

Local solutions, broad collaboration offer best way to address social determinants of health

By Margaret A. Murray

Federalism has been a fundamental American concept since the founding of the Republic. In states all across America, local solutions to problems can yield the biggest impact. This is especially true in healthcare, where social conditions vary widely from state to state.

Social determinants have a clear impact on a person's health. Things like housing, education and employment—these conditions vary widely in every community in our diverse nation.

These social determinants of health are universal, but their impact in one state versus another is local. That's why it makes sense for community-based safety-net plans and providers, as well as allied community organizations to work together to address the social determinants. If a person is recovering from surgery but doesn't have stable housing, it's far less expensive to provide temporary housing than to put that person back out on the street and wait for the inevitable readmission.

Social determinants of health are no longer a novelty; they are part of a comprehensive strategy to deliver quality, affordable healthcare. Managed-care organizations and our provider partners already understand the value of addressing social determinants of health. Every state with managed care incorporates social determinants into the way they deliver care. That's why the Association for Community Affiliated Plans issued a report with the Center for Health Care Strategies to survey the ways states use Medicaid managed-care contracts and demonstration projects to address social determinants. Here's a snapshot of what our report found:

■ **Housing.** In Massachusetts, BMC HealthNet Plan has adopted several programs to address the needs of its homeless population. The Community Support Program for People Experiencing Chronic Homelessness was devel-



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oped under the authority of a Section 1115 waiver. The program provides enrollees with living skills classes, transportation, healthcare access and case management services. These programs make people healthier and yield real cost savings. Every dollar spent on these services yielded \$2.43 in healthcare savings, a significant return on investment.

■ **Education.** Higher levels of education are associated with better health outcomes. In 2014, AmeriHealth Caritas launched its Mission GED program to help members who do not have a high school diploma earn an equivalency certificate through the GED or HiSET exams. They have partnered with local adult literacy agencies that provide exam preparatory classes; they also give vouchers to members to cover the cost of the pre-test and GED or HiSET exams. More than 1,000 members to date have participated.

■ **Employment.** People who are unemployed are more likely to report being in fair or poor health, and are at higher risk for stress-related conditions such as heart disease. CareSource, a plan operating in Ohio, Indiana, Ken-

tucky, West Virginia and Georgia, dedicates its Life Services Department to address employment, food insecurity and other social obstacles. Life Services provides wraparound services including life coaching, job training, and career skills development such as how to do a job interview. More than 4 in 5 enrollees who have found a job thanks to Life Services have retained employment.

Congress and the Trump administration can build on the success of social determinants programs at the state level. They can make it easier for vulnerable populations to access needed health services. They can continue to promote state-level innovations by approving Section 1115 demonstrations that test creative approaches. Managed-care organizations are eager to partner with states and the federal government. We support federal efforts to give payers and providers incentives to invest in social determinants of health, and support outcomes-based payment for interventions.

Healthcare remains a politically polarizing issue. But it doesn't have to be. In this new Congress, let's focus on healthcare solutions that actually work. These would be local, not national, and based on evidence, not ideology. When it comes to social determinants of health, collaboration between health plans, providers, state agencies and the federal government should be the norm—not the exception. ●

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