

South Carolina Hospital Association

■ *best practice report*
Social Determinants of Health



November 2014

AccessHealth SC and Social Determinants of Health

With the launch of Healthy People 2020 in December 2010, the healthcare arena became focused on public awareness and understanding of the determinants of health, disease, disability and the opportunities for progress (U.S. Department of Health and Human Services 1, 2014). Healthy People 2020's rationale for focusing on the determinants of health includes: the need to move beyond controlling disease to addressing factors that are root causes of disease; the importance of achieving health equity; and practical considerations related to national prosperity and security. One way healthcare systems are addressing this issue is through a population health and case management approach. This approach is used to increase individual's health and ensure access to services so individuals do not use the emergency department for reasons that a primary care provider would be better suited to address. Thus, this results in the need for all aspects of health, including social determinants, to be addressed with individual patients.

Background

Social determinants of health can be defined as, “conditions in the environments in which people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks,” (USDHHS2, 2014). Examples of these resources include safe and affordable housing, access to education, public safety, availability of healthy foods, local emergency/health services, and environments free of life-threatening toxins (USDHHS2, 2014). Healthy People 2020 developed a “place-based” framework, Figure 1.0, which reflects the five key areas of social determinants. Each of these 5 determinants areas is broken into critical component/key issues that make up the underlying factors in the arena of social determinants of health.



Figure 1.0 Healthy People 2020 Approach to Social Determinants of Health

- Economic stability encompasses poverty, employment, food security and housing stability.
- Education includes high school graduation, enrollment in higher education, language and literacy, and early childhood education and development.
- Social and community context covers social togetherness, civic participation, perceptions of discrimination and equity, and incarceration/institutionalization.
- Health and health care encompasses access to health care, access to primary care, and health literacy.
- Neighborhood and built environment includes access to healthy foods, quality of housing, crime and violence, and environmental conditions. (USDHHS2, 2014).

The World Health Organization held an international conference on the social determinants of health to generate world goals and rationale for action on this all-encompassing issue facing all countries. At the conclusion of this conference they stated that addressing social determinants is essential for improving health in general. More specifically, addressing social determinants will result in

a measurable impact on equity in health and well-being which is depicted in the conceptual framework below, Figure 1.2. (WHO, 2010). For that reason, in order to impact the population’s health through health initiatives, such as AccessHealth SC (discussed in the next section), it is imperative to address the social determinants of health.

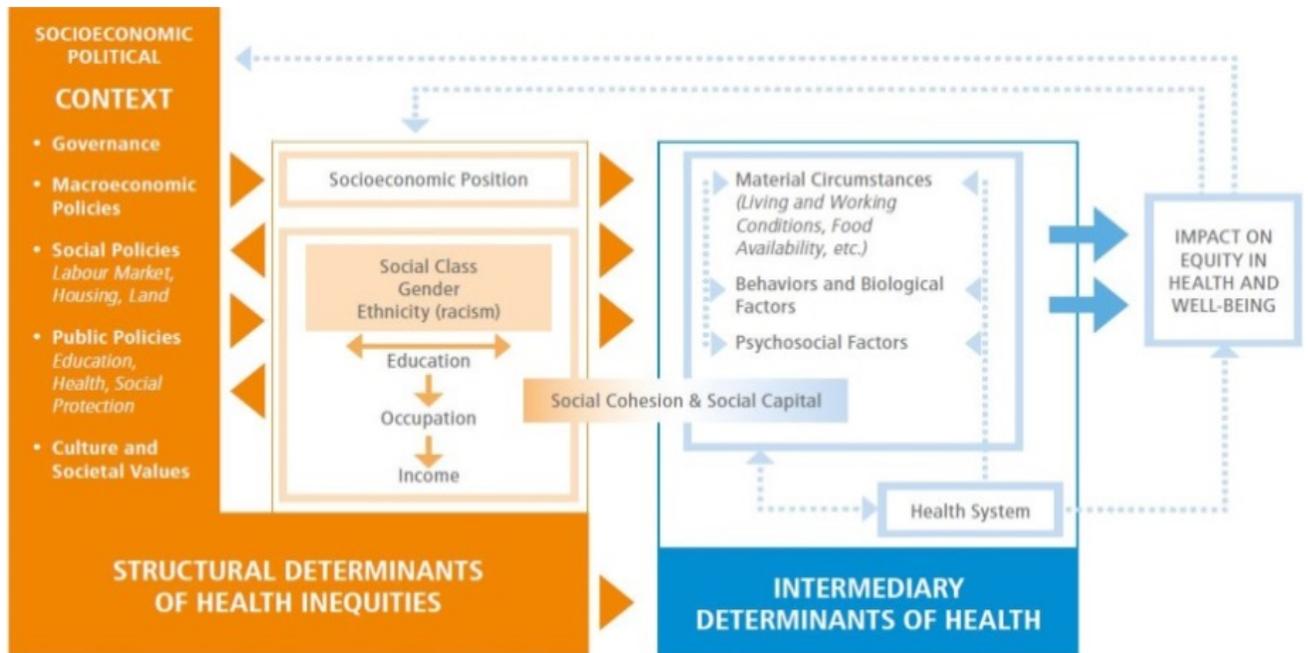


Figure 1.2 WHO Framework for addressing the social determinants of health

In order to understanding that the social determinants of health are undermining the health of the population, it is also essential to understand the hierarchy of needs. Hierarchy of needs was first established by Abraham Maslow in 1943 to explain basic and growth needs of an individual (McLeod, 2014). The original five levels include biological and physiological needs (air, food, drink, shelter, warmth, sleep), safety needs (protection, security, order, law, freedom from fear), love and belongingness needs (friendship, intimacy, affection, love), esteem needs (achievement, mastery, independence, status, self-respect, respect from others), and self-actualization needs (realizing personal potential, self-fulfillment, seeking personal growth)(McLeod, 2014). Research has shown that an

individual cannot move from one level to the next until those needs are met. The model indicates that if an individual does not have shelter, access to food, and clean water, he/she will not be able to fully focus on his/her health needs, or any other needs until those basic needs are met. This is just another illustration of how significant the social determinants of health are to increasing the total health of an individual.



Figure 1.3 Maslow's Hierarchy of Needs

Social Determinants of Health and AccessHealth SC

AccessHealth SC's mission is to support communities in creating and sustaining coordinated data-driven provider networks of care that provide medical homes and ensure timely, affordable, high quality healthcare services for low income uninsured people in South Carolina. Not only are networks working towards this mission, but several are also working towards addressing the social determinants of health of their enrollees. One overarching theme that has emerged is the need to address the social problems network enrollees face. To begin to address social needs, networks scan social determinant needs (paper and electronic) when they enroll a new individual. This screening allows the network to

make necessary referrals and ensure the patient is currently getting all available assistance they are eligible to obtain. Networks try not to duplicate services that are already available in the community; thus, creating strong partnerships with those social services that already exist is crucial. Common partnerships that cover vast social needs include the local United Way and the Department of Health and Human Services. This allows for quick and easy referrals for housing, access to food, employment, and other important services.

Another overarching theme of networks is the utilization of a case-management model for their patients, including all aspects of health, not just medical care. This allows the network to keep in contact with the patient and assist in both medical and social issues. Currently, seven out of ten networks use CareScope, a community-focused information technology system to provide continuity of care and case management. Several networks have the social determinants screening tool loaded in CareScope so they can track the patient and progress made from the time of enrollment.

AccessHealth Spartanburg was the first network to introduce a unique program to distribute household goods via the United Way of the Piedmont's Gifts in Kind Program. A closet in the office is stocked with personal hygiene items such as deodorant, toothpaste, and feminine products and household goods such as toilet paper, paper towels, and napkins. Once a month the enrollees visit the closet as a reward when they come in for their goal setting meetings with their counselor, social workers, or case manager. Not only does this provide an incentive for the patients to remain actively involved in their care and keep appointments, but it also has kept numerous people active in the program. From their inception in October of 2010, AccessHealth Spartanburg has provided over \$234,608.00 worth of goods to enrollees.

Georgetown Community Care Network (GCCN) is actively involved in the Georgetown County Human Services Collaboration, which has committees focused on health, housing, food insecurities,

employment, and communication. Through this initiative, GCCN has been able to map the community by services available and services needed for someone to be successful in moving out of poverty, navigating the health system, and increasing overall health status. Furthermore, GCCN knows which areas have capacity available and where the gaps occur. This provides a roadmap of where GCCN is heading to increase the total health of their community.



Community Asset Map

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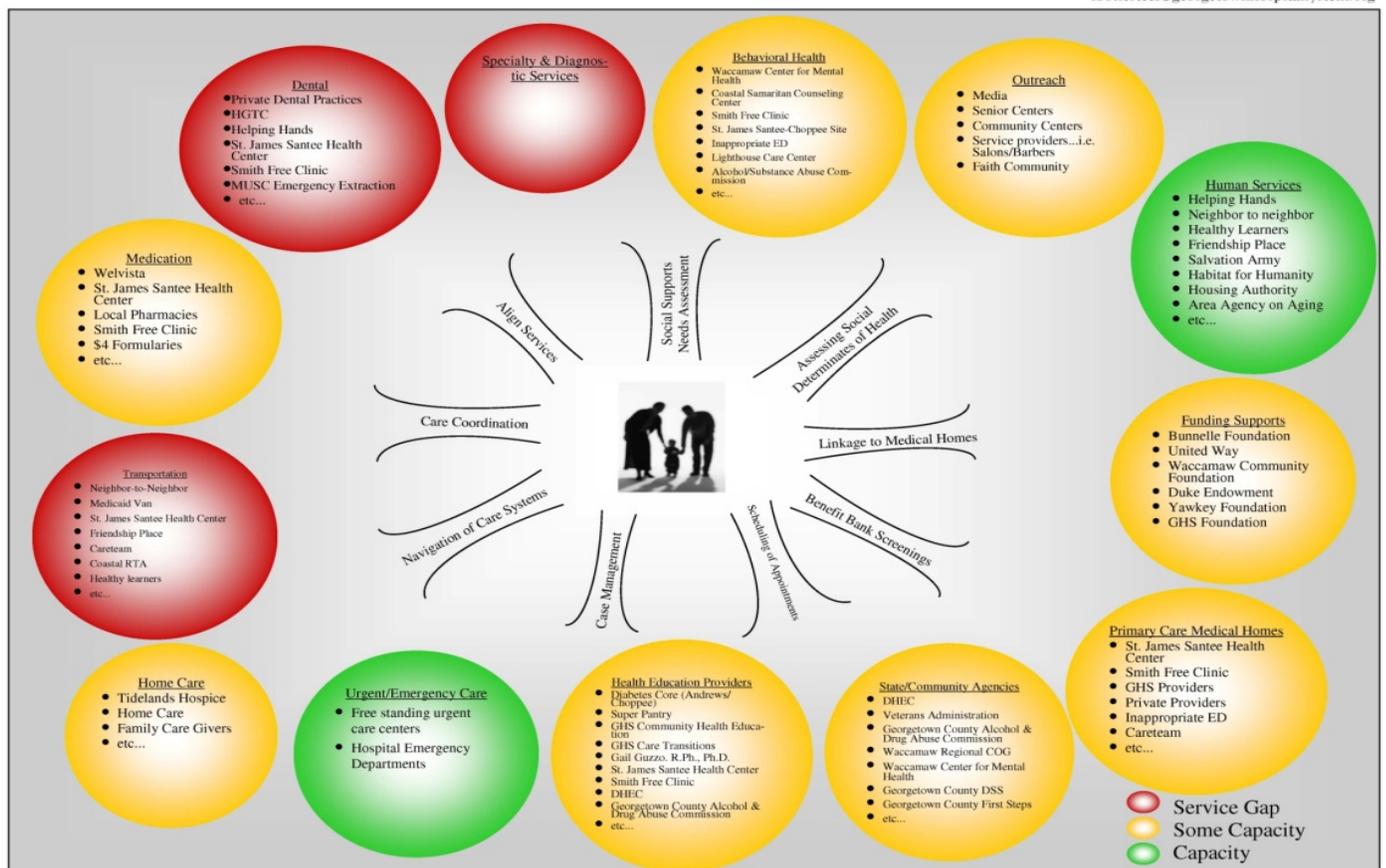


Figure 1.4 Georgetown Community Care Network Asset Map

Several networks are doing extraordinary jobs in addressing the social determinants of health of their enrollees. By addressing basic needs, moving up the hierarchy to higher need areas, and addressing social and medical problems faced by enrollees, enrollees' quality of life is improving. The 2013

AccessHealth SC Qualitative Evaluation Report completed by the University of South Carolina portrays the positive influence of AccessHealth on enrollees' overall health through self-reported information. Through the numerous initiatives, networks are assisting people in becoming more stable in their day-to-day lives and enhancing their quality of life in the process. This is seen through personal letters that are sent to the networks from patients, patients leaving the network due to employment and obtaining health insurance, and through the comments they hear and receive on a weekly basis from their enrollees. AccessHealth networks are making a difference in the lives of their patients.

Barriers

While there are several great initiatives occurring within each of the networks, barriers still remain that prevent networks from addressing the many underlying social needs of their enrollees. Several networks are restricted by the money they have available; whereas, other networks have been successful at securing additional funds to expand services to enrollees. Many networks face limited staffing situations; while, other networks have a group of volunteers and interns to assist with services. With networks working together and sharing ideas, these barriers can be overcome. It will take time, additional resources, and behavior change to fully address social needs so that enrollees can begin to focus more on their health status.

Conclusion

Overall, the AccessHealth SC networks are successful in their initiatives and are independently unique based on the populations they serve. With more mention of the social determinants of health in the medical profession, it is becoming more and more evident how important the social determinants are in treatment. Networks are currently doing what they can to address these issues and they are continuously looking for ways to better address the social determinants of health of their enrollees.

Sources

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