Health and health care inequities—systematic, measurable, and avoidable differences in health-related outcomes between groups—persist in the United States despite decades of efforts to identify, understand, and ameliorate them. Access to healthful food, reliable transportation, safe housing, and quality education are a few of the social and economic forces, the social determinants of health (SDOH), that explain a significant proportion of these gaps in health and health care. The provision of charity care, while important, does not directly address these structural and social barriers to good health.

Since 2010, nonprofit hospitals and health systems, including teaching hospitals, have been required to conduct a triennial community health needs assessment (CHNA) that identifies and prioritizes local health needs. Each hospital must make the CHNA widely available to the public and develop an implementation strategy (IS) that describes how the hospital will address selected health needs.

To understand how AAMC member hospitals and health systems are addressing the SDOH through this work, the AAMC analyzed the most current CHNA and IS documents from 97 hospitals in 33 states and the District of Columbia (see map). When considered together, the SDOH were the fifth most targeted prioritized health need across the analyzed IS reports. Food access, social support, and poverty were the top three social factors that AAMC member hospitals addressed.

See the opposite side for examples of how teaching hospitals are addressing the SDOHs.
How Are Teaching Hospitals Addressing the Social Determinants of Health?

Food Access
52% of the 89 implementation strategies reviewed address food access.
AAMC member hospitals are:
- using hospital food “prescription” programs to connect patients to healthier food options
- creating “Veggies in the Backpack” programs for school-aged children to bring home fresh vegetables

Social Support
45% of the 89 implementation strategies reviewed address social support.
AAMC member hospitals are:
- using SDOH screening tools to identify and address unmet social needs in a clinical setting, including social isolation
- developing programs to help incarcerated individuals transition back to their communities and gain employment

Poverty
42% of the 89 implementation strategies reviewed address poverty.
AAMC member hospitals are:
- launching job creation programs for the underserved and patients with mental illness
- increasing efforts to hire individuals from surrounding low-income areas

Education
25% of the 89 implementation strategies reviewed address education.
AAMC member hospitals are:
- creating programs for kindergarten and college readiness
- using telemedicine to reduce school absences by connecting schools and pediatricians

Transportation
19% of the 89 implementation strategies reviewed address transportation.
AAMC member hospitals are:
- creating partnerships with taxi services to provide medical transport services at no cost for patients
- providing hospital-sponsored vans to transport chronically ill and elderly patients to and from medical appointments

Housing
17% of the 89 implementation strategies reviewed address housing.
AAMC member hospitals are:
- creating medical respite programs to provide recuperative care for homeless men and women who are too sick to return to a shelter or the streets
- employing housing retention specialists to work with patients and assess potential barriers to maintaining stable housing

More information on the AAMC’s health equity research and policy initiatives: aamc.org/healthequity
More resources related to CHNAs: aamc.org/chna