# **It Matters To This One:** Achieving Better Health Outcomes Through Social Determinants of Health

#### **Presented By:**

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We are a network of health care professionals addressing the challenges posed by the emerging landscape of value-based care and government health care reform.

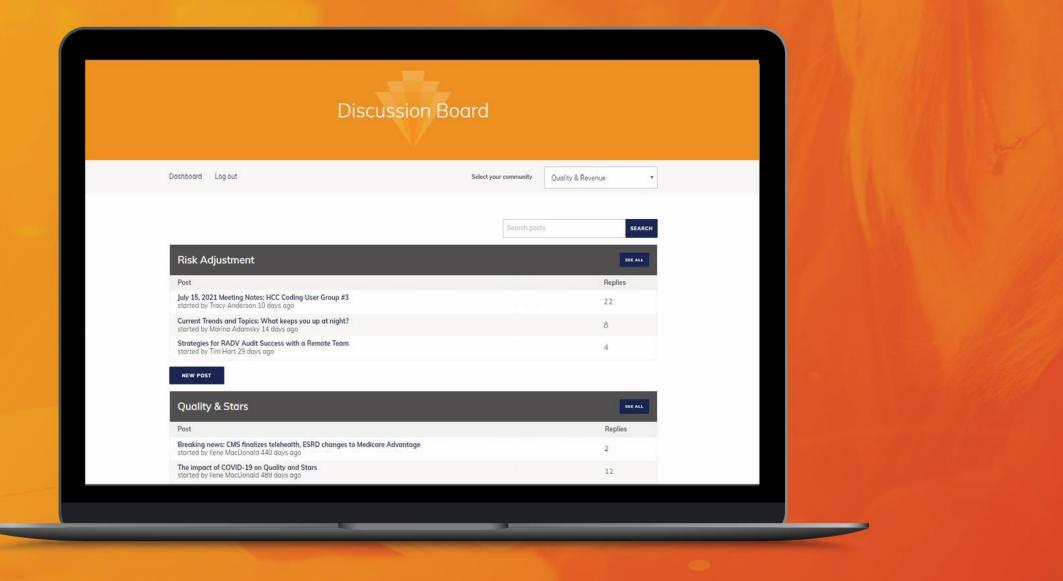
#### **OUR MISSION**

Our mission is to provide a community for like-minded professionals to come together for networking, education, and industry collaboration to stay ahead and advance their careers.

# ONE ASSOCIATION THREE COMMUNITIES



#### LEARN MORE AT THE RISEHEALTH.ORG/MEMBERSHIP



#### **ASK YOUR QUESTIONS IN OUR DISCUSSION BOARD**

# **Definition of Social Determinants of Health** (SDoH)

- According to the Centers for Disease Control (CDC) and Health.gov, SDoH are the non-medical factors that influence health outcomes
- These are the conditions in which people are born, live, learn, work, play, worship, and age

#### **Social Determinants of Health**



Social Determinants of Health Copyright-free

山 Lealthy People 2030



#### **Domains of SDoH**

- Economic Stability
- Education Access and Quality
- Health Care Access and Quality
- Neighborhood and Built Environment
- Social and Community Context

#### **Social Determinants of Health**



Social Determinants of Health Copyright-free Healthy People 2030 المَّلُّ



# **Food Insecurity**

#### CMS-HCC

17 Diabetes/Acute Complications
18 Diabetes/Chronic Complications
19 Diabetes/Without Complications
21 Protein/Calorie Malnutrition
22 Morbid Obesity
85 Congestive Heart Failure
86 Acute Myocardial Infarction
87 Unstable Angina
88 Angina Pectoris
100 Stroke
108 Vascular Disease

#### HHS-HCC

- 19 Diabetes/Acute Complications
- 20 Diabetes/Chronic Complications
- 21 Diabetes/Without Complications
- 23 Protein/Calorie Malnutrition
- 94 Anorexia/Bulimia
- 130 Congestive Heart Failure
- 131 Acute Myocardial Infarction
- 132 Unstable Angina
- 146 Stroke
- 154 Vascular Disease

#### HEDIS

--Adult BMI Assessment --Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents --Care for Older Adults --Controlling High Blood Pressure --Comprehensive Diabetes Care



## Kayla

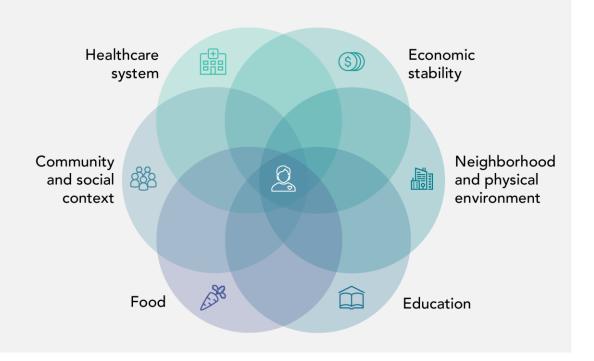
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- Receives SNAP, but lives 20 miles from the nearest grocery store in an extremely remote part of a very rural county. There are actually still people in this part of the county who do not have adequate plumbing or electricity.
- Lives in a single-parent home, though an elderly grandparent cares for her most of the time. The family has no car and the grandmother doesn't drive. It takes about 20 minutes to drive to the nearest store where decent food is sold.
- Mother works for minimum wage and very long hours at a local fast-food restaurant and frequently brings home extra food for the family to consume.
- Enrolled in a Medicaid MCO (all in VA are required to be in one except for certain populations or others meeting certain criteria).



#### **Incorporating SDoH into Health Plans**

- Payers are investing in SDoH programs in 2022 for Medicare
  - United's Ucard
  - Anthem's Essential Extras
  - Cigna's Social Connection Program
  - Aetna's Health Foods benefit card (see <u>Link</u>)



SOCIAL DETERMINANTS OF HEALTH



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#### **Centauri Health Solutions: SDoH Services**

- Social Services+/Resource Connect/Benefits+ Programs
  - Perform Needs Assessment to identify specific Social Service needs
    - Food, utility, housing, transportation, financial assistance
  - Provide referral information to members





#### Are more Choices better?



<sup>&</sup>quot;Of course we can make fast decisions ... once we have considered the 4872 factors."

- Looks great, right?
- Offering more information & more choices to more people
- But the sheer number of choices we all face everyday can be overwhelming
  - Starbucks advertises 80,000 drink choices
- Exponentially more overwhelming when at the intersection of multiple SDoH factors, like food insecurity & unstable housing & unemployment & add to that illness



## Psychological Research on Choice Overload: Too Many Fish in the Sea

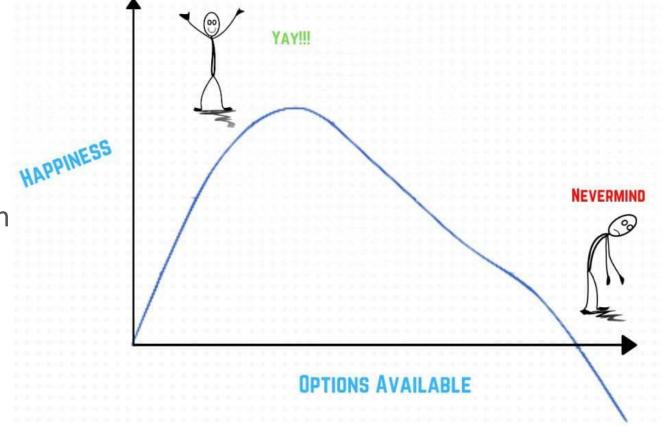
- People prefer more choices but with so many fish in the sea, how to justify picking just one?
- Paradoxically, the MORE choices people are presented with, the LESS likely they are to make any choice:
  - Decision Delay
  - Poorer Quality Decisions with less Satisfaction
  - No Decision at all
    - See Schwartz's Ted Talk "The Paradox of Choice"





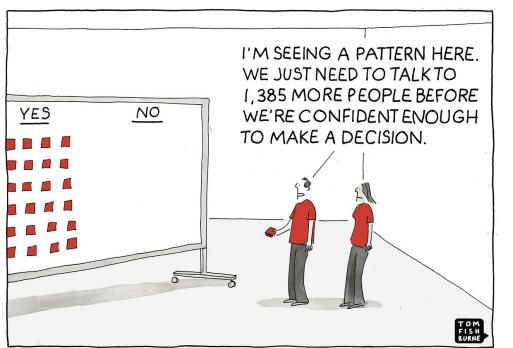
#### **Decision Paralysis**

- Low Stakes Decisions
  - Presented with a grocery store stand containing 24 varieties of jams, people were less likely to make any purchase compared with 6 (see <u>Saltsman et al</u>)





#### **Decision Paralysis**





- Direct Care staff members' willingness to examine options for special-needs programs significantly decreased as the number of choices increased
- Both young & older adults made worse decisions for a prescription drug plan (more expensive & less convenient) when given more versus fewer options (see <u>Saltsman et al</u>)



# Higher Cost of Decision Paralysis to Your Health

- Decision Delay or failure is very costly when it comes to health as many decisions are time sensitive
- Health costs:
  - Interventions less effective if delayed and/or less longterm benefit
  - No longer be available if wait too long and/or are too sick
- Financial costs:
  - Care is more costly if sick & SDoH programs are more costly if situation deteriorated





#### **Choice is Necessary but Insufficient**



- Presenting people with Choices is necessary for Changing the factors that underlie the SDoH
- Providing information about choices, like a list of referrals, is just the 1<sup>st</sup> step in a larger process
  - If information alone were sufficient, an entire weight loss industry would be out of business

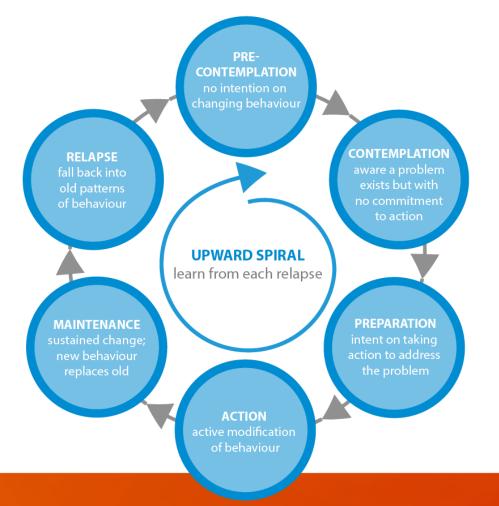


## **Prochaska & DiClemente's Stages of Change**

#### **STAGES OF CHANGE**

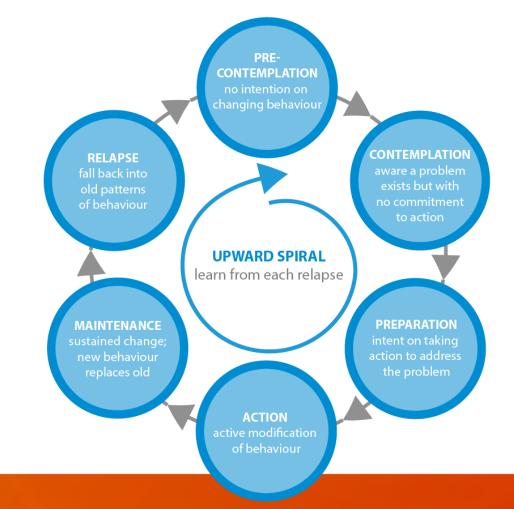


- Not able to address issue because too many other competing priorities
- Presenting options at this stage counterproductive & potential to backfire
- Could reframe that engaging in the same behavior is a choice
- Contemplation
  - Willing to consider action & making different choices
  - Buy-in to possibility of change



#### **Prochaska & DiClemente's Stages of Change**

#### **STAGES OF CHANGE**



• Preparation

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- Start making plans for change
- Small, achievable goals are key
- Pitfalls: paradoxically, too ambitious a plan can also backfire

## **Aspiration Gap**

- Diabetic patient suffering from obesity & high cholesterol & high blood pressure
  - Aspire to lose weight & join a gym & become a triathlete
- Aspiration Gap
  - The difference between one's current situation & the future one aspires to have (see <u>article</u>)
    - Too narrow or too wide a gap = failure
    - Just right = aspirations can be inspirational
  - Gap worsened by Pandemic, especially in the young & disadvantaged (see Link)

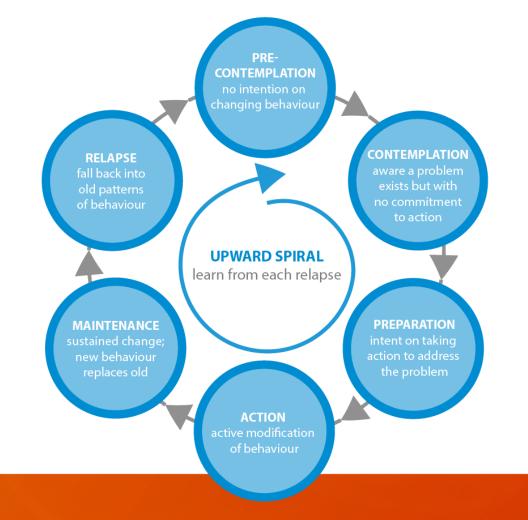


## **Prochaska & DiClemente's Stages of Change**

#### **STAGES OF CHANGE**



- Act on realistic, attainable plans
- Ability for one's actions to succeed is not only due to an individual's plans & intentions, but also the social, economic & physical barriers to overcome







#### **Barriers to Action**



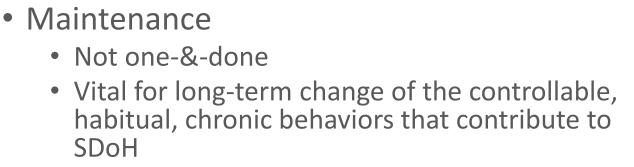
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- Failures to successfully act are disproportionally blamed on an individual rather than the situational/social/economic factors
  - So robust, labeled the "Fundamental" Attribution Error

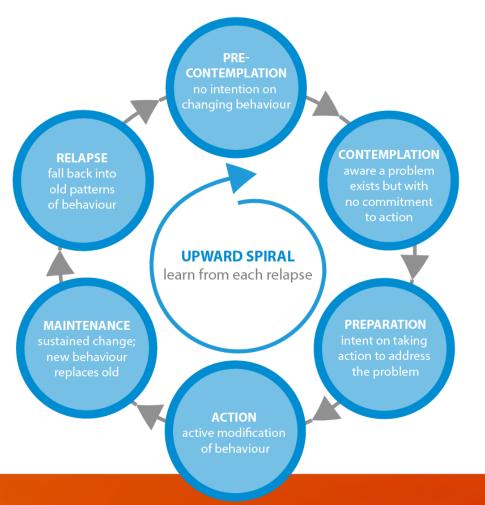


## **Prochaska & DiClemente's Stages of Change**

#### **STAGES OF CHANGE**



- Crucial step to internalize & own the change
- Almost no programs incorporate this
- Unofficial 6<sup>th</sup> Step: Relapse
  - Incredibly common
  - Must de-stigmatize & normalize the potential for relapse





#### **Challenges to Changing SDoH Factors**



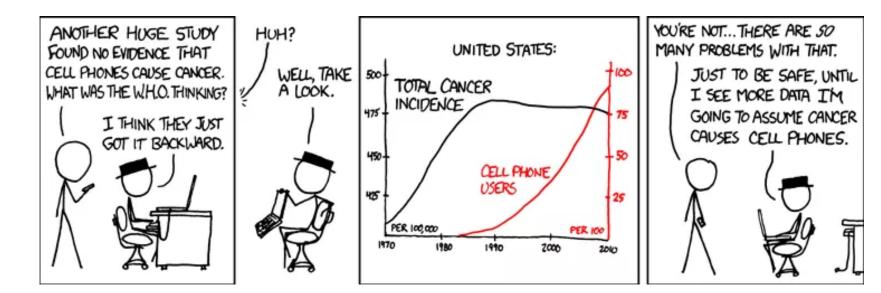
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- Time lag
  - Delay between behavior change & health outcomes



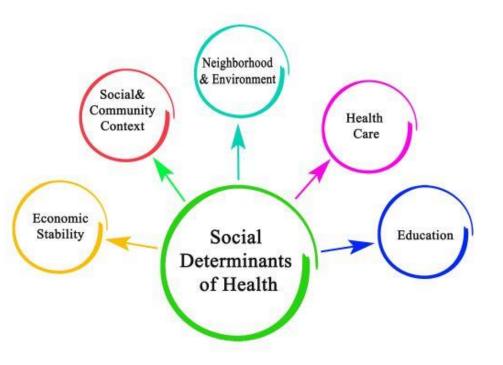
## **Challenges to Changing SDoH Factors**

- Correlation vs.
   Causation
  - Difficult to directly tie SDoH programs to specific health outcomes, like lowered A1C for Diabetics, especially if implement buffet of resources



# Why invest in SDoH?

- Why should Payors invest in SDoH programs?
  - How to measure ROI if cannot directly tie to outcomes?
  - Is it their "job" to invest in costly programs for stable housing & transportation?
- Perhaps why see the focus at the Federal Level for MA
- So what can we at Centauri Health Solutions do?





# Centauri Health Solutions: Power to Solve & Passion to Serve

- Analytics: accessing and using data because it is:
  - Big
  - Structured and unstructured
  - Requires creative use of emerging technologies such as AI and NLP
- Suspecting Engine



#### It Matters to This One

A man walking along the beach noticed a child tossing things into the ocean. Approaching the boy, he asked, "What are you doing?" The child replied, "Throwing these starfish back into the water. The sun is up and the tide is going out. If I don't throw them back, they'll die."

> "Son," the man said, "There are miles of beach and hundreds of starfish! Saving a few won't matter." After listening politely, the boy picked up another starfish and, smiling, said "It Matters to This One"

It begins with each of us...

#### We pay now or We pay later





## **Questions**?

Questions? Random thoughts? Please contact us!

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- Julie Goldberg:
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# THANK YOU

