Social Determinants of Health:
Addressing the Non-Medical Drivers of Health

What Are Social Determinants of Health

- The social determinants of health are 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. These forces and systems include economic policies and systems, development agendas, social norms, social policies and political systems.

Some Iowa Context

- Concept of community utility shared by Dr. Ed Shor
  - Thinking about a PCMH model beyond the four clinic walls and also shared resources that benefit everyone's health in a given community
  - Idea that both competition and collaboration can drive positive trends in health care -- finding the sweet spot
- Commonwealth Fund project in partnership with the UI PPC
  - Identified unique needs of safety net patients and providers
- Iowa PCA selected as one of four pilot sites for the PRAPARE tool
  - Working to more closely align Medical Legal Partnership with Iowa Legal Aid
- Many others with experience addressing SDOHs -- public health, visiting nurses, child health specialty clinics, community action agencies, and many others
Used state-level repeated measures multivariable modeling for the period 2000–09, with region and time fixed effects adjusted for total spending and state demographic and economic characteristics and with one- and two-year lags.

Found that states with a higher ratio of social to health spending (calculated as the sum of social service spending and public health spending divided by the sum of Medicare spending and Medicaid spending) had significantly better subsequent health outcomes for the following seven measures: adult obesity; asthma; mentally unhealthy days; days with activity limitations; and mortality rates for lung cancer, acute myocardial infarction, and type 2 diabetes.

Study suggests that broadening the debate beyond what should be spent on health care to include what should be invested in health—not only in health care but also in social services and public health—is warranted.
Why Do C3s Need to Document and Address SDOH?

Research demonstrates SDOH:
- Contribute to poorer health outcomes
- Lead to health disparities

Impact on providers and population served:
- Increasingly difficult to improve health outcomes for complex patients
- Possible negative impacts under:
  - Value-based pay, such as incentive payments, shared savings, and pay for performance
  - Public Reporting
- Insufficient funds to provide comprehensive care

PRAPARE

Why Iowa Participated:
- Provide better care to patients
  - Collect more robust data about other factors impacting health
  - Begin to match identified issues with solutions with the health center
- Use data to establish or grow partnerships with other community resources
- Leverage data and accompanying interventions to provide evidence to payors and policymakers about the needs of patients, a broader definition of patient risk, and to ensure adequate reimbursement for safety net providers

PRAPARE National Partners
PRAPARE Pilot

Implementation
Teams use 4 common EHRs that are used by 39% of all community health centers.

PRAPARE Goals

- To create, implement/test, and promote a national standardized patient risk assessment protocol to assess and address patients' social determinants of health (SDOH).
- Document the extent to which each patient and total patient populations are complex.
- Use that data to:
  - Improve patient health,
  - Affect change at the community/population level
  - Sustain resources and create community partnerships necessary to improve health.

PRAPARE was designed specifically to aid health centers in gathering data that informs and addresses individual patient care and population health management, while capturing what makes health center populations unique.
Social Determinants of Health Domains

- Race and Ethnicity
- Farmworker Status
- Veteran Status
- Housing Status
- Insurance Status
- Language Preference
- Education
- Employment
- Transportation
- Neighborhood
- Stress
- Social Integration and Support
- Material Security (food, utilities, clothing)
- Safety
- Domestic Violence
- Incarceration History
- Refugee Status
- Legal Barriers (Iowa added this)

Implementation at SCHC

How does this help medical providers, behavioral health, and nurse case managers work with patients?
- Survey allows for behavioral health to have an initial meeting with patients and build rapport.
- We don’t know what we don’t ask.
- Opportunity to engage the patient in their psychosocial health and discuss how these things could affect their overall health.

Challenges/Impacts

- Need to account for data collection overload among staff and share how the data will be used and why it is valuable
  - ROI when this adds time to the patient visit
  - Don’t treat as a project, but instead part of providing care
- The data captured as part of the pilot project has multiple uses – endless number of case statements possible
  - More discussion about how the data will be used, i.e. is it most important to impact point of care or policy or something else?
  - Where can the easiest customization and marrying of data occur?
- Need to consider what interventions are internal versus require community partnerships
Updated PRAPARE Data

- Siouxland (August 2015 – current)
  - Over 25,000 patients
  - 5,932 surveys completed
  - 13% do not have housing (754)
  - 18% indicate they only have social interactions 1 – 2 per week (1,077)
  - 38% indicate quite a bit, somewhat, very much stress (2,261)

Updated Data – Unmet Material Security Needs

- Child care (163)
- Clothing (504)
- Food (733)
- Medicine/Medical Care (627)
- Phone (501)
- Rent/Mortgage (559)
- Transportation (477)
- Utilities (559)

Medical-Legal Partnership

- One in six people lives in poverty, and research shows that each of those individuals has at least one civil legal problem that negatively affects their health.
- Patients living in substandard housing need legal care to ensure that housing codes are enforced so that they breathe safely without mold triggering asthma attacks. They need legal protection to prevent utility shut offs to ensure that their medications remain refrigerated.
- Adults with mental health problems or chronic illnesses have urgent needs for housing, coordinated care and public benefits to ensure stability, lower hospital re-admissions and improve primary care utilization.
- And homeless veterans require legal care to help stabilize their housing and income. Homeless veterans and their healthcare providers reported that three of the top ten needs of homeless veterans were for legal assistance – to prevent housing eviction and to assist with child support and military discharge issues that affect income.
Medical-Legal Partnership

I-HELP® Areas

Income supports & Insurance  Housing & utilities  Employment & Education  Legal status  Personal & family stability

Why Do People Need Civil Legal Aid?

Civil Legal Aid Helps People Solve Legal Problems of Every Day Life

Legal Needs That Impact Health (I-HELP Model)

Income supports & Insurance
- Access to income
- Insurance access & benefits
- Food stamps
- Disability & veterans
- Social Security benefits
- Child support

Housing & utilities
- Housing stability
- Sanitary housing conditions
- Utility access
- Landlord/tenant

Employment & Education
- Access to education
- Employment & unemployment
- Immigration
- Domestic violence
- Criminal record issues

Legal Status
- Immigration
- Juvenile
- Domestic violence
- Criminal record

Personal & Family Stability
- Guardianship
- Custody
- Divorce
- Domestic violence
- Child abuse & neglect
- Adult abuse, neglect, abuse

Case Study

• See handout
“Three friends come to a river filled with people helplessly being swept toward a waterfall. The first friend jumps in and furiously tries to save people who are just about to drown. In an effort to improve the rescue rate, the second friend builds a raft to ferry more people to safety. Where’s the third friend? That person is looking upstream, to prevent people from falling in the river in the first place. Upstream is where more healthcare providers need to go.”

(From a new IHI Open School video short)

Why do we treat symptoms without addressing the conditions that make patients sick in the first place?
• We don’t get paid for that. We get paid for volume not value.
• “Don’t ask, don’t tell”. No systems in place to address SDH.
• Not enough “upstreamists.”

“The upstreamist’s job is not be the hero nurse, the hero doctor, the hero community health worker. Instead, it is to think about how to systematically understand and address the social determinants of health.”

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