



CHANGING WHAT COUNTS AS HEALTHCARE: GROW & CATALYZE STRATEGY 2014-2018

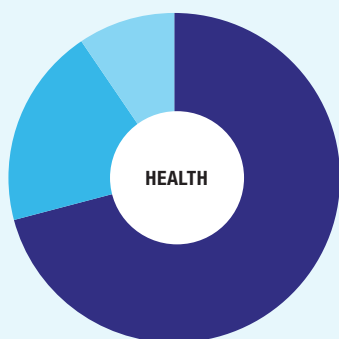
During our Grow & Catalyze Strategy, Health Leads partnered with, helped enable, and learned alongside healthcare systems to begin addressing all patients' essential resource needs as a standard part of quality care.

The Challenge Facing Healthcare

We know that our healthcare system struggles to keep people and communities healthy. Care is expensive, services are fragmented, and our singular focus on medical treatment cannot adequately address the social and environmental factors that impact health outcomes.

This system doesn't work for everyone, and it disproportionately impacts those already burdened by the legacy of poverty, racism, and discrimination.

Impact of different factors on health outcomes¹



- 10% Healthcare
- 30% Genetics
- 60% social, environmental, and behavioral factors

Causes of fatalities linked to systemic oppression and unmet essential needs in the year 2001

176,000	were attributable to racial segregation
162,000	to low social support
119,000	to income inequality

These numbers are respectively on par with heart attacks, strokes, and lung cancer²

¹ Heiman HJ, Artiga S. Beyond health care: the role of social determinants in promoting health and health equity. Health. 2015;20(10).

² <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3134519/>

Backed by 20+ years of experience working directly with individuals and families to address social determinants of health, Health Leads partnered with health systems and communities to help ensure that identifying and addressing these essential needs counts as healthcare.

In 2014, Health Leads launched the Grow & Catalyze (G&C) Strategy to target system-level change by partnering with, enabling, and supporting healthcare systems in addressing essential needs as a standard part of quality care. Despite the tremendous challenges facing the healthcare system, we've seen healthcare, human services, government, technology sectors, and a community of champions lay the foundation for a new paradigm of care.

Key Health System Shifts



5,000+

Health systems & physician practices participating in CMS pilots



25+

New technology solutions developed to address essential needs



80%

Health systems acknowledge and are addressing essential needs

Changing What Counts as Healthcare

As healthcare systems began to address the social determinants of health, we found that we were no longer only fielding questions about why addressing essential needs is important but saw healthcare leaders curious about how they could do it well using their own full-time workforces. To help answer these new questions, we shifted from solely doing the work of screening patients in healthcare organizations and navigating them to community resources to enabling healthcare organizations themselves to design, launch, and scale interventions within hospitals and health systems. In 2014, we set out to:



Co-create essential needs integration strategies and interventions with 2-5 healthcare systems.



Provide hundreds of healthcare systems with tools and resources to address essential needs of patients in their communities.



Cultivate an engaged network of thousands of health systems across the U.S. participating in essential needs programs influenced by Health Leads and engaging in peer-to-peer learning with each other.

Thanks to our donors, partners, supporters, volunteers, and staff, we've had the opportunity to achieve our goals and help drive this essential shift in the health sector. Along the way, we've learned critical lessons about how to support building and scaling programs, train new community workforces, develop tools to support essential needs initiatives, use big and small data to understand community needs, and see critical market gaps that impede access to care.

The Power of Partnerships



7

Long-term partnerships with health systems



85,500

Successful resource connections

including food (22%), essential commodities (17%), and utilities (9%) through direct service



240,000+

People supported by 25 organizations using Health Leads Reach®



60

Health systems participating in Health Leads' Learning Initiatives and Collaboratives



128

Health system representatives completed Health Leads' Social Needs Workshops



2,950

Physician practices participating in the AHC pilot program

Health Leads was the only program model officially listed by name in the pilot announcement

These efforts and the incredible learnings they produced happened in partnership with a diverse community of champions—all of whom are committed to ensuring people have the essentials they need to thrive. Through these partnerships, we learned invaluable lessons about how we can make our shared vision for addressing essential needs a reality.

Lesson 1

This work is impossible without deep partnerships and cross-functional collaborations.

Contra Costa Health Services: A Vision of Health for Every Person



Since launching its first Health Leads Desk in California at the West County Health Center, with support from Kaiser Permanente (and additional funding from Blue Shield of California Foundation, California Health Care Foundation, and the California Endowment), **Contra Costa Health Services has been committed to becoming a model for community-driven care, and they are driving toward becoming one of the first regions in the country to screen county-wide for essential needs.** In 2017, CCHS was awarded a \$20M grant from the CA Department of Public Health to help make this vision a reality. By building deep, collaborative relationships across the social service landscape and establishing new culturally sensitive community workforces, CCHS is building the foundation of a health ecosystem that addresses the whole person in every aspect of care.

Boston Medical Center: Overcoming Barriers Through Collaborative Partnerships



At Boston Medical Center (BMC), one in three families admitted through the pediatric Emergency Room are homeless or housing insecure. Because of the shortage of safe, affordable housing across the city, there are few resources available that address immediate housing concerns. This has been a significant barrier to providing quality medical care and addressing these essential needs, such as food insecurity or difficulties affording medical care. **To provide quality care and address needs, we worked with BMC to develop and integrate a new partnership with Metro Housing Boston—a leading non-profit dedicated to seamlessly bridging the gaps among governments, non-profits and corporations to provide Greater Boston residents with safe homes—into the existing network of service organizations centrally located in BMC.** Metro Housing Boston's expertise in navigating the housing resource landscape fills a critical gap in the existing network of social workers, patient navigators, providers, and Health Leads Advocates striving to address essential needs of BMC patients—providing better service to all their families.

New Voices at The Table: The Patient Advisory Council

Those with the lived knowledge of healthcare challenges are also those with the insights and deep understanding of what's needed to create lasting change. To ensure that the patient experience is integrated into every aspect of our work, we piloted our first Patient Advisory Councils (PACs) in 2017 in Boston and Northern California. The Boston PAC continues to meet bimonthly and provides critical insights into program development to ensure an atmosphere of mutually beneficial partnership between our organization and communities. PAC members have contributed across all our learning collaboratives and workshops—inspiring dozens of health systems to establish their own processes and committees to ensure patient feedback is integrated into their efforts.

Lesson 2

There are no universal solutions – addressing the social determinants of health has to look different based on local contexts.

Kaiser Permanente: Trailblazing Through Experimentation and Evaluation



What began as Kaiser Permanente (KP) supporting our first west coast pilot desk in Richmond California has evolved into a crucial partnership that helped generate learnings that are shifting essential needs care across the country. Kaiser Permanente has been pivotal to several efforts to promote best practices, adaptable solutions, and system-wide adoption: from co-leading the creation of The Social Needs Roadmap and establishing the first-ever essential needs call center in Southern California to creating a dedicated team focused on essential needs nationally. **The KP team has pushed us to adapt beyond the clinical setting and bring our work closer to the community.** Alongside their program and thought partnership, KP helped us develop a program evaluation that highlighted our most crucial learnings to date and became the foundation of our new strategy.

The Boston Foundation Collaborative: Shared Learning for Greater Impact



Since the very first federally qualified health centers (FQHCs) were established in the US in the 1960s, they have served as hubs of community health innovation. Launched in 2017, **The Boston Foundation Collaborative brings together four Boston-based FQHCs to harness their collective creativity to scale their impact through shared learning and creative problem solving:** The Dimock Center, Manet Community Health Center, South End Community Health Center, and Upham's Corner Health Center. All four teams are striving to expand capacity to identify, document, and address patients' essential needs—aiming to scale to screen 75% of their patients for unmet needs and closing resource gaps in their communities. Within this collaborative learning environment, each of the four teams have found the support they need to forge different pathways forward based on their unique community needs—from improving workflows and reporting metrics to regional resource database builds, running housing and credit building workshops, and collaborating with community organizations to start a farmers' market.

Defining Success: The Essential Needs Roadmap

In 2015, there was a growing consensus among healthcare organizations that addressing essential needs was critical, but no shared understanding of what success looks like in this space. In collaboration with Kaiser Permanente, **Health Leads convened 40+ leaders from health systems across the country to co-design The Social Needs Roadmap: an adaptable framework for designing, implementing, and scaling essential needs programs.** Since its creation, over 400 health systems have accessed the Roadmap to help launch or scale programs unique to the needs of their community.

Lesson 3

We can't have the impact we wish to see without directly challenging systemic barriers to accessing essential resources.

NYC Health + Hospitals: Amplifying Voices; Advocating for Change.



In 2017, New York City and The Robin Hood Foundation set a goal of increasing the number of eligible women and children accessing the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC), a life-saving resource that connects mothers and children to healthy food. To help close this enrollment gap, three community health workers in five New York City Health + Hospitals' clinics began connecting the women and children to WIC services and harnessed their clients' insights and stories to advocate for policy changes to promote accessing and choosing this resource. Through patient feedback and program data, three key barriers emerged: immigration concerns, lack of clarity in enrollment requirements, and an overly complex application process. **Through amplifying client stories and program data, we advocated for policy changes both within the hospital and the NYS WIC program to enact system-level change with the potential to positively impact tens of thousands of families.**

Overcoming Barriers: Identifying, Accessing, and Choosing Resources

To tackle complex social needs directly, health systems are increasingly seeking to build or source directories of services that are available to patients in their communities. **While access to information is a critical first step, a directory alone is not enough to solve essential needs challenges. Success depends on ensuring the information is comprehensive and current, that application guidelines and requirements are clear, and that staff or volunteers are trained to help patients navigate structural barriers.** With a combined 30+ years of experience, we partnered with 2-1-1 and United Way to share reflections on the greatest systemic barriers patients face when accessing resources—lack of viable resource options, social stigma, complex application processes, language barriers—and provided recommendations for overcoming these barriers. As the resource database space becomes increasingly crowded, it is essential that health systems recognize that a community resource directory alone won't solve every patient's need without overcoming the systemic barriers that prevent people from identifying, accessing, and choosing these vital resources.



Your Support is Helping Change the System

Thanks to the support of our partners and community of champions, the healthcare system is undeniably closer to addressing essential needs as a standard part of quality care:



5,000+ health systems and physician practices now participating in the landmark CMS AHC and CPC+ Pilots.



Nearly **600** health systems participating in Health Leads' webinars and learning collaboratives—many piloting new initiatives.



3,400+ health systems have accessed our essential needs resources such as the Screening Toolkit, Roadmap, and Change Package.



Four sector-influencing organizations sought technical assistance to design, launch, and implement their pilots and programs: CMS, the National Committee on Quality Assurance, the MA Health Advisory, and North Carolina's Department of Health and Human Services.



Three major medical professional societies reference Health Leads and social determinants in their recommendations and publications: American Academy of Pediatrics, American College of Physicians, American Academy of Family Physicians.



Dozens of new payment models that support essential needs care emerging across the country: AHC, CPC+, Medicare Advantage, MassHealth, and North Carolina's Department of Health and Human Service pilots.

And many, many others!

Beyond these and many other great strides we've seen the healthcare system take toward addressing essential needs, we've also had some of our most robust organizational learning to date:



The healthcare market is maturing in how it addresses essential needs, but **interventions are rarely designed with community and/or patient input**: outcome measurement often stops at 'referral given' or 'appointment kept' without extending to meaningful improvement in the social situation for patients.



Communities are increasingly identified as key partners for health systems in addressing essential needs, but **few examples of advanced operational integration exist**.



Federal and state programs are starting to incorporate essential needs into payment models, yet **community-based organizations struggle to take advantage of these new funding opportunities**.



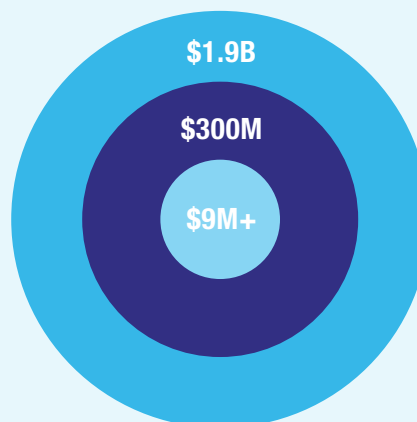
Integrating screening and navigation more deeply into clinical operations has important financial benefits compared to programs operating adjacent to clinical care, even those staffed primarily by volunteers.



Two separate evaluations with partners found that **addressing essential needs only within the four walls of clinics and hospitals isn't enough to ensure people can access and choose the resources they need to be healthy**.

Thanks to an investment of nearly \$60M to support our G&C work, we've seen exponentially higher investments in essential needs care, including:

- **Health Leads Earned Revenue of \$9M+ over 4 years**
- **CMS investing over \$300M in AHC and CPC+ Pilots**
- **State-Level Investments in MA, NC, & CA of \$1.9B+ to build health systems that address essential needs**



And that's just a small snapshot of the new investments we're seeing across the sector!

We're grateful to our G&C Donors, whose support was crucial to the success of this strategy.

Individuals

- Anonymous (4)
- Steve & Deborah Barnes
- Michael Blau and Ann Muschett
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- Randi and Larry Cohen Family Foundation
- Donahue Family Charitable Trust
- Robert C. Ketterson
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- Mandile Family Foundation
- The Pannell Family Charitable Fund
- The Samberg Family Foundation
- Union Square Fund, Inc.

Institutions



- Anonymous (2)

Thanks to the incredible efforts of our partners, supporters, staff, volunteers, and community of champions, the G&C strategy was more successful than we could have imagined—helping to drive a significant shift across the healthcare sector and producing our most crucial learnings to date. **Thank YOU for helping to make this work possible!**