DIAGNOSING DISPARITY

Addressing social determinants of health seen as key to improving health outcomes

TABLE *of* EXPERTS

MODERATOR

Nicole Angresano

Vice President, Community Impact, United Way of Greater Milwaukee & Waukesha County

Angresano has been with United Way since 2007, serving as the Vice President of Community Impact. In this role, she oversees more than 200 United Way-funded health and human service programs and leads the strategic visioning for the division. Nicole oversees United Way's Communications and Policy work, as well, and represents the agency on the boards of myriad community initiatives.

Nicole has a Master's in Public Health from the University of North Carolina-Chapel Hill and over 15 years of direct social service practice experience.

Reggie Newson

Chief Community Impact and Advocacy Officer Ascension Wisconsin

Reggie seeks to close health equity gaps and build a healthier community through strategic alliances, partnerships and investments that support scalable and sustainable initiatives. He leads state and local advocacy strategies to increase the visibility and influence of Ascension Wisconsin. He serves as Foundation President for Ascension Wisconsin.

Robert Rohloff, MD

Medical Director of Community Services and Health Management Children's Wisconsin

Robert Rohloff, MD, is the medical director of Community Services and Health Management at Children's Wisconsin, providing executive leadership on health equity, social determinants, trauma informed care, public policy, and monitoring and measuring health outcomes. He has served the community as a pediatrician for more than 35 years.

Staci Young, PhD

Associate Professor
Interim Director, Office of Community Engagement
Interim Senior Associate Dean for Community Engagement

Director, Center for Healthy Communities and Research
Department of Family and Community Medicine
Medical College of Wisconsin

Staci Young, PhD is an associate professor at Medical College of Wisconsin. Her research focus areas include advocacy for vulnerable patients and populations, the effects of social and structural conditions on health outcomes, and policies to advance health equity. Her work and teaching emphasize community engagement and partnerships for meaningful change.

Mike Gifford

President and CEO
Vivent Health

Mike Gifford has been a leading force in the fight against AIDS in the United States for three decades. During his tenure at Vivent Health, Mike has led the transformation of the organization from a social service agency into the nation's only recognized HIV Medical Home. This model brings case management, medical care, dental and behavioral health, pharmacy, and social services all into a single integrated, patient-centered system. Known as a leader who applies the best principles of for-profit management to the non-profit sector, Mike has helped grow Vivent Health from a $2 million to a $225 million organization operating in Wisconsin, Missouri, Colorado and Texas and serving more than 12,000 patients each year.

The United States spends more on medical care than any other country in the world, but its health outcomes are not reflective of that investment. Providers, businesses and community leaders increasingly realize that where a person lives and whether or not they have a stable home and access to food and reliable transportation have a direct impact on improving their health. These social determinants of health also impact the health of the community as a whole and its economy. The Milwaukee Business Journal recently sat down with representatives from the Medical College of Wisconsin, Children's Wisconsin, Vivent Health and Ascension Wisconsin to discuss social determinants of health and their impact on how care should be delivered.

NICOLE ANGRESANO: We hear a lot these days about social determinants of health. What do we mean when we talk about them, and why are they so important for us to consider?

STACI YOUNG: When we are talking about the social determinants of health, we are generally talking about the things outside of genetics and family history or medical care that can affect health – the physical environment, education, housing, food access, behaviors and support systems. They are important to examine because they can influence as much as 80 percent of a person's health outcomes.

What is something that could impact your health that we might not think of as a health issue?

YOUNG: I would say housing. It is not just whether or not they are homeless. It is also whether they are stably housed. It is certainly an issue if somebody is homeless, but what if you are a family or an individual that is unstably housed – where you don't know if you are going to be able to stay in your home? That leads to anxiety and stress. Another area is food insecurity. What types of food are people able to afford and how far do they have to travel to get affordable food? Clinicians are concerned about whether or not people are making certain decisions for optimal health, but we also have to remember that some people have to make additional decisions because there are two or three extra steps that they have to factor in.

> **Addressing the social determinants of health is an investment in people, the workforce and in the community. It is invaluable and will pay off for years to come.**
>
> **Staci Young, PhD**
> **Medical College of Wisconsin**

MIKE GIFFORD: So much attention is paid to health care and outcomes, but so little attention is paid to social determinants of health. Right now, businesses are negotiating their health insurance premiums for next year. They are focused on coverage and access, which is really a small part of the health care cost equation. The other, more substantial part of health care costs, which is not talked about at all – the social determinants of health – is what we really need to tackle.

Can you provide some specific examples of what your organization has done, or is doing, in this area and how it has impacted outcomes?

GIFFORD: The Vivent Health HIV Medical Home is the only HIV Medical Home recognized by the Centers for Medicare and Medicaid Services in the country. It integrates health and social services at one location. There is a doctor, a nurse, a mental health therapist, a social worker and a clinical pharmacist all working in real time to meet the needs of our patients. If a doctor discovers there is food insecurity, he or she can walk the patient 100 feet to one of the largest food pantries in the city where that person can get up to two weeks worth of groceries. They don't have to get on a bus and go across town. We know that a person who is homeless or unstably housed is more focused on shelter than medical care. So, if someone shows up with an eviction notice, we can provide financial support. Those are examples of how we create outcomes that move the needle. The most important health measure for HIV patients is having an undetectable viral load. Ninety-six percent of our patients have this compared to 54 percent nationally. I think that demonstrates the power of addressing social barriers to care.

ROBERT ROHLOFF: At Children's Wisconsin we have been creating context so that people better understand the impact of social determinants. One of the things we show is life expectancies by ZIP code in the city of Milwaukee. There is a 12-year difference in life expectancy between two of the city's ZIP codes: one high income and the other low income. That's a powerful statistic. People can really understand that. We have also taken measures from our system – well-child visits, immunizations, patient experience, asthma care – and we have broken them down by ethnicity, race and ZIP code. Every one of them shows a disparity. We use the data

to demonstrate how social determinants of health impact care and how they impact life expectancy. In one of the first groups we talked to, one physician said the data was a call to action. Another said we have a moral responsibility to address social determinants of health.

YOUNG: Dr. Rohloff made a really important point about ZIP codes. When we look at data, it is really striking how layered social determinants of health can be. Poor physical environment, food insecurity and economic instability hit certain neighborhoods harder than others. Where do you see the most unstably housed folks? Where do you see issues of unemployment or other forms of economic insecurity? Where do you see food access issues? They are the same places over and over. It is quite frustrating and unfortunate that where people live can have so much effect on their health outcomes or their life expectancies.

REGGIE NEWSON: Health systems have engaged in these matters over the years through their community benefits programs, but we have recently really come to recognize how important they are. We have clinical programs that focus on outcomes, but we are really working to address social determinants upstream. But it is not work that we can do alone. We need strategic alliances and partnerships. I think about the work that Ascension Wisconsin has done with United Way in terms of United Way's Safe and Stable Homes program. That partnership provides legal support for vulnerable individuals to make sure they have a safe and stable place to live. Dr. Young mentioned food insecurity. Ascension Wisconsin has been active in that, including investments in the UpStart Kitchen Program, a new food incubation space where we are teaching entrepreneurs and business owners to cook healthy foods and provide them to the community – particularly during COVID. And at St. Joe's, we have clinical programs that support the community, including helping to ensure patients have healthy birth outcomes. We screen our patients to identify their social needs, and we refer them to community partners. We are really trying to get our arms around social determinants of health so that we can address them upstream where we can have the most impact.

> **A healthier community is going to have better consumers and a better workforce. . . and businesses have a long-term interest in investing in the community.**
>
> **Robert Rohloff, MD**
> **Children's Wisconsin**

What I am hearing is that housing is health, jobs are health, transportation is health, access to food is health. That is, the more we reinforce the idea of whole people and whole families and whole neighborhoods, the better we will be. Having said that, why do you think it is important for the business community to get involved, and how best can it leverage its position?

GIFFORD: I think there are three opportunities for the business community. There is opportunity around philanthropy – like supporting United Way, which they are already doing. The second opportunity is investment. Where are the dollars they spend on health care going? What sort of wellness investments are they making for their staff? What are they doing with compensation to lessen some social determinants? The third opportunity is advocacy. The business community has a lot of sway, and that is why it is important that social determinants become a priority on the business community's agenda. What will they get in return? Healthier employees who will be more engaged and productive. They will get healthier communities, where it will be better to do business. And they are going to save money down the road. Studies have shown that since being named a medical home, and by addressing social determinants of health Vivent Health has reduced health care costs by more than $100 million.

ROHLOFF: From a strictly business standpoint, addressing things like presenteeism and absenteeism is going to improve productivity. You can concentrate on being a better worker, if you're not worried about where your family is going to live or where you are going to get your next meal. And then there is the impact on the community. The community is where you sell your product. The community is where you get your workforce. A healthier community is going to have better consumers and a better workforce. And businesses have a long-term interest in investing in the community. That is not true of insurers. It is difficult for payers to look at long-term outcomes because they generally only have a horizon of one to two years.

NEWSON: There is also the benefit of positive brand awareness. Businesses are facing workforce challenges with the tight labor market. And today's employees want to work for companies that are socially responsible. People want businesses to demonstrate a strong sense of commitment to the community. So, participating in this effort is beneficial from a sales standpoint, from a revenue standpoint and from a workforce standpoint. Those are all important reasons for businesses to engage.

YOUNG: I think it is beyond the normal business perspective of dollars exchanged for goods and services. It is about how do we invest in people in a meaningful way such that they feel valued whether they are an employee, customer, student, or faculty member. How do we do that? We do that through wellness initiatives or finding ways to keep people from being overextended in their work. One thing that happened with COVID is that many people were working long hours and juggling a lot of things. It is important for the business community to invest in people in a meaningful way so that people feel valued for who they are and what they do. That will pay dividends in the long run.

Are there any best practices that other communities have successfully implemented? Are there opportunities that Milwaukee should be thinking about doing here?

ROHLOFF: One of the examples I really like is the work that has been done in Boston to address childhood asthma. Boston Children's Hospital looked at data related to hospital utilization, emergency department visits, missed days of school and missed days of work. They saw that certain higher-risk populations were more likely to be affected – those ZIP codes that had layered social issues. Boston Children's partnered with community organizations to create a program in which nurses educated individuals who were struggling with their asthma. They used community partners to mitigate some of the asthma triggers in homes like pests, carpeting, dust and mold in the walls. By doing that, and by working with the schools and other community-based organizations, Boston Children's decreased hospitalization in the target population by 80 percent. They decreased emergency department utilization by 60 percent. They decreased missed days of school and the amount of work missed by parents by 45% percent. I think it is a fantastic example of a health system working with community partners in a targeted way to help a population that faced a lot of barriers. That program has been replicated in many communities. In fact, Children's Wisconsin has started a very similar program, the CHAMPs program, which has already shown a positive return on investment both financially and in improved quality of life.

> The business community has a lot of sway, and that is why it is important that social determinants become a priority on the business community's agenda.
>
> **Mike Gifford**
> **Vivent Health**

NEWSON: I would like to talk about something that has just gotten under way. It is called the Milwaukee Anchor Collaborative or MAC. All of the health systems in the metro area have joined with institutions of higher learning – the Medical College of Wisconsin, UWM and Marquette – to hire workers and purchase from businesses located in eight Milwaukee ZIP codes. By working together, we can leverage our hiring and purchasing power to create opportunities in the most vulnerable parts of the community. This model is based on work that has been done in Cleveland, Buffalo and Nashville. In those cities, they have seen double-digit increases in terms of being able to direct their sourcing dollars to minority- and women-owned businesses.

GIFFORD: Data is another way to address social determinants of health. I sit on the board of OCHIN, a health information technology non-profit that serves about 1,000 clinical sites across America, many of them federally qualified clinics and clinics like Vivent Health. We have been measuring and tracking social determinants of health through electronic health records. That's important because once you see something in the record, you can act on it. I think OCHIN is a great example of giving providers the social determinants of health data that they can respond to.

YOUNG: An example I would give is permanent supportive housing. It is taking place here in Milwaukee and in other major cities like Chicago and Denver. The investment is in not just providing people a place to live, but ensuring they have other supportive services around them. People with complex medical needs may have onsite care. They may have case managers on site if people need connections to other social resources. This has been effective for persons living with HIV/AIDS in Chicago and Milwaukee. The Medical College of Wisconsin continues to partner with the Milwaukee County Housing Division, utilizing the Housing-First model. We recognize that the way we can ensure that people have less exposure to violence is to ensure they have a place to live and the right support around them.

This is not the first time that initiatives have been undertaken to improve the health and lives of underserved populations. What do you think needs to be done differently this time in order to ensure success?

NEWSON: I think it is two-

fold. We have to have better alignment. There are many well-intentioned programs and stakeholders in this space, but we don't have the alignment we need across multiple sectors in order to sustain the efforts. The second part is that, in as much as we want to have large-scale impacts, the work has to be done incrementally. We have to set priorities and get people aligned to address one or two things at a time. That will let us achieve some success, learn, adjust and not be afraid to fail. That is the way we will start to see long-term, longitudinal change. Driving alignment and focusing on a few priorities will be critical to our success.

ROHLOFF: To expand on what Reggie said, I think there is a risk that when we take on short-term goals, they become science projects that don't result in lasting change. We have to identify what some people call "big, hairy, audacious" goals and recognize it will take us five to 10 years to achieve them. Then, as Reggie said, we need to break down the goals into achievable steps. None of us can achieve these goals on our own. We have to bring to a collaborative effort what we do well, and rely on others to do what they do well. We also have to remember that social determinants of health are the result of long-standing policies. That means we need to advocate for change.

I agree that it is really important to manage expectations of how long this will take. That is where public health and business sometimes have a disconnect. Our business leaders are used to making an adjustment, and suddenly more widgets are made. Poverty, infant mortality, mental health are generational issues that may take years to fix. Dr. Young, what are your thoughts?

YOUNG: A long-term commitment is critical. When I talk about community engagement, that is what I am thinking about. One of the initiatives MCW is moving forward with in collaboration with the Greater Milwaukee Foundation and the Royal Capital Group is the ThriveOn Collaboration. It is a place-based investment that is intended to be long-term work toward addressing social determinants of health to ensure that Milwaukee is an equitable place where all people are thriving. That means growing and building partnerships over time. There are going to be some areas where we do have to move fast, because there are communities that have needs right now. So there are some areas where we will need to identify how quickly we can move and pivot.

GIFFORD: I want to build on Dr. Young's comment on investment. We spend more on health care than any other country. What would it look like if we spent 10 percent of that money on social determinants of health? What would it be like for a company spending $800,000 on health insurance to invest $80,000 to address these issues? It is going to take money to move the needle, but moving the needle will reduce costs. We know how to overcome social determinants of health. The question is do we have the will or desire?

What are the one or two thoughts that you would like the business community to take away from today's discussion?

NEWSON: The work has to be done in partnership, and it has to be strategic and sustainable. We really have to focus on driving alignment. There are so many stakeholders working in this space that we are diluting the impact we can have. It is not going to be easy. It is going to have to be incremental, and it is going to take time. And the reason that this is important to the business community is that, in today's environment, most business leaders want to address these issues.

> **There is also the benefit of positive brand awareness. . . today's employees want to work for companies that are socially responsible.**
>
> **Reggie Newson**
> **Ascension Wisconsin**

YOUNG: Addressing the social determinants of health is an investment in people, the workforce and in the community. It is invaluable and will pay off for years to come.

ROHLOFF: I think we are at an amazing time when the goals of health care providers, employers and consumers are aligning. We need to address the rising costs of care, and that includes highlighting the role social determinants play. If we can devote time, attention and money, we can bend the cost curve and improve the quality of life and health of the community overall. But it is going to require us working together and making that commitment.

GIFFORD: The definition of insanity is doing the same thing over and over, but expecting a different outcome. We need to realign and redefine the health care system to put people at the center. We all need to take responsibility for the role we play in a system that is not working for a lot of folks.