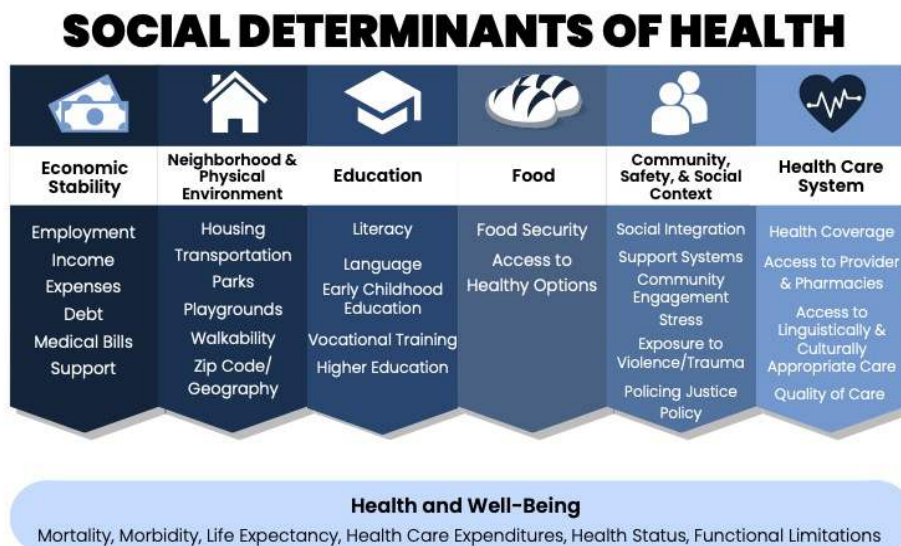


“Social Determinants of Health” Endanger Freedom

An initiative known as the “Social Determinants of Health” (SDOH) is being advanced in every state of the nation and in the halls of Congress. The Biden Administration’s American Rescue Plan of 2021 included a requirement that “**will enable health centers to tailor their efforts to improve health outcomes and advance health equity.**”¹ This initiative was funded with \$90 million to expand data collection on SDOH.² The current push to use health care to socialize and impose central control across American society has been growing since its introduction at the end of the 20th century.



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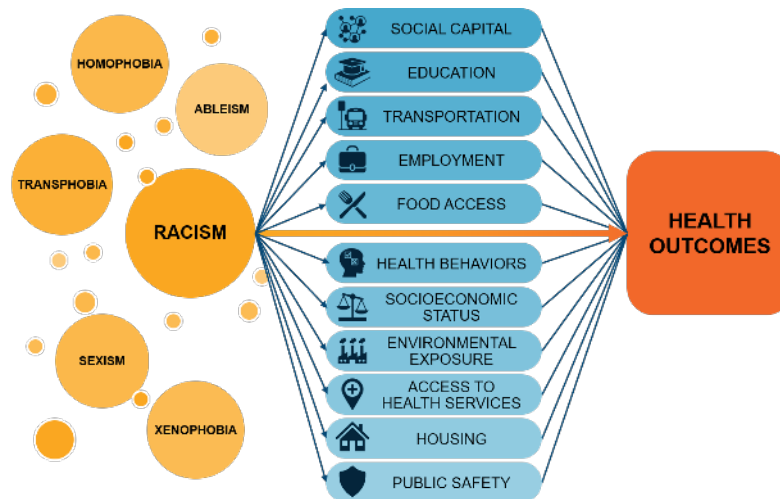
History of SDOH: In 1999, two professors at University College London, coined the term in a book called *Social Determinants of Health*. In the abstract of their book, they wrote:

Health is a matter that goes beyond the provision of health services...The social determinants covered by the book include the impact of early life; the life course, the social gradient, and health; labor market disadvantage unemployment, non-employment, and job insecurity; the psychosocial environment at work; transport; social support and social cohesion; the politics of food; poverty, social exclusion, and minorities; social patterning of individual behaviors; social determinants of ethnic/racial inequalities; social determinants of health in older age; neighborhoods, housing, and health; sexual behavior and sexual health; and social vulnerability.⁴

In 2007, the World Health Organization (WHO) released their *Conceptual Framework for Action on the Social Determinants of Health*.⁵ According to WHO, government has a “downstream” impact on the health of individuals through creating policies that impact (among other things) a person’s socioeconomic status, access to education, and access to health services. WHO suggested three strategies to address SDOH: address the context; encourage intersectional action; and enable social participation and empowerment.

Many United States leaders and agencies have fully embraced these strategies. SDOH is popping up everywhere in statehouses and Congress, including in health care legislation. SDOH advocates essentially claim that individuals are helpless against their personal situations and government is needed to assure

that all Americans have healthy lives. If not stopped, the SDOH initiative will end personal freedom, destroy free markets, build intrusive surveillance and data systems, and create comprehensive profiles on every American. In the health care system, SDOH may be used to force physicians to give preference to population health instead of individual patients. Doctors may choose to withhold care to avoid “health disparity” penalties issued by the government under the SDOH terms of “health equity” and “equitable” access to care. In some cases, the push to make health care an arm of social justice isn’t even being disguised. The Boston Public Health Commission published this graph under its Racial Justice and Health Equity Initiative.⁶



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Major Concerns of SDOH:

- **Violates patient privacy rights** through the widespread collection of clinical, behavioral, social, economic, and personal data, often occurring without the patient’s knowledge.
- **Increases the control of third-party agencies** over a patient’s medical decisions, forcing physicians to follow care outlined by protocols to avoid the potential of lawsuits.
- Elements of SDOH that should be addressed by infrastructure and social efforts not physicians, the current system **wastes efforts by creating duplicative programs.**
- **Prohibits personalized care** by requiring doctors to treat all patients the same (and therefore “equitably”) instead of as the unique individuals they are.
- **Restricts the physician’s** ability to treat their patient according to their unique needs due to possible penalties or lawsuits if one-size-fits-all “health equity” protocols are not followed.
- **Advances socialized medicine and a centralized economy.**

Conclusion: Everything that happens in a person’s life has an impact, positive, negative, or neutral on their health. This longstanding fact does not give government the right to monitor Americans, collect data on and make judgments about every facet of their lives, create “health disparity” scores on the treatment decisions of their doctors, try to control medical treatment decisions, or try to regulate the entire American economy under the false rubric of “social determinants of health.” **SDOH endangers freedom.**

¹ “HHS Announces \$90 Million to Support New Data-Driven Approaches for Health Centers to Identify and Reduce Health Disparities,” HHS, April 21, 2022.

² “HHS Announces \$90 Million to Support New Data-Driven Approaches for Health Centers to Identify and Reduce Health Disparities,” HHS, April 21, 2022; <https://www.hhs.gov/about/news/2022/04/21/hhs-announces-90-million-support-new-data-driven-approaches-health-centers-identify-reduce-health-disparities.html>

³ Graph adapted from Kaiser Family Foundation, [Tracking Social Determinants of Health During the COVID-19 Pandemic | KFF](https://www.kff.org/covid-19/issue-brief/tracking-social-determinants-of-health-during-the-covid-19-pandemic/)

⁴ “Social Determinants of Health,” Michael Marmot and Richard Wilkinson, Oxford Scholarship Online, Accessed June 22, 2022; <https://oxford.universitypressscholarship.com/view/10.1093/acprof:oso/9780198565895.001.0001/acprof-9780198565895>

⁵ Perez, D., Feb. 21, 2021, *Deanna Perez, WHO’s “Conceptual Framework for Action on the Social Determinants of Health” – A Synopsis* – Deanna Perez (oregonstate.edu)

⁶ Boston Public Health Commission’s Racial Justice and Health Equity Initiative

⁷ Health Equity, Massachusetts Health Policy Commission, [Health Equity | Mass.gov](https://www.mass.gov/info-details/health-equity)