Policy Tools to Address the Social Determinants of Health

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Seminar Overview

• A little about the Institute for Health and Social Policy (IHSP)

• Policy tools to address the SDOH, emphasis health impact assessment

• Examples

• Questions
Institute for Health and Social Policy (IHSP)

• Established in 1962 Center for Metropolitan Planning and later became the Institute for Policy Studies (IPS)

• IPS moved to HPM in 2012 and renamed IHSP

• IHSP is a group of multidisciplinary faculty who:
  • Explore how social policies impact health and well-being
  • Examine the social determinants of health and inequities
  • Promote direct engagement with policymakers to inform decision-making
Factors that influence health

- Health Outcomes
  - Mortality (length of life) 50%
  - Morbidity (quality of life) 50%

- Health Factors
  - Health behaviors (30%)
    - Tobacco use
    - Diet & exercise
    - Alcohol use
    - Unsafe sex
  - Clinical care (20%)
    - Access to care
    - Quality of care
  - Social and economic factors (40%)
    - Education
    - Employment
    - Income
    - Family & social support
    - Community safety
  - Physical environment (10%)
    - Environmental quality
    - Built environment

Social determinants of health

Source: University of Wisconsin Population Health Institute, County Health Rankings 2013, http://www.countyhealthrankings.org/our-work
Source: World Health Organization, Commission on the Social Determinants of Health
Many Sectors Influence Health
So what?

How do these insights help us improve health?
Opportunities: Policy Level

- Opportunity to leverage IRS requirement regarding Community Health Needs Assessment/Community Health Improvement Plan (CHNA/CHIP)
- Payment incentives in healthcare
- Advance tools that support “health in all policies” (HiAP) and multisector activities
- Conduct health analyses of legislation
- Promote the use of health impact assessment (HIA)
IRS Requirement for Community Health Needs Assessment

• Historically, hospitals rarely invest in addressing underlying causes of poor health
• Recently, some movement towards more thoughtful strategies

Hospitals invest in housing for homeless to reduce ER visits

Hospitals put $75 to $100 million into housing projects to limit unnecessary ER visits and reduce wasteful health care spending for homeless.

Pauline Bartolone, Kaiser Health News
Alternative Payment Approaches

- Population-based payment models
  - Vermont
  - Pennsylvania
  - Maryland
Health in All Policies (HiAP)

- HiAP is a collaborative approach that integrates and articulates health considerations into policymaking and programming across sectors, and at all levels.
- Systems level change.
- HiAP requires public health practitioners to collaborate with other sectors to define and achieve mutually beneficial goals.
- Health Impact Assessment (HIA).

Source: NAACHO, WHO
Between 2012 and 2016

28 HiAP bills introduced in 13 jurisdictions

9 jurisdictions enacted or amended 19 laws

Source: Weinberg et al, 2018
Health Note

- Rapid objective analysis
- Targeted at bills outside of the health committees
- Recently completed a pilot in Minnesota, pilot in NYC this fall
Tools and Tactics to Achieve HiAP

There is no one single way to “do” health in all policies

- Creating cross-sector government structures
- Integrating health into planning processes including zoning updates and General Plans
- Integrating health language into RFPs
- Developing health-related grant scoring criteria
- Add health to environmental impact assessments (EIAs)
- Workforce development
- Using Health Impact Assessment (HIA) and related tools
Defining Health Impact Assessment (HIA)

A structured process that uses scientific data, professional expertise, and stakeholder input to identify and evaluate public health consequences of proposals and suggests pragmatic actions that could be taken to minimize adverse health impacts and optimize beneficial ones.

Source: “Improving Health in the United States: The Role of Health Impact Assessments” by the National Research Council, September 2011
HIA Addresses Determinants of Health

How does the proposed project, plan, policy affect and lead to health outcomes:

- Housing
- Air quality
- Noise
- Safety
- Social networks
- Nutrition
- Parks and natural space
- Private goods and services
- Public services
- Transportation
- Livelihood
- Water quality
- Education
- Inequities

Slide courtesy of Human Impact Partners
HIA

Can answer…

- What are the potential health impacts of a proposed policy or project?
- Are these impacts likely to worsen existing health disparities?
- What can be done to minimize potential harm to the public’s health and to maximize potential benefits?
HIA...

• Provides a framework for community capacity-building and empowerment

• Involves a broad-range of impacted people

• Is an effective tool for meaningful cross-sector collaboration

• Addresses health inequities

• Increases transparency, support inclusiveness, democracy, and community engagement in the policy decision-making process

Adapted from Human Impact Partners, HIA Toolkit, 3rd Edition
HIA is not...

- Evaluation
- Risk assessment
- Cost-benefit or cost-effectiveness analysis
- Community Health Assessment

However, these methods can be used as part of the HIA assessment step
HIA Practice in the U.S.

• San Francisco Department of Public Health
  • Living wage HIA ~ 1999

• Some done as part of a formal regulatory or administrative process (for example, EIA/EIS)

• Most HIAs done without specific legislative mandate or regulatory requirement

• Growing activity at the state and local levels
Maps created through a partnership between Health Impact Project and the Centers for Disease Control and Prevention’s Healthy Community Design Initiative.
HIA Examples

HIA can be applied to a wide range of sectors

- **Energy**: state legislature’s decision on funding for the Low Income Housing Energy Assistance Program
- **Agriculture**: statewide farm-to-school legislation
- **Built environment**: HIA of the city’s proposed zoning changes

HIA can be applied to policy, project, program

- **Policy**: proposal to deport undocumented immigrants or an international agreement that enhances pharmaceutical patent protections
- **Project**: senior housing redevelopment in California
- **Program**: zero tolerance program
Stakeholder Engagement

1. Identifies the feasibility of HIA
2. Identifies issues for the study
3. Assesses health impacts
4. Suggests options or alternatives
5. Communicates results
6. Identifies successes & areas for improvement

Equity
Scope of HIAs

<table>
<thead>
<tr>
<th>Type</th>
<th>Desk Based</th>
<th>Rapid</th>
<th>Intermediate</th>
<th>Comprehensive</th>
</tr>
</thead>
<tbody>
<tr>
<td>Time &amp; Staff</td>
<td>2-6 weeks, 1 full time person</td>
<td>6-12 weeks, 1 full time person</td>
<td>12 weeks – 6 mo’s, 1 full time person +</td>
<td>6 – 12 mo’s, 1 full time person +</td>
</tr>
<tr>
<td>Health Impacts</td>
<td>Broad overview</td>
<td>More detailed overview</td>
<td>Thorough assessment of select pathways</td>
<td>Comprehensive assessment</td>
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<tr>
<td>Review</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Use</td>
<td>Time &amp; resources limited</td>
<td>Time &amp; resources limited</td>
<td>Requires significant time &amp; resources</td>
<td>Requires significant time &amp; resources</td>
</tr>
<tr>
<td>Methods</td>
<td>Collect &amp; analyze accessible data</td>
<td>Collect &amp; analyze existing data with limited expert input</td>
<td>Collect &amp; analyze existing data, gather qualitative data from stakeholders</td>
<td>Collect &amp; analyze data from multiple sources (qualitative and quantitative)</td>
</tr>
<tr>
<td>Fewer impacts</td>
<td></td>
<td></td>
<td></td>
<td>More impacts</td>
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What sectors have HIAs addressed?

- Built Environment: 36%
- Transportation: 19%
- Natural Resources and Energy: 12%
- Agriculture, Food and Drug: 8%
- Education: 5%
- Economic Policy, Labor, Employment: 6%
- Housing: 7%
- Other*: 7%

“There exists considerable diversity in the practice and products of HIA due to the variety of policies, plans, programs, and projects assessed; the diverse settings in which decisions take place; and the evolution of the field. A number of available guidance documents for HIA... This document, in contrast, is intended to provide guidance on what is required for a study to be considered an HIA (Minimum Elements) and some benchmarks for effective practice (Practice Standards).”
Institutionalizing HIAs

National Laws

• Thailand: constitutional requirement for an HIA and public hearing for projects or activities that may seriously affect health; National Health Act empowers individuals to request and participate in upon an HIA for a public policy.

• Slovakia: Public Health Act empowers public health authorities to require HIAs for development and other projects that may have possible negative effects on public health.

• Lithuania: Law on Public Health requires a public HIA to commence or expand economic activities that pose a risk to human health.
Institutionalizing HIAs

Sub-national Jurisdictions

- USA: some states have laws requiring HIAs or broader assessments that may encompass health
- Canada: Quebec’s Public Health Act requires the province’s health minister to be consulted on laws and regulations that may significantly affect the health of the population, a requirement that has led to an inter-ministerial HIA mechanisms
- Australia: Victoria’s Public Health and Wellbeing Act authorizes the state’s minister of health to require the health ministry to conduct an HIA
- A number of other countries have health agencies that are actively promoting HIAs: Finland, New Zealand, Switzerland, UK, US
Key Points about HIA

- Conducted to inform a specific decision
- Broad analytic framework
- Collaboration with stakeholders
- Pragmatic and focused on solutions
- Addresses health equity
Example: Using HIA to Inform Federal Public Housing Policy

HIA of designated housing rulemaking at the U.S. Department of Housing and Urban Development (2015)
Public Housing Program Basics

- 1.2 million units administered locally by 3,300 public housing authorities (PHAs)
- Assists 1.1 million households with over 2.3 million people
  - Senior families (head or spouse ≥ 62) represent 31%
  - Younger disabled families (head or spouse < 62 with a disability) represent 21%
HIA Project Team and Advisory Committee

• AARP
• Corporation for Supportive Housing
• Council of Large Public Housing Authorities
• Enterprise Community Partners
• National Alliance on Mental Illness / Consortium for Citizens with Disabilities Housing Task Force
• National Alliance to End Homelessness
• National Center for Healthy Housing
• National Fair Housing Alliance
• National Low Income Housing Coalition
• Public Housing Authorities Directors Association
• Technical Assistance Collaborative
## Methods and Approach

<table>
<thead>
<tr>
<th>Method Type</th>
<th>Description</th>
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<tbody>
<tr>
<td>Scenarios</td>
<td>Examined two scenarios HUD could pursue, developed in consultation with stakeholders</td>
</tr>
<tr>
<td>Systematic literature review</td>
<td>Reviewed more than 350 reports, peer-reviewed articles, conference papers, books, and other resources</td>
</tr>
<tr>
<td>Qualitative analysis</td>
<td>Conducted focus groups and interviews with 147 senior and disabled public housing residents and 135 staff members and community partners at case study sites</td>
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Examined Six Factors Important to Health

- Few households directly impacted but those affected face health effects
- HUD can minimize health risks and maximize benefits
  - in designated housing rulemaking and
  - broader policymaking
Housing Design and Accessibility: Current Conditions Present Challenges to Integrated Community Living

- Accessibility features can reduce risk of injury and death and promote mobility and socialization
- Community infrastructure within a public housing development can foster community connections and promote physical activity
- Most of the U.S. housing stock, including private and public housing properties, does not have optimal accessibility for people with disabilities

HUD has worked to increase the share of accessible units through programs such as HOPE VI and Choice Neighborhoods.

Funding for operating and capital improvement costs has not kept pace with need, making it challenging for PHAs to fund necessary accessibility improvements.
Stakeholder Perspectives

“When they build the buildings, make sure that they have the hallways big enough and the elevators big enough and the floors tall enough that you can get your furniture in. There's apartments here, the paramedics can't even get around the corners to get you if you fall down in the kitchen or the living room. They have to drag you out and load you up in the hallway.”

– Senior resident, senior-only building

“I think you also have to look at the age of our housing stock. ..Even though a unit may be considered an accessible unit, that does not mean they still have the room to get around in their unit in the scooter or the wheelchair, because of the existing size and square footage of the unit. .. There's just no way to provide that space unless you would do something like reduce the number of units in the building and then redo the whole building to take portions of another unit to expand other units.”

- Public housing authority staff
Recommendation: Equip PHAs with Tools to Enhance Accessibility in Designated Housing

• **HUD could:**
  • Require that every newly constructed or substantially rehabilitated public housing property be built in compliance with Fair Housing Act accessibility requirements
  • Provide regular and timely guidance regarding requirements under the Fair Housing Act, Section 504, and the ADA, and offer possible funding sources, partners, and best practice models
  • Develop methods for cost effective and systemic accessibility improvements and universal design modifications

Develop and implement a plan for improving the accuracy of data regarding accessibility of public housing units, including how HUD will use the data to inform policy and programmatic changes to prioritize resources and support accessibility enhancements within public housing.
For More Information

Health Impact Project, *Connecting Public Housing and Health: A Health Impact Assessment of HUD’s Designated Housing Rule* (2015),

Health Impact Project Resources

www.healthimpactproject.org
HIA and Health Care

• Limited application

• Some interest in using HIA for decisions regarding hospitals and CHIP

• HIA can be used in a health care setting when a business decision is being made that might put more focus on the cost implications than on the health impacts
Example HIAs for Health Care

• Health service implementation plan to reduce services in a small rural community

• Project to redevelop a hospital

• Plan to redesign a rural health service

• Plan to implement an integrated disease prevention campaign

• Project aimed to implement oral health strategy

Haigh et al., 2013
Relevance for You/CHSOR?

• Even if you do not conduct a HIA, to promote equity and inclusion, consider social determinants of health and root causes when making decisions related to practice, programming, policy, and research.

• Opportunity to be intentional in your work exploring policies and practices, with a special focus on their impact on quality of care and patient-centered outcomes.

• Work across sectors and beyond our silos.
Thank you!

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