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North Carolina Department of Health and Human Services Seeks to Address Social Determinants of Health

Morrisville, NC (March 8, 2018)— The United States continues to spend more money on health care compared to other high-income nations but still has among the poorest outcomes. Melanie Bush, deputy director of the Division of Medical Assistance, writes in the [current issue](#) of the *North Carolina Medical Journal* that annual national health care expenditures exceed \$3 trillion each year, but the U.S. experiences the highest infant mortality rate and higher rates of chronic disease than its international peers.

“Most other countries are spending money on health care, and everyone in those countries has access to health care,” Bush says. “But they’re spending even more money on social care.”

According to Bush, spending on social care is significant because social determinants of health are the root cause of rising health care costs. Social determinants are social and environmental factors like adequate housing, clean water and access to quality education. In turn, these factors influence individual health behaviors. For example, living in an area with limited fresh produce results in a diet of low-quality, processed foods. When the root cause—a lack of affordable, fresh foods in the community—goes unaddressed, a cycle of poor health outcomes continues.

“When you start talking about individual behavior, genetics, and especially the social, economic and environmental factors that affect people, the health care industry is really but a small part of that,” Bush says, noting that 60% of premature deaths are influenced directly by social determinants, rather than factors within the health delivery system.

From the viewpoint of the North Carolina Department of Health and Human Services, Bush says steps like Medicaid transformation provide the opportunity to address social

determinants and improve health outcomes, especially for North Carolina's most vulnerable populations. She also points to efforts to link health care plans with community organizations to gather data about the greatest needs, allowing providers to better target resources.

"Since poor housing and lack of access to health care, employment, educational opportunities, and services disproportionately affect low-income Americans, the lower the socioeconomic status of an individual, the worse their health," Bush writes.

According to Robert Wood Johnson Foundation's County Health Rankings, North Carolina counties with the worst overall health outcomes mirror counties with high poverty rates.

"Where we live, work, learn and play have profound consequences on our health," said Adam Zolotor, president and CEO of the North Carolina Institute of Medicine, co-publisher of the NCMJ. "As health care shifts to paying for health rather than procedures, we hope that health systems and community organizations will partner to address social determinants of health through innovative health models like accountable care communities."

To read the [full article](#), "Addressing the Root Cause: Rising Health Care Costs and Social Determinants of Health," by Melanie Bush, as well as other NCMJ articles, visit ncmedicaljournal.com.

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