Leveraging the Community and Innovation to Improve Health

The spread of COVID-19 revealed systemic cracks in the social needs and public health infrastructure of communities — inequities that have existed for decades.

A Kaiser Permanente survey of 2,900 of its members earlier this year illustrates the disproportionate impact the pandemic is having on the poor and people of color.

Among the findings:

- 47% said that the pandemic has negatively affected their mental or emotional health.
- 19% felt that their jobs were at risk.
- The number of patients who expressed a desire for assistance with procuring food was 3.8 times higher among blacks and 4.6 times higher among Hispanics than white respondents.

Factors like these among low-income and communities of color have placed them at increased risk for chronic health conditions, decreased access to medical care and consistently poorer outcomes, notes Bechara Choucair, M.D. senior vice president and chief health officer at Kaiser Permanente.
A growing body of evidence, however, demonstrates that social health interventions improve well-being and reduce unnecessary use of health care services, especially when they address factors like homelessness and food insecurity. As the need to connect health and social services has become increasingly apparent, hospitals and health systems are seeking ways to optimize their use of precious resources while collaborating more effectively with community groups and businesses. Similarly, leaders need to consider ways to deploy artificial intelligence and other digital tools to drive better-informed decision-making and timely interventions to positively impact the lives of patients most in need of help.

For health care leaders to be the change agents needed on social determinants, they need to screen patients routinely for basic needs like shelter, access to health, food and transportation; conduct community assessments that identify gaps in resources to evaluate how to invest in community health programming or services; and integrate patient and community level data to proactively identify and focus programming on the most at-risk populations in their communities.

Much like the coronavirus itself, we may not be able to quickly eradicate the social factors that lead to disparities in care, but we can partner with community groups and advance digital applications to accelerate change.

Discussion Questions:

1. **Where are we in the evolution of efforts to solve for social determinants of health?**
2. **How can health care leaders and their partners in the community best advance and sustain efforts to solve these issues?**
3. **How are leaders in the space leveraging advanced technological capabilities like artificial intelligence, electronic health records and other systems help provider organizations better define and act on SDOH?**
4. **What are the greatest remaining challenges or impediments to solving for SDOH and how do we overcome them?**
5. **How can we best measure impact of efforts to address social determinants of health?**
6. **What clinical, operational and community outreach efforts can help sharply move the needle on SDOH?**
7. **How can resource-stretched health care organizations best optimize their efforts to address SDOH?**

To explore ways to address SDOH in your community, visit our [resources page](#).