

# Health Care System Planning - Health Related Social Needs Workgroup Meeting

## #2

October 16, 2024

1:00 pm EDT

Virtual

[Meeting Slide Deck](#)

### Attendees:

**Co-Facilitators:** Director Kim Brito (DHS), Director Lindsay Lang (HealthSource), David Cicilline (Rhode Island Foundation)

**Work Group Members, State Staff, Consultant Staff, and Members of the Public:** Maria Cimini (OHA), Garry Bliss (PHSRI), Erin Boles Welsh (Healthy Community Roadmaps), Lizzy Jones (JSI), Sarah Lawrence (Community Health Worker Association of RI), Shamus Durac (RIPIN & Protect Our Healthcare Coalition), Chris Ausura (EOHHS/RIDOH), Zach Nieder (RI Foundation), James Beardsworth (DHS), Sandra Powell (RIDOH), Allegra Scharff (RIDOH/EOHHS), Rilwan Feyisitan, Jr. (EBCAP), Marisa Petreccia (DHS), Kim Rauch (RI DHS, Policy)

### Notes:

Agenda Item	Notes
Welcome & Introductions  <i>Director Brito, Slides 1-3</i>	<ul style="list-style-type: none"><li>At 1:03 pm EDT, Director Brito welcomed the group to the second Rhode Island Health Care System Planning (HCSP) Health Related Social Needs (HRSN) Workgroup meeting and thanked participants for their continued participation.</li><li>Director Brito noted that today's meeting will focus on working towards action items in preparation for the RI HCSP retreat and the December report. She also shared the agenda and primary meeting goals.</li></ul>
Review Purpose, Goals, Key Areas of Inquiry, and Expectations of the Rhode Island Health Care System Planning (HCSP) Initiative  <i>Erin Boles Welsh, Slides 4-8</i>	<ul style="list-style-type: none"><li>Erin Boles Welsh reviewed the primary goals and objectives of the HCSP process and shared the initiative timeline. See slides 4-8 of the accompanying <a href="#">slide deck</a>.</li></ul>
Health Related Social Needs Landscape  <i>Chris Ausura, Slide 11</i>	<ul style="list-style-type: none"><li>Chris Ausura discussed the HRSN landscape and interventions, which fall into three broad, interdependent domains of impact.</li></ul>
Brief Review of HRSN Challenges/Strengths and Discussion of Action Recommendations	<ul style="list-style-type: none"><li>Erin Boles Welsh reviewed the challenges and strengths as well as the leading HRSN action items under each domain of impact.</li></ul>

Erin Boles Welsh,  
Slide 12-27

### Work Group Feedback & Discussion -

DOMAIN: Social Determinants of Health

- Erin shared that social determinants of health include changes to upstream community factors like housing, environment, economic opportunities. Improvements to the drivers of demand for services downstream.
- Some of the challenges within this domain include the health care system being flawed and requiring systemic changes, making real change before new complexities divert attention, and the poverty and housing crisis.
- A strength within this domain is that the Health Equity Zone (HEZ) model provides RI with a strong foundation to scale from, making us years ahead of other states in advancing community-led solutions to upstream Social Determinants of Health (SDoH).
- Erin reviewed the draft leading HRSN action items for **SDOH** on slides 12-13, including identifying and defining community factors and health related social needs that contribute to improved health, focus on cause and prevention, leveraging HEZ infrastructure to feed HRSN needs, like housing, food access, environment (both environmental conditions and built environment), making simple solutions to feel like we are making headway on a complex problem, and needing commitment to see through the long term.
  - Zach Nieder noted that it will be important while creating this high-level state plan not to bump against the HEZ model which allows individual communities to identify community factors.
  - Chris Ausura stated that this plan is not going to improve every social determinant of health in the state, rather this plan is intended to think about how social environmental factors are impacting the other four pillars and health outcomes within the state.
    - Chris added that there is a lack of understanding and data about where those social environmental issues are and where they are showing up within the healthcare system.
  - Sarah Lawrence pointed out that it might be helpful to first develop a process for addressing the challenges associated with social determinants of health. This process would include how and who prioritizes each challenge and at what level (i.e. community and state level).
  - Director Maria Cimini noted that housing is an issue that has come up most often in the long-term care and healthy aging workgroup. In particular, a lack of physically accessible housing causes individuals to remain in hospitals longer and lose out on social connections which perpetuates a decline in cognitive and

	<p>mental health.</p>
<p>DOMAIN: Coordination of Services</p>	<ul style="list-style-type: none"> <li>● Erin shared that coordination of services includes coordination of downstream service delivery and upstream community transformation efforts. Integration of HRSN and social services across other areas of healthcare.</li> <li>● Some of the challenges within this domain include the HRSN system being complex, disaggregated services, silos, and ‘Big Health Care’ not being able to support the needs of Rhode Islanders alone.</li> <li>● Some of the strengths within this domain include the ability to frequently convene leaders, legislators, providers and stakeholders in the same room, higher education systems, Community Health Workers (CHWs), innovative teams at EOHHS and RIDOH, and strong collaboration with the Medicaid office and OHIC.</li> <li>● Erin reviewed the draft leading HRSN action items for <b>coordination of services</b> on slides 14-15, including mapping the current system to better understand what is happening across layers and ensure the right people are at the table, developing a clear problem statement that outlines the current landscape, goals, barriers, and opportunities, including a realistic vision for collaboration to address HRSN, having a more strategic approach to identifying SDOH/HRSN priorities by geography or demographic groups, then strategically aligning investment and activities to address those issues, and connecting ‘big health care’ with community based organizations (CBOs). <ul style="list-style-type: none"> <li>○ Shamus Durac noted that it is important to be looking upstream and driving the efficiency of aligning investments across all actors. <ul style="list-style-type: none"> <li>■ He added that grant management and alignment of incentives across the community is important.</li> </ul> </li> <li>○ Garry highlighted that it is not realistic to think that large healthcare systems are going to interact with 35 or 50 different CBOs. Instead, an intermediary is needed. <ul style="list-style-type: none"> <li>■ He added that he shared information on the community care hub model with the State and JSI.</li> </ul> </li> <li>○ Director Maria Cimini pointed out that it would be beneficial to those small community agencies that possess incredible skills but do not always have the expertise or capacity to engage in complex billing systems if the State or some other entity developed financial hubs to support them.</li> <li>○ Chris Ausura noted that there is a very diffuse system of financial investment in what is actually being provided into the community which makes it almost impossible for folks to provide services at the level that is necessary let alone move upstream and do some sort of transformational community work.</li> </ul> </li> </ul>
<p>DOMAIN: Coordination of Care</p>	<ul style="list-style-type: none"> <li>● Erin shared that coordination of care includes direct provision of services and supports to meet HRSN of individuals and populations. Priorities</li> </ul>

	<p>include reimbursement, workforce, capacity, access, and others related to direct service delivery.</p> <ul style="list-style-type: none"> <li>● Some of the challenges within this domain include individuals receiving care must navigate multiple, often complex, systems on their own, reimbursement rules not allowing for coordination or consolidation of care, silos require reverification and reconfirmation across different agencies and service providers</li> <li>● Erin reviewed the draft leading HRSN action items for <b>coordination of care</b> on slides 16-17, including direct provision of services and supports to meet HRSN of individuals and populations and prioritizing reimbursement, workforce, capacity, access, and others related to director service delivery. <ul style="list-style-type: none"> <li>○ Sarah Lawrence noted that the One Neighborhood Builders has a group that is developing a pilot technique and process to mitigate the excessive overbooking and redundancy of CHWs. <ul style="list-style-type: none"> <li>■ Sarah noted in the chat that Dominique Resendes of ONB/HEZ is the one spearheading the Health Referral Pathway Project.</li> </ul> </li> <li>○ Zach Nieder pointed out that it is important to think about the determinants of the workforce or who is providing services which then drives health outcomes.</li> </ul> </li> </ul>
<p>FOUNDATION: Governance and Policy</p> <p><i>Slides 18-21</i></p>	<ul style="list-style-type: none"> <li>● Erin shared that governance and policy include structures, policies, and regulations that support the Domains of Impact.</li> <li>● Some of the challenges within this foundation include lack of consistent strategic planning, implementation, and oversight across the sectors providing care and prioritizing at the political, state, and federal level.</li> <li>● Erin reviewed the draft leading HRSN action items for <b>governance and policy</b> on slides 18-21, including creating EOHHS cabinet level Office of Health-Related Social needs with leadership and staff to coordinate interagency HRSN systems across 3 domains and across public/private systems, ensuring public/private ownership of the HRSN system, including those not currently at the table when appropriate, i.e. Rhode Island Department of Education, Rhode Island Department of Transportation, etc. for a health in all policies approach, interagency chairpersons within the House and Senate to allow for cross-pollination at the legislative level, defining reliance on community organizations and their roles within HRSN planning, strategy and implementation, prioritization and decision making being data driven (not special interest driven), transparent, and longitudinal, collective goal that is measurable and realistic, HHS/Cabinet process that allows for SDoH planning discussions across the cabinet aimed at connecting data, strategy, and implementation across agencies who are working on SDoH issues that impact HRSN demand and services, possibly use PULSE performance management processes to conduct interagency strategic development, and examining unfunded mandates, as well as other policies and regulations to determine what “good ideas” were proposed and adopted,</li> </ul>

	<p>but not having the impact they should have since there was no funding tied to that work.</p> <ul style="list-style-type: none"> <li>○ The group agreed with the action items under governance and policy and did not have any additions.</li> </ul>
<p>FOUNDATION: Data</p> <p><i>Slides 22-23</i></p>	<ul style="list-style-type: none"> <li>● Erin shared the challenges associated with data. These challenges include lack of data sharing between siloed systems, HIPPA/Data sharing is a barrier to coordination of care between HRSN providers and other 4 components of the health system, lack of understanding how data is used across agencies, and where legal and regulatory barriers impose further constraint, and lack of data on HRSN service providers, viability of the sector, current challenges, funding matrix, and workforce.</li> <li>● Erin reviewed the draft leading HRSN action items for <b>data</b> on slides 22-23, including creating model for data informed strategic planning, implementation, and management, building interconnected statewide data system that agencies public and private could access reducing duplication in activities such as needs assessment data for grants, service alignment, etc., including access to previous needs assessment data, and data-driven decision-making and regular evaluation essential for tracking progress and informing strategies. <ul style="list-style-type: none"> <li>○ Rilwan Feyistan Jr. noted that ownership of the data is a continuing issue on the community-based side or the partners to the State government. CBOs are the trusted partners, feeders of the information, but are not always able to have access to the information even at an aggregate level.</li> <li>○ Director Maria Cimini pointed out that it is important to think about the implications of sharing data broadly. She added that restrictions on where and how data can be shared is critical to the health and safety of individuals.</li> <li>○ Chris Ausura noted that the State spends a lot of money to assess things that have already been assessed because there is no way to gain access to those inventories in a comprehensive fashion nor does it give a good longitudinal data set. <ul style="list-style-type: none"> <li>■ He added that JSI performed a feasibility study on the development of an inventory and creating data collection standards that would be beneficial to this work.</li> </ul> </li> </ul> </li> </ul>
<p>FOUNDATION: Funding</p> <p><i>Slides 24-25</i></p>	<ul style="list-style-type: none"> <li>● Erin shared the challenges associated with funding. These challenges include Regulations and reimbursement rules limiting ability of providers to deliver services that best meet community needs, mis/non-alignment of incentives, compensation is tied to a healthcare delivery and payment system that is separate, the causal care model, perception/belief that people misuse funds, leading to silos and need for compliance and reporting, no appetite to shrink the conventional healthcare delivery system, and many SDoH and HRSN efforts rely on episodic grant funding, leading to instability in service delivery and losses in momentum to improve upstream SDoH factors driving demand for HRSN and healthcare</li> </ul>

	<p>services.</p> <ul style="list-style-type: none"> <li>● A strength within this foundation is that communities know best what they need to succeed.</li> <li>● Erin reviewed the draft leading HRSN action items for <b>funding</b> on slides 24-25, including creating an interagency finance working group tasked with reviewing state resources across 3 Domains of Impact, possible multi-year budgeting process, sustainable funding to HEZ backbone organizations to allow communities to effectively identify and communicate needs, and work from within their communities to improve SDoH conditions driving demand for HRSN and healthcare services, increasing funding and addressing the state budget frequently being cut, partner with the private sector for funding, building/scaling by combining investments across payers, and working towards value-based payment structures that prioritize accountability, value, and quality of HRSN and SDoH interventions over cost containment. <ul style="list-style-type: none"> <li>○ Director Maria Cimini noted that the Department of Human Services (DHS) has been working with their federal partners to have interagency budget conversations. She added that it is important to have startup funds while maintaining the funding for what already exists.</li> <li>○ Chris Ausura noted that consistently there is a priority that arises because it has become so acute and has to be addressed, but the time horizon to address that issue only allows for dampening down the burning fire instead of actually addressing and resolving the issue within the geographic space or population.</li> </ul> </li> </ul>
<p>FOUNDATION: Workforce</p> <p><i>Slides 26-27</i></p>	<ul style="list-style-type: none"> <li>● Erin shared the challenges associated with workforce. These challenges include shortages of healthcare providers, using contractors who cost more and contractors not becoming part of the workforce, and perceived lack of trust from some employers in frontline workforce and community residents.</li> <li>● Strengths within this foundation include a strong and growing Latinx workforce and CHW workforce growing from within RI communities, creating new opportunities for employment for Rhode Islanders.</li> <li>● Erin reviewed the draft leading HRSN action items for <b>workforce</b> on slides 26-27, including establishing a supportive statewide environment people choose to work in and providing training. <ul style="list-style-type: none"> <li>○ Sarah Lawrence noted that it is important not to place an onus on the workforce itself, rather on the employer to figure out how best to support their employees.</li> <li>○ Chris Ausura pointed out that there are different ways in which HRSN affects the workforce or is affected by the workforce. He added that not addressing HRSN and social determinants creates downward pressure on the healthcare system to absorb that care creates pressures on the healthcare system workforce and the other four domains. <ul style="list-style-type: none"> <li>■ Chris noted that there are different workforces</li> </ul> </li> </ul> </li> </ul>

	<p>depending on where you are intervening and providing services or addressing upstream transformational changes. He highlighted that about 17% of the State's workforce work for nonprofit organizations that are probably working in a space adjacent to improve health related social needs. We lack a good understanding of that workforce in the State.</p>
<p>Opportunities for Overlap, Collaboration and Collective Action</p> <p><i>Slide 28</i></p>	<ul style="list-style-type: none"> <li>● Erin shared that it is critical that the RI HCSP initiative identify opportunities for collective action across the workgroups to integrate and leverage resources, promote coordination, and break down silos.</li> <li>● Opportunities for overlap include training CHW workforce and creating professional standards and reimbursement, systemwide data availability, and interagency collaboration.</li> </ul>
<p><b>Meeting Close</b></p>	
<p>Review Next Steps</p> <p><i>Erin Boles Welsh</i> <i>Slide 32</i></p>	<ul style="list-style-type: none"> <li>● Erin reviewed the next steps, including that the next meeting of this workgroup will be in the afternoon at the <b>RI Health Care System Planning Retreat on November 7th</b>. The retreat will be held at the Nursing Education Center from 8:30 AM to 3:00 PM. The focus of this workgroup's next meeting will be to reach an agreement on priorities and strategic action steps. Materials will be circulated in advance.</li> </ul>
<p>Public Comment</p> <p><i>Director Brito and Erin Boles Welsh</i></p>	<ul style="list-style-type: none"> <li>● Sarah Lawrence asked how public and how publicized with the December report be? <ul style="list-style-type: none"> <li>○ Erin Boles Welsh responded that the report will be digital and consists of short and long term deliverables that are measurable and allow for reporting back to the community as well as all of the individuals who have been a part of this process thus far.</li> </ul> </li> <li>● The meeting was called to a close at 3:00 pm EDT.</li> </ul>