Improving Social Determinants of Health—Getting Further Faster

Year 2 Brief Evaluation Report

May 2023

Public Health Opportunity

Healthy People 2030 includes a national goal to improve social determinants of health (SDOH): "Create social, physical, and economic environments that promote attaining the full potential for health and well-being for all."[1] We have a unique opportunity to make progress on this ambitious goal by leveraging recent investments in our nation's public health infrastructure.[2]

Multisector community partnerships (MCPs) are a central part of the public health approach to addressing SDOH and advancing health equity.[3–5] Community-driven SDOH interventions complement health care systems' efforts to address SDOH by screening patients for health-related social needs and referring them to community-based services for support.[6,7] The Improving Social Determinants of Health—Getting Further Faster (GFF) initiative is designed to generate practice-based evidence that can bolster future MCP-driven SDOH interventions.

Getting Further Faster Initiative

The Centers for Disease Control and Prevention's (CDC's) National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP) partnered with the Association of State and Territorial Health Officials (ASTHO), the National Association of County and City Health Officials (NACCHO), and evaluation contractor RTI International to launch GFF in 2020. GFF applies rapid retrospective evaluation methods to learn from MCPs' real-world SDOH interventions.[8] The initiative focuses on MCP efforts that align with the five domains of NCCDPHP's SDOH framework: (1) built environment (BE), (2) community-clinical linkages (CCL), (3) food and nutrition security (FNS), (4) social connectedness (SC), and (5) tobacco-free policies (TFP).

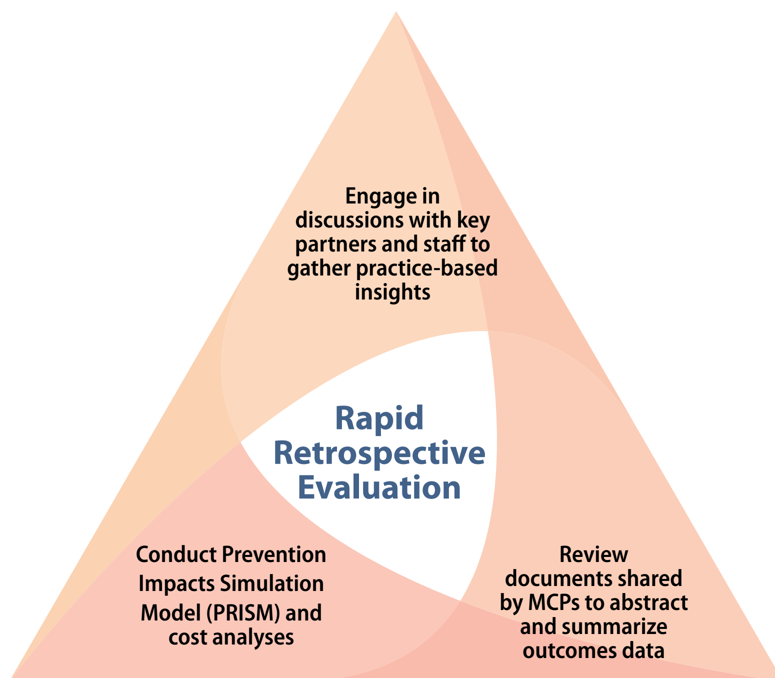
During the first year of GFF, we collaborated with 42 existing MCPs to conduct a retrospective evaluation of their SDOH interventions in the five NCCDPHP domains. Year 1 findings indicated that partnerships' efforts helped expand their communities' capacity to address SDOH, contributed to community changes that support healthy living, and helped improve chronic disease-related outcomes among community members.[9]

Year 2 Evaluation Approach

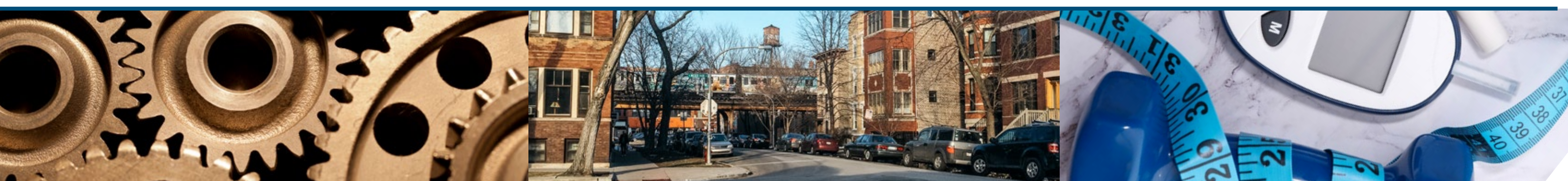
In the second year of GFF, we collaborated with 14 of the original 42 partnerships to learn more about

- the specific roles health departments play in supporting MCPs' SDOH interventions,
- the costs of MCPs' SDOH interventions,
- how MCPs help build community resilience, and
- strategies for sustaining MCPs' SDOH interventions.

See **Appendix A** for the list of Year 2 GFF partnerships. Similar to Year 1, rapid retrospective evaluation methods included discussions with key partners and staff to gather practice-based insights, document review to identify and summarize outcomes for MCPs' SDOH interventions, and cost and Prevention Impacts Simulation Model (PRISM) analyses.



Key Findings



All 14 Year 2 GFF partnerships helped build community capacity for addressing SDOH through new or strengthened partnerships, data and data systems, or strategic plans; leveraged resources; or engaged residents. All partnerships collaborated with local or state health departments, and half of the MCPs collaborated with both local and state health departments.

Thirteen Year 2 GFF partnerships contributed to community changes that promote healthy living, such as building new hiking trails, bike lanes, and playgrounds; restoring parks and other community gathering spaces; and adopting TFP.

Most Year 2 GFF partnerships (86%) reported health outcomes data for their SDOH initiatives, including improved health behaviors, clinical outcomes, and overall health and wellness, and decreased health care utilization.

Example Interventions and Reported Health Outcomes

Intervention Description	Reported Outcomes (Source)
FoodShare program. Local health and social services organizations partner to improve healthy food access for county residents, address food insecurity, and reduce food deserts.	Increased community's access to healthy foods by distributing approximately 150 boxes once per month to individuals with low income from November 2020 to January 2022 (total 2,100 boxes). After a successful first year, distribution has now increased to twice per month (Application, internal presentation).
Outdoor recreation program. Community partners collaborate to improve equitable access to the outdoors for city youth; local youth participate in outdoor recreation activities at local parks and community centers.	Completed a short off-road bike trail loop, made water quality improvements in a public park, opened a boat and canoe ramp, and began construction of the first soft-surface hiking trail in the priority area (Evaluation presentation).
Community connections project. This network of community-based organization and clinical partners share data and align efforts to address SDOH. Initiatives include conducting screening, referral, and navigation for Medicare and Medicaid beneficiaries in the county.	There were 138,525 completed screenings for 52,713 unique patients and 6,253 unique high-risk patients; 14,125 core needs were identified for high-risk patients. Project partners resolved 7,534 core needs for high-risk patients (50%) (Calculated from internal evaluation data).
Community health worker (CWH) program. CHWs, who serve as partners to health care teams and the link between patient, health care, and community resources, help clients overcome barriers to reaching optimal health goals. Program focus areas include improving health outcomes for adults diagnosed with chronic diseases.	Between January 1, 2018, and July 19, 2021, the CHW program improved appointment adherence by 79.7%, reduced hospital admissions by 25.3%, and reduced emergency department visits by 40.7%. In the same period, the CHW program also increased the number of clients obtaining health insurance by 30.2% and increased the number of clients obtaining primary care by 33.3% (Application, internal evaluation report).

Collaboration with Health Departments

- All GFF MCPs collaborated with local or state health departments, and half of GFF MCPs collaborated with both.
  - **Health departments provide technical assistance (TA), funding, and other resource support to MCPs.** Many GFF MCPs reported that local and state health departments provided TA and resources, including input on language for new policies (state); guidance for conducting health improvement plans, surveys, and evaluations (local and state); help with applying for funding and conducting trainings (local and state); and access to educational materials (state).
  - **Health departments are connectors.** Some MCPs described how both local and state health departments connected them with other key collaborators, which helped advance SDOH efforts. For example, one TFP, CCL MCP explained that their local health department connected them with businesses that informed smoke-free policy conversations with landlords and plaza owners. Partnering with health departments can also connect MCPs to decisionmakers. An FNS MCP noted that their collaboration with their state health department better positioned them to inform Medicaid policy.
  - **Health departments provide staffing support and tangible resources for SDOH initiatives.** Three MCPs described how local and state health departments have supported the day-to-day implementation of SDOH initiative activities, including delivering fresh produce to the community foodbanks for a healthy eating initiative (state), participating in produce pop-ups and tobacco take-back events (local), and implementing educational campaigns (state).
- Opportunities for health departments to further support MCPs' SDOH efforts include dedicating staff time to support SDOH initiatives and embracing local health departments' role as champions for SDOH interventions, such as addressing food insecurity at the city or county level.

Collaboration with Health Care Delivery Systems

- All but one MCP collaborated with health care delivery systems.
  - **Health care partners provide health and SDOH screenings.** Some MCPs reported that health care partners facilitated screenings to help connect people to community service providers and health clinics in their communities. In some cases, health care partners received electronic referrals from MCPs.
  - **Health care partners provide training and TA.** Health care providers and experts lead seminars and workshops for some MCPs, such as healthy heart training programs and quarterly professional development trainings. In one case, a health care collaborator assisted a TFP MCP with conducting research on secondhand smoke exposure to help inform intervention efforts.
  - **Health care and MCP collaboration can boost staffing support for both partners.** Some MCPs reported that health care staff volunteer at SDOH initiative events, including community health fairs and smoke-free promotion events. One TFP MCP noted that staff from a health care partner serve on their board. MCP volunteers or staff may also support health care events. For example, one CCL, FNS, TFP MCP's community health workers helped staff the health care partner's vaccination events in underserved communities.
  - **Health care partners provide funding and tangible resources.** A few MCPs reported that health care partners provided them with access to resources, including clinic space to promote local food pharmacies and conduct health workshops. Several MCPs reported receiving funding from health care partners to support their SDOH initiatives. Some funding was provided through large managed health care companies, as well as state-level health insurance and non-profit health care companies that provide public health care programs in the state.

Reported factors that challenge collaboration with health care delivery systems include health care partners' limited resources or funding restrictions, the complexity of SDOH work, and technology barriers.

"A lot of times this work is complex and sometimes the data doesn't exist yet to back up community-led solutions. So, holding those things in hand, I think, has to be financially viable for our MCO [managed care organization] partners before they want to engage in something."
—BE, FNS, TFP MCP

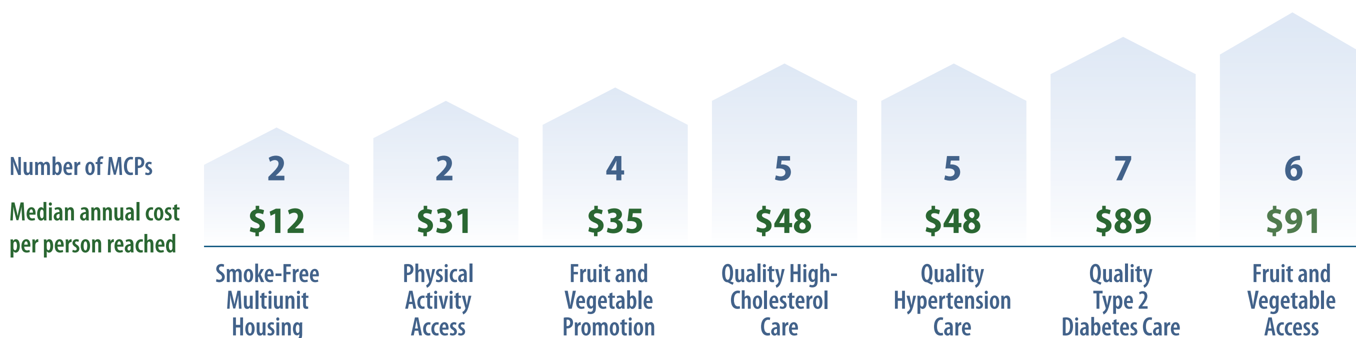
Costs and Potential Long-Term Impact

- Thirteen Year 2 GFF partnerships reported costs and reach for SDOH efforts they have implemented.
- Based on costs data provided by Year 2 GFF partnerships, annual operating costs across the 13 MCPs total about $7.4 million. Excluding one intervention's large expenditure on contracted services, about 53% of total annual operating costs were for labor.
- Using data provided by MCPs, we estimated the annual cost per person reached for different types of SDOH interventions that are linkable to PRISM. For the Year 2 GFF cohort, median annual cost per person reached ranged from $12 for smoke-free multiunit housing interventions to $91 for interventions to increase access to fruits and vegetables.

Funding Sources

- Most MCPs (71%) reported more than one funding source.
- Reported funding sources include the following:
  - State and local health departments and other state and local government agencies
  - Health systems, including grants and reimbursement for services
  - Foundations
  - Federal government agencies

Median Annual Cost Per Person Reached for Selected Types of Interventions Implemented by Year 2 GFF Partnerships and Linkable to PRISM



- For the 13 MCPs' 43 SDOH initiatives that could be analyzed using PRISM, we estimate 860 coronary heart disease events, 430 strokes, and 370 deaths averted after 10 years. We also estimate medical cost savings of $43.1 million and productivity cost savings (i.e., the value of time lost from work or household chores) of $173.5 million cumulatively over 10 years.

Estimated Cumulative Impacts for 13 MCPs That Reported Reach for Interventions Linkable to PRISM: 5-, 10-, and 20-Year Results

Outcome	5-Year Results	10-Year Results	20-Year Results
Coronary heart disease events averted[a]	390	860	1,930
Strokes averted[a]	200	430	1,010
Deaths averted[a]	150	370	970
Medical costs averted (2022$)[b,c]	$17,300,000	$43,100,000	$105,243,000
Productivity costs averted (2022$)[b,c]	$72,556,000	$173,459,000	$408,098,000
Total costs averted (2022$)[b]	$89,855,000	$216,559,000	$513,341,000

[a]Rounded to nearest ten [b]Rounded to nearest $1,000 [c]Includes costs of CVD and risk factors of CVD

MCP = multisector community partnership; PRISM = Prevention Impacts Simulation Model.

Note: Costs are discounted using a 3% annual discount rate.

Sustainability Strategies

- Year 2 GFF partnerships shared several keys to **sustaining MCPs** focused on SDOH:
  - **Good communication.** This strategy includes frequent communication while building relationships and future-oriented communication to maintain relationships in the long term.
  - **Shared expectations, vision, and goals.** This strategy may involve executing memoranda of understanding among partners to set expectations for use of resources and commitment to supporting the SDOH efforts.
  - **A team-based, decentralized structure.** Decentralizing the lead partner role can help keep the MCP functioning if a single organization loses funding or leaves the partnership.
  - **Sustained funding.** Most MCPs noted that long-term funding is crucial to sustaining SDOH initiatives and MCPs. In some cases, higher or longer-term levels of funding can lead to increased participation from partners.

- MCPs shared several planned strategies for **sustaining the SDOH initiatives**:
  - Getting health care payers, including Medicaid MCOs, state Medicaid programs, and health care systems, to support their work
  - Seeking foundation funding to support initiatives
  - Working with state representatives to cover the initiative in the state budget
  - Embedding the initiative within health care systems
  - Documenting impact and using outcome data to advocate for, and tell the story of, the importance of SDOH initiatives to garner internal and external funding

"Once there is buy-in, then it takes a life of its own and we don't have to perpetuate it anymore. They have their systems and structures in place that can fund it and write it into their policies and those kinds of things. And then we don't really have to keep after it. It blooms and lives."
—TFP MCP

"What is the story that we need to tell to be able to show the importance and strength of this work so that it emerges from this pandemic as sort of one of the hallmarks of how we do community health and public health work into the future? So, any ways that funders can not only put funding into that, but really help with telling that story and supporting that type of work I think is crucial."
—BE, FNS, TFP MCP

Limitations

The rapid and retrospective nature of the data collection meant that we had to rely on partnerships' ability to accurately document and recall activities that occurred before our evaluation began. In addition, the outcomes assessment was limited to targeted review and abstraction of a wide range of documents from partnerships, and some partnerships may have achieved outcomes that were not captured in the documents we reviewed. To help mitigate this limitation, we cast a wide net for reported outcomes and abstracted all explicit outcomes with supporting data from available program documents.

Findings from our cost analyses may not represent all expenses for SDOH initiatives. For example, some start-up data were not available for some initiatives, and we treated these as missing in our analyses. Cost data were self-reported by MCPs and were reported retrospectively. Prospective cost data collection is preferred. However, we have found retrospective cost reporting to produce accurate estimates in other cost studies. Our estimates reflect the experiences of GFF Year 2 partnerships and may not apply to similar SDOH interventions implemented by other MCPs or in other locations. Our PRISM analysis also has limitations. The long-term impact estimates are limited to efforts that can be linked to PRISM, and two of the MCPs' interventions could not be modeled in PRISM.

Despite limitations, our retrospective approach and cost and PRISM analyses were key strategies for overcoming common challenges with evaluating health outcomes of MCPs' interventions (e.g., evaluation time frames that are shorter than the time required for health outcomes to manifest and wide variation in intervention strategies).[5] Our approach also fits the purpose of rapid evaluation and assessment methods, which is to "provide information of sufficient quality at key decision points to improve the quality of decision making and, by extension, the effectiveness of actions subsequently taken."[8] Year 1 and Year 2 GFF evaluation findings are being used to help inform ASTHO, NACCHO, and NCCDPHP's SDOH-related programming and TA.

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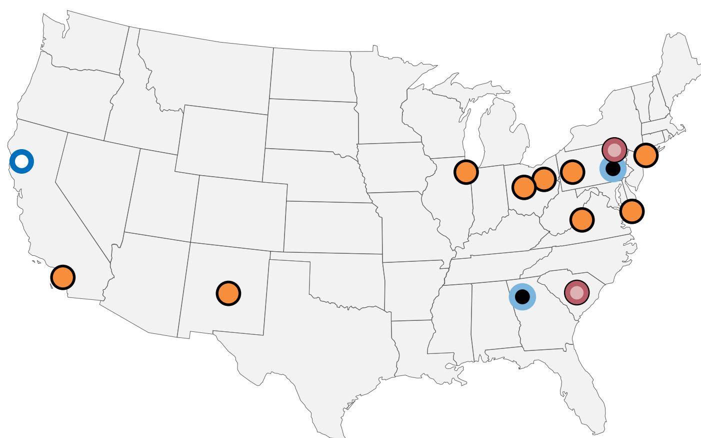
Appendix A. Year 2 GFF Partnerships

SDOH Community Pilots Recipient Map



SDOH Area Key

- BUILT ENVIRONMENT (BE)
- COMMUNITY–CLINICAL LINKAGES (CCL)
- FOOD AND NUTRITION SECURITY (FNS)
- SOCIAL CONNECTEDNESS (SC)
- TOBACCO-FREE POLICY (TFP)
- MULTIPLE SDOH FOCUS AREAS

Community–Clinical Linkages			
Community Resource Hubs/Atlanta Regional Collaborative for Health Improvement (ARCHI)		Atlanta	GA
Community Connections/Reading Hospital		West Reading	PA
Food and Nutrition Security			
Food As Medicine Collaborative/San Francisco Department of Public Health		San Francisco	CA
Tobacco-Free Policy			
Health Promotion Council of Southeastern Pennsylvania		Philadelphia	PA
Lancaster County Health and Wellness Commission/Upper Midlands Rural Health Network		Lancaster	SC
Multiple	**SDOH focus area**		
BPSOS Center for Community Advancement	CCL, TFP	Westminster	CA
The Diabetes Research, Education, and Action for Minorities (DREAM) Coalition/ Council of Peoples Organization	CCL, FNS, SC	Brooklyn	NY
Maryland Living Well Center of Excellence	CCL, FNS, SC	Salisbury	MD
Proviso Partners for Health	BE, FNS, TFP	Maywood	IL
Healthy Here Coalition/Presbyterian Healthcare Services	BE, CCL, FNS	Albuquerque	NM
Access Health Stark County	CCL, SC	Canton	OH
Live Well Allegheny REACH Coalition/Allegheny County Health Department	BE, CCL, FNS	Allegheny County	PA
Avondale Children Thrive Collaborative/The Community Builders	CCL, FNS, TFP	Cincinnati	OH
West Louisville Outdoor Recreation Initiative/Wilderness Louisville	BE, SC	Louisville	KY