Social EM: What it is and Why it Matters
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Social EM: An emerging branch of emergency medicine focused on the social forces affecting patients and communities and their interplay with the emergency care system. Social EM examines health inequities, social needs contributing to disease, and the emergency department’s important role in reducing health disparities.

How many times have you discharged a patient knowing they would likely be back within days? Or worried they might transmit COVID-19 in their homeless shelter, but felt ill equipped to address the root issue: unstable housing? We all regularly encounter the patient with asthma who cannot fill their albuterol inhaler due to recent layoffs and lost health insurance or the uninsured patient with substance use disorder who cannot afford outpatient treatment. At some point, we’ve all wished we could snap our fingers and give someone a safe place to quarantine, an albuterol inhaler, or a bed in a rehabilitation facility.

As emergency physicians, we take pride in our ability to care for any patient that walks in the door. We also recognize our unique role in caring for many of society’s most at-risk groups. We see the downstream effects of upstream social and structural determinants of health every single shift. We also often experience the sting of moral injury when we discharge patients back to a living situation where they seem destined for continued poor health. We can suture a wound, reduce a fracture, recalibrate electrolytes, and resuscitate like none other, but we so often feel powerless to address underlying problems determining the health status of our communities such as violence, food and housing insecurity, poverty, and racism.

What are social determinants of health?

| Income | Food insecurity | Health services |
|--------|----------------|-----------------
| Education | Housing | Gender |
| Employment | Social safety network | Race |
| Early childhood development | Social exclusion | Disability |

Social emergency medicine aspires to a world where we – on the frontline in the ED – are a part of the solution to health disparities. In 2009, the term social emergency medicine was introduced when the family of Andrew Levitt founded the Levitt Center for Social Emergency Medicine in Oakland, CA. Over the following decade, a growing body of philosophy and research culminated in the invitational consensus conference Inventing Social Emergency Medicine in September 2017.1 Social emergency medicine now has professional subgroups in the three major emergency medicine organizations in the U.S. (ACEP, SAEM, and now AAEM) with a growing number of fellowship programs as well.

Emergency medicine as a specialty grew out of necessity. The need was clear: a highly specialized and skilled group to take care of undifferentiated patients when care was not available elsewhere. Emergency medicine stepped into this essential role that others didn’t want or were not equipped to fill. EM’s adaptability, innovation, and systems view for problems and solutions is a natural fit for addressing the increasingly complex and interwoven social determinants of health for the most disadvantaged communities.

The newly formed AAEM Social EM & Population Health Interest Group would like to introduce some central social EM tenants, which will hopefully inspire you to become involved in this movement. Core principles of social emergency medicine include the following:2,3,4

- Emergency physicians can individualize care for each patient by recognizing the impact of social factors. For example:
  - Include questions about social determinants in the HPI
  - Address specific social determinants in discharge instructions and callbacks
  - Gain awareness of the challenges facing patients through increased community engagement
- The ED itself can become more responsive to the social needs of our patients. For example:
  - Provide increased availability of testing for infectious diseases, such as HIV and Hepatitis C
  - Develop programs to address infectious disease outbreaks that affect high risk groups, such as flu and Hepatitis A vaccination programs
  - Build robust treatment algorithms for patients suffering from substance use disorder
- The ED can design projects in their communities to address health care inequities. For example:
  - Follow-up programs such as standardized callbacks and visiting nurse programs
  - Expanded case management and social work resources in the ED to help frequent visitors and patients with social needs
  - Keep an updated list of shelters and food banks and provide opportunities for all staff to visit and volunteer there
- Emergency physicians can advocate for social change. For example:
  - Participate in advocacy groups and lobby days at a local, state, and/or national level
  - Write tweets, articles, op-eds, and/or do interviews for media outlets about issues facing patients
  - Join the AAEM Social EM & Population Health Interest Group
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In addition, AAEM has long stood as the champion of the emergency physician, advocating for the sanctity of the physician-patient relationship above all else. The Academy’s mission and values align clearly with the values of social EM: keeping the patient at the center of the decision making and acting in the patient’s best interest, even and especially when the right thing may conflict with the interests of other parties such as hospital administration, oversight bodies, and corporations with lay ownership.

Many AAEM members are already involved in some of these activities and we look forward to partnering with you and highlighting your stories. Many others may feel that their plate is too full to take on “extra” social issues. But to the contrary, many projects like these were initiated by physicians whose departments, wait times, and unfinished charts were overflowing. EDs that have implemented social support programs have shown measurable reductions in ED visits, bouncebacks, and readmissions in. Increased engagement, connection with patients and sense of purpose can also mitigate physician burnout and dissatisfaction.

Rather than viewing social EM work as an additional burden, try viewing it as an evolution of focus. Emergency physicians can step back and say, “What are the problems facing my patients’ communities and what can be done to address them?” The social EM lens brings the focus away from health care and towards health. For many of us, that is why we dedicated our lives to medicine in the first place.

References:

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