



Harnessing the Power of Social Determinants of Health for Enhanced Community Impact and Funding Opportunities

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What you will
leave with...



Understanding Social Determinants of
Health

Let's Get Personal about Health Equity

Strategic Framework for Integrating
SDOH in current programming

Building Partnerships with Managed
Care Organizations: Case Studies and
Success Stories

What are Social Determinants of Health?

Social determinants of health (SDOH) are the

conditions in the environments where people are

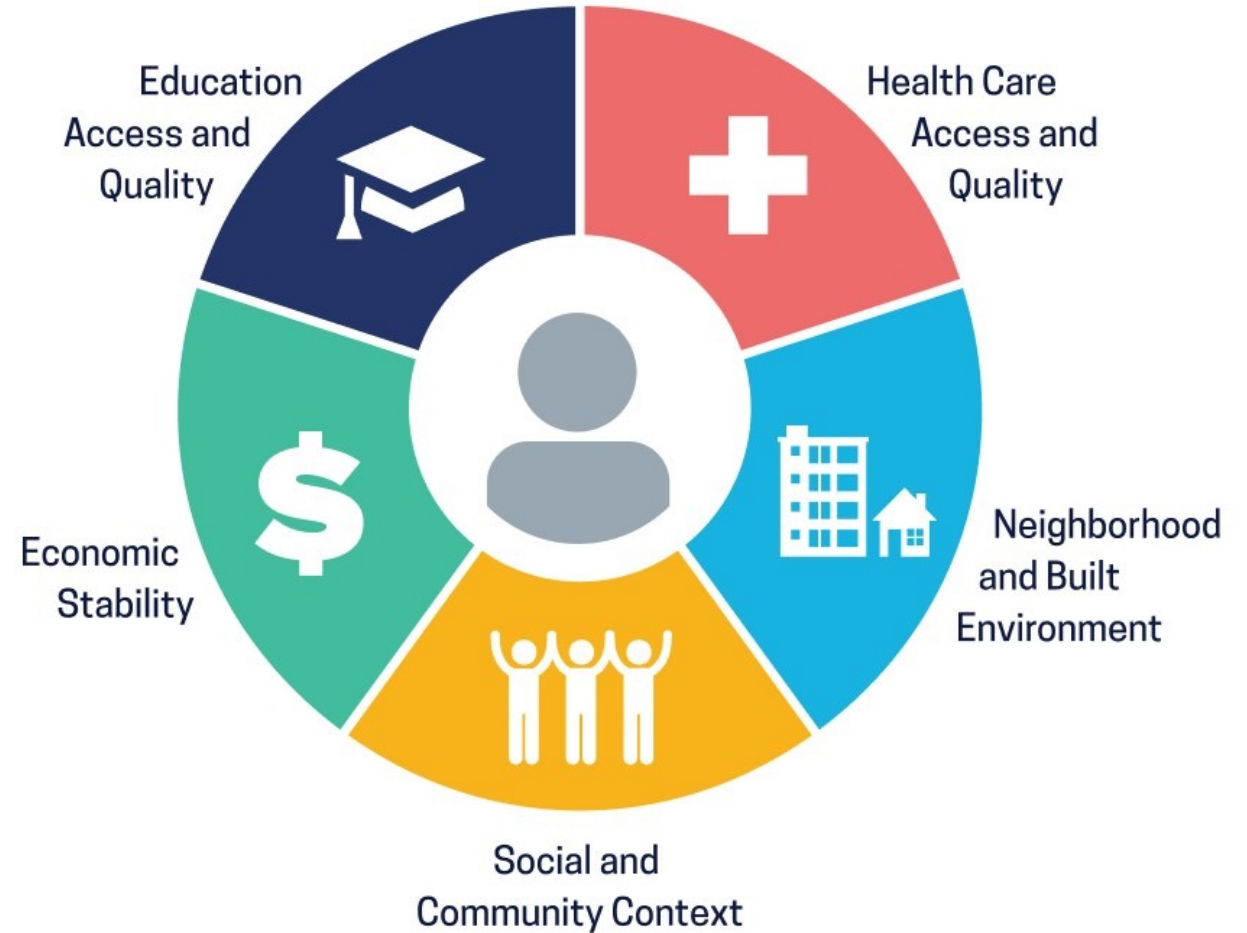
born, live, learn, work, play, worship, and age

that affect a wide range of

health, functioning, and quality-of-life outcomes and risks.

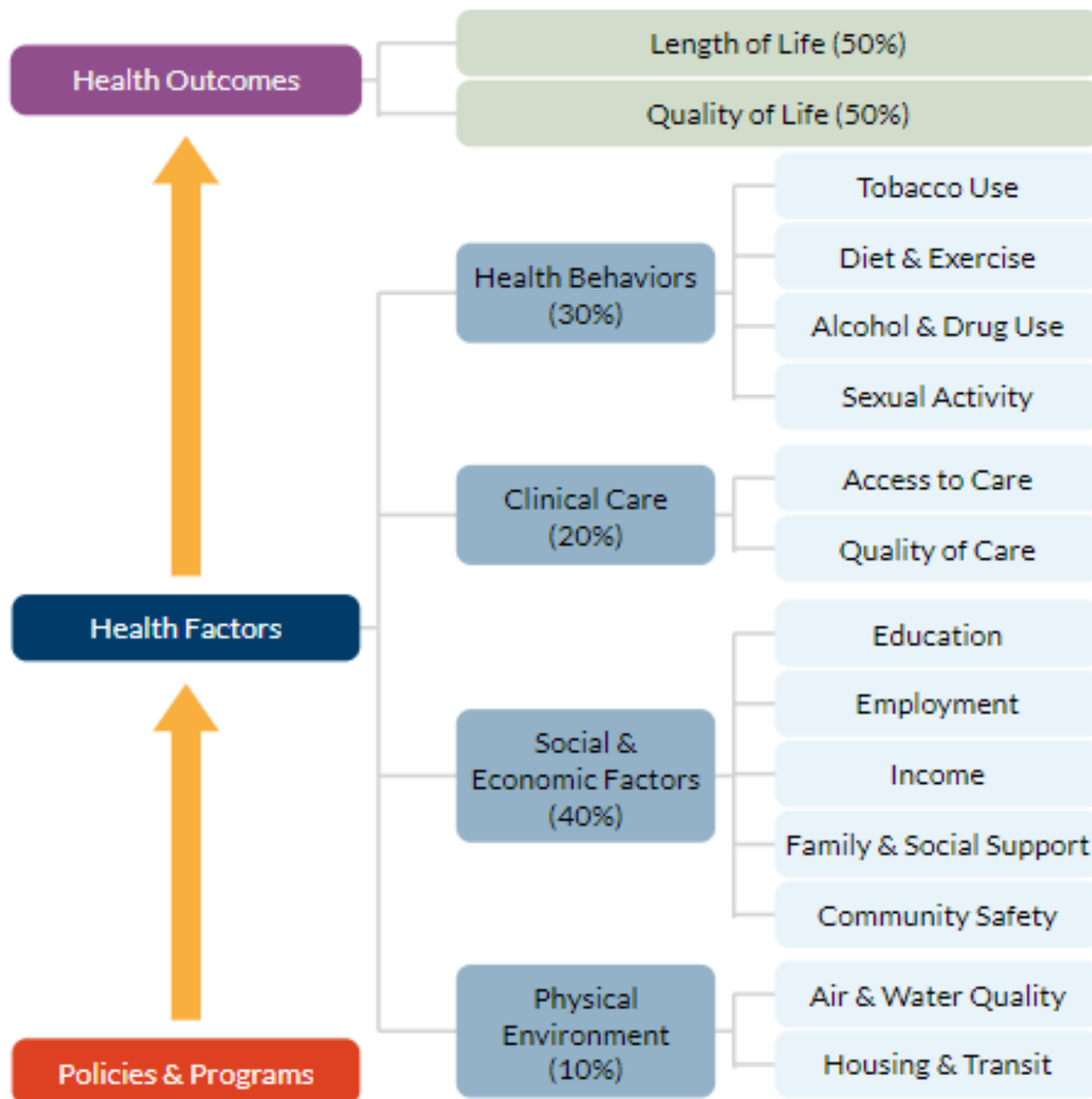


Social Determinants of Health



Healthy People 2030, U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion. Retrieved May 4, 2024, from <https://health.gov/healthypeople/objectives-and-data/social-determinants-health>





Life Expectancy at Birth by State

[Print](#)

Life Expectancy at Birth

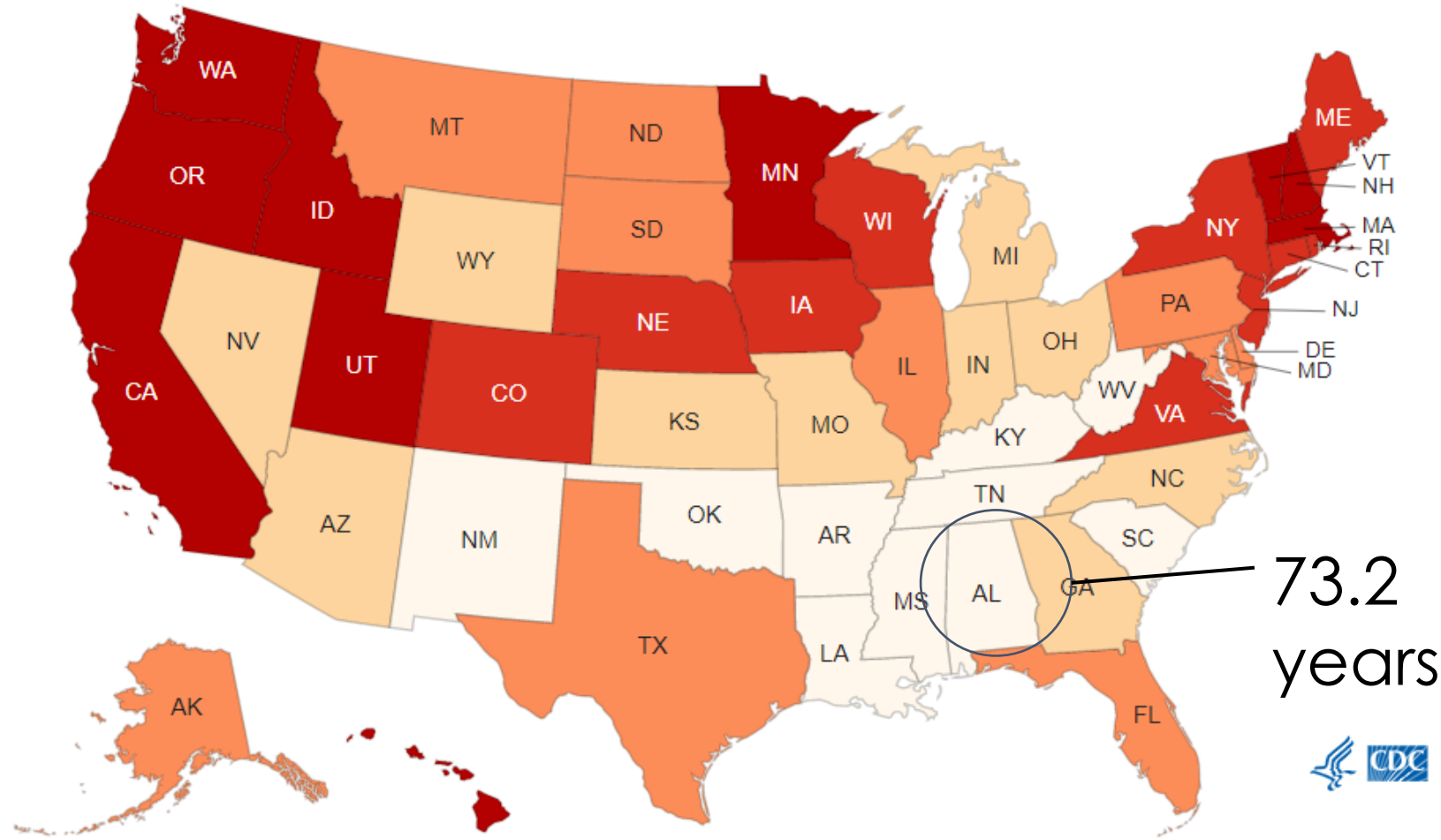
71.9 - 74.8

76.5 - 77.5

78.4 - 80.7

75 - 76.4

77.5 - 78.4



73.2
years



2022 World Index of Healthcare Innovation

Overall & Dimension Rankings

(Click on a column to sort)

Overall Rank ▲	Country	Overall Tier	Overall Score	Quality	Choice	Science & Technology	Fiscal Sustainability
1	Switzerland	Elite	66.49	69.39	65.54	62.56	68.47
2	Ireland	Elite	60.04	66.14	62.59	42.22	69.23
3	Netherlands	Elite	59.86	60.02	65.91	49.13	64.38
4	Germany	Elite	58.42	46.98	69.33	47.16	70.22
5	Australia	Good	53.29	63.52	65.76	33.11	50.77
6	Israel	Good	52.69	54.93	52.55	45.05	58.24
7	Denmark	Good	52.41	58.15	49.07	53.21	49.21
8	Sweden	Good	52.03	66.67	50.47	46.55	44.43
9	Belgium	Good	51.99	52.94	49.60	45.54	59.87
10	Singapore	Good	50.67	56.24	53.75	37.50	55.21
11	United States	Good	50.66	53.92	55.63	79.08	14.01
12	Hong Kong	Good	50.01	49.46	56.70	30.15	63.72
13	Taiwan	Good	49.81	55.30	62.20	19.93	61.81
14	Norway	Good	49.65	69.64	48.32	42.37	38.26
15	United Kingdom	Good	49.24	51.95	56.19	53.22	35.59
16	Finland	Moderate	47.86	62.03	40.10	40.91	48.40
17	New Zealand	Moderate	47.72	60.87	49.85	29.06	51.12

Source: [2022 FREOPP World Index of Healthcare Innovation](#)

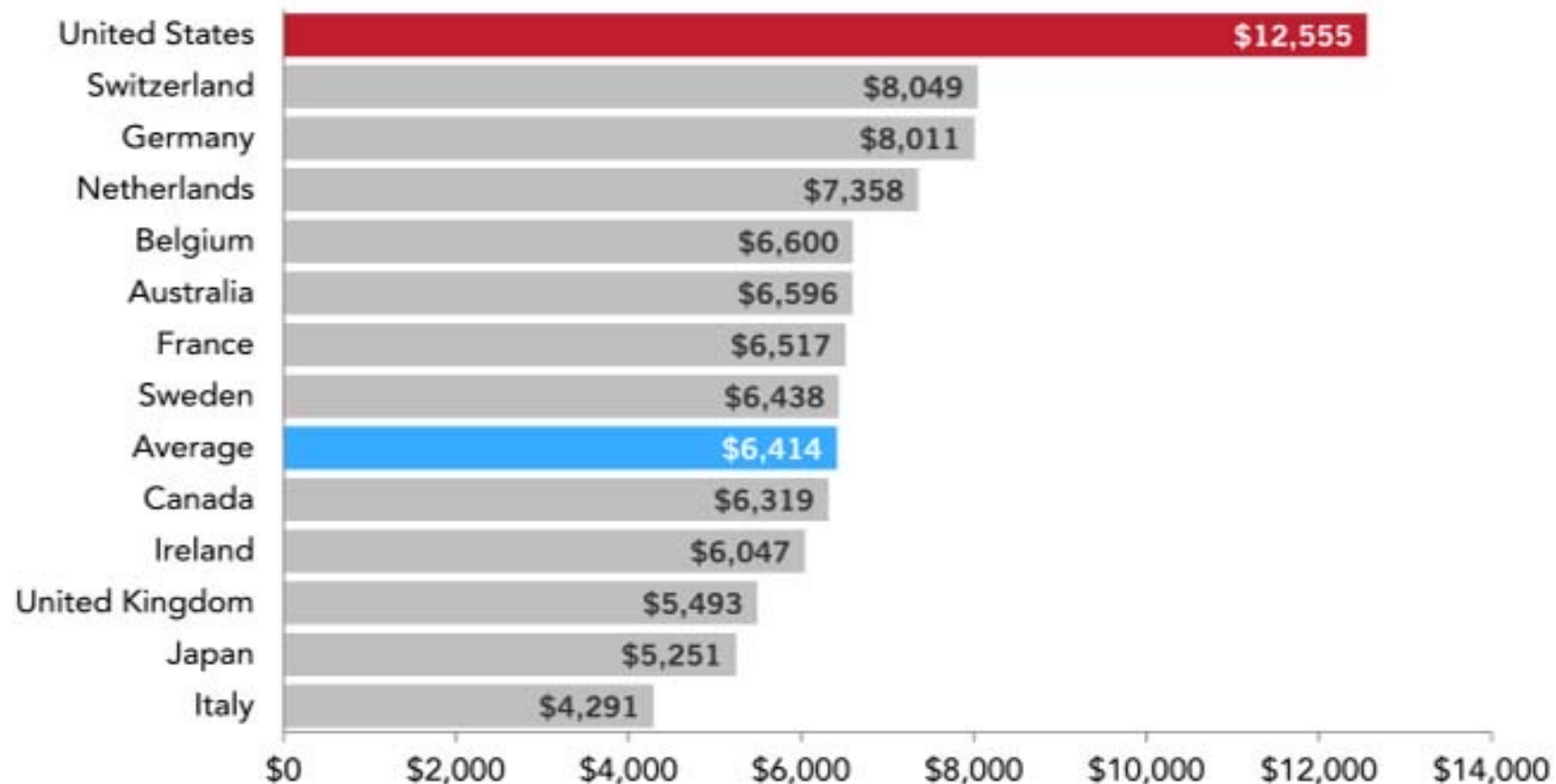
Analysis: Gregg Girvan & Avik Roy; Graphic: Avik Roy



FREOPP.org

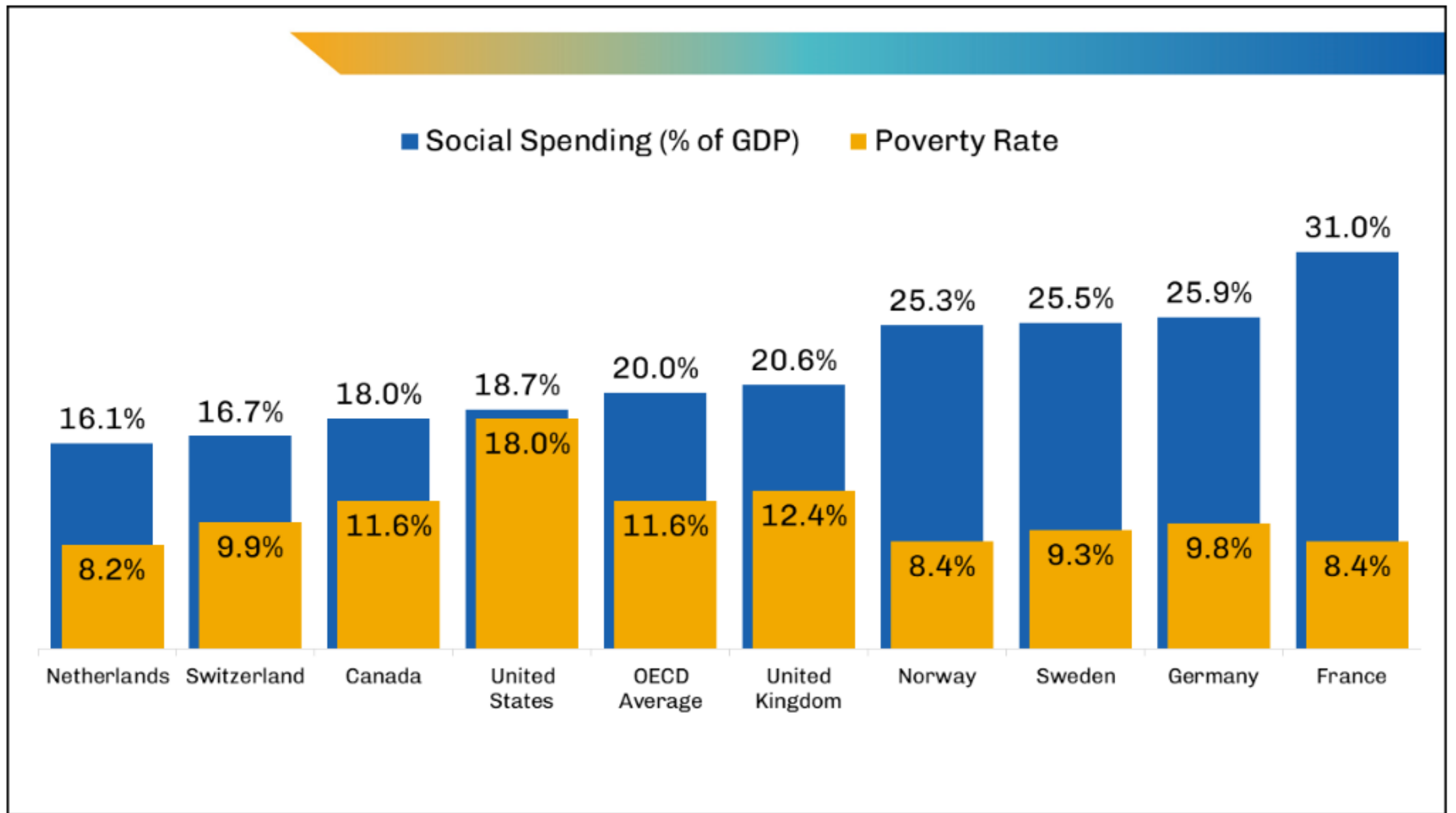
U.S. per capita healthcare spending is over twice the average of other wealthy countries

Healthcare Costs Per Capita (Dollars)



SOURCE: Organisation for Economic Co-operation and Development, *OECD Health Statistics 2023*, July 2023.

NOTES: Data are latest available, which was 2022. Average does not include the United States. The five countries with the largest economies and those with both an above median GDP and GDP per capita, relative to all OECD countries, were included. Chart uses purchasing power parities to convert data into U.S. dollars.



Source: OECD. Social spending (indicator). doi:10.1787/7497563b-en. Poverty rate (indicator). doi:10.1787/0fe1315d-en. Accessed March 25, 2022.



Community Action
60 Years



Strategic Framework for Integrating SDOH

Key Steps

1. Understand the key players.
2. Learn the terminology.
3. Discover your state's focus areas.
4. Gather your data.
5. Write for your audience.





CALL TO ACTION

Addressing Health-Related Social Needs in Communities Across the Nation

U.S. Department of Health and Human Services (HHS)

November 2023

THE U.S. PLAYBOOK TO ADDRESS SOCIAL DETERMINANTS OF HEALTH

DOMESTIC POLICY COUNCIL
OFFICE OF SCIENCE AND TECHNOLOGY POLICY

NOVEMBER 2023

Our vision is to enable every American to lead a full and healthy life within their community.

~ Biden-Harris Administration



1. Understand the key players.

National

- Centers for Medicare and Medicaid Services
- US Department of Health & Human Services

State

- Alabama Medicaid

Health payers

- Medicaid - [Alabama Coordinated Health Network](#)
- Private pay health insurance
- Marketplace ACA

Health providers

- Hospital systems
- Individual providers

Health Information Exchanges (HIEs)/ Health Information Organizations (HIOs)



SDOH Describes...

2. Learn the Terminology

- **Social Determinants of Health**

- Conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks.

- **Social Risk Factors**

- Specific adverse social conditions that are associated with poor health.

- **Health Related Social Needs**

- Social and economic needs that individuals experience that affect their ability to maintain their health and well-being.



2. Learn the terminology.

1115 Waivers

- Approved experimental, pilot, or demonstration projects that promote the objectives of the Medicaid and Children's Health Insurance Program (CHIP) programs.
- Allows Secretary to waive portions of Medicaid law to give states flexibility to design and improve their programs.

Other Waivers

- Other waivers include Home and Community Based Waivers, Long-Term Services and Supports Waivers, etc.



3. Discover your state's focus areas.

- [Alabama 1115 Waiver = Serious Mental Illness and Substance Use Disorder](#)



4. Gather your data.

- Key Annual Report data points
 - Services
 - Outcomes
 - Demographics
 - Income
 - Health insurance
 - Race and ethnicity



5. Write for your audience

- Remove the jargon.
- Focus on Whole Person Care:
 - CAAs regularly use a whole family, multi-generational approach which is critical to whole person care
 - Healthcare can only truly “curb costs of care” when patients are engaged in care – CAA are great at engaging individuals
 - When we treat the entire family we get better outcomes for the entire family – fast track to reduced costs





Building Partnerships with
Managed Care Organizations:
Case Studies and Success

MCO Objectives



South Central Community Action Program

- Issue – Individuals without housing were unable to be discharged from the hospital without a safe housing plan.
- Solution – Healthcare provider pays to always reserve 3 shelter beds for a Medical Respite program.
 - Individuals discharged to the shelter.
 - Allowed an extended stay of up to 30 days.
 - Provided case management and individualized supports to assist in securing longer term housing



Tri County Parents as Teachers

- Issue – Need to improve prenatal, postpartum and well-baby outcomes for mothers and their babies.
- Solution – Local Health plans pay a per family per month fee for Parents as Teachers program.
 - Health plans refer potentially eligible members.
 - CAA screens for eligibility, enrolls family, provides PAT services, and tracks outcomes.



Aligning Agency Goals

- Head Start example = Well child visits to increased preventative care goal for MCOs
- Housing = discharge to streets is not a safe discharge plan and will likely lead to readmission – shelter supports
- Nutrition = reduced diabetes complications with nutritious food consumption



Beyond the programming

- Familiarity with federal and state funding requirements
- Alignment to 1115 Waiver
- Willingness to partner – already serving similar individuals – trusted community partner
- Data collection – already have the data and are poised to collect more



Summary

- CAAs have been addressing HRSN and SDOH for 60 years.
- Slight changes to our communication will clearly align our work to healthcare's focus.
- Contracting with CAAs's to address these issues improves health outcomes and ultimately reduces costs/ potentially increases profits of Managed Care Organizations.



Thank You

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IMPROVING THE COLLECTION OF Social Determinants of Health (SDOH) Data with ICD-10-CM Z Codes



What Are Z Codes?

- SDOH-related Z codes range from ICD-10-CM categories Z55-Z65 and are used to document SDOH data (e.g., housing, food insecurity, lack of transportation)
- Z codes refer to factors influencing health status or reasons for contact with health services that are not classifiable elsewhere as diseases, injuries, or external causes



Using Z Codes for SDOH

- SDOH information can be collected before, during, or after a health care encounter through structured health risk assessments and screening tools
- These codes should be assigned only when the documentation specifies that the patient has an associated problem or risk factor that influences the patient's health
- Coding professionals may utilize documentation of social information from social workers, community health workers, case managers, or nurses, if their documentation is included in the official medical record



What Are SDOH & Why Collect Them?

SDOH are the conditions in the environment where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks¹

The World Health Organization (WHO) estimates that SDOH accounts for **30-55% of health outcomes**²



Collecting SDOH can improve equity in health care delivery and research by:

- Empowering providers to identify and address health disparities (e.g., care coordination and referrals)
- Supporting quality measurement
- Supporting planning and implementation of social needs interventions
- Identifying community and population needs
- Monitoring SDOH intervention effectiveness for patient outcomes
- Utilizing data to advocate for updating and creating new policies

SDOH information can be collected through person-provider interaction or self-reported, as long as it is signed-off on and incorporated into the medical record by a clinician or provider

It is important to screen for SDOH information at each health care encounter to understand circumstances that may have changed in the patient's status



[VIEW JOURNEY MAP](#)



ICD-10-CM Z Codes Update

- New SDOH Z codes may become effective each April 1 and October 1. New codes are announced prior to their effective date on [CDC website](#)
- Use the CDC National Center for Health Statistics [ICD-10-CM Browser tool](#) to search for all the current Z codes.
- Join the public process for SDOH code development and approval through the [ICD-10-CM Coordination and Maintenance Committee](#)

2. Learn the terminology.

Medicare

- Federally funded
- 65+
- < 65 with certain disabilities

Medicaid

- Federal and state funded
- Any age with limited income and resources

Duals – Eligible for both due to clinical diagnosis and income

