TO: Ben Shaffer and Libby Bunzli, EOHHS
FR: Jen Hawkins, ONE Neighborhood Builders
CC: Laurie Moise Sears and Allegra Scharff, ONE Neighborhood Builders
DATE: September 14, 2020
RE: Reaction to the August 2020 HSTP SDOH Investment Strategy

Ben and Libby – I finally had the chance to thoroughly read the strategy document and wanted to offer some comments. I recognize that formal feedback is not being solicited, so I certainly do not expect a response or modifications based on these comments; I am simply hoping to be helpful as you tackle this important topic.

First, thank you! The overarching goal and spirit of the strategy resonates, and ONE|NB stands ready to help EOHHS move its vision forward.

Constructive feedback:

- I appreciate the inherent nature of the AE framework naturally compels the strategy to have a "patient" perspective as opposed to a "resident/neighbor" perspective. The nomenclature matters to me as ONE|NB and the CBO's who are part of our Central Providence-HEZ work with and for the residents of our respective community. The HEZ is a place-based initiative and therefore the lens of neighbor as opposed to a patient is significant.

- I'm pleased to see emphasis on moving upstream – and I appreciate the challenge in doing so given the fact AE's are situated in the clinical care setting. However, the Rhode to Equity, as described in the document, is midstream at best. From page 5: "It is intended that through this collaboration the team members [AE and HEZ team] will develop the skills and processes needed to better coordinate the healthcare services and social services to improve heath outcomes for Medicaid members." On page 7: "Initial engagement will be facilitated through Rhode to Equity by having HEZ and AE's jointly identify strategies to address one or more social determinant of health and its relationship to a specific health outcome within the AE/MCO cost model."

  The challenge I see is that ONE|NB and most of our CP-HEZ members are not social service providers; this is certainly a point of differentiation among our HEZ counterparts, but I think it is what makes the CP-HEZ uniquely effective in moving upstream. ONE|NB is not part of the diabetes heath equity challenge and when it was announced we had no interest in participating given its focus on down/midstream interventions. If the focus was how to change SNAP policy, for example, that would be upstream and something we would be eager to focus on.

As you may know, the focus of the CP-HEZ is economic opportunity – defined as quality early education/childcare; stable and affordable housing; living wage employment. We believe economic opportunity, or lack thereof, is the most salient SDOH. And because as a HEZ we are seeking to address *population-health*, not individual health outcomes, strategies that impact a "specific health outcome within the AE/MCO cost model" seems in conflict to our goal.

I would be pleased to work with AE colleagues on identifying a Rhode to Equity challenge focused on addressing true population-health issues at a place-based scale.

- In general, the document appears to imply the CBO role is synonymous with classical service provision. I would encourage a broader interpretation to include community-based organizations that are housing developers, workforce developers, artists, environmental justice advocates, schools, etc.

- I applaud you in seeking ways to permit reimbursement for community health workers. How might that be applicable for community health workers who are not employed by AE's or part of a CHT? There are now 11 CHW's in our CP-HEZ – nine of the 11 are employed by non-clinical employers (Providence Housing Authority, ONE|NB, Smith Hill CDC, Project Weber Renew, Federal Hill House.).

- Embracing a single IT system would be fantastic and I wholeheartedly agree that it would "allow collection of data about the type of services that CBOs are not able to provide… (e.g. inadequate supply of affordable housing). This will facilitate advocacy by healthcare organizations and CBOs to increase resources for CBOs and communities in which they live."

ONE|NB wants to be as helpful as possible in partnering with EOHHS, AE's and others to eliminate the root causes for health disparities and in their place cultivate practices that promote health equity.