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Ask an Expert – Interview with Sae Takada, M.D.

Sae Takada, M.D., is an Assistant Professor in the Division of General Internal Medicine and Health services Research (GIM&HSR) in the Department of Medicine at the University of California, Los Angeles.

Question **Why is it important to address the social determinants of health for patients who have substance use disorders and/or other comorbidities? How do physicians address the social determinants of health in practice?**

Answer At a very basic level, social determinants of health (SDOH) prevent clinicians from taking care of their patients. Clinicians expect patients to present to appointments, get lab work, and take medications on a very regular basis. Those things are impossible if a patient does not have reliable transportation, a safe place to sleep or store their things and charge their phone and are spending their days trying to meet basic needs such as nutrition, hygiene, and safety. Struggling to meet basic needs is also bad for mental health, which exacerbates any chronic disease, including HIV and substance use disorders (SUDs). Sometimes, knowing SDOH needs might help clinicians tailor their recommendations to better suit the patient's needs (e.g., not prescribing diuretics if a patient doesn't have reliable access to a bathroom). Being aware of the patient's SDOH needs can also show that the clinician cares about them as a person. I like to be able to fix things, so it's very frustrating when I don't have quick solutions to many SDOH. However, patients tell me that they appreciate me asking, listening, and empathizing with their struggles.

Question **What resources, if made available to primary care physicians, would facilitate their ability to better meet their patients' SDOH (e.g., housing, food insecurity, social network, etc.)?**

Answer In the ideal world, the primary care physician would work with colleagues both inside and outside of the clinic to address SDOH. I chose to practice in a setting (clinic for veterans experiencing homelessness) where patients have a relatively high level of SDOH needs, but also have access to resources. My clinic is a patient-centered medical home, with a multidisciplinary team consisting of primary care providers, social workers, nurses, mental health providers, pharmacist, peer support, and administrative staff. Every member of our team addresses SDOH needs in our patients, even if it's not in our official job description. For example, our social workers help connect patients to resources related to housing, food, transportation, and legal services. Our nurses engage patients who are out of care and remind patients of their appointments and lab work. Our peer support

staff help patients navigate the health system, even providing transportation when needed. We also work closely with subsidized housing programs, transitional shelters, and substance use treatment programs, all based at the VA and in the community. Caring for patients with SDOH needs can be overwhelming, and I love that I work with a team of people who share the mission of keeping my patients engaged and healthy.

Question **How can we reduce stigma in the healthcare setting so that people with substance use disorders feel comfortable seeking services? What impact have these activities had on your patients?**

Answer I've found that even among clinicians and staff who work with patients living with other stigmatized conditions (e.g. HIV), SUDs are stigmatized. Research shows that there is no magic bullet to combatting stigma. Certainly, education around the epidemiology and treatment of substance use is important, which can help show that substance use is similar to other chronic diseases such as diabetes. History shows that stigma is ultimately rooted in structural inequalities, that people stigmatize conditions that affect people who hold less power in society. Both obesity and tuberculosis became stigmatized when they became conditions that affected poor people. So, we need to be self-aware of the biases that we bring to patient encounters, and where they come from. Finally, building empathy with people experiencing substance use is important as well. The privilege we have as clinicians is that we get to build relationships with our patients. One of the things we routinely do at the first visit is to ask our patients about their goals and aspirations. My patients tell me they want to help others, create social change through art (we live in LA!), and be there for their family and loved ones. Many of my patients who struggle with substance use are aware that they are using it to "self-medicate," to help them cope with loss, trauma, and lack of control in their lives. Knowing patients' aspirations helps clinicians to align our goals with their goals, and to identify and address the underlying drivers of substance use that may be getting in the way of their dreams.