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Addressing Social Determinants in Healthcare: ProMedica's Recent History

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Healthcare as a Ticking Time Bomb

The U.S. has more preventable deaths and lower life expectancy than other developed nations, even though it spends more per capita on healthcare. Employer healthcare costs are growing at twice the rate of inflation, while out-of-pocket costs for consumers continue to increase rapidly, significantly outpacing both earnings and inflation. It is no surprise, therefore, that a recent Kaiser Family Foundation poll found that one in four Americans cite healthcare costs as the biggest concern for their family, and that a Commonwealth Fund survey found that one in three Americans report not being able to access care in the past year due to high costs. Middle-class family spending on healthcare increased by 25 percent between 2007 and 2014, while spending on most other big-ticket items such as housing, food, transportation, and clothing declined.

> "Healthcare is a terminal illness for America's governments and businesses. We are in big trouble."
>
> —*Clayton Christensen, Harvard Business School Professor and well-known expert on disruptive innovation, in* The Innovator's Prescription

U.S. consumers clearly are not getting good value when it comes to healthcare, as the U.S. ranks toward the bottom of developed nations on various quality, access, efficiency, and equity metrics (as depicted in **Exhibit 1**). As noted previously, much of what the U.S. spends on healthcare is unnecessary, with estimates of waste ranging from 21 to 34 percent of national health expenditures (which translates to $558 billion to $910 billion a year).

Exhibit 1: U.S. Healthcare from a Global Perspective

Overall Ranking

Country Rankings	
	1.00-2.33
	2.34-4.66
	4.67-7.00

	AUS	CAN	GER	NETH	NZ	UK	US
OVERALL RANKING (2010)	3	6	4	1	5	2	7
Quality Care	4	7	5	2	1	3	6
Effective Care	2	7	6	3	5	1	4
Safe Care	6	5	3	1	4	2	7
Coordinated Care	4	5	7	2	1	3	6
Patient-Centered Care	2	5	3	6	1	7	4
Access	6.5	5	3	1	4	2	6.5
Cost-Related Problem	6	3.5	3.5	2	5	1	7
Timeliness of Care	6	7	2	1	3	4	5
Efficiency	2	6	5	3	4	1	7
Equity	4	5	3	1	6	2	7
Long, Healthy, Productive Lives	1	2	3	4	5	6	7
Health Expenditures/Capita, 2007	$3,357	$3,895	$3,588	$3.837*	$2,454	$2,992	$7,290

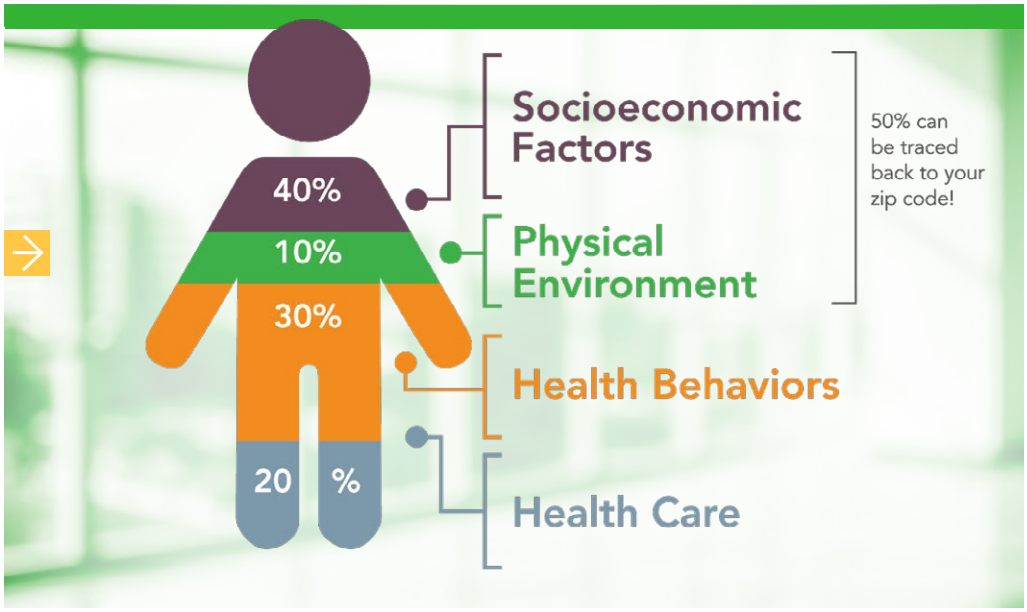
Note: *Estimate. Expenditures shown in $US PPP (purchasing power parity).
Source: Calculated by The Commonwealth Fund based on 2007 International Health Policy Survey; 2008 International Health Policy Survey of Sicker Adults; 2009 International Health Policy Survey of Primary Care Physicians: Commonwealth Fund Commission on a High Performance Health System National Scorecard; and Organization for Economic Cooperation and Development, OECD Health Data, 2009 (Paris; OECD, Nov. 2009).

Virtually every president since FDR has highlighted healthcare costs as a problem, yet the growth trajectory continues unabated. Left unchecked, healthcare could account for 37 percent of gross domestic product by 2050, roughly double where it is today, and an unsustainable amount by anyone's measure.

Social Determinants as a Primary Driver of Health

The World Health Organization (WHO) defines social determinants of health (SDH) as "the conditions in which people are born, grow, live, work, and age, and the systems put in place to deal with illness." WHO notes that these conditions are in turn shaped by economics, social policies, and politics. As depicted in **Exhibit 2**, socioeconomic factors and the physical environment have a major direct impact on health status, and an indirect impact by influencing individual behaviors. By contrast, the provision of medical care has relatively little impact on health status.

Exhibit 2: Impacts on Health Status



Source: Institute for Clinical Systems Improvement, *Going Beyond Clinical Walls: Solving Complex Problems,* October 2014.

> "We invest trillions of dollars in something that only affects 10 percent of health status, and relatively little in everything else."
>
> *—Randy Oostra, D.M., FACHE*

The single best predictor of health and well-being is one's zip code. In New Orleans, residents of one zip code generally live 25 years longer than residents of another zip code just a mile away. In Baltimore, Chicago, and Las Vegas, life expectancy differences of as much as 15 years exist across zip codes located very close to one another. Since the 1980s, the U.S. has fallen from the middle to the bottom of the pack among developed nations in terms of life expectancy. The reason for this decline has much more to do with underinvestment in SDH, such as access to nutritious food and affordable housing, than with investments in medical care.

Tackling SDH as a Health System

In his book *Good to Great and the Social Sectors*, author Jim Collins posits that what matters most for a non-profit organization is the impact it can make relative to its resources. The leaders at ProMedica have taken that guidance to heart by going outside of its facilities' walls to influence the health and well-being of the communities they serve, communities that historically have ranked quite low on health-related metrics, including obesity, access to food, infant mortality, low birthweight babies, poverty, homelessness among students, and health outcomes and well-being in general.

First Target: Hunger

The work began about a decade ago when ProMedica's board took a close look at the results of a community needs assessment completed as a requirement of the organization's non-profit status. This assessment identified childhood obesity as a major issue. In response, leaders of ProMedica's foundation decided to spend $500,000 to "map" obesity in the community. This more in-depth analysis quickly identified, ironically, that the real issue facing obese children was hunger. They simply did not have access to healthy foods due to their difficult home lives. The issue of hunger is not unique to ProMedica's service areas in Ohio. Across the country, 13 percent of households are "food insecure," including almost 20 percent of households with children and just over 30 percent of households headed by single moms with children. Even many seniors are hungry, with nearly one in three skipping meals due to a lack of resources.

The impact of hunger on health is quite large. Those facing hunger are 2.9 times more likely to be in poor health and 2.45 times more likely to be obese. Hungry newborns are 1.8 times more likely to be underweight (which can lead to lifelong development problems and chronic conditions) while hungry children and teens are four times more likely to need counseling and five times more likely to commit suicide. Experiences with hunger as a child can have a negative impact even 10 to 15 years later.

In response to these findings, ProMedica leaders reached out to local hunger organizations, the leaders of which expressed surprise at finally being approached by someone in the healthcare sector. ProMedica leaders also launched a program where frontline providers began asking more questions during visits designed to screen for SDH issues, including hunger. As shown in **Exhibit 3**, too often providers do not ask the right questions.

Exhibit 3: Are We Asking the Right Questions?

Out of nearly a million people screened for food insecurity in 2018, 55 percent had positive needs identified. More recently ProMedica began screening across all 10 SDH domains (food insecurity, training and employment, behavioral health, financial strain, housing insecurity, transportation, utilities, intimate partner violence, child-care, and education). Among those individuals, 39 percent had needs identified in four or more domains, with the top issues being financial strains, behavioral health, and food insecurity.

As part of its Food Insecurity Program, ProMedica has successfully connected over 31,000 people to a local food clinic, provided nearly 1,000 meals to acute care patients at discharge, distributed food to 809 of its own employees, and reclaimed over 375,000 pounds of food from local restaurants and casinos (which is then redistributed to local food banks at a cost of eight cents a pound). ProMedica also partnered with other organizations to create the Ebeid Center, the cornerstone of which is an inner-city grocery store that provides 130,000 people with access to healthy foods in an area previously classified as a "food desert."

Beyond Hunger to Economic Development

The Ebeid Center has become much more than just a grocery store. The center also offers a teaching kitchen where people learn to cook healthy foods, a call center that provides 70 jobs to local residents, a job training program, a career center, financial literacy classes, parenting classes, nutrition counseling, and diabetes education. Opened three years ago, the center stimulates block-by-block community empowerment and improvement. Through the Ebeid Neighborhood Promise, ProMedica partnered with Local Initiatives Support Corporation (LISC, a community development financial institution) and others to launch a $50 million, 10-year commitment to revitalization of the neighborhood around the grocery store. An additional $45 million loan pool is available for affordable housing, schools, and business start-up support. Ebeid Neighborhood Promise has created 27 new full-time jobs paid for with grant funding and opened the LISC Financial Opportunity Center with funding from the Annie E. Casey Foundation. This center offers community residents a variety of training and support from experienced professionals on financial and related issues. In a partnership with Goodwill, the Ebeid Center opened the Goodwill Job Connection Center, which provides job training, coaching, and employee placement services. The goal is to reach 3,000 individuals and make 500 placements in the next three years.

Other programs being put into place by ProMedica and various partners include the following:

- ✔ **Infant mortality**: In Ohio, ProMedica is tackling infant mortality through home visits, transportation services, and other support services, including access to affordable housing.
- ✔ **Mixed-income housing**: In partnership with an out-of-town developer, ProMedica is involved in preserving and developing more than 100 affordable housing units.
- ✔ **Research into SDH**: In partnership with the AARP Foundation and others, ProMedica is working as part of the Root Cause Coalition, a group of 40-plus organizations addressing SDH through research, advocacy, and education.

- ✔ **Small business support**: Through Jumpstart Toledo, ProMedica supports the start-up and expansion of women- and minority-owned businesses in the region. The goal is to help 1,250 businesses and create over 1,000 jobs in the next three years. LISC has made $25 million available as a loan pool to these organizations, with ProMedica adding another $10 million.
- ✔ **Downtown revitalization**: ProMedica is investing in downtown Toledo, including buying a building that had been empty for 40 years, investing $70 million in refurbishing it, and then moving 2,000 employees into it as their place of work. In Toledo's marina district, ProMedica invested $30 million in 370 affordable apartments and a restaurant, and bought a bankrupt hotel and turned it into a Marriott Renaissance.

Lessons Learned

Key lessons from the ProMedica experience include the following:

- ✔ **Engage the board and senior clinical leaders:** ProMedica's board and clinical leadership "gets it" with respect to the need to address SDH and hence wholeheartedly support these activities.
- ✔ **Engage staff:** ProMedica's staff represents more of a mixed bag when it comes to understanding the need to invest in addressing SDH. Some get it while others still do not understand why resources are being diverted to such seemingly far-afield endeavors. To improve understanding, leadership continually communicate with staff about these efforts.
- ✔ **Partner with anchor institutions**: Anchor institutions are non-profit institutions that, once established, tend not to move location. Examples include hospitals, universities and other schools, and places of worship. Because these organizations focus on the long-term welfare of their local communities, their leaders are generally willing to address the tenacious challenges facing them.
- ✔ **Take advantage of various types of funding opportunities**: Much of what ProMedica has done is through partnerships with governments at all levels (local, state, and federal), banks as part of the Community Reinvestment Act, community development financial institutions (CDFIs), private foundations, hospital foundations, and other philanthropic organizations that have ample grant and other funding available to invest in local communities.
- ✔ **Measure and report on progress**: ProMedica tracks a wide array of measures to gauge the impact of its efforts, including clinical indicators (e.g., ED visits, primary care visits, inpatient admissions, infant mortality, readmissions), cost metrics (e.g., per-capita costs), and community health measures (e.g., life expectancy, employment, number of individuals with SDH risks). ProMedica also regularly reports on the positive impact of its efforts, such as a food security program that increased primary care visits while reducing ED visits and per capita costs by 15 percent.