

The Role of Social Determinants of Health in Value-Based Payment Models During COVID-19: An Evolving Rural Perspective

HELP Webinar Series

April 19, 2022

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Learning Objectives

- Describe how SDOH affects health and well-being in rural communities
- Illustrate how rural health providers and community partners address SDOH during the COVID-19 public health emergency
- Identify resources to support rural health providers and community partners to assess SDOH needs and track outcomes



Where to begin...

Meet people where they are!

Maslow's Hierarchy of Needs





SOCIAL DETERMINANTS OF HEALTH





Social determinants of health (SDOH) are the conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks.

- **Healthy People 2030**



Good health begins in the places where we live, learn, work and play. Although medical care is critically important, things like the quality of our schools, affordability and stability of our housing, access to good jobs with fair pay, and the safety of our neighborhoods can keep us healthy in the first place.

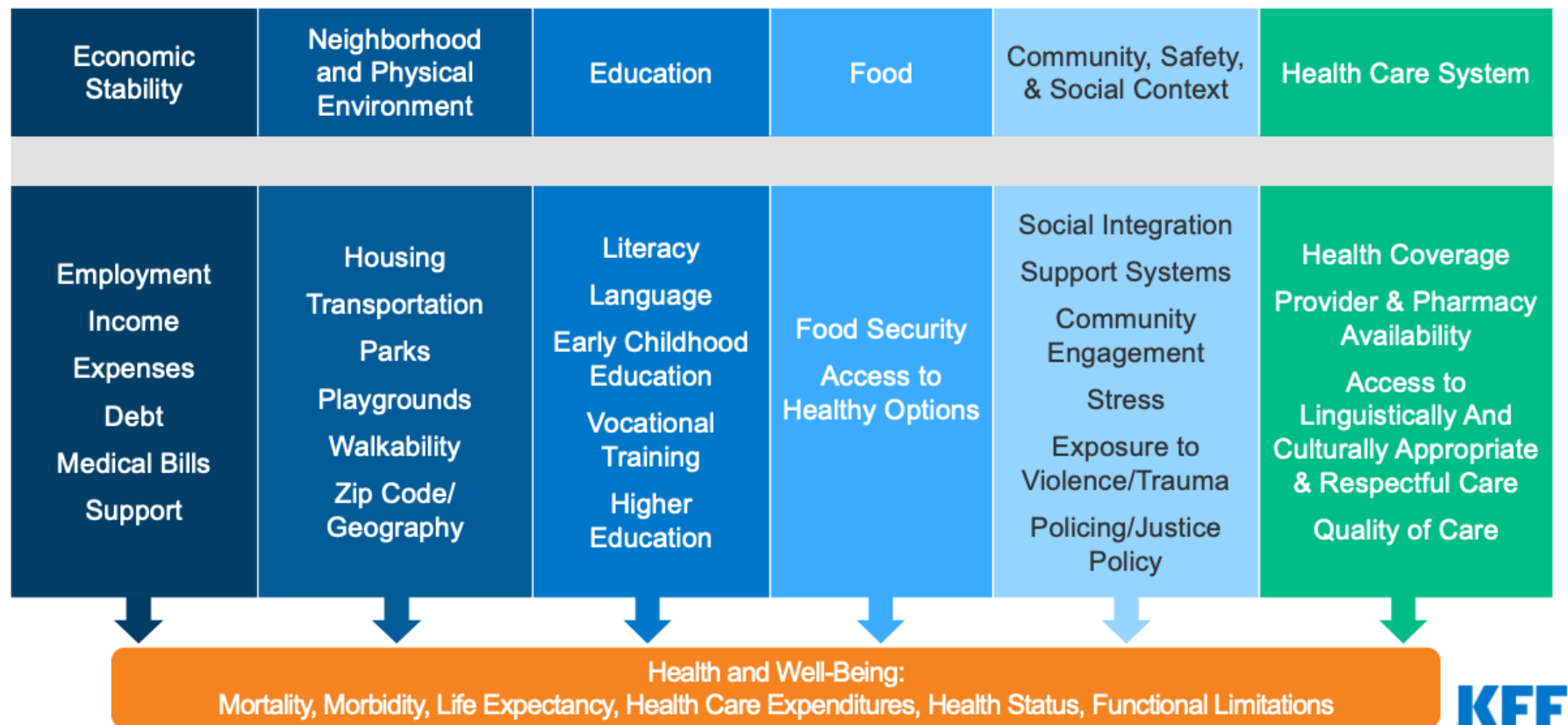
- **Robert Wood Johnson Foundation**

Social Determinants of Health



Figure 1

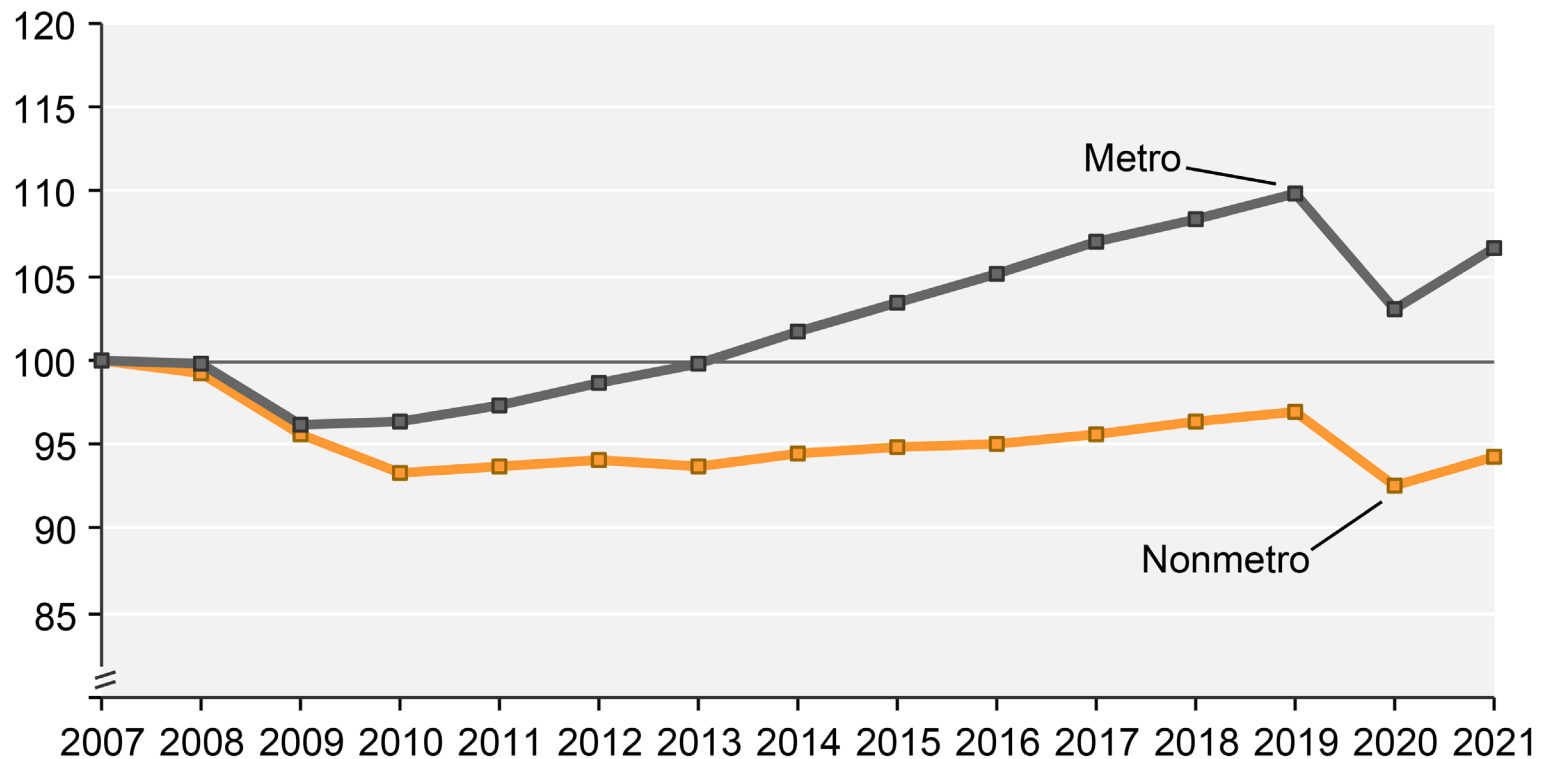
Social Determinants of Health





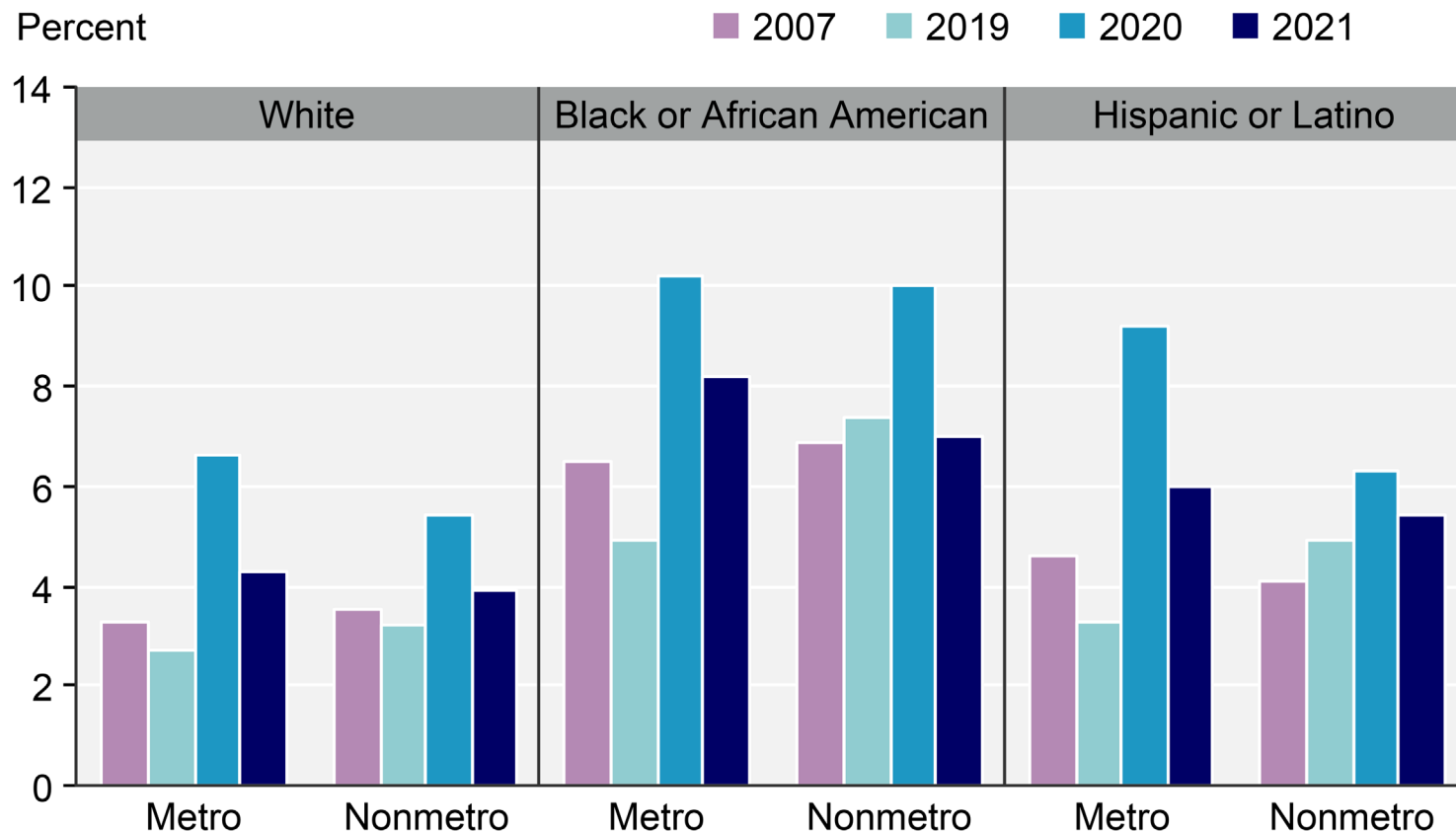
U.S. employment in metro and nonmetro areas, 2007–21

Percent of 2007 employment (2007=100)



Note: Annual average total employment estimates for 2021 are calculated using preliminary December 2021 data. Metro and nonmetro designations are based on the 2013 definition of metropolitan counties, as determined by the U.S. Office of Management and Budget.
Source: USDA, Economic Research Service using data from the U.S. Department of Labor, Bureau of Labor Statistics, Local Area Unemployment Statistics program (March 2, 2022 release).

U.S. unemployment rates for the prime-working-age population (ages 25 to 54) in metro and nonmetro areas by race/ethnicity, 2007–21



Note: Metro and nonmetro designations for 2007 are based on the 2003 definition of metropolitan counties; designations for 2019, 2020, and 2021 are based on the 2013 definition, as determined by the U.S. Office of Management and Budget.

Source: USDA, Economic Research Service using data from the U.S. Bureau of Labor Statistics, Current Population Survey.



PRAPARE

Protocol for Responding to and Assessing
Patients' Assets, Risks, and Experiences

What is PRAPARE?

The Protocol for Responding to and Assessing Patients' Assets, Risks, and Experiences (PRAPARE) is a standardized patient social risk assessment protocol.

Assess Patients For

	Personal Characteristics	<ul style="list-style-type: none"> • Race • Ethnicity • Language Preference 	<ul style="list-style-type: none"> • Veteran Status • Farmworker Status
	Money & Resources	<ul style="list-style-type: none"> • Education • Employment • Income 	<ul style="list-style-type: none"> • Material Status • Insurance Status • Transportation Needs
	Family & Home	<ul style="list-style-type: none"> • Housing Status and Stability • Neighborhood 	
	Social & Emotional Health	<ul style="list-style-type: none"> • Social Integration and Support • Stress 	
	Other Measures	<ul style="list-style-type: none"> • Incarceration History • Refugee Status 	<ul style="list-style-type: none"> • Safety • Domestic Violence

Benefits



Actionable & HIT Enabled



Standardized & Widely Used



Patient-Centered



Evidence Based & Stakeholder Driven





Protocol for Responding to and Assessing
Patients' Assets, Risks, and Experiences

PRAPARE®: Protocol for Responding to and Assessing Patient Assets, Risks, and Experiences
Paper Version of PRAPARE® for Implementation as of September 2, 2016

Personal Characteristics

1. Are you Hispanic or Latino?

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	I choose not to answer this question
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2. Which race(s) are you? Check all that apply

<input type="checkbox"/>	Asian	<input type="checkbox"/>	Native Hawaiian
<input type="checkbox"/>	Pacific Islander	<input type="checkbox"/>	Black/African American
<input type="checkbox"/>	White	<input type="checkbox"/>	American Indian/Alaskan Native
<input type="checkbox"/>	Other (please write):		
<input type="checkbox"/>	I choose not to answer this question		

3. At any point in the past 2 years, has season or migrant farm work been your or your family's main source of income?

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	I choose not to answer this question
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4. Have you been discharged from the armed forces of the United States?

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	I choose not to answer this question
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5. What language are you most comfortable speaking?

8. Are you worried about losing your housing?

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	I choose not to answer this question
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9. What address do you live at?

Street: _____

City, State, Zip code: _____

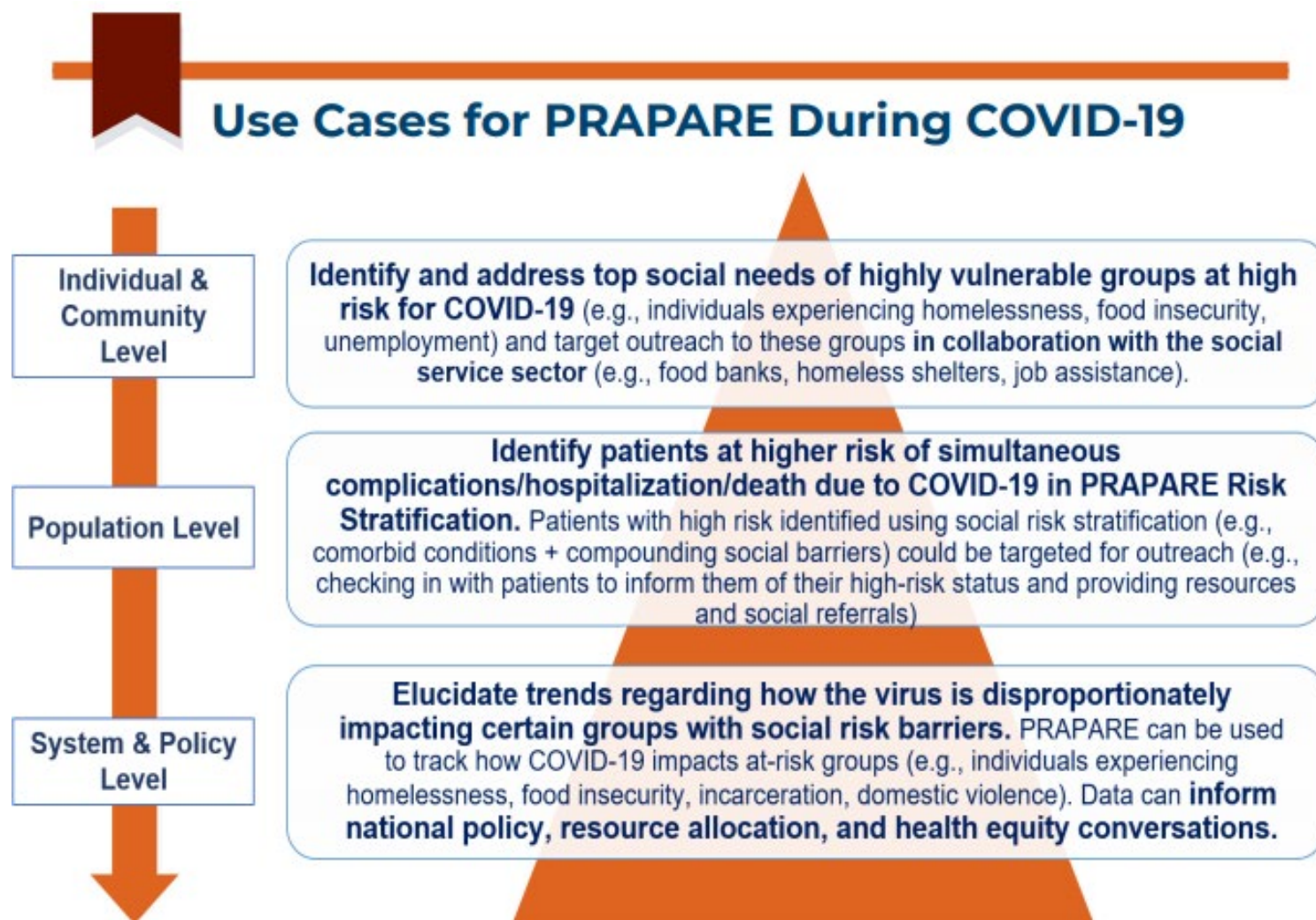
Money & Resources

10. What is the highest level of school that you have finished?

<input type="checkbox"/>	Less than high school degree	<input type="checkbox"/>	High school diploma or GED
<input type="checkbox"/>	More than high school	<input type="checkbox"/>	I choose not to answer this question

11. What is your current work situation?

<input type="checkbox"/>	Unemployed	<input type="checkbox"/>	Part-time or temporary work	<input type="checkbox"/>	Full-time work
<input type="checkbox"/>	Otherwise unemployed but not seeking work (ex: student, retired, disabled, unpaid primary care giver) Please write:				
<input type="checkbox"/>	I choose not to answer this question				



Rural Food Insecurity

- 2.1 million households in rural communities' face hunger
- Rural communities make up 63% of U.S. counties and 91% of counties with the highest rates of overall food insecurity
- 86% of the counties with the highest percentage of children at risk for food insecurity are rural
- Rural Black people were 2.5 times more likely to be at risk of hunger compared to rural White, non-Hispanic individuals residing in rural counties. Rural Native Americans had the highest rates of food insecurity of any racial or ethnic group.

Rural Providers Responded to Food Insecurity

- Coordinated with local food pantries
 - COVID testing days
- Offered vouchers for food pantries at patient visits
- Worked with harvesters to coordinate commodity drops
- Helped enroll patients in WIC and SNAP
- Asked if patients had any unmet needs (e.g., food) when making appointments
- Identified resources for families when children did not receive school lunch





Mobilized for Health And Wellness!

Contact Chris Carney to schedule an appointment.
816.249.1538.



HCC Rides

health care collaborative *of Rural Missouri*

Rural Transportation Considerations

- Busses were converted into vaccination and mobile clinics
- Many rural transit agencies stopped collecting fares
- Rural transit provided transportation for essential workers
- Rural transit providers expanded deliveries
 - Meals (including school lunches to quarantined students), prescriptions, groceries, supplies
- Rural Road Safety
 - Rural traffic fatalities are 2.5 times greater than urban traffic fatalities
 - The number and percentage of vehicles traveling greater than 15 MPH over the posted speed limit increased in 2020.

Rural Homelessness

- 17% of individuals experiencing sheltered homelessness were in rural areas
 - 4.1% decrease from 2020 to 2021
- 16% of families experiencing sheltered homelessness were in rural areas
 - 10% decline from 2020 – 2021
- 20.7% of sheltered unaccompanied homeless youth were in rural areas

Rural Providers Responded to Homelessness

- Changed PREPARE question wording
 - Are you homeless?
 - Do you have a safe place to live?
 - Probe: Tell me about your situation
- Engaged community partners and leveraged resources to assist locating safe accommodations
- Community health workers (CHWs) and care coordinators identified needs and linked patients to resources





Future Directions

- **Medicaid and CHIP Flexibility to Address SDOH**
 - State plan and waiver authorities - add non-clinical services to benefit packages (e.g., care management, housing supports, employment supports)
 - NC – Healthy Opportunities Pilots
 - <https://www.ncdhhs.gov/about/departments-initiatives/healthy-opportunities/healthy-opportunities-pilots>
- **Medicare Advantage**
 - CHRONIC Care Act
- **Greater alignment between health care VBP models and community-based organizations**
 - Housing and food

Best Advice

IN A
WORLD
WHERE YOU CAN BE
ANYTHING
BE KIND



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↓ IN THIS TOOLKIT

Modules

- 1: Introduction
- 2: Program Models
- 3: Program Clearinghouse
- 4: Implementation
- 5: Evaluation
- 6: Sustainability
- 7: Dissemination
- About This Toolkit

[Rural Health](#) > [Tools for Success](#) > [Evidence-based Toolkits](#)
> [Social Determinants of Health in Rural Communities Toolkit](#)

Social Determinants of Health in Rural Communities Toolkit



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About This Toolkit



- Improving Economic Stability
- Improving Education
- Improving the Social and Community Context
- Improving Health and Healthcare
- Improving Neighborhoods and the Built Environment

Rural Community Health Toolkit



Start here for a guide to building rural community health programs to address any type of health issue. Learn how to identify community needs, find evidence-based models, plan and implement your program, evaluate results, and much more.

Aging in Place Toolkit



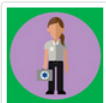
Explore program models and approaches to support rural aging in place.

Chronic Obstructive Pulmonary Disease Toolkit



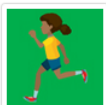
Learn how to develop programs to address COPD in rural communities.

Community Paramedicine Toolkit



Discover models and resources for developing community paramedicine programs in rural areas.

Early Childhood Health Promotion Toolkit



Learn how to develop early childhood health promotion programs in rural communities.

Health Promotion and Disease Prevention Toolkit



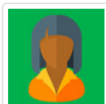
Learn about strategies and models for rural health promotion and disease prevention in the community, clinic, and workplace.

Care Coordination Toolkit



Find models and program examples for delivering high-quality care across different rural healthcare settings.

Community Health Workers Toolkit



Learn about roles community health workers (CHWs) fill, as well as CHW training approaches.

Diabetes Prevention and Management Toolkit



Find resources and best practices to develop diabetes prevention and management programs in rural areas.

Health Networks and Coalitions Toolkit



Find resources and strategies to help create or expand a rural health network or coalition.

HIV/AIDS Prevention and Treatment Toolkit



Explore models and resources for implementing HIV/AIDS prevention and treatment programs in rural communities.

Maternal Health Toolkit



Find resources and models for developing programs to address rural maternal health issues.

Medication for Opioid Use Disorder Toolkit



Learn about models and resources for implementing medication for opioid use disorder programs in rural communities.

Oral Health Toolkit



Discover rural oral health approaches that focus on workforce, access, outreach, schools, and more.

Prevention and Treatment of Substance Use Disorders Toolkit



Learn about models and resources for developing substance use disorder prevention and treatment programs in rural communities.

Social Determinants of Health Toolkit



Discover evidence-based models and resources to address social determinants of health in rural communities.

Telehealth Toolkit



Discover program examples and resources for developing a telehealth program to address access issues in rural America.

Transportation Toolkit



Explore how communities can provide transportation services to help rural residents maintain their health and well-being.

Mental Health Toolkit



Discover resources and models to develop rural mental health programs, with a primary focus on adult mental health.

Obesity Prevention Toolkit



Find out how rural communities, schools, and healthcare providers can develop programs to help address obesity.

Philanthropy Toolkit



Find emerging practices and resources for building successful relationships with philanthropies.

Services Integration Toolkit



Learn how rural communities can integrate health and human services to increase care coordination, improve health outcomes, and reduce healthcare costs.

Suicide Prevention Toolkit



Find evidence-based models and resources for implementing a suicide prevention program in rural areas.

Tobacco Control and Prevention Toolkit



Explore program examples and resources for implementing tobacco control and prevention programs in rural areas.



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WEBINAR

Availability of Post-acute
Care and Long-term Care
Services in Rural Areas

September 14, 2021

10:00 AM/PST | 11:00 AM/MST
12:00 PM/CST | 1:00 PM/EST



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- Learn about the Rural Health Research Centers Program
- View list of currently funded research centers
- Learn about their areas of expertise



Dissemination Toolkit

- Learn how to create health research products
- Tips for developing policy briefs, fact sheets, journal articles and more



RURAL HEALTH EQUITY RESEARCH CENTER

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The Rural Health Research Gateway is a project of the University of North Dakota Center for Rural Health and funded by HRSA's Federal Office of Rural Health Policy.

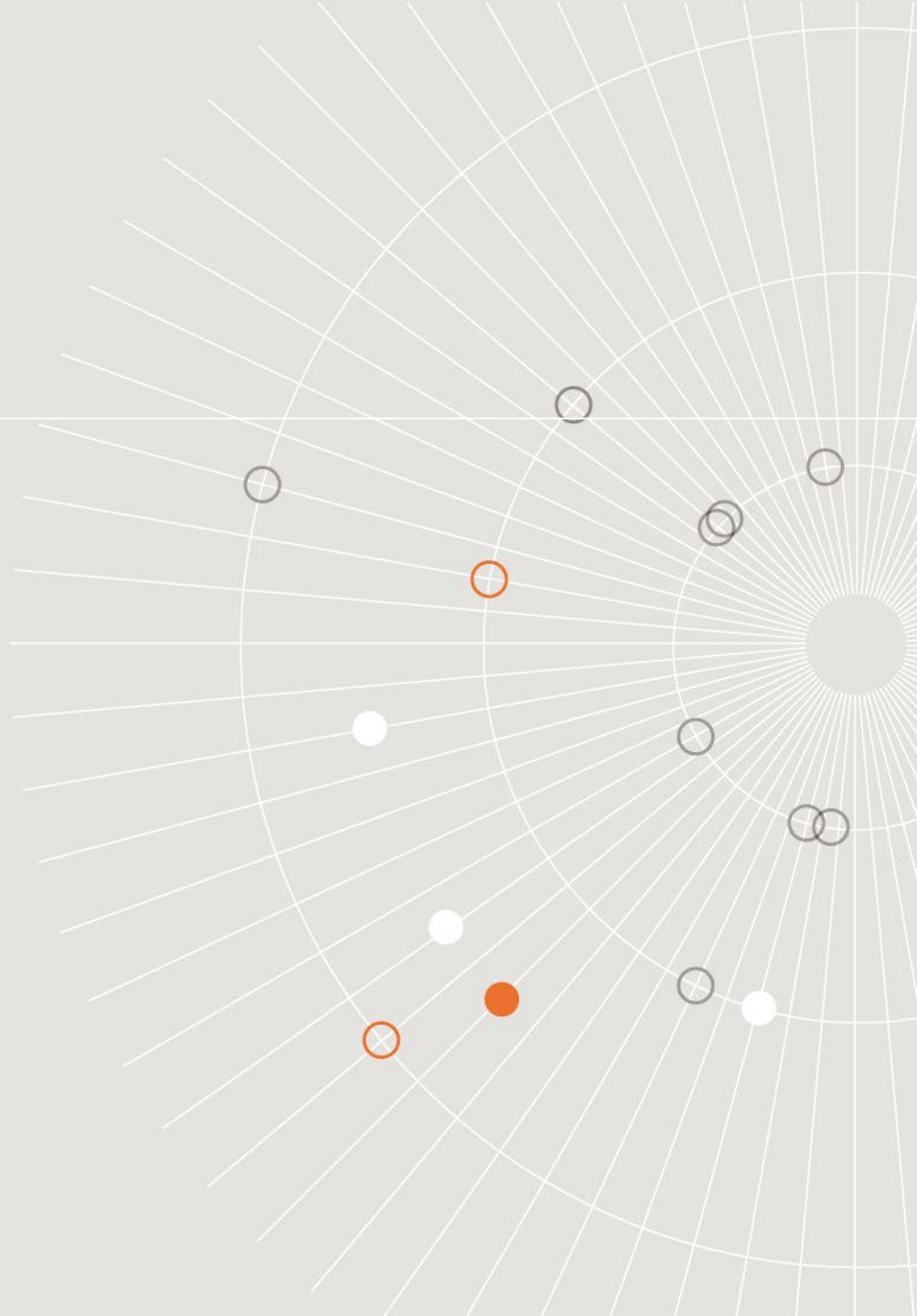
Email: info@ruralhealthresearch.org

Taking Care of Rural Health Rock Stars

- **Establish an organizational culture that reflects its mission**
- **Take care of your own needs before assisting others**
- **Offer generous paid time off (PTO)**
- **Implement flexible work schedules**
- **Remind staff about EPO**
- **Take a health day if you need it!**



Questions?



Thank you!

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