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Testimony in SUPPORT of SCR103
URGING THE REESTABLISHMENT OF THE WORKING GROUP TO EXAMINE SOCIAL DETERMINANTS OF HEALTH AND RISK ADJUSTMENT FOR MEDICAID, GAP-GROUP, AND UNINSURED INDIVIDUALS.

SENATOR SUZANNE CHUN-OAKLAND, CHAIR, SENATE COMMITTEE ON HUMAN SERVICES AND HOUSING
SENATOR JOSH GREEN, CHAIR, SENATE COMMITTEE ON HEALTH

Hearing Date: March 31, 2015 Room Number: 016

Fiscal Implications: N/A

Department Testimony: The Department of Health (DOH) supports further discussion and study on the social determinants of health. In 2014, the department amended its enabling statute to include a focus on health disparities exacerbated by social determinants:

"The department of health shall have general charge, oversight, and care of the health and lives of the people of the State, and shall pursue as a goal, the achievement of health equity. The department shall consider social determinants of health in the assessment of state needs for health…As used in this section: "Health equity" means assuring equal opportunity for all people in the State to attain their full health potential. "Social determinants of health" means the complex, integrated, and overlapping social structures and economic systems that contribute to health inequities. These social structures and economic systems include the social environment, physical environment, health services, and structural and societal factors."

Thank you for the opportunity to testify in support of health equity.

Offered Amendments: N/A

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March 30, 2015

Memorandum

TO: The Honorable Josh Green, M.D., Chair
Senate Committee on Health

The Honorable Suzanne Chun Oakland, Chair
Senate Committee on Human Services and Housing

FROM: Rachael Wong, DrPh, Director

SUBJECT: **S.C.R. 103/S.R. 57 – URGING THE REESTABLISHMENT OF THE WORKING GROUP TO EXAMINE SOCIAL DETERMINANTS OF HEALTH AND RISK ADJUSTMENT FOR MEDICAID, GAP GROUP, AND UNINSURED INDIVIDUALS**

Hearing: Tuesday, March 31, 2015; 1:20 p.m.
Conference Room 016, State Capitol

PURPOSE: The purpose of this resolution is to reestablish a work group to examine social determinants of health and risk adjustment for Medicaid, gap group, and uninsured individuals.

DEPARTMENT'S POSITION: The Department of Human Services (DHS) appreciates the intent of the resolution and offers comments.

The DHS Med-QUEST Division (MQD) staff currently participates on a number of councils, work groups and tasks forces that address a range of topics that affect Medicaid and program recipients. This resolution is one of 9 measures this legislative session

requesting MQDs participation in a group. Individual staff members that attend these work groups and other meetings are the same individuals who are responsible to complete assignments and work with the Centers on Medicare and Medicaid Services (CMS) on daily operational issues. The MQD requests the legislature consider consolidating the different work groups as consistent participation by limited MQD personnel is an administrative burden that takes away from program implementation and operations.

Additionally, MQD respectfully requests that the committees consider narrowing and prioritizing the items the task force is requested to address as each of the 10 enumerated items is complex on their own.

Further, the size of the proposed work group is large with at a minimum of 20 members. This number does not include "representatives from health insurance plans within the State to be chosen by the Director of Health" and therefore, the membership will increase dependent upon the health plans selected. The size of the "work" group will make it more difficult to identify and work on issues as representatives will want to address their interests and areas of concern.

Thank you for the opportunity to testify on this measure.

HPCA
HAWAI'I PRIMARY CARE ASSOCIATION

Senate Committee on Human Services
The Hon. Suzanne Chun Oakland, Chair
The Hon. Josh Green, Vice Chair

Senate Committee on Health
The Hon. Josh Green, Chair
The Hon. Glenn Wakai, Vice Chair

Testimony in Support of SCR103/SR57

URGING THE REESTABLISHMENT OF THE WORKING GROUP TO EXAMINE SOCIAL DETERMINANTS OF HEALTH AND RISK ADJUSTMENT FOR MEDICAID, GAP-GROUP, AND UNINSURED INDIVIDUALS

Submitted by Nani Medeiros, Public Affairs and Policy Director
March 31, 2015, 1:20 pm, Room 016

Recent research has shown that the health and vitality of individuals and the population as a whole can be attributed to social determinants. In many instances factors such as homelessness, poverty, unemployment, language barriers, abuse, lack of education, and lack of access to exercise or healthy foods can have a more profound impact on health outcomes than even genetic disposition or traditional medical care.

The recently released County Health Rankings was able to quantify this by determining that life expectancy and health status can be attributed to:

- 40% - Social and Economic Factors
- 30% - Health Behaviors
- 20% - Clinical Care
- 10% - Physical Environment

What these numbers show is that only 1/5 of a person's life expectancy and health status can be directly attributed to the healthcare they receive. The remaining percentage is comprised of social determinants, many often competing at the same time.

The presence of social determinants presents a number of problems for the healthcare community. First, it multiplies the difficulties in identifying, assessing, and treating health concerns in a community. With so many competing forces at work, narrowing maladies to a single indicator is nearly impossible. Second, those most affected by social determinants are the homeless and poverty-stricken populations, which are often uninsured or present with health

conditions that require hospitalizations or emergency department utilizations. Such visits are costly for providers and for the health community as a whole. Third, social determinants have a direct impact on access to primary care, which also has a strong correlation to healthcare costs.

Any effort to combat the social determinants of health must be comprehensive. On the clinical side, enabling services that work to address issues in housing, transportation, economic security, interpretation, and other related factors must be present. In addition, issues such as race, age, gender, socio-economic status, and geography must be taken into consideration when treating patients. On the payment side, traditional insurance models do not address these social health indicators. To provide better value for the healthcare system and better care for patients, they must work to accommodate these issues moving forward.

As one of the primary providers of healthcare to the populations most affected by social determinants, the Hawaii Primary Care Association and the community health centers it represents supports SCR103/SR57. Every day community health centers treats those directly affected by social determinants and we wish to work collaboratively with the Hawaii healthcare community to seek answers to these problems. This effort was begun with the passage of HCR 146 in 2013, and we look forward to expanding on the progress made therein.

We thank you for the opportunity to testify and urge your passage of this resolution.

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