Examining Social Determinants of Health

An executive discussion on the role of hospitals and health systems

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Undeniable impact on health

Consequences associated with unaddressed social determinants of health

$155 billion

Annual U.S. health system costs due to **food insecurity**

16 years

Decrease in life expectancy across **six mile stretch** in Chicago neighborhoods

$2,320

Per capita annual health system costs due to **housing instability**

5X

Higher risk of developing mental health conditions due to **exposure to violence and feeling unsafe** during childhood

2X

Increased risk of developing coronary artery disease due to **social isolation**

2X

Higher death rate for individuals **unemployed** for more than six years

Source: Ansell D, *The Death Gap – How Inequality Kills*, Chicago, IL: The University of Chicago Press, 2017; "Incorporating Patients' Social Determinants of Health into Hypertension and Depression Care: A Pilot Randomized Controlled Trial," *Community Mental Health Journal*, April 4, 2017; "Start Here: Getting Real About Social Determinants of Health," *IHI*, December 21, 2018; "Taking Care of Charlie Helped One California Town Nearly Halve Hospital Use," *STAT*, April 8, 2019; "Assessing the Social Determinants of Health Care Costs for Medicaid-Enrolled Adolescents in Washington State Using Administrative Data," *Health Services Research*, September 16, 2018; "Social Determinants, Children, And More," *Health Affairs*, May 6, 2019; Health Care Advisory Board interviews and analysis.

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Two different perspectives on addressing SDOH[1]

STAT

"Taking Care of Charlie Helped One California Town Nearly Halve Hospital Use"

by Lauran Hardin and Shelly Trumbo

- Clearlake, California implemented a county-wide project to provide comprehensive care to the community
- Project Restoration was a collaborative effort involving local organizations including health agencies, law enforcement, nonprofits, and faith organizations
- Project Restoration converted a local motel into transitional housing, called Restoration House
- Within one year, Clearlake experienced the following results among the high-use population:
  - 44% reduction in hospital utilization
  - 82% reduction in community response system use
  - 45% reduction in hospital costs

Forbes

"Social Determinants Of Health: Holy Grail Or Dead-End Road?"

by Lisa Fitzpatrick

- Headlines portray SDOH as the "Holy Grail" of improving health outcomes among the poor
- But research finds that interventions are only successful with long-term commitment to addressing deep-rooted social and cultural challenges, such as:
  - Food insecurity challenges are compounded by low food literacy and ingrained community palates
  - Financial needs can conflict with health needs (e.g., inability to miss work to attend a doctor's appointment)
- Interventions perceived as condescending are unlikely to be embraced by the community

1) Social determinants of health.

Source: Hardin L and Trumbo S, "Taking Care of Charlie Helped One California Town Nearly Halve Hospital Use," *STAT*, April 2019; Fitzpatrick L, "Social Determinants of Health: Holy Grail or Dead-End Road?," *Forbes*, November 2018; Health Care Advisory Board interviews and analysis.

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Defining social determinants of health

Much more to health than health care

Six domains of social determinants of health

Economic stability

- Employment
- Income
- Expenses
- Medical bills
- Support

Neighborhood and physical environment

- Housing
- Transportation
- Safety
- Parks
- Playgrounds
- Walkability
- Zip code / geography

Education

- Literacy
- Language
- Early childhood education
- Vocational training
- Higher education

Food

- Hunger
- Access to healthy options

Community and social context

- Social integration
- Support systems
- Community engagement
- Discrimination
- Stress

Health care system

- Health coverage
- Provider availability
- Provider linguistic and cultural competency
- Quality of care

Source: "Beyond Health Care: The Role of Social Determinants in Promoting Health and Health Equity," Kaiser Family Foundation, May 2018; Health Care Advisory Board interviews and analysis.

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Social determinants of health in the spotlight

News coverage expanding from trade publications to mass media

STAT
April 30, 2019

"We need a national conversation about health—not just about health care"

Reuters
March 7, 2019

"Homing in on health: U.S. homeless prescribed safe, stable housing"

The Wall Street Journal
September 16, 2018

"Health Care Looks Beyond Medicine to Social Factors"

The Economist
September 1, 2018

"Loneliness is a serious public-health problem"

Modern Healthcare
August 25, 2018

"Hospitals tackling social determinants are setting the course for the industry"

NBC
March 28, 2018

"Is your neighborhood hurting your health? Here's how to change it."

Source: Galea S, "We Need a National Conversation About Health—Not Just About Health Care," *STAT*, April 30, 2019; Blackpool et al., "Loneliness Is a Serious Public-Health Problem," *The Economist*, September 1, 2018; Steinhilber B, "Is Your Neighborhood Hurting Your Health? Here's How to Change It." *NBC News*, March 28, 2018; Johnson SR, "In Depth: Hospitals Tackling Social Determinants Are Setting the Course for the Industry," *Modern Healthcare*, August 25, 2018; Biron CL, "Homing in on Health: U.S. Homeless Prescribed Stable, Safe Housing," *Reuters*, March 7, 2019; Gormley B, "Health Care Looks Beyond Medicine to Social Factors," *The Wall Street Journal*, September 16, 2018; Health Care Advisory Board interviews and analysis.

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Clarifying providers' motivations

Variety of factors bringing social determinants to the forefront

1

Responding to regulatory and legal pressures

- ACA requires non-profit hospitals to conduct Community Health Needs Assessments every three years
- Many states require Medicaid managed care organizations to screen and refer for social needs
- Congress and state governments increasing scrutiny of tax-exempt status

2

Transforming the business model

- Medicare, Medicaid, and direct-to-employer ACO models increasingly popular
- CMMI grants focused on addressing social determinants of health
- Specialized primary care models target the chronically ill population
- Medicare Advantage plans recently permitted to cover non-medical benefits

3

Harnessing new capabilities

- Hospitals and health systems are significant influencers in their communities
- Technology improves ability to track, facilitate, and coordinate efforts
- Variety of organizations now available to create mutually beneficial partnerships

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Source: Health Care Advisory Board interviews and analysis.

Three potential ambitions for providers

Focusing on consequences alone likely insufficient

Consequences to the health system

Examples:

- High rates of uninsured patients
- Inappropriate ED utilization
- More costly utilization

Social determinants of health

Examples:

- Homelessness
- Food insecurity
- Lack of transportation

Root causes

Examples:

- Intergenerational poverty
- Social inequity

LONG TERM | MEDIUM TERM | SHORT TERM

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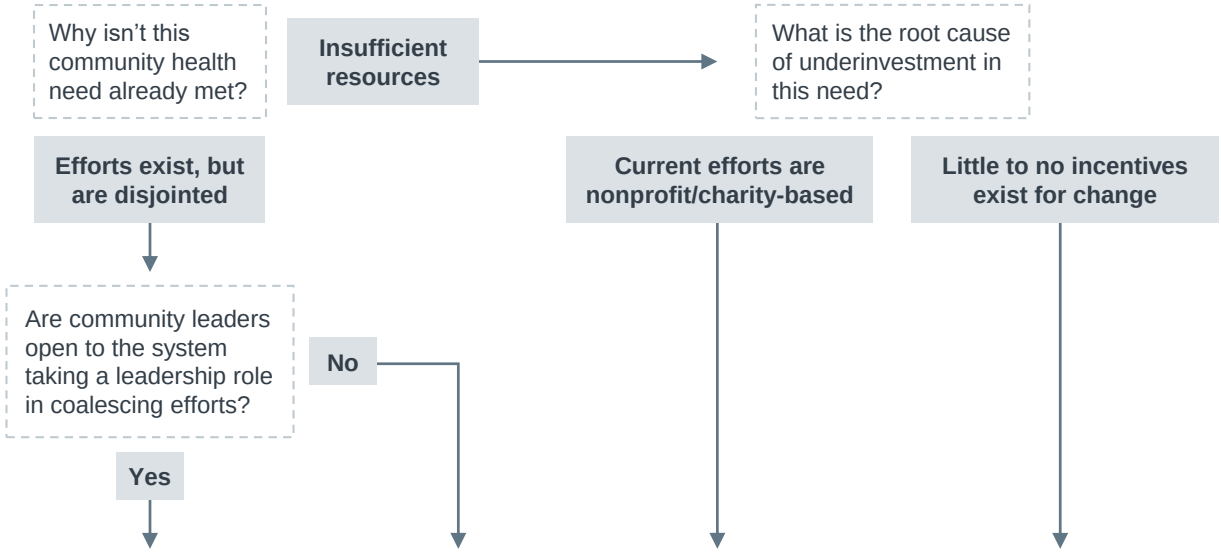
Source: Health Care Advisory Board interviews and analysis.

Multiple avenues to drive impact

Decision guide for health systems' role in community health interventions



CONVENER

Gather a range of cross-industry stakeholders, drive collaboration between existing organizations

FUNDER

Devote significant resources, staff, or financial aid to partnerships and community health programming

LEADER

Use institutional scale to drive change by building a program or advocating for policy change

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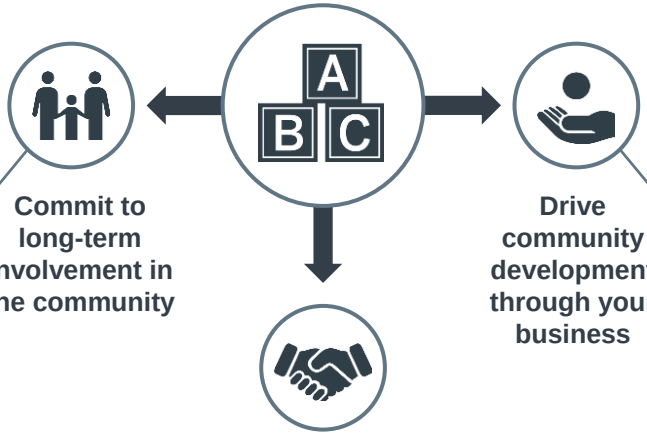
Source: Health Care Advisory Board interviews and analysis.

Charting the path forward

Three key principles to maximize impact and avoid missteps



Commit to long-term involvement in the community

Sporadic and short-term efforts are unlikely to produce meaningful results and could do more harm than good

Drive community development through your business

Maximize your impact by hiring and sourcing within the local community when possible

Use a grassroots to grass tips approach

Work with members of the community to ensure that efforts address issues most important to them and are embraced rather than viewed as patronizing

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Source: Health Care Advisory Board interviews and analysis.

Key takeaways

1	**Aim to address the root causes of the problem: poverty and inequity.**	Ad hoc investments and short-term initiatives will only put a band-aid on problems, not heal them. They are also unlikely to show positive financial or clinical return on investment.
2	**Get away from four-quarter planning and decision-making.**	True transformation occurs over decades. Structural challenges rooted in longstanding barriers can only be addressed with a long-term strategy.
3	**Approach planning from grassroots to grass tips.**	The community voice must have a permanent seat at the table to identify root causes, help build initiatives, and make decisions about where to invest. Providers should play supporting roles when other stakeholders are better positioned to lead, which helps build positive perception in the community.
4	**Assign accountability to a senior executive.**	Advanced institutions assign oversight to a C-suite executive. This may be an existing leader or a newly created role such as a Chief Community Health Officer or Senior Vice President of Community Health.
5	**Plan for blowback amid disruption.**	Much of the work in addressing social determinants of health is about changing perceptions, and there will likely be misunderstandings along the way. Amid conflict, assume positive intent, be flexible, and get creative.
6	**Walk the walk by making significant internal change.**	Transformation starts within the organization by accelerating diversity, equity, and inclusion in leadership, hiring locally and creating career paths, incorporating human-centered measures that matter to the community into performance improvement goals, and purchasing supplies locally when possible.

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Source: Health Care Advisory Board interviews and analysis.

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