

FUNDAMENTAL STRATEGIES FOR ACADEMIC HEALTH CENTERS



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THE SOCIAL DETERMINANTS OF HEALTH

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Addressing the social determinants of health is essential to improving the health of people and their communities. Academic health centers have a crucial role in that regard. Focusing on five fundamental elements will help academic health centers maintain their vital role.

1 Incorporate the Social Determinants into the Mission of Academic Health Centers and Systems

The important question to ask is how well are the social determinants integrated into the missions and work of academic health centers?

Hippocrates said “the function of protecting and developing health must rank even above that of restoring it when it is impaired.”

However, today, too many institutions focus only on restoring health, not on “protecting and developing health.” That is, we think that because we are focused on (sickness) care, we are also focused on health. But are we really? Too many of us tend to conflate “healthcare” with “health.”

Perhaps it’s time to apply a new approach—one that focuses on advancing “health,” not just “healthcare,” as the core of the academic health center mission. I believe that doing so would prompt us to act and to measure results differently.

2 Ensure the Missions of Education, Research, and Clinical Care Support and Produce Health

In academic medicine, we often talk about the three-legged stool of education, research, and patient care. Too often, though, we focus on these legs in isolation without looking at the broader picture.

In our daily work, it’s too easy to lose focus on the big-picture goals. In education, for example, our focus ought to be not only on how many doctors we produce, but also on how effective they are and how well we are training them to “protect and develop health.” Similarly, we can get caught up doing great research, publishing, and securing sizable grants without fully considering whether the research is targeted at challenges for which solutions will have an impact on health, and how such work is translated into our provision of clinical care.

3 Address the Key Factors that Influence Health

We tend to emphasize medical treatment interventions without getting to the root causes of illness and longer lasting ways to impact the health and well-being of patients and communities.

That is, we don’t solve problems in health merely by treating disease; such is akin to just putting a bandage on a wound and sending the patient home. This approach does not get us to the roots of disease prevention and health promotion

4 Find the Right Partners to Produce Health Outcomes

Once we consider the central challenges, we recognize that it will take teamwork and partners to move beyond healthcare to fully focus on health.

To produce health, we need to take a systems approach. Healthy communities foster healthy patients and healthy communities have strong education, food, transportation, jobs, housing, and economic systems—in addition to a strong health (public health and healthcare) system. Mutual reinforcement among these sectors will lead to longer lasting and more stable health status among individuals and communities.

5 Measure Impact for Health

Finally, academic health centers need to hold themselves accountable for advancing health as well as healthcare.

The familiar adage says “what gets measured gets done.” That raises key questions about metrics. If health is more than just healthcare, our metrics

need to be about not only how many patients we serve, but also how well we keep them healthy.

Hippocrates said “it is more important to know what sort of person has a disease than to know what sort of disease a person has.” Academic health centers would do well to heed Hippocrates’ wisdom. In patient care, education, and research, we need to ensure that we are always looking for the root causes of illness—and that such goals are inculcated as a vital part of the missions of every academic health center.

KEY CONSIDERATIONS FOR ACADEMIC HEALTH CENTER LEADERS

- What are we hoping to achieve as a macro goal, engaging all three legs of the stool? Are our strategies and priorities for each leg aligned with this larger goal? How well are they aligned to improve health?
- Across our academic health centers, are we fully considering all the key factors that affect health? For example, how often do we weigh the impact of factors such as a patient’s housing and income?
- Are we not just treating the illness, but asking why it occurred? Further, are we asking “why now” and how the illness could have been prevented?
- Inside the health system, in addition to doctors and nurses, how well do we include, for example, nutritionists, community health workers, physical therapists, and all public health professionals?
- How well do we include key partners outside academic health centers, including housing and transportation sectors, businesses, schools, faith-based organizations, and policy makers?
- Do our metrics measure health as well as healthcare? Can our patients access appropriate care when they need it? Are there transportation or health education barriers, and have we worked with other sectors to minimize such for our patient population? And, beyond episodic access to healthcare, are patients able to maintain their health with our support?

KEY TAKEAWAYS

Academic health centers are key to progress on the social determinants of health and when assuming a leadership role in this field, can have a much bigger impact on individual and population health within the society they serve.



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