The Field Guide for Defining Providers' Role in Addressing **Social Determinants of Health**

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Defining social determinants of health

Much more to health than health care

Leaders across the health care industry increasingly recognize the impact of social determinants on health outcomes. Up to 50% of patients' health can be attributed to their social, economic, and physical environment.[1] Left unaddressed, these risk factors can drive avoidable utilization and unnecessary spending. Patients with unmet social needs have 10% higher annual health care expenditures, approximately $2,443 per year.[2]

Domains of the social determinants of health

Economic stability

Employment, income, debt, expenses, medical bills, support

Education

Literacy, language, early childhood education, vocational training, higher education

Community and social context

Social integration, support systems, community engagement, discrimination, stress

Neighborhood and physical environment

Housing, transportation, safety, parks, playgrounds, walkability, ZIP code/geography

Food

Hunger, access to healthy options

Health care system

Health coverage, provider availability, provider linguistic and cultural competency, quality of care

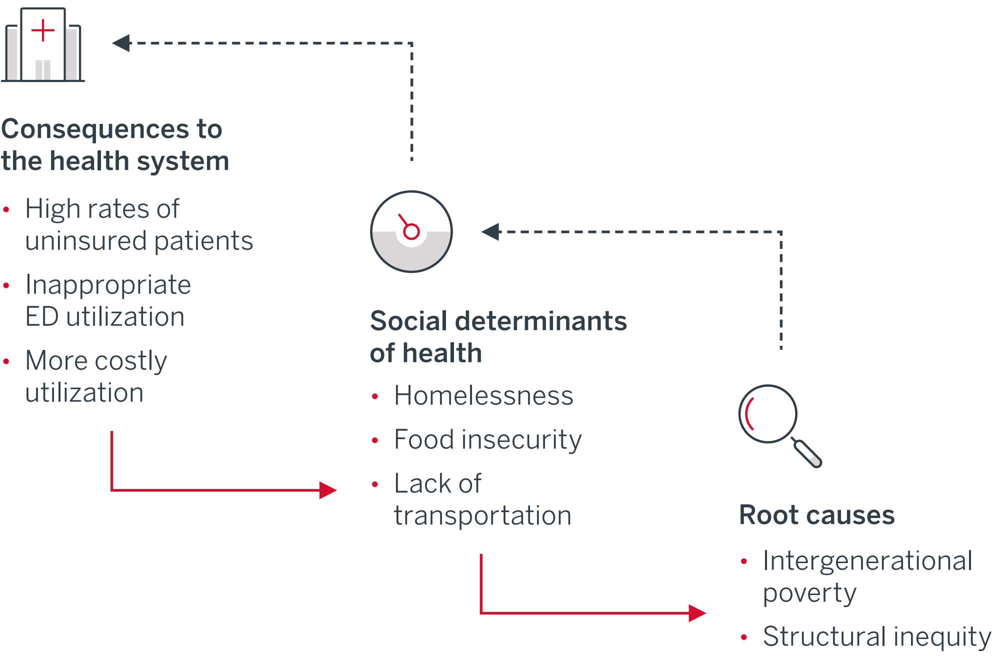
A growing number of providers now screen for social needs and navigate patients to non-clinical services. While this is a good start, current initiatives are often reactive and focus narrowly on individual patients. Given the magnitude and complexity of addressing the social determinants of health, **are today's efforts enough?**

Rescoping our ambition

It's insufficient to focus on consequences without addressing root causes

Many existing interventions target consequences to the health system—such as ED utilization and readmissions—reflecting a short-term ambition. However, this approach perpetuates a revolving door of need. In order to break the cycle, leaders need to set a long-term ambition centered on **the structural root causes: poverty and inequity.**

Three potential ambitions for provider organizations



Five primary avenues to drive community impact at scale

Provider organizations can fill any or all of the five roles outlined below to advance a long-term ambition. Health care leaders must rely on the community's voice to understand foundational needs, design solutions, and select the right role(s) to play in their market. Otherwise, providers run the risk of wasting resources and alienating the community.

Primary roles for becoming an effective community partner

	TRADITIONAL	
ROLE	**Funder**	**Convener**
TASKS	• Devote staff and resources • Offer RFPs[3] and grant-writing support	• Recruit parties for collaboration • Build channels for communication
GUIDING QUESTIONS	Are there existing high-quality partners who need funding support?	Are there disparate efforts to accomplish the same goal that we could help connect?
CASE STUDY	**University of Vermont** • 562-bed medical center in Burlington, VT • Devotes a minimum of $464K annually to fund affordable housing units	**Methodist Le Bonheur Healthcare** • 7-hospital, 1,600-bed health system in Memphis, TN • Convenes 500+ churches to create a medical liaison network

The case studies on the following pages feature organizations that effectively partner with community stakeholders to drive impact at scale. Their aim is to achieve long-term community transformation by addressing the root causes of the social determinants of health.

ADVANCED

Expert

- Contribute existing knowledge
- Conduct studies to build academic evidence base

Does the industry have all the answers yet?

The University of Pennsylvania Health System

- 3-hospital, 1,527-bed health system in Philadelphia, PA
- Led three RCTs[4] to create a community health worker standard

Advocate

- Engage policymakers
- Publicize system policy positions

Would a local, state, or federal policy change reduce barriers to success?

Texas Health Resources

- 29-hospital nonprofit, faith-based health system in Arlington, TX
- Deploys team to advocate for local, state, and federal policies

Anchor

- Contract with local businesses
- Invest in workforce diversity, equity, and inclusion

Are there business, workforce, or culture changes we could make to drive equity and economic mobility?

Rush University Medical Center

- 664-bed academic medical center in Chicago, IL
- Hires locally, purchases locally, and offers impact investing loans

Invest in community partners to expand their capacity

University of Vermont Medical Center funds and operates housing units for wraparound support

Fund infrastructure

University of Vermont pays $28 per night on average for motel room stays and $69K annually for maintenance and lease payments to the Champlain Housing Trust (CHT), the agency that operates the housing units. The medical center provided $1.6M to purchase and renovate the intermediate housing site.

SHORT TERM	INTERMEDIATE	PERMANENT
Harbor Place rooms: 55 family and single units at a local motel with an average stay of 8 days	**Bel Aire units:** 7 apartments, 3 of which house up to 7 people, for 6-month stays	**Beacon Apartments:** 19 single-unit apartments for indefinite stays

Fund wraparound services

University of Vermont funds an on-site case manager from the Community Health Center of Burlington at each site ($100K–$125K annually) and an on-site social worker at the intermediate housing site ($95K annually). On-site staff meet patients' non-clinical needs. Other providers offer mental health services, hospice care, and physician house calls.

Health system cost avoidance

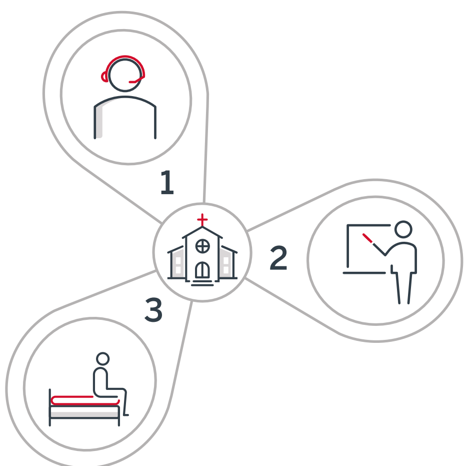
$2.23M
from Harbor Place

$19K
from Bel Aire

$15K
from Beacon Apartments

Assemble key stakeholders to meet non-clinical needs

Methodist Le Bonheur forms a church network to create a medical liaison model that stabilizes high-risk patients discharged home



20%

Reduction in readmissions among program participants

$4.1M

Aggregate cost savings from decreased utilization

1 Hospital-based outreach coordinator

- Trains community liaisons across the congregational health network on privacy protocols, record keeping, and health leadership
- Identifies and enrolls patients who may benefit from program

2 Church-based community liaison

- Coordinates volunteer community caregivers for post-discharge support
- Provides mental health first aid, hospital visitation, and spiritual care for terminally ill patients

3 Patient

- Opts into network support upon inpatient admission
- Participates in health education courses

Launch research to solve open community health questions

University of Pennsylvania Health System pioneers community health worker (CHW) research to develop the IMPaCT[5] model, which standardizes the CHW role

Researchers conducted three randomized controlled trials[6] to build an evidence-based CHW model, which resulted in a 2:1 ROI. The University of Pennsylvania leverages this expertise to offer consulting support to other organizations, which provides additional revenue.

Recruiting CHWs

- Hiring guidelines emphasize need for natural helpers who are demographically representative of the community
- Local nonprofits and community groups source candidates with strong leadership and relationship skills

Setting work practices

- Curriculum teaches CHWs necessary skills (communication, service navigation, etc.) and helps scope the role for the rest of the care team

Integrating new team members

- Guidelines indicate best practices for incorporating CHWs into finances, reporting structures, workflow, and EHR

Offering patient-centered care

- Action-oriented care plans based on patient-centered goals meet patients' psychosocial needs and support chronic disease self-management
- Program length depends on patient need (two weeks post-discharge, four week post-discharge, or six months in outpatient care)

2:1	30%	69%
Program ROI	Decreased admissions	Reduced LOS over 6 months

Leverage system clout to advance policy solutions

Texas Health Resources' multi-tiered policy advocacy strategy to drive structural change

Source community priorities

- Yearly community health needs assessment (CHNA) updates serve as guardrails for community investments and advocacy
- Local stakeholders serve on leadership councils to identify community health challenges and strategies to address them
- Cross-sector public and private strategic partners provide additional information

Advance policy solutions

- Community Impact Board, comprised of local leaders, delegates funding
- Blue Zone[7] leverages local relationships to advance community-level policies
- Community engagement and advocacy staff engage policymakers to implement solutions

Local: Modified local ordinance to improve healthy food access

- Convened local government officials and staff to modify ordinances and ease restrictions for community gardens and mobile food carts
- Covered the cost of SNAP[8] equipment and farmers' market service charges ($1,500 annually per vendor) to improve access to produce

State: Bolstered support for sexual assault survivors

Advocated state legislators to reduce the severe backlog of rape kits by:

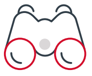
- Improving the analysis and preservation of evidence
- Extending the statute of limitations for sexual crimes
- Securing direct reimbursement to hospitals for forensic exams

Federal: Ongoing advocacy to enhance access to care

Aims to reform STARK Law (rules limiting physician self-referral) and anti-kickback rules to advance care delivery innovation, care quality, and cost avoidance

Drive economic growth through business decisions

Rush University Medical Center's inside-out approach to investing in long-term equity aims to improve life expectancy by strengthening local economies



Increase local hiring

- Organize position applications by ZIP code to inform decision-making
- Identify demographic gaps in applications and reach out to those communities
- Create hiring pipelines with high schools in under-represented neighborhoods to increase interest in health care careers

Prime staff for long-term growth

- Instituted new base hourly rate of $15/hour
- Offer financial wellness programs such as support for improving credit rating
- Identify options for career advancement and enroll staff in training for roles such as patient care technician and medical assistant

Commit to local purchasing

- Contract with local vendors to increase the amount of goods and services sourced directly from community-owned businesses
- Reserve contracts only for organizations willing to meet Rush's anchor mission expectations, such as hiring a majority of community members

Invest capital sustainably

- Provide impact investment loans ($6M earmarked over three years) to support local projects that have the potential to create sustainable community growth

AMPLIFIED IMPACT

- Launched West Side United, a health equity collaborative that includes eight local hospitals, to spread adoption of equity tactics for greater impact

Key lessons on how to avoid pitfalls and accelerate success from leaders in the field

1. **Address the root causes of the social determinants of health: intergenerational poverty and structural inequity.**

   Ad hoc investments and patient-level initiatives will only put a Band-Aid on problems, not heal them. They are unlikely to show long-term financial or clinical ROI.

2. **Commit to long-term community involvement.**

   Structural challenges rooted in long-standing barriers can be addressed only with a long-term strategy. Sporadic and short-term efforts are unlikely to produce meaningful results and could harm community trust.

3. **Approach planning from grassroots to "grass tips."**

   Community voices must have a permanent seat at the table to identify root causes, help build initiatives, and make investment decisions. Providers should play supporting roles when others are better positioned to lead.

4. **Expect to help community partners build capacity.**

   Small nonprofits rarely have advanced data and analytics, grant writing teams, or excess resources. Offer support beyond funding by using organizational scale and existing infrastructure.

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. **Prove commitment with significant internal change.**

   Strategies to address social determinants of health are inextricable from diversity and inclusion (D&I) efforts. Center D&I as a strategic pillar, accelerating community representation across the organization's workforce and leadership. Commit to local purchasing, prioritizing women- and minority-owned businesses when possible.

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End notes

1. "County Health Rankings Model," County Health Rankings & Roadmaps, 2014.
2. Pruitt Z, et al., "Expenditure Reductions Associated with a Social Service Referral Program," *Population Health Management*, 21, no. 6 (2018).
3. Request for proposals.
4. Randomized controlled trials.
5. Individualized Management for Patient-Centered Targets.
6. Kangovi S, et al., "Community Health Worker Support for Disadvantaged Patients with Multiple Chronic Diseases: A Randomized Clinical Trial," *American Journal of Public Health*, 107, no. 10 (2017): 1660–1667; Kangovi S, et al., "Patient-Centered Community Health Worker Intervention to Improve Post-Hospital Outcomes: A Randomized Clinical Trial," *JAMA Internal Medicine*, 174, no. 4 (2014): 535–543; Kangovi S, et al., "The Use of Participatory Action Research to Design a Patient-Centered Community Health Worker Care Transitions Intervention," *Healthcare*, 2, no. 2 (2014): 136–144.
7. Initiative dedicated to improving community well-being.
8. Supplemental Nutrition Assistance Program.

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