

What Makes Up Someone's Health

Dear ***,

Back in 2008 I was actively applying to medical school and looking for wisdom. The one author whom I enjoyed reading the most was Pauline Chen, MD, a surgeon who frequently wrote for the New York Times. Dr. Chen wrote an article in the New York Times called Healing the Doctor Patient Divide. In the article, Dr. Chen describes how patients' faith in physicians had declined despite advancements in our ability to manage most health conditions. Specifically, she quotes the Harris Poll conducted in 1966 which found about 75% of patients had confidence in their doctor. In 2008, that confidence dropped to ~33%.

For many years I have been attempting to understand why patients have less trust in physicians. I think Sir William Osler, MD, best answers what our problem is with modern medicine:

The good physician treats the disease; the great physician treats the patient who has the disease.

With all the advancements in medicine, we have focused too much on treatment and management and have forgotten about the other factors of someone's health. How often have you seen an encounter cut short or a provider not ask that much about a patient beyond their illness due to limitations of time or bandwidth? Think about this for a moment. When was the last time you walked into an encounter to get to know your patient as the sole reason for the visit? Likewise, how do you think our patients perceive this from the other end of the table?

What percent of someone's health depends on a provider's ability to diagnose, work up and manage a patient's health conditions? It is estimated that nearly 20% of someone's health is due to direct health care, while the other 80% is a product of their environment collectively termed the **social determinants of health (SDH)**. The World Health Organization (WHO) defines SDH as "the conditions in which people are born, grow, live, work and age. These circumstances are shaped by the global, national, and local distribution of money, power, and resources." As one can imagine, access to resources such as a safe living environment, food, health literacy, insurance status, and many other factors drive health care outcomes. Specific vulnerable populations (e.g., immigrants, homeless patients, HIV patients, seriously mentally ill patients, etc.) have additional barriers to care where these social determinants result in worse health care outcomes. Health care providers usually feel they cannot address these issues adequately in the clinical setting due to time, inability to screen patients appropriately, and inexperience with addressing the issue.

The scary thing is though we do not feel as confident addressing these issues, your patients feel we can. A recent study found that half of the respondents agreed they could ask their physician for help with social needs, while 71.3% felt physicians should ask about social needs. 64.3%

believed their physician would know how to help. Sadly, about 80% of physicians feel their current health care system can address these factors!

What makes up someone's health is complex and is way more than the medical care we provide. This email will focus on what contributes to someone's health, both quality of life and longevity. The National Academy of Medicine has grouped patients' health into four factors that contribute equally to someone's longevity and quality. Let's go over each below in greater detail.

1. Modifiable Health Behaviors (~30% Patient's Health): Modifiable health behaviors are choices the patient makes with their life that can be adjusted. Examples are diet, exercise, illicit drug use, or sexual activity. Those who choose less healthy behaviors tend to have more medical complications in their life. For example, a high-carb and processed food-based diet generally lead to a higher risk of obesity, hyperlipidemia, diabetes, and cardiovascular disease. In most instances, patients can be counseled to have better behaviors. For instance, recommending 150 minutes of moderate exercise weekly has improved cardiovascular health. The one criticism within medical education is this section arguably is more important to someone's health than pharmacology. Yet, many of us get only a few hours of training on nutrition, exercise, or cessation counseling.

2. Clinical Care (~20% Patient's Health): This is the care a health care provider contributes to one's health. It is split into two equally important parts. The first is access to the appropriate providers and tests. The second half is the provider's competency and ability to perform their job. This is traditionally what most of us have been taught to address throughout our medical training.

3. Social & Economic (SES) Factors (40% Patient's Health): This is the most critical factor in someone's health. In general, SES factors can be considered almost an expanded patient's social history. SES factors include education, employment, income, community safety, and family support. As you can imagine, some of these factors are easier to influence than others. For example, though Hispanics within America tend to live at a lower income than their Caucasian counterparts, their life expectancy is longer. The term is called the Hispanic Paradox and the leading theory is the complex social support within their community protects their health more than other race/ethnic groups.

4. Physical Environment (10% Patient's Health): This section can be thought of as the things physically around the patient that influence their health. This section includes utilities, housing, transportation, and clean air/water access. The most common example you will run into with patients is their inability to obtain adequate transportation or access to medical care.

In summary, the "secret" to the better health of our patients is getting to know them. We play a vital role in a patient's health but are certainly not the most important part. It will take the challenge of going beyond the management/treatment plans and finding ways to have

meaningful conversations despite time limitations. I hope through our track (and weekly emails), I can train each of you who are interested in refining these skill sets to feel more ready to take on these issues when they come up in the clinic.

Take care

Dr. Chen Article Referenced: (<https://www.nytimes.com/2008/09/11/health/chen9-11.html>)
The full article discussing the SDoH can be accessed here: <https://nam.edu/social-determinants-of-health-101-for-health-care-five-plus-five/>