



**FLHSA**

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Finger Lakes Health Systems Agency

# Addressing the Social Determinants of Health

**Trilby de Jung, Chief Executive Officer**

**PHHPC Special Committee Day  
September 23, 2016**

# What do we mean by Social Determinants of Health?

“... the social conditions in which people are born, grow up, live, work and age.”

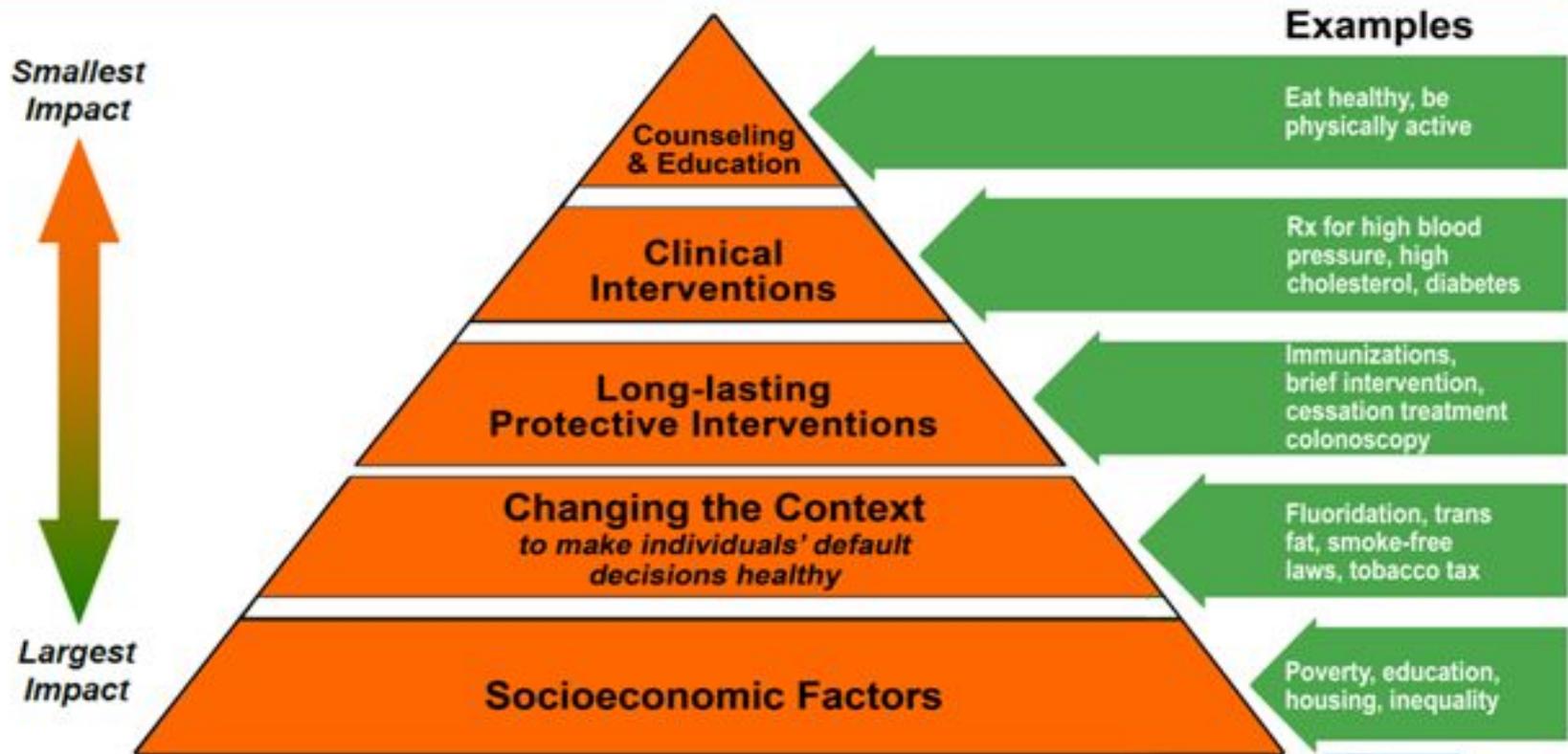
- education; housing; employment; living wages; access to health care; access to healthy foods and green spaces; justice; occupational safety; hopefulness; and freedom from racism, classism, sexism, and other forms of discrimination.

“... the social conditions in which people are born, live, and work are the single most important determinant of one's health status.”

*David Satcher, MD, PhD, World Health Organization*

# CDC Health Impact Pyramid

## Factors that Affect Health



Check the Tarrant County Public Health Web site to learn more.  
<http://health.tarrantcounty.com>



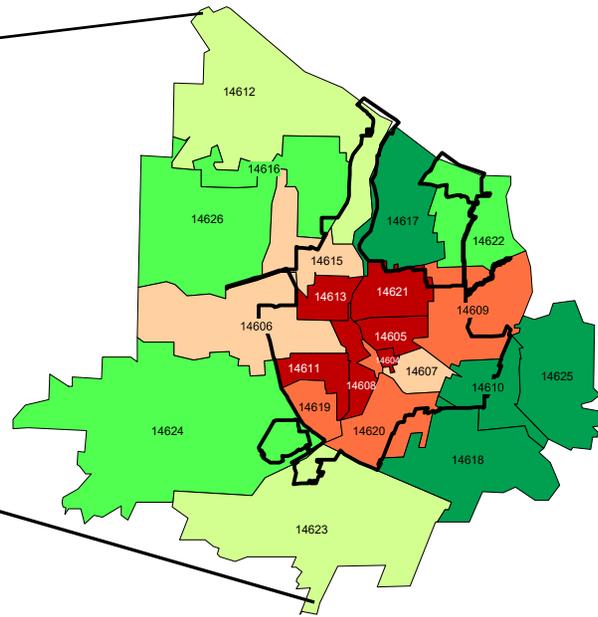
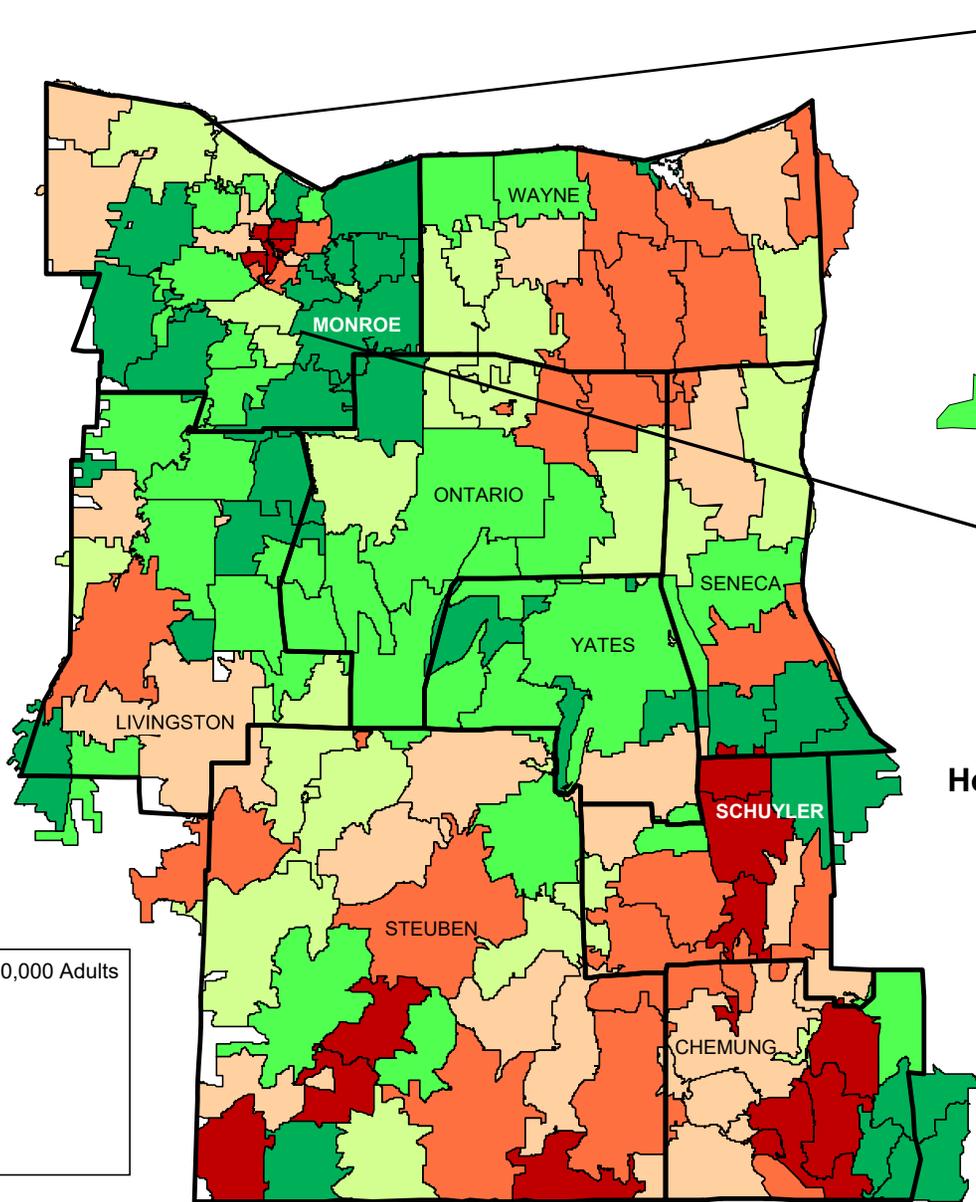
# How can PHIPs help?

- Three dimensions to FLHSA's work: Inform, Collaborate, Transform
- How does FLHSA **inform** re social determinants?
  - PQI data from SPARCS
  - DSRIP CNA
  - High Blood Pressure Registry
- How does FLHSA support regional **collaboration** and **transformation**?
  - HBP Collaborative Activities
  - “Powering up” DSRIP activity
  - SIM/APC and other practice transformation initiatives
  - Community-based alternative payment models

*“... the social conditions in which people are born, live, and work are the single most important determinant of one's health status.”*

**Inform**





**PQI Hospitalization Rate**  
**Finger Lakes Region by ZIP Code**  
**Hospitalizations per 10,000 Adults 2010-2012**  
**Prevention Agenda 2017 Objective 133.3**

Rates are age-sex adjusted to 2000 standard US population  
 Data Source: NYS DOH SPARCS files, calculations by FLHSA

# FLHSA and DSRIP: The Community Needs Assessment

## Community Needs Assessment

### **Need for Integrated Delivery System to Address Chronic Conditions**

- Chronic Conditions – Leading Cause of Years of Potential Life Lost
- Chronic Disease – 85% of Potentially Preventable Hospitalizations

### **Need for Integration between Physical and Behavioral Health Care Systems**

- 24% of Medicaid-only Discharges: Primary BH Diagnosis

### **Need to Address Social Determinants of Health**

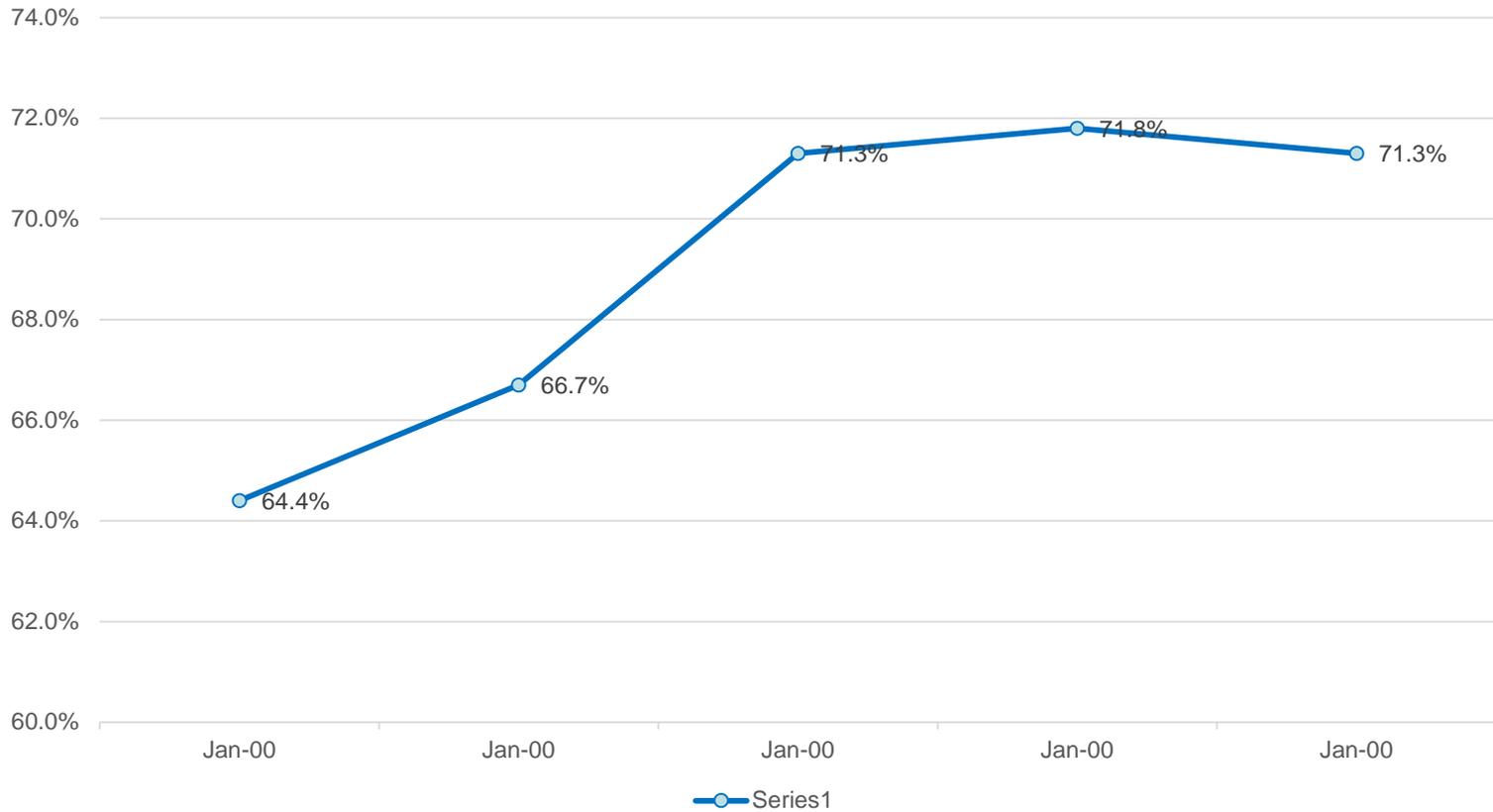
- Transportation & Housing – Large Barriers
- Infant Mortality Rate higher than state average

## FLPPS DSRIP Projects

1. Integrated Delivery System
2. ED Care Triage
3. Care Transitions
4. Transitional Housing
5. Patient Activation for Special Populations
6. Behavioral Health Integration
7. Crisis Stabilization
8. Behavioral Interventions in Nursing Homes
9. Maternal/Child Health CHW program
10. Strengthen Mental Health/Substance Abuse Infrastructure
11. Increase Access to Chronic Disease Prevention & Care

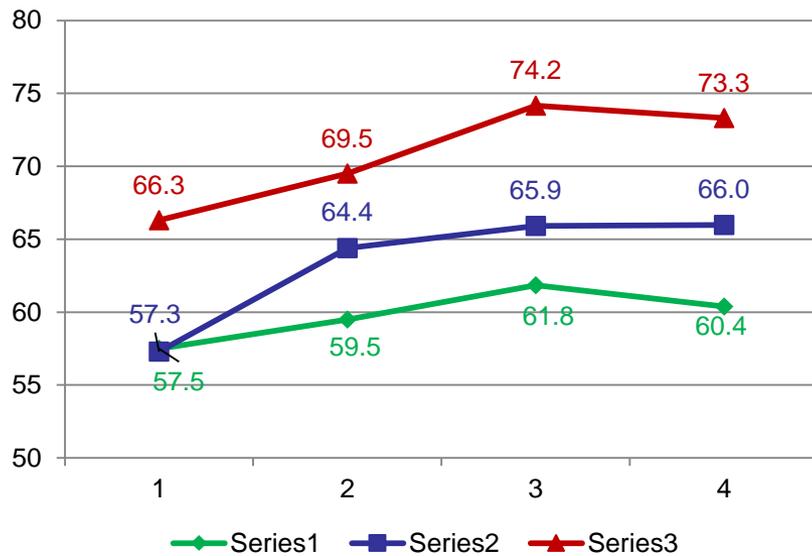
# Control Rate Trend

Initial and statistically significant improvement  
Control rate has plateaued  
Plateau effect is predictable in QI initiatives

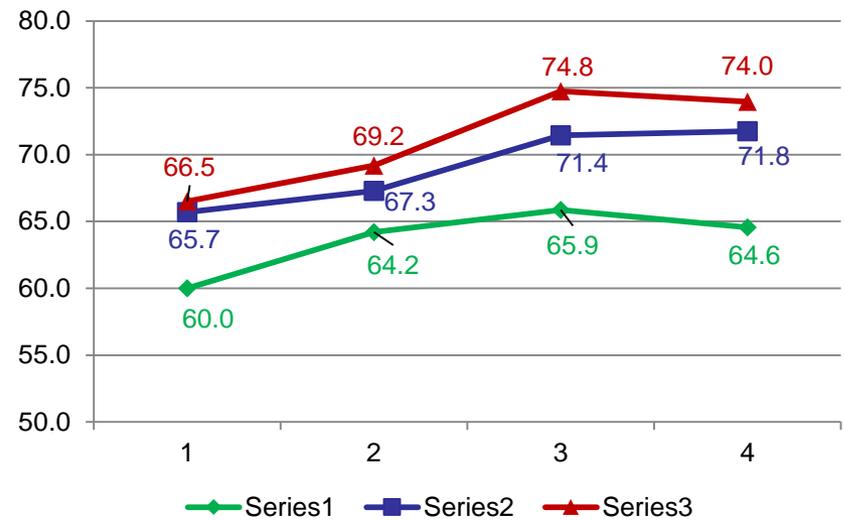


# Effect of Race/Ethnicity and Socioeconomic Status on Blood Pressure Control

HBP Control Rate - By Race/Ethnicity



HBP Control Rate - By Social Economic Status



*“Our partnerships will have to be stronger if we are to have an impact.”*

*“Although the goal of many social and economic policies may not be to affect health outcomes, the fact is they will.”*

# Collaborate, Transform

# HBP Collaborative Funding

- HBP Registry Reports
- Practice Improvement Consultants
- Community Interventions
- Communications Campaign



## Healthi Kids

- Mandatory Recess and Complete Streets policies
- Safer walking routes to schools
- Improved school food & expanded food access through curbside markets & summer meals
- **Also, new initiative with Regional Transportation Service:  
*Retrospective Health Impact Assessments***



# Partnering & “Powering Up”

- Partnering on Practice Transformation
  - Maximizing use of the RHIO as goal in PTN
  - Building the RHIO out to connect CBOs (DSRIP funded)
  - PTN & SIM/APC as extensions of DSRIP PCMH
- MOUs with PPS for shared work & staff around community engagement and workforce
- Partnering for additional funding
  - CBO funding from NYSDOH
  - AHC grant application
  - LIFT grant from NYSDOH
  - REDC Pathways to Prosperity



# Ongoing Funding for Social Determinants

- How does care & costs for non-medical needs get factored into alternative payment models?
- RWJ and the Network for Regional Healthcare Improvement
  - Compensation for providers (medical & non), including cost sharing/attribution of savings
  - Governance issues related to viable entities and authorities within the community with broader accountability for outcomes
- RWJ and FLHSA (ReThink Health Ventures)
  - Taking high level collaboration further, faster
  - Stewardship & sustainability for community assets

# New York's Value Based Payment

- In June 2016, NYS released update to the VBP Roadmap with a brand new section on CBOs and the Social Determinants of Health

*“In the near future...the State envisions culturally competent [CBOs] actively contracting with primary care organizations and health systems to take responsibility for achieving the State’s Prevention Agenda. DSRIP starts to build the infrastructure to take on housing, job placement, community inclusion, and criminal justice alternatives as levers to increase population health.” – VBP Roadmap (41)*



**FLHSA**

**Finger Lakes Health Systems Agency**

**Finger Lakes Health Systems Agency is the health planning center for Rochester and the Finger Lakes. Through extensive data collection and analysis, the agency identifies community needs, then brings together residents, hospitals, insurers, physicians and other healthcare partners to find solutions. Located in Rochester, FLHSA serves the nine counties of Chemung, Livingston, Monroe, Ontario, Schuyler, Seneca, Steuben, Wayne and Yates.**

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