

Background:

Social determinants of health are the non-clinical factors that affect health outcomes, such as the places where people live, learn, work, and play.¹ They include aspects of the social environment (e.g., racism, income, education), the physical environment (e.g., housing, transit) and health services (e.g., insurance status). An analysis shows that health outcomes are shaped 40% by social and economic factors, while only 20% are shaped by clinical care.² Social determinants of health also have an important influence on health inequities.³ Thus, to address health inequities, we must understand and address factors beyond clinical care.

Pharmacists, student pharmacists and pharmacy technicians are uniquely positioned to play an important role in addressing social determinants of health. While our profession often addresses social determinants of health as integral members of our communities, there are opportunities to enhance the role that we play.⁴ A review of existing association policy confirmed that such policy does not address social determinants of health. The proposed policy statements, developed with input from the APhA-APPM Public Health SIG Policy Committee, recognize our profession's role in identifying and addressing social determinants of health. The statements also reflect a commitment to meaningfully engage communities and improve population health.

For our profession to play a more visible and impactful role in improving patient outcomes, we must prioritize and incentivize addressing social determinants of health across practice, education and research. One novel example of the way in which we may address social determinants of health is the use of pharmacy technicians as community health workers. In addition to improving transitions of care, community health workers help address social and economic factors that perpetuate health inequities.⁵ In drafting these statements, the authors discussed the ongoing need for payment reform for pharmacy services to better align incentives for patient care, including services related to addressing social determinants of health. The authors reaffirm existing APhA policies that seek to align financial incentives for patient care services, including those related to addressing social determinants of health.

Current APhA Policy & Bylaws:

¹ About Social Determinants of Health. Centers for Disease Control and Prevention. <https://www.cdc.gov/socialdeterminants/about.html>. Published August 19, 2020. Accessed February 7, 2021.

² County Health Rankings Model. County Health Rankings. <https://www.countyhealthrankings.org/explore-health-rankings/measures-data-sources/county-health-rankings-model?componentType=factor-area&componentId=4>. Accessed February 7, 2021.

³ Social Determinants of Health. Centers for Disease Control and Prevention. <https://www.cdc.gov/nchstp/socialdeterminants/index.html>. Published December 19, 2019. Accessed February 7, 2021.

⁴ Moghadam SS, Leal S. How Should Physicians and Pharmacists Collaborate to Motivate Health Equity in Underserved Communities? *AMA J Ethics*. 2021;23(2):E117-126. doi: 10.1001/amajethics.2021.117.

⁵ Bailey JE, Surbhi S, Bell PC, Jones AM, Rashed S, Ugwueke MO. SafeMed: Using pharmacy technicians in a novel role as community health workers to improve transitions of care. *J Am Pharm Assoc* (2003). 2016;56(1):73-81. doi:10.1016/j.japh.2015.11.011.

2020 Providing Affordable and Comprehensive Pharmacy Services to the Underserved

1. APhA supports the expansion and increased sources of funding for pharmacies and pharmacy services that serve the needs of underserved populations to provide better health outcomes and lower health care costs for underserved populations.
2. APhA supports charitable pharmacies and pharmacy services that ensure the quality, safety, drug storage, and integrity of the drug product and supply chain, in accordance with applicable law.

(JAPhA 2020 60(5) e11)

2019,1990 Federal Funding to Evaluate the Impact of Health Care Policies

1. APhA supports the study of economic, scientific, and social issues related to health care, particularly pharmaceutical services.
2. APhA urges the federal government to establish funding mechanisms for objective research to assess the impact of public policy on the health care system, particularly pharmaceutical services.
3. APhA urges that all federally-funded research addressing public policy pertaining to pharmaceutical services incorporate input from the pharmacy profession.

(Am Pharm NS30(6):46 June 1990) (Reviewed 2005) (Reviewed 2009)(Reviewed 2014)(JAPhA 59(4) e28 July/August 2019)

2016, 2011 Pharmacists as Providers Under the Social Security Act

APhA supports changes to the Social Security Act to allow pharmacists to be recognized and paid as providers of patient care services.

(JAPhA NS51(4) 482;July/August 2011)(JAPhA 56(4); 379 July/August 2016)

2014 Care Transitions

1. APhA supports pharmacists leading medication management activities during care transitions to ensure safe and effective medication use.
2. APhA supports the integral role of pharmacists during care transitions for improving quality of patient-centered care and reducing overall costs to the health care system.
3. APhA strongly encourages collaboration and shared accountability among patients, family members, caregivers, pharmacists, and other health care providers during care transitions.
4. APhA supports the development and utilization of standardized processes that facilitate real-time, bidirectional communication of protected health information during care transitions.
5. APhA supports that documentation of health outcomes is an essential component of any care transition program to demonstrate value and ensure continuous quality improvement.
6. APhA supports financially viable payment models that recognize the value of pharmacists' services, including, but not limited to, those provided during care transitions.
7. APhA strongly urges the development and implementation of multidisciplinary, interprofessional, and team-based training for health care professionals and students to improve the quality and consistency of care transition services.
8. APhA urges the collaboration and partnership of community pharmacies with health care systems, institutions, and other entities involved in care transitions.

(JAPhA 54(4) 357 July/August 2014)(Reviewed 2019)

****Phone numbers will only be used by the New Business Review Committee in case there are questions for the delegate who submitted the New Business Item Content.**

New Business Items are due to the Speaker of the House by **February 10, 2021** (30 days prior to the start of the first House session). Consideration of urgent items can be presented with a suspension of the House Rules at the session where New Business will be acted upon. Please submit New Business Items to the Speaker of the House via email at hod@aphanet.org.