## **Social Determinants of Health**

#### **Energy and Commerce Committee Staff**

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Office of Policy and Representation



Blue Cross Blue Shield Association is an association of independent Blue Cross and Blue Shield companies.



#### Agenda

- What are Social Determinants of Health (SDOH)?
- How do insurers work with SDOH?
- BCBS SDOH Plan Examples
- Recommendations



## What are Social **Determinants of Health?**



#### **What are Social Determinants of Health?**

Figure 1

#### Social Determinants of Health Neighborhood Community Health Care Economic and Physical Education Food and Social Stability Svstem Environment Context Social Health Employment Housing Literacy Hunger integration coverage Transportation Language Access to Income healthy Support Provider Early childhood Expenses Safetv availability options systems education Debt Parks Community Provider Vocational linguistic and engagement Medical bills Playgrounds training cultural Discrimination Support Walkability competency Higher education Stress Zip code / Quality of care geography **Health Outcomes** Mortality, Morbidity, Life Expectancy, Health Care Expenditures, Health Status, Functional Limitations





#### Social Determinants

- Social determinants of health are conditions in the environments in which people are born, live, learn, work, play, worship and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks.
- Conditions (e.g., social, economic and physical) in these various environments and settings (e.g., school, church, workplace and neighborhood) have been referred to as "place." In addition to the more material attributes of "place," the patterns of social engagement and sense of security and well-being are also affected by where people live. Resources that enhance quality of life can have a significant influence on population health outcomes.
- Examples of these resources include safe and affordable housing, access to education, public safety, availability of healthy foods, local emergency/health services, and environments free of life-threatening toxins.\*

\* https://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-of-health



# How do insurers work with SDOH?



## Health insurers utilize several approaches to address social determinants

#### **OVERVIEW OF APPROACHES TO ADDRESS SDOH**

Upstream Efforts focused on preventing issues Downstream Efforts focused on solving existing issues	Policy/Regulatory	Advocacy to implement policies that enable/incentivize organizations to address SDOH (e.g., lobbying for government subsidized low-income housing); participation in SDOH industry groups
	Research/Education	Funding or conducting research around SDOH; establishing research institutes and sharing knowledge to create programs to better address SDOH
	Community Giving	Corporate funding or staffing for programs that address SDOH at the community level (e.g., food banks, job readiness)
	Provider Enablement	Supporting doctors in the community to address patients' social determinants by providing necessary information and resources
	Product Offerings	Programs or benefits targeted at a specific SDOH <del>(s)</del> that are available exclusively to health plan members at enrollment or as a benefit feature (e.g., post-hospitalization meal delivery and NEMT)
	Case Management	Using high-touch processes, programs or systems to assess an individual's needs along with the ability to make matches or referrals to address the full range of SDOH for the individual



## **BCBS SDOH Plan Examples**

(Examples are a sample of BCBS projects)



### **Housing Supports**

#### Rhode Island

- In a targeted effort to address some of the most basic health inequities for Rhode Islanders, <u>Blue Cross & Blue Shield of Rhode Island (BCBSRI)</u> has – for the second year now - directed the focus of its BlueAngel Community Health Grant program (BACHG) toward improving access to safe and affordable housing.
- Building on an initial grant of \$500,000 in 2020, BCBSRI has now awarded an additional \$500,000 in a second round of funding to nine local organizations aimed at closing the gap for Rhode Islanders whose health outcomes are directly tied to housing quality.



#### **Maternal Supports**

#### Arizona

- <u>Blue Cross Blue Shield of Arizona (BCBSAZ)</u> is the state's largest health insurer. Partnering with Arizona's tribal nations, the company is committed to supporting native mothers and newborns through culturally appropriate interventions.
- The health insurer's public health initiative, <u>Mobilize AZ</u>, focuses on key health issues impacting Arizonans - substance use disorder, mental health and diabetes, as well as social determinants of health. The initiative earmarks millions of dollars each year to build statewide capacity and resources for substance use disorder prevention, treatment, resiliency and recovery efforts. Funding priority is given to projects that expand resources, increase systems-level capacity, target an identified vulnerable population, and have a measurable impact.



## **Maternal Supports**

#### Illinois

- <u>Blue Cross Blue Shield of Illinois (BCBSIL)</u> is supporting parents in Chicago's South and West Side neighborhoods by providing funding to community-based organizations working to improve maternal health outcomes. The organizations utilize doulas, midwives and telemedicine to provide education, labor care, breastfeeding help and postpartum support within a culturally appropriate lens.
- BCBSIL is also teaming up with Centering Healthcare Institute, a non-profit focused on delivering better health outcomes and improving the care experience for patients and their doctors. Through a three-year grant, BCBSIL will be bringing CHI's Centering Pregnancy program to several Federally Qualified Health Centers (FQHCs) that focus on serving underserved and at-risk populations.



#### **Food Insecurity Supports**

#### Minnesota

- <u>Blue Cross and Blue Shield of Minnesota (BCBSMN)</u> is offering mothers and families in need clinically tailored meals and food boxes as well as nutritional coaching.
- Members can start as early as 20 weeks into their pregnancy and continue through the second month after birth. The program is a partnership with Project Well and Second Harvest Heartland, which will deliver the food and the coaching.
- Members also have access to <u>doula services</u> that are supportive, culturally sensitive prenatal care can that makes the difference for pregnant women at risk of birth complications. A doula is a woman trained to support pregnant women emotionally and physically during pregnancy, childbirth and postpartum. There's evidence to suggest that working with a doula can reduce negative health outcomes among women of color. BCBSMN is addressing the sustainability of the doula model, including increases in reimbursement, culturally appropriate access, workforce development scholarships and member education.



#### **Food Insecurity Supports**

Missouri

- <u>Blue Cross and Blue Shield of Kansas City (Blue KC)</u> works with local food banks and food distributions centers to help members who are pregnant or new moms. Mothers who continue to experience food insecurity are connected with a state food assistance program.
- The health plan trains front-line providers to screen women for food insecurity. Then Blue Cross and Blue Shield of Kansas City community health workers connect those members to resources to meet their social needs and follow up with providers.
- *Well Stocked*, a new Blue KC initiative, is focused on bringing local partners together to increase awareness of hunger issues facing underserved areas in Kansas City.



## **Recommendations**



### MEDICAL LOSS RATIO (MLR)

#### What is an MLR?

- A Medical Loss Ratio (MLR) is applied to all capitated Medicaid managed care plans.
- This oversight tool sets a threshold for the minimum proportion of expenditures that health plans should dedicate to enrollee services, as opposed to administrative costs.
- This acts as a stop-gap to ensure Managed Care Organizations are utilizing taxpayer dollars appropriately.

#### Why This Matters?

- Poorly conceived MLRs can discourage plans from covering nonclinical services.
- Several states counted care management as administrative services when implementing a Medicaid MLR, which meant that health plan investments in care management negatively impacted the plans' MLRs.



#### **Recommendations**

#### Legislative

- Congress gives Centers for Medicare & Medicaid (CMS) the authority to pick and choose what SDOH services can be paid for as a medical social service.
- This expenditure would count towards an MCO's MLR and provide plans more flexibility in investing and creating new SDOH services.

#### Regulatory

- Encourage CMS to explicitly state what SDOH services can be covered
  - Examples: Food insecurity, housing supports, additional transportation (outside of NEMT)