Understanding social determinants of health to support health equity

The capacity to meet basic social needs—such as stable housing, food, utilities, and transportation—can affect individuals’ health, their access to and utilization of health care, and health equity across the board. Moreover, failure to address these health-related social needs (HRSNs) can increase the total cost of care and diminish the quality of care.

HRSNs arise from the community; therefore, solutions must engage all sectors and stakeholders. The shift to value-based care affords a unique opportunity to engage payers and providers with community partners to create holistic and sustainable solutions. Thanks to 6 decades of researching and evaluating programs for vulnerable and underserved populations, we at RTI International understand the complex conditions and barriers that give rise to HRSNs and the most promising strategies for tackling them.

We offer solutions and services at every stage, including identifying needs and gaps in resources, creating interventions, testing and evaluating effectiveness, and ultimately scaling and replicating successful interventions.
Quantifying the impact of connecting beneficiaries to programs that service HRSNs

The AHC model addresses a critical gap between clinical care and community services in the current health care delivery system. This model tests whether systematically identifying and addressing Medicare and Medicaid beneficiaries’ HRSNs through screening, referral, and community navigation services will impact health care costs and reduce inappropriate health care utilization.

Over a 7-year period, the model will provide support to 30 communities to test promising service delivery approaches that connect beneficiaries with HRSNs (e.g., housing instability, food insecurity, utility needs, interpersonal violence, and transportation needs) and community services.

Our researchers are evaluating the impact of the AHC model on cost of care, utilization, and quality of care. The evaluation examines complex, multilevel effects using advanced analytic methods such as meta-regression, qualitative comparative analysis, social network analysis, and comparative case studies.

The results of the evaluation will make clear the effects of the AHC model on key outcomes, how those outcomes were achieved (or not), and for whom the model achieves the greatest benefit. As the single-largest demonstration of a model to address HRSNs in a clinical setting, the AHC evaluation will inform similar initiatives to address social determinants of health.