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Beyond the Project: Addressing the Social Determinants of Health as a Core Enterprise

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The social determinants of health are the latest shiny object in healthcare, appearing as a regular topic in journal articles, trade publications, blogs, and interviews with industry leaders. There are examples of hospital investments in housing, healthy food financing, job and life skills training, and small business development. Most are relatively small-scale, proprietary, branded efforts, but each represent an important new area of focus for these organizations. They reflect a recognition by forward-thinking leaders that trillions of dollars in healthcare expenditures in clinical settings do little to address the drivers of poor health in our communities. We must come to terms with the fact that the continued escalation of healthcare costs displaces societal allocations for basic needs such as housing, food, childcare, and education in public sector budgets. At the individual and family level, healthcare demands more out-of-pocket spending for those who bear the day-to-day toxic stress of trying to get by, often with less than a living wage.

To be blunt, the healthcare industry does not just ***have*** a problem—we are ***part*** of the problem. Coming to grips with this reality challenges us to do more than wring our hands, or even worse, to limit our efforts to cost containment and policy advocacy for increased reimbursement for high-cost clinical care—much of which involves treatment for *preventable* conditions.

Key Board Takeaways

Core questions to be addressed:

- In what ways are we focusing our community benefit programs in census tracts and/or zip codes where health inequities are concentrated?
- In what ways are we integrating care management for Medicaid populations with community health improvement services and activities?
- What are the larger problems in our communities that impede efforts to improve health?
- In what ways are we collaborating with our competitors to address the social determinants of health?
- Is our senior leadership engaged with local elected officials to advocate for the social determinants of health?
- Have we explored how we may allocate a small percentage of our investment portfolio to accelerate and scale local investments in the social determinants of health?

Connecting the Dots: Individuals and Communities

Healthcare provider and payer investment in population health management at the individual level, including addressing the social needs of patients, has been shown through a wide array of interventions to both reduce healthcare costs and improve health status for cohorts of patients. This should be celebrated, but it is not the time to rest on our laurels. Forward-thinking providers and payers are coming to terms with the practical reality that individual-level interventions can produce near-term benefits, but those returns diminish over time if we fail to confront issues at the community and societal level. The shortcomings of a narrow focus on individual-level interventions are beginning to make their way into the applied research arena. In a recent randomized trial of "super" utilizers, patient care management interventions, including links with social services,

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did not yield significant reductions in 180-day readmission rates.[1]

A recent *Health Affairs* blog emphasized the importance of distinguishing between addressing the social needs of individuals and addressing the social determinants at the community and societal level and ensuring that we give attention to both in order to achieve sustainable impacts at scale.[2] I have often heard fellow hospital and health system board members respond to presentations on social determinants with the claim that "This isn't our job!" and "We don't have the skills to do this kind of work!" Both claims have merit and are partial truths. Nevertheless, there is much that hospitals and health plans can do, and the actions of a growing number of organizations provide the beginnings of a path to the future.

The evolution towards assuming financial risk to keep people healthy and out of our emergency rooms and inpatient beds is a game changer, and leaders increasingly recognize the need to engage in communities on multiple levels. There is an emerging consensus that the social determinants play a more significant role in health outcomes than improved healthcare access and quality.[3] For hospitals and health systems, the term "transformation" is apt in describing the fundamental transition from serving as inpatient acute care "body shops" to community health improvement systems. While the driving mechanism (i.e., full-risk capitation) has not exactly exploded onto the scene, both providers and payers across the country are getting a taste of what it is like to assume greater financial responsibility and risk for utilization patterns.

A key question for both health systems and health plans is how they will complement individual-level patient interventions with community-level action to address the social and environmental conditions that perpetuate and exacerbate poor health. Who do they need to engage, and how can they do so in a manner that optimally complements and leverages their limited skills and assets? Most hospitals have community health programs, but they often are insufficiently linked to patient care management interventions for publicly insured and uninsured populations. This disconnect is driven in part by a compliance mentality, where community benefit programming is seen as fulfilling their mission and separate from the core business enterprise. Given the transformation in progress, a failure to connect these dots represents a significant missed opportunity.

There are an array of community health projects and patient care management interventions across the country, including many new digital startup efforts, but in the midst of competing demands, many organizations overlook the development of a roadmap for change that addresses the questions "If this is successful, what's next?" and "How do subsequent steps build towards a defined set of objectives for the organization?" Inquiries about a roadmap and how we integrate community health programs and population health management interventions are the questions that an engaged board must ask of the senior leadership team.

Civic Engagement and Shared Ownership

At the core of addressing social determinants of health is a pressing need for ongoing engagement with the local public sector. Whether or not hospitals are ready, the assumption of financial risk is bringing our societal shortcomings to their front door. California recently passed Senate Bill 1152, which holds hospitals accountable to ensure that people identified as homeless have appropriate shelter and wrap-around services upon their discharge. This has served as a wakeup call for hospitals in the discovery that the current patchwork of public and community-based services is profoundly inadequate.

1 Amy Finkelstein et al., "Healthcare Hotspotting—A Randomized, Controlled Trial," *The New England Journal of Medicine*, January 9, 2020.
2 Brian Castrucci and John Auerbach, "Meeting Individual Social Needs Falls Short of Addressing Social Determinants of Health," *Health Affairs* Blog, January 16, 2019.

3 Hilary Daniel, Sue Bornstein, and Gregory Kane, Health and Public Policy Committee of the American College of Physicians, "Addressing Social Determinants to Improve Patient Care and Promote Health Equity: An American College of Physicians Position Paper," *Annals of Internal Medicine*, April 17, 2018.

As large employers in most communities, our hospital leaders are in a unique position to use their influence to facilitate a more systematic approach to problem-solving; one where all share ownership for designing humane and sustainable solutions. Civic engagement in the broader issues that influence health and well-being in our community is a new avenue for many of our hospital leaders, but it is clearly tied to the financial future of their organizations. Our directors should want to know how we are leveraging our influence to ensure that hospitals are not addressing these issues on their own.

Modern Healthcare featured a story of actions by the MetroHealth System in Cleveland to provide job training and employment of low-income residents to build their hospital, and a partnership with the public school system to facilitate exposure to health career opportunities.[4] Akram Boutros, M.D., CEO of MetroHealth, notes that "Some of us believe there's no one left to deal with social determinants of health because society and government have failed to deal with it, business has failed, and non-profits have been ineffective, and we feel we must give it a try." While there is truth in such a statement, Boutros overlooks the responsibility to use the political power of our organizations, not just to take independent action, but to speak on behalf of those who are less influential to demand greater accountability and engagement from the public, corporate, and non-profit sectors. Only then can we move beyond temporary, heart-warming stories about individual residents, and begin to address structural inequities in our society at scale.

4 Harris Meyer, "As Health Inequities Mount, Hospitals Step Up Economic Development Initiatives," *Modern Healthcare*, December 14, 2019.

The Governance Institute thanks Kevin Barnett, Dr.P.H., M.C.P., Senior Investigator, Public Health Institute, and Board Member, Trinity Health, for contributing this article. He can be reached at kevinpb@pacbell.net.