CONVENING TAKEAWAYS

Social Health Resources

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A commitment to addressing social needs and risk factors in healthcare settings is now widespread, although there is still a great deal to be learned about best practices for social health integration.[1] There are a growing number of incentives and requirements for healthcare organizations to respond to social determinants of health (SDOH), including:

- Social health screening and intervention is now integrated into the National Committee for Quality Assurance (NCQA) Patient Centered Medical Home standards
- A growing number of Medicare and Medicaid payment models incentivize screening practices
- Social health screening will be measured by a new Healthcare Effectiveness Data Information System (HEDIS) quality metric beginning in 2023
- Standards related to addressing health-related social needs are now required by Joint Commission accreditation as a strategy to reduce health disparities[2]

Definitions of Health Care System Activities That Strengthen Social Care Integrations

The Committee on Integrating Social Needs Care into the Delivery of Health Care to Improve the Nation's Health, a committee of the National Academies of Science, Engineering, and Medicine (NASEM), offers a comprehensive framework for understanding the domains of social health integration:

Activity	Definition	Transportation-Related Example
Awareness	Activities that identify the social risks and assets of defined patients and populations.	Ask people about their access to transportation.
Adjustment	Activities that focus on altering clinical care to accommodate identified social barriers.	Reduce the need for in-person health care appointments by using other options such as telehealth appointments.
Assistance	Activities that reduce social risk by providing assistance in connecting patients with relevant social care resources.	Provide transportation vouchers so that patients can travel to health care appointments. Vouchers can be used for ride-sharing services or public transit.
Alignment	Activities undertaken by health care systems to understand existing social care assets in the community, organize them to facilitate synergies, and invest in and deploy them to positively affect health outcomes.	Invest in community ride-sharing or time-bank programs.
Advocacy	Activities in which health care organizations work with partner social care organizations to promote policies that facilitate the creation and redeployment of assets or resources to address health and social needs.	Work to promote policies that fundamentally change the transportation infrastructure within the community.

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Below is a curated list of resources organized by the NASEM domains.

Awareness

- Report from Social Interventions Research and Evaluation Network (SIREN) on social interventions research describing the most current scientific knowledge on social needs screening
- Website detailing a systematic review of Social Risk Screening tools, developed in collaboration between the Kaiser Permanente Washington Health Research Institute and the Social Interventions Research and Evaluation Network
- Website offering implementation resources and tools for PRAPARE, the Protocol for Responding to and Assessing Patients' Assets, Risks and Experiences
- Implementation toolkit offered by Health Leads as a blueprint for implementation of social needs screening in healthcare settings
- Infographic guidance from the Centers for Medicaid and Medicare Services on using Z-codes to report patient social health experiences
- Report from NORC at the University of Chicago on the role of State Medicaid in the use of Z-codes to report patient-level social health data

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Adjustment

- Self-paced online learning module offering an introduction to Social Health in Medicine and social risk informed care
- Patient social and economic risk information can guide diabetes care through social risk–targeted care (directly intervening on social risk factors) or social risk–informed care (modifying or tailoring care to accommodate social risks). This article reviews the evidence supporting these approaches and highlights critical gaps in the current evidence: Bringing Social Context into Diabetes Care: Intervening on Social Risks versus Providing Contextualized Care
- This website offers resources and guidance from Saul Weiner and Alan Schwartz, leading researchers on contextualized care. Contextualized care is the process of identifying and integrating a patient's context in treatment decision-making
- Scoping review conducted by the Kaiser Permanente Social Needs Network for Evaluation and Translation on the implementation of Social Risk Informed Care

Assistance

- Implementation guidance on deployment of Community Health Workers from the Centers for Disease Control and Prevention (CDC)
- Research findings and implementation guidance on the IMPaCT Community Health Worker model:
    - ◊ See also the Penn Center for Community Health Workers
- Implementation guidance on deploying Community Resource Specialists in primary care from the Kaiser Permanente Washington Health Research Institute
- Recorded webinar offered by Health Leads on the implementation of Community Resource Referral Platforms
- Report from the Social Interventions Research and Evaluation Network on implementation of Community Resource Referral Platforms

Alignment

- The Partnership Assessment Tool for Health (PATH) is offered by the Center for Health Care Strategies to help partnering healthcare and community-based organizations work together more effectively to maximize the impact of their partnership
- This set of resources, offered by the Center for Health Care Strategies, is designed to help emerging and existing partnerships address common barriers to partnering and strengthen their collaborative activities to address social determinants of health

Advocacy

- Public policy plays a vital role in creating conditions that improve health and address the social determinants of health (SDOH) fundamental to health equity. This website is offered by the American Academy of Family Practice as a set of resources for family practice physicians and professionals who are interested in advancing health equity through public policy

Footnotes

1. Kreuter et al., 2020
2. Byhoff et al., 2019; Johnson et al., 2022; Murphy-Barron and Buzby, 2021; NCQA, 2020; NCQA, 2021, Joint Commission, 2022

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Citations

Byhoff, E., De Marchis, E.H., Hessler, D., Fichtenberg, C., Adler, N., Cohen, A.J., Doran, K.M., Ettinger de Cuba, S., Fleegler, E.W., Gavin, N., Huebschmann, A.G., Tessler Lindau, S., Tung, E.L., Raven, M., Jepson, S., Johnson, W., Olson, A.L., Sandel, M., Sheward, R.S. and Gottlieb, L. M. (2019). *Part II: A qualitative study of social risk screening acceptability in patients and caregivers.* American Journal of Preventive Medicine, 57(6)S1, S38-S46.

Kreuter, M. W., Thompson, T., McQueen, A., & Garg, R. (2020). Addressing social needs in health care settings: evidence, challenges, and opportunities for public health. *Annual Review of Public Health*. https://www.annualreviews.org/doi/pdf/10.1146/annurev-publhealth-090419-102204

Murphy-Barron C. and Buzby E.A. (2020). Review of Contract Year 2021 Medicare Advantage supplemental healthcare benefit offerings. https://bettermedicareal-liance.org/wp-content/uploads/2020/11/MA-2021-Supplemental-Benefits-Milliman-Brief_202011132.pdf

National Academies of Sciences, Engineering, and Medicine. (2019). Integrating social care into the delivery of health care: Moving upstream to improve the nation's health. Washington, DC: The National Academies Press. https://nap.nationalacademies.org/read/25467/chapter/1

National Committee for Quality Assurance. (2021). Health Equity and Social Determinants of Health in HEDIS: Data for Measurement. https://www.ncqa.org/wp-content/uploads/2021/06/20210622_NCQA_Health_Equity_Social_Determinants_of_Health_in_HEDIS.pdf

National Committee for Quality Assurance. (2020). Patient centered medical home toolkit for health centers: guidance for HRSA health centers in implementing and sustaining the PCMH model. https://www.ncqa.org/wp-content/uploads/2020/07/20200727_NCQA_PCMH_Toolkit_for_Health_Centers.pdf

The Joint Commission. (2022). R3 Report: Requirement, Reference, Rationale; New Requirements to Reduce Health Disparities. https://www.jointcommission.org/-/media/tjc/documents/standards/r3-reports/r3_disparities_july2022-6-20-2022.pdf