

# Addressing social determinants of health may improve emergency department utilization after firearm violence

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Interpersonal firearm violence (FV) is a pervasive, preventable public health problem disproportionately affecting minoritized and marginalized youth, particularly black and Latinx populations living in socioeconomically deprived neighborhoods.<sup>1 2</sup> Each year in the USA, over 48 000 people die and 120 000 are injured by firearms equating to nearly 1.42 million years of potential life lost and over \$229 billion.<sup>3–5</sup> While the distribution of costs for FV is highest during the index hospitalization, subsequent disability, lost wages, emergency department (ED) utilization and need for readmission also heavily contribute to the overall total. Understanding the root causes of FV requires a critical look into social risk factors. Unfortunately, this task has proven challenging; time, staff shortages, resource limitations, patient reluctance and trust issues, and lack of guidance are several barriers that prevent effective screening of social risks in patients impacted by FV.<sup>6</sup>

Campbell *et al* sought to analyze factors associated with ED utilization within 2 weeks after discharge in individuals injured by FV by assessing social determinants of health (SDOH).<sup>7</sup> A convenience sample of 100 FV patients who required hospitalization were stratified into two groups—ED utilizers and non-utilizers—and their social risks compared. Financial strain, health literacy/ineffective communication of discharge instructions, and lack of primary care physician were among the factors that influenced return. In most cases, ED utilization did not culminate in hospital readmission which infers that addressing SDOH in the outpatient setting could have eliminated the need for return, thereby improving care and reducing hospital costs.

Beginning in January 2024, the Centers for Medicare & Medicaid Services began requiring screening for five social risk drivers that impact health and outcomes. The five categories include interpersonal safety, food insecurity, housing insecurity, transportation insecurity, and utilities. With increased frequency, it is being recognized that a complex interplay of socioeconomic and structural factors, cultural influences, and individual health behaviors exist and are key influencers of health outcomes.

Equitable healthcare delivery, therefore, requires that surgeons incorporate social care into surgical care for individuals impacted by FV and for all trauma patients. Addressing SDOH requires multi-level approaches where injured individuals receive

care and resources while, in parallel, investments in communities and system-level policy changes aim to eliminate structural inequities and reduce health disparities. By implementing comprehensive SDOH screening and providing appropriate community-based interventions, healthcare providers can help mitigate the conditions that contribute to FV and improve the health, safety and well-being for all.

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