The National Academies' Consensus Report on Integrating Social Care into the Delivery of Health Care: BUILDING A CHICAGOLAND RESPONSE

Social risks and social needs are deeply linked to health and well-being. When disregarded, they lead to poor health outcomes and inequities in life expectancy and quality of life, which the United States healthcare system has not yet adequately prevented or addressed.

For years, stakeholders in the greater Chicago metropolitan area have been doing innovative work to address these gaps and improve health across diverse communities. In the last decade, health policy reform, changing demographics, and persistent health inequities have prompted local innovators to develop, evaluate, and expand best practices for meeting the needs of individuals, families, and communities by integrating social care with health care in order to achieve better health outcomes.

However, significant challenges remain. Social service and health care delivery continue to be isolated from one another, and there is a lack of funding for social workers and community health workers as members of integrated care teams. There is also a systemic lack of investment in a social safety net, and historic and ingrained racism permeate access to and quality of care.

In 2016 the Center for Health and Social Care Integration (CHaSCI) at Rush University System for Health began organizing with local and national stakeholders to pursue a consensus study from the National Academies on the topic that would create a shared framework for understanding and an action plan to address these challenges. The National Academies of Sciences, Engineering, and Medicine consensus study was launched in 2018, and **in September 2019, the National Academies released its consensus study report, *Integrating Social Care into the Delivery of Health Care: Moving Upstream to Improve the Nation's Health*.**

The consensus report thoroughly describes findings and recommendations on how to make health care more responsive to social risk factors and social needs in order to reduce health inequities and improve health outcomes. *This document describes efforts to disseminate the report to stakeholders in the greater Chicago area and synthesizes key points to inform ongoing work to integrate social care with health care in order to achieve better health outcomes.*

Study background

From June 2018 – September 2019, the consensus study was conducted by an interdisciplinary committee of nineteen experts from across the country who were selected by National Academies leadership to include diverse expertise without perceived conflict of interest.. This committee synthesized academic and "grey" literature, solicited public comments, and invited testimony from community-based organizations, educators, policymakers, and healthcare organizations selected by study staff to represent diverse disciplines and communities across the country. Their consensus study report was released in September 2019.

This study was made possible by a broad and cross-sector funding coalition, comprised of stakeholders dedicated to advancing individual and community health by making health care more attentive to social needs. The consensus study sponsors consisted of twelve philanthropic entities, five social work associations and professional groups, and 64 social work academic programs sponsored the consensus study. Six sponsors were from the Chicagoland area:

- Chicago Community Trust
- Community Memorial Foundation
- Healthy Communities Foundation
- Loyola University Chicago - School of Social Work
- University of Chicago - School of Social Service Administration and the Center for Health Administration Studies
- University of Illinois at Chicago - Jane Addams College of Social Work

The report: A framework for advancing health and social care integration

The final report provides shared language and a framework for advancing health and social care integration across the country. Stakeholders often use terms interchangeably or in conflicting ways. The committee **aligned around the following common definitions**:

- **Social determinants of health** are the conditions in which people are born, grow, work, live, and age, which we know affect a number of health outcomes and risks.
- When these conditions are associated with negative health outcomes, such as poor housing, they are called **social risk factors**.
- When individuals report a need they experience related to a social risk factor, that's a **social need**.
- **Social care** is a broad term that refers to activities that address health-related social risk factors and social needs. Types of social care activities are outlined below (Figure 1).
- **Social services**, often provided by nonprofits and funded by government or philanthropy, are a common type of social care resource.

The committee also created a **common framework to describe how healthcare delivery systems carry out social care activities**. This taxonomy is called the *5As*:

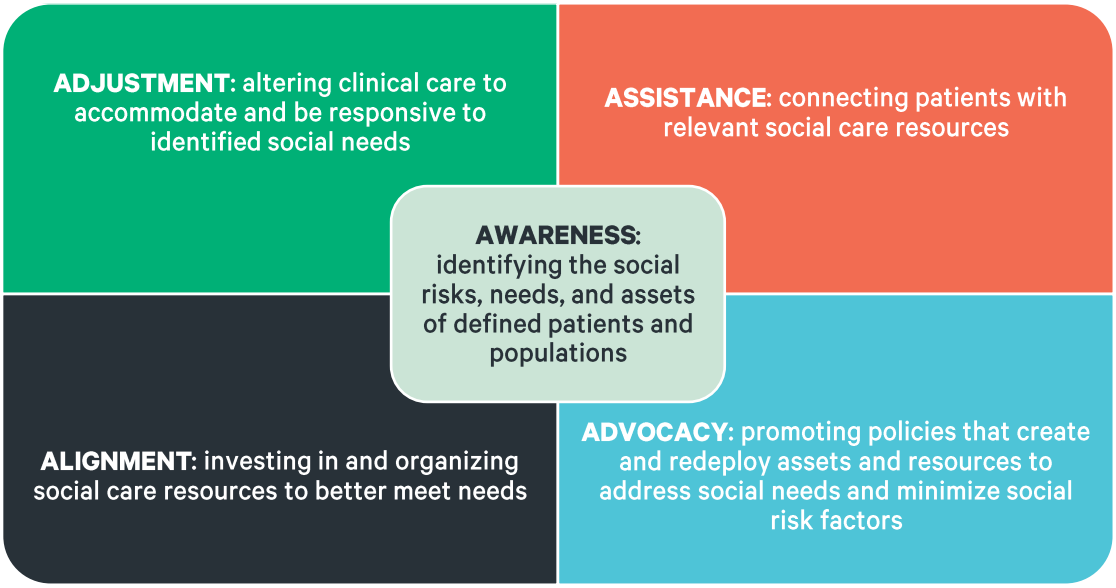

Figure 1
**Note: definitions slightly adapted from those in the report for clarity and brevity*

Using this framework, the committee identified three primary areas that must be addressed in order to advance integration activities and maximize the impact on health inequities:

AN APPROPRIATELY STAFFED AND TRAINED WORKFORCE

- *"All members of a health care team should be aware of social factors, but experts in social care are critical to interprofessional teams... Social workers are specialists in providing social care and have a long history of working within health care delivery."*
  – pg. 76-77 of the report

HEALTH INFORMATION TECHNOLOGY INNOVATIONS

- *"Interoperability and data sharing between health care and social care are hampered by the lack of infrastructure, data standards, and modern technology architecture shared between and among organizations."*
  – pg. 104

NEW FINANCING MODELS

- *"The key challenges identified are how the legal definition of health care affects the inclusion of social care, how methods for paying providers incentivize or disincentivize the integration of social care into health care delivery, ...and the limited administrative capacity of many social care providers."*
  – pg. 6

Figure 2

The committee's final consensus report details their findings related to these areas of need and makes several recommendations for addressing them and maximizing impact on health outcomes. The final consensus study report, summary materials, and a social media toolkit can be found at https://nationalacademies.org/socialcare.

Building a Chicagoland response

Since the consensus report's release in September 2019, several Chicagoland stakeholders have actively disseminated the findings to local educators, practitioners, policymakers, funders, and others, including the Institute of Medicine of Chicago and the National Association of Social Workers – Illinois chapter.

In addition, the Center for Health and Social Care Integration (CHaSCI) and the six local study sponsors convened a half-day, in-person event with the intent to:

- Disseminate the committee's findings and recommendations
- Discuss implementation challenges and strategies with local practice and policy leaders
- Gather stakeholder input on the report and on local challenges and priorities
- Build a shared language across sectors

The organizing groups disseminated invitations widely to local partners and via listservs, including the Chicago Area Schweitzer Fellows Program and The Chicago Bridge network of professionals in aging. This event was open to all who were interested and offered at no cost. There was an overwhelming response from stakeholders, and room capacity was met within two weeks of distributing the invitation.

The event was hosted at Rush University Medical Center on January 23, 2020, and welcomed 110 in-person attendees representing **over 50 organizations from the greater Chicago area.** Attendees included representatives from community-based organizations, clinics, hospitals, universities, public health groups, private practitioners, activists, consultants, and philanthropic foundations. Over twenty individuals joined remotely via livestream.

During the event, speakers and participants explored **local opportunities, challenges, and strategies to integrate care:**

- A welcome address by Donna Thompson, CEO of ACCESS Community Health Network
- An overview of the consensus study and report findings by Robyn Golden, Associate Vice President of Population Health and Aging at Rush University Medical Center, who served as a member of the study committee
- An interprofessional panel reacting to the report findings and recommendations, moderated by Greg DiDomenico, President & CEO of Community Memorial Foundation. Panel members included:
  - Paula Basta, *Director, Illinois Department on Aging*
  - Ramon Gardenhire, *Deputy Chief of Staff for Policy, Office of the Governor*
  - Kimberlee Guenther, *Vice President of Community Impact, United Way of Metro Chicago*
  - Sharon Homan, *President, Sinai Urban Health Institute (now retired)*
  - David Meltzer, *Professor, University of Chicago; Director, University of Chicago Urban Health Lab*
  - Goutham Menon, *Dean, Loyola University School of Social Work*

- Breakout discussions to share on-the-ground insight and distill priorities and opportunities
- A strategic communications session by John Davidoff, Founder and Chief Mission-Driver, Davidoff Mission-Driven Business Strategy
- Closing remarks by Anna Lee, Director of Community Impact, The Chicago Community Trust

Online recording of the event is viewable here. The audience handouts and slides are available for download here.

Themes & takeaways

The overwhelming participation and input received from diverse sectors and disciplines across the Chicagoland area indicates the widespread support for continued and strengthened local efforts to integrate social care with health care in order to achieve better health outcomes.

There was also recognition that a solid foundation of health and social care integration efforts is already in place in the Chicagoland area. However, **additional efforts are needed to study, improve upon, expand access to, and sustain social care itself along with efforts to integrate it with health care delivery** in order to reduce inequitable health outcomes. Select takeaways, priorities, and barriers identified by the speakers and participants include:

Figure 3

**Note: These takeaways were identified from collaborative efforts of organizing staff, not a formal qualitative review process.*

Working strategically

In the strategic communications session, John Davidoff facilitated exercises to identify target audiences, calls to action, and key messages that would help advance day-to-day work in advancing health and social care integration. The following action steps were identified that event participants could do as part of their daily work to elevate social care:

1) **Encourage those in their professional and personal networks to understand the importance of looking beyond traditional health care and think broadly about what contributes to health and wellbeing.**

   This will help transform public perception around health-related social risks, inequities, and social care in order to build support for adequate institutional, state, and federal investments in social and health care integration.

2) **Actively discuss their work and barriers faced by those they work with in order to help diverse audiences understand the investment it takes to improve health care and outcomes.**

   Highlighting the day-to-day investment necessary to integrate social care and health care will help others understand the investment it takes to improve health care and outcomes. Using the shared framework of the *5As* and the committee-established language will help with clarity.

   Recommended target audiences included:

   - **Health care providers and leaders:**
     - Physicians, nurse practitioners, physicians' assistants, nurses, allied health professionals
     - Health administrators and community benefits teams
   - **Social care workforce**
     - Social workers
     - Community health workers
     - Social service navigators, assistants, and case managers
     - Peer recovery workers
     - Home health & personal care aides
     - Gerontologists
     - Public interest lawyers
     - Trained volunteers
   - **Legislators and policymakers**
     - Federal, state, county, and municipal
   - **Public health departments**
     - State, county, and municipal
   - **Non-profits**
     - Use a systems lens with a broad view on social risk to identify relevant sectors of non-profits to engage
   - **Foundations**
   - **Corporations**
   - **Consumers**
     - Mass audience
     - Targeted segments (i.e., patient populations, under-resourced neighborhoods)
     - Consumer media
     - Trade media

3) **Raise awareness of the consensus committee's findings and recommendations.**

   The committee's findings and recommendations related to workforce, financing, and infrastructure barriers and opportunities should to inform the day-to-day work of diverse, multi-sectoral stakeholders – i.e., practitioners, administrators, educators, researchers, policymakers, and advocates.

Where do we go from here?

For decades, experts have reported the benefits of attending to social determinants of health to combat disparities in health care, treatment, and preventive services. (In social work's case, for over 100 years.) Prompted by demographic and policy shifts, national health industry leaders are shifting the dialogue from disease-focused and episodic care toward wellbeing and value-based care. This shift recognizes people within the context of their environment which includes local resources and assets.

As highlighted during this January 2020 event, the Chicagoland area has an excellent foundation with hundreds of non-profit organizations providing health and social care in the Chicagoland area. However, these organizations are tasked with a significant challenge – to help improve gaps in life expectancy and wellbeing that differ based on zip code, race, and access to social care.

To maximize impact and gain efficiencies in filling gaps, multi-sectoral stakeholders are collaborating to coordinate their resources, assets, and funding – e.g., via public-private partnerships, coalitions of community-based organizations, and philanthropic funding collaboratives. Collective impact models are increasingly being used to address population-specific needs, in which partner organizations identify a common agenda, use shared measurements, carry out mutually-reinforcing activities, have continuous communication, and invest in backbone support to assist collaborative efforts.

In recent months, the COVID-19 epidemic and uprisings related to societal inequities has magnified the imperative to bridge the gap between social and health needs and to engage in practices to promote equity rather than treating everyone equally without regard for their unique needs and goals. Achieving health equity and addressing the issues outlined herein will require more collaboration and hard work than ever before, and the consensus report provides a useful framework to guide us.

Driving Wellbeing: Using the *5As* as a Checklist

- ☐ **Awareness:** Identify the social risks, needs, and assets of defined patients and populations.
- ☐ **Adjustment:** Alter clinical care to accommodate and be responsive to identify social needs.
- ☐ **Assistance:** Connect patients with relevant social care resource.
- ☐ **Alignment:** Align our investment in and organize social care resources to better meet needs for all.
- ☐ **Advocacy:** Promote policies that create and redeploy assets and resources to address social needs and minimize social risk factors.

Figure 4

The *5As* checklist (Figure 4) should be used to address the top issues contributing to life expectancy gaps, including institutional racism and differential access to resources. For example, the Chicago Department of Public Health's Healthy Chicago 2025 report can be used to raise awareness and align cross-sector agencies' efforts to improve life expectancy by zip code, by raising awareness about, aligning care and investments around, and advocating for systems change to address the issues that contribute to life expectancy gaps (e.g., cancer, stroke, heart disease, opioids, chronic disease, infant mortality, homicides, HIV). The *5As* can also be used to guide efforts for how to prevent, treat, and recover from the pandemic itself and from the social needs and social risk factors that drive poor health and inequitable outcomes.

While the needs and the investments needed to address them can feel daunting, the greater Chicago area has significant strengths to build upon. The consensus report and January 2020 event provide a useful framework for guiding our collective efforts to reduce gaps in life expectancy and to advance health and wellbeing for all.

Learn more and stay in touch
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