



Addressing Social Drivers of Health

Rural Health and Technology





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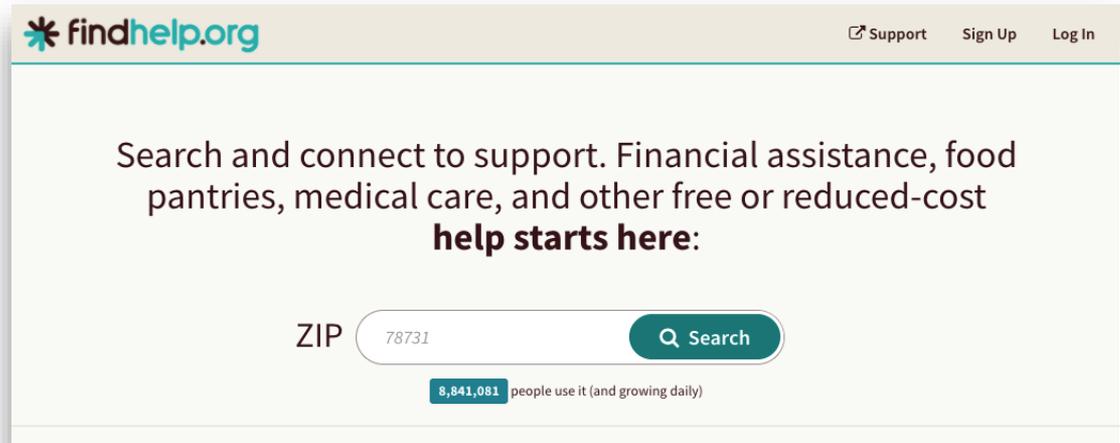
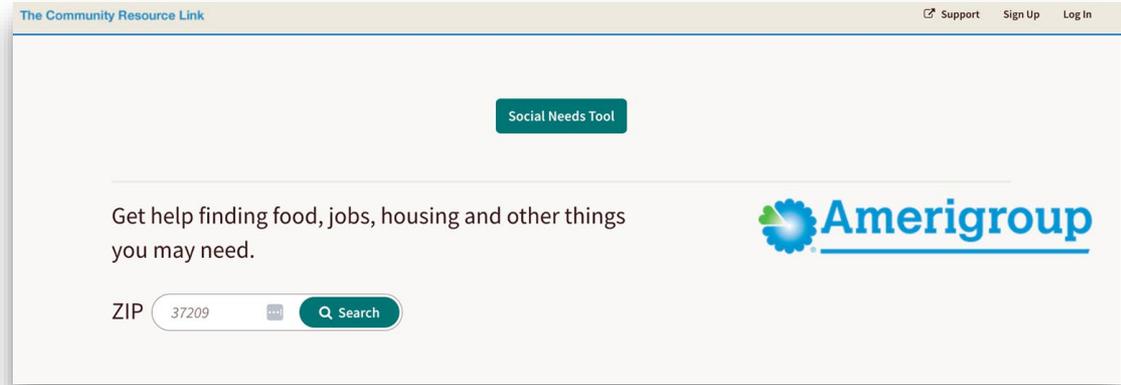
Savannah Cleveland (she/her)

*Manager, Customer & Community Success
findhelp*



What is findhelp?

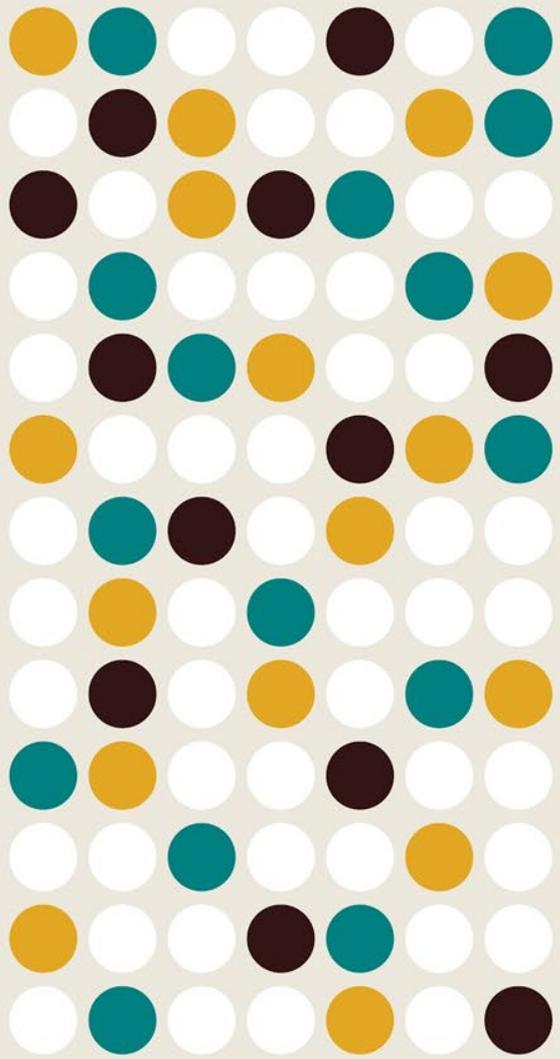
We run a nationwide platform called findhelp.org.





→ Today's Agenda

- Addressing rural needs through interventions in rural areas.
- Building trusted networks through partnerships and technology.
- The positive impact of bringing together healthcare and social care via digital, interoperable tools.



Setting the Stage



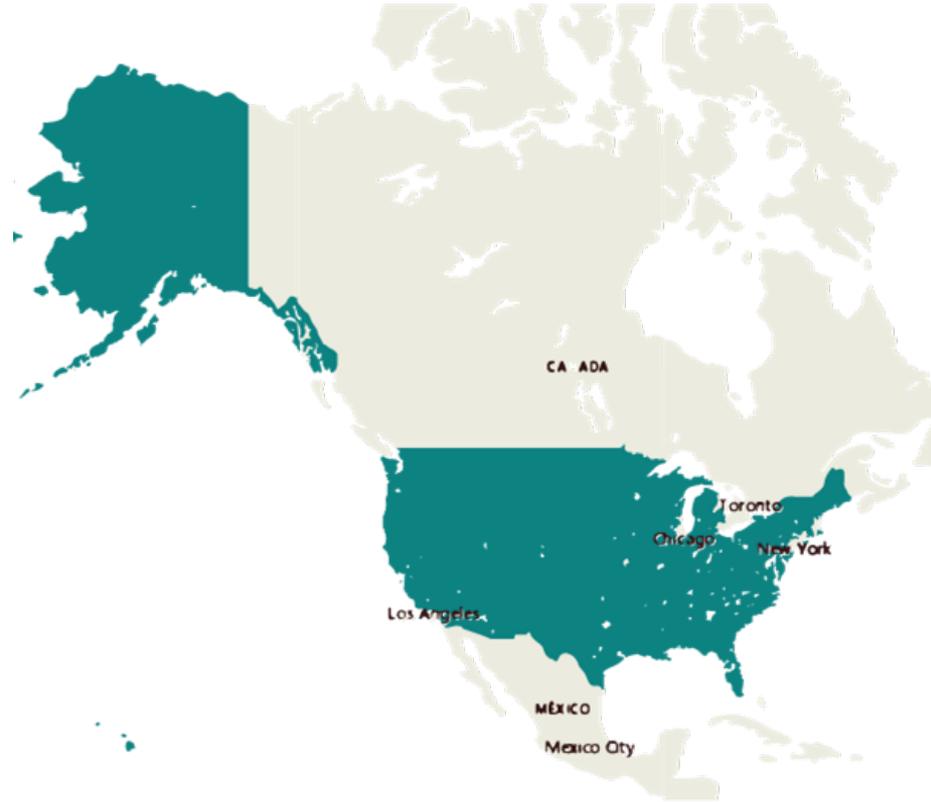
“Coordinated action with trusted partners across many sectors is critical as the foundation for long-term health resiliency and prosperity in communities.”

Dr. Kimberly Lamar, TDH Assistant Commissioner for the Division of Health Disparities Elimination.



> Rural America

97% of America is considered rural, filled with 20% of the US population





> Rural vs Urban

Just two examples

Cancer

- Rural areas have lower rates of new cancer cases, but a higher death rate
- Slower progress in reducing new cases of cancer and cancer deaths
- Colorectal and Lung Cancers – preventable, but deadliest

Opioid Use

- Lack of prevention, treatment, and recovery resources
- Higher average of Rx to Opioids in rural communities; higher prevalence of chronic pain
- Earlier age of drug use and misuse

*Source: CDC Cancer Policy Brief: Preventing and Treating Cancer in Rural America;
CDC Opioid Overdoses Policy Brief: Preventing Opioid Overdoses among Rural Americans*



> Rural Community Landscape

Tennessee

Tennessee Nonmetro Population



6,772,268

Estimated population

1,478,757 (21.8%)

People living in nonmetro areas

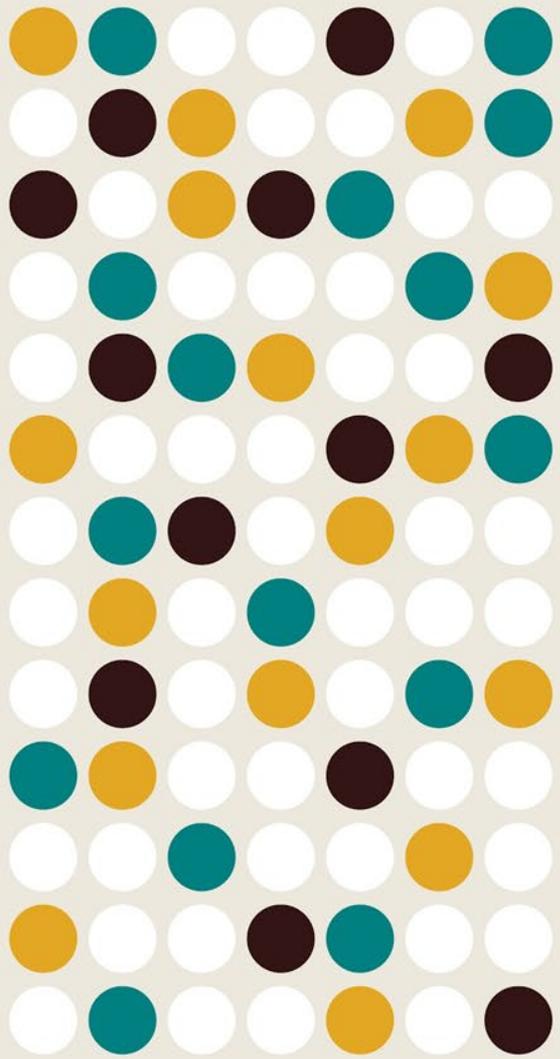


Tennessee Network

Our Social Care Network in Tennessee by the numbers:

- 700k+ users
- 2.8M Searches across the state
- 4,440 organization programs





Amerigroup and Rural Health

Rural Health

Between 2010-2020, 130 rural hospitals closed and 16 of those were in TN. As of March 2021, 23 counties in TN are without a hospital.

Over 145,000 of our Medicaid Population live in Rural Communities

Primary Needs Identified:

- Transportation insecurity
- Financial insecurity
- Housing instability
- Food insecurity
- Healthcare access
- Substance abuse



SDOH Overview

Economic Stability	Neighborhood and Physical Environment	Education	Food	Community and Social Context	Health Care System
Employment	Housing	Literacy	Hunger	Social integration	Health coverage
Income	Transportation	Language	Access to healthy options	Support systems	Provider availability
Expenses	Safety	Early childhood education		Community engagement	Provider linguistic and cultural competency
Debt	Parks	Vocational training		Discrimination	Quality of care
Medical bills	Playgrounds	Higher education			
Support	Walkability				

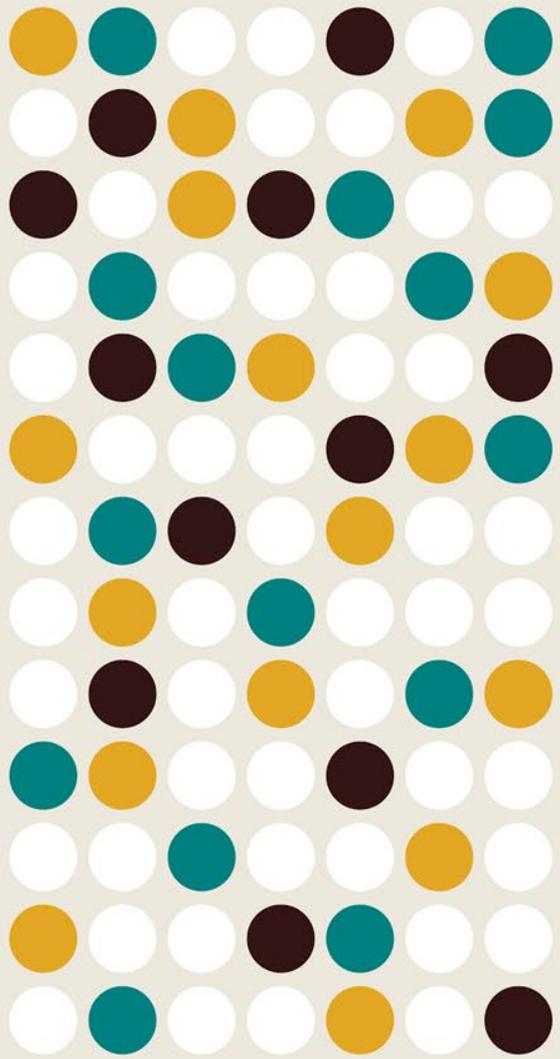
Health Outcomes

Mortality, Morbidity, Life Expectancy, Health Care Expenditures, Health Status, Functional Limitations

Our Approach to Health

- Whole Health- Holistic approach to address all needs
- Strengthening communities- Partnerships with Community and Faith based organizations
- Digitally enabled Healthcare- integrates data, provide care delivery and improve outcomes.





Building Trust



Community Investment

Community-led Capacity Building

- We believe that the dollars assigned to Connected Communities should be invested in building capacity locally - offered as grants or reimbursement payments to help local partners align resources to achieve impact.
- We also know local governance structures that help drive these projects are essential, and must be led by the community, that's why we support our partners to invest resources in community-led decision-making.





Privacy and Consent

Per-Referral Consent and Permission-Based Access

- Findhelp uses a “per-referral” consent model.
- We believe organizations should be able to access referrals based on care coordination responsibilities.
- Private referrals should remain private, with the Seeker having the choice to share.



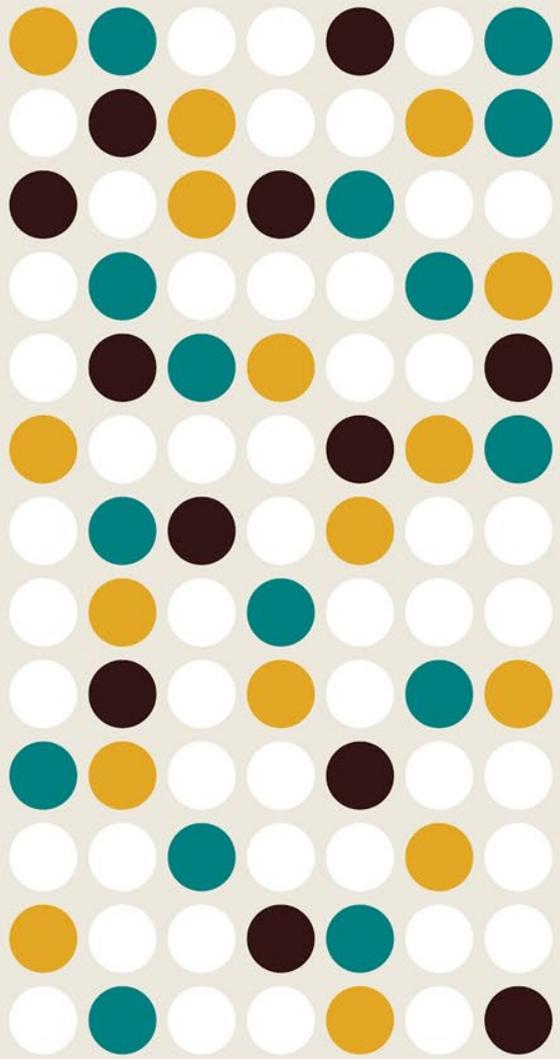


Interoperability

Organization Choice

- Organizations should be able to send, receive, and respond to referrals in their chosen system of record.
- When organizations control their own information sharing and data, and we support organizations' ability to make these decisions, we build trust and make it easier to engage.





Building Partnerships: Trusted Networks



CBOs: The Backbone of Social Care

Importance of Social Care

Social factors influence
80% of a person's health



Healthy People 2030, U.S. Department of Health and Human Services,
Office of Disease Prevention and Health Promotion.

Role of CBOs

CBOs deliver social care to
our nation's most vulnerable



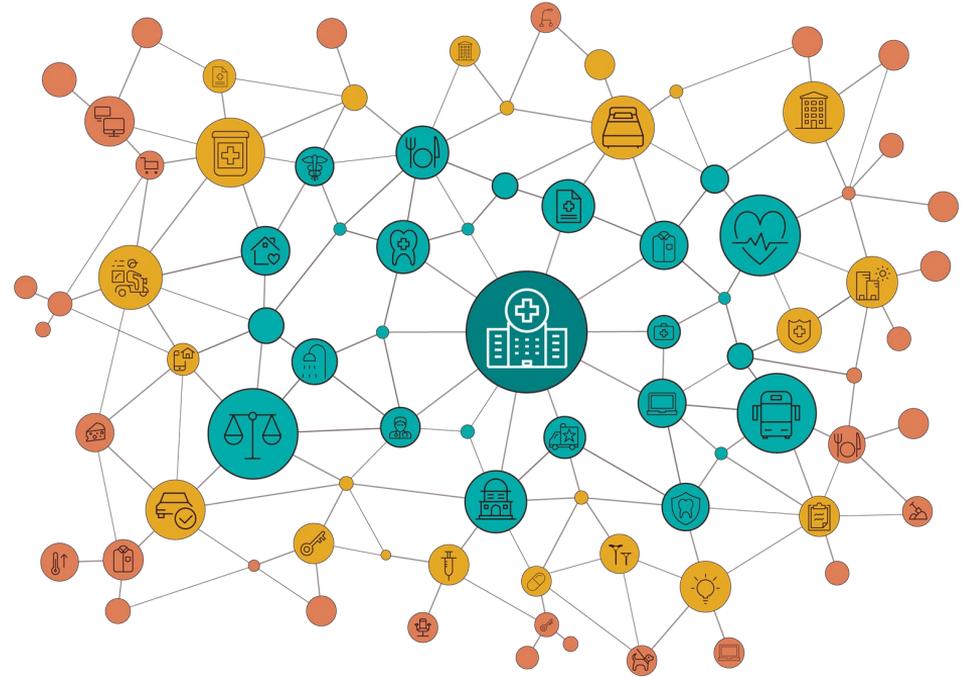
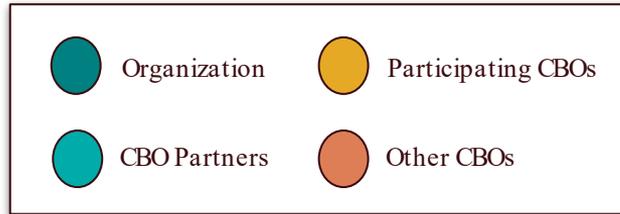
U.S. Social Safety Net

Investing in CBOs is critical
to the future of the U.S.
safety net





Trusted Network

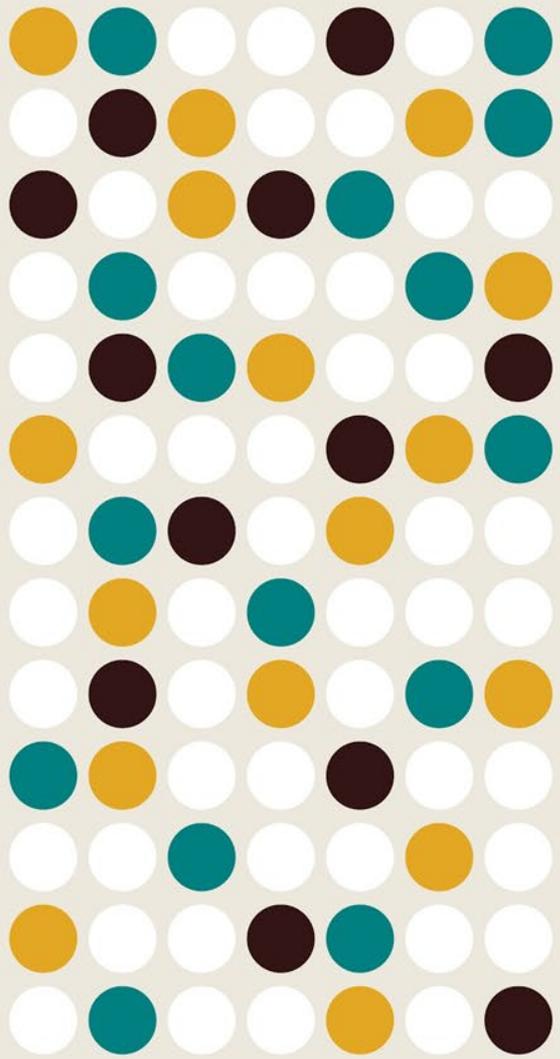


Partnerships

We leverage predictive analytics to identify partnership opportunities to drive better rural health outcomes.

- Helping Mamas
- Knox CAC
- Nashville Diaper Connection
- Rural Health Association
- Coalition for Kids
- 4thirTEEN
- Findhelp
- Plus many others





Healthcare, SDoH, and Technology



Technology + Healthcare

Technology plays a vital role in shaping the healthcare landscape, such as:

- Advancements in diagnostics and treatment
- Electronic Health Records (EHRs) and Data Management
- Telemedicine and Remote Patient Monitoring
- Finding and accessing resources



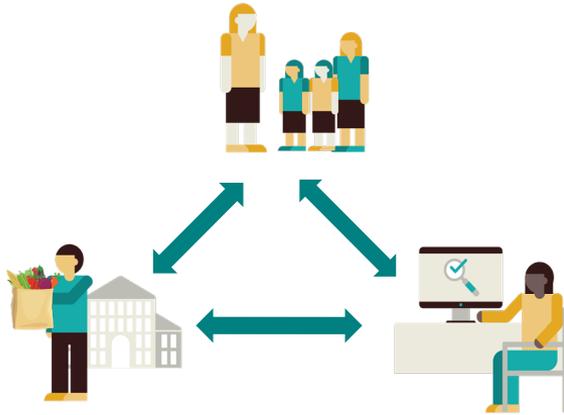
Recognizing the Barriers to Technology and Rural Health

Rural communities have varied levels of:

- Internet/Broadband Access
- Technological Literacy (“Digital Divide”)
- Workforce Shortages
- Lack of access to hospitals, primary and specialty care
- Lack of Programmatic Funding



Closing Loops Across Stakeholders



Any party involved in a referral
(**member, CBO, navigator**) may
close the loop and track outcomes.

Closed Loop: Any referral with a conclusive status indicating a final update, or the referral is “done”.

This includes referrals with the following statuses: *eligible, referred elsewhere, got help.*



Sam Social Worker navigates on behalf of 55 year-old John Member



John has been living with obesity for most of his life, and decided that he wanted to make a change to help him lose weight.



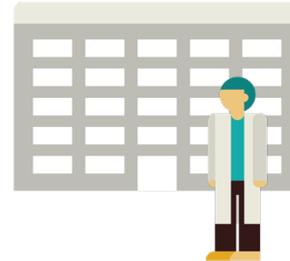
Sam coaches John on using the Community Resource Link and located several organizations that offer weight loss therapy

START



Member Journey: *John*

After using the CRL, John has made dramatic progress and is proceeding with medical options to help with his weight loss journey.



John connects with a couple of programs, and ultimately found one that fit his needs.

How we are closing the loop **TOGETHER**

We are partnering with Findhelp and other organizations to identify social needs in the community and provide members with tools and resources needed to close the loop.





> Thank you for joining us today!