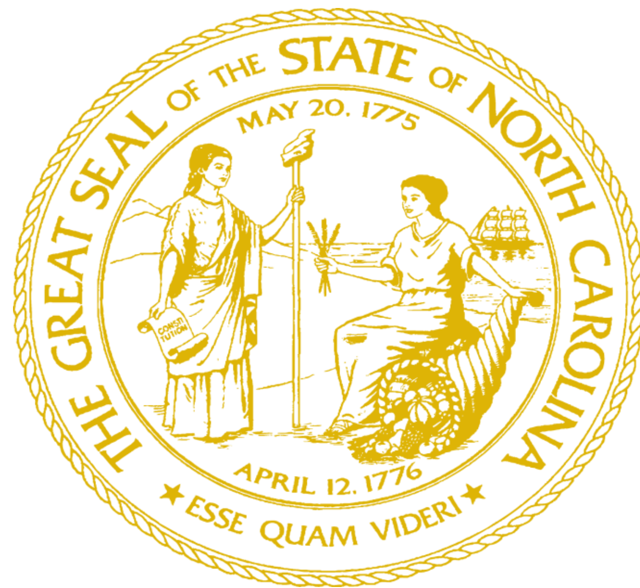


Update on DHHS Resources for Healthy Opportunities*

NCIOM Accountable Care Communities

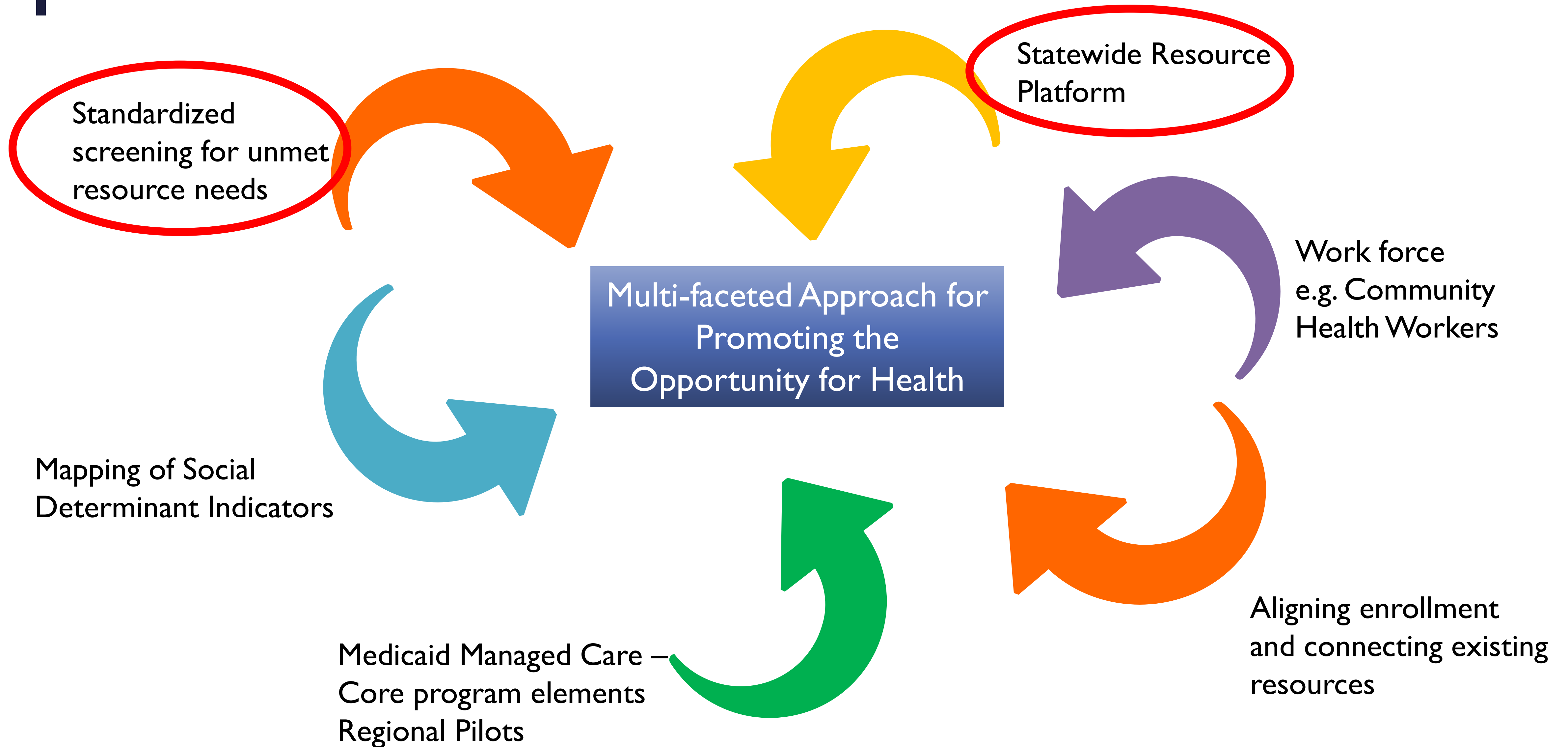
August 23, 2018

*formally known as Social Determinants of Health

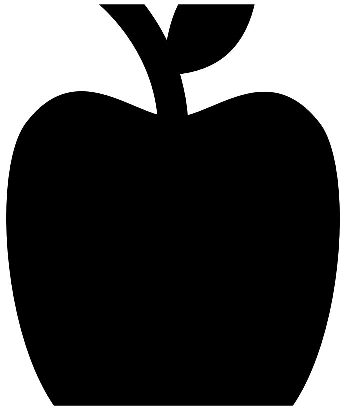
Healthy Opportunities...because the opportunity for health begins where we live, learn, work, and play.

- All North Carolinians should have the opportunity for health.
- Access to high-quality medical care is critical to a person’s health, but research shows that up to 80% of a person’s health is determined through social and environmental factors and the behaviors that are influenced by them.
- DHHS is focusing on improving the health and well-being for all North Carolinians by tackling the foundational drivers of health

Creating the Statewide Framework and Infrastructure for Healthy Opportunities

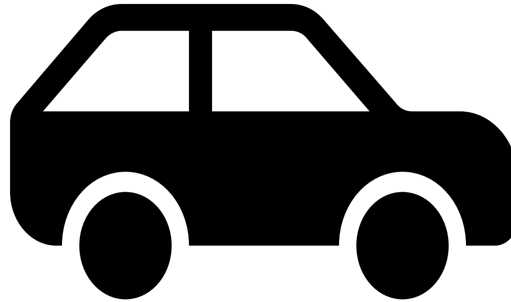


Initial Priority Domains



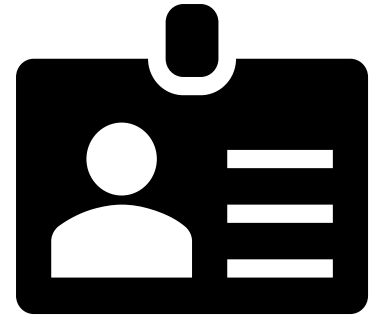
Food Security

Housing Stability



Trans-portation

Inter-personal Violence



Employ-ment

Healthy Opportunities Website

Coming soon!

- Statewide, standardized screening tool for all populations
- Drew from validated tools (e.g. PRAPARE, Hunger Vital Sign, Pregnancy Medical Home) and informed by currently used tools
- Simple & streamlined to be accessible to broadest audience/settings
- Development Process to date
  - Convened Technical Advisory Group
  - Public Review
  - Subsequent changes
  - Translated into Spanish

Health Screening

We believe everyone should have the opportunity for health. Some things like not having enough food or reliable transportation or a safe place to live can make it hard to be healthy. Please answer the following questions to help us better understand you and your current situation. We may not be able to find resources for all your needs, but we will try and help as much as we can.

Food

1. Within the past 12 months, did you worry that your food would run out before you got money to buy more? (Y/N)
2. Within the past 12 months, did the food you bought just not last and you didn't have money to get more? (Y/N)

Housing/Utilities

3. Within the past 12 months, have you ever stayed: outside, in a car, in a tent, in an overnight shelter, or temporarily in someone else's home (i.e. couch-surfing)? (Y/N)
4. Are you worried about losing your housing? (Y/N)
5. Within the past 12 months, have you been unable to get utilities (heat, electricity) when it was really needed? (Y/N)

Transportation

6. Within the past 12 months, has a lack of transportation kept you from medical appointments or from doing things needed for daily living? (Y/N)

Interpersonal Safety

7. Do you feel physically and emotionally unsafe where you currently live? (Y/N)
8. Within the past 12 months, have you been hit, slapped, kicked or otherwise physically hurt by anyone? (Y/N)
9. Within the past 12 months, have you been humiliated or emotionally abused by anyone? (Y/N)

Optional to Add

10. Would you like help with any of the needs that you have identified? (Y/N)
11. Are any of your needs urgent? For example, you don't have food for tonight, you don't have a place to sleep tonight, you are afraid you will get hurt if you go home today. (Y/N)
12. Do you have problems with pests (bugs, ants, mice), mold, lead and/or water leaks at the place where you stay? (Y/N)

Next Steps - Implementation

- Pilot testing/adoption first in ready settings
  - 21 clinical sites as part of Community Health Grants formal process of field testing wording of questions
  - Ready providers/Health Systems are informally adopting and testing
  - Implementation, work flow guidance next
- Possible revisions based on pilot testing by early 2019
- Encouraging anyone to use, Ultimate goal – across all settings and populations
- Mandate as part of Medicaid Managed Care – Prepaid Health Plans as part of Initial Care Needs Assessment

- Need to tackle details of data plan
- Big buckets of data flow (some identified for patient care, some de-identified for population level data)

Other issues and questions on our radar

- ¿What to do if people are screened in different settings, how to unify?
- ¿How can we use the data to understand prevalence of people’s needs? – guide investment in resources
- ¿How do we use the data to include social needs in risk stratification?

- What have we missed?

- Ideas for furthering this work?

- Recommendations from Task Force?