Combating Health Inequities: Addressing Social Determinants of Health

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Disclosure

The following individuals have conflicts of interest to report:

- Neesha Thakkar—none
- Mackenzie Clark—none
- Heather Dalton—none
- Kama Thomas—consultant, advisor, speaker—AbbVie

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Learning Objectives

1. Describe social determinants of health and how they affect patient health outcomes
2. Identify practical, real-world solutions to improve health disparities and deliver more equitable care
3. Propose future opportunities for specialty pharmacies to overcome inequities

“This is my way of coping!”

Barry calls pharmacy for a Genvoya refill

RPh notices missed appts and refills

RPh reviews chart

RPh reaches out to Barry and he shares…

- Has a history of incarceration
- Last year of education was 10th grade
- Dropped out because he was bullied for his sexuality
- Caretaker (grandmother) is hospitalized
- No nutritious meals and has missed Genvoya doses
- Receiving eviction notices from his landlord
- Hard to get out of bed
- Isolated from friends

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Polling Questions

What social determinants of health are affecting Barry's care?

What social determinants of health have the greatest impact on the communities you serve?

- Food insecurity
- Community engagement
- Availability of providers, pharmacies
- Income
- Quality of care
- Employment

- Support systems
- Housing
- Transportation
- Literacy
- Language
- Others?

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Objective 1

Describe social determinants of health and how they affect patient health outcomes

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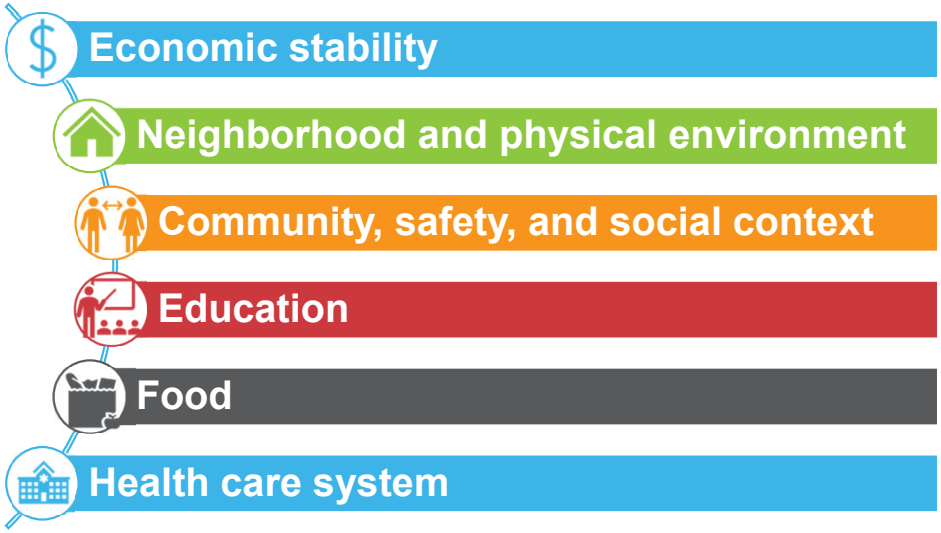
What Are Social Determinants of Health?

Social determinants of health (SDOH): The conditions in which people are born, grow, work, live, and age. These circumstances are shaped by the distribution of money, power, and resources at global, national, and local levels. They include **income, education (and opportunities for education), employment, housing, neighborhood conditions, transportation systems, social connections, and other social factors**.



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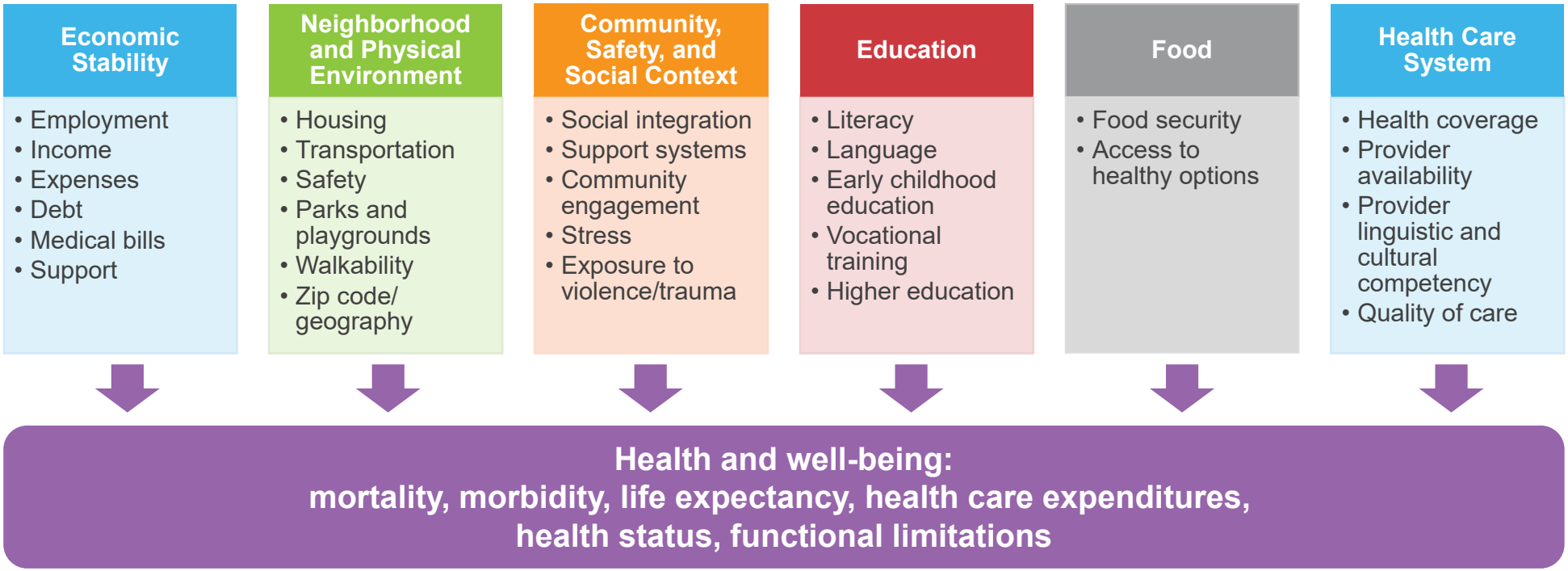
Social Determinants of Health at CDC | About | CDC

SDOH Impact on Health and Well-Being



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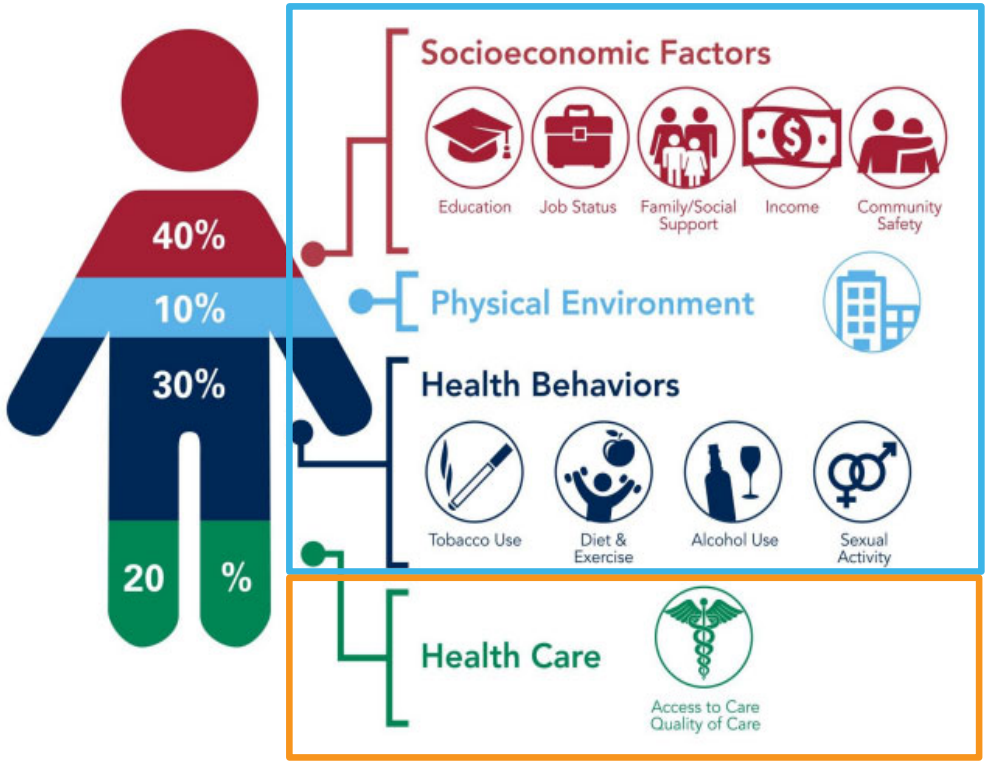
Impact of SDOH

SDOH have tremendous effect on a person's health



Institute for Clinical Systems Improvement; Going Beyond Clinical Walls; Solving Complex Problems 2014 Graphic from ProMedica

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Polling Question

What action(s) is your organization taking to identify and address SDOH?

How is your organization partnering with others to address SDOH in the communities you serve?

Objective 2

Identify practical, real-world solutions to improve health disparities and deliver more equitable care

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Economic Stability

Goal: Support patients in removing financial barriers to allow them to meet their health needs

Economic Stability: having the resources essential to a healthy life

Economic Instability: lack of resources essential to a healthy life

Contributing Factors:

- Employment
- Food
- Housing
- Health care access
- Education

Fact:

In the United States, 1 in 10 people live in poverty

Many cannot afford healthful foods, health care, housing

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Economic Stability

Goal: Support patients in removing financial barriers to allow them to meet their health needs

Froedtert Health's systemic approaches:

- State access program supporting health, nutrition, and other programs to help with costs
- Financial assistance counselor
- Financial assistance program
- Assistance programs: housing, energy, and water bills
- Transportation services
- Free clinics

Froedtert Health's department approaches:

- Medication Access Team: patient assistance program support

  $80MM+ in financial assistance in FY 22
- Free medication delivery
  - Any location preferred by patient
  - Licensed in 8 states
- Monthly medication review and adherence discussion
- Proactive funding/patient assistance renewal to prevent gaps in therapy

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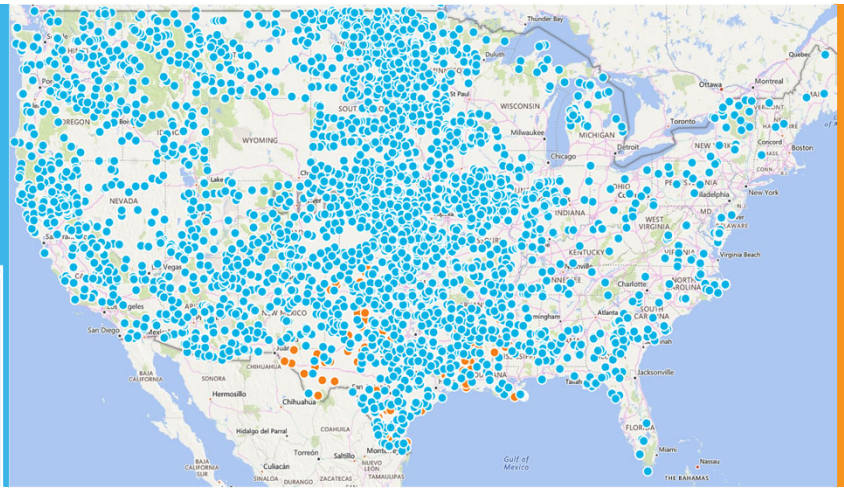
Pharmacy Deserts

State Pharmacy Desert Map

An URBAN pharmacy desert is defined as a low-income community or neighborhood with:

- No pharmacy within ½ mile if limited vehicle access
- No pharmacy within 1 mile if adequate vehicle access



A RURAL pharmacy desert is defined as a low-income community or neighborhood with:

No pharmacy within a 10-mile radius if adequate vehicle access

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Pharmacy Access

Pharmacy Deserts

Hispanic/Latino Neighborhoods	39.5%
Black Neighborhoods	38.50%
Diverse Neighborhoods	28.20%
White Neighborhoods	26.70%

Pharmacy closure rates:

- Lowest in White and diverse neighborhoods (**11.0%** and **11.7%,** respectively)
- Highest in Black and Hispanic/Latino neighborhoods (**14.1%** and **15.9%,** respectively)

Lobby government agencies to incentivize pharmacies to locate in pharmacy deserts and to offer services that may improve access in pharmacy deserts, such as home delivery

Increasing Medicaid and Medicare Part D reimbursement rates may encourage pharmacies to locate in pharmacy deserts and may also prevent closures in urban areas

In 2015 **one third** of all neighborhoods in the largest U.S. cities were pharmacy deserts, affecting nearly **15 million people**

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Neighborhood and Physical Environment

The neighborhoods people live in have a major impact on their health and well-being

Neighborhood and environmental drivers of health disparities:

- Neighborhood conditions or poverty
- Lack of access to quality education or employment
- Unhealthy housing
- Unfavorable work and neighborhood conditions
- Exposure to neighborhood violence

Racial/ethnic minorities and people with low incomes are more likely to live in places with these risks

Goal:

Create programs that enhance neighborhood safety; engage your health systems to help fund these programs

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Neighborhood and Physical Environment

Examples of services and potential partnerships

- Free medication delivery services
- Integrate SDOH into comprehensive medication management or MTM (medication therapy management) services
- Incorporate SDOH screening tools into pharmacy telehealth visits
- Ride-share apps to provide free transportation to medical visits
- Health coaches who provide in-home medication reviews
- Community health fairs: blood pressure, blood glucose, vaccine education, health literacy, medication counseling
- Other local programs addressing SDOH: violence mitigation programs, minority owned small businesses
- Local government agencies—address disparities such as geographic access to pharmacies

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Community, Safety, and Social Context

Goal: Create programs that enhance neighborhood safety; engage your health systems to help fund these programs

- The settings in which people live and work; includes relationships between people, as well as the connections between people and institutions (social, religious, cultural, and occupational)
- An important aspect of social and community context is a sense of cohesion and connectedness among community members, which is strongly influenced by racial discrimination and inequality
- Disparities in civic engagement, employment, and the criminal justice system are connected to disparities in health
- Studies have found that changes in nutrition, physical activity, and safety within communities can be achieved through urban planning and community development, which may also improve health behaviors

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Community, Safety, and Social Context

- Adverse childhood events (ACEs) can have a permanent impact on the future of a person's social and economic stability.
- ACE study focused on three different categories related to adversity:
  1. Witnessing and/or being a victim of abuse—including emotional, physical, and sexual
  2. Neglect—physical or emotional
  3. Other household challenges, such as substance abuse, mental illness, violence, divorce, incarceration, or death of a family member

  Compared with persons reporting no ACEs, those with six or more ACEs died nearly 20 years earlier

Community, Safety, and Social Context

Strategies to address:

- Create culturally competent programs to reach the intended population
- Ensure that programming is useable; design print material in a culturally responsible manner
- Use authentic messengers from local communities
- Ensure that messaging is provided across platforms that our target communities use

Example: the Froedtert & Medical College of Wisconsin health network's total benefit to the community was nearly $313 million in fiscal year 2022

- Grief and support services—critical incident response team
- Suicide and crisis lifeline—24/7 access to trained crisis counselors
- Crisis text line—free, 24/7 text-based mental health support
- Mediation moments, mindfulness apps, physical activity apps
- Independent tools for coping—SilverCloud
- Employee assistance programs—counseling
- Behavioral health integrated into primary care clinics—outpatient and inpatient intensive treatment
- Workplace violence action teams partner with local women's shelters
- Multidisciplinary clinic specific for gun violence survivors

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Education

Goal: Increase educational opportunities and help children and adolescents do well in school

- **Educational attainment**—the degree to which an individual completed education, ranging from some college all the way up to doctoral degrees.
- **Education quality**—not the level of education someone has, but how good the education was. Metrics like reading and math proficiency are critical here, as is the social environment in which a child learns.
- **Those with higher educational attainment tend to live longer, according 2021 research by PNAS.**
  - Adults with a bachelor's degree are expected to live around **48.2 years** out of a possible 50 years
  - Adults without a college degree are expected to live **45.1 years** out of a possible 50 years
- Healthy People 2030 has set up numerous benchmarks ranging from educational attainment to education quality that should help bolster the health and well-being of the nation's youth into adulthood.

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PNAS - Proceedings of the National Academy of Sciences

Education—Health Literacy

Personal health literacy: degree to which **individuals** can find, understand, and use information and services to inform health-related decisions and actions **for themselves and others**.

Organizational health literacy: degree to which **organizations** equitably enable individuals to find, understand, and use information and services **to inform health-related decisions and actions** for themselves and others.

How health care professionals can help:

- Assume that everyone may have difficulty understanding
- Use **jargon-free, everyday language**, speaking slowly and using **short sentences**
- **Limit information to what patients need to know**: emphasize and repeat the most important points
- Use **supplementary tools**: videos, models, and pictures
- **Confirm understanding** with the teach-back method
- **Ask open-ended questions**: begin with “how” and “why”
- **Encourage questions** by creating the expectation that patients will have questions
- **LISTEN** to patients’ stories for a full minute without interrupting
- **Offer help** completing forms

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Food

Food insecurity is defined as a household-level economic and social condition of limited or uncertain access to adequate food.

Individuals who are food insecure are disproportionally affected by chronic diseases, including diabetes, high blood pressure, and obesity, which exacerbate adverse effects on overall health and well-being.

Food insecurity in households is caused not only by **poverty,** but also by other overlapping issues such as **affordable housing, social isolation, location,** and **chronic health issues**.

Limited access to supermarkets, supercenters, grocery stores, or other sources of healthy and affordable food may make it harder for some people to eat a healthy diet in this country.

Goal:

Improve health by promoting healthy eating and making nutritious foods available

In 2020, **13.8 million** were food insecure at some time during the year.

Overall, average annual health care costs for food-insecure adults were $1,834 higher than for food-secure adults—totaling $52.6 billion across all food-insecure households.

https://health.gov/healthypeople/priority-areas/social-determinants-health/literature-summaries/food-insecurity#cit1

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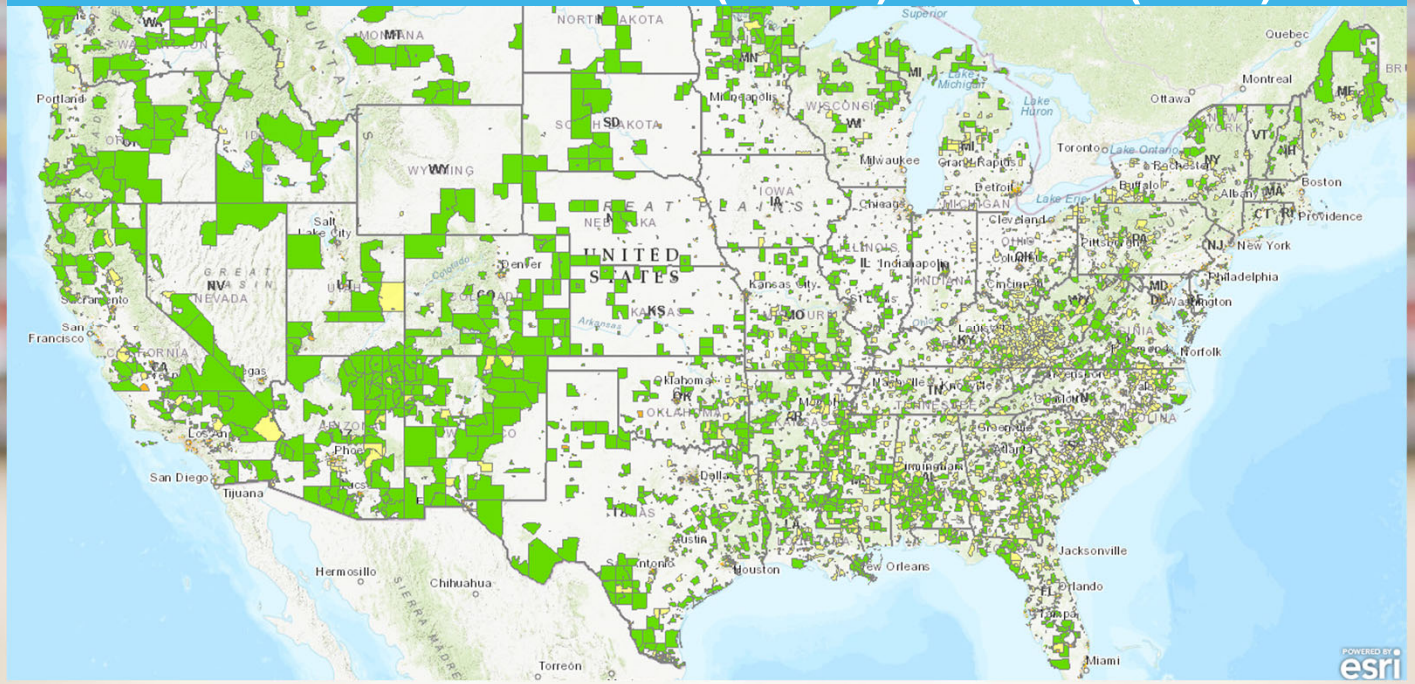
Food Desert:
Low Income and Low Access

No markets within 1 mi (urban) or 10 mi (rural)



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Food Desert:
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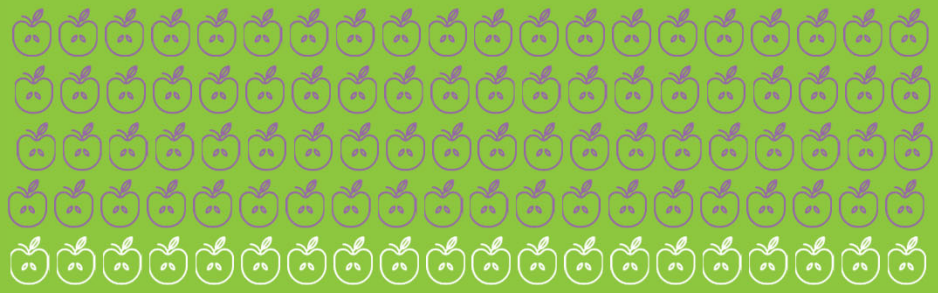
80% of Americans report ordering groceries online over past 3 years



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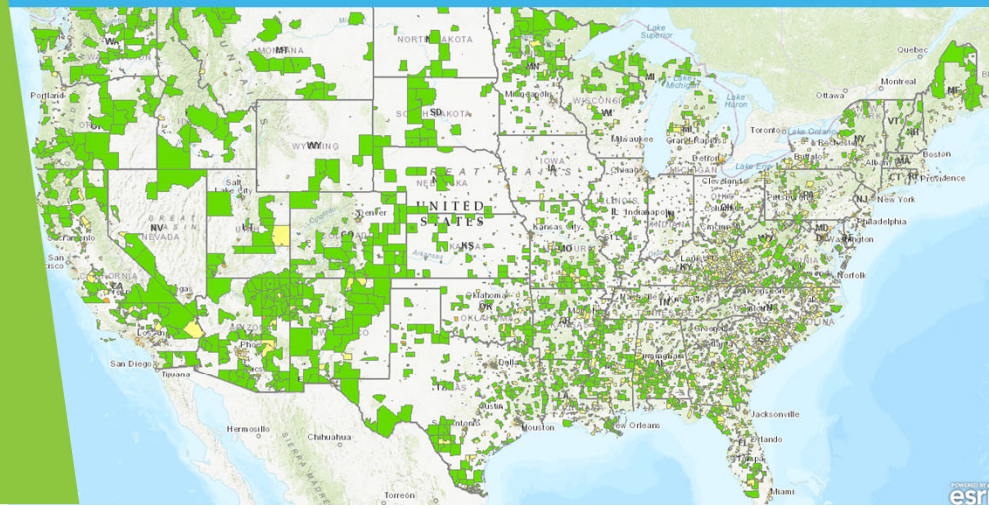

Food: UCSF DGIM Food Pharmacy

- This is a food bank for patients who don’t always have enough food to eat.
- We serve fresh vegetables, fruits, grains, and a protein to about 100 patients at each event, and a take-home meal once a month.
- We also distribute nutrition education.
- In September 2022, we began a Culinary Medicine program with healthy cooking demonstrations.

Food: UCSF DGIM Food Pharmacy

Podcast: “Advocating for Social Justice—A Story on Food Insecurity”

DGIM Food Pharmacy patients are a vulnerable group:

- 81% of patients have *severe* food insecurity
- 73% rate their health as “poor” or “fair”
- 72% are racial/ethnic patients of color
- 39% self-identify as disabled

DGIM Food Pharmacy successful outcomes as of 9/2022

- We have enrolled 620 patients, distributed 3,776 bags of food, given 1,800 takeaway meals
- Mild food insecurity (patients who worry they will run out of food) has been reduced by 63%
- Severe food insecurity (patients who run out of food) has been reduced by 32%
- 100% of patients have increased access to healthy food because of the DGIM Food Pharmacy

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Sometimes I don't have any food. Today I only have a little bit in the house and I wasn’t sure what I was going to eat. Thank goodness you're here.

PATIENT QUOTE

I have to live on $1300 a month in San Francisco. If I get $5 more, I can't get food stamps. It's a fine line I walk. Thank you so much for this program.

PATIENT QUOTE

Health Care System

Health Care System Performance Rankings

	AUS	CAN	FRA	GER	NETH	NZ	NOR	SWE	SWIZ	UK	US
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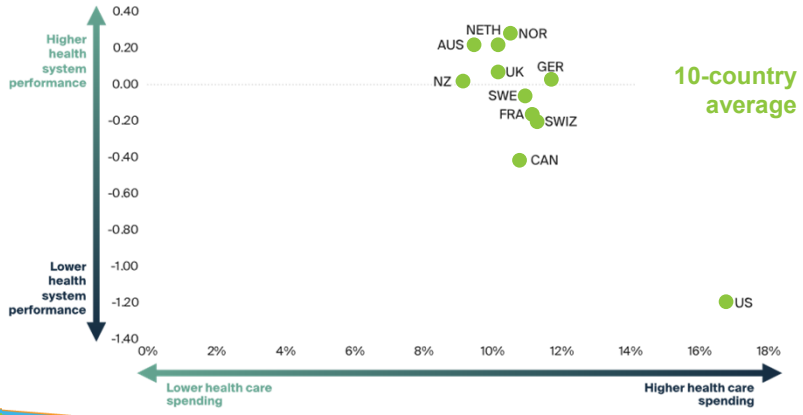
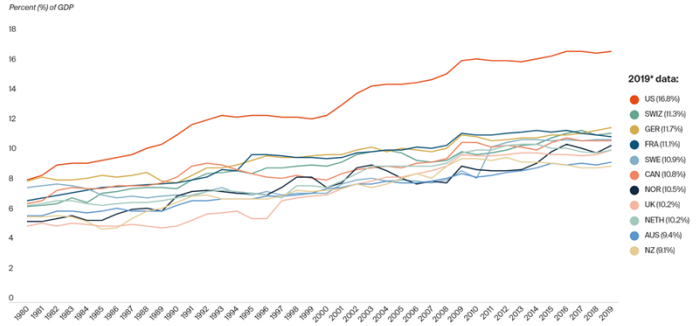
Despite significant spending in the United States, health outcomes are among the lowest for developed countries

Health Care System Performance Rankings



Health Care Spending as Percentage of GDP, 1980–2019



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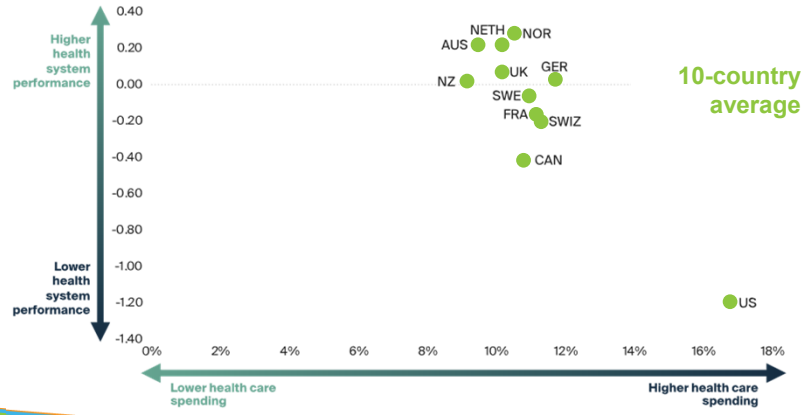

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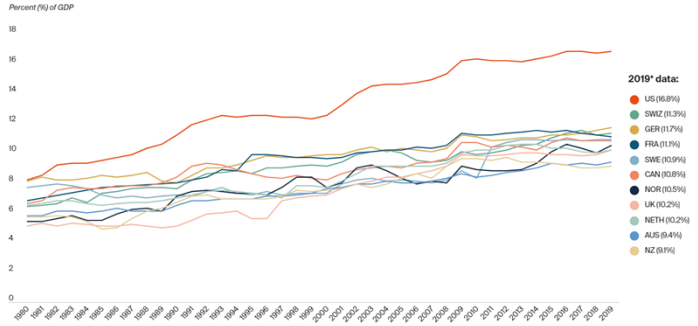

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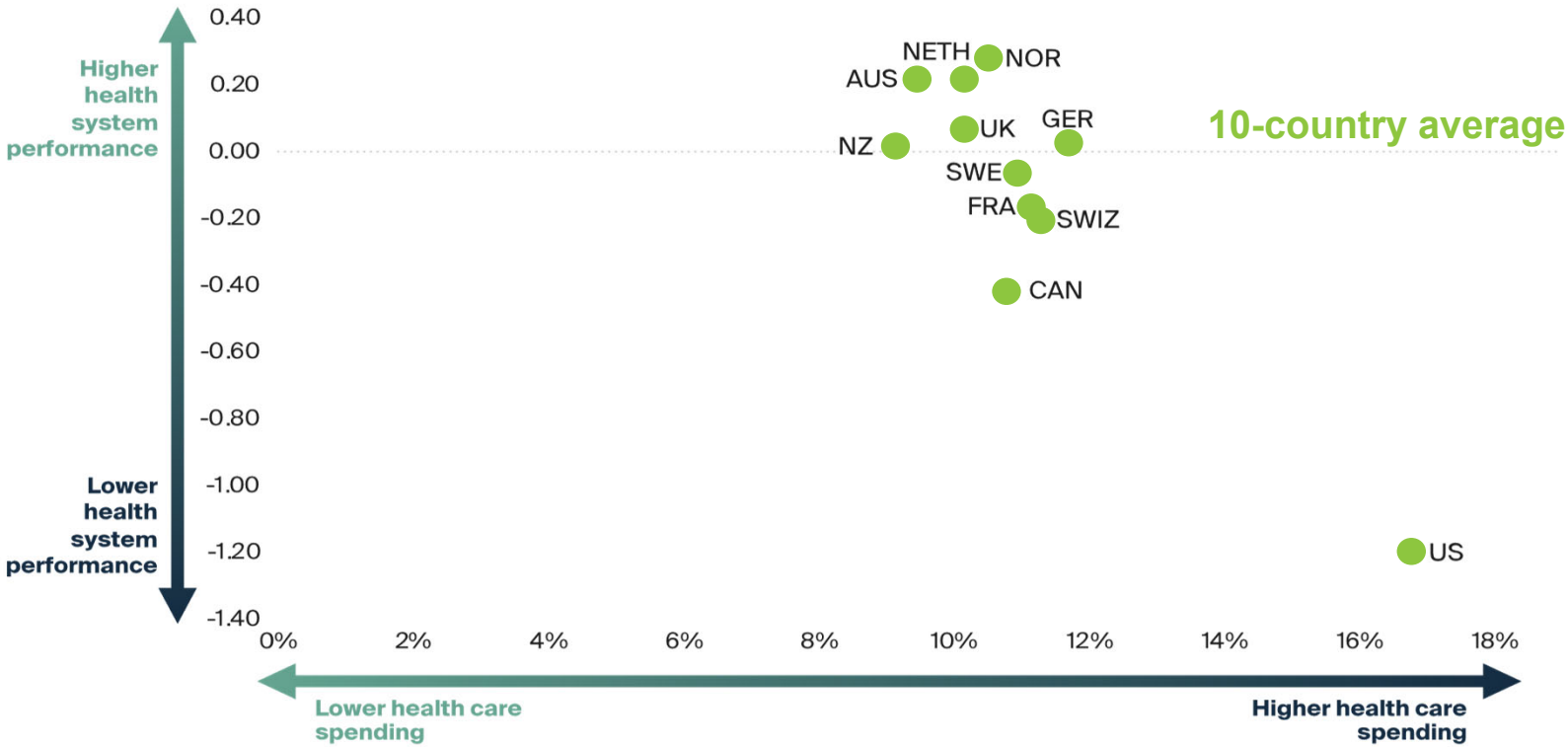

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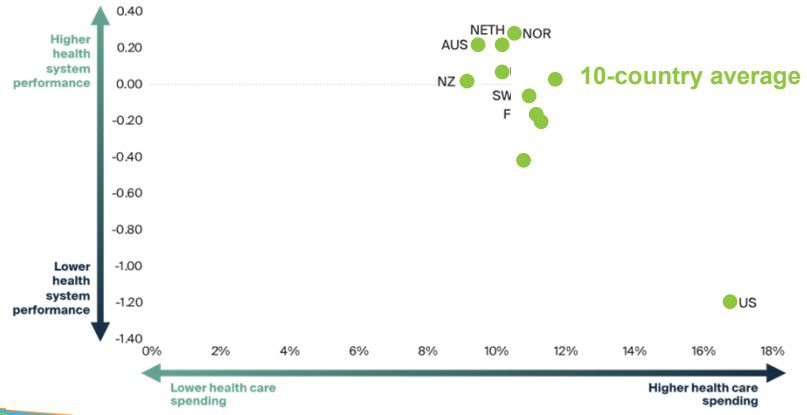

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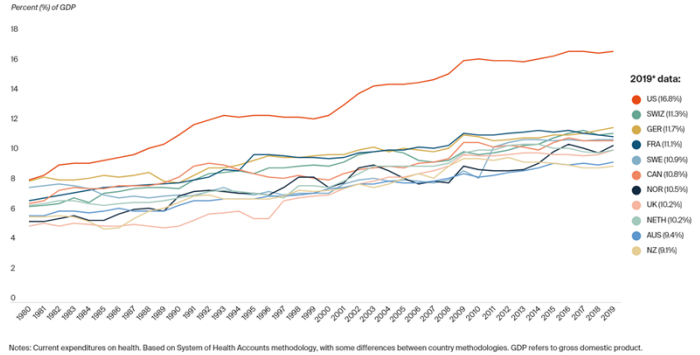

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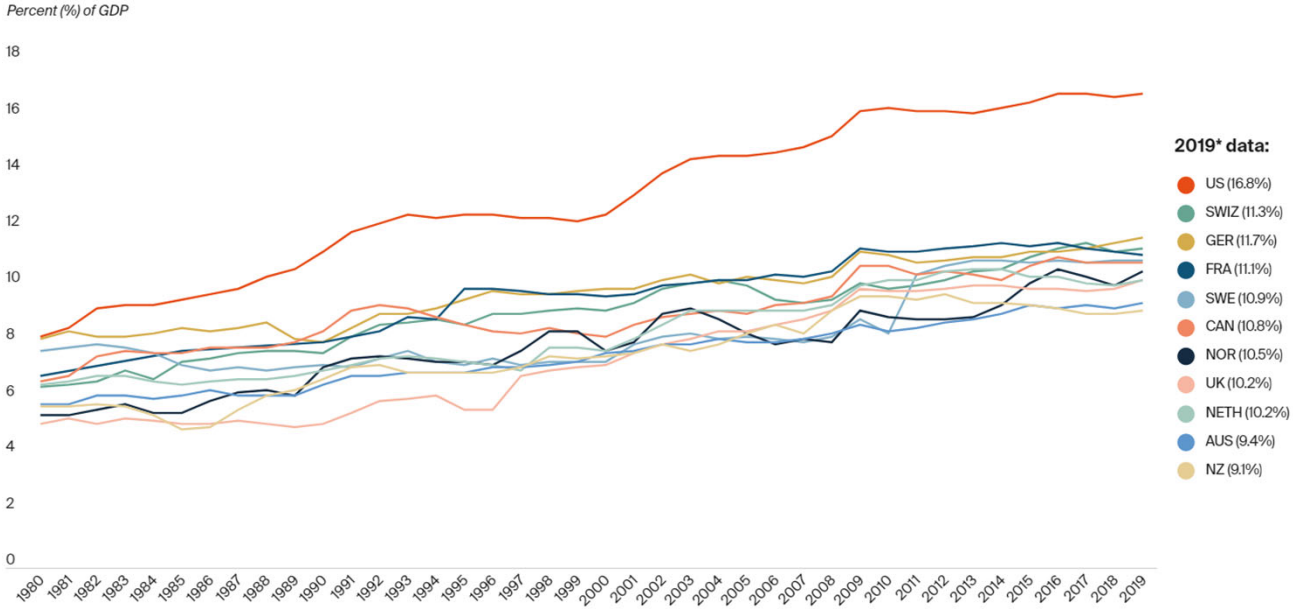

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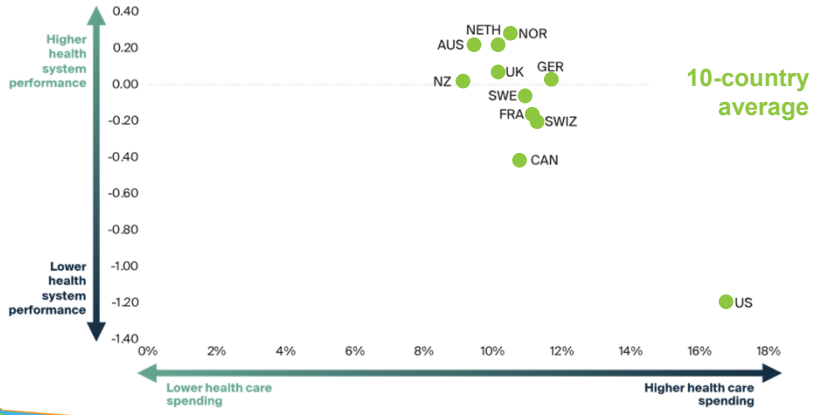
Administrative Efficiency	2	7	6	9	8	3	1	5	10	4	11
Equity	1	10	7	2	5	9	8	6	3	4	11
Health Care Outcomes	1	10	6	7	4	8	2	5	3	9	11

Data: Commonwealth Fund analysis.

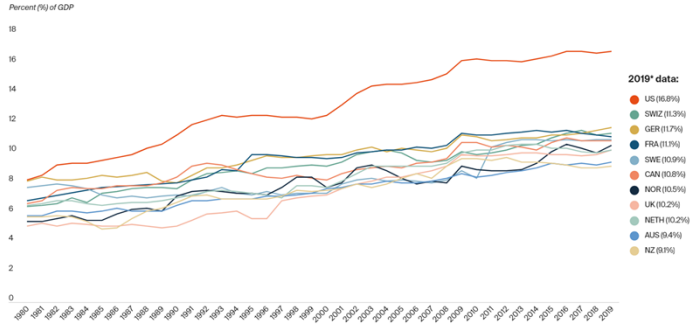
Source: Eric C. Schneider et al., *Mirror, Mirror 2021 — Reflecting Poorly: Health Care in the U.S. Compared to Other High-Income Countries* (Commonwealth Fund, Aug. 2021).
https://doi.org/10.26099/01DV-H208

Despite significant spending in the United States, health outcomes are among the lowest for developed countries

Health Care System Performance Rankings



Health Care Spending as Percentage of GDP, 1980–2019



Notes: Current expenditures on health. Based on System of Health Accounts methodology, with some differences between country methodologies. GDP refers to gross domestic product.
* 2019 data are provisional or estimated for Australia, Canada, and New Zealand.

Data: OECD Health Data, July 2021.

Source: Eric C. Schneider et al., *Mirror, Mirror 2021 — Reflecting Poorly: Health Care in the U.S. Compared to Other High-Income Countries* (Commonwealth Fund, Aug. 2021).
https://doi.org/10.26099/01DV-H208

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Health Care System

- Health systems, manufacturers, and payors have an obligation to understand the impact of social determinants of health on the communities they serve
- SDOH are greatly influenced by policies, systems, and environments
- **Community partnerships** can bring expertise, allies, and resources to address complex issues
- **Value-based payment models** are bringing further focus on SDOH
- SDOH are integrating more into **data frameworks**

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Health Care System

- Screening tools
- Engaging with community leaders and identifying needs
- Extending care into health care deserts
- Health navigators
- Patient-facing and patient-friendly resources
  - Mental health
  - Substance abuse
  - Domestic violence
  - Financial assistance
  - Food
  - Housing and shelter
  - Senior resources
  - Transportation
  - Free clinics

Goal:

Provide tools to connect patients with resources to minimize barriers identified with social determinants of health

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Internal Pharmacy Focus

Spotlight: Froedtert Health's Diversity, Equity, and Inclusion Strategic Initiatives

Systemic:

- DEI embedded in Strategic Plan and Mission
- Partnering with schools to support education, job training, and employment
- Diverse and inclusive recruitment at all levels
- Health System Chief Diversity Officer
- **Business Resource Groups**
  - Black/African American
  - Military/Veterans
  - LGBTQ and Allies
  - LatinX
  - Women in Leadership

Departmental:

- DEI Department Workgroup
- **Lecture Series:**
  - Developing a Framework of Diversity, Equity, and Inclusion in Pharmacy Research
  - Structural Racism and Health Outcomes: Overview, Conceptual Frameworks, and Actionable Strategies
  - DEI: Terminologies and Implications for Health Professionals
  - Creating a Diverse and Inclusive Work Environment
- DEI team member survey
- Creation of a DEI Outcomes Dashboard

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Specialty Pharmacist and Barry

Economic stability

- **Referral to patient assistance program team** -manufacturer free drug programs
- **Enroll in ADAP –** via social workers
- **Cost of medication support** with Ryan White funding
- **Helped patient apply for insurance in the marketplace**

Education

- Provided **culturally sensitive and empathetic therapy counseling**
- **Tailored communication** and counseling to **patient's health literacy level**
- Ensured educational resources provided are in **patient's preferred language** or patient has access to an interpreter

Neighborhood and physical environment

- Engaged social worker to assist with **housing: rental assistance**

Community, safety, and social context

- Referred patient to **behavioral health/ mental health resources and support groups**
- Recommended **Inclusi on Clinic** to patient

Food

- Engaged social worker to link patient to **available food pantries**

Health care system

- **Transportation services** for patient clinic appointments
- Offer patient **virtual or telephone visits**
- Prescriptions **shipped free to patient**

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ADAP = AIDS Drug Assistance Program and Insurance Assistance Program

Polling Question

What is one thing that your organization is NOT doing that you COULD do to address SDOH?

Who would you need to partner with?

Objective 3

Propose future opportunities for specialty pharmacies to overcome inequities

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Press release

HHS Proposes Rule to Strengthen Beneficiary Protections, Improve Access to Behavioral Health Care, and Promote Equity for Millions of Americans with Medicare Advantage and Medicare Part D

Dec 14, 2022 | Medicare Part D

Share

Proposed rule also implements provision of President Biden's Inflation Reduction Act to lower prescription drug costs for low-income people with Medicare

Advancing Health Equity

- Health equity index—STAR ratings
- Part D MTM—add 10 chronic diseases
- Culturally competent care
- Interpreter standards
- STAR ratings—patient-centric care
- Low-income subsidy program

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https://www.cms.gov/newsroom/press-releases/hhs-proposes-rule-strengthen-beneficiary-protections-improve-access-behavioral-health-care-and

Future Opportunities

STRATEGY 1

Improve data health to identify opportunities and interventions and measure impact

- Leveraging available data platforms and technology to help identify and address inequities
- Fill in gaps in existing data
  - REAL: race, ethnicity, age, language
  - SOGI: sexual orientation, gender identity
- Collect new data elements

  Social Vulnerability Index, Area Deprivation Index
- Align data to standards
- Disaggregate data
- Method for data sharing

Table 2. Current State of Sociodemographic Data Across CMS Programs

Sociodemographic Data Type	Current State of Collection*			
	Fee-for-Service Medicare**	Medicare Advantage***	Medicaid and CHIP†	Marketplace®‡
Sex	●	●	●	●
Geography	◊	◊	○	◊
Language	○	○	○	○
Disability Status	○	○	○	○
Income	◊	◊	◊	◊
Race/Ethnicity	○	○	○	●
Sexual Orientation and Gender Identity	-	-	-	-

Key: ● Collected aligned to 2011 HHS standards ○ Collected with standards and/or completeness issue(s) ◊ Collected with no major issues, no adopted standard - Not collected

* The data elements included in this table are the same as those prioritized in Executive Order 13985 and the CMS Framework for Health Equity, and do not encompass all data elements that could be collected or improved.[1,3] This table does not reflect quality and completeness issues in all cases.

** Data received from SSA and collected via surveys detailed in the sections below.

*** Data collected from Medicare Part C/D enrollment form and various surveys detailed in the sections below, supplemented as needed with SSA data from Fee-for-Service Medicare.

† Data reported from states in the Transformed Medicaid Statistical Information System (T-MSIS).

‡ Data collected from the Marketplace programs using Healthcare.gov platform. Because CMS does not closely regulate data collection on State-Based Exchanges, this table shows data collected on the Federally-Facilitated Exchanges only.

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Future Opportunities (continued)

STRATEGY 2

Assess opportunities, appropriate strategies, and resources available

- Conduct a root-cause analysis to identify priorities
- Individual level, institutional level, community level

STRATEGY 3

Partner with stakeholders

- Act on feedback to prevent trial and error in development and overcome barriers
- ROI—spreads risk burden
- Advocate for policy change

STRATEGY 4

Track intervention impact and adjust strategy as needed

- Acting on feedback to further improve health equity and data
- Training and resources to help health care professionals act on equity data
- Addressing bias in tools and methods

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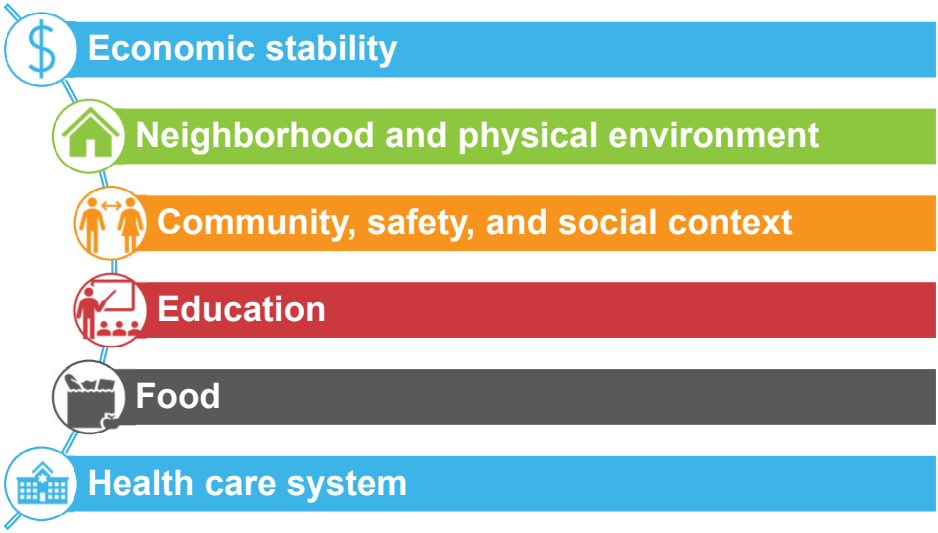
Key Takeaways

- Social determinants of health impact patient outcomes.
- To advance health equity, engage internal and external stakeholders.
- Robust data and innovative partnership are critical to address individual and population-level SDOH.



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Questions

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Resources for Addressing Social Barriers

10 Essential Public Health Services: This list, developed by the Core Public Health Functions Steering Committee, addresses a variety of public health activities that should be prioritized.

Community Preventive Services Guide: Understanding the importance of prevention, the Community Preventive Services Task Force created this guide, which details potential health intervention approaches and other resources addressing health inequities.

Prevention Status Reports (PSRs): Highlighting policies and practices in the U.S. that address public health concerns, this resource drills down by each individual state and shows how they each use evidence-based practices to address social determinants of health.

A Practitioner's Guide for Advancing Health Equity: This guide provides an overview of improvement strategies practitioners can reference to reduce disparities identified in chronic disease.

Health Equity Resource Toolkit: Obesity is defined as a leading health disparity in the U.S., affecting persons across all demographics. This toolkit outlines a six-step process that will help you to plan, implement, and evaluate community programs committed to reducing obesity rates.

Policy Resources: Perhaps the biggest step in taking action involves advocating for health policy that addresses or incorporates preventive measures related to the social determinants. This resource from the Journal of Public Health Management and Practice explores different approaches.

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Health Literacy Resources

Toolkit: Health Literacy Universal Precautions
(Agency for Healthcare Research and Quality)

Toolkit: Rural Health Literacy
(Rural Health Information Hub)

Best Practice Guide: Telehealth Training and Workforce Development
(Health Resources and Services Administration)

Repository: Roundtable on Health Literacy
(National Academies of Sciences, Engineering, and Medicine)

Achieving Value in Health Care Through Health Literacy

Health Literacy Research from CDC

The National Academy of Medicine Commentary on the Health Literate Care Medical Curriculum

Cultural Respect (NIH)

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Food Resources

- UCSF Food bank:
  - Website: https://ucsfhealthdgim.ucsf.edu/dei-advocacy/dgim-food-pharmacy
  - Podcast: “Advocating for Social Justice – A Story on Food Insecurity.” https://podcasts.apple.com/us/podcast/the-takeaway/id1641336985
  - Twitter: https://twitter.com/mzfoodpharmacy
- Patient questions to assess food insecurity—within the past 12 months:
  - *"Did you worry whether your food would run out before you got money to buy more?”*
  - *“Did it ever happen that the food you bought didn't last and you didn’t have money to get more?”*
  - Answer of "Often" or "Sometimes" to either or both questions indicates food insecurity

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Neighborhood and Community Resources

PLACES “provides model-based population-level analysis and community estimates to all counties, places (incorporated and census designated places), census tracts, and ZIP Code Tabulation Areas (ZCTAs) across the United States.”

- Use this information to identify promotion, prevention, treatment, and management strategies
- https://www.cdc.gov/places/

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