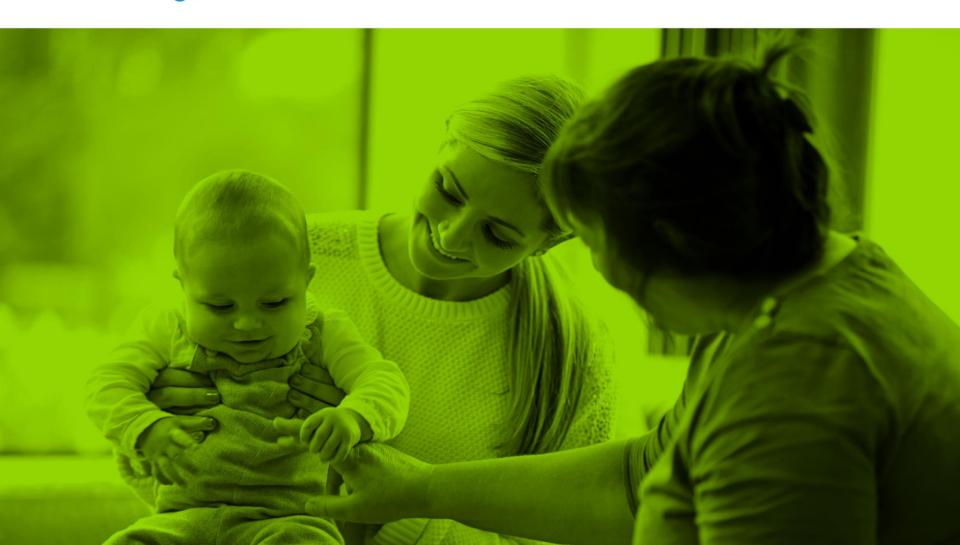


Great Rivers Hub

A Pathways Community HUB & Systems Change Initiative





Overview

- Social Determinants of Health
- Pathways Community HUB model overview
- How SDOH impact HUB clients





Social Determinants of Health Definition:

 ..are conditions in the places where people live, learn, work, and play that affect a wide range of health and quality-of life-risks and outcomes. -**CDC**



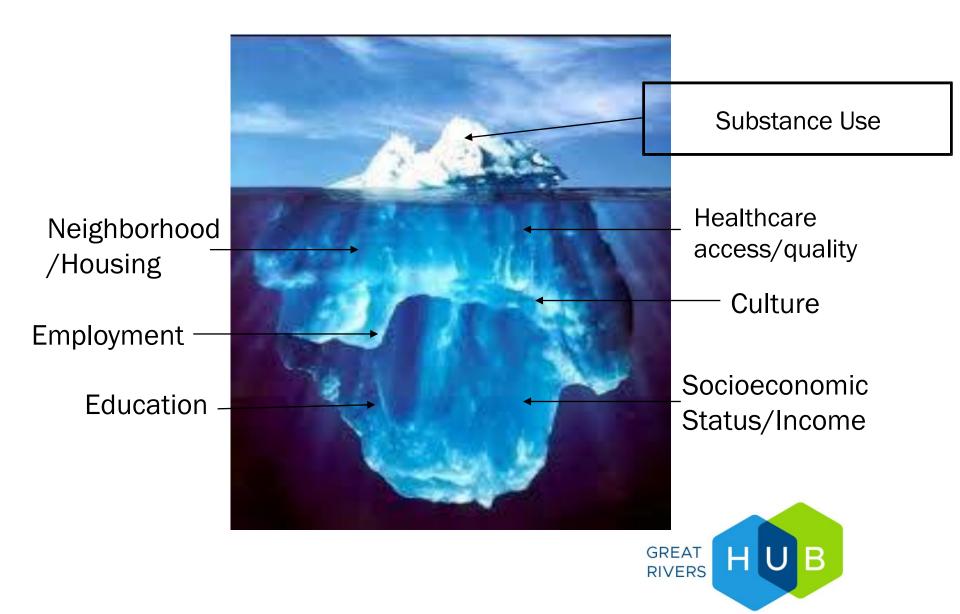


Social Determinants of Health Definition

• "...as the conditions in which people are born, grow, live, work and age. These circumstances are shaped by the distribution of money, power, and resources at global, national, and local levels. ...social determinants of health are mostly responsible for health inequities – the unfair and avoidable differences in health status seen within and between countries." -WHO



Addressing Social Determinants of Health



- Social Determinants can contribute to substance use
 - "Several biological, social, environmental, psychological, and genetic factors are associated with substance abuse. These factors can include gender, race and ethnicity, age, income level, educational attainment, and sexual orientation. Substance abuse is also strongly influenced by interpersonal, household, and community dynamics." –<u>Healthy People 2020</u>



- Substance use can impact social determinants of health:
 - "Substance abuse—involving drugs, alcohol, or both—is associated with a range of destructive social conditions, including family disruptions, financial problems, lost productivity, failure in school, domestic violence, child abuse, and crime.
 ...Estimates of the total overall costs of substance abuse in the United States, including lost productivity and health- and crime-related costs, exceed \$600 billion annually" – Healthy People 2020



- Lack of Social Determinants can be barriers to successful treatment or recovery
 - Health insurance/coverage
 - Healthcare access/quality
 - Transportation
 - Access to technology
 - Financial situation/Employment
 - Support structures
 - Stigma within the community
 - Housing



- Social Determinants, for communities, often require systematic changes to impact communities/individuals
- Social Determinants are interconnected to other health outcomes
- Important to address barriers in communities to good health
 - Housing
 - Food Access
 - Financial opportunity/employment at fair wages
 - Healthcare access
 - Transportation





Bridging the Gap: The Pathways Community HUB Model

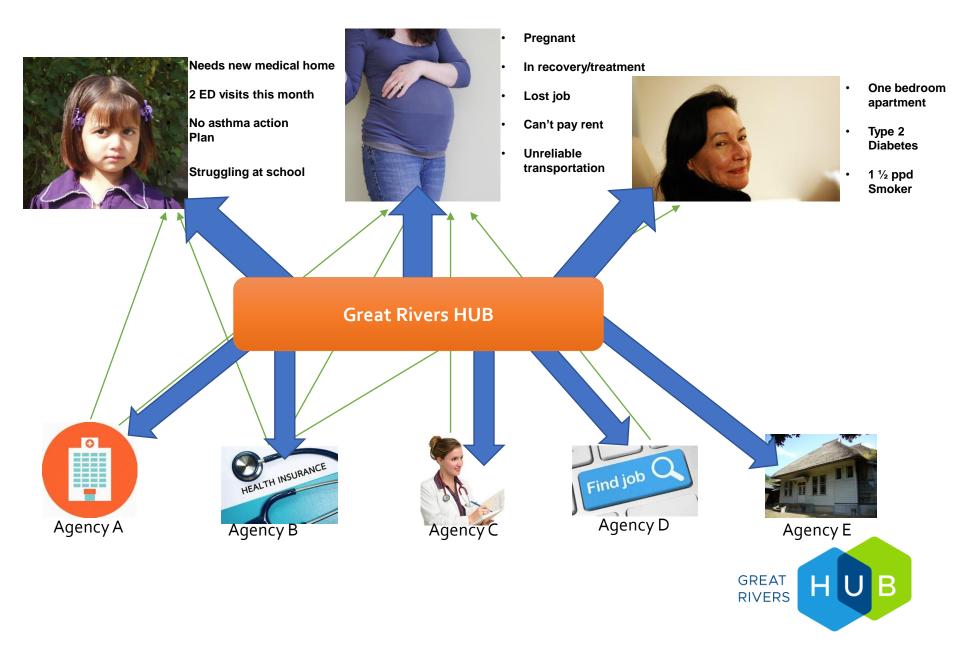


The Pathways Community HUB Model

- Uses <u>existing</u> community resources (medical and social) more efficiently and effectively
- Addresses both SDOH & clinical health metrics simultaneously
- Focuses on common metrics to identify and track risks (risk reduction)
- Holistic community care coordination → one for the whole family
- Outcome based



Current System vs HUB model



- Shifting the responsibility of the system to FIND individuals vs individuals finding resources to help them
- Targeted referral sites
- Community Care Coordinators meet individuals where they are at



TREAT: Pathways

- Treat the "whole" person
- Each Risk = Pathway
- 20 Standard Pathways
- Finished Pathway = Outcome Achieved (Risk Factor Reduced/Eliminated) & Payment
- If outcome not achieved = Incomplete Pathway
- Outcome/value based payment

- Adult Education
- Behavioral Health
- Developmental Referral
- Development Screening
- Education
- Employment
- Family Planning
- Health Insurance
- Housing
- Immunization Referral
- Immunization Screening
- Lead
- Medical Home
- Medical Referral
- Medication Assessment Chart/ Medication Assessment Pathway
- Medication Management
- Postpartum
- Pregnancy
- Smoking Cessation
- Social Services Referral

Great Rivers HUB Criteria

- Based on community needs identified:
 - Frequent emergency room utilizer
 - At-risk pregnant mother
 - Elementary aged youth with chronic absenteeism
 - La Crosse School District youth/family experiencing homelessness
 - Cardiovascular Disease/Hypertension/Hyperlipidemia
 - Type 2 Diabetes



Referrals and Enrolled Aug 2017-Feb 2021

- Total number of referrals: 654
- Total number of enrolled participants: **476**
- Percentage of enrolled participants that identified addiction or substance use at referral:
 - 289/ 476 clients referred with substance use identified= 61% (including tobacco and alcohol)





Pathway Completion for HUB enrollees with Substance Use



Pathway	Opened	Completed	Finished- Incomplete
Adult Learning	11	2	9
Behavioral Health	59	27	25
Developmental Screening	1	1	0
Education	1233	1196	0
Employment	48	14	26
Family Planning	13	8	5
Health Insurance	41	27	9
Housing	144	48	55
Immunization Referral	15	4	6
Immunization Screening	42	27	2
Medical Home	72	35	12
Medical Referral	280	155	78
Medication Assessment	105	79	20
Medication Management	12	7	1
Postpartum	12	8	2
Pregnancy	17	15	1 (low birth weight)
Social Service Referral	1309	902	302
Tobacco Cessation	130	8	69

Top Medical Referrals

Top 5 Medical Referral for Total HUB Population	# of Referral Pathways Opened
Dental	136
Mental Health	77
Primary Care	58
Specialty Medical Care	53
Vision	25

Top 5 Medical Referral for Clients with Substance Use	# of Referral Pathways Opened
Dental	100 (74% of total)
Mental Health	52 (66% of total)
Primary Care	31 (53% of total)
Vision	20 (80% of total)
Specialty Medical Care	19 (36% of total)

Top Social Service Referrals

Top 5 Social Service Referrals for Total HUB Population	# of Referral Pathways Opened
Clothing Assistance	300
Transportation Assistance	273
Food Assistance	238
Financial Assistance	210
Furniture Assistance	100

Top 5 Social Service Referrals for Clients with Substance Use	# of Referral Pathways Opened
Transportation Assistance	204 (75% of total)
Food Assistance	151 (63% of total)
Clothing Assistance	143 (47% of total)
Financial Assistance	139 (66% of total)
Furniture Assistance	63 (63% of total)



Questions?

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