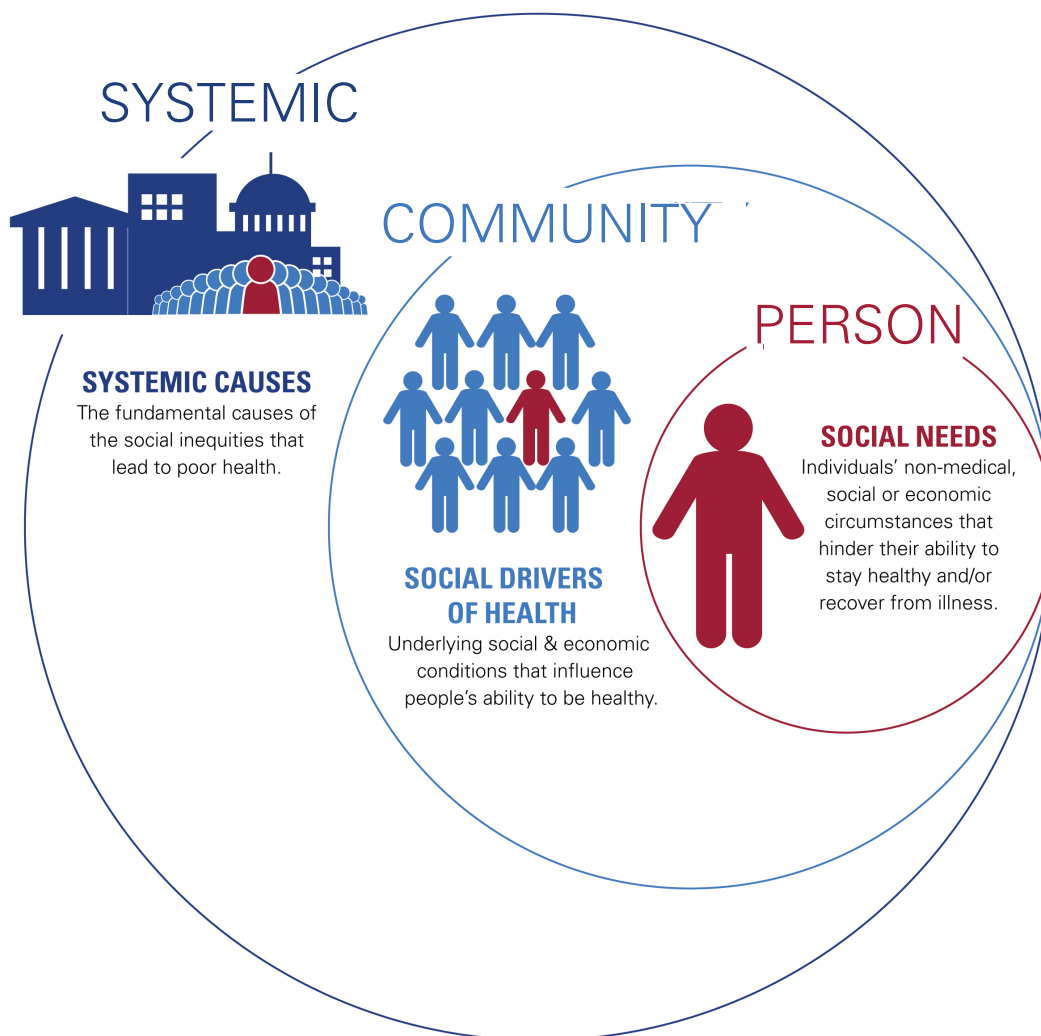


Societal Factors that Influence Health: A Framework for Hospitals

As cornerstones of their communities, hospitals and health systems play a role in addressing societal factors that influence the health of the patients and communities they serve. Focusing on societal factors benefits patient care and serves as an avenue to meet hospitals' strategic goals including advancing equity, improving quality and outcomes, reducing costs, and building community engagement and trust.

The AHA's **Societal Factors that Influence Health Framework** is designed to guide hospitals' strategies to identify patients' social needs, the social drivers of health in their communities and the systemic causes that lead to health inequities so all stakeholders can take action around these critical issues.

SOCIETAL FACTORS THAT INFLUENCE HEALTH



As hospitals and health systems collaborate with stakeholders on strategies to address the societal factors that influence health, they can consider aligning their efforts with the levels of the framework: person, community and systemic. Below is a description of each level and examples of what hospitals can do to improve the health of their patients and communities.



SOCIAL NEEDS

Individuals' non-medical, social or economic circumstances that hinder their ability to stay healthy and/or recover from illness.

PERSON

Who: Individuals who present for health care services.

Setting: Patient encounter at a point of care.

Examples: Lack of stable housing, homelessness, limited access to healthy food, insufficient transportation options, loneliness, human trafficking or an unsafe home environment.

Strategies: Patient-level interventions can mitigate non-medical social and economic challenges. Hospitals can: screen and document social needs; gather race, ethnicity and language data; utilize relevant ICD-10-CM Z codes; create interdisciplinary care teams that include social workers, case managers and community health workers; establish hospital-based food pharmacies; connect to temporary supportive housing; partner with ride shares to provide transportation to medical appointments; provide referrals to social service organizations; provide assistance in signing up for medical and social benefits.



SOCIAL DRIVERS OF HEALTH

Underlying social and economic conditions that influence people's ability to be healthy.

COMMUNITY

Who: The community served by the hospital.

Setting: In the community — where people live, learn, work, play and pray.

Examples: Food deserts, lack of affordable housing, community violence or inadequate public transportation.

Strategies: Hospitals can lead, convene, collaborate, invest in or support activities that improve the community environment with multi-sector stakeholders. Hospitals can: support local food banks and meal delivery services; partner with economic development organizations and contribute to the local investment environment; build grocery stores in food deserts; invest in affordable housing; foster employment and career advancement opportunities; advocate for the public transportation ecosystem.



SYSTEMIC CAUSES

The fundamental causes of the social inequities that lead to poor health.

SYSTEMIC

Who: Anchor organizations, such as hospitals and health systems, community leaders, legislators or policymakers.

Setting: Community, state or national.

Examples: Systemic inequities such as racism, sexism, generational poverty, redlining by financial institutions, environmental injustice or educational systems.

Strategies: In partnership with other stakeholders, hospitals can support and affect policy, system, environmental and cultural changes to achieve widespread impact on societal issues. Hospitals can: incentivize investments in poor communities; develop health career partnerships with local school districts; advocate for the removal of barriers to cross-sector and inter-agency coordination; invest in early childhood education.

For more information and resources, visit www.aha.org/societalfactors.