Examining the Social Determinants of Health

Measures, Evidence, and Policy Solutions

DECEMBER 9, 2022

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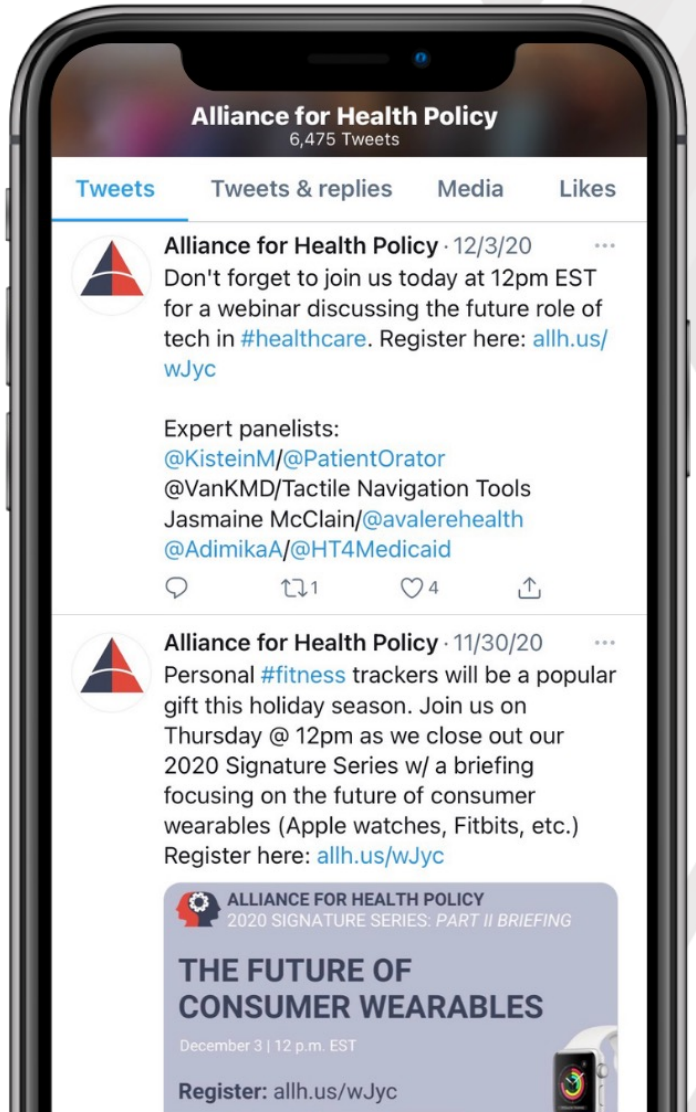

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@raenuzum

Rachel Nuzum, MPH

Vice President, Federal & State Health Policy

The Commonwealth Fund

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PRESENTERS

Moderator

Rachel Nuzum, MPH
Vice President, Federal & State Health Policy
The Commonwealth Fund

@RaeNuzum | @CommonwealthFnd

Ruqaiijah Yearby, J.D., MPH
Co-Founder & Faculty Affiliate, Institute for Healing Justice & Equity; Kara J Trott Professor in Health Law, Moritz College of Law, The Ohio State University

@Ruqaiijah | @OhioState

Shantanu Agrawal, M.D., M.Phil.
Chief Health Officer
Elevance Health

@SAgrawalMD | @ElevanceHealth

Melinda Dutton, J.D.
Partner
Manatt Health

@DuttonMelinda | @ManattHealth

Bryant Cameron Webb, M.D., J.D.
Senior Advisor
White House COVID-19 Response Team

@DrCameronWebb | @WhiteHouse

@ruqaiijah

Ruqaiijah Yearby, J.D., MPH

Co-Founder and Faculty Affiliate, Institute for Healing Justice & Equity; Kara J Trott Professor in Health Law, Moritz College of Law, The Ohio State University

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The Social Driver of Health, Structural Racism, and Health Justice

Ruqaiijah Yearby, J.D., M.P.H.

Co-Founder and Faculty Affiliate, the Institute for Healing Justice and Equity

Kara J Trott Professor in Law, Moritz College of Law, The Ohio State University

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MORITZ COLLEGE OF LAW

Roadmap

- The Social Driver of Health Inequities
- Social Risk Factors
- Neighborhood and Built Environment
- Economic Stability
- Health Justice Framework

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The Social Driver of Health Inequities

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Structural Discrimination

- The ways that laws, policies, and practices are used to structure systems (education, employment, health care, and housing) to advantage the majority and disadvantage minority individuals

- It also includes the ways that organizations work together to create separate and independent barriers through the "neutral denial" of equal treatment "that results from the normal operations of the institutions in a society"

- It does not require bad intent

Social Risk Factors

Source Misty McPhetridge, BSSW, https://researchguides.library.syr.edu/fys101/intersectionality

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Neighborhood and Built Environment

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Predominately Black neighborhoods usually have:

- **LESS** economic investment and fewer resources, such as places to exercise or play, which is associated with higher rates of cardiovascular disease risk for Black women (Mobley, 2006)

- **MORE** pollution, noise, and overcrowded housing stock associated with asthma, obesity, and cardiovascular disease (Walker, 2010; Larson, 2009; Lewis, 2005)

Neighborhood and Built Environment (cont.)

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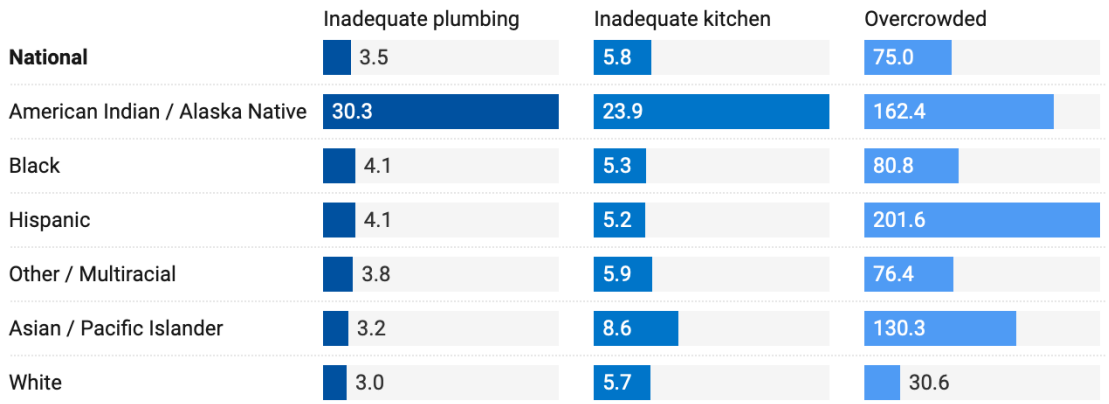
▲ Amanda Larson, who has no running water at her home, carries water for her son Gary Jr to have a bath in the Navajo Nation town of Thoreau in New Mexico last year. Photograph: Mark Ralston/AFP/Getty Images

Racial Inequities Seen In Substandard Housing

Non-Hispanic whites are least likely to have inadequate plumbing to properly wash hands while stuck at home during the pandemic. They fare better than the national rate in each category. Rates are per 1,000 people.



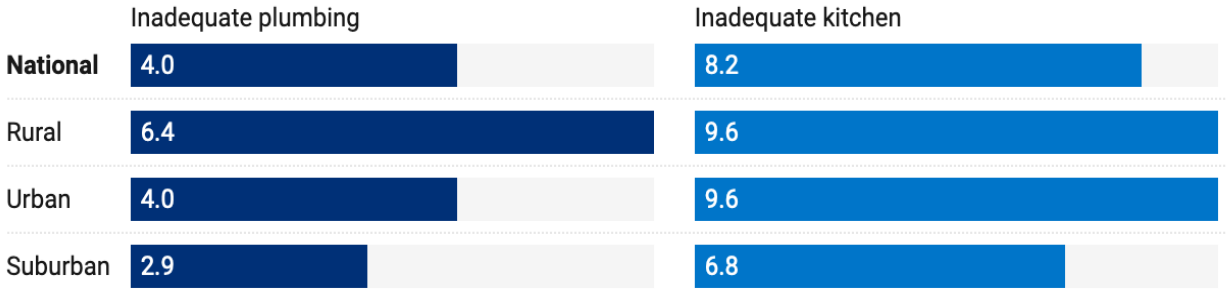
American homes are considered to lack adequate plumbing if they don't have one or more of the following: piped hot and cold water; a bathtub or shower; or a toilet. Kitchens are considered inadequate if they lack a refrigerator, a stove or range, or a sink with a faucet. Homes are considered overcrowded if they have more than one person per room. Hispanics can be of any race or races.

Credit: Liz Lucas and Hannah Recht/Kaiser Health News

Source: IPUMS. American Community Survey 2014–2018 • Get the data • Created with Datawrapper

Rural Homes Most Likely To Lack Running Water Or Plumbing

Rural homes are more likely to lack running water or adequate plumbing, and insufficient kitchens are even more common. They are also a problem in urban areas. Rates are per 1,000 households.



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Credit: Liz Lucas and Hannah Recht/Kaiser Health News

Source: Housing Assistance Council, American Community Survey 2013–2017 • Get the data • Created with Datawrapper

Neighborhood and Built Environment (cont.)

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Summary: Neighborhood and Built Environment

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❖Housing:

- ✓Lack of economic investment
- ✓No federal laws regarding right to clean water and plumbing
- ✓Failure to enforce state laws regarding safe housing

❖Disproportionately Impacted:

- ✓Racial and Ethnic Minority Individuals

❖Outcomes:

- ✓Racial inequities in health and wellbeing & in COVID-19 infections and deaths

Economic Stability

- Title VII of the Civil Rights Act of 1964
- Equal Pay Act of 1963
- State Equal Pay Laws

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Economic Stability (cont.)

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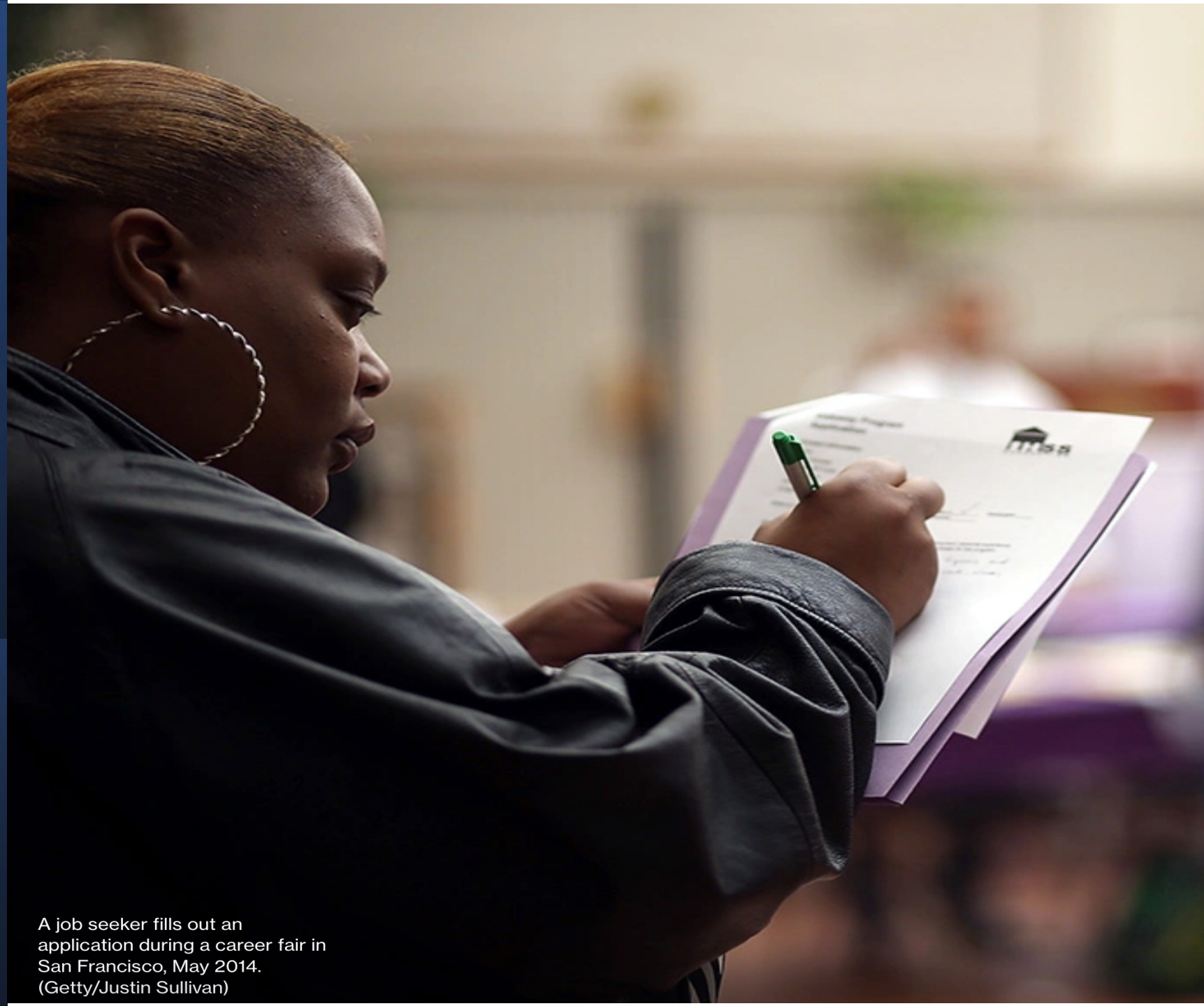

A job seeker fills out an application during a career fair in San Francisco, May 2014. (Getty/Justin Sullivan)

Economic Stability (cont.)

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Summary: Economic Stability

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❖Employment:

- ✓Employment laws allow employers to pay women and racial and ethnic minority individuals less
- ✓Employment protections often do not apply to jobs with racial and ethnic minority workers

❖Disproportionately Impacted:

- ✓Racial and Ethnic Minority Workers

❖Outcomes:

- ✓Racial inequities in health and wellbeing & in COVID-19 infections and deaths

Health Justice Framework

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- Legal and policy responses must include a truth and reconciliation process that acknowledges the existence of racism and provide a mechanism to overcome trauma (Johnson, 2021)

- Impacted communities, particularly racial and ethnic minority communities, must be drive/lead the creation, implementation, and evaluation of any right to health and healthcare (Benfer, Mohapatra, Wiley & Yearby, 2020)

- A right to health and healthcare must be accompanied by financial supports and accommodations (Benfer, Mohapatra, Wiley & Yearby, 2020)

Health Justice Solutions: Neighborhood and Built Environment

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- Admit failure to eradicate discrimination and enact federal legislation to address lack of water and plumbing and enforce the laws regarding safe housing

- Provide money to ensure people do not have their utilities cut off (water and electricity)

- Institute tenant safety boards that have the power to identify compliance violations

Health Justice Solutions: Economic Stability

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- Admit failure to eradicate discrimination and enact federal legislation requiring pay transparency and prohibiting the use of salary history
- Mandate wage pay increases and health insurance for HHWs
- Institute employment advisory boards with affected groups to identify and address gaps in federal employment laws

Additional Readings & Contact Information

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- Ruqaiijah Yearby, The Social Determinants of Health, Health Disparities, and Health Justice *COVID-19*, J. OF L. MED. & ETHICS (forthcoming)

- Ruqaiijah Yearby, ***Structural Racism and Health Disparities: Reconfiguring the Social Determinants of Health Framework to Include the Root Cause,*** 48 J. OF L. MED. & ETHICS 518-526 (2020)

- Ruqaiijah Yearby & Seema Mohapatra, *Law, Structural Racism, and the COVID-19 Pandemic*, 7 OXFORD J. OF LAW AND THE BIOSCIENCES 1-20 (2020)

- yearby.1@osu.edu

@SAgrawalMD

Shantanu Agrawal, M.D., M.Phil.

Chief Health Officer

Elevance Health

30 YEARS

@DuttonMelinda

Melinda Dutton, J.D.

Partner

Manatt Health

30 YEARS

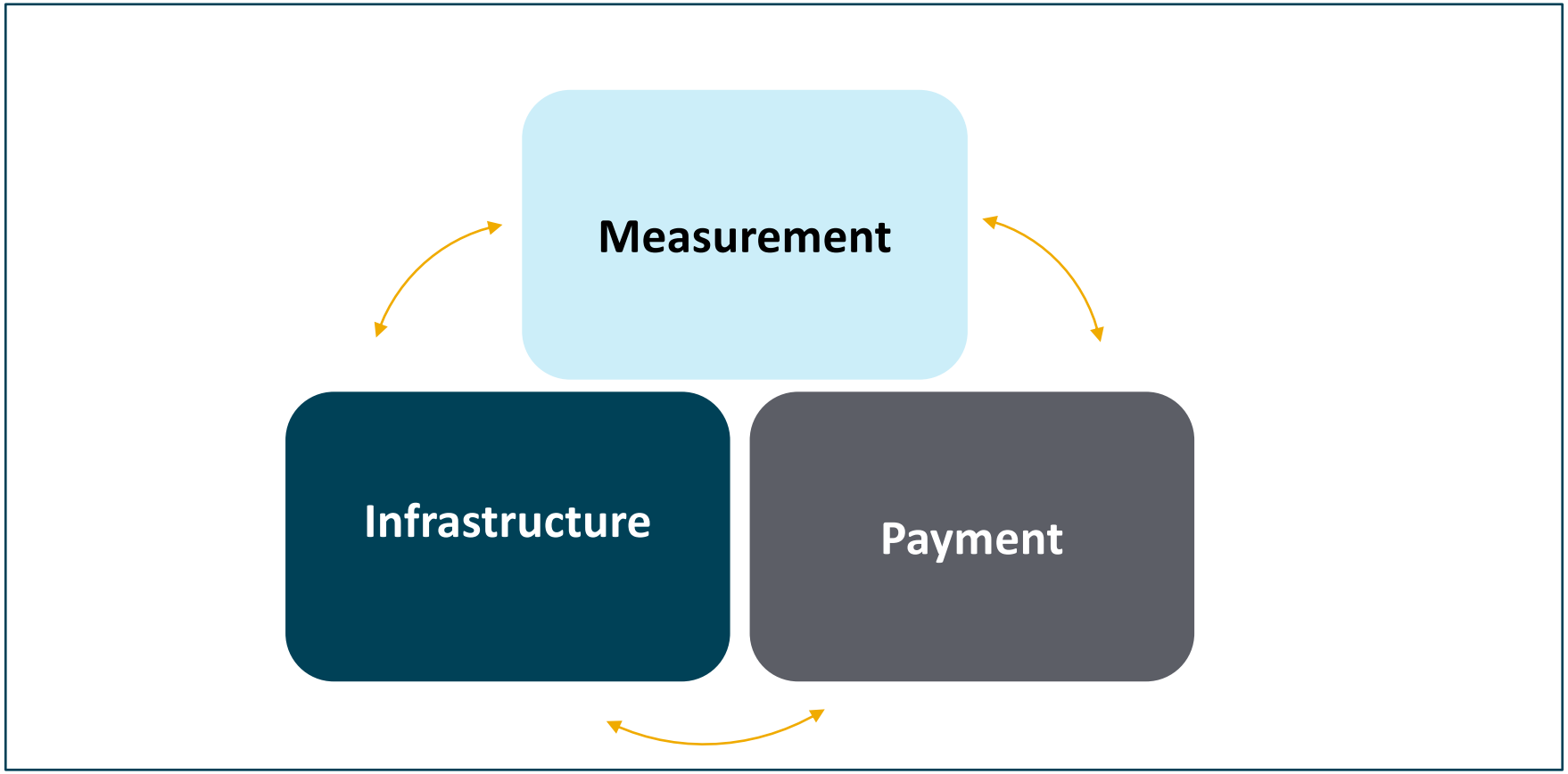
Medicaid's Role in Addressing DOH

Melinda Dutton

December 9, 2022

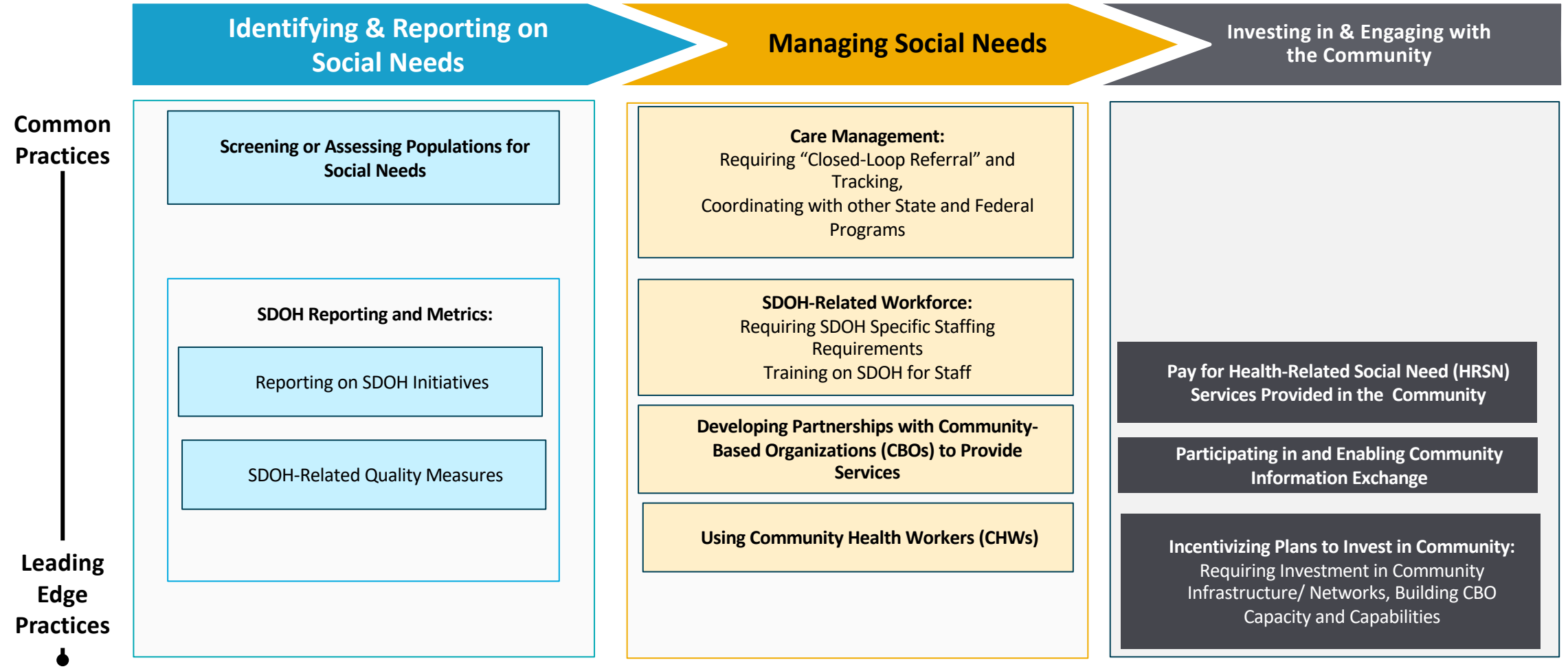
What's Needed to Sustainably Address DOH

Scalable, sustainable efforts to address DOH require integration of DOH into measurement systems, new payment models *and* the infrastructure to bridge the gap between the health care and social services sectors.



Addressing SDOH for Medicaid Members: Current State

Medicaid programs are driving the next generation of efforts to address social service needs in in pursuit of "whole person care."



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Most States Require Screening, Few States Require Reporting

Currently, at least 31 states are requiring DOH screening through managed care contracts

Key

- State Requires a Specific Screening Instrument
- State Requires Specific Domains for screening
- State Requires State approval of MCO screening instrument
- No tool requirements
- MCO contract gives state ability to select an instrument
- No state requirement for screening (19 states)
- States requiring reporting of DOH screening rates as a quality measure in one or more elements of their Medicaid programs

Source: Manatt 50-State Survey and analysis 2020

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SDOH Domains and Populations of Focus

In addition to SDOH provisions to all enrollees, some states include contract provisions focused on specific enrollee populations or that relate to specific SDOH domains.

More Common Focus

Less Common Focus

Populations of Focus

- Women or Pregnant or Parenting People
- Children
- Members with High Needs
- Members with Behavioral Health Conditions
- Homeless Members
- Members with Substance Use Disorder
- Members with Developmental & Physical Disabilities
- Justice-Involved Members
- Members Receiving Long-Term Services and Supports (LTSS) Benefits
- Elderly
- Foster Care Children & Youth
- Members with HIV

SDOH Domains of Focus

Housing

Food

Employment / Education / Training

Transportation

Interpersonal Violence / Toxic Stress

Social Isolation

Stress / Depression / Anxiety

3 Most Commonly Prioritized SDOH Domains

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Focusing on Infrastructure: Avoiding the Road to Nowhere

Integration between health care and social services sectors is essential to sustainably addressing DOH. However, the health and social services sectors largely operate in silos.

Key Challenges to Advancing Integration

- **Limited Data Sharing:** Access to data and information sharing needed to identify and track population health outcomes is limited; for many social services organizations, underinvestment has greatly hindered development of IT infrastructure.
- **Separate Funding Streams, Inadequate Payment**: Health care and social services sectors traditionally funded through separate systems, with different payment models, administrative expectations, and reporting requirements. Efforts to pay for social interventions have not covered the full cost of improved outcomes.
- **Lack of Investments in Infrastructure and Capacity Building:** Lack of capacity-building funds and ongoing support to advance integration can stall and complicate efforts.
- **Uncertainty in Policy Environment**: Leaves providers in both sectors "torn between investing in tomorrow's promising innovations or continuing to maintain the essential safety net for today."
- **Structural Inequities:** CBOs, particular those led by BIPOC, currently don't have the power to redesign systems or change the structural inequities that result in health disparities.

Community Care Hubs can Help Bridge the Health/Social Services Divide

Definition: A community-centered entity that **organizes and supports** a network of community-based organizations (CBOs) providing services to address health-related social needs. A Community Care Hub (CCH) **centralizes administrative functions and operational infrastructure**, including but not limited to, contracting with health care organizations, payment operations, management of referrals, service delivery fidelity and compliance, technology, information security, data collection, and reporting.

A CCH has **trusted relationships** with and **understands** the capacities of **local community-based and healthcare organizations** and fosters **cross-sector collaborations** that practice **community governance** with authentic **local voices.**

Source: Partnership to Align Social Care

Core Features

- Developing and maintaining a network of CBOs
- Advancing a collective vision for CBO-health care partnerships, SDOH initiatives and health equity
- Centralizing administrative and operational infrastructure
- Managing financial resources

Integrating Community Care Hubs into Efforts to Address SDOH: A Playbook for State Medicaid Agencies (Manatt, November 2022)

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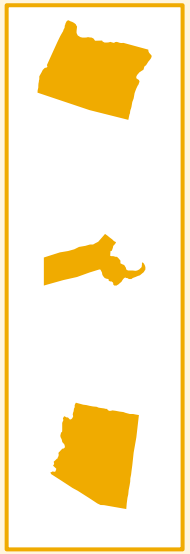
1115 Waivers Are Testing New Models for Whole Person Health

Section 1115 demonstrations have been a powerful tool for states seeking to invest upstream in services that address health-related social needs (HRSN).



Oregon, Massachusetts, and Arizona all received Section 1115 authority to cover services addressing HRSN including housing (OR, MA, AZ) and nutrition supports (OR, MA), for targeted, high-need Medicaid enrollees.

Massachusetts also received approval for a new payment model intended to shift primary care payment to a value-based structure that incentivizes team-based care, behavioral health integration, and primary care access.

Arizona also received approval to direct managed care organizations to make incentive payments to providers with the goal of addressing HRSN for targeted Medicaid populations.*

Vermont received Section 1115 approval for several new features, including a Supportive Housing Assistance Pilot and federal match for investments in public health, health care, and health-related services for Vermonters enrolled in Medicaid or who are uninsured or underinsured.

North Carolina's Section 1115 demonstration authorized $650 million in Medicaid funding over five years to operate "Healthy Opportunities Pilots" to provide select evidence-based, non-medical interventions related to housing, food, transportation and interpersonal safety and toxic stress to high-need Medicaid enrollees.

New York submitted a Section 1115 demonstration application to CMS that is structured around four goals:

- Health Equity Focused System Redesign
- Supportive Housing
- System Redesign and Workforce
- Statewide Digital & Telehealth Infrastructure

California received CMS approval to implement 14 "Community Supports" to address SDOH through cost-effective alternatives to medical care. Two are authorized under Section 1115 authority and the others under managed care regulatory authority as ILOS.*

Financing Strategies to Address SDOH for Medicaid Members

While still considered leading edge, states are increasingly seeking to implement SDOH-related financing strategies to enable SDOH-related activities.

State Plan	Value-based Payment (VBP) to Incent SDOH Interventions	SDOH-Related Withholds or Incentive Payments	In Lieu of Services (ILOS)/ Value Added Services (VAS)	Risk-Adjustment for Social Factors	Other Financing Strategies
Cover several health-related social services as Medicaid State Plan benefits, such as: • Linkages to social service programs • Help finding housing • Assistance in finding and retaining employment	• Incentivize or mandate MHPs to make value-based payments to providers; the providers, in turn, can use these payments to invest in effective social interventions	• Provide incentive payments to MHPs that provide high-value services • Establish goals for SDOH intervention goals tied to metrics and reporting requirements, which to withhold payment	• Develop pre-approved ILOS for high-value services and encourage up take • Encourage high-value services be included as VAS; not required to be pre-approved	• Incorporate social factors into the risk adjustment model to adjust the capitation payments, which can shift additional dollars to those MHPs serving beneficiaries with greater social risk	• Leverage Medicaid Waivers (1115, 1915(b), 1915(c)) to target/pilot services and approaches, fund capacity building and fund HCBS • Exploring opportunities to combine different funding streams "pooling") to address SDOH upstream and support community investment

Lower Complexity ← → Higher Complexity

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@DrCameronWebb

Bryant Cameron Webb, M.D., J.D.

Senior Advisor

White House COVID-19 Response Team

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