What Do “Social Determinants of Health” Actually Mean?
If you’re a regular *Bulletin* reader, you have likely seen us use the phrase “social determinants of health”. Whether it was during our discussion of *How Income and Socioeconomics Affect Maternal and Infant Health Outcomes*, or when we tackled the topic of *How Lack of Access Contributes to Vision Health Disparities*, we have talked about the social determinants of health many times. But this week, we wanted to take a step back and discuss what exactly this phrase means, why it’s an important topic, and what the Mount Sinai Health System is doing to understand and address how these factors impact our patients’ health.

To do that, we sat down with Ashley Fitch, MS, MA, Senior Director, Social Determinants of Health and Community Partnerships. At the beginning of our conversation, Ashley defined social determinants of health for us as “the conditions in which people are born, live, learn, work, play, and age that affect a wide range of health and quality-of-life outcomes and risk.” She also provided two examples of social determinants of health that are common and critically important: food security and housing security. Without access to one or the other—or both—a patient’s overall health will suffer. In other words, access to food and housing can directly impact a patient’s health.

At Mount Sinai, Ashley said her work in this space is focused on three main goals:

- Ensuring the Health System has a reliable and standardized way to collect information on patient level social needs;
- Ensuring we have clear actions and resources to address identified social needs, often with the help of community partners; and
- Sharing best practices externally to raise awareness of this work and advocate for upstream changes.

“We’ve already come such a long way in prioritizing this important category of health equity,” Ashley told us. “When I first started my career, food and housing were foreign topics to discuss in a health care setting. Now, collecting data about patients’ social determinants of health is quickly becoming a priority in systems across the country. At Mount Sinai, we’re
taking it a step further. We’re not just focused on making sure we’re asking patients the right questions, but also ensuring we have the right resources in place to address these factors that negatively contribute to a patient’s overall health.”

We asked Ashley if she could provide us with some examples of how being conscious of social determinants of health plays out in practice for Mount Sinai providers. One answer is that a physician at one of our hospitals who is aware that a patient is currently unhoused might make the decision to admit them or adjust their discharge plan to ensure the patient has a safe place to recover after their hospital visit. The care team could also help the patient access legal assistance through Mount Sinai’s Medical Legal Partnership to prevent an eviction if the patient is at risk of wrongfully losing their housing. Another example would be a health care provider working with one of Mount Sinai’s community partners to help a patient with diabetes achieve greater access to healthy food.

This is great progress, but Ashley said there was still more work to be done, from standardizing screening workflows to identifying more community resources to help address social needs. But Ashley is confident in Mount Sinai’s commitment to this work. As she told us: “The Health System has done a tremendous job thinking about this issue as it relates to health equity. So many people, including members of the Social Determinants of Health Steering Committee, leadership at the Office of Diversity and Inclusion, social work, nursing, and care management teams, and pediatrics and primary care departments have been committed to this work for a long time. It has all been in service of eliminating health disparities, and I am excited about the real difference this work has made and will continue to make for our patients.”

We were excited to dive deeper into this topic and we are grateful for people like Ashley who are laser-focused on these issues every day. We cannot wait to see what our colleagues do next to make our hospital and community healthier and more equitable.

Lastly, we wanted to share a great story from Patient Engagement HIT featuring Lynne Richardson, MD, which delves into How Mount Sinai Took a Data-Driven Approach to Health Equity and the Road Map work.

To suggest a topic, highlight a coworker, or provide feedback on the Bulletins, send us an email at RoadMap@mountsinai.org.

All the best,

Shawn and Angela
Join Us for an Upcoming Event

Chats for Change: In the News – Chats for Change is a production of the Icahn School of Medicine’s Racism and Bias Initiative. Join facilitators Jennifer Meyer, LMSW, MPH and Chandni Pawar, MD on July 25, from 12 – 1 pm as we critically deconstruct a current newsworthy topic related to racism and bias. We will use the “What? So What? Now What?” critical reflection model to explore what happened, what we learned from the event or topic, how we can apply this learning to our day-to-day, and if there is follow-up needed. One week prior to the session, we will share the newsworthy topic on ChangeNow. Register on Zoom.

Let’s Connect: “An Open Discussion on The Supreme Court of the United States Decision on Affirmative Action” — Mount Sinai Health System continues to be committed to diversity, equity, and inclusion, and ensuring that we are an anti-racist organization. Join Pamela Abner, Vice President and Chief Diversity Operations Officer, and Mary-Frances Winters, CEO of The Winters Group on Thursday, July 27 from 3:30 - 4:30 pm for an open discussion on this decision. This session will be a space to share your thoughts, reflect upon the changing landscape of diversity, equity, and inclusion, and discuss ways in which we can uplift each other as a community. The entire Mount Sinai community is welcome. Register here to join and connect.