WHOLE–PERSON CARE

UNITED STATES of CARE

Social Determinants of Health

Postpartum women receive ongoing, personalized provider visits instead of a single postpartum visit to ensure continuous support, proactive monitoring, and timely response to postpartum women's ongoing health needs.

Benefits:

- A systematic review found that social needs interventions for pregnant and postpartum women generally improved maternal health outcomes and mitigated social risks and behaviors associated with poor health outcomes.
- Housing instability during pregnancy is associated with adverse pregnancy outcomes, and interventions to improve housing stability can improve maternal health outcomes.
- Food insecurity is associated with greater odds of depressive symptoms during pregnancy, and more than a quarter of women with food insecurity during pregnancy report mental health disorders during the first six months postpartum. Access to food can promote healthier postpartum mental health.
- Pregnant women enrolled in Medicaid that used enhanced smart transportation services (on-demand transportation) were more satisfied than those that used traditional non-emergency medical transportation (NEMT, scheduled several days in advance).

Definition:

Social determinants of health (SDOH) are non-medical factors that influence health outcomes, and are the conditions in which people are born, grow, work, live, and age. SDOH encompasses complex structural, environmental, and social factors. In particular, factors like coverage, food and nutrition insecurity, geographic disparities, and transportation barriers can limit access to quality care and impact maternal health outcomes.[4]

Current Landscape and Guidance:

Overview

- Postpartum women's social needs have a significant impact on their postpartum symptom experiences: women who have social and economic hardships were significantly more likely to experience worse symptom experiences.
- A systematic review identified and mapped various SDOH risk factors—including identity and discrimination, socioeconomic status, and psychosocial stress—to poor postpartum outcomes.
- A study on health and social needs of Medicaid enrollees in the postpartum year found that they reported higher levels of food insecurity, financial strain, and housing instability compared to those with commercial insurance.

Federal Programs

- The U.S. Department of Health and Human Services' Health Resources and Services Administration (HRSA) is investing more than $8 million in five states to expand access to basic social and health services and fostering community-clinical linkages to improve pregnancy and postpartum care.
- The Special Supplemental Nutrition Program for Women, Infants and Children (WIC) provides nutritious foods to supplement diets, information on healthy eating including breastfeeding promotion and support, and referrals to health care to improve the health of low-income pregnant, postpartum, and breastfeeding women, and children up to age 5. People who are enrolled in Medicaid are automatically income-eligible for WIC, but only 14% of pregnant women enrolled in Medicaid participate in WIC. States have flexibility in how they coordinate between Medicaid and WIC.

[4] We recognize that broader structural factors like paid leave policies and child care availability and affordability play a crucial role in shaping postpartum care and outcomes. However, our focus is on the SDOH that the health care system can impact.

> *They don't have doctors here...[we need] health care, food, more jobs.*
>
> – BLACK WOMAN, SOUTH CAROLINA

Medicaid

- The Centers for Medicare and Medicaid Services (CMS) released a State Health Official letter in 2021 outlining services that state Medicaid and Children's Health Insurance Program (CHIP) programs can employ to address SDOH, including housing-related services and supports, non-emergency medical transportation, home-delivered meals, educational services, employment, community integration and social support, and case management.
- CMS released a health-related social needs (HRSN) framework in 2023 outlining HRSN services and supports allowable under Medicaid and CHIP authorities.
- CMS' Transforming Maternal Health (TMaH) Model supports participating state Medicaid agencies to develop a whole-person approach to pregnancy, childbirth, and postpartum care that addresses people's physical, mental health, and social needs.

Private Health Plans

- Private health insurers are investing in social programs: between 2017 and 2021, the top 20 private health insurers spent $1.87 billion on social programs. Most funds went to housing ($1.2 billion) and food security ($238 million), while some were allocated towards "general SDOH" ($247 million).

Health Systems

- Health systems invested at least $2.5 billion to SDOH programs between January 2017 and November 2019, of which $1.6 billion was committed to housing; $1.1 billion to employment; $476.4 million to education; $294.2 million to food security; $253.1 million to social and community context; and $32 million to transportation.

Community-Based Organizations

- Community-based organizations (CBOs) are important partners in addressing social needs and improving maternal health outcomes by providing culturally responsive care tailored to their communities.
- CMS' TMaH Model leverages CBOs' strengths in providing culturally competent care, addressing SDOH, facilitating coordination, and engaging in community outreach to implement the model.

RETURN ON INVESTMENT:

- Investing in programs that address SDOH can generate cost savings during the pregnancy and postpartum period by targeting the root causes of poor health, reducing the need for costly medical interventions, and improving health outcomes.
- A review of SDOH interventions more generally found:
  - Housing can generate a positive return on investment (ROI), with one study estimating an ROI of $2,249 per person per month and another estimating a savings of $1.57 for every $1 spent;
  - Healthy food access can generate savings, with greater ROI for delivered, medically tailored meals ($220 per participant) than delivered, non-tailored meals ($10 per participant); and
  - NEMT can have an ROI ranging from $792 to $3,423.

BRIGHT SPOTS:[5]

Massachusetts Medicaid and CHIP program piloted the Flexible Services Program, which provides non-medical services to members enrolled in an Accountable Care Organization. Eligible members, including pregnant individuals experiencing high-risk pregnancy or complications up to 60 days postpartum, may receive housing support, food support, and other supports.

North Carolina has a comprehensive approach to addressing SDOH:

> The state's Department of Health and Human Services developed a standardized set of screening questions to identify health-related unmet resource needs, including on food, housing/utilities, transportation, and interpersonal safety;
>
> The state created a statewide resource database and referral platform, NCCARE360, to connect health care providers, social service agencies, and CBOs to address SDOH across all 100 counties; and
>
> The state is piloting the Healthy Opportunities Pilot to use Medicaid dollars to address SDOH, reimbursing social service organizations that provide services.

21 state Medicaid programs have partnered with Lyft to provide access to NEMT.

When two federally qualified health centers in Washington, DC partnered with Uber for a pilot program providing free Uber rides for pregnant individuals, it resulted in increased appointment attendance by five percentage points, and three-quarters of patients said it would be more difficult to get prenatal care without the free rides.

States are increasing cross-program collaboration between Medicaid and WIC, which can ensure robust takeup by eligible families.

"I used my community resources when I found out I was pregnant. I went to a free clinic like a Catholic charitable office and they provided me with parenting classes, baby items, and more resources in the community."

– BLACK WOMAN, FLORIDA

"[I don't think] I should get better health care or treatment [because I am in a different economic status]. I think it should be [the same for] all African-American women or all women. All women should have all this. You being a mom and bringing life into this world I think you should have what the other lady has down the street."

– BLACK WOMAN, NORTHEAST

[5] For more examples, the National Academy for State and Health Policy (NASHP) has written on state approaches to address SDOH for pregnant and postpartum women here.