CURRENT ENVIRONMENT

Social determinants of health are the circumstances in which people are born, grow up, live, work and age, and the systems put into place to deal with illness.

Each Year In The U.S...

- **1.48 million** individuals are homeless
- **3.6 million** people cannot access medical care due to lack of transportation
- **42 million** people face hunger, and
- **12.7 percent** of households are food insecure
IMPACT OF SOCIAL DETERMINANTS OF HEALTH

Social determinants of health have tremendous affect on an individual’s health regardless of age, race, or ethnicity.

Socioeconomic Factors
- Education
- Job Status
- Family/Social Support
- Income
- Community Safety

Physical Environment

Health Behaviors
- Tobacco Use
- Diet & Exercise
- Alcohol Use
- Sexual Activity

Health Care
- Access to Care
- Quality of Care

SDoH Impact
- 20% of a person’s health and well-being is related to access to care and quality of services
- The physical environment, social determinants and behavioral factors drive 80% of health outcomes

Source: Institute for Clinical Systems Improvement: Going Beyond Clinical Walls: Solving Complex Problems, 2014 Graphic designed by ProMedica
**IMPACT OF SOCIAL DETERMINANTS OF HEALTH**

Social determinants of health have tremendous affect on an individual’s health regardless of age, race, or ethnicity.

<table>
<thead>
<tr>
<th>Economic Stability:</th>
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<tbody>
<tr>
<td>Employment</td>
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<td>Income</td>
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<td>Expenses</td>
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<td>Debt</td>
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<td>Medical Bills</td>
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<td>Support</td>
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<table>
<thead>
<tr>
<th>Neighborhood &amp; Physical Environment:</th>
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<tr>
<td>Housing</td>
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<td>Transportation</td>
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<td>Safety</td>
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<td>Parks</td>
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<td>Playgrounds</td>
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<td>Walkability</td>
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<th>Education:</th>
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<tr>
<td>Literacy</td>
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<td>Language</td>
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<td>Higher Education</td>
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<td>Vocational Training</td>
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<td>Early Childhood Education</td>
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<th>Food:</th>
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<tr>
<td>Hunger</td>
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<td>Access to Healthy Options</td>
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<tr>
<th>Community &amp; Social Context:</th>
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<tbody>
<tr>
<td>Social Integration</td>
</tr>
<tr>
<td>Community Engagement</td>
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<tr>
<td>Support Systems</td>
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<tr>
<td>Discrimination</td>
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<tr>
<th>Health Care Systems:</th>
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<tbody>
<tr>
<td>Health Coverage</td>
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<tr>
<td>Provider Availability</td>
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<tr>
<td>Provider Linguistic &amp; Cultural Competency</td>
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<tr>
<td>Quality of Care</td>
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</tbody>
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**Health Outcomes:**

- Mortality
- Life Expectancy
- Health Care Expenditures
- Health Status
- Functional Limitations


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SOCIAL DETERMINANTS OF HEALTH

We need to consider each factor to address the social determinants of health.

Housing  Food  Education  Transportation
Violence  Social Support  Employment  Health Behaviors
PLACE MATTERS

Where we live can determine how well we live and is a significant factor of life expectancy.

Source: Institute for Health Metrics and Evaluation, University of Washington, 2014
ZIP CODE MATTERS

Your zip code – where you actually live – also influences health.

Chicago, Illinois

Mississippi

Short Distances To Large Gaps In Health

Source: Reprinted with permission from the VCU Center on Society and Health.
COMMUNITY MATTERS

Community also matters and plays a role in how long and how well you live.

Homicide rate per 100,000 residents:
- < 1
- 1 - 4
- 4 - 7
- 7 - 10
- 10 - 20
- > 20

Homicides by Chicago Neighborhood
As of December 12, 2016

Homicides by Brooklyn Neighborhood
As of October 2016

Source: https://www.thetrace.org/2016/12/murder-inequality-neighborhood-homicide-rates/
FOOD MATTERS

Food insecurity is a risk factor for various health issues, including chronic diseases, poverty, unemployment, homelessness, and developmental delays in children.

Illinois food insecurity rates:
- 4-14%
- 15-19%
- 20-24%
- 25-29%
- 30% +

11.7% are food insecure

Mississippi food insecurity rates:
- 4-14%
- 15-19%
- 20-24%
- 25-29%
- 30% +

21.5% are food insecure

Source: Feeding America, Map the Meal Gap. 2016
THE ROLE FOR HOSPITALS AND HEALTH SYSTEMS

There are multiple ways hospitals and health systems can address social determinants of health – both within their own walls and outside in the community.

Internal:
- Screening
- Connecting patients to community resources
- Implementing hospital-wide initiatives

External:
- Engaging with the community
- Partnering with the community
- Investing in the community
THE ROLE FOR HOSPITALS AND HEALTH SYSTEMS

We know many hospitals and health systems are already addressing the social determinants of health in their communities.

<table>
<thead>
<tr>
<th>Service</th>
<th>Percentage</th>
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<tbody>
<tr>
<td>Community Health Education</td>
<td>85%</td>
</tr>
<tr>
<td>Health Fairs</td>
<td>80%</td>
</tr>
<tr>
<td>Nutrition Program</td>
<td>79%</td>
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<tr>
<td>Linguistic/Translation</td>
<td>61%</td>
</tr>
<tr>
<td>Tobacco Treatment/Cessation</td>
<td>56%</td>
</tr>
<tr>
<td>Fitness Center</td>
<td>33%</td>
</tr>
<tr>
<td>Transportation To Health Services</td>
<td>23%</td>
</tr>
</tbody>
</table>

Hospitals that provide non-medical services

Hospitals that have entered into at least one type of community partnership

- 74% One or More
- 26% None

Source: AHA 2016 Annual Survey Data
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POTENTIAL NEXT STEPS

If a hospital or health system wants to move forward on their journey to address the social determinants, some examples of next steps include:

1. Know and engage with the community
2. Gather data
3. Develop organizational/internal engagement strategies
4. Integrate social determinants in strategic/financial plans
5. Explore funding options
6. Establish measurement strategies and evaluation tools
AHA RESOURCES: THE VALUE INITIATIVE

Tools, resources and education to address social determinants as part of value, population health and health equity efforts.

Value Initiative
Members in Action: Redesigning the Delivery System

Overview
The Meadville area, approximately 90 miles north of Pittsburgh, is marked in the rolling hills of the Laurel Highlands region of northwestern Pennsylvania. The population of Meadville and surrounding area is approximately 75,000, with the population of the City of Meadville being approximately 15,000. The Meadville Medical Center (MMC) has 117 inpatient acute care beds and 36 skilled nursing beds. MMC reports several significant admissions of approximately 7,000 and more than 32,000 inpatient visits. The emergency department (ED) has more than 50,000 visits yearly, and approximately 600 births are delivered at MMC each year. MMC has a medical staff of more than 100 physicians across 22 medical and surgical specialties, including an integrated primary care foundation.

Measles vaccine recommendations as an important aspect of informing its mission as an independent community health system. Care coordination activities include partnership to help achieve some of its most vulnerable residents, many of whom have complex healthcare needs and social needs, which go beyond the traditional scope of acute care services. In addition to anchoring MMC’s missions, care coordination provides an important vehicle for improving care delivery in the community as MMC success stories to better bridge with the overall well-being of the population.

The Community Care Network (CCN) is an interprofessional team of dedicated clinicians who work with physicians, healthcare providers and other agencies to help manage chronic disease conditions, with a focus on meeting patients’ health and wellness goals. Services offered include the CCO are provided on an as-needed and as-tailored approach for individual patients, and based on consultation with MMC providers.

The Value Initiative
You are invited to explore The Value Initiative at: www.aha.org/TheValueInitiative

Hospitals and Health Systems See...

Increased cost associated with regulatory burden


The Value Initiative

Issue Brief 1

draft of the issue brief to affordable care

Affordability is one of the most important challenges for healthcare delivery. Many patients have no access to health care. In a number of states, access to affordable care programs like Medicaid is determined by social determinants of health, including income, education, transportation, access to care, and the cost of health insurance, prescription drugs, and hospital services. Leaders from the American Hospital Association (AHA), hospitals, and health systems understand these challenges, but few strategies to address them, and are thus, consider implementation of the Affordable Care Act (ACA), especially in states where consumers have access to affordable health-care.

A wide range of stakeholders contributes to health care affordability. Few patients to providers to pharmaceutical companies, and the range of factors that contribute to the issue varies. Because oversight of the healthcare environment would be without comprehensive access to quality. To this end, the AHA is developing a series of issue briefs that will:

- Discuss and frame the issue of affordability and its many realities;
- Explore the underlying factors that affect affordability;
- Examine the role of various stakeholders in making care more affordable;
- Address solutions and strategies that advance affordability.

You are invited to explore The Value Initiative at: www.aha.org/TheValueInitiative

Figure 1: Consumers are concerned about affordability.

One out of four Americans (28%) say the cost of health care is the biggest concern facing their family.

In these Americans (28%) report that they could not access care in the last year because of cost.

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Advancing Health in America
AHA RESOURCES: PATHWAYS TO POPULATION HEALTH

Tools, resources and education to address social determinants as part of value, population health and health equity efforts.

P1: Physical and/or Mental Health
P2: Social and/or Spiritual Well-being
P3: Community Health Well-being
P4: Communities of Solutions

Access tools and resources at: www.pathways2pophealth.org
AHA RESOURCES: THE INSTITUTE FOR DIVERSITY AND HEALTH EQUITY

Tools, resources and education to address social determinants as part of value, population health and health equity efforts.

Institute for Diversity and Health Equity

An affiliate of the American Hospital Association

“There can be no quality without equity. Promoting diversity and inclusion and building community are essential strategies for delivering equitable care.”

www.diversyconnection.org
MEMBERS IN ACTION: FIGHTING FOOD INSECURITY

Connecting individuals and families to health food sources and improving their health.

ProMedica

More than 57,000 patients were screened for food insecurity

1,100 food insecure patients became food pharmacy clients

Additional 4,000 Medicaid patients referred to food pharmacy

Food pharmacy patients used ED 3% less, had 53% fewer hospital readmissions, and primary-care visits increased 4%
MEMBERS IN ACTION: ADDRESSING TRANSPORTATION NEEDS

Creative solutions to help individuals keep needed medical appointments.

- MedStar Health
- Ascension Health
- Denver Health
MEMBERS IN ACTION: ADDRESSING HOUSING

Providing chronically homeless individuals with stable housing and support services.

University of Illinois Hospital and Health Sciences System

BETTER HEALTH THROUGH HOUSING
MEMBERS IN ACTION: ADDRESSING VIOLENCE

Connecting victims of violence with individual and family support to stop the cycle of violence.

Children's Hospital of Wisconsin
MEMBERS IN ACTION: IMPROVING SOCIAL SUPPORT

Increasing physical activity and event opportunities for seniors to improve health and build community.

Northern Montana Hospital

- Activities include bus tours, picnics and fitness classes
- Built-in health screenings
- Diabetes prevention program resulted in decreased number of amputations
MEMBERS IN ACTION: SUPPORTING YOUTH EDUCATION

The Tipping the Scale Program provides at-risk students job training, mentoring, and summer employment.

➢ Baptist Health

➢ University of Florida Health

➢ Ninth graders begin weekly training sessions on job interviewing, resume writing, money management, and accountability

➢ 1,700 students each year

➢ 90% graduate high school

➢ Majority attend college, join military or get a job
MEMBERS IN ACTION: IMPROVING EMPLOYMENT AND HOUSING

SEED Program invests in a neighborhood to revitalize former vacant lots and turn around a poor retail market.

Bon Secours Richmond Community Hospital

- Initial investment - $50,000 a year with three-year commitment
- Established 14 business (still running today)
- Brought jobs to community and increased income
- Resulted in better housing opportunities
BOARD DISCUSSION QUESTIONS

1. Which social determinants of health have the greatest impact on the communities we serve?

2. What sources of data and information (community forums, community health needs assessment results, etc.) does our hospital or health system use to understand and monitor the impact of social determinants on community health outcomes?

3. What actions is our health care organization taking to identify social determinants of health and to determine and address their impact on the patients and families we care for directly?

4. How is our hospital or health system partnering with other individuals and organizations to address social determinants of health across the communities we serve?

5. How is our organization integrating social determinants of health into its strategic and financial planning?

6. How should our governing board continue to keep apprised of the impacts social determinants of health are having on the communities we serve and how these impacts are being addressed?

7. What types of resources (issue briefs, reports, slide decks, case studies, etc.) from AHA and other sources could be most helpful to us in learning about the strategies and steps health care organizations are taking to successfully address social determinants and improve the health of the populations they serve?

Contact Priya Bathija at pbathija@aha.org with ideas for additional helpful resources.