Building Health Equity Capacity in Iowa CAHs

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Program Funding

The Flex CAH Population Health Social Drivers of Health (SDOH) Cohort is being funded by the Flex Program at the Iowa Department of Health and Human Services, a Health Resources and Services Administration (HRSA) grant funded program.

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Public Health

Meet & Greet

- Who's in the room today? (Name, facility/organization, role/job title)
- Please take a moment to mute yourself to prevent any background noise during today's presentation.
- We encourage questions and open discussion!
- Please utilize the Chat box to type in your questions or comments throughout today's event. Staff will be monitoring the chat throughout the event.
- Thank you, in advance, for participating in the polling questions. Your responses are just seen by us and used to help us plan useful content that meets your interests and needs.

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David Palm is currently an Associate Professor in the Department of Health Services Research and Administration at the University of Nebraska Medical Center, College of Public Health. He is also the Director of the Center for Health Policy at the University of Nebraska Medical Center. His research interests include workforce shortages in rural areas, the financial stability of rural hospitals, and rural care coordination models between local health departments and health care systems. He has also assessed the quality of the community health needs assessments and implementation plans in Nebraska and examined the distribution of community benefit expenditures by rural and urban hospitals in Nebraska.

Prior to joining the College of Public Health in 2014, Dr. Palm served as the Director of the Office of Community and Rural Health in the Nebraska Department of Health and Human Services, where he worked extensively with local health departments, particularly in areas such as community planning and priority setting, quality improvement strategies, and accreditation readiness. He also worked with rural physician and dental clinics on recruitment and retention strategies and rural hospitals on quality improvement initiatives. His office managed several grant projects, including the Rural Hospital Flexibility Program (FLEX), the Office of Rural Health Grant, the Nebraska Health Professional Incentive Programs, the federal National Health Service Corps Program, and the CDC funded National Public Health Improvement Initiative.

Dr. Palm earned a bachelor's degree in Business Administration from Augustana University, a master's degree in Economics from the University of Wyoming, and a PhD in Economics from the University of Nebraska-Lincoln.

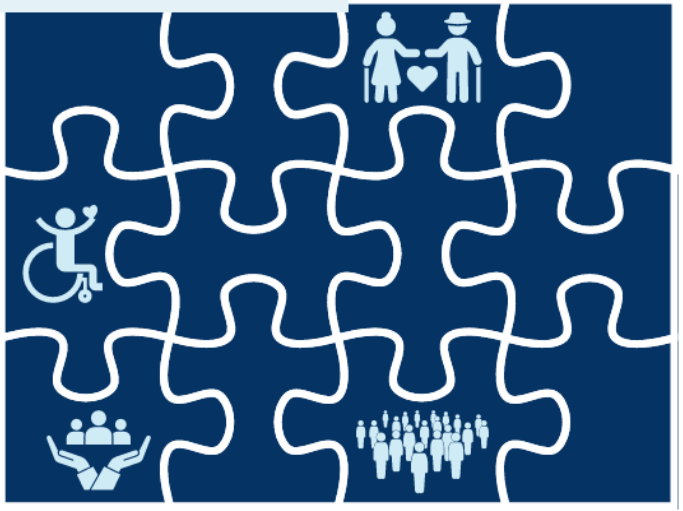
Overarching Goal of the Program

- Provide a framework for building health equity capacity
- Identify the major components of this framework, including the Social Drivers of Health
- Discuss best practice strategies for addressing the Social Drivers
- Interactive sessions where information is shared among the participants

NHA | NEBRASKA HOSPITALS

HEALTH EQUITY TOOLKIT

Driving Equitable Care in Nebraska Hospitals



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of health care in Nebraska

Organization and Focus of the 4 Sessions

Session 1:
Overview of the health equity framework

Session 2:
Transportation barriers and discussion of strategies

Session 3:
Food insecurity and housing instability and discussion of strategies

Session 4:
Interpersonal safety and utility payment difficulties; discussion of strategies

Session 1: Overview of the Health Equity Framework

CMS Strategic Pillars:

- Advance health equity by addressing health disparities
- Expand access to services
- Engage partners
- Drive innovation to address challenges
- Protect programs
- Foster excellence

Polling Questions

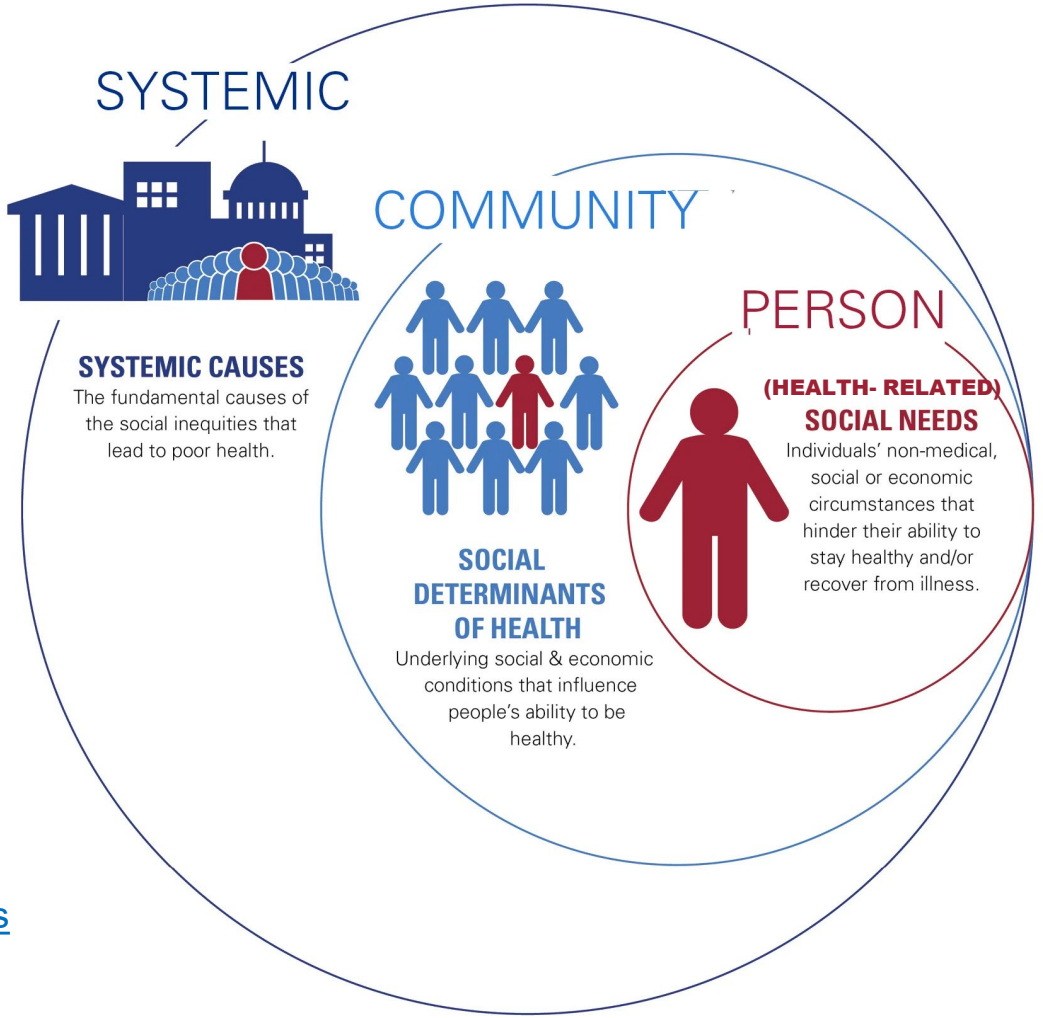
We appreciate your responses
to our
Polling Questions!

What Is Health Equity?

Everyone has a fair and just opportunity to be as healthy as possible which requires removing obstacles to health such as poverty, discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care.

Health equity means reducing and ultimately eliminating disparities in health and its determinants (e.g., health status and mortality rates) that adversely affect marginalized groups.

Societal Factors that Influence Health



Source:
https://www.aha.org/societalfactors

CMS Priorities

Expand	Expand the collection, reporting, and analysis of standardized data
Assess	Assess causes of disparities within CMS programs and address inequities
Build	Build capacity of health care organizations and the workforce to reduce disparities
Advance	Advance language access, health literacy, and culturally tailored services
Increase	Increase accessibility to health care services and coverage

Hospital Commitment to Health Equity: 5 Domains

1: Strategic planning – health care equity goals and action plans – only 41% in 2021

2 & 3: **Data collection and analysis** – identify equity gaps and create a performance dashboard

4: Quality improvement – participate in various QI activities focused on reducing health disparities

5: Leadership engagement – annual review of strategic plan and performance indicators

Screening for the Social Drivers of Health

Health-Related Social Needs (HRSN)

- Food insecurity
- Housing instability
- Utility difficulties
- Transportation needs
- Interpersonal safety

Social Drivers of Health

Social Determinants of Health (SDOH) – 40%

- Education
- Job status
- Income
- Family/social support
- Community safety

Physical Health – 10%

Health Behaviors – 30%

Health Care – 20%

Inpatient Quality Reporting Program

Inpatient Quality Reporting Program

Requirement	Method of Measurement	Timeline
Hospital Commitment to Health Equity (HCHE)	Five Domains (Yes/No)	CY 2023 Reporting Period
Screening for Social Drivers of Health (SDOH-1)	$\frac{\text{\# of screens for HRSNs}}{\text{\# of inpatients}}$	Voluntary CY 2023 Reporting Mandatory CY 2024 Reporing
Screen Positive for Social Drivers (SDOH-2)	$\frac{\text{\# of positive screens for HRSNs}}{\text{\# of screens}}$	

- Report Annually
- Data will be publicly reported
- Exclusions include: patient declines or unable to answer

Source: Healthy Equity Toolkit:
https://www.nebraskahospitals.org/file_download/inline/f49871dc-29ed-4970-90a7-7a1afc094475

The Business Case for Health Equity

Direct and indirect cost savings (e.g., fewer ER visits and readmissions)

Less charity care and the economic value of a healthier person in the community

Healthier people can lead to higher incomes and a more productive workforce which lead to a better local economy

Health equity efforts can create measurable value in goodwill and loyalty which leads to more trust and patient retention

The Business Case for Health Equity

Studies have found that patients with food insecurity are 2.4 X more likely to report multiple ER visits and 2x more likely to report an inpatient visit

Patients with transportation needs are 2.6 X likely to report multiple ER visits and 2.2X more likely to report an inpatient stay

A small clinic in south central Nebraska which is part of an ACO found that about 35% of its patients had transportation needs and about 40% of these patients had mental health conditions.

General Findings

Access barriers such as the lack of insurance coverage are magnified by SDOH which often lead to greater personal risk factors which in turn lead to worse health outcomes

Conclusion

Hospitals are now mandated to screen and report on health equity measures related to the social drivers of health.

The keys to improvement involve a strong commitment from senior leaders and developing partnerships at the community level.

In the next 3 sessions, we will provide an in-depth look at transportation needs, food insecurity, housing instability, interpersonal safety, and utility payment difficulties.

Reference Document

For more information on the SDOH, please see Understanding and Addressing Social Determinants of Health: Opportunities to Improve Health Outcomes. A Guide for Rural Health Care Leaders [link.uiowa.edu]

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Next CAH Population Health SDOH Cohort Mtg.

Transportation barriers and discussion of strategies

Thursday, June26th at 11 a.m.

Thank you for participating today!

Questions or Assistance: Reach out to Wanda Hilton, Flex Program Coordinator (wanda.Hilton@idph.iowa.gov or 515-322-9708