

Social Determinants of Health & Equity Spending Reports 2020

Coordinated care organizations (CCOs) invest in social determinants of health and equity (SDOH-E) through health-related services (HRS), the Supporting Health for All through REinvestment (SHARE) Initiative and other efforts.

The Social Determinants of Health & Equity (SDOH-E) Spending Reports

provide a snapshot CCO spending to address the SDOH-E and health-related social needs of CCO members. Spending highlighted within the summaries include: CCO spending reported through HRS and SHARE that have been reviewed and approved by the OHA, as well as self-reported expenditures provided by CCOs which have not been verified by OHA.

Health-Related Services (HRS)

[HRS](#) are non-covered services that are offered as a supplement to Oregon's Medicaid State Plan. HRS include flexible services, which are offered to an individual, and community benefit initiatives (CBI), which are community-level interventions. Both forms of HRS can target social determinants of health and equity.

Examples of **Health-Related Services** spending to address the SDOH-E and/or health-related social needs:

Examples of **Flexible Services** provided to individual members:

- Food supports, such as grocery delivery, food vouchers, or medically-tailored meals
- Items that support healthy behaviors, such as athletic shoes, gym memberships or clothing
- Cell phones to access telehealth appointments or health apps

Definitions

- The **social determinants of health** refer to the social, economic and environmental conditions in which people are born, grow, work, live and age, and are shaped by the social determinants of equity. These conditions significantly impact length and quality of life and contribute to health inequities.
- The **social determinants of equity** refer to systemic or structural factors that shape the distribution of the social determinants of health in communities.
- **Health-related social needs** refer to an individual's social and economic barriers to health, such as housing instability or food insecurity.

Examples of **CBI investments**, community-level interventions:

- Upgrading public facilities (such as a school, fire station or hospital) to serve as clean air spaces, with a ventilation system to significantly reduce, or even eliminate, the intake of outdoor air which may be compromised due to wildfire smoke or other pollutants
- Funding active transportation infrastructure improvements (for example, safe routes to school or expanding safe bicycle lane infrastructure) and public transit improvements
- Investing in a case manager staff position in a community-based organization who helps families (Oregon Health Plan and other community members) acquire housing, including housing application assistance, ensuring the unit is safe and ready for move-in, first and last month's rent and other moving costs

Supporting Health for All through REinvestment (SHARE) Initiative

The Oregon Health Authority (OHA) developed the SHARE Initiative to implement [House Bill 4018's](#) legislative requirement. CCOs are required to invest a portion of their net incomes or reserve back into communities through SHARE, which must fall within SDOH-E domains (Economic Stability, Neighborhood and Built Environment, Education, Social and Community Health) and include spending toward a statewide housing priority. CCOs have three years to spend their SHARE designation (defined below).

The following summaries portray CCOs' 2021 SHARE designation amounts based upon 2020 financials. 2021 SHARE designation amounts will be entirely invested by 2023.

Definitions

- **SHARE designation:** The amount of funding a CCO chooses to and reports as a contribution for SHARE initiative spending; designation amount must be at least the minimum obligation.
- **SHARE designation year:** The year in which the CCO reports the SHARE designation amount to OHA (based on previous year's financials).
- **SHARE obligation:** The amount of funding a CCO is required to contribute to the SHARE Initiative based on audited financials and the statutory required formula.

Examples of **SHARE investments** to address the SDOH-E:

- Fund supportive housing initiatives or the creation of new housing

- Fund traditional health worker (THW) programs, including programs in which THWs are stationed in community settings, such as housing communities
- Partner to support high school completion programs, such as mentoring programs

More information regarding [SHARE](#) and [HRS](#) can be found on the OHA webpage.

Additional SDOH-E Spending Shared by the CCO

CCOs may also spend on SDOH-E through administrative expenses and investments not captured in HRS and SHARE reporting. While some investments included in this category may not traditionally be viewed as addressing SDOH, they contribute to building sustainable, equitable systems through workforce and organizational capacity building, prevention efforts, filling gaps between covered and non-covered services and improving access to care. The additional, self-reported expenditures in the reports are provided voluntarily by CCOs and may not be reflective of all SDOH-E investments made by CCOs. These expenditures have not been verified by OHA.

Examples of **additional spending** to address the SDOH-E (outside of HRS and SHARE):

- Fund the development and delivery of trauma-informed and culturally responsive training for community health workers (CHWs) to support the CHW workforce and increase access to culturally-specific care
- Funds to evaluate and optimize clinical workflows to increase use of preventive services
- Funds to purchase telehealth equipment in rural communities to improve access to mental health services

Summary

CCOs recognize the significant impact that social determinants have on individual and community health. Because of this, CCOs are investing beyond traditional covered services to improve the social, economic and environmental conditions Oregonians face. Through HRS, SHARE and additional spending avenues, CCOs build partnerships with diverse community organizations, connect members to resources to meet health-related social needs and improve access to healthcare and social services. The following reports provide a snapshot of CCO spending to address the social determinants of health and advance health equity.