What is Next for Social Determinants of Health?

Support Building Healthy and Resilient Communities through Braided Funding

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The Health Impact Pyramid, April 2010, Vol 100, No. 4, American Journal of Public Health. This pyramid is adapted from Thomas Frieden, MD, MPH presentation at the Weight of the Nation conference, Washington D.C., July 27, 2009

Equity Pyramid

Lowest Impact (1)

1. Education & Counseling
   e.g. Eat Right

2. Clinical Interventions
   e.g. diabetes control; pediatric weight management counseling

3. Long Lasting Protective Public Health Interventions
   e.g. immunizations; HIV testing; BMI screening?

4. Changing the Context-Healthy Choices as Default Options
   e.g. smoke free laws; healthy food in schools law

5. Social and Environmental Determinants of Health
   e.g. housing, education, inequalities; community garden

Highest Impact (5)

Most Individual Effort

Collaboration, Integration, Partnerships

Least Individual Effort

Life Course Approach

Emotional and Social Competencies
Communities awarded initial seed funding through RIDOH over a four-year period for each Health Equity Zone to:

• Build, expand or maintain a **collaborative** of diverse partners from the local community of the self-defined zone.

• Conduct a **baseline assessment** of socioeconomic and environmental factors that drive health outcomes.

• Create a **Plan of Action** targeting **measurable** objectives based on valid strategies shown to be successful.

• Implement and **evaluate** the Plan of Action.
Health Equity Zone Goals

• Improve health of communities with high rates of illness, injury, chronic disease, or other adverse health outcomes

• Improve birth outcomes

• Reduce health disparities

• Improve the social and environmental conditions of the neighborhood

• Support the development and implementation of policy and environmental change interventions

RIDOH Health Equity Zones

• Braided funding drives collective action with authentic community engagement.

• Funds are woven together from several sources, including:
  - HRSA/Maternal and Child Health Bureau (Title V)
  - Substance Abuse and Mental Health Services Administration
  - Preventive Health and Health Services Block Grant
  - Centers for Disease Control and Prevention
  - Centers for Medicare and Medicaid Services
  - State General Revenue

• Community-led collaboratives with sustainable investments and flexible funding will drive lasting change that is needed to actually move the needle.
Braided Funding: How Did We Do It?

Cost allocation methods:

a. Flexible and categorical funding is captured and allocated across multiple HEZ Strategies (link)

b. As part of constructing their budget (Budget and Activities workbook), each HEZ allocates one or more HEZ Strategies to each line item in budget (link)

c. RIDOH creates the Distributed Budget. Allocations are made by analyzing the total funding available within each HEZ Strategy (link)

d. Once each line item has a percentage of each applicable funding source, a spreadsheet is created to capture the way payment should be applied for each line item.

Community Priorities

- Access to healthy, affordable foods
- Access to and affordability of safe spaces for physical activity, including sidewalks
- Improving public transportation infrastructure
- Addressing high rates of concentrated poverty
- Increasing employment services
- Improving community trust, especially with police
- Reducing prevalence of substance abuse and accidental drug overdoses; improving access to treatment
- Increasing appropriate mental health and behavioral services, with a focus on youth
- Improving coordination of social service programming
- Increasing access to health insurance
- Reducing high rates of violence, especially domestic violence
HEZ: 4 years later...

Pawtucket
Focused on healthy housing, coalition building, and expanding positive relationships across diverse neighborhood populations

63% ↓ in elementary school absenteeism (Pawtucket)
44% ↓ in childhood lead poisoning (Pawtucket)
24% ↓ in teen pregnancy (Central Falls)

Central Falls

HEZ: 4 years later...

Olneyville
Focuses on increasing access to healthy, affordable foods, redeveloping distressed and vacant properties, and building a more cohesive community

36% ↑ in access to fruits and vegetables

36 blighted or abandoned properties converted into safe, affordable apartments and homes
Outcomes and Lessons Learned

1. Outcomes achieved
   - Increased collaboration (internally and externally)
   - Identified funding that may not outwardly seem to be relevant to community-driven population health
   - Provided programs with an innovative way to apply for new funding
   - Established efficient way to get resources into the communities where partnerships are already established
   - Passed financial audits with no findings

1. Challenges or lessons learned
   a. Challenges related to statewide procurement (e.g. ability to increase contracts and incorporate new funding); need for new internal management processes
   b. Dealing with “anxiety” from program staff who oversee the various funding sources to ensure programmatic/categorical funding needs are being met within the HEZ model
   c. Collaboration and partnership (expectations, governance...)
   d. Engagement with federal agencies

More Information

www.health.ri.gov/hez

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- Lessons from Rhode Island: How to Effectively Braid, Blend, and Use Block Grant Funds to Improve Public Health: http://bit.ly/2offyTz
- In Rhode Island, a Model for Upending Health Inequity: http://bit.ly/2lyXQWN