



# How to address social determinants of health and improve medical outcomes

Key Takeaways from the 2019 Cross-Industry Value Summit Workshop

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**Value-based care.**

**Fee-for-value.**

**Value-based contracts**

In 2019, “value” may be the most overused yet least agreed-upon term in our health care lexicon. On the surface, most stakeholders align on an aspirational definition of value: the right treatment for the right patient in the right setting at the right time. But legacy mistrust, siloed perspectives, and competing incentives often impede the advancement of common definitions or shared frameworks for truly assessing value in U.S. health care.

In an effort to break down industry barriers and encourage honest dialogue, Advisory Board hosted its first **Cross-Industry Value Summit** on September 23–24, 2019. The Summit convened 40 medical and pharmacy executives from payer, provider, and life sciences organizations – as well as thought leaders who influence how we think about value. Through panels, networking sessions, and expert-led workshops, participants discussed how they define, measure, and drive medical value. They also identified ways to build trust and transparency around both evidence generation and broad models for cross-sector collaboration.

# About this workshop

Despite the growing number of health care leaders investing in social determinants of health (SDOH) programs, **good intentions don't always translate to optimal results.**

Countless examples of expensive interventions—from free transportation programs, to food pantry services, to social support interventions—still fail to meaningfully address the social factors that affect our health. The sheer number of failed attempts illustrate just how complex, ambiguous, and multi-faceted this undertaking is, both for the healthcare industry and for society writ large.

At Advisory Board's 2019 Cross-Industry Value Summit, **we convened leaders from across the healthcare industry** to discuss the impact of social determinants of health on medical outcomes.

The conversation featured diverse perspectives and experiences: while some participants' roles already included oversight of SDOH-related efforts, others sought to incorporate SDOH initiatives into their roles or organizational strategy. Most participants, in their professional or personal lives, had witnessed firsthand the impact of SDOH in their own communities. The complexity and urgency of the topic pushed participants to engage in thoughtful dialogue around mutual challenges and opportunities to address SDOH.

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[Read on to see what we learned](#) 

# Key takeaways

1

Social determinants of health have a significant, measurable impact on medical outcomes and total cost of care.

2

An organization's commitment to address social determinants of health must include 5 critical steps:

- Articulate your organization's unique role in collaboratively tackling SDOH.
- Choose initiatives that leverage your impact advantage.
- Ensure efforts address the root cause of the problem—not just the symptoms.
- Prioritize earning patient trust, because patients with the greatest needs are often the ones most hesitant to get care.
- Address social determinants from the C-suite to the front lines.

3

We can avoid common pitfalls by understanding specific lessons learned from organizations at the forefront.

# The social determinants of health have a significant, measurable impact on medical outcomes and total cost of care.

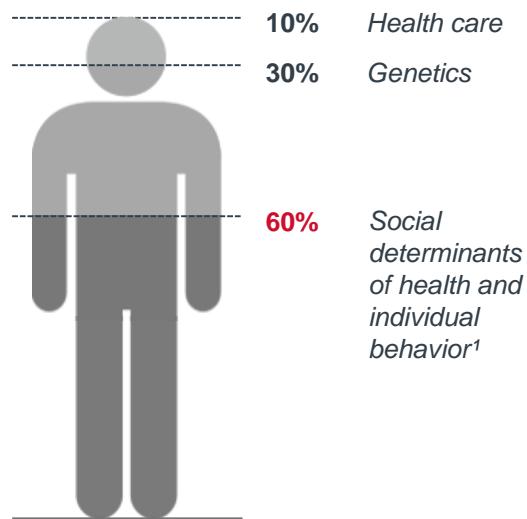
The World Health Organization defines social determinants of health (SDOH) as “the conditions in which people are born, grow, live, work and age.” It’s a broad definition, but conveys that a vast array of non-medical factors nonetheless have direct impacts on health.

## Six domains of social determinants of health

					
<b>Economic stability</b> <ul style="list-style-type: none"> <li>• Employment</li> <li>• Income</li> <li>• Expenses</li> <li>• Medical bills</li> <li>• Support</li> </ul>	<b>Neighborhood and physical environment</b> <ul style="list-style-type: none"> <li>• Housing</li> <li>• Transportation</li> <li>• Safety</li> <li>• Parks</li> <li>• Playgrounds</li> <li>• Walkability</li> <li>• Zip code/ geography</li> </ul>	<b>Education</b> <ul style="list-style-type: none"> <li>• Literacy</li> <li>• Language</li> <li>• Early childhood education</li> <li>• Vocational training</li> <li>• Higher education</li> </ul>	<b>Nutrition</b> <ul style="list-style-type: none"> <li>• Hunger</li> <li>• Access to healthy options</li> </ul>	<b>Community and social context</b> <ul style="list-style-type: none"> <li>• Social integration</li> <li>• Support systems</li> <li>• Community engagement</li> <li>• Discrimination</li> <li>• Stress</li> </ul>	<b>Health care system</b> <ul style="list-style-type: none"> <li>• Health coverage</li> <li>• Provider availability</li> <li>• Provider linguistic and cultural competency</li> <li>• Quality of care</li> </ul>

Because SDOH are often a contributing factor—if not the root cause—of health issues, addressing SDOH can have a sizeable impact on medical outcomes. In fact, researchers have estimated that 60% of a patient’s overall health is determined by SDOH and individual behavior, while only 30% is determined by genetics, and 10% is determined by the care they receive.<sup>1</sup>

## Factors influencing overall health



### Unaddressed social determinants of health not only worsen medical outcomes, but also increase total cost of care.

Today, U.S. health systems spend approximately \$155 billion on healthcare costs associated with food insecurity.<sup>2</sup> Nearly 80% of ED visits by homeless patients are preventable with reliable access to primary care.<sup>3</sup> And patients exposed to violence during childhood are five times more likely to develop a mental health condition, which costs the health system more than \$147 billion annually.<sup>4</sup>

Although the impact of SDOH is substantial—and in some ways, intuitive—understanding how to tackle those influences to improve medical outcomes and reduce costs is far from straightforward. Doing so requires asking tough questions about who is ultimately responsible for addressing the social determinants of health, how funds should be allocated, and how progress can and should be measured.

1. "We Can Do Better – Improving the Health of the American People," Schroeder, S.A., New England Journal of Medicine, 2007.  
2. "Estimating the Health-Related Costs of Food Insecurity and Hunger," Hunger Report, 2016.  
3. "Characteristics of Homeless Individuals Using Emergency Department Services in 2014," Healthcare Cost and Utilization Project, 2017.  
4. "Mental Health Awareness Month: By the Numbers," National Institute of Mental Health, May 2015.

Advisory Board research and analysis.

## I. Articulate your organization's unique role in collaboratively tackling SDOH.

Because SDOH are complex, multi-faceted issues that often stem from factors outside the healthcare ecosystem, it's difficult to tell who is responsible for addressing them. Problems like a lack of stable housing or inadequate social support are arguably outside the realm of what physicians, health systems, payers, or life science firms can or should be accountable for. Yet, those factors have a very real impact on the healthcare industry, financially and otherwise.

Most health care leaders agree that improving medical outcomes for marginalized or underserved populations requires broadening the definition of health care: health care must encompass the social factors that influence health, as well as medical factors. But broadening our definition **raises tricky questions about our collective roles, responsibilities, and accountabilities**. For example, which stakeholders should be responsible for funding non-medical interventions like housing initiatives and food banks? Who is held accountable for improving the health literacy of communities?

“

**There's a disconnect when it comes to accountability**, other sectors aren't held accountable for the cost of healthcare. We haven't known how to connect with education, housing, etc. to address these kinds of things. So it falls to us because we see health care as a human right. But we don't have the mechanisms in place to ensure that right.

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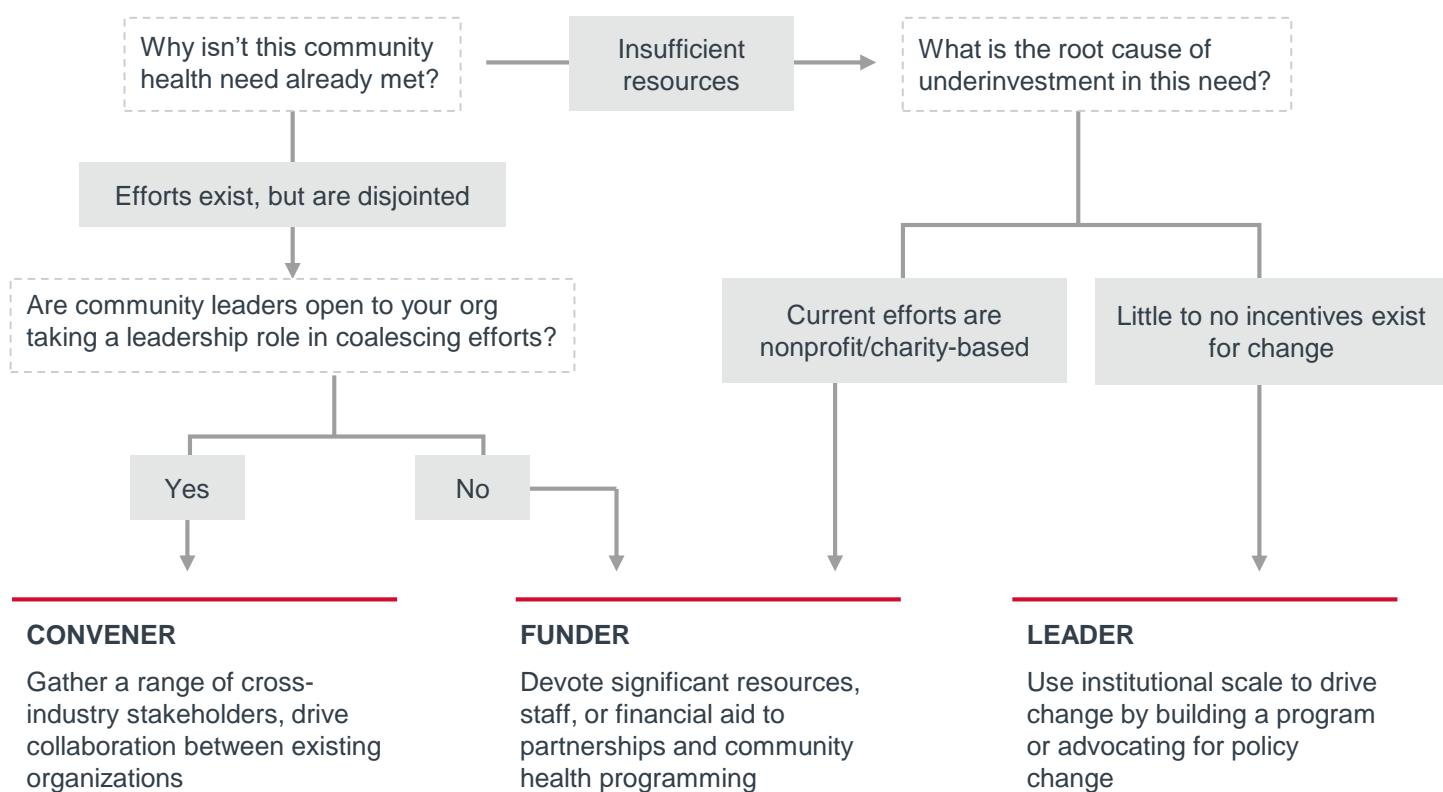
CHIEF TRANSFORMATION OFFICER

LARGE HEALTH SYSTEM

Advisory Board research and analysis.

We must also address the fact that while many healthcare stakeholders have national or regional purviews, SDOH are often locally driven. Developing community health interventions to inflect SDOH requires collaboration among local stakeholders (e.g., a community-based clinic) and regional or national ones (e.g., a large payer or life science firm). The decision tree below is designed to help you think about the role your organization can play in addressing locally-driven SDOH.

# Decision guide for stakeholders' roles in community health interventions



## II. Choose initiatives that leverage your impact advantage.

Given the multitude of social factors that influence medical outcomes, determining which initiatives to invest in can be daunting. To decide the best way to inflect SDOH, leaders should carefully assess their organization's impact advantage—that is, **the specific perspectives, resources, and relationships that make the organization uniquely suited to drive impact.**

Summit participants shared several examples of leveraging impact advantage. One leader from a regional payer described creating a healthy eating resource guide for its diabetic population. By leveraging relationships with local community members, the payer curated information about where to find healthy food locally, such as which local restaurants had healthier options, and which grocery stores sold produce at lower prices. Because they had access to claims data and analytics tools, they were able to target the resource guide to patients that were likely to benefit from it most.

Another Summit participant shared a story about a group of health systems working in partnership with the local Department of Health to address food insecurity. Because the Department of Health is well positioned to convene community stakeholders and advocate for policy change, the group was able to partner on planning and implementing several citywide food security initiatives.

From analyzing data that identifies patient need, to providing educational materials, to creating more racially diverse clinical trial cohorts, each stakeholder can promote health equity by leveraging their impact advantage.

### Stakeholder-specific initiatives to inflect SDOH and health equity

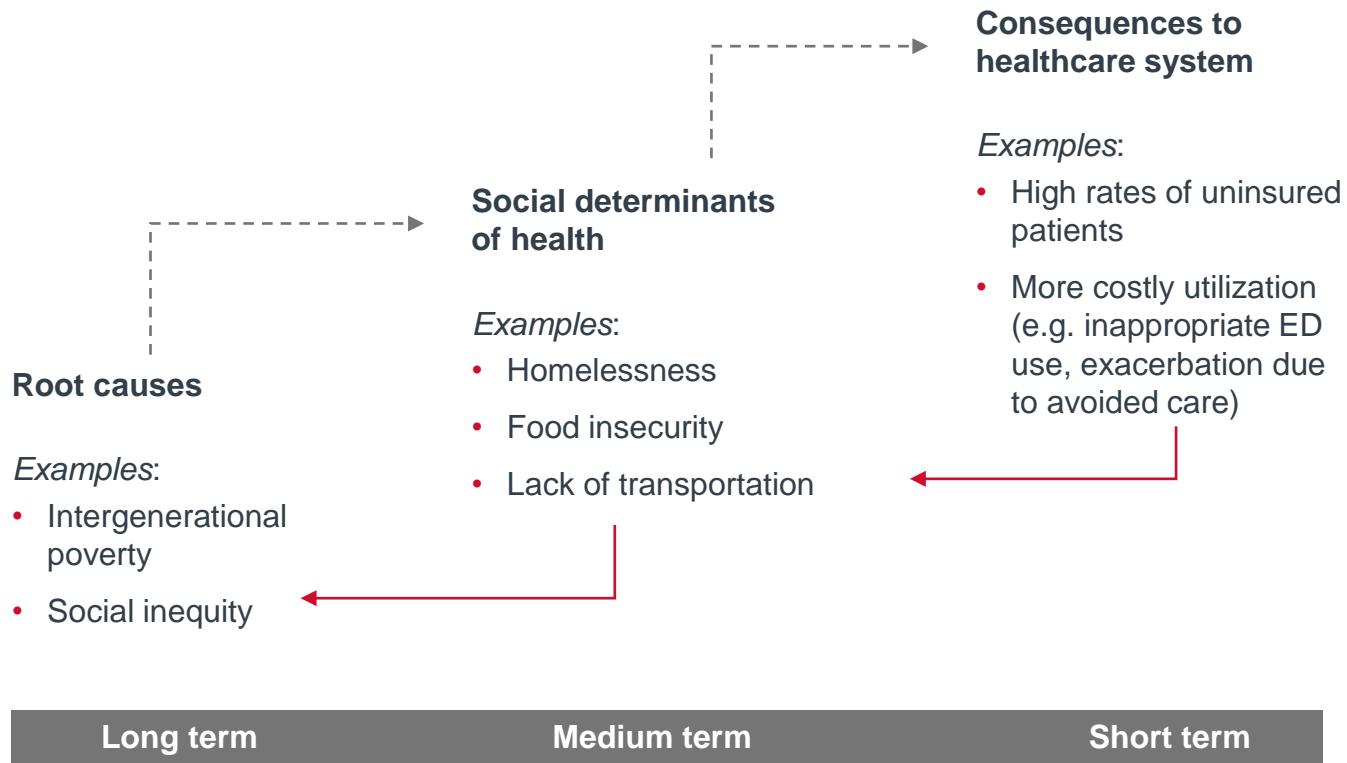
Payers	Providers	Device and Pharma
Social determinants	Social determinants	R&D
<ul style="list-style-type: none"><li>• Connect patients with social services based on claims data</li><li>• Offer subsidies to patients in low-income areas or whose professions are low-paying</li><li>• Partner with community organizations to surface community needs in areas with large enrolled population</li></ul>	<ul style="list-style-type: none"><li>• Connect patients with social services and benefit enrollment</li><li>• Support patient engagement and self-management skills with patient-centered care plans</li><li>• Open dialogues with marginalized groups in local community; surface needs that provider can address</li><li>• Use institutional scale to drive community economic strength and push related policies on the state level</li></ul>	<ul style="list-style-type: none"><li>• Ensure new products are designed with marginalized populations in mind (e.g., improve representation of racial minorities in clinical trials)</li><li>• Devote research to treatments for conditions that primarily impact marginalized populations</li></ul>

### III. Ensure efforts address the root cause of the problem—not just the symptoms.

Countless well-intentioned initiatives fail to inflect medical outcomes because they only address the consequences of SDOH, not the underlying causes. For example, plenty of evidence links unhealthy eating to the development of chronic disease. But interventions that target patients' eating habits do not always improve health outcomes. Prescribing a new diet regimen to a low-income, overweight patient who lives in a food desert will not address the patient's inability to access or afford high quality foods within their community—it's a band-aid approach, not a real solution.

Similarly, programs that provide free transportation to improve patient no-show rates often fall flat. These programs are betting that a lack of reliable transportation is the key barrier to accessing healthcare. But for a 78-year-old diabetic who has Alzheimer's, is experiencing homelessness, and doesn't have a smartphone, the offer of a free Uber or Lyft to the doctor's office won't do much good. Transportation programs do not address the underlying social and economic factors that stand between a patient and their appointment, like inability to take time off work, inability to pay for care, or mental health issues.

## Focusing on consequences alone is insufficient



To ensure initiatives targeting SDOH are impactful, **healthcare leaders must seek direct input from the patients they want to help**. Patients need a clear voice and a seat at the table when designing these programs, and the onus is on us as healthcare leaders to bring the unmet needs of patients to the forefront.

## IV. Prioritize earning patient trust, because patients with the greatest needs are often the ones most hesitant to get care.

There is a deep mistrust between marginalized populations and the healthcare industry. Historical discrimination and, in some cases, abuse of marginalized groups has made many patients deeply skeptical of the healthcare system, and therefore hesitant to seek care.

Even when patients do seek care, a lack of trust can blunt medical value—for example, if patients are hesitant to respond honestly to questionnaires, it's hard to diagnose them correctly. If patients don't trust that providers have their best interests at heart, they are less likely to pick up prescriptions or access care if they experience side effects.

Although many of the root causes of SDOH are related to poverty, Summit participants emphasized the importance of building relationships and trust with patients, in a way that recognizes their humanity and avoids paternalistic attitudes.

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Patients don't want to be made to feel less than. They don't want everything to be about their poverty. They require a relationship.

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VP, CARDIAC CARE  
LARGE HEALTH SYSTEM

## V. Address social determinants from the C-suite to the front lines.

Many organizations have committed to addressing SDOH at a high level, but very few have mechanisms to drive that strategy throughout the entire organization. We asked Summit participants to indicate how they're tackling SDOH: almost all participants said SDOH is a key component of their organizational strategy, but only three said they have a system of accountability and performance metrics in place.

Part of the challenge, of course, is related to resources. It takes time to screen for and address SDOH-related concerns, and being understaffed usually means patients' needs are not met universally or consistently.

But a wholly separate challenge is about discomfort. Even in provider organizations with active SDOH-related initiatives underway, **the vast majority of frontline clinicians feel ill-equipped to address patients' social needs.** This can stem from:

- Lack of education and/or fluency around social determinants of health
- Lack of training or tools to identify or discuss social issues with patients
- Discomfort discussing issues that feel 'personal' or cannot be readily addressed by a clinician
- Obligation to provide treatment after screening, even if treatment will not be reimbursed (e.g., if patients are uninsured or under-insured)

Although commitment to addressing SDOH is a step in the right direction, we won't make real progress unless behavior change occurs across all levels of the organization. This requires creating leadership roles accountable to driving SDOH initiatives, implementing performance metrics, and dedicating resources to train and educate frontline staff.



### DATA SPOTLIGHT

**20%**

Physicians who are confident in their ability to address unmet social needs<sup>1</sup>

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Providers, including specialists, think they can't address [social determinants of health]. So how do we start internally, how can we raise knowledge and accountability?

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HEAD OF HEALTH ECONOMICS AND OUTCOMES RESEARCH  
MIDSIZE PHARMA COMPANY

1. "Health Care's Blind Side," Robert Wood Johnson Foundation, 2011.

Advisory Board research and analysis.

# We can avoid common pitfalls by understanding specific lessons learned from organizations at the forefront.

Translating a well-intentioned strategy for addressing SDOH into tangible results is not easy. Plenty of pitfalls and roadblocks can prevent organizations from maximizing their impact. Below are six key lessons from leading healthcare organizations about how to design and implement a SDOH strategy for meaningful, long-term impact.

## Lessons from the forefront on designing a SDOH strategy

- 1. Aim to address root causes: poverty and inequity.**  
Ad hoc investments and short-term initiatives will only mask persistent problems, and are unlikely to result in positive financial or clinical ROI.
- 2. Avoid four-quarter planning and decision-making.**  
True transformation occurs over decades. Structural challenges rooted in longstanding barriers should be addressed with a long-term strategy.
- 3. Approach planning from grassroots to grass tips.**  
Community voice needs a permanent seat at the table to identify root causes, build initiatives, and make decisions about where to invest. To build positive perception in the community, play a supporting role when other stakeholders are better positioned to lead.

### Lessons from the forefront on designing a SDOH strategy (cont.)

**4. Assign accountability to a senior executive.**

Beyond enshrining community health or social determinants into organizational strategy, advanced institutions assign oversight with roles such as the Vice President of Population 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.**

Strategies to address SDOH are inextricable from driving diversity, equity, and inclusion among internal leadership. Hire and/or purchase locally when possible, and incorporate community-centered measures into performance metrics

# What's next?

Check out [advisory.com](http://advisory.com) for additional research:

- ▶ How medical leaders can improve value using big data and AI right now
- ▶ Redefining HTAs: How thought leaders are rethinking value
- ▶ How to use EHR networks to measure value
- ▶ For more information about Advisory Board's 2019 Value Summit, visit [advisory.com/valuesummit2019](http://advisory.com/valuesummit2019)

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**1** The impact of emerging healthcare market dynamics on customer needs and priorities

**2** The evolution of value definitions and frameworks

**3** The future of medical strategy and operations

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