



Social Determinants of Health and How Philanthropy Can Engage

**May 13, 2020
10:00 AM CDT**



Dr. Shao-Chee Sim



Amanda Arizola



Eusebio Diaz



REAL-TIME RESPONSE



Dr. Lauren Smith



Dr. Anthony Slonim



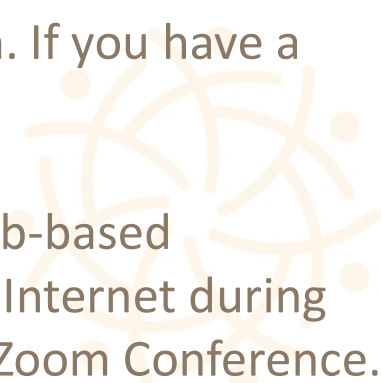
Abigail Ridgway



Hillary Evans
Vice President of Professional Learning &
Public Policy
Philanthropy Southwest

Logistics

This call will include numerous participants, so here are a few housekeeping notes:

- 1) Take a moment to download the Zoom software directly onto your computer. Desktop access allows for full functionality (including the chat box) and participation while the mobile browser access has its limitations.
 - 2) Everyone joining the call will be on listen-only mode and this webinar will be recorded.
 - 3) During the Q & A portion, we will do our best to facilitate participation. If you have a question, please use the "Q/A Box" function and type your question.
 - 4) If you have issues with your bandwidth, you may want to close any web-based applications or ask other household members to hold off on using the Internet during this time period. These actions should help boost your bandwidth for Zoom Conference.
- 



Amanda Arizola (Moderator)
Vice President of Finance & Operations
Philanthropy Southwest

Today's Agenda

- I. Welcome and Introductions – Hillary Evans, Philanthropy Southwest
- II. Roadmap for Social Determinants of Health (SDOH) Discussion – Amanda Arizola, Philanthropy Southwest
- III. Level Setting to Address Social Determinants of Health – Dr. Tony Slonim, Renown Health
- IV. How Can Funders Engage in Policy and Practice to Address SDOH? – Dr. Shao-Chee Sim & Eusebio Diaz, Episcopal Health Foundation
- V. Build Back Better: COVID-19 Response and Reconstruction – Dr. Lauren Smith & Abigail Ridgway, FSG
- VI. Audience Q&A
- VII. Concluding Remarks by Panel
- VIII. Thank you and Close – Hillary Evans





Dr. Tony Slonim
President & CEO
Renown Health (Reno, NV)

Level Setting to Address Social Determinants of Health (SDOH)

Dr. Anthony Slonim

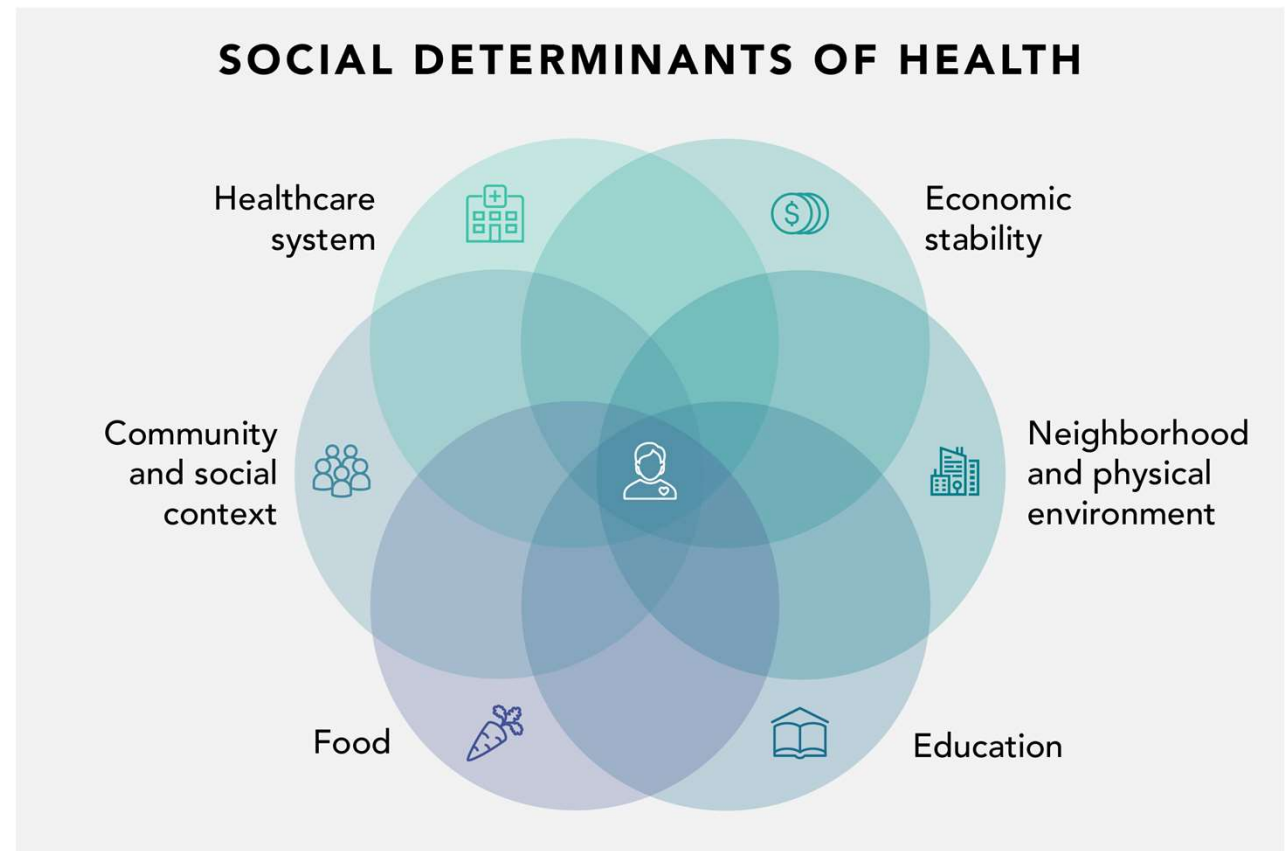
Renown Health

Wednesday, May 13th

Outline

- What are Social Determinants of Health
- Healthy Nevada Project
- Medical Model vs Public Health Model
- Normal vs Crisis Standards of Care

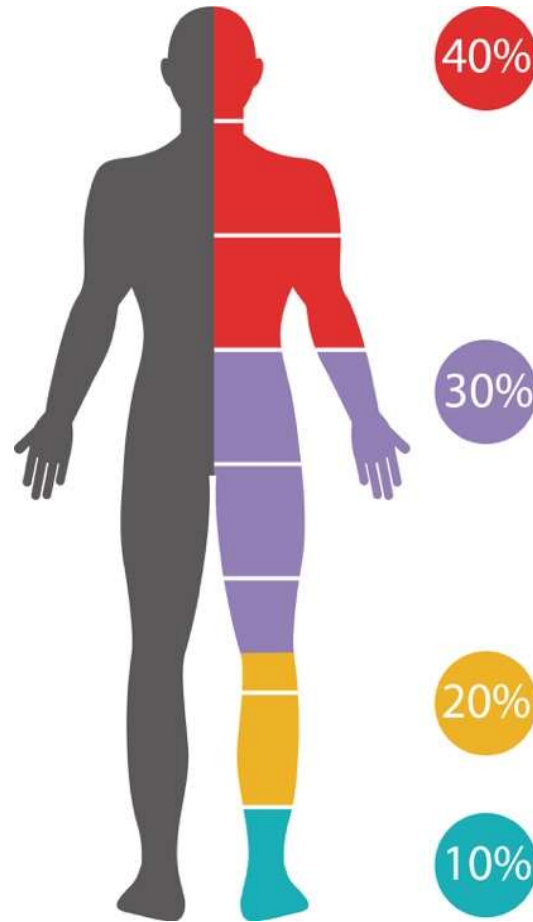
What are
SDOH?





RENOWN HEALTH'S Service Area

Caring for 450,000 people locally and more than 1 million people regionally.



Socioeconomics

Education + Employment
Income + Employment
Support Networks
Community Safety

Behavior

Diet/Exercise
Tobacco use
Alcohol/Drugs
Unsafe Sex

Healthcare

Access + Quality

Environment

Medical Model vs Public Health Model

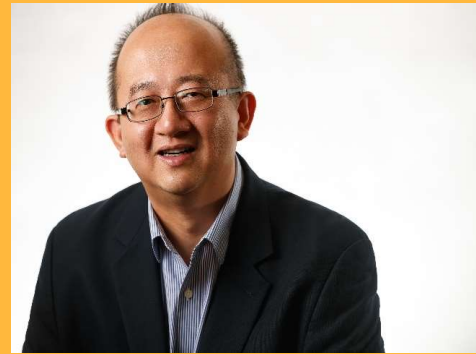
Topic	Medical Model	Public Health Model
Primary Focus	The individual	Populations
Emphasis	Diagnosis and treatment of the patient	Prevention, health promotion, reduce burdens within the population
Advocates	Benefits for the patient	Maximizing benefits across a population
Funding structure	Reimbursement of direct service provisions	Public funding from government sources
Paradigm	Medical care	Interagency infrastructure
Responsibility	Deliver care	Reduce burdens
Values	Autonomy	Utility

Normal vs Crisis Standards of Care

Topic	Normal Standards of Care	Crisis Standards of Care
Priority	Individual patient needs	Population needs
Resources	Abundant	Scarce
Practice	Routine	Evolving
Jurisdiction	Medical model	Public health departments
Principals	Beneficence & non-maleficence	Utility & distributive justice



EPISCOPAL HEALTH
FOUNDATION



**Dr. Shao-Chee Sim, Vice President for
Research & Evaluation
Eusebio Diaz, Chief of Staff
Episcopal Health Foundation (Houston, TX)**

**How Can Funders Engage in Policy
and Practice to Address Social
Determinants of Health (SDOH)?
*Some Early Learnings from the
Episcopal Health Foundation***

Shao-Chee Sim and Eusebio Diaz

Presentation Outline

I.

EHF Background



II.

**Multi-Level
SDOH Approach**



III.

**Major SDOH
Project Highlights**



IV.

**Key
Takeaways**



Episcopal Health Foundation

STRATEGIC FOCUS



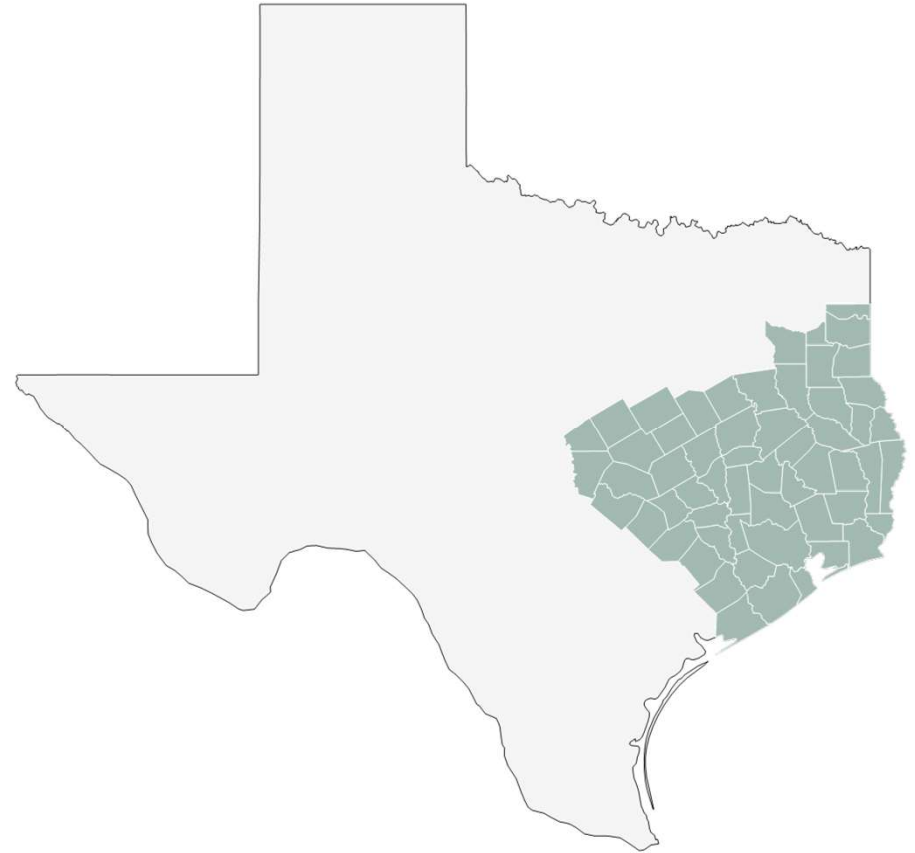
Strengthen Systems of Health
by catalyzing health systems to be accessible, equitable, and deliver health not just healthcare



Activate Communities
by strengthening organizations and congregations to build health-promoting communities



Build the Foundation for a Healthy Life by investing in early childhood brain development



#HealthNotJustHealthCare

“Texas Tough”

Health Care Policy & Financing

- Texas is a non-expansion state and has the largest uninsured population
- Pessimism about the future of 1115 Waiver & DSRIP
- Focus on mental health funding

Infrastructure and Capacity

- Limited public health funding and capacity
- Narrow innovative/analytical “think tank” activity
- UT System & foundations are a bright spot

Resources

- Natural disasters promoted shared investment but squeeze other efforts
- Pro-business climate, limited public spending, and competition over cooperation
- Rural areas facing crisis

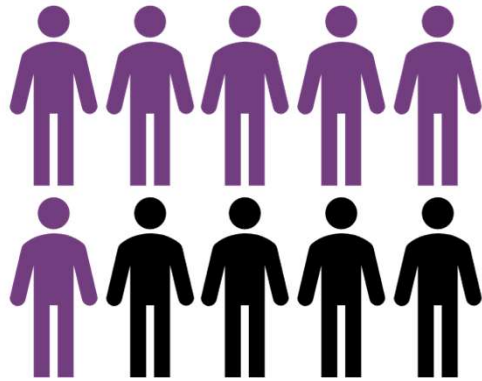
Mindset & Will

- Minimal experience with SDOH or upstream perspective
- Momentum on homelessness and obesity
- No clear champion(s) in government

EHF's Multi-Level SDOH Approach



Texas Public Opinion SDOH Survey Findings



6 in 10 Texans think
that having good
medical care is not
enough for an individual
to live a healthy life

Among the social determinants of health rated as big or moderate problems to survey respondents:

80% say the
number of people
who struggle
financially

74% say crime and
public safety issues

73% say income
inequality

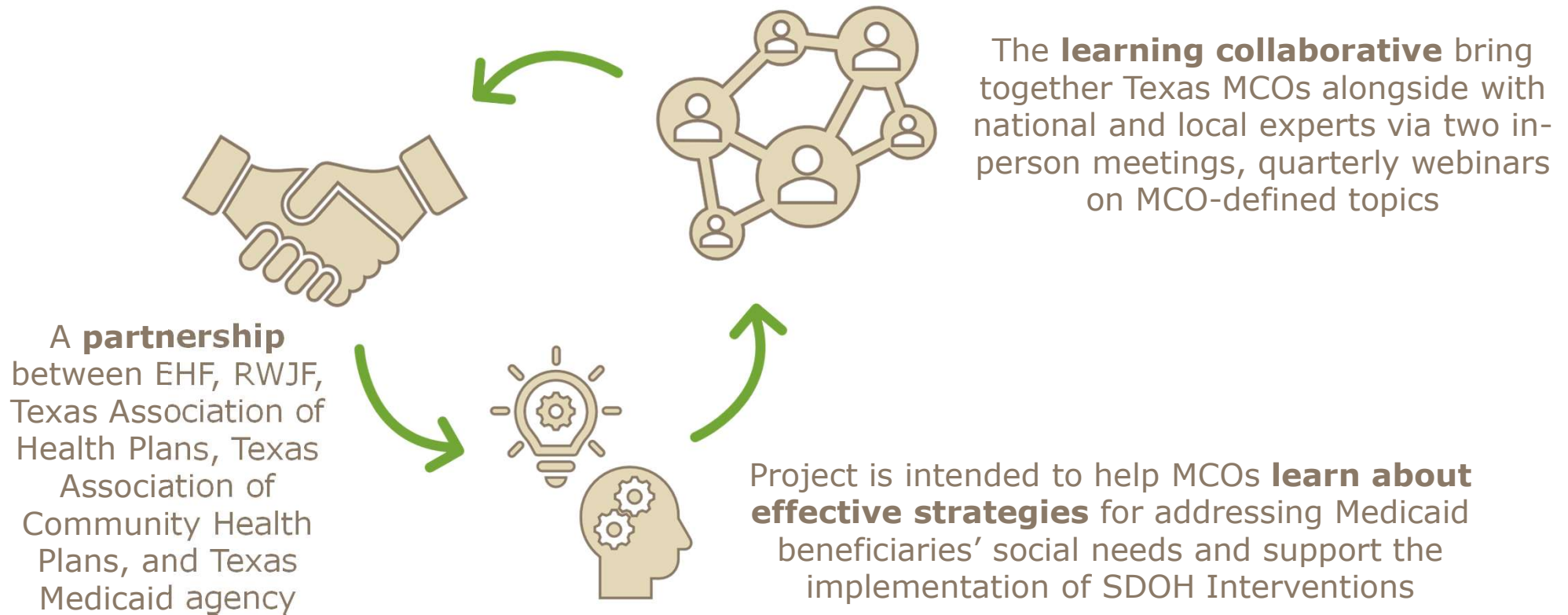
60% racial
discrimination

Significant differences in responses by race/ethnicity and income: How important are the following factors to health?

ESSENTIAL/VERY IMPORTANT	RACE/ETHNICITY		INCOME : FPL	
	White	Black or Hisp.	<250%	250%+
A person's level of education	55%	79%	75%	57%
The quality of a person's housing	62%	79%	83%	60%
A person's level of income	66%	74%	76%	63%

Health Plan SDOH Learning Collaborative

Texas MCO SDOH Learning Collaborative



Texas MCO SDOH Learning Collaborative

Engaging
non-traditional
providers such as
community
health workers



Leveraging
financial
incentives to
provide SDOH
interventions

Implementing care
coordination
and management
approaches



Supporting
partnerships with
community-based
organizations

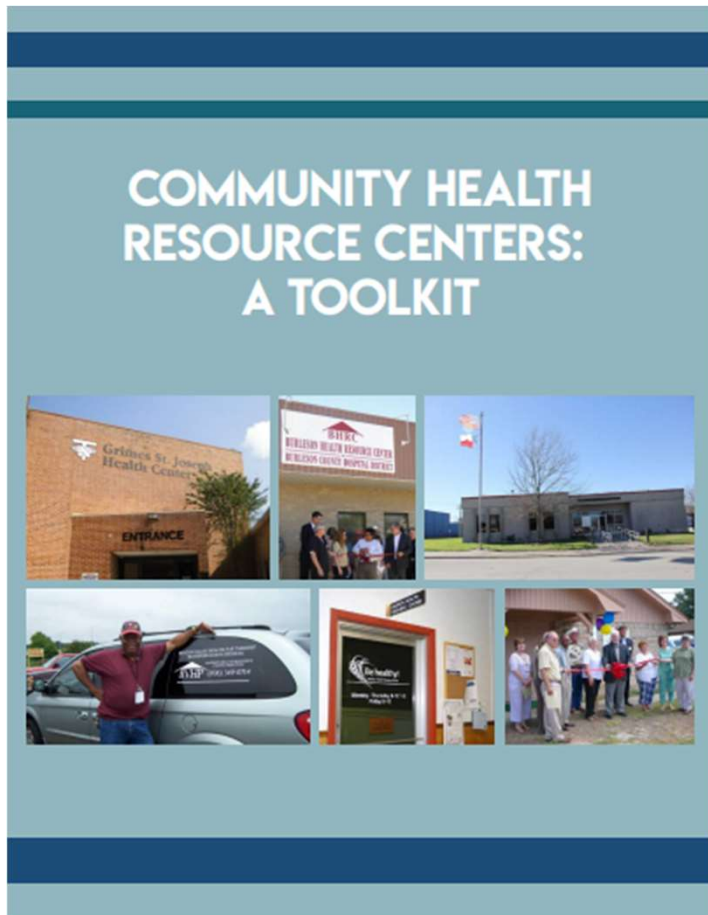
Launching
initiatives on
maternal and
child health



Addressing
financial
and regulatory
barriers to
SDOH activities

Health Resource Centers

HRC Project Background



- Built off EHF's initial investment in the **Community Health Resource Centers Toolkit**
- The toolkit covers 4 major components in developing an HRC: assessment, planning, implementation and evaluation
- EHF provided multi-year grant support in 3 rural communities to develop HRC in addressing SDOH needs of rural residents.

HRC Project Objectives



- Three Health Resource Centers were developed with the intent to address **rural communities' SDOH needs.**

Peer-to-Peer Learning Cohort



The learning cohort will **facilitate the distribution of information** among the sites including best practices, challenges, and available resources

EHF Evaluation



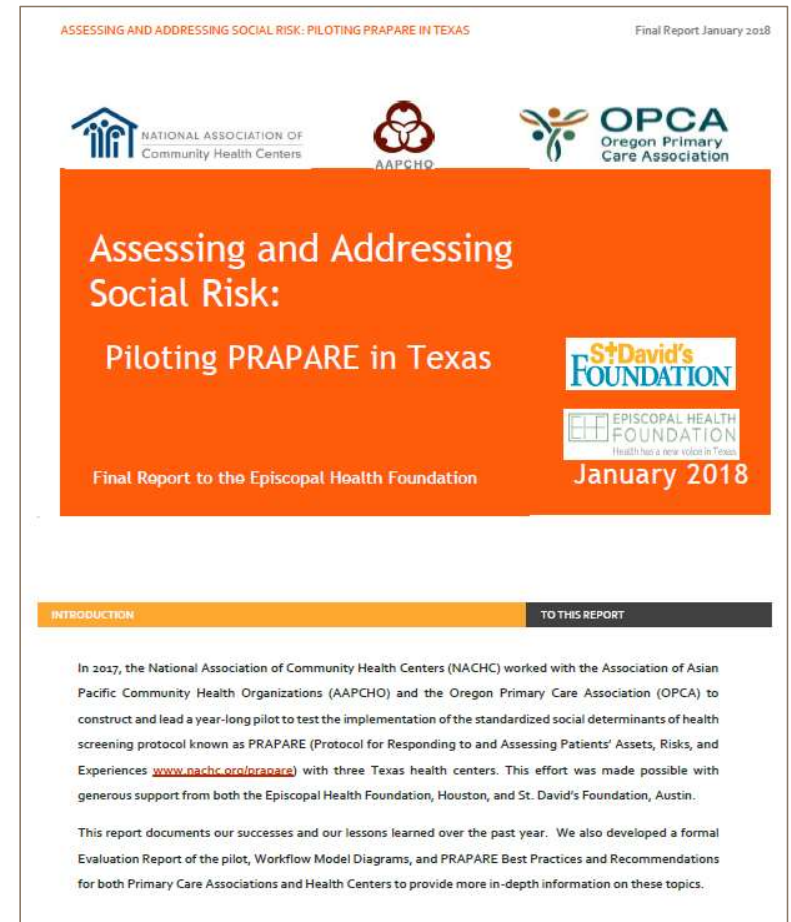
A concurrent evaluation of the three HRC sites will inform EHF on **promising practices** for program implementation and outcomes

Community Health Center SDOH Screening Instrument Pilot

PRAPARE Pilot Project Goals

- Launch a semi-structured implementation pilot of PRAPARE screening tool with **three Texas community health centers**
- Document workflow adjustment, staff training, and use of PRAPARE data **best practices and lessons learned**

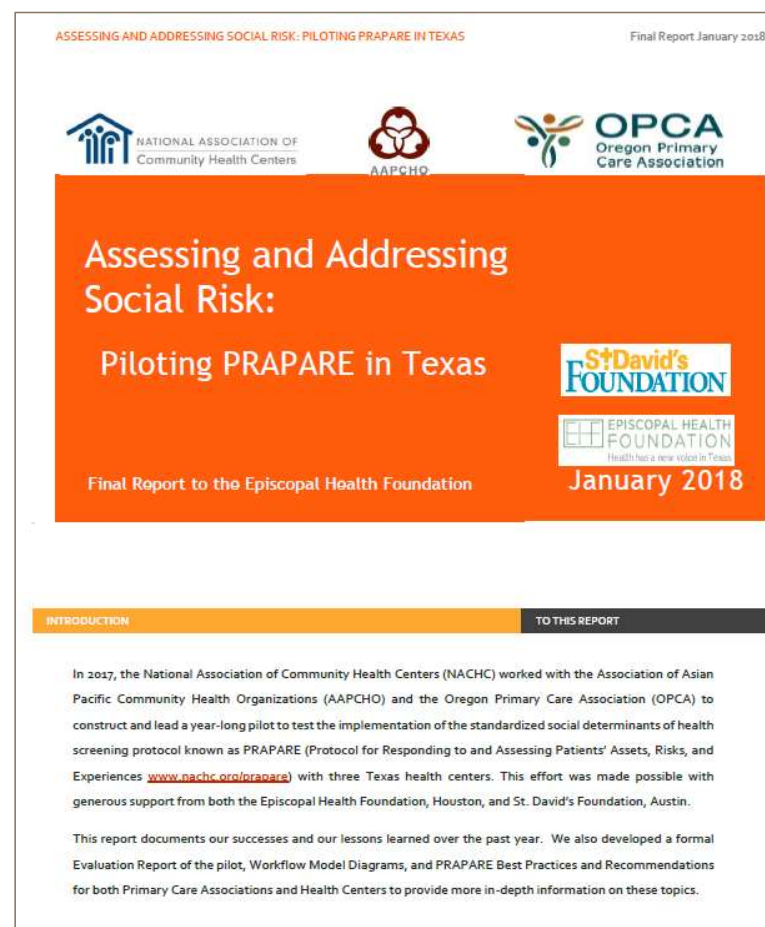
Research and guide commissioned by:



Lessons Learned from the PRAPARE Pilot

- All health centers indicated that PRAPARE implementation **has been valuable** for their clinics
- Improved care delivery, increased staff and patient **knowledge about patient social needs**, improved patient satisfaction, and improved collaboration with community partners

Research and guide commissioned by:



Community Resource Referral Platforms

Community Resource Referral Platforms

The Social Interventions Research and Evaluation Network (SIREN) team:

- Compared **nine different platforms** (Aunt Bertha, CharityTracker, CrossTx, Healthify, NowPow, One Degree, Pieces Iris, TAVConnect, and Unite Us)
- Interviewed platform users from **39 organizations**
- **Developed a guide** to understand the current landscape of community resource referral platforms.

Research and guide commissioned by:



Community Resource Referral Platforms: A Guide for Health Care Organizations

Yuri Cartier, MPH
Caroline Fichtenberg, PhD
Laura Gottlieb, MD, MPH

April 16, 2019



Commissioned by the Episcopal Health Foundation, Methodist Healthcare Ministries of South Texas, Inc., and St. David's Foundation.

siren
Social Interventions Research & Evaluation Network

Challenges and Recommendations

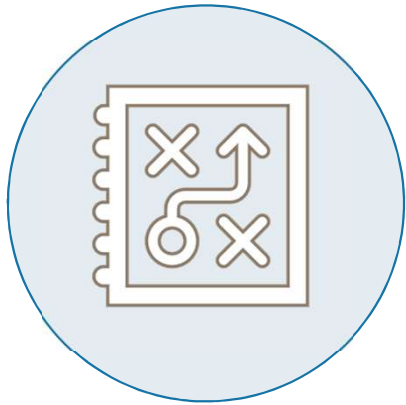
Main Challenges Implementing a Platform

Implementation is **slower** and more **complicated** than anticipated, especially with community partners

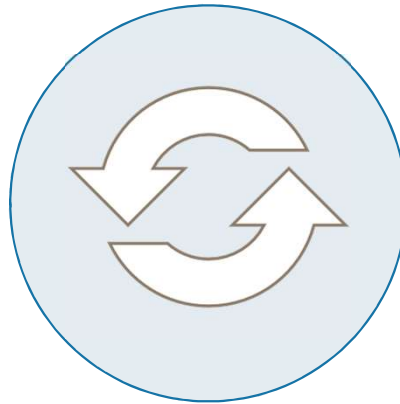
Recommendations from Early Adopters

- **Engage community partners** from the beginning
- Examine what already exists in the community to **avoid duplication and proliferation** of redundant platforms (“go slow to go fast”)
- Have a clear understanding of your **goals and needs**
- Don’t assume that if you build it, they will use it (**partner education and buy-in** are critical)
- Compare costs and user experiences
- Know that **this work takes time**
- Evaluate the impact

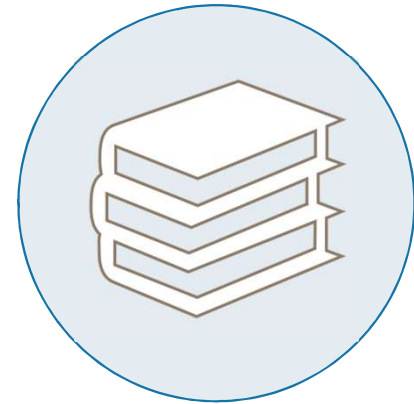
Early Lessons: Part One



Not subscribe to a one-size fits-all approach;
Reflecting “going deep and not wide” principle



Policy/system level work is inherently long-term and complex; Assume risks but influence could be great



Learn and leverage from other SDOH promising practices and models; Keep in mind of the “Texas Tough” environment

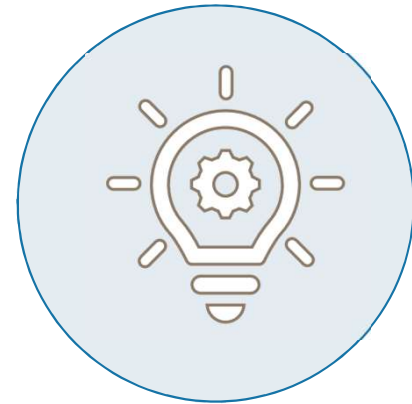
Early Lessons: Part Two



Relationship matters! We are not on this journey alone. Partnership with others is key

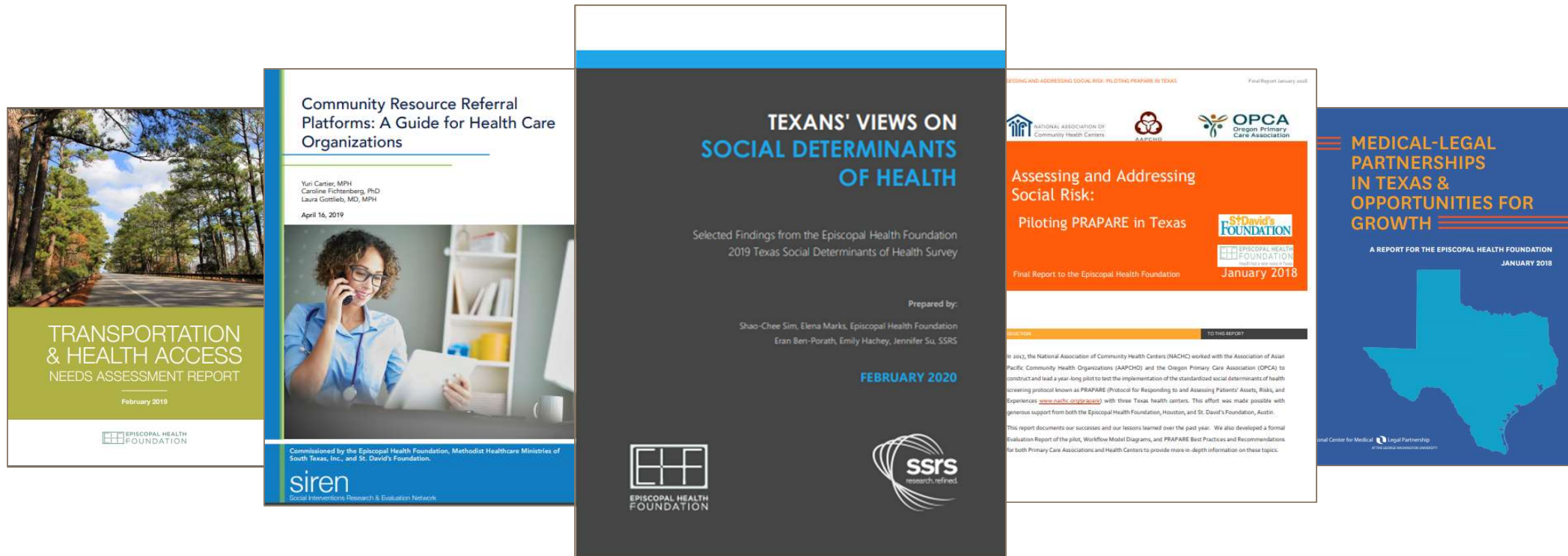


Finding value in supporting peer-to-peer learning cohorts.



Promote evidence-based knowledge, best practice toolkits, and learnings

EHF SDOH Research Reports



Where to access EHF reports: <https://www.episcopalhealth.org/en/research/health-policy-research-reports/>

Contact Information

Shao-Chee Sim, PhD, MPA

Vice President for Research and Evaluation
Episcopal Health Foundation

Email: SSim@episcopalhealth.org

Phone: (832) 807-2565

Eusebio Diaz

Chief of Staff
Episcopal Health Foundation

Email: ediaz@episcopalhealth.org

Phone: (832) 807-2565



Dr. Lauren Smith, Co-CEO
Abigail Ridgway, Director
FSG (Boston, MA)



REIMAGINING SOCIAL CHANGE

Build Back Better: COVID-19 Response and Reconstruction

PHILANTHROPY SOUTHWEST | MAY 13, 2020

BOSTON

GENEVA

MUMBAI

SAN FRANCISCO

SEATTLE

WASHINGTON, DC

FSG.ORG

COVID-19 is undeniably **changing life as we know it**, “attacking societies at their core”

MATT SIMON

SCIENCE 03.31.2020 07:08 AM

Why Life During a Pandemic Feels So Surreal

The study of the surreal has mostly concerned Dali's paintings and Kafka's writings. But there are psychological reasons why every day seems so otherworldly.

Global Agenda COVID-19 Global Health Global Risks

The COVID-19 pandemic could last for 2 years, according to US experts

Everyone Included: Social Impact of COVID-19



We are facing a global health crisis unlike any in the 75-year history of the United Nations — one that is killing people, spreading human suffering and upending people's lives. But this is much more than a health crisis. It is a human, economic and social crisis. The coronavirus disease (COVID-19), which has been characterized as a pandemic by the World Health Organization (WHO), is attacking societies at their core.

MARCH 30, 2020



Most Americans Say Coronavirus Outbreak Has Impacted Their Lives

HISTORY | CORONAVIRUS COVERAGE

Coronavirus is spreading panic. Here's the science behind why.

From prehistoric predator encounters to frantic toilet paper runs, our anxious brains can short-circuit when faced with the scary unknown.

Coronavirus Will Change the World Permanently. Here's How.

A crisis on this scale can reorder society in dramatic ways, for better or worse. Here are 34 big thinkers' predictions for what's to come.

Sources: <https://www.wired.com/story/why-life-during-a-pandemic-feels-so-surreal/>; <https://www.nationalgeographic.com/history/reference/modern-history/why-we-evolved-to-feel-panic-anxiety/>; <https://www.weforum.org/agenda/2020/05/coronavirus-pandemic-last-2-years/>; <https://www.un.org/development/desa/dspd/everyone-included-covid-19.html>; <https://www.pewsocialtrends.org/2020/03/30/most-americans-say-coronavirus-outbreak-has-impacted-their-lives/>; <https://www.politico.com/news/magazine/2020/03/19/coronavirus-effect-economy-life-society-analysis-covid-135579>

The crisis is also **revealing** and **exacerbating structural flaws** embedded in our systems...

Coronavirus is exposing all of the weaknesses in the US health system

High health care costs and low medical capacity made the US uniquely vulnerable to the coronavirus.

By Dylan Scott | @dylaniscott | dylan.scott@vox.com | Mar 16, 2020, 7:30am EDT

It's time to move past employer-based health insurance

The coronavirus shows tying health insurance to jobs is a disaster. Let's fix it.

By Ezra Klein | @ezraklein | Apr 9, 2020, 8:30am EDT

As Coronavirus Deepens Inequality, Inequality Worsens Its Spread

The pandemic is widening social and economic divisions that also make the virus deadlier, a self-reinforcing cycle that experts warn could have consequences for years to come.

Coronavirus crisis shows why homelessness urgently needs to become a thing of the past

March 23, 2020 11:27am EDT

EMPLOYMENT

States overwhelmed by previously unimaginable layoff numbers

The state-by-state systems for getting benefits into the hands of the unemployed are stressed, inefficient and not sending money quickly enough to the people who need it.

Politics & Government

Wisconsin tried to prepare for voting by mail. Here's why it was still chaotic

By Daniel C. Vock - May 4, 2020

Sources: <https://www.vox.com/policy-and-politics/2020/3/16/21173766/coronavirus-covid-19-us-cases-health-care-system>;
<https://www.vox.com/2020/4/9/21210353/coronavirus-health-insurance-biden-sanders-medicare-for-all>;
<https://www.nytimes.com/2020/03/15/world/europe/coronavirus-inequality.html>; <https://theconversation.com/coronavirus-crisis-shows-why-homelessness-urgently-needs-to-become-a-thing-of-the-past-133302>; <https://www.politico.com/news/2020/04/01/unemployed-workers-benefits-coronavirus-159192>;
<https://wisconsinexaminer.com/2020/05/04/wisconsin-tried-to-prepare-for-voting-by-mail-heres-why-it-was-still-chaotic/>;

...resulting in a **disproportionate impact** on historically marginalized communities

Covid-19 is disproportionately taking black lives

Hundreds of years of racism has delivered poor health and economic outcomes for black people, making them more vulnerable in the pandemic.

Navajo Nation Is Behind Only New York and New Jersey in Rates of COVID-19 Infection. What Happened?

"Tribes have been chronically neglected and underfunded for decades and decades."

04-15-20 | CORONAVIRUS

The coronavirus is a ticking time bomb for the world's displaced people

"If it really breaks out in one of the larger, more crowded refugee camps or some urban areas where there's significant numbers of displaced populations residing, we expect that this would be really devastating and really hard to control."

Singapore's migrant workers are suffering the brunt of the country's coronavirus outbreak

By **Jessie Yeung**, **Joshua Berlinger**, Sandi Sidhu, Manisha Tank and Isaac Yee, CNN

Updated 10:13 PM ET, Fri April 24, 2020

HEALTH NEWS

✓ Fact Checked

Rural America Could Be the Region Hardest Hit by the COVID-19 Outbreak

Who is most at risk in the coronavirus crisis: 24 million of the lowest-income workers

Cashiers, nursing assistants, paramedics: These people are at highest risk of exposure to coronavirus — and make a median wage of less than \$35,000 a year

For Black Men, Fear That Masks Will Invite Racial Profiling

African-American men worry that following the C.D.C. recommendation to cover their faces in public could expose them to harassment from the police.

The Disability Community Fights Deadly Discrimination Amid The COVID-19 Pandemic

Sources: <https://www.vox.com/identities/2020/4/7/21211849/coronavirus-black-americans>; <https://www.healthline.com/health-news/rural-america-hardest-hit-by-covid-19-outbreak>; <https://www.motherjones.com/politics/2020/05/navajo-nation-covid-outbreak-deaths/>; <https://www.politico.com/interactives/2020/coronavirus-impact-on-low-income-jobs-by-occupation-chart/>; <https://www.fastcompany.com/90489909/the-coronavirus-is-a-ticking-time-bomb-for-the-worlds-displaced-people>; <https://www.nytimes.com/2020/04/14/us/coronavirus-masks-racism-african-americans.html>; <https://www.cnn.com/2020/04/24/asia/singapore-coronavirus-foreign-workers-intl-hnk/index.html>; <https://www.forbes.com/sites/andrewpulrang/2020/04/14/the-disability-community-fights-deadly-discrimination-amid-the-covid-19-pandemic/#2374bbec309c>

This is our “crucible moment”: an **opportunity to reconstruct** rather than return to the status quo

Opinion

After the Pandemic, the Big Reset

Some of the greatest advances in American history were birthed by disaster.

No silver lining to coronavirus, but a golden opportunity

Published on 01/05/2020, 10:35am

Comment: Rebuilding after the pandemic should be a moment to reset international governance, deepen global cooperation and restructure societies away from fossil fuels

We can do better than go back to ‘normal’

I do not want to go back to “normal.” I want this pandemic to upset society to the point that things change for the better exponentially. Let it radicalize you.

By Letters to the Editor | Apr 15, 2020, 1:27pm CDT

Why Liberal Californians Don’t Want to Go Back to Normal

California has let thousands of people out of prisons and found shelter for many who had been living on the streets, but how far the progressive wing can push the state remains a question.

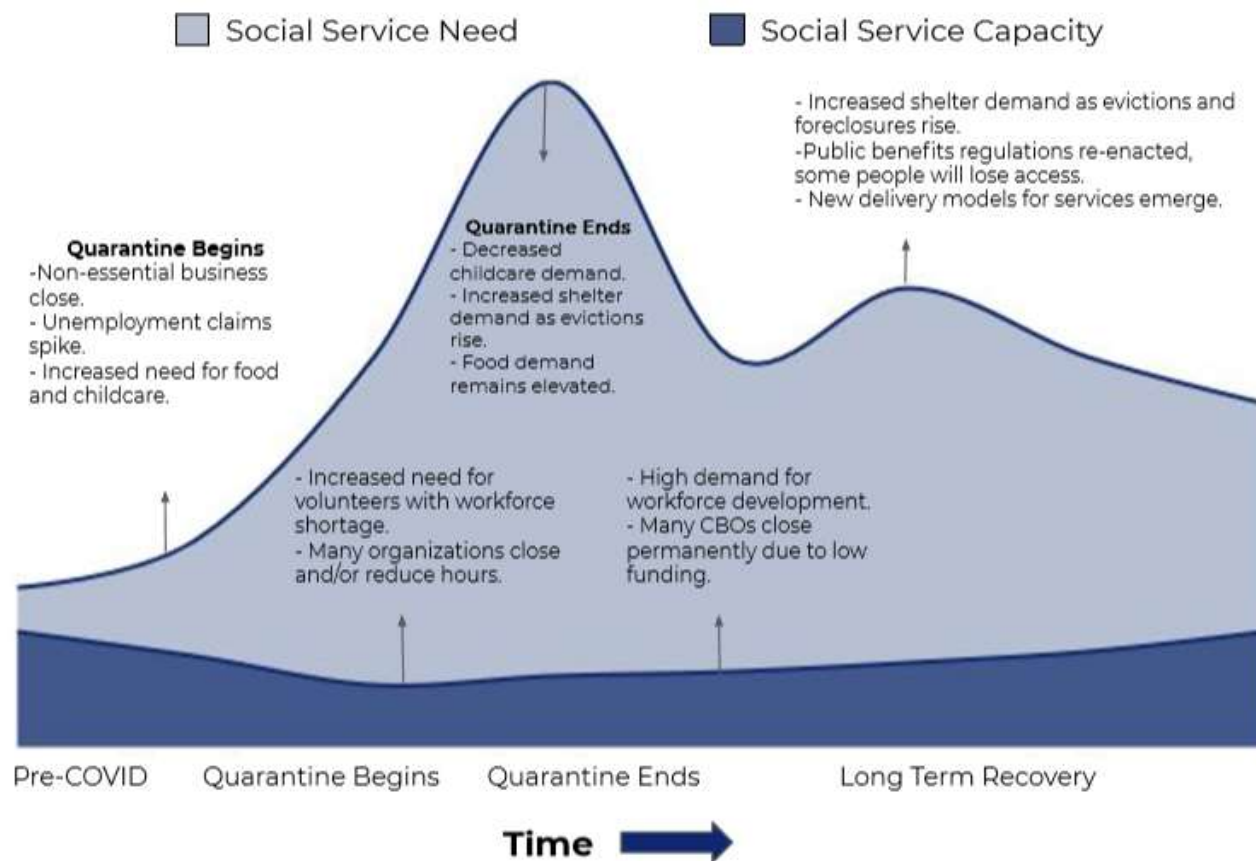
The Big Reset: Making Sense of the Coronavirus Crisis

Sources: <https://www.nytimes.com/2020/04/10/opinion/coronavirus-political-reform.html>; <https://www.nytimes.com/2020/05/04/us/coronavirus-california-liberals.html>; <https://chicago.suntimes.com/2020/4/15/21222419/pandemic-normal-covid-19-sun-times-letters-trump-stimulus-checks-coronavirus-homelessness>; <https://www.forbes.com/sites/joshbersin/2020/03/24/the-big-reset-making-sense-of-the-coronavirus-crisis/#1aeff7384e1c>; <https://www.climatechangenews.com/2020/05/01/no-silver-lining-golden-opportunity-build-back-better/>

Three core capabilities can help foundations navigate COVID and “build back better” for SDOH

1. **Sensing** Community Needs
2. Using Full Toolbox of **Approaches**
3. Rapid Cycle **Learning**

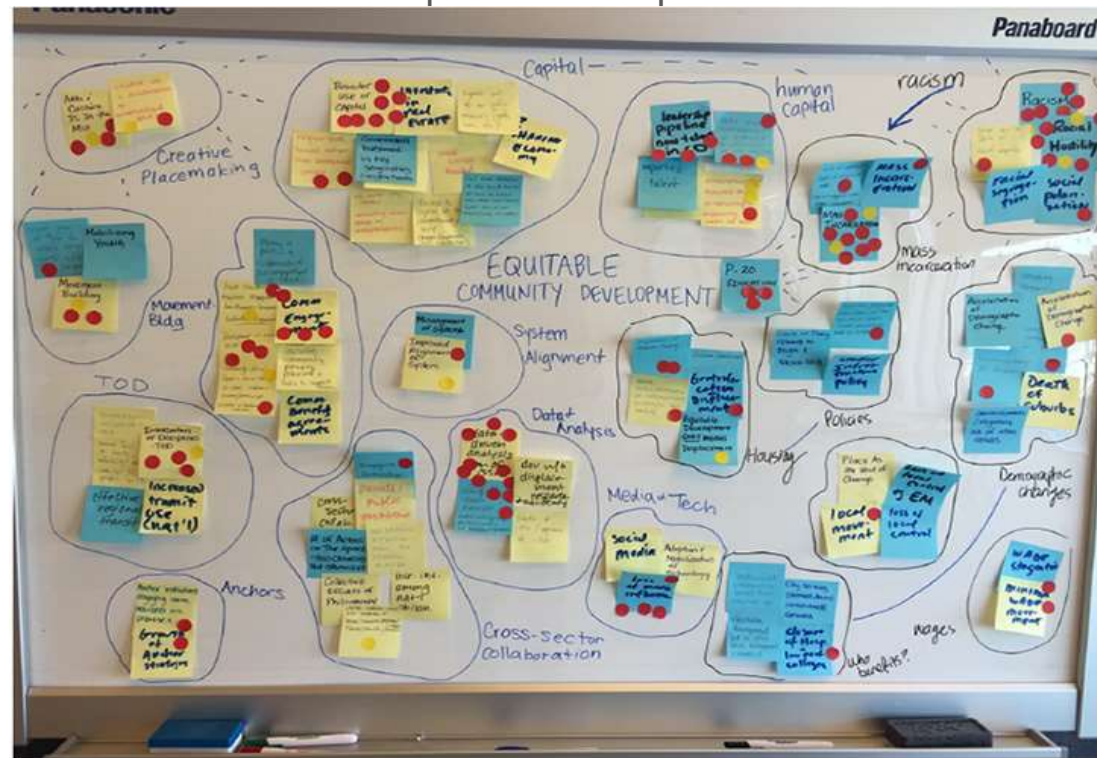
Sensing: How can foundations build a better understanding of changing needs?



Source: Healthify "SDoH Innovation in the Wake of COVID"

Sensing: Trend and actor mapping can help individual organizations see the full system

Example Trend Map



Note: How-to guides for trend mapping, actor mapping, and other systems thinking tools are available for free at www.fsg.org/tools-and-resources/guide-trend-mapping

Full Toolbox: How can we transition from immediate response to longer term recovery?



Source: Brian Castrucci and John Auerbach, De Beaumont Foundation

<https://www.debeaumont.org/news/2019/meeting-individual-social-needs-falls-short-of-addressing-social-determinants-of-health/>

Full Toolbox: Seize opportunities to use full set of strategic tools to address SDOH



Source: [Being the Change: 12 Ways Foundations are Transforming Themselves to Transform Their Impact](#), A Ridgway et al. FSG

Learning: How can we learn from past community disasters and contribute to future?



Chat Question:



Note: Full evaluation findings available at <https://ghcf.org/wp-content/uploads/2018/08/Hurricane-Harvey-Relief-Fund-Evaluation-Findings-v3.pdf>

Learning: Appreciative inquiry is one tool to uncover insights from our past to inform future



Note: How-to guides for appreciative inquiry and other systems thinking tools are available for free at www.fsg.org/tools-and-resources/guide-appreciative-inquiry

Now is a time to accelerate our progress towards creating vibrant, healthy, resilient communities

We have perhaps never paid more collective attention to...



Social Isolation



Food Systems



**Paid Family Leave /
Childcare**

Be careful of your thoughts, for your thoughts become your words.

Be careful of your words, for your words become your actions.

Be careful of your actions, for your actions become your habits.

Be careful of your habits, for your habits become your character.

Be careful of your character, for your character becomes your destiny.

-- Chinese proverb, author unknown

Parting Images: A repurposed volcano in Arizona acting as natural observatory to solar phenomena



Google images of James Turrell's Roden Crater, Northern Arizona, supported by Dia Foundation (opening 2024)



REIMAGINING SOCIAL CHANGE

BOSTON

GENEVA

MUMBAI

SAN FRANCISCO

SEATTLE

WASHINGTON, DC

FSG.ORG



Q & A

If you have a question, please use the "Q&A Box" to type your question.



Thank you for attending

Please visit www.philanthropysouthwest.org to view upcoming virtual programs and to access our Online Educational Exchange and COVID-19 Resource page.