

# **Social Needs Resource Referrals: Minnesota Health Equity Issues**

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**Policy Position Paper  
April 2024**

Stratis Health is offering our insights, perspectives, and opinions to Minnesota policymakers and others to increase understanding and offer solutions on how Minnesota can lead and accelerate actions to address social determinants of health to advance health equity.

*Stratis Health, based in Bloomington, Minnesota, is a nonprofit organization that leads collaboration and innovation in health care quality and safety, and serves as a trusted expert in facilitating improvement for people and communities.*

While Minnesota ranks as one of the healthiest states in the United States, our state has persistent and appalling disparities in health outcomes. We have some of the most significant health disparities in the country between whites, people of color, and American Indians, according to Minnesota Department of Health data. More than 80% of these disparities are determined by social and economic factors such as lack of access to housing, transportation, income and education inequities, or what the Centers for Disease Control and Prevention defines as social determinants of health. Despite many well-intended efforts, we clearly need to do something different. Our vision is for Minnesota to take a leap forward in reducing disparities and improving health equity by effectively addressing social determinants of health through community-led approaches. We want Minnesota to go from being a laggard to a leader in health equity.

We have an extraordinary moment of opportunity to act right now. Why now? We have:

- 1) a clear path forward developed by a broad and inclusive multi-sector collaboration and**
- 2) a set of external forces that align to support urgent action in Minnesota.**

**1) The clear path forward developed by a broad and inclusive multi-sector collaboration**

In the current Minnesota environment, assisting people in getting the resources they need to address their health-related social needs is complex and, at a minimum, can require navigating multiple resource directories, interacting with several referral technology platforms, and contending with inconsistent data and technology standards. While valuable resources and tools exist, it is currently a fragmented approach, which can be burdensome, expensive, and a barrier to successful social needs resource referrals, especially for those most vulnerable and needing services and support. This is an urgent health equity challenge in Minnesota.

Since 2021, Stratis Health has served as convener, facilitator, and subject matter expert to the Co-Creation process and the [Guiding Council](#). This collaboration has brought together community organizations, health care, payer organizations, social care resource directory providers, and other partners from throughout the state to collaboratively develop a shared approach to connect Minnesotans with needed and culturally responsive social care resources. The collaboration resulted in developing and endorsing five implementation strategies that give clear direction on what is required in Minnesota.

**The Co-Creation Guiding Council endorsed five implementation strategies in Fall 2023:**

- 1) Design and implement a **shared directory**, an “uber” utility for social needs resources.
- 2) Develop **standards and tools** which include viable operational and financial agreements and options for payment.
- 3) Develop specifications and workflows for an **interoperable information exchange** to support multi-directional, closed loop social needs referrals.
- 4) Advance **community care hub** backbone organizations.
- 5) Intensify visibility, momentum, and commitment through a **campaign-like approach** with pledges, measurement, and reporting.

## 2) Strong external forces that align in support of urgent action in Minnesota

While addressing health-related social needs has been a longstanding issue, and the pandemic illuminated and exacerbated the fragmentation of health care and social care and the disparities caused by race, ethnicity, language, socioeconomic status, and access, there is a unique confluence of driving forces right now.

- The Centers for Medicare and Medicaid Services (CMS) is now mandating quality measures reporting by hospitals, clinicians, and health plans regarding the screening rates for social risk factors, with referral and resolution of health-related social needs on the horizon.
- CMS has recently provided flexibility (and is actively encouraging) state Medicaid programs to address social drivers of health through the 1115 waiver process.
- Medicare now has billing codes in its Physician Fee Schedule for Community Health Integration (CHI), Principal Illness Navigation (PIN), Principal Illness Navigation, and Peer Support (PIN-PS) Services, making it more feasible for health care organizations to incorporate social care and referrals into a clinical visit. Other payers are expected to follow.
- New federal models of health care delivery and payments (through the CMS Innovation Center) are centered on equity and social drivers of health, including the all-payer Making Care Primary model, of which Minnesota is one of eight participating states.
- Health plan and health system accrediting bodies (i.e., NCQA and Joint Commission, respectively) have ramped up their accreditation standards for managed care plans and health care organizations to prioritize screening for, referring, and following up on social drivers of health.

These external forces align in support of the five strategies advanced by the Co-Creation Guiding Council.

### What will it take in Minnesota?

At this critical juncture, when time is of the essence, Stratis Health is offering our insights, perspectives, and opinions to Minnesota policymakers and others to increase understanding and offer solutions on how Minnesota can lead and accelerate actions to address social determinants of health to advance health equity.

Minnesota's implementation approach must be based on the shared values and principles foundational to the Co-Creation work over the past three years to be effective and sustainable. As a result of the direct and clear voices of community organizations, health care organizations, and payers, Stratis Health has a deep understanding of how to apply these values and principles to implementation. The top-level priorities include:

- Creating trust is paramount. The implementation approach needs to be inclusive, equitable, and collaborative among multi-sector organizations; this is not a single-organization solution.
- If implementation doesn't work for community organizations, it doesn't work at all. Therefore, implementation needs to be centered on and led by community organizations -- they should drive decision-making and governance. Community organizations providing social care need new payment models and technical assistance to flexibly offer services, support their clients, participate in resource directories, and collect and share data.
- Solutions must be comprehensive and integrated, considering that technology is necessary but insufficient - we also need payment, standards, policies, infrastructure, and human navigation.

- State Medicaid leadership is essential, including leveraging the Medicaid 1115 waiver opportunity and federal all-payer payment models to support innovative payment and capacity building for community organizations.
- Multi-sector investments by the state, health systems, health plans (and potentially employers, philanthropy, and others) will also need to be aligned.

The good news is that we don't have to start from scratch as we implement the five strategies. Stratis Health has studied and curated learnings and tools from not only other states and regions but also from national organizations that are leading supporters of this work (e.g., The Gravity Project, Partnership to Align Social Care, Center for Healthcare Strategies, and more).

### **Stratis Health's Position on Current Legislative Proposals**

- In Minnesota:
  - We endorse and have signed on to the letter to the MN state legislature supporting the pursuit of the Medicaid 1115 HRSN waiver, joining 30 (and growing) multi-sector organizations, and expressing support.
  - We are monitoring legislative action on the Community Care Hub bill (SF 3697) and the data exchange requirements in HF3443 being considered by the legislature.
- At the federal level:
  - We have endorsed and signed on to the letter supporting The Improving Social Determinants of Health Act of 2023, which authorizes \$100 million per year for the CDC to improve the capacity of public health agencies and community-based organizations to address SDOH.
- A key policy premise is supporting statewide community-led cross-sector collaborative efforts – that is, approaches which advance equity via both process and outcome. Rather than inviting participating organizations into a process designed by others, participants are designing the very process they are joining. This advances equity in that it assures voice, agency, and power distribution to impacted organizations, as reflected in the strategies adopted above by the Guiding Council. Single-organization solutions are not inclusive and will not be effective or sustainable.

### **Summary**

Stratis Health is committed to moving forward collaboratively and centered on the community so that this moment does not pass us by. In Minnesota, we have long struggled with reducing health disparities. Imagine how much a coordinated statewide solution can help a mom who is desperately seeking food assistance for her kids, while trying to manage her own diabetes; or your neighbors who have an adult son who cannot get help for their son with opioid use disorder navigating a fractured system. We can do better and we have the foundation from which to launch. Let's come together to improve health equity in Minnesota. We invite others to join us and seize the opportunity.