2021 CCO Transformation and Quality Strategy: Social Determinants of Health & Equity

November 5, 2020

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Webinar agenda

1. Review TQS overview
2. Define Social Determinants of Health & Equity (SDOH-E)
3. Describe key expectations for SDOH-E in the TQS
4. 2020 areas of opportunity
5. Q&A

Why we do this work…

2021 components

1	Access: Quality and Adequacy of Services	**9**	Oral Health Integration
2	Access: Cultural Considerations	**10**	Patient-Centered Primary Care Home (PCPCH): Member Enrollment
3	Access: Timely	**11**	PCPCH: Tier Advancement
4	Behavioral Health Integration	**12**	Severe and Persistent Mental Illness (SPMI)
5	CLAS Standards	**13**	Social Determinants of Health & Equity
6	Grievance and Appeal System	**14**	Special Health Care Needs (SHCN)
7	Health Equity: Data	**15**	Utilization Review
8	Health Equity: Cultural Responsiveness		

What are the social determinants of health & equity (SDOH-E)?

SDOH-E encompasses three terms:*

- ***Social determinants of health*** refers to the social, economic, and environmental conditions in which people are born, grown, 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.
- ***Social determinants of equity*** refers to systemic or structural factors that shape the distribution of the social determinants of health in communities. Examples include distribution of money, power, and resources at local, national, and global levels; institutional bias; discrimination, racism, and other factors.
- ***Health-related social needs*** refers to an individual's social and economic barriers to health, such as housing instability or food insecurity.

*As defined in OAR 141-410-3735

SDOH-E Efforts

Efforts that impact community-level conditions

Social determinants of health

Social determinants of equity

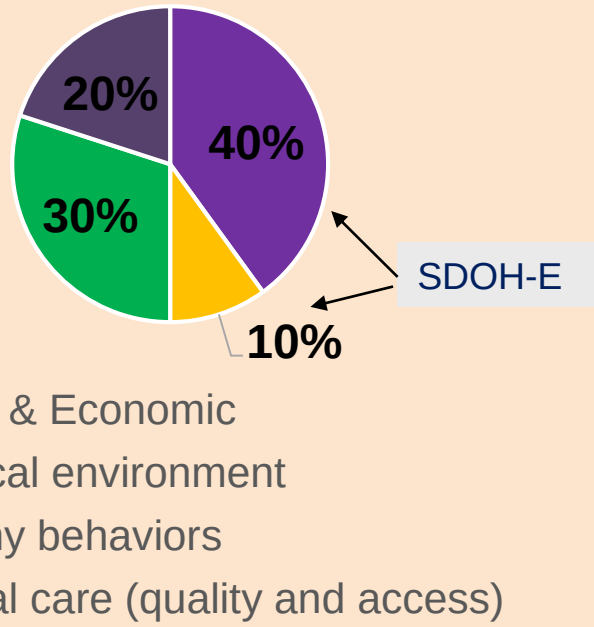
Efforts that impact individual needs

Health-related social needs

Why SDOH-E in the TQS?

- Addressing SDOH-E is critical to health system transformation
- Aligns with state priorities: 1115 waiver (2017-2022); CCO 2.0
- Aligns with CCO and community priorities and existing initiatives

Factors that determine health outcomes



Other reporting with SDOH-E information

SDOH-E in the TQS: Reporting on one or more transformational projects to improve quality that are related to SDOH-E

Program-specific reporting

- Performance Improvement Projects
- Annual SHARE Initiative Spending Plan

Annual financial reporting

- Exhibit L6.21-22: Health-Related Services
- Exhibit L6.7: SHARE Initiative Obligation

SDOH-E four domains*

SDOH-E domain	SDOH-E examples
Economic Stability	• Income/Poverty • Employment • Food security/insecurity • Diaper security/insecurity • Access to quality childcare • Housing stability/instability (including homelessness) • Access to banking/credit
Neighborhood and Built Environment	• Access to healthy foods • Access to transportation (non-medical) • Quality, availability, and affordability of housing • Crime and violence (including intimate partner violence) • Environmental conditions • Access to outdoors, parks
Education	• Early childhood education and development • Language and literacy • High school graduation • Enrollment in higher education
Social and Community Health	• Social integration • Civic participation/community engagement • Meaningful social role • Discrimination (e.g. race, ethnicity, culture, gender, sexual orientation, disability) • Citizenship/immigration status • Corrections • Trauma (e.g. adverse childhood experiences)

*Not comprehensive

SDOH-E in the TQS: expectations

1. **Fall into one or more of the four domains (***new* in 2020)
2. **Actively engage members** to participate in the development of holistic approaches to patient engagement and responsibility that account for social determinants of health and health disparities (*modified* in 2021)
3. **Address SDOH-E, including social needs, at a community level**, beyond working with individual members, through collaboration between the health care system and the community (*modified* in 2020)
4. **List community partners** and describe the collaboration between organizations (*new* in 2021)

SDOH-E domains: examples from recent TQS submissions

SDOH-E domain	Project examples
Economic Stability	• Engage partners to improve the quantity and quality of housing options for individuals experiencing SPMI.
Neighborhood and Built Environment	• Implement a Farm to School curriculum to improve student health, nutrition and wellbeing including educational activities and procurement of local foods for schools.
Education	• Implement the CLEAR Model to incorporate consistent, ongoing training and coaching of teachers and school staff to implement trauma informed practices.
Social and Community Health	• Implement the Self-Healing Communities Initiative as a framework for communities to work toward building resiliency; mitigating the effects of ACEs for those who have experienced trauma, and preventing trauma for future generations.
Multiple domains	• Participate in the Accountable Health Communities intervention by implementing health-related social needs screening, referral and navigation to community resources.

Actively engage members in project development: examples

- Involve the CCO's community advisory council in SDOH-E projects, for example:
  - CAC provides consultation or approves SDOH-E projects
  - CAC recommends funding specific SDOH-E projects and/or partners
- Describe how member perspectives were prioritized in selecting the project
- If the SDOH-E project aligns with CHP priorities and strategies, describe how members were engaged in selecting the CHP priorities and strategies.

Address SDOH-E at the community level: examples

Type of effort	Examples	Report in the TQS?
Social determinants of health	Partner to support community enhancements, such as park improvements and bike lanes	YES, community-level by definition
Social determinants of equity	Partnering with a Regional Health Equity Coalition to establish an outreach program for communities of color	YES, community-level by definition
Health-related social needs	Screening & referral program	YES, if program also includes interventions at community level that strengthens or builds community capacity or resources

List and describe collaboration with community partners: examples

- List community partners involved in the project. Examples of community partners are those listed in OAR 410-141-3730 (CHA/CHP) and OAR 410-141-3735 (SDOH-E).
- Describe key components of the collaboration, which may include shared governance and decision-making, shared funding, and shared plans.
  - Relationships that are primarily one-way sharing of information does not sufficiently demonstrate collaboration.

More tips for strong SDOH-E initiatives

Align with community priorities (e.g., community health improvement plan priorities)

Use evidence, wherever possible, to select effective SDOH-E interventions (see resources slide)

Leverage cross-sector partnerships with organizations that are trusted in communities to provide social resources and/or work for policy and systems change

2020 submission opportunities

Across components:

- **Rationale –** Include the data used to identify the gap, population and intervention (CCO- or region-specific data).
- **Progress –** For continued projects, describe what happened in prior year, if/how changing this year, what targets/benchmarks met and if not, why.
  - Include data, charts, etc.
- **Details –** More details to describe how project will address the gaps identified (project-specific as outlined in your written assessments).

2020 submission opportunities

Across components (cont.):

- **Monitoring activities**
  - Stronger connection between activities and goals
  - Include activities for the year (or beyond) – not just one short-term process measure
  - As projects mature, move toward more outcome measures
- **Project continuation** – Continue reporting on same projects to see improvement over time.

2020 submission opportunities

Component specific:

- **SDOH-E**
  - Make sure the activity described fits into a SDOH-E domain as defined in the guidance document
  - Actively engage members in project development
  - Describe community partnerships
  - If focusing on THWs, describe how increasing THWs will improve SDOH-E
  - Address social needs at a community level, beyond working with individual members

Key 2021 TQS guidance

- TQS Guidance Document: www.oregon.gov/oha/HPA/dsi-tc/Documents/TQS-Guidance-Document.pdf
- TQS Scoring Criteria: www.oregon.gov/oha/HPA/dsi-tc/Documents/TQS-Scoring-Criteria.pdf
- TQS Overview: Updates and Global Feedback: attendee.gotowebinar.com/recording/3010773309398419725

SDOH-E resources

- Healthier Together Oregon - 2020-24 State Health Improvement Plan: https://healthiertogetheroregon.org/
- Commonwealth Fund's ROI Calculator for Addressing SDOH: http://tools.commonwealthfund.org/roi-calculator
- Social Interventions Research and Evaluation Network (SIREN) Evidence Library: http://sirenetwork.ucsf.edu/tools/evidence-library
- The Community Guide by Community Preventive Services Task Force: https://www.thecommunityguide.org/
- Centers for Disease Control Health Impact in 5 years: https://www.cdc.gov/policy/hst/hi5/index.html
- Healthy People 2030: https://www.healthypeople.gov/

- Please unmute yourself to ask a question or type your questions into the “Chat” box on your GoToMeeting control panel.
- We will update our Frequently Asked Questions after each webinar in this series.

For more information:

- **OHA TQS Leads:**
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- **SDOH-E Component Leads:**
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  - Sara Beaudrault, Public Health Division: Sara.Beaudrault@dhsoha.state.or.us
- All TQS resources, including the templates, guidance document, examples and technical assistance schedule are available on the **Transformation Center website**: www.oregon.gov/oha/HPA/dsi-tc/Pages/Transformation-Quality-Strategy-Tech-Assist.aspx
- The templates and guidance document are also cross-posted on the **CCO Contract Forms page**: www.oregon.gov/oha/HSD/OHP/Pages/CCO-Contract-Forms.aspx