EQUITY OF CARE SUNRISE SESSION
The ROI of Health Equity:
Health Engagement and the Social Determinants of Health

Friday, July 28, 2017 | 7 – 8:15 a.m.

Presenters:
Jane Sarasohn-Kahn, MA, MHSA, Health Economist, THINK-Health & Health Populi blog
Dr. Sandra Ogunremi, DHA, MSA, B. Pharm, MPM, SCPM, CLC, CIM, Sr. Diversity, Equity and Inclusion Consultant
Jane Sarasohn-Kahn
THINK-Health & Health Populi blog
GREETINGS FROM
SAN DIEGO
CALIFORNIA
The ROI of Health Equity: Health Engagement and #SDOH

- My lightbulb moment, a memory: July 23, 1967
- The state of health inequity in America
- The role of social determinants of health (SDOH)
- The evidence: some examples of health tech & SDOH
- Call-to-action: We are all part of the health/care ecosystem
- Q&A
Paratroopers Roll into Riot Areas
As Gun Battles & Looting Spread;
14 Killed; Damage $150 Million
"Uncompromising and provocative...No discussion of welfare can afford to ignore [this book]." — The New York Times Book Review

REGULATING THE POOR

The Functions of Public Welfare

UPDATED EDITION

FRANCES FOX PIVEN & RICHARD A. CLOWARD

POLITICAL ECONOMY OF URBAN AREAS

WILLIAM B. NEENAN

MARKHAM SERIES IN PUBLIC POLICY ANALYSIS
POVERTY IS DEADLY
REACHING FOR Health Equity

Reducing health disparities brings us closer to reaching health equity.

Programs designed to reduce health disparities

http://www.cdc.gov/minorityhealth/strategies2016/
America's Broken Healthcare System In One Chart

**Bottom line: US spends more money → not better health**

- Healthcare in America > expensive than any other rich country
- Americans spent > on their health every year since 2000
- In 2016, average American spent $4,571 OOP on health, 5x > than average OECD country
- 2016 total US health spending pp = $8,985
- 2016 total OECD average pp = $3,633
- Average US life expectancy = 78.8 years
- Average Czech Republic 79 (OOP = $236)
People living in poor communities have a higher prevalence of obesity, diabetes, hypertension, heart disease and stroke (Powell, 2016)
Heart Disease Mortality Rates
*per 100,000 Women by Race/Ethnicity, US, 2013*

Source: Centers for Disease Control & Prevention, 2015
Percent of Men and Women Who Have Been Told They Have Diabetes by Race/Ethnicity, US, 2014

Figure 2
Rates of New HIV Diagnoses per 100,000, by Race/Ethnicity, for Adults/Adolescents, 2015

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Black</td>
<td>44.3</td>
</tr>
<tr>
<td>Latino</td>
<td>16.4</td>
</tr>
<tr>
<td>Native Hawaiian/ Pacific Islander</td>
<td>14.1</td>
</tr>
<tr>
<td>Multiple Races</td>
<td>12.2</td>
</tr>
<tr>
<td>American Indian/ Alaska Native</td>
<td>8.8</td>
</tr>
<tr>
<td>Asian</td>
<td>5.5</td>
</tr>
<tr>
<td>White</td>
<td>5.3</td>
</tr>
</tbody>
</table>

U.S. Rate: 12.3

NOTE: Data are estimates for adults/adolescents aged 13 and older and do not include U.S. dependent areas.

Infant Mortality Rates, by race and Hispanic origin of mother

United States, 2005–2014

HEI 2017 Leaders in LGBTQ Healthcare Equality

THE HEALTHCARE EQUALITY INDEX (HEI) REPRESENTS new criteria that raise the bar on what it takes to earn the LGBT Healthcare Equality designation. For the first time ever, 42 participants are given scores in two criteria that represent how many policies and best practices from each sector they have implemented. Participants that receive the maximum score in each sector and a total score of 100 points will earn this special status of 2017 Leaders in LGBTQ Healthcare Equality. Therefore, only the highest-scoring participants meet the more challenging criteria and earn this designation.

This list includes the 2017 Leaders in LGBTQ Healthcare Equality in addition to being validated in the HEI report. Leaders in LGBTQ Healthcare Equality receive a special logo and a front of recognition for outreach to LGBTQ residents in their service area.
Immigrant Status as an SDOH

Abstract: The extent to which various demographic composition of child population drives inequality in child health outcomes within diverse cities is relatively little known from recent data. In this study, we present evidence on the role of immigrant status and highlight the existing disparities of health outcomes in cities of different income levels. Data from the National Health Interview Survey (NHIS) and the American Housing Survey (AHS) were used to examine the relationship between immigrant status and health outcomes. Results show that cities with a higher proportion of immigrant children have worse health outcomes compared to cities with a lower proportion of immigrant children. These findings have implications for policies aimed at improving health outcomes for children in diverse cities. Further research is needed to understand the mechanisms through which immigrant status affects health outcomes.
“Zip code more important than genetic code.”

Robert Wood Johnson Foundation, 2009
Commission to Build a Healthier America
Figure 1

Impact of Different Factors on Risk of Premature Death

- Health and Well Being: 40%
- Individual Behavior: 40%
- Social and Environmental Factors: 20%
- Genetics: 30%
- Health Care: 10%

# Social Determinants of Health

<table>
<thead>
<tr>
<th>Economic Stability</th>
<th>Neighborhood and Physical Environment</th>
<th>Education</th>
<th>Food</th>
<th>Community and Social Context</th>
<th>Health Care System</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employment</td>
<td>Housing</td>
<td>Literacy</td>
<td>Hunger</td>
<td>Social integration</td>
<td>Health coverage</td>
</tr>
<tr>
<td>Income</td>
<td>Transportation</td>
<td>Language</td>
<td>Access to healthy options</td>
<td>Support systems</td>
<td></td>
</tr>
<tr>
<td>Expenses</td>
<td>Safety</td>
<td>Early childhood education</td>
<td></td>
<td>Community engagement</td>
<td>Provider availability</td>
</tr>
<tr>
<td>Debt</td>
<td>Parks</td>
<td>Vocational training</td>
<td></td>
<td>Discrimination</td>
<td>Provider linguistic and cultural competency</td>
</tr>
<tr>
<td>Medical bills</td>
<td>Playgrounds</td>
<td>Higher education</td>
<td></td>
<td></td>
<td>Quality of care</td>
</tr>
<tr>
<td>Support</td>
<td>Walkability</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Health Outcomes**
- Mortality, Morbidity, Life Expectancy, Health Care Expenditures, Health Status, Functional Limitations
Growing Embrace of the Triple Aim in Health Care
Operational Beacon for U.S. Health Care

Public and private payors driving toward the Triple Aim in health plan designs.

Source: Institute for Healthcare Improvement, Why the Triple Aim?
Triple Aim of Health Equity

Implement Health in All Policies

- Strengthen Community Capacity
- Expand Understanding of Health
- Expand Our Understanding of What Creates Health
- Strengthen the Capacity of Communities to Create Their Own Healthy Future

Source: American State and Territorial Health Officials
US Spends Inverse Proportion on Social Care Vs. Healthcare Compared With Other Nations

Investing in the healthiest nation

The United States is the only country that spends more treating health issues vs social care programs.
Decades of promotion have made value a euphemism for discount. But marketers like Tide, Wendy’s and Ford are shifting the perception to mean something else: products worth a higher price.

WILL THE WORLD EMBRACE A CAR MADE IN CHINA?

BUY NFL SEASON TICKETS, QUIZ THE COLTS’ COACH

N.Y. WHEEL SPINS STATEN ISLAND AS NEW AD HUTSPOT

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PAGE 12
Value-Based Payments Require Valuing What Matters to Patients

Sylvia Burwell. Secretary of Health and Human Services, recently announced the department’s intention to tie most Medicare fee-for-service payments to value by 2018. Most commercial insurers already incentivize quality to some degree and encourage beneficiaries to consider quality and cost. Thus, having payers aim for value should improve health systems’ performance, certainly when compared with traditional incentives for the volume of services, which have failed to deliver the kind of care that is possible.

Paying for value, though, requires measuring what actually matters to patients. Yet almost all current quality metrics reflect professional standards: eg, medications after myocardial infarctions, cancer screening according to guidelines, or glycated hemoglobin A1c levels being under control for patients with diabetes. These metrics are relatively straightforward to calculate with available data, and patients’ interests usually align with professional standards—people want medical services to help them live longer, prevent or cure illnesses, limit the likelihood and morbidity from disease and injury, and avoid or effectively manage symptoms. Although there are instances when professional standards seem to diverge from and intensely personal conversations resulting in identification of patients’ goals—goals that the current approach to measuring quality undervalues and therefore fails to integrate. Although professional standards are important, they can fail to capture what matters most to each individual.

A century ago, these aspects of care would have been of little importance. Historically, people died within hours or days, or maybe a few weeks following becoming ill, after appearing to be fairly healthy. Now most people accumulate chronic conditions in old age. The typical 70-year-old person will need daily help from another person for an average of 2.7 years before dying, and this just to accomplish activities of daily living, including eating, dressing, and toileting. Service delivery arrangements have neither adjusted to this new demographic reality, nor have measures of quality.

People known to be dying soon are often included in the denominator for metrics like cancer screening, diabetes management, or hypertension control. Only a few of the hundreds of quality measures that Medicare now uses are particularly relevant to people living with frailty or advanced illnesses, measures such as screening for depression and prevention and treatment of pressure ulcers. Even fewer may be meaningful to younger disabled persons.

Source: Lynn J, McKethan A, Jha AK. JAMA, October 13, 2015
The More Activated a Patient Is, the Lower Their Health Costs

*Health Affairs, March 2015*

Predicted Average *Per Capita* Costs In Follow-Up Year, By Change In Patient Activation Measure Levels During Two Time Periods

Yes, you.
You control the Information Age.
Welcome to your world.
Evolution of Homo Informaticus

Source: Consumers on board: how to copilot the multichannel journey, EY, June 2014
The typical American household contains multiple connected devices

<table>
<thead>
<tr>
<th>Device</th>
<th>% of U.S. adults</th>
<th>Median number per household</th>
</tr>
</thead>
<tbody>
<tr>
<td>Smartphone</td>
<td>84%</td>
<td>2</td>
</tr>
<tr>
<td>Desktop or laptop computer</td>
<td>80%</td>
<td>1</td>
</tr>
<tr>
<td>Tablet</td>
<td>68%</td>
<td>1</td>
</tr>
<tr>
<td>Streaming media device</td>
<td>39%</td>
<td>&lt;1</td>
</tr>
<tr>
<td>Any of these</td>
<td>90%</td>
<td>5</td>
</tr>
</tbody>
</table>

Note: Streaming media device refer to devices such as an Apple TV, Roku, Google Chromecast or Amazon Fire TV.
Source: Survey conducted Sept. 29-Nov. 6, 2016.

PEW RESEARCH CENTER
Broadband Connectivity Is A Social Determinant of Health

Note: Space = Lack of Broadband

Source: Annual Broadband Report, FCC, January 2015
Testing viability of enabling participants in SNAP to use benefits to purchase groceries online

Goal: to enable people in food deserts without purchasing options to gain access to more nutritious food choices

To bring benefits of online market to low-income Americans participating in SNAP
Clinicians would first hire dietitians

Source: ROI for primary care – Building the right dream team, PwC, October 2016
Transportation As SDOH
Ride With Uber & Lyft To Health Provider

MedStar Health and Uber have created a convenient ride option to get you to and from your medical appointments and stay on track to receive the care you need. Door-to-door transportation saves time, and our handy reminder feature will help you be ready when your ride arrives.
Health Literacy and Connectivity As SDsOH Medication Adherence – Wireless *Inside*

**AdhereTech: tracks & improves adherence**

- **Bottles automatically send real-time data**
- **System automatically analyzes all data**
- **All data is populated on real-time dashboard**

Patients can receive both automated & live interventions via phone or text
Let’s Add Community Vital Signs To EHRs

- Providers begin with vital signs – biometric markers in clinical
- Providers should add community vital signs – aggregated measures of SDOH
- Constructed from community-level geocoded data from public sources, eg., US Census, community surveys
- GIS as proxies for SDOH

Morphing to Accountable Health Communities

- CMS model for “better care, smarter spending, and healthier people”
- 5-yr CMMI program (MC, MA)
- ID/address health-related social needs of beneficiaries
- Why? Unmet health-related social needs may:
  - Increase risk of developing chronic conditions
  - Reduce person’s ability to manage
  - Increase health care costs
  - Drive up avoidable health care utilization.
A Major Message for Stakeholders

Retail, Providers, & Digital Companies = Trusted to Manage Health

Level of Trust in Managing Consumers’ Health

- Large retail: 40%
- Provider: 39%
- Digitally enabled company: 38%
- Insurance: 37%
- Integrated payor/ provider: 34%
- Pharmacy: 26%

Source: Strategy& consumer survey 2014
N=2399
Among companies consumers feel most respect are REI, Publix, Wegmans, Dove, Olay and St. Jude.

Health care, pharma, and health insurance rank lower on consumers’ respect “quotient”

Listen up, healthcare: “technology gives [people] increasing control over brand relationships.”

Respect As a SDOH – Feeling Disrespected Lowers Tx Adherence

FIGURE 14.
Feeling Disrespected Linked to Medication Non-Adherence

Know the difference between:

“What’s important **for** patients”

vs

“What’s important **to** patients.”

NOTE: Medication non-adherence p < .001; HbA1c difference is not significant, but statistical power is limited by the small number of people in the disrespected diabetic group (n=53). Both comparisons control for age, gender, and income. Variables include Q73 and Q77 by Q80.

Source: Right Place, Right Time. Altarum, Oliver Wyman, Robert Wood Johnson Foundation, January 2017
Health Is The New **Green**
Consumers Expect All Industries To Engage In Health

<table>
<thead>
<tr>
<th>Industry</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bio/pharma &amp; Medical Products</td>
<td>90%</td>
</tr>
<tr>
<td>Healthcare Providers</td>
<td>90%</td>
</tr>
<tr>
<td>Food/ Beverage</td>
<td>89%</td>
</tr>
<tr>
<td>OTC/ Personal Care</td>
<td>88%</td>
</tr>
<tr>
<td>Media/ Entertainment</td>
<td>86%</td>
</tr>
<tr>
<td>Insurance</td>
<td>83%</td>
</tr>
<tr>
<td>Consumer Technology</td>
<td>82%</td>
</tr>
<tr>
<td>Brewing/ Spirits</td>
<td>82%</td>
</tr>
<tr>
<td>Retail</td>
<td>82%</td>
</tr>
<tr>
<td>Banking/ Finance</td>
<td>77%</td>
</tr>
</tbody>
</table>

*Source: Edelman Health Barometer, 2010*
The New Retail Health Ecosystem – Hospital Collaboration Opportunities

Source: Adapted from Oliver Wyman
“The social determinants are going to be as much a part of regular health care as treating blood pressure.”

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