Preparing for the Future

Linking Arms With Cross Sector Partners

John Auerbach
President and CEO
Meet Fran Edwards:

- At MD for first physical in 5 years
- 55 years old, married, smokes, overweight, little exercise
- Asthmatic, pre-diabetic
- Stopped taking medications in past due to cost
She Needs More Than Health Care

- **Income** - Low income, family of 5
- **Barriers to Fitness** – Safety, few parks, no nearby supermarket
- **Sub-par Housing** – Mold and ventilation problems
Her Doctor Tries to Help

- Screens for social needs
- Helps her seek new housing - via local agency
- Helps meet food needs - on-site help with emergency food assistance
But There's Only So Much Her Doctor Can Do
There Are Many Mrs. Edwards

- U.S. has shortage of 7.4 M affordable/available rental homes for poorest
- In NC - Average rental costs not affordable for those with average wages

**Housing Costs Compared With Wages**

<table>
<thead>
<tr>
<th></th>
<th>Hourly wage necessary to afford a 2BR at fair-market rent (FMR)</th>
<th>Monthly cost of 2BR FMR</th>
<th>Annual income to afford 2BR FMR</th>
</tr>
</thead>
<tbody>
<tr>
<td>North Carolina</td>
<td>$13.63</td>
<td>$709</td>
<td>$28,351</td>
</tr>
<tr>
<td>Durham-Chapel Hill</td>
<td>$14.58</td>
<td>$779</td>
<td>$31,640</td>
</tr>
<tr>
<td>Raleigh-Cary</td>
<td>$16.33</td>
<td>$849</td>
<td>$33,960</td>
</tr>
<tr>
<td>Chatham County</td>
<td>$14.08</td>
<td>$779</td>
<td>$31,160</td>
</tr>
</tbody>
</table>

**Renter Households (2006-2010)**

<table>
<thead>
<tr>
<th></th>
<th>Number</th>
<th>% of households</th>
<th>Avg. hourly wage, renter</th>
<th>Rent affordable at that wage</th>
</tr>
</thead>
<tbody>
<tr>
<td>North Carolina</td>
<td>1,157,690</td>
<td>32</td>
<td>$12.11</td>
<td>$630</td>
</tr>
<tr>
<td>Durham-Chapel Hill*</td>
<td>71,644</td>
<td>40</td>
<td>$17.80</td>
<td>$925</td>
</tr>
<tr>
<td>Raleigh-Cary</td>
<td>130,899</td>
<td>32</td>
<td>$12.53</td>
<td>$652</td>
</tr>
<tr>
<td>Chatham County</td>
<td>5,190</td>
<td>21</td>
<td>$8.08</td>
<td>$420</td>
</tr>
</tbody>
</table>

*Large numbers of students at Duke, NCCU and UNC as a proportion of the area’s overall population

Source: National Low Income Housing Coalition
Housing Costs: Problem for Both Low & Middle Income People

Renters’ Incomes Haven’t Caught Up With Housing Costs

Percent change since 2001, adjusted for inflation

Source: CBPP tabulations of the Census Bureau’s American Community Survey
North Carolina is the 10thHungriest State in the U.S.

**Low Food Security:** Homes that often must make tough choices about the amount and quality of food they are able to provide their families.

**Very Low Food Security:** Homes that often miss meals.

According to the USDA, in the past year more than 90% of these families worried that food would run out; nearly 80% could not afford a balanced meal; and individuals in 96% of homes with very low food security skipped meals in order to make food last longer.
A Total Population Approach Includes:

- **Housing:**
  - Expand the housing supply
  - Improve the existing housing stock
  - Lower the cost of housing

- **Food**
  - Increase the availability of healthful foods
  - Lower the cost of food
  - Improve mass transit
# The Social Determinants Spectrum

**Working in Just One Box is Insufficient**

<table>
<thead>
<tr>
<th>Insurers/providers coverage &amp; hospital benefits</th>
<th>Government action/funding: public health &amp; other sectors</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Screening</strong> for necessary social, economic and safety issues in clinical &amp; other settings</td>
<td><strong>In-house social services</strong> assistance (at clinical site where screening is performed)</td>
</tr>
<tr>
<td><strong>Community-based social &amp; related services</strong>; single or multiple programs or services</td>
<td><strong>Changes to laws, policies, regulations</strong> or community-wide conditions; working across sectors</td>
</tr>
</tbody>
</table>

| Addresses patient social needs | Addresses community social determinants |
How Much Can Health Care Do?

The Limits Include:

- Emphasis on reducing costs of most expensive
- Short term need for return on investment
- “Attributable” patient focus
Health Care Should Do as Much as Possible

- Screening
- Bringing social services in-house
- Referring skillfully to community agencies
- Considering broader needs in its community benefits & investments
- Supporting resources for other sectors to:
  - Address the community-wide needs
  - Address the underlying problems
The 3 Buckets of Prevention

1. Traditional Clinical Prevention
   - Increase the use of clinical preventive services

2. Innovative Clinical Prevention
   - Provide services that extend care outside the clinical setting

3. Community-Wide Prevention
   - Implement interventions that reach whole populations

Health Care
Public Health
Bucket 1: Traditional Clinical Approaches

Focus on Preventive Care
Development of 6|18 Initiative

- Focus on 6 high-cost, high-prevalence conditions
- Review of CIO evidence-based clinical interventions
- 18 interventions identified
Provide All Tobacco Cessation Meds Without Cost
Bucket 2: Innovative Patient-Centered Care

Focus on Preventive Care

Provide services that extend care outside the clinical setting
To Address Asthma:
Healthy Home Risk Reduction

Home visit by CHWs to

- Provide additional education/ encouragement
- Assess risk factors in the home
- Assist in removing risk factors
Bucket 3: Community-Wide Health

Focus on Preventive Care

Implement interventions that reach whole populations
Social Determinants of Health: More Widely Recognized
Rhode Island Health Equity Zones

- Funds **9 local collaboratives** representing diverse sectors of the community.
- Supports **partnerships to create healthy places** for people to live, learn, work, and play.
- Requires **hospitals** to contribute as part of community benefits and expansion projects.
Preview of Coming Attractions:
Promoting Health Improvement and Cost Controls in States (PHACCS)

- Trust for America’s Health initiative with support from the Robert Wood Johnson Foundation and Kaiser Permanente
- The 12 key health policies each state should consider
- What to expect:
  - The Data on What Works
  - Peer Support and Teaching
  - Technical Assistance
- To be released in early Feb., 2019
What’s Your Role? – Improved patient care linked with total population health

- Policymakers/state agencies:
  - Link payment reform be to wider

- Legislators, consider:
  - Consider laws/budgets that

- Health care providers:
  - Screen/refer but also support changes that address identified need

- Community based organizations:
  - Work to change local conditions while linking with health care

- Foundations, academia, others:
  - Help “plug the holes” along the spectrum
She Needs Our Support