expected to move outside their walls to improve health; and these efforts require knowledgeable and skilled physicians in improving health equity. These initiatives include:

1. Community Health Needs Assessments (CHNA): The Affordable Care Act requires tax-exempt hospitals to complete assessments and implementation plans to help improve the health of the community. By statute, CHNAs must include persons who represent the community and public health. Hospitals and their coalitions, through implementation plans, focus on local health priorities to produce measurable health improvements.

2. Hospitals as anchor institutions: Many hospitals, in partnership with the communities they serve, are beginning to use their economic power through local purchasing, workforce development, and financial investment to improve community health through addressing economic inequality and other root causes of poor health.

3. Move to Value Based Care: If reimbursement continues to move from fee-for-service to value based care to help control costs, hospitals and health systems are increasingly motivated to work toward reducing visits from super-utilizers of health care, whose acute care visits are often driven from unmet social needs.

It is not clear if some of these hospital efforts will continue to be mandated, but even if no longer required, there seems to have been a shift where controlling costs by limiting access is no longer as acceptable. Other strategies to reduce health costs, such as providing safe housing and transportation, will be key. To be effective clinicians, medical students need to learn how these “upstream” factors affect health and develop the skills to address them which may be better acquired in the later academic level time periods when patient contact hours tend to be greater.
Author:
Karen Sheehan, MD, MPH is a Professor of Pediatrics and Preventive Medicine at Northwestern University’s Feinberg School of Medicine where she directs the Health and Society Element. She is a founding volunteer of the Chicago Youth Programs, a community-based organization that works to improve the health and life opportunities of at-risk youth. She divides her clinical time between directing the Chicago Youth Programs Clinic at the Ann & Robert H. Lurie Children's Hospital of Chicago and attending in the Pediatric Emergency Department. She is also Associate Chair of Advocacy for the Department of Pediatrics and Medical Director of Lurie Children’s Injury Prevention and Research Center and the new Healthy Communities initiative. Her areas of research are community-based injury prevention, violence prevention, and youth development.

References


3. Sharma M, Pinto AD, Kumagal AK. Teaching the Social Determinants of Health: A Path to Equity or a Road to Nowhere? Acad Med. 2017. DOI:10.1097/ACM.0000000000001689


