Biopsychosocial and Social Determinants of Health Project 2024-2025

(10 points; 7.5% of final grade)

Due 11:55pm in Sakai the night before your group presentation

during the 5th week of the clerkship.

Learning Objectives

1. Demonstrate an understanding of economic, psychological, social and cultural factors that impact a patients' health, using the Biopsychosocial framework.
2. Define social determinants of health and their role in continuity of care.
3. Describe the social determinants that can affect a patient's ability to access and utilize health care system at multiple levels: Individual patient barriers, community barriers and health care system barriers.
4. Utilize Screening tools with an individual patient to help identify social and behavioral risk factors that may lead to ill health and health inequities.
5. Understand and apply interprofessional resources for patients when health harming needs have been identified.

The social determinants of health (SDOH) are the non-medical factors that influence health outcomes. They are the conditions in which people are born, grow, work, live, and age, and the wider set of forces and systems shaping the conditions of daily life. These forces and systems include economic policies and systems, development agendas, social norms, social policies and political systems.

The SDOH have an important influence on health inequities - the unfair and avoidable differences in health status seen within and between countries. In countries at all levels of income, health and illness follow a social gradient: the lower the socioeconomic position, the worse the health.

Addressing SDOH appropriately is fundamental for improving health and reducing longstanding inequities in health, which requires action by all sectors and civil society. Pursuing health equity means striving for the highest possible standard of health for all people and giving special attention to the needs of those at greatest risk of poor health, based on social conditions.

This project is designed to help you appreciate health and illness from a biopsychosocial perspective, incorporating screening for social determinants of health, depression and lifestyle behaviors, that all impact overall health outcomes. Additionally, you will work to find existing resources or tools to help your patient with any concerns that arise from the screening tools.

Please do the following steps to complete your SDOH/Biopsychosocial Project:

1. Anytime through the 1st-4th week of the clerkship, work with your preceptor to identify a good patient to see for the project.
    a. This will involve your typical aspects of an outpatient visit (H&P, Assessment and Plan) AND you will have the patient complete the 2 Screening forms, so you and your preceptor can plan for a patient that doesn't mind taking a little longer.
    b. **Please show your preceptor the screening forms.**

2. **Before your patient visit, download two forms from Sakai Assignments to give your patient: Annual Adult Questionnaire & SDOH Screening.**
    a. We have Spanish and English for both, and other languages for SDOH form are available here: https://www.aafp.org/family-physician/patient-care/the-everyone-project/toolkit/assessment.html.
    b. For more background on the screening tools, see the "Guide to SDOH Screening" attached below.

3. **Identify ONE risk factor** the patient faces that may impact their overall health.
    a. This can be very broad and is not limited to: Housing, Food, Employment, Intimate Partner Violence, Depression, Tobacco Use, Heavy alcohol use, Substance Use, Lack of Social Support.
    b. **Investigate possible resources and action plans** that may help your patient mitigate this concern.
        i. i.e. Maywood Medical Legal Partnership,
        ii. AAFP Neighborhood Navigator:
            1. https://www.aafp.org/family-physician/patient-care/the-everyone-project/neighborhood-navigator.html
            2. You will need the patient's zip code to use this database.
            3. Consider opening the discussion by offering to look for some resources in the community to help meet your (food, housing, transportation, mental health, etc) needs.
            4. Identify an agency and let the patient know to reach out to their physician if they don't receive assistance.

4. Put together your work in a PowerPoint Presentation in preparation for your small group presentation.
    a. **Upload your Powerpoint and your patient completed screenings,** into Sakai Assignments by the night before your group.
    b. **View the grading rubric to ensure you have presented all of the information needed.**

5. **Structure for Presentation:**
    - **A. History**
    - **B. Physical Exam**
    - **C. Screening forms results**
    - **D. Assessment and Plan**
    - **E. Resources Discussion**
    - **F. Reflection/Feedback**

For the Assessment and Plan, Resources and Reflection portions, please consider the following questions as *options* for discussion:

A) Discuss how the social need(s) identified in this patient impact their ability to address their illness (like medication affordability, healthy food, adherence to care plan.

And/or

B) Reflect on the potential health outcomes affected by the patient's social needs.

And/or

C) Compare and contrast the theoretical impact on health of addressing this patient's social needs vs. treatment of their presenting illness.