

POLICY PRINCIPLES

to Guide Health Care's
Role in Social Interventions



Social and Economic Drivers of Health

The social, environmental, and economic factors that shape our lives—and the policies that create those conditions—play a crucial role in our health.

What do access to healthy, affordable food and housing; safe, clean environments; reliable transportation; and good schools and jobs have in common? All of them impact how long people live and how healthy they are while they are alive. Yet in many communities, access to these critical resources is limited or uneven. In particular, historic and current patterns of racial and ethnic discrimination mean that Alaska Natives/American Indians, Native Hawaiians/Pacific Islanders, and people of color often live in neighborhoods that have fewer resources, receive lower public and private investments, and face higher barriers to health and well-being. This contributes to higher rates of sickness and premature death among these communities that are further compounded by discrimination based on other social factors - gender, sex and sexual orientation, disability, class, age, and others - and the ways in which these identities intersect. Because of these inequities, addressing the social and economic determinants of poor health is critical to achieve health justice.

Health systems and policy makers are increasingly looking for ways to use health system levers, such as Medicaid, Medicare and hospital community benefit requirements, to address social determinants of health. But more work remains to ensure patients and communities benefit from new approaches. For example, policies aimed at directing health care resources to address social determinants must set appropriate guard rails that protect patient and community data. They must ensure sufficient funding for both health care and social services, rather than sacrificing one for the other, and balance longer-term pay-offs for one sector with immediate needs in another. These are thorny issues, further complicated by having many complex sectors - housing, food, transportation - at the table. The following policy principles attempt to balance these challenges and opportunities in ways that elevate and support patients and communities.



PRINCIPLE 1

The health care system should address the social determinants of health.

Research shows that social factors play an outsized role in health outcomes. Health care strategies that address the social drivers of poor health are key to ensuring that patients and community members have the best opportunities to thrive. They are also key to spending health care dollars effectively, and improving health outcomes for everyone. Thus, the health care system should proactively support social interventions that improve health. This includes finding appropriate ways to use health care resources and strategies to directly address social determinants of health in clinical practice and community settings.



PRINCIPLE 2

“First, do no harm” - Ensure access to comprehensive, high-quality health care and public health services.

Affordable, accessible, comprehensive and high-quality health care is critical to health. Efforts to address social determinants should build on a strong foundation of health care access and quality, and should not undermine these fundamental and necessary building blocks for health. Policy initiatives that seek to use health care resources to improve or address social determinants should add to - not replace or divert - resources that support core health care and public health functions and expand access to quality health care.



PRINCIPLE 3

Involve patients and communities in identifying problems, naming solutions and defining the terms of success.

Community buy-in and support is key to addressing the social determinants of health. Plan and use community engagement strategies that support inclusive, meaningful participation from patients and community residents as policy solutions are developed, implemented and evaluated. This includes providing support for community residents and community-based organizations to participate and share decision-making roles when planning, implementing and evaluating interventions.



PRINCIPLE 4

Make reducing health disparities a core goal of efforts to address social determinants of health.

The social and economic resources necessary for good health are distributed unevenly across individuals and communities, contributing to marked disparities in health based on factors such as race, disability, income, gender identity, education and neighborhood. As communities, policymakers and health systems work together to implement approaches to address social determinants, reducing disparities in health outcomes should be a core goal. This includes identifying critical health disparities, designing and implementing strategies to reduce them, and measuring the impact of interventions.



PRINCIPLE 5

Provide sustainable and sufficient financing to address patients' social needs and connect them to meaningful levels of services.

Health system investments in social services must be adequately and appropriately funded. This includes adequately funding social services to avoid the “bridge to nowhere” problem, where the health sector is identifying patients’ social needs but other sectors - like housing or food - lack the resources to meet those needs. This also means ensuring payments to health systems are adjusted appropriately to account for their patients’ level of social needs. Additionally, advocates and policymakers should work with health care organizations to ensure that health plans and providers who invest heavily in social services and thus decrease the need for traditional medical services are not penalized when it comes to payment.



PRINCIPLE 6

Match the social intervention with financing strategies that align in terms of scale, purpose and timeline.

When considering how to use health care dollars to support a social intervention that improves health, choose financing approaches in which the source and scale of funding, and the timing for expected return on investment, appropriately match the intervention. For example, health systems interested in creating sustainable, long-term improvements in the local economy should use their own purchasing power to support inclusive, local hiring and source from locally-owned businesses. By contrast, smaller-scale financing strategies that can absorb a delayed or reduced return on investment - such as direct grantmaking and capital investments - might support one-off social interventions that meet pressing community needs, such as investing affordable or healthy housing units. Health care payment innovations - such as value-based payments - can provide consistent financing for time-sensitive social services that meet patients' immediate needs. Tools already exist to help health care providers and community-based social service organizations develop financial arrangements that support social needs interventions for high-need patients. Finally, public financing mechanisms - including public expenditures, taxes and public health assessments - might be most appropriate in situations where investments lead to real, short-term improvements in one social sector, but the impact on health outcomes and costs take longer to realize.



PRINCIPLE 7

Involve multiple sectors in shaping social interventions to improve health.

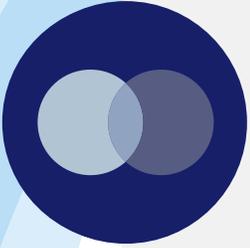
Social interventions to improve health should be developed with input from multiple sectors and community partners. This will help create shared incentives, build on strengths of multiple sectors and avoid duplication where community resources already exist. We encourage strategies that create communities of practice among providers, payers, public agencies and community partners from sectors such as health care, transportation, housing, public health, environmental health and food security.



PRINCIPLE 8

Appropriately limit how patient and community data is collected, shared and used.

Good data is essential to addressing social determinants of health effectively. However, patient and community data can be incorrectly interpreted and used to promote policies that limit access to services, or applied in ways that exacerbate disparities. To avoid misuse, establish a limited scope for how data will be collected, shared and used with robust input from patients and communities, clear opt-out options and safeguards to protect personal privacy, and intensive education for staff, patients and communities.



PRINCIPLE 9

Maximize transparency.

In clinical settings, clearly communicate the availability of benefits to address social needs, as well as appeals and grievance processes. Efforts to promote broader social interventions to improve health should clearly indicate why a particular issue and strategy were selected, what the anticipated cost and impact will be, and what role the community can play in providing information and influencing decisions. In all cases, information should be shared in ways that are culturally, linguistically and physically accessible to all.



PRINCIPLE 10

Address structural racism as a social driver of poor health.

Structural racism refers to public policies, institutional practices, racialized narratives and beliefs that permeate our culture and impose greater barriers on Alaska Natives/American Indians, Native Hawaiians/Pacific Islanders and people of color. Structural racism reinforces the racial disparities that exist in almost every sector of American life, including housing, employment, education, transportation and criminal justice. Addressing structural racism means developing policies and practices that explicitly acknowledge and counteract the historical legacies and present-day realities of racism across the social determinants of health. It also means using a strengths-based approach to social interventions that includes patients and communities impacted by structural racism in decision-making. A “strengths-based approach” treats patients and community residents as experts in their own lives and experiences. It acknowledges the impact that social identity and trauma - including trauma from racism, poverty and other forms of discrimination - have on health. It develops interventions that support the strategies, networks and assets these communities have already built that have enabled them to thrive.