



MISSION TRANSFORM MEDICINE

A KERN NATIONAL NETWORK CONVENING

From Social *Determinants* of Health to Social
Dynamics of Health? Finding a Path Forward

Key Themes and Takeaways



*We are grateful to the Charles Koch Foundation and the
Kern Family Foundation for their support of this convening*



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It began with an intriguing question: Could shifting focus from social *determinants* of health to social *dynamics* of health support human flourishing, offer a productive path forward and catalyze new efforts?

In Chicago, Illinois, from May 20–21, 2024, the Kern National Network for Flourishing in Medicine's ***Mission: Transform Medicine*** convening brought together 27 participants — including thought leaders from across medicine and health systems, public health, community engagement and other areas — to grapple with this question. Through interactive activities, discussion and an action planning process grounded in the Strategic Doing discipline, the convening aimed to support knowledge and practice sharing, generate new ideas and initiatives, and shift the broader national dialogue on addressing the social factors that influence health and human flourishing.

From academic association leaders to frontline community engagement workers, participants with a variety of roles and backgrounds were invited to share their ideas and perspectives on the way forward.

SDoH Convening Speakers and Facilitators

KNN Welcome

Cheryl A. Maurana, PhD

Founding Director, KNN
MCW Eminent Scholar
SVP for Strategic Academic Partnerships, and
Professor, Bioethics and Medical Humanities
Medical College of Wisconsin

Kimara Ellefson, MBA

National Director of Strategy
and Partnerships, KNN

Foundational Panel

Heather Wood Ion, BLitt (Oxon), MA, BA

Founder and President
Epidemic of Health

Gary R. Gunderson MDiv, DMin, DDiv

Professor of Faith and Health of the Public
Wake Forest University School of Divinity

Session Facilitators

Larry Hurtubise, PhD

Curriculum and Instruction Consultant
The Ohio State University
The Michael V. Drake Institute for Teaching and
Learning

Jeff Fritz, PhD, MS, MATL, MACE

Associate Director for Learning and
Partnership Development, KNN



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The variety of voices was evidenced in the profile templates that participants completed in advance of the convening, which asked attendees to reflect on their aims, assets and aspirations for the time together. This pre-work helped inform an introductory activity on day one, in which each participant was invited to share a unique contribution or skill along with one thing they hoped to take away from the convening.



Along with relationship-building, day one of the convening also emphasized theoretical grounding. To begin, KNN leaders shared background on the [**KNN Framework for Flourishing**](#) and its interdependent elements of character, caring, and practical wisdom toward flourishing. The aspirational goal of human flourishing offered novel framing and a strengths-based foundation to build from throughout the rest of the convening.

Foundational Panel Takeaways

From there, a foundational panel and audience discussion explored the

concept of social dynamics of health and how such a focus could differ from the current prevailing language and approach focused on social determinants of health. Heather Wood Ion, BLitt (Oxon), MA, BA and Gary R. Gunderson MDiv, DMin, DDiv led the group in a thoughtful reflection with the following key takeaways, among others:

1 Social Determinants Were Not Meant to Be Deterministic

When the World Health Organization formed its Commission on Social Determinants of Health in 2005, the intent was to raise awareness and understanding of the importance of “the conditions in which people are born, grow, work, live and age, and the wider set of forces and systems shaping the conditions of daily life” (Irwin *et al.*, 2006, and WHO Website).

As Wood Ion and Gunderson noted, the terminology of “social determinants” never was meant to imply a deterministic model; however, that framing arguably has led to a focus on disease and deficits rather than the full range of what contributes to a flourishing life and community. Further, it can encourage stakeholders across the ecosystem to view contributing factors as “technical problems [to be solved] with linear



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means-ends techniques” (Wood Ion, 2020), connoting narrow solutions and assuming fixed destinies for the individuals and communities involved.

2

“Linguistic Shells” Can Contribute to Reductivism

Some could argue that “determinants” versus “dynamics” is purely semantics. Yet Gunderson and Ion Wood shared multiple examples of how linguistic shells can result in a kind of “language malpractice” that oversimplifies issues. For instance, the language “public health” portrays the field as a single discipline with defined boundaries, rather than an evolving multidisciplinary practice focused on what is good for the health of the public.

As another example, the metaphor of “upstream” and “downstream” factors within healthcare and public health can create a false dichotomy — and potentially an inaccurate picture of the complex, interrelated elements that influence overall health and human flourishing. Words matter, as language shapes thoughts and mental models, which in turn drive action and policy.

3

Opportunity to Embrace Context, Contributions and Complexity

Taken together, these points build the case for a new approach that acknowledges the importance of context, recognizes human potential, and accounts for the complexity of communities and networks of constantly changing, interconnected circumstances and relationships.

Wood Ion and Gunderson spoke to the potential of attending to “leading causes of life” and sparking an “epidemic of health.” This paradigm encourages us to consider: Could a more dynamic, relational approach to social factors and community development move beyond incremental improvement to usher in transformational, second-order change?

Themes Surfaced in Discussion and Mind-Mapping

Full-group discussion and small group activities at tables followed the foundational panel. Through dialogue and mind-mapping, participants wrestled with the ideas raised and began



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formulating a vision for what a shift in focus from determinants to dynamics would require and its potential impact. Each table developed a mind map, and participants engaged in a gallery walk to identify and respond to ideas, commonalities and questions across the mind maps.

Key themes from mind-mapping suggested that positive transformation would:

- Draw on rich global literature and scholarship around these issues to expand the conversation
- Embrace complexity rather than seek to avoid or reduce it
- Recognize the importance of language in shaping culture
- Unify currently compartmentalized or siloed efforts across medicine, public and community health and other fields – seeking intersections between academic theory and practice
- Re-examine policy, metrics and incentives to address tensions between the business of health and the aim of flourishing for all
- Center trust and relationships, leading with curiosity and a desire to understand and unify rather than cast blame
- Encourage agency and empowerment in defining and pursuing health and human flourishing
- Transform not just macro systems but mega systems and rethink the locus of value within healthcare





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With many commonalities creating a shared vision, participants began contemplating how to translate that into concrete steps for shifting the current national dialogue and existing approaches.

Future Directions and Impact

Accordingly, convening participants and facilitators next engaged in appreciative inquiry to distill the key themes and considerations into three main areas of opportunity for creating the conditions for flourishing and changing the discourse in this area:

- 1) **Revise language:** revisit and shift the linguistic shells that have dominated.
- 2) **Redistribute power:** illuminate and influence key structures and power dynamics within healthcare delivery.
- 3) **Establish trust:** Build relationships and understanding with communities.



On day two of the convening, participants selected one of the topics and worked in small groups to brainstorm and plan collective action.

Participants engaged with the 10 rules of **Strategic Doing** to find unique ways to surface and combine their assets in order to identify a feasible short-term project and the next steps toward pursuing it together.



Ultimately, the process culminated in four working groups. At the end of the convening, potential ideas of efforts to



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pursue included the following:

- Developing manuscript(s) for scholarly journals on the potential of “social dynamics” as more expansive language and framing
- Piloting curricular content on structural dimensions and power dynamics
- Hosting a multidisciplinary podcast episode to begin breaking down silos
- Reviewing literature on establishing trust to develop an advisory document
- Exploring a community-engaged research pathway on building trust

Based on feedback shared, many participants recognized the value in bringing varied perspectives together and left energized to pursue next steps. For some, the concepts covered were new, while others indicated the underlying principles were familiar but the terminology proved clarifying.

Additionally, while there was widespread recognition that language has power, participants also recognized the importance of simultaneously addressing structural and systemic factors and incentives as well.

Although continued thought and attention to this area will be needed, takeaways from the convening offer a starting point for beginning to influence the national dialogue more broadly.

Interested in learning more?

Email us at knn@mcw.edu

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Participant Perspectives

“I love the concept of Social Dynamics of Health over determinants. This presents an opportunity to shift the discussion and evolve our thinking.”

“I believe social dynamics of health is a worthwhile shift to continue moving forward. I know it starts with the language we use to frame the ideas, but this needs to be more than a simple ‘shift in language’ — it needs to be embodied in public health practice. For two decades, the discipline has been using social determinants as its orienting framework, so it is going to take considerable effort to move to this new framework of social dynamics.”

“I have a broader conceptualization now, though I need further time to process it.”

“The terms ‘linguistic shells’ and ‘language malpractice’ were new to me. But the actual ideas/framework around social dynamics vs. social determinants was not.”

“There is such potential for getting diverse voices and experiences together to consider multiple sides of issues and opportunities. I love that you did this, and I am exceptionally grateful to have been included.”

“I made so many wonderful connections! I look forward to the action phase!”



References

Irwin, A. *et al.* (2006). The commission on social determinants of health: tackling the social roots of health inequities. *PLoS medicine*, 3(6), e106.

Wood Ion, H. (2020). Social Determinants vs. Social Dynamics: Reflections on Change.

World Health Organization. (n.d.). Social Determinants of Health. World Health Organization. <https://www.who.int/health-topics/social-determinants-of-health>



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*Character. Caring.
Practical Wisdom.*

The Kern National Network for Flourishing in Medicine (KNN) is a national **movement** focused on integrating character, caring, practical wisdom and flourishing within the profession of medicine.

We advance this work by **connecting** and **convening** stakeholders across the health ecosystem, **catalyzing** transformative initiatives, and **influencing** policy and systems change.

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