



# PHA Value Action Shop

## Social Determinant Levers

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# Agenda



- Social Determinant Levers - Background
- Springboard Health - Background
- Population Health Alliance Framework and Social Levers
- Focused Areas and Real Life Stories Discussion
- Questions/Answers

# Social Determinants - Background

MJ Osmick M.D.

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Hunger, cold, fear, loneliness trump a focus  
on health every time



Self-Actualization

Esteem

Belonging

Safety

Physiologic

## Health...the cumulative downstream effect of:

- genetic “gifts”,
- our circumstances,
- how we choose to live our daily lives,
- the health care services we receive.



# Impact of Social Determinants

## Research model estimate ranges

- 50 – 60% - an individual's health behavioral, social and environmental factors
  - 20 – 30% - an individual's genetic code
  - 10 – 20% - the health care an individual receives
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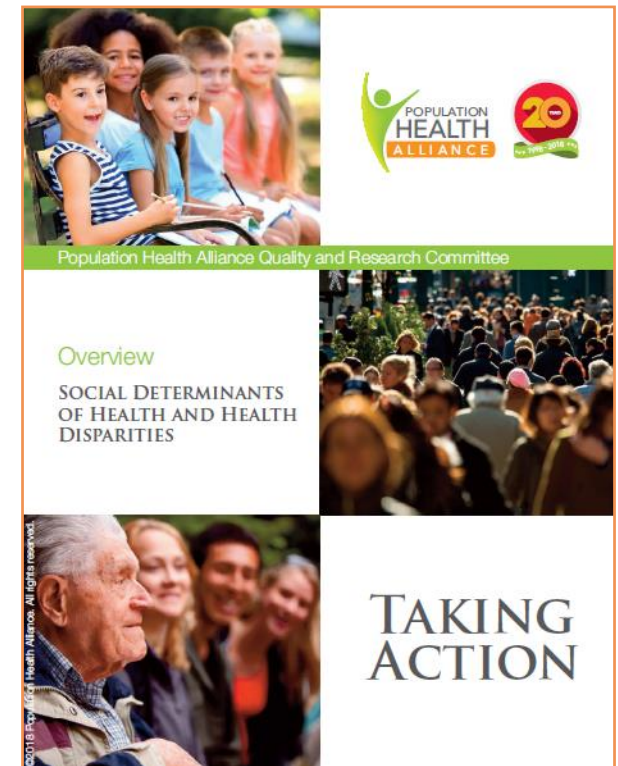
# 2017 -2018 PHA Quality and Research Committee



## “Social Determinants of Health and Health Disparities – Taking Action”

### White Paper Authors

- MJ Osmick MD, Chair - American Specialty Health
- Bruce Sherman MD – Case Western Reserve
- Anthony Akosa MD, MBA– Franciscan Alliance
- Jaan Siderov, MD, MHSA, - The Collaborative at the PA Medical Society
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- Paulo Machado – Analytics Work Group



# PHA Research Take-Home Messages



- Social Determinants of Health – Why/What/Who/Where?
- Value-based care and rising health care costs drive organizations to focus on social levers
- Identify what is known and not known about SDoH
- It takes a (connected) community to intervene
- How to build organizational capability in Health Equity
- Use the PHA Population Health Framework to help organizations think about role(s) in SDoH and begin to take action

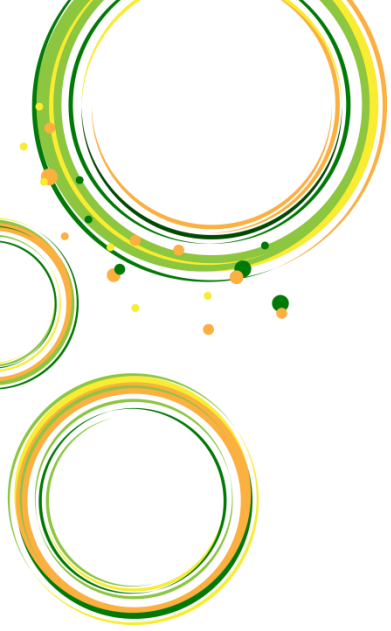




# Social Determinants of Health

“The conditions in which people are born, grow, work, live and age, and the wider set of forces and systems shaping the conditions of daily life.”

World Health Organization



## Health Inequities (Disparities)

“The unfair and avoidable differences in health between groups of people within and between countries which stem from social determinants of health resulting in stark differences in health and health outcomes.”

World Health Organization

# 11 Domains Considered



- Safety
- Housing status
- Financial & Resource constraints
- Race/Ethnicity, Cultural and Other considerations
- Level of Education & Health Literacy

- Transportation
- Behavioral/Mental Health
- Health Behaviors
- Employment status
- Health Insurance Status
- Access to Care (System vs. Personal level)

# Social Levers predict Health Outcomes

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

# Stakeholder SDH Challenges



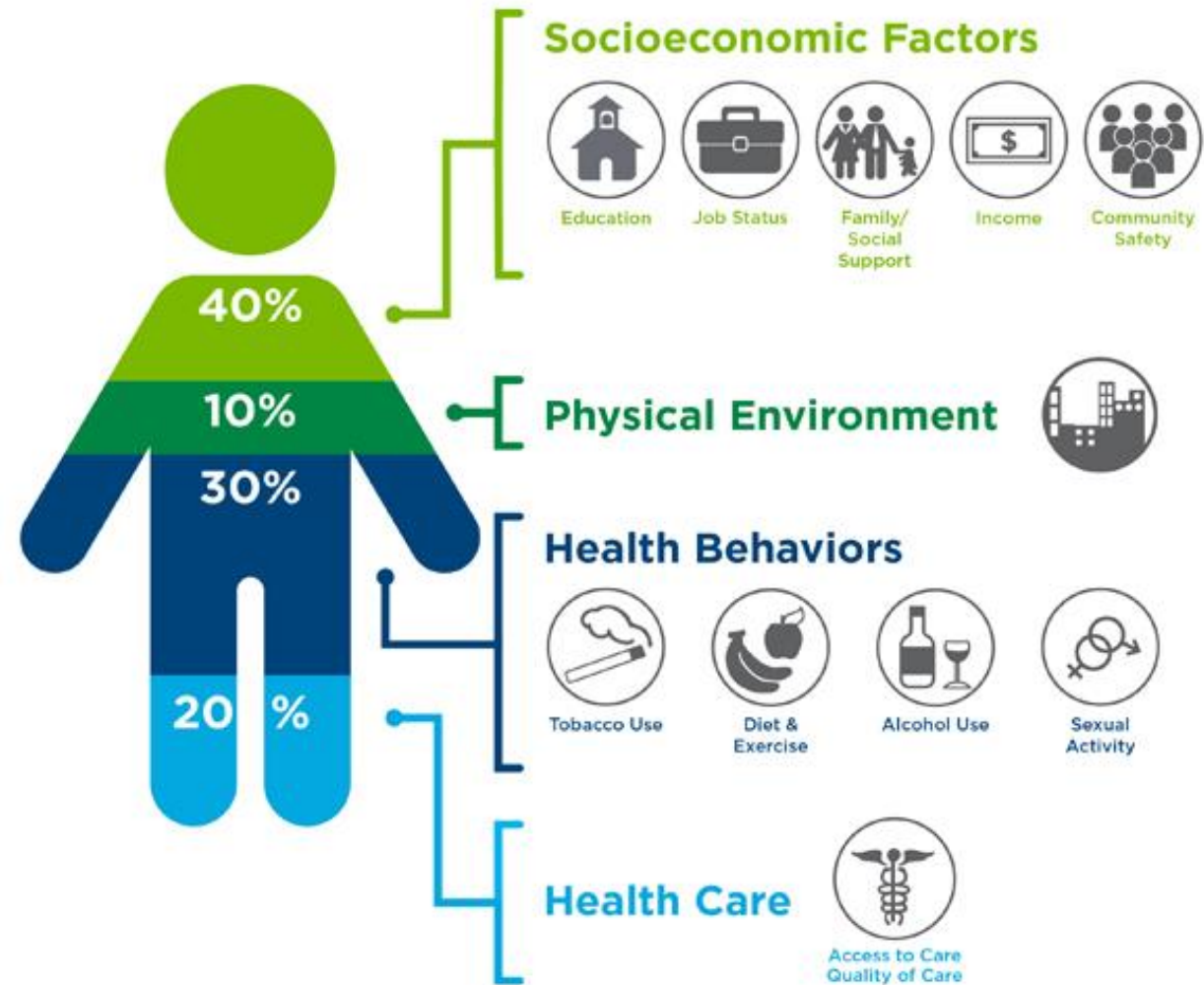
- New partnerships require trust-building
- Establish integration and bi-directional data and information exchange
  - Tech - Software interoperability
- Measurement/Evaluation
  - What measures are appropriate for each partner?
  - What does success look like for each partner?
  - How do you determine “partner success”?

# Springboard Health – Geisinger - Background

Brian Ebersole, Senior Director



# What Goes into Your Health?



Source: Institute for Clinical Systems Improvement, Going Beyond Clinical Walls: Solving Complex Problems (October 2014)

The Bridgespan Group

A graphic consisting of a series of orange dots forming a curved path that starts below the 'S' and ends with a single blue dot above the 'd' in 'Springboard'.

# Springboard

powered by Geisinger

Healthy Scranton



# Why Scranton?

- New cultural diversity, strong family tradition, industrial heritage
- Population: 76,380 (Scranton) and 215,921 (Lackawanna County)
- Poverty Rate (2016) – 23.1% (Scranton), 13.3% (PA)
- Median Income (2016) - \$38,232 (Scranton), \$54,895 (PA)
- Immigrant Population has doubled since 2000 (Russia, Bhutan-Nepal, China, Mexico)
- 1663.5% increase in Hispanics (1990-2016) – 10.9% of the population
- Top 5 Leading Causes of Death
  - Heart Disease, Cancer, Accidents, CLRD, Stroke
- Higher than State death rate for Heart Disease, Cancer, Suicide and Drug Overdose
  - Suicide 20.1% (Lackawanna) vs 14.0% (PA)
  - Drug-induced Death Rate 31.7% (Lackawanna) vs 27.1% (PA) vs 17.2% (US)
- Depression Rate – 32.4% (Lackawanna), 18.3% (PA)
- Uninsured (under 65) – 8.6% (Scranton), 6.3% (Lackawanna), 7.5% (PA)
- All Cancers Under 50 – 118.7 (Lackawanna), 102.1 (US)
- Smoking – 19.4%; Physical Inactivity – 24%; Few Fruits and Vegetables 76%

# Why Scranton?



# Springboard is...

- An intentional focus to understand the health of an entire community, engage community based organizations and target interventions to specific segments of the population to improve health
- Powered by Geisinger – an integrated health care delivery system recognized for innovation

# Focus Areas

- Healthy Food Access
- Community Resource Network
- Colleges Building Community
- Scranton Transformers
- Fresh Food Farmacy
- Transportation
- Community Education & Wellness
- Free2BMom
- Sequencing Scranton
- Funding & Sustainability

# What's on the Horizon

- Convening around Child Health
- Creating opportunities for Safe Housing
- Civic Engagement & Volunteerism

# Springboard is...

\$700,000

1700 people / 4600 rides / 115,000 miles

60 groups

2 points

1000 surveys

220,000 screening

10,000 meals

220 students

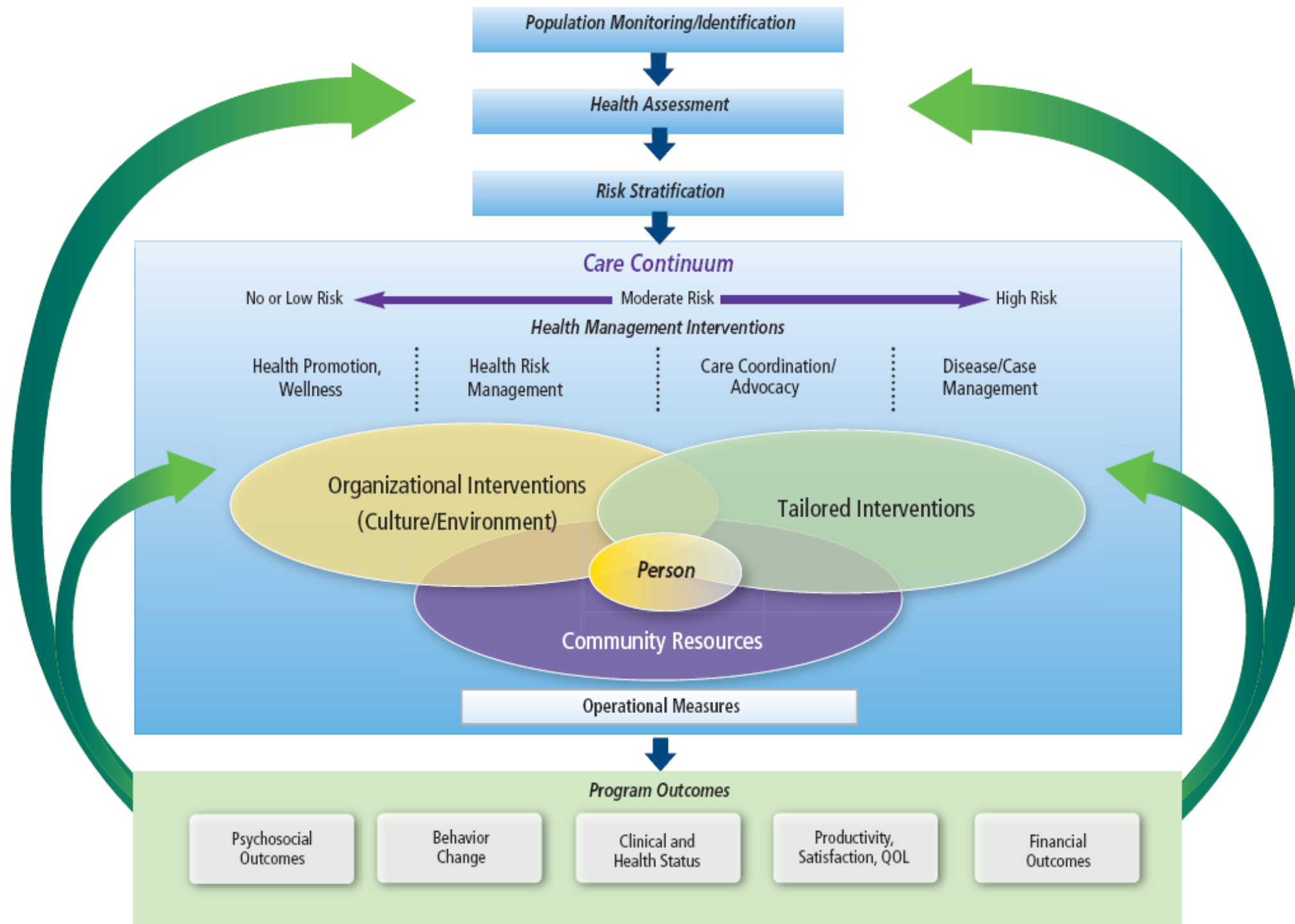
500 families



# Population Health Alliance

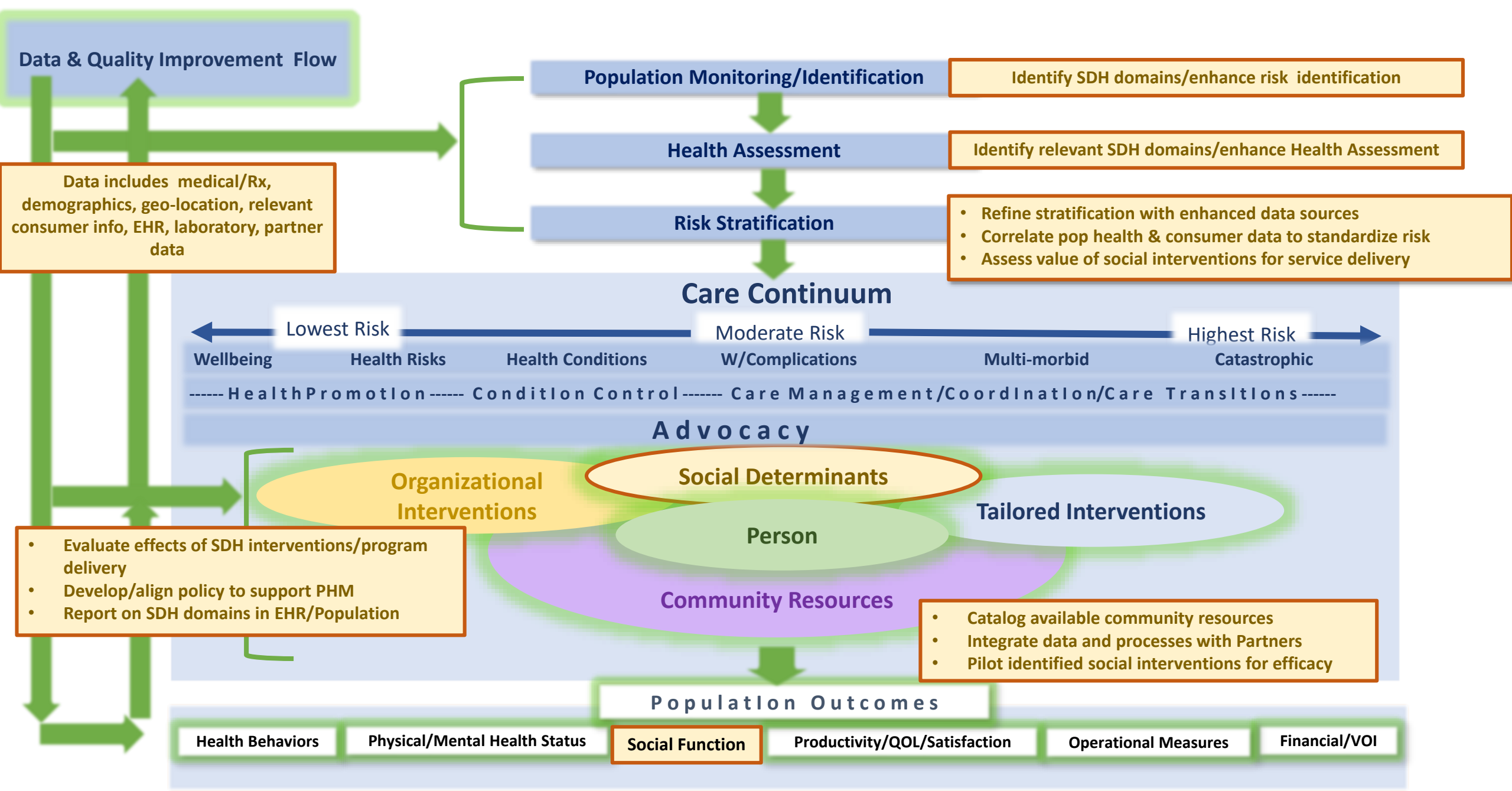
**Population Health Management Framework & Social Levers**

# PHA Population Health Framework





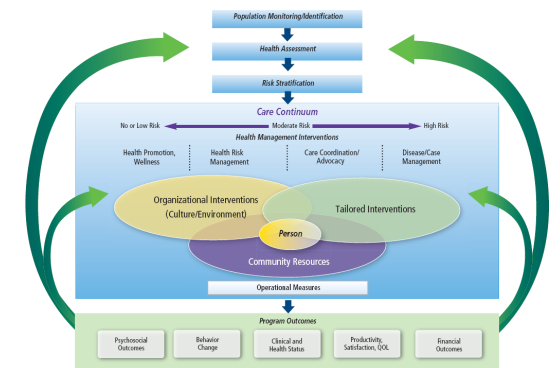
# PHA Framework with Social Determinant Elements



# 6 Focus Areas – Social Levers & Real Life Stories

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- Building Organizational Capacity for intervention
  - Leadership – clarifying vision
- Health assessment and risk stratification – where to focus
- Engaging partners/stakeholders – The semantics of SDoH
- Creating resources and interventions
- Evaluating and improving based on outcome measurement



# Building Organizational Capacity for Health Equity

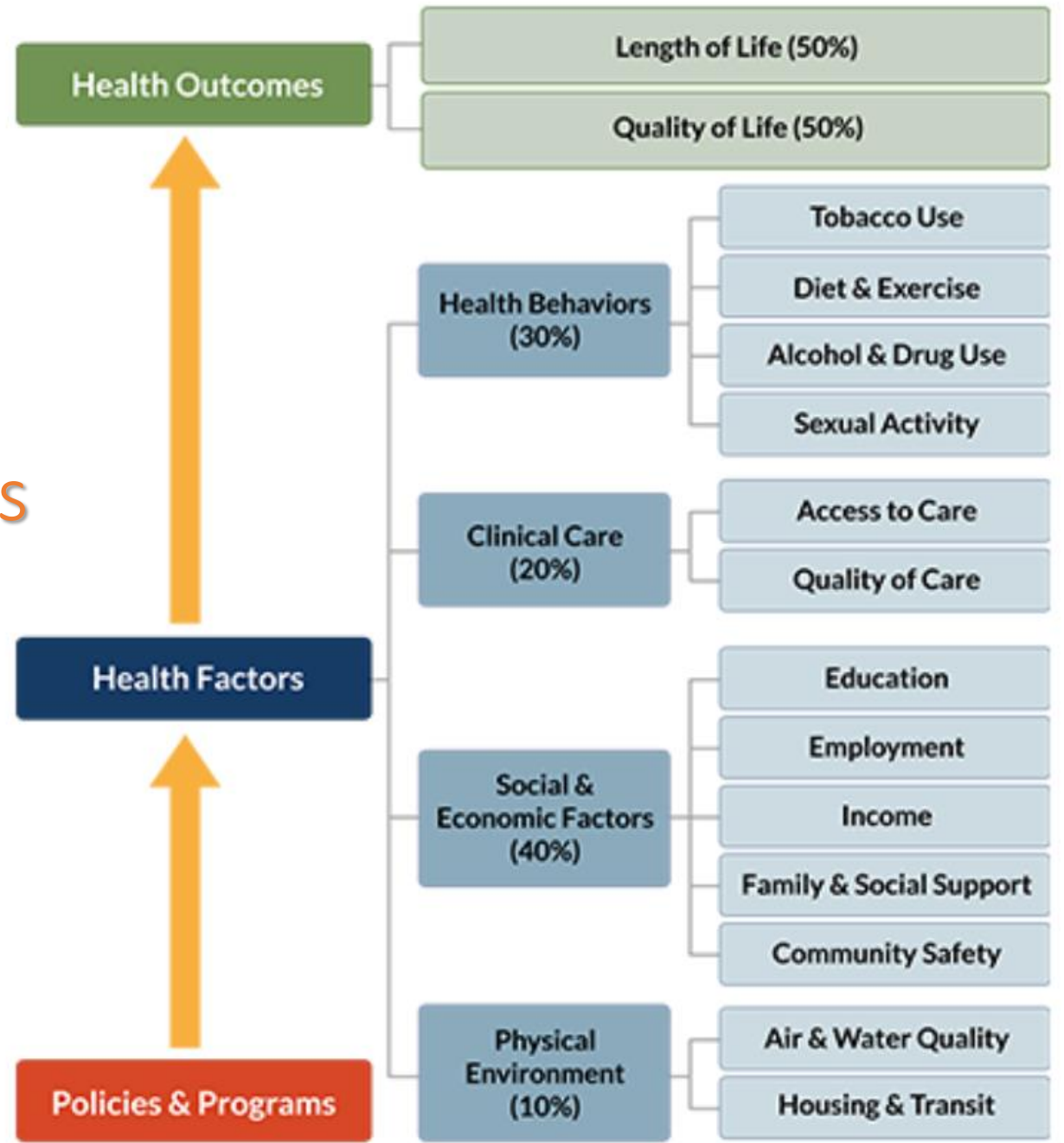
1. Establish institutional commitment
2. Align funding decisions with a commitment to health equity
3. Recruit and build staff skills to recognize and advance equity
4. Track health equity efforts in training and performance plans
5. Integrate health equity into services and resources
6. Establish multi-sector collaborations and relationships with diverse communities



Reference - HHS/CDC – Practitioners Guide for Advancing Health Equity



# County Health Rankings and Roadmaps



# WIFFM - “It takes a village” (of Stakeholders)



- Health Plans
- Health Care Delivery Systems
- Health Care Providers
- Employers/Plan Sponsors
- Communities & Community Services
- Partner Service Organizations
  - Network Management, CM, DM, Wellbeing, Technology, Analytics
- Brokers/Consultants
- Policy Makers/Regulators/ Elected Officials

## Low Wage Worker Defined

An individual who has access to health insurance but who experiences wage inadequacy or wage instability such that he/she is not able to use health care resources appropriately for health risk prevention or condition control or management.

# Discussion



# Population Health Alliance

The Industry's Only Multi-Stakeholder Association Dedicated to Population Health



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