

Starfield Summit II: Health Equity Summit
Curriculum Toolkit

Identifying and Addressing Patients' Social and Economic Needs in the Context of Clinical Care
IGNITE presentation by Laura Gottlieb, MD, MPH

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Appropriate Audience: All learners

Related modules:

- Access to Primary Care is Not Enough: A Health Equity Road Map
- Improving Patient Outcomes by Enhancing Student Understanding of Social Determinants of Health
- Understanding Health Experiences and Values to Address Social Determinants of Health
- Community Vital Signs: Achieving Equity through Primary Care Means Checking More than Blood Pressure

Learning Objectives

After participating in this learning module, the participant will be able to:

1. Understand how social determinants of health (SDoH) impact health care.
2. Describe the difference between care informed by SDoH and care that changes SDoH.
3. Identify and describe current examples of interventions that address SDoH in healthcare.
4. Describe barriers and potential interventions to fully integrate care of SDoH into primary care.

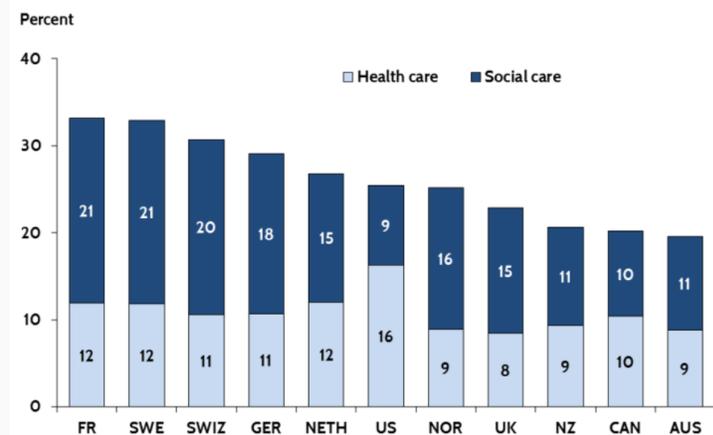
Background

Substantial evidence documents the social patterning of disease. At the same time, there is national concern about the expense and deficiencies of traditional health care services. When assessing health outcomes, there is growing consensus that the impacts of social factors are relatively large while the existing impacts of medical care are relatively small. Together, these forces fuel interest in addressing social determinants of health (SDoH) within the healthcare delivery system.

Currently, most health care systems practice “social determinants of health informed care”—for example, not prescribing refrigerated medications to a patient experiencing homelessness or decreasing a patient’s insulin at the end of the month when their food runs low. But healthcare systems can move beyond care informed by SDoH to care that changes SDoH. In the examples above, they could connect their patients to housing or food stamps or they could work actively to organize patients to advocate for their needs.

The United States is unique among developed nations in its proportionally high spending on healthcare and proportionately low spending on social programs (see figure 1)¹. While recognizing that important work to improve social and economic conditions occurs outside of healthcare settings, many healthcare professional organizations (such as the AAFP and AAP)

Figure 1. Health and Social Care Spending as a Percentage of GDP



now recommend better identifying and addressing these hardships in primary care as one part of a more comprehensive strategy around SDH.

A surge of experimentation around social and economic hardship screening and intervention has followed. In many settings, clinics are leading this charge; however, scientific research on these experiments has not kept pace. Limited evidence examines how these efforts impact individual and population health, decrease

avoidable utilization, and/or improve revenue under value-based payment systems. Implementation science research will also be required to better facilitate adoption and dissemination of these innovations in diverse medical settings.

Ignite Video

Please follow the link below to view the full talk given by Laura Gottlieb, MD, MPH (~7min):

<https://www.youtube.com/watch?v=b2DJ4n2QX40>

Accompanying Slides

<https://static1.squarespace.com/static/56bb9997746fb9d2b5c70970/t/59493e988419c2b719d071e6/1497972386096/1.2+Gottlieb+Presentation.pdf>

Questions for Group Discussion

After watching the talk, consider splitting your learners into smaller groups and facilitate discussion on the following questions:

1. Whose responsibility is it to address/change/improve SDoH?
2. What are the responsibilities of primary care in addressing SDoH?
3. How should professional organizations be involved in catalyzing work at the intersection of medical and social care?

¹ Squires, D. *US Healthcare from a global perspective: Spending, use of services, prices, and health in 13 countries*. New York: The Commonwealth Fund, Oct, 2015

4. What activities are you aware of that clinics are undertaking to change their patients' SDoH?
5. What evidence is needed to establish social interventions in primary care?

Applying an Equity Lens in Professional Practice

As you reflect on the material in this module, consider how you will apply it in your professional practice by asking questions based upon the Equity and Empowerment Lens' 5Ps:

PURPOSE: What is my purpose in addressing SDoH? How should I take action?

PEOPLE: What groups are positively and negatively impacted by intervening to address social determinants of health?

PLACE: At what level does it make sense to take action?

PROCESS: Who are the stakeholders in addressing SDoH in the clinical setting? Whose voices need to contribute to developing an intervention?

POWER: How can I hold my institution or professional organizations accountable for leading change in addressing SDoH in healthcare?

For more in depth discussion read and refer to:

- Adler NE, Stewart J, eds. The biology of disadvantage: Socioeconomic status and health New York, NY: The New York Academy of Sciences; 2010. Annals of the New York Academy of Sciences; No. 1186.

How does socioeconomic status "get into the body" to affect health? This extensive literature review discusses the progression of research on socioeconomic status (SES) and health through several eras; spanning from the first associations between poverty and health, exploration of pathways and mechanisms for these associations, and current work examining the interactions amongst SES factors influencing health.

- American Academy of Pediatrics Council On Community. Poverty and child health in the United States. Pediatrics. 2016;137(4).

Policy statement identifying the problem of childhood poverty, evidence of what works to ameliorate the effects of child poverty, and key recommendations on policy and healthy systems approaches. Accompanying this policy statement is a technical report that describes current knowledge on child poverty and the mechanisms by which poverty influences the health and well-being of children.

Resources for Further Exploration

Macro: In Health Care Transformation

- Alley DE, Asomugha CN, Conway PH, Sanghavi DM. Accountable health communities — addressing social needs through Medicare and Medicaid. *N Engl J Med.* 2016;374(1):8 – 11.
 - This perspective article introduces the Accountable Health Communities payment model pilot by Centers for Medicare and Medicaid Services aimed at accelerating the development of a scalable delivery model for addressing upstream determinants of health. The authors postulate that the AHC test will improve our understanding of whether savings can materialize when upstream factors are addressed through collaboration among stakeholders who are accountable for the health and health care of their community.
- Institute of Medicine of the National Academies Committee on the Recommended Social and Behavioral Domains and Measures for Electronic Health Records. *Capturing social and behavioral domains in Electronic Health Records: Phase 2.* Washington, DC: The National Academies Press; 2014.
 - This report identifies domains and measures that capture the social determinants of health to inform the development of recommendations for the meaningful use of electronic health records (EHRs). This report is the second part of a two-part study. The Phase 1 report identified 17 domains for inclusion in EHRs. This report pinpoints 12 measures related to 11 of the initial domains and considers the implications of incorporating them into all EHRs. Standardized use of EHRs that include social and behavioral domains could provide better patient care, improve population health, and enable more informative research.
- Bachrach D, Pfister H, Wallis K, and Lipson M; Manatt Health Solutions. *Addressing patients' social needs: an emerging business case for provider investment.* https://www.commonwealthfund.org/sites/default/files/documents/media_files_publications_fund_report_2014_may_1749_bachrach_addressing_patients_social_needs_v2.pdf Published May 2014. Accessed October 1, 2018.
 - Describes changes in the health care landscape that are catapulting social determinants of health into the forefront for providers, the economic rationale for investing in social interventions, and promising strategies for doing so.

Meso: In Quality Improvement

- Gottlieb LM, Wing H, Adler NE.. A systematic review of interventions on patients' social and economic needs. *Am J Prev Med.* 2017 Nov;53(5):719-729. doi: 10.1016/j.amepre.2017.05.011. Epub 2017 Jul 5.
 - This systematic review examines how often and how rigorously interventions bridging social and medical care have been evaluated. Based on the author's findings, they advocate for higher-quality studies that include common health and healthcare utilization outcomes to advance effectiveness research in this rapidly expanding field.
- LaForge K, Gold R, Cottrell E, et al. How 6 organizations developed tools and processes for social determinants of health screening in primary care: An overview. *J Ambul Care Manage.* 2018 Jan/Mar;41(1):2-14. doi: 10.1097/JAC.000000000000221.

- Describes the processes recently used by 6 organizations to develop SDoH screening tools for ambulatory care and the barriers they faced during those efforts; provides suggestions for others hoping to develop similar tools/strategies for identifying patients' SDoH needs in ambulatory care settings, with recommendations for further research.
- The PRAPARE Implementation and Action Toolkit. National Association of Community Health Centers website. <http://www.nachc.org/research%20-%20and%20-%20data/prapare/toolkit/>. Accessed October 1, 2018.
 - Freely available online toolkit that contains resources, best practices, and lessons learned to help guide users through each step of the implementation process needed to implement a new data collection initiative on socioeconomic needs and circumstances. Steps range from implementation strategies and workflow diagrams to EHR templates and sample reports to examples of interventions to address the social determinants of health. The Toolkit is based on the current experiences of seven health centers.

Micro: In Clinical Encounters- Shared Decision Making

- Gottlieb LM, Hessler D, Long D, et al. Effects of social needs screening and in - person service navigation on child health: A randomized clinical trial. *JAMA Pediatr.* 2016 Nov 7;170(11):e162521. doi: 10.1001/jamapediatrics.2016.2521. Epub 2016 Nov 7.
 - First identified randomized clinical trial to evaluate health outcomes of a pediatric social needs navigation program. Compared with an active control at 4 months after enrollment, the intervention (caregiver received in-person help to access services with follow-up telephone calls for further assistance if needed) significantly decreased families' reports of social needs and significantly improved children's overall health status as reported by caregivers. These findings support the feasibility and potential effect of addressing social needs in pediatric health care settings.
- Berkowitz SA, Hulberg AC, Standish S, Reznor G, Atlas SJ. Addressing unmet basic resource needs as part of chronic cardiometabolic disease management. *JAMA Intern Med.* 2017;177(2):244 - 252.
 - Evaluation of the effectiveness of the Health Leads program in primary care clinics on improvement in systolic blood pressure (SBP) and diastolic blood pressure (DBP), low-density lipoprotein cholesterol (LDL-C) level, and hemoglobin A1c (HbA1c) level. Health Leads consists of screening for unmet needs at clinic visits, and offering those who screen positive to meet with an advocate to help obtain resources, or receive brief information provision. Findings showed that screening for and attempting to address unmet basic resource needs in primary care was associated with modest improvements in blood pressure and lipid, but not blood glucose levels.

Words and Concepts Used in this Module that are Defined in the Guidebook

- Health Equity

Updated August 24, 2018

- Social Determinants of Health
- Socioeconomic Status

Additional References (from background)

Adler NE, Stewart J, eds. *The biology of disadvantage: Socioeconomic status and health* New York, NY: The New York Academy of Sciences; 2010. Annals of the New York Academy of Sciences; No. 1186.

Institute of Medicine of the National Academies Committee on the Recommended Social and Behavioral Domains and Measures for Electronic Health Records. *Capturing social and behavioral domains in Electronic Health Records: Phase 2*. Washington, DC: The National Academies Press; 2014.

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The PRAPRE Implementation and Action Toolkit. National Association of Community Health Centers website. <http://www.nachc.org/research-and-data/prapare/toolkit/>. Accessed October 1, 2018.

Gottlieb LM, Hessler D, Long D, et al. Effects of social needs screening and in - person service navigation on child health: A randomized clinical trial. *JAMA Pediatr*. 2016 Nov 7;170(11):e162521. doi: 10.1001/jamapediatrics.2016.2521. Epub 2016 Nov 7.

Berkowitz SA, Hulberg AC, Standish S, Reznor G, Atlas SJ. Addressing unmet basic resource needs as part of chronic cardiometabolic disease management. *JAMA Intern Med*. 2017;177(2):244 - 252.

Garg A, Toy S , Tripodis Y, Silverstein M, Freeman E. Addressing social determinants of health at well child care visits: A cluster RCT. *Pediatrics*. 2015;135(2):e296 - 304.

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