



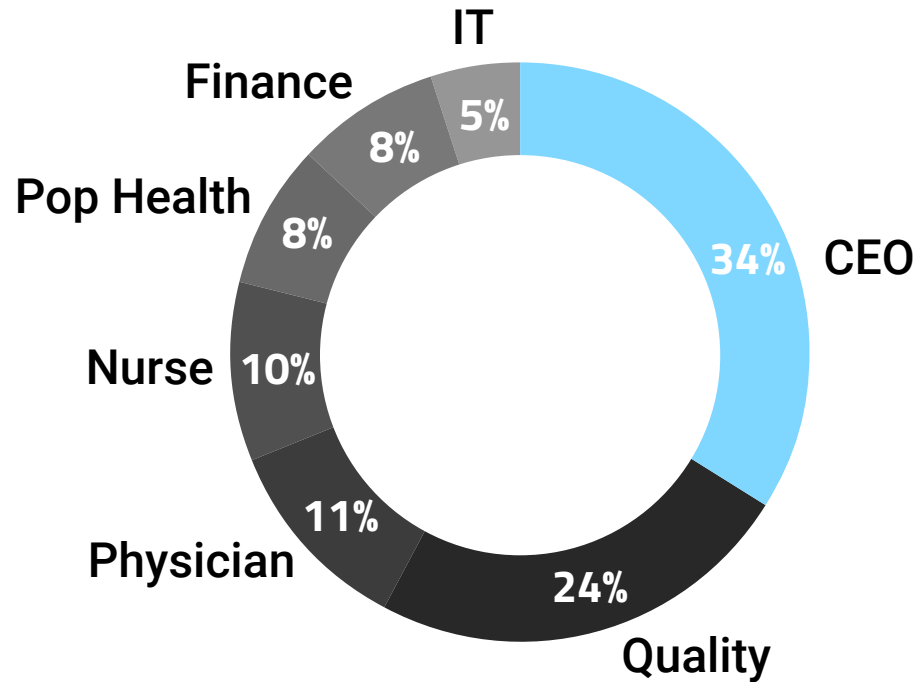
Social Determinants of Health

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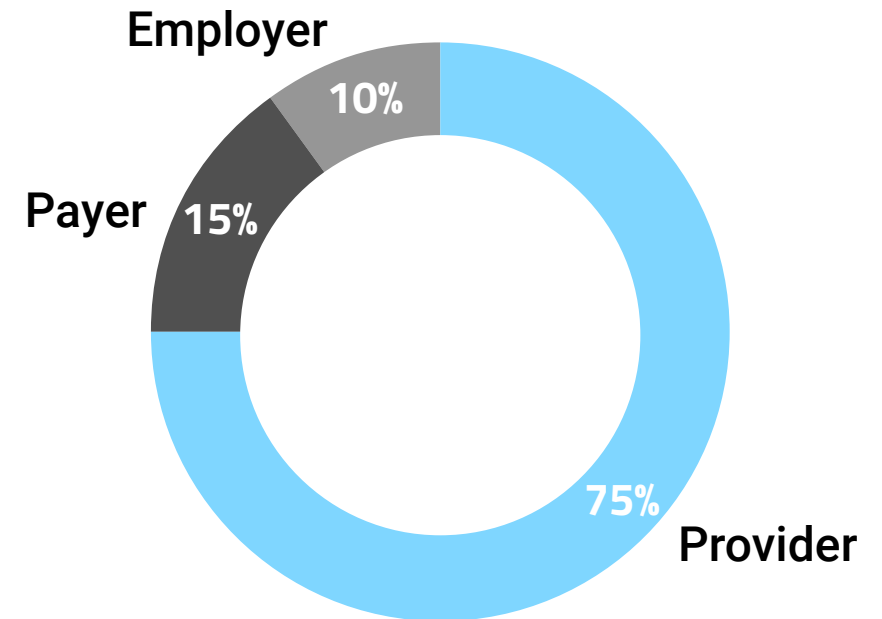
Demographics



Leadership Areas



Organization Type

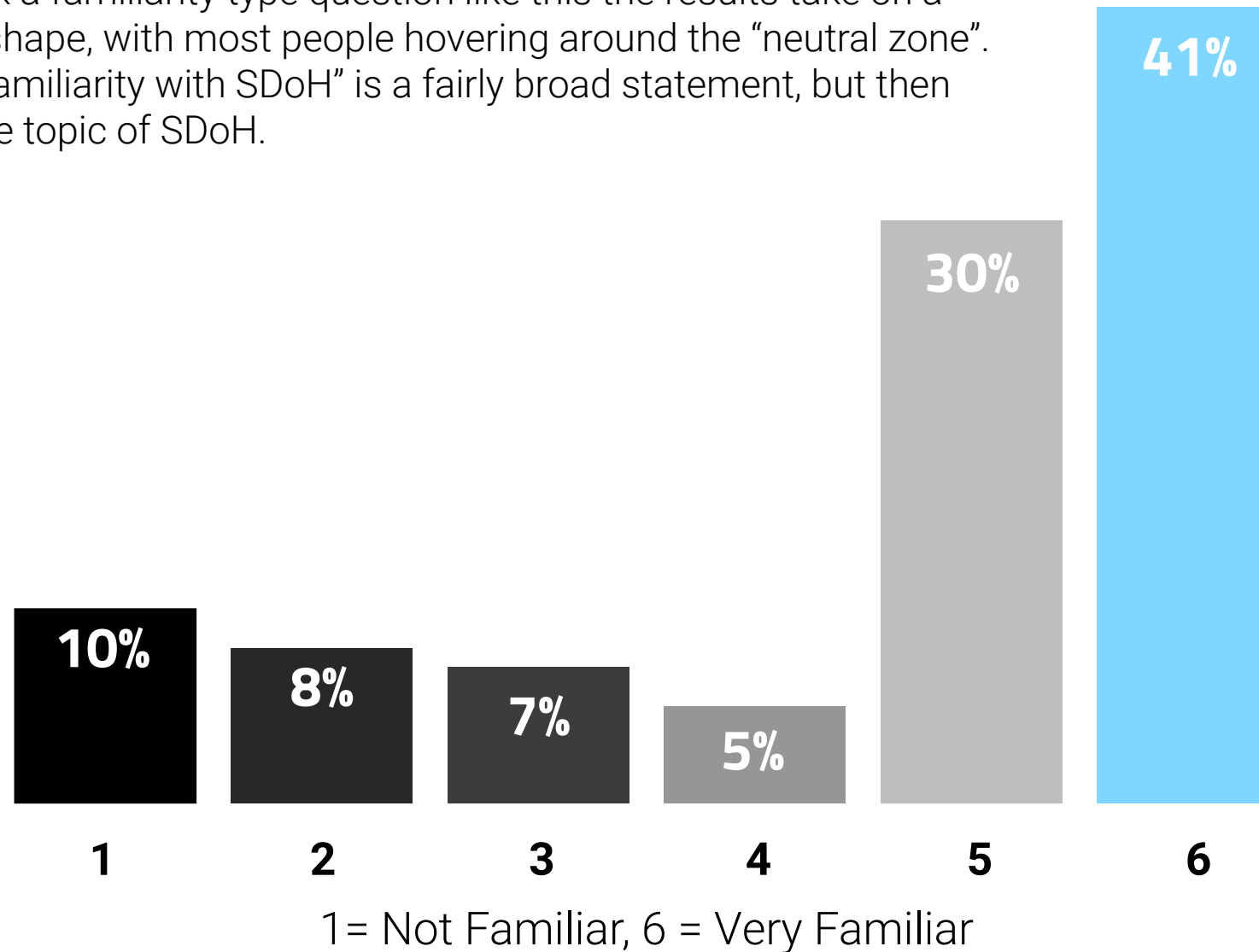


Seeing as how social determinants of health (SDoH) involves much more than just one area of a community, we wanted to involve as many leadership groups from different healthcare verticals and organization types. 61 decision makers engaged with us for this research. If you're interested in seeing the results broken out by title or organization type, please reach out to our CEO, Jeremy Bikman, at jeremy.bikman@reactiondata.com

Familiarity With Social Determinants of Health



Usually, when we ask a familiarity type question like this the results take on a standard bell curve shape, with most people hovering around the “neutral zone”. We recognize that “familiarity with SDoH” is a fairly broad statement, but then again, so is the whole topic of SDoH.



Aspects of SDoH Currently Being Addressed

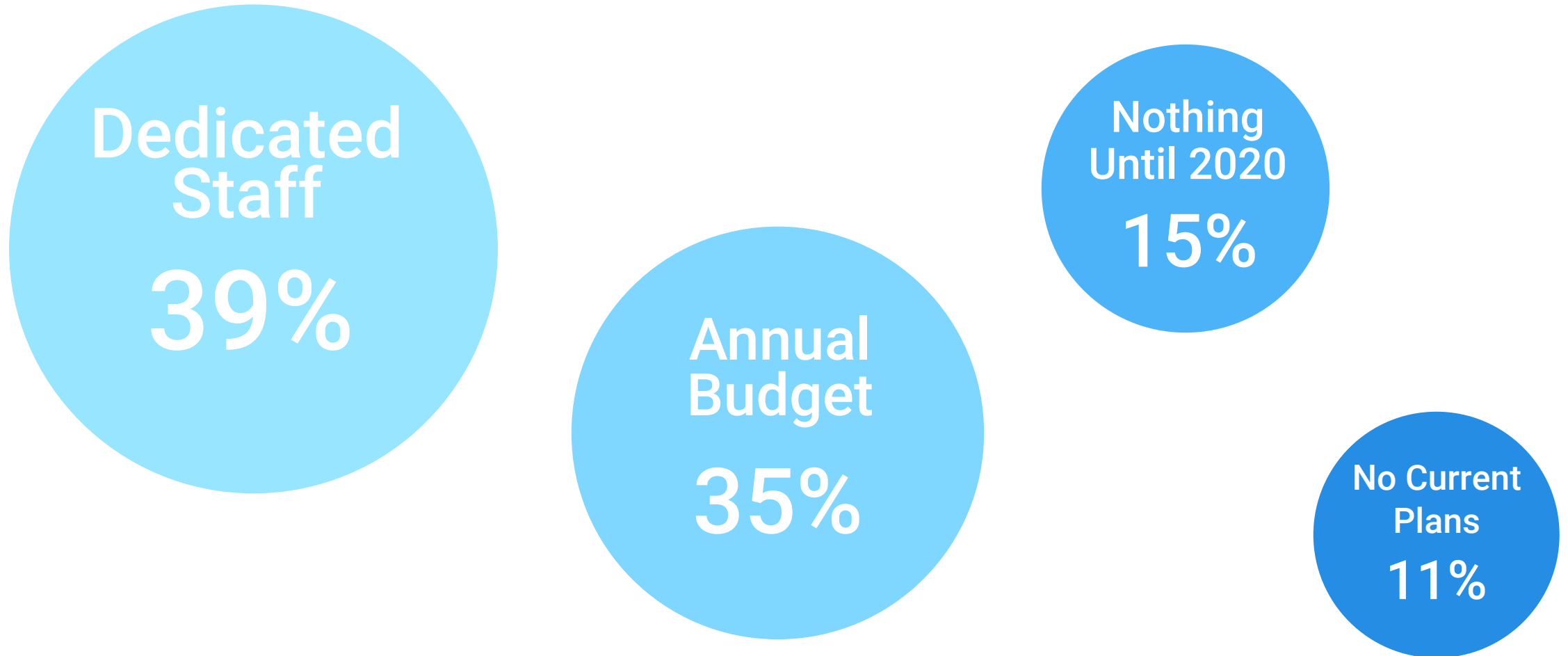


The first four sections highlighted in blue (Access to Healthcare, Behavioral Health & Addictions, Womens' Health, and Nutrition) are definitely the big rocks that, in most cases, need to be addressed first. We've heard a lot of talk how difficult addressing SDoH can be due to the man-hours, cost, and time it takes to see results. That said, all of these aspects are rather dynamic in nature and as various elements of society change so to will the priorities assigned to each change.

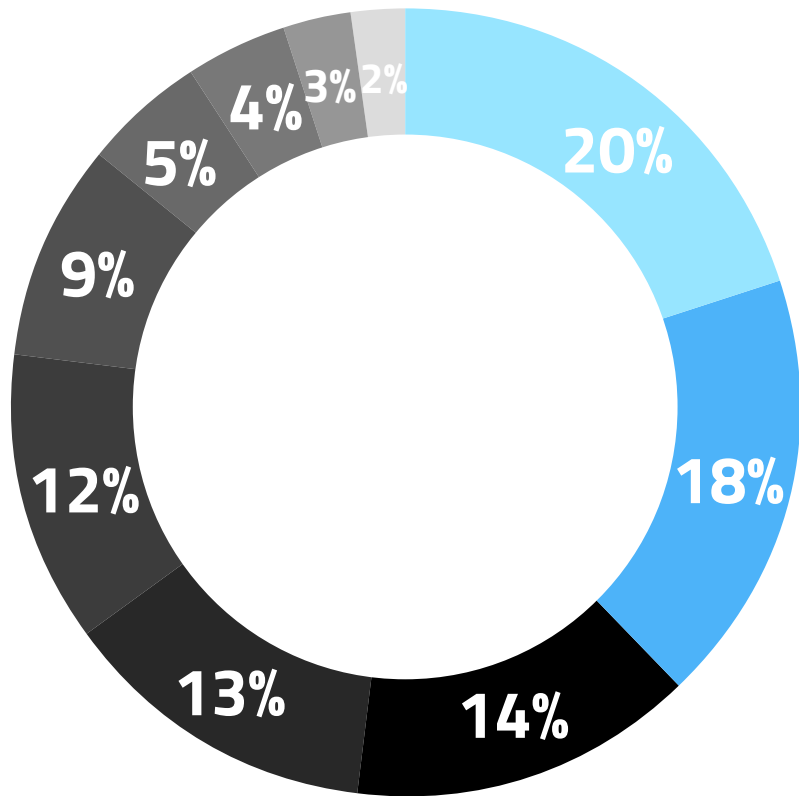
Resources Dedicated to SDoH Program(s)



While it's good to see resources being dedicated to various SDoH initiatives, we still see over one fourth of those who participated not currently dedicating any resources to the cause. As more demand for these types of programs increase we would expect organizations doing nothing in this area to approach zero.



Technologies and Services Used to Support SDoH Programs



- Care Coordination
- EHR
- Telehealth/Virtual Health
- Data Analytics
- External Transportation Services
- Mobile Apps
- Connected Home (IoT) Health Monitoring
- AI (Machine Learning/Natural Language Processing)
- Wearables (Health Trackers)
- Other

There is a lot to unpack here. Simply put, it makes sense that such a broad, comprehensive program as SDoH would require quite a few solutions, services, and emerging technologies, and the like, in order to be successful. But the critical question is: how can cash-strapped organizations pay for all of this?

Partnerships Established to Support SDoH



Rather than us trying to explain what each of these partnership groups mean, we'll just include some direct commentary from decision makers who told us who their organizations have partnered with for their SDoH programs.

30%



Community

20%



Government

20%



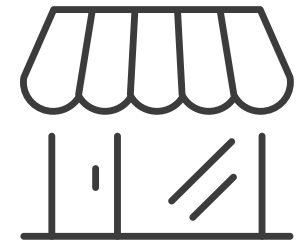
Provider

15%



Local Business

15%



Vendor

"We have a miles and minutes program that provides cell phones and/or minutes for phones. We also evaluate patients for government phones and MCO transportation provided as part of their plan. We have an Outreach and enrollment counselor to help patients with insurance coverage." - Quality Director

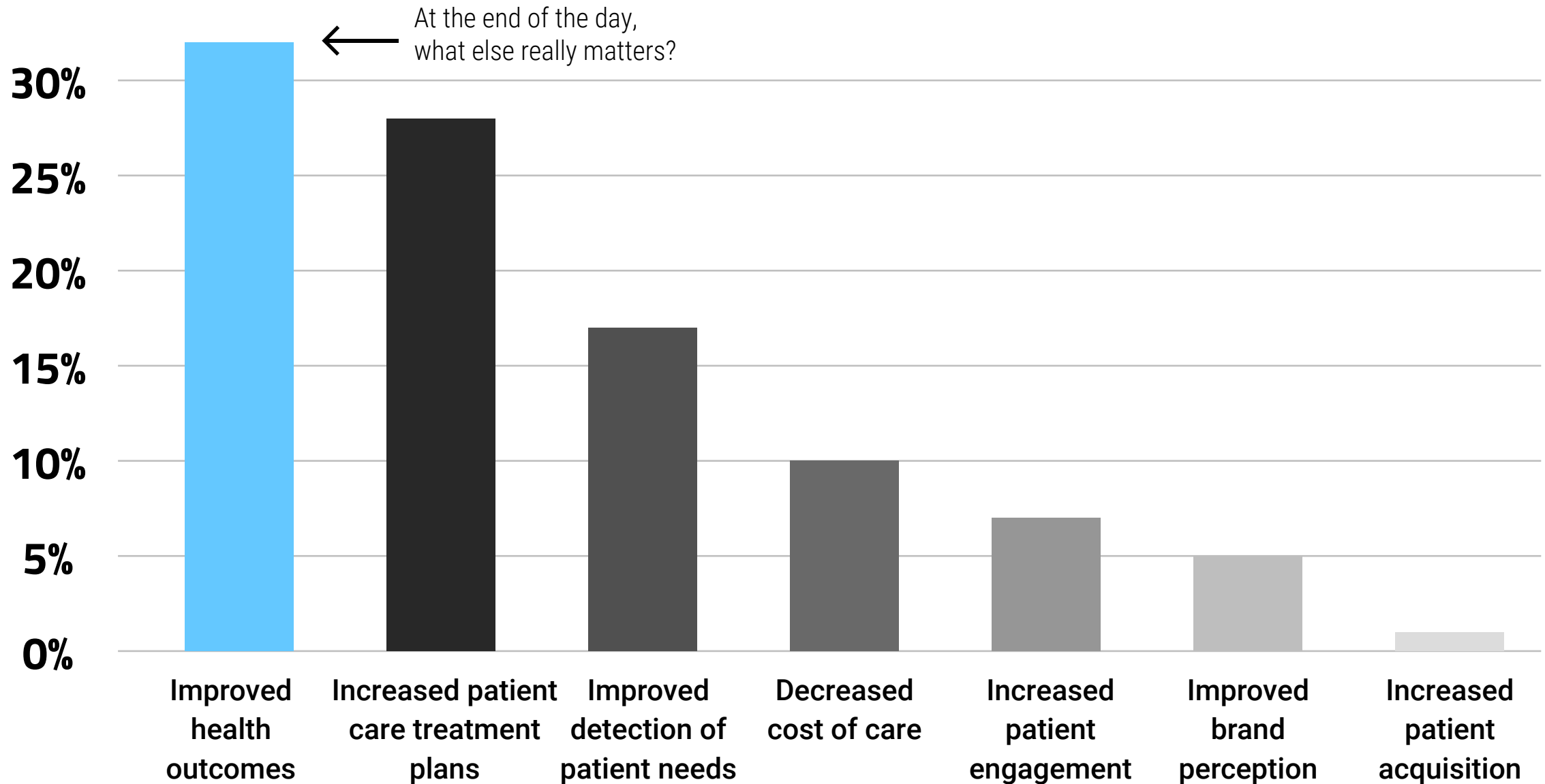
"We've had multiple relationships within our communities around "liveability" We are now beginning to take we have already been doing and enhance those relationships around social determinants. We define ourselves as neophytes in this process, but have a good process in place to be better." - CEO

"Employee Assistance, virtual health services, and out of country emergency health coordination." - CEO

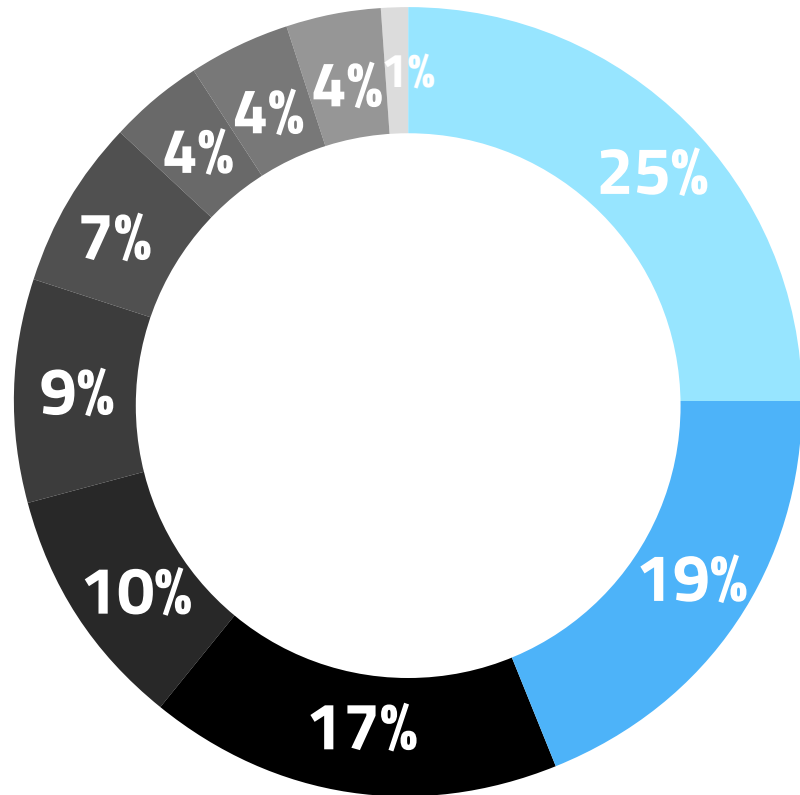
"Partnered with a major grocery chain to co-locate a grocery store in a designated "food desert" in the inner city adjacent to a new Women's and Children's ambulatory center. Created a "food pharmacy" in partnership with Baptist churches in inner city locations." - COO

"Municipal grants/contracts for maintenance and landscaping on public property; multi-cultural centers; local faith-based organizations." - Chief Compliance Officer

Top Benefits as a result of SDoH



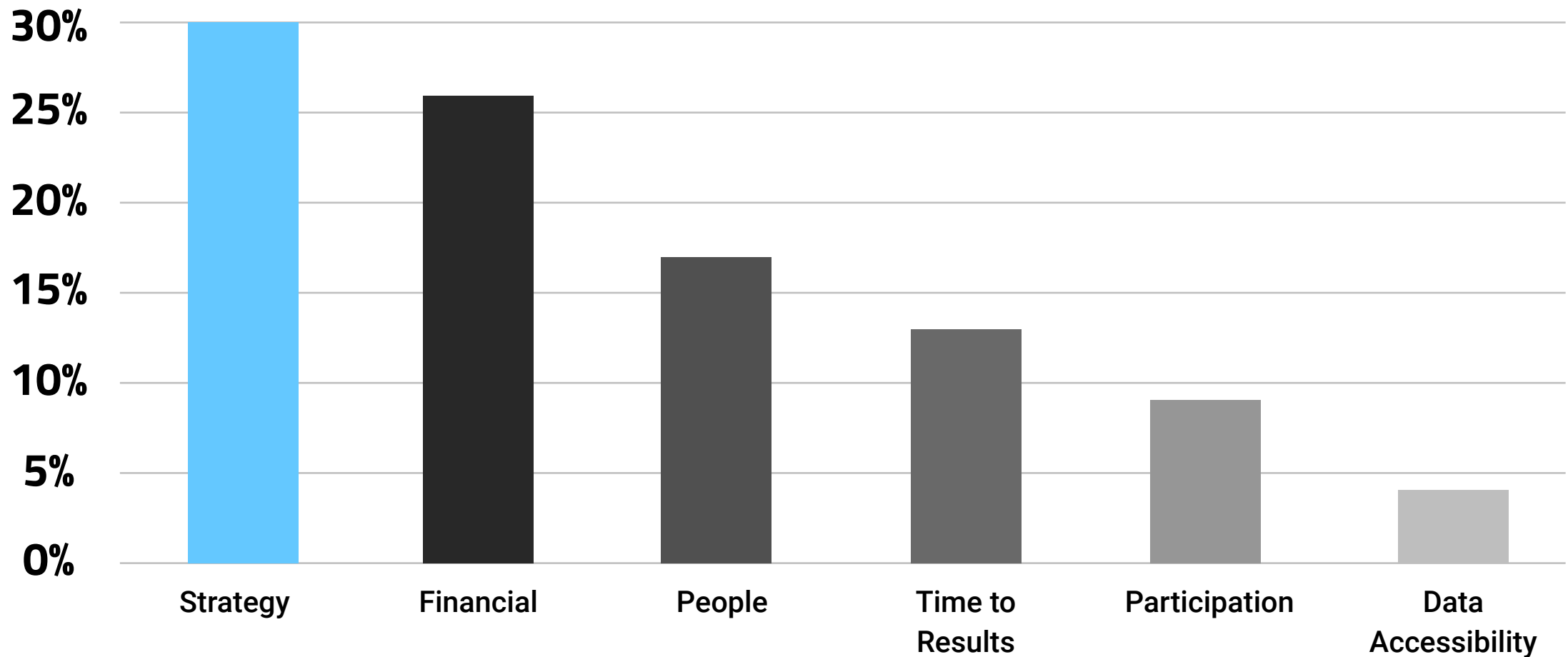
Organizational Risks from Investing in SDoH



- Insufficient staffing/resources
- Insufficient data to measure impacts
- Added financial burden (insufficient reimbursement)
- Insufficient technologies to support efforts
- Regulatory/compliance obligations
- Increased privacy/security concerns
- Little to no measurable impact on improving health
- Low patient/member utilization of SDoH services
- Safety/efficacy concerns
- Increased fragmentation of patient acquisition/retention

Not to say that it's an easy task, but managing staff and other physical resources is at least something that can be monitored in almost real-time. Pouring a bunch of time, money, and other resources into programs that don't produce visible results in the short, or even long term, can be very taxing on an organization. We consistently see this as a reason why many aren't diving in head first to the SDoH pool.

Biggest Obstacles to Achieving Success with SDoH



To sum up a few of these categories, “strategy” relates to those who basically said they have no idea where to even begin, and “time to results” is what we just discussed on the previous page. It’s hard to pour a bunch of resources into something that you won’t know if you’re making a difference for some time down the road.

For a complete view of all the commentary, again, just email jeremy.bikman@reactiondata.com.

Additional Thoughts and Direct Commentary



I find it interesting that they finally figured out that disadvantaged people have poor health outcomes. But now they want the healthcare community to fix a social problem with no money! - Quality Director

The disparities in healthcare in America is a shame and we should not allow the SDOH stand in our way to do what is right for all of our patients in the communities we are privileged to serve. For example in downtown Chicago, live expectancy is 88.2 years of life a very good long life, however if you live just 9 miles away on the West Side of Chicago in the Austin community, a 20 minute drive on I-290 to exit 23 B and life expectancy in Austin is 68.2 ears of life! You lose 20 years of life in a 20 minute drive, that is just wrong. We are working to change this narrative with SDoH in our community - CEO

We've had the most success with food systems -- mobile market; school gardening projects. We've also had some success with rural transportation. Additional thoughts? this work takes time. Having someone work on this pretty much full time, representing our health care system really helps. It can't be done by a marketing intern. - Community Health Director

Z Codes would be very powerful if used. Most current approach involve pulling data from the member, which can sometimes be inaccurate given the stigma associated with certain realities of a members live. Analytics can enable pushing data on the large majority of members to enable providers and payers to be proactive rather than reactive. - VP of Finance

Provider Spotlights



While conducting our research, a few provider organizations wanted to share a bit of what their hospitals are doing to help improve health and quality of life in their communities.

The following section contains a summary of their unique needs and strategies.



The Problem

The struggle is real for safety-nets. As one of many safety-net hospitals in the Chicago area, our battle cry are the inequities in health care and low reimbursements from Medicaid.

By definition, a safety-net hospital receives more than 50 percent of its income from Medicaid. At The Loretto Hospital, more than 75 percent of our patients receive Medicaid, while the remaining percentage comes from self-pay, recipients of Medicare or commercial insurance. Because Medicaid's reimbursement rates are low (only about 23 cents on a dollar), like most safety-nets, we are challenged to run a high-level and efficient health care system. Despite these challenges, maintaining high-quality standards is our top priority.

The Solution

One of the greatest challenges in communities like Austin is access to quality health care to treat chronic illnesses. By placing greater emphasis on preventive care rather than late-stage treatment of diseases, our goal is to improve the life expectancy of our patients and the communities we serve from 68 years of life to 88 years of life. In order to achieve this goal, we have re-evaluated our community needs assessment to understand the services our community need the most, then moved quickly to make these services available to the communities we are privileged to serve.

We have hired specialty physicians to make quality health care accessible by expanding our services across the Greater West Side of Chicago. With a focus on chronic illnesses such as diabetes, cancer, high blood pressure and cardiovascular disease, The Loretto Hospital is committed to providing the best possible medical care in a holistic, safe and comfortable environment for our patients and their families.

For more information about The Loretto Hospital, you can visit their website [here](#).



The Problem

Cooley Dickinson Health Care saw a need in their community. Too many people had challenges accessing healthy food options, including transportation barriers.

The Solution

In 2018, a Cooley Dickinson Healthy Communities grant helped Grow Food Northampton – a non-profit that supports both sustainable local agriculture and affordable, accessible healthy food – bring fresh farm produce to low income housing communities in Northampton, Massachusetts. Grow Food Northampton, Cooley Dickinson, and other partners teamed up again in 2019 to continue the program, now called Neighborhood Markets.

The Outcome

Grow Food Northampton Director of Programs Michael Skillicorn says Neighborhood Markets are unique because they bring high quality, fresh produce directly to where people live. “Every subsidized housing community in Northampton, will host, or be within walking distance, of a Neighborhood Market.” So far this year the program has served 125 people and distributed fresh produce valued at \$25,555.

For more information about Cooley Dickinson Health Care, you can visit their website [here](#).



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For more information please contact our CEO, Jeremy Bikman - jeremy@reactiondata.com



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