Social Determinants of Health: Evidence and Strategies for Treating Poverty

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Welcome and Introductions:
  • Commission for Case Manager Certification

Presentation:
  • Marcella Wilson
    CEO and Founder
    Transition To Success

• Question and Answer Session
There is no call-in number for today’s event. Audio is by streaming only. Please use your computer speakers, or you may prefer to use headphones. There is a troubleshooting guide in the tab to the left of your screen. Please refresh your screen if slides don’t appear to advance.
How to submit a question

To submit a question, click on Ask Question to display the Ask Question box. Type your question in the Ask Question box and submit. We will answer as many questions as time permits.
Audience Notes

- A recording of today’s session will be posted within one week to the Commission’s website, [www.ccmcertification.org](http://www.ccmcertification.org).

- This webinar has been approved for one CCM continuing education credit for board-certified case managers (CCM), one nursing contact hour and/or for NYS Ed Department SW CEs only to those who registered in advance and are participating today.
After the webinar, participants will be able to:

• Describe evidence-based standards of care for the treatment of poverty as an environmental medical condition

• Identify ways to leverage standards of care and best practices to better address the social determinants of health that are contributing to poverty

• Evaluate current community partnerships and identify ways to expand these key relationships and grow new partnerships to support the treatment of poverty
Social Determinants of Health: Evidence and Strategies for Treating Poverty

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Social Determinants of Health: Evidence and Strategies for Treating Poverty

CCMC Webinar

1/30/2020

“Like slavery and apartheid, poverty is not natural. It is man-made, and it can be overcome and eradicated by the actions of human beings.”

- Nelson Mandela
The Medical Model
Understanding and Treating Disease

A uniform system of industrywide standards and analytics with continuous quality improvement (CQI)

Research Evaluation, Meta-analysis CQI *

(e.g., diabetes, asthma, cancer)

Evidence-based (National Quality Forum establishes measures and analytics)

Identify

Define

Condition-specific Standards of Care

Applied

Industrywide

Training

Implementation

Data Collection

* Condition-Specific: Continuous Quality Improvement (CQI) ensures ongoing industrywide measurement, reporting, compliance, and outcomes. CQI identifies and responds to opportunities, waste, harm, and challenges.
Treating Poverty in America

Poverty-related

Research, Evaluation, and Meta-analysis

Evidence-based

Defines

No comprehensive, cross-industry, interdisciplinary, uniform analytics to support CQI *

Applied

• Client self-navigation
• Individual practitioner preference
• Organizational preference

* Condition-specific: Continuous quality improvement (CQI) ensures ongoing industrywide measurement, reporting, compliance, and outcomes. CQI identifies and responds to opportunities, waste, harm, and challenges.
Current Funded U.S. Delivery System

**Client Driven – Disconnected - Ineffective**

**Human Service**
- 1.4 million not for profits
- 650,000 social workers

**Healthcare**
- 5,723 hospitals
- 209,000 PCPs
- Medicaid and CHIP (70M, 1 in 5 in the U.S.)
- Medicare health plans (53.8M)

**Faith-Based**
- 320,000 US Christian Churches
- 3,727 US Synagogues
- 2,106 US Mosques

**Education**
- Head Start ($8.1B)
  (serves over 32M children in the US)
- Public Schools Vocational & High Education ($69.9B)
- 99,000 public schools
- 3.7 million elementary and secondary teachers
- 262,300 school counselors

**Estimated Cost:**
$1,660,451,000,000*
Does not include: Foundations, Corporate or Individual Donations

Client independently attempts to access goods, services & supports

**Government**
- DHS
- Community Mental Health
- Housing
- Medicaid/Medicare
- Veterans
- Juvenile justice
- Prisoner reentry

Poverty & Education

Children Growing Up In Poverty:
• Complete Less School
• Work and Earn Less as Adults
• Are More Likely to Receive Public Assistance as Adults
• Have Poorer Health

• Boys growing up in poverty are more likely to be arrested as adults.
• Girls growing up in poverty are more likely to become single parents.
Health Disparities for Those Living in Poverty

Poverty status is based on Gallup’s best estimate of those in poverty, according to the U.S. Census Bureau’s 2011 thresholds.

<table>
<thead>
<tr>
<th>Disease</th>
<th>Percentage with Disease in Poverty</th>
<th>Percentage with Disease Not in Poverty</th>
<th>Difference (percentage points)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Depression</td>
<td>30.9</td>
<td>15.8</td>
<td>15.1</td>
</tr>
<tr>
<td>Asthma</td>
<td>17.1</td>
<td>11.0</td>
<td>6.1</td>
</tr>
<tr>
<td>Obesity</td>
<td>31.8</td>
<td>26.0</td>
<td>5.8</td>
</tr>
<tr>
<td>Diabetes</td>
<td>14.8</td>
<td>10.1</td>
<td>4.7</td>
</tr>
<tr>
<td>High blood pressure</td>
<td>31.8</td>
<td>29.1</td>
<td>2.7</td>
</tr>
<tr>
<td>Heart attack</td>
<td>5.8</td>
<td>3.8</td>
<td>2.0</td>
</tr>
<tr>
<td>Cancer</td>
<td>6.3</td>
<td>7.1</td>
<td>-0.8</td>
</tr>
<tr>
<td>High cholesterol</td>
<td>25.0</td>
<td>26.0</td>
<td>-1.0</td>
</tr>
</tbody>
</table>

*(Gallup—Healthways Well-Being Index, 2011)*
## Treating Environmentally Based, Industry-Accepted Medical Conditions *

<table>
<thead>
<tr>
<th>Environmental Exposures</th>
<th>Symptoms</th>
<th>Diagnosis</th>
<th>Standard of Care</th>
<th>Billable</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lead ingestion</td>
<td>Irritability, high blood pressure, long-term neurological damage</td>
<td>Lead poisoning</td>
<td>Required</td>
<td>✓</td>
</tr>
<tr>
<td>Asbestos</td>
<td>Trouble breathing, nausea, vomiting</td>
<td>Cancer/Mesothelioma</td>
<td>Required</td>
<td>✓</td>
</tr>
<tr>
<td>Mosquito bites</td>
<td>Fever, rash, joint pain, conjunctivitis, muscle pain, headache</td>
<td>Zika, West Nile, yellow fever, and malaria viruses</td>
<td>Required</td>
<td>✓</td>
</tr>
<tr>
<td>Limited access to fresh fruits, vegetables, and exercise</td>
<td>Increased thirst, blurred vision</td>
<td>Type II diabetes Obesity</td>
<td>Required</td>
<td>✓</td>
</tr>
<tr>
<td>Cigarette smoking and second-hand exposure</td>
<td>Wheezing, increased risk of cancer, asthma, COPD</td>
<td>Nicotine addiction</td>
<td>Required</td>
<td>✓</td>
</tr>
<tr>
<td>Accidents</td>
<td>Broken bones, closed head injuries</td>
<td>Trauma</td>
<td>Required</td>
<td>✓</td>
</tr>
<tr>
<td>Pollution</td>
<td>Difficulty breathing, decrease in lung function, wheezing</td>
<td>Asthma/COPD</td>
<td>Required</td>
<td>✓</td>
</tr>
<tr>
<td><strong>Social Determinants of Health</strong></td>
<td><strong>Increased rates of diabetes and blood pressure, infant and maternal mortality, increased depression and mental health disorders, asthma, compromised immune system and brain development, higher death rates</strong></td>
<td><strong>Extreme Poverty (ICD 10 Z59.5)</strong>, <strong>Homelessness (ICD 10 Z59.0)</strong>, <strong>Lack of adequate food or safe drinking water (ICD 10 Z59.4)</strong>, <strong>Low Income (ICD 10 Z59.6)</strong></td>
<td><strong>TTS Screening Assessment Referrals:</strong> Behavioral Health, Substance Abuse and Social Determinants</td>
<td><strong>Social Determinant Solutions Billable CPT Codes for Medicaid, Medicare and Third Party</strong></td>
</tr>
</tbody>
</table>

*Note: Recognized disease without genetic predisposition*
Transition To Success®
Treating the Condition of Poverty
With A Client Centered Community Based Continuum of Care

Clients/Customers
- At Risk Youth
- Employee Wellness
- Foster Care
- Homeless
- Medicaid
- Medicare
- Older Adults
- Returning Citizens
- Unemployed
- Veterans
- Working Poor
- Head Start
- K-12

TTS Trained Organizations/and Practitioners
- CARE* Management
- Financial Literacy
- Mentoring
- Volunteerism

Life Area Survey
CARE* Plan
Map of My Dreams®

CARE* Network
2-1-1 Information & Referral to Funded…
- Community
- Education
- Faith-Based
- Government
- Healthcare
- Human Services

Life Area Survey Data Collection for Research & Evaluation

Living Wage Employment
Skilled Employment Training
Literacy GED Training
Unskilled Employment
Basic Needs

* CARE – Coordinating All Resources Effectively

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This 15-month independent study in Detroit Head Start focused on reducing the family exposure to 18 social determinants using a client self reporting Likert scale for pre and post study reporting.

This study was completed with no new funding other than research and evaluation. Existing staffing (parent educators) and training budgets were used to implement Transition To Success in Head Start for this study.

Results of this independent evaluation indicate statistically significant improvement in 14 of 18 social determinant domains, including but not limited to income, employment, medication compliance, healthcare, education, transportation and financial management.
This 12-month independent evaluation of Transition To Success was completed at FSDWC, an outpatient, behavioral health, Medicaid Clinic in Detroit. Other than research and evaluation there was no additional funding for staffing and TTS training was accomplished within the existing training budget. In this study Master level, State of Michigan licensed therapists were trained in TTS, integrating social determinant screening and care management into the therapeutic response.

With an average length of stay of 6 outpatient visits clients reported statistically significant improvement in 8 of 18 domains, including but not limited to income, employment, food and mental health. All services provided were reimbursed by Medicaid at a cost of less than $600.00 to the insurer.
SAS Services, LLC (SAS) was contracted by Child and Family Service and Goodwill Hawai‘i to evaluate the pilot implementation of Transition-To-Success (TTS) model on Maui and Kaua‘i.

Head Start - Kauai, Hawaii
This 20-month independent evaluation of Head Start Kauai focused on reducing family exposure to the social determinants of health and was accomplished with no new funding other than research and evaluation. Using a client self reporting Likert scale, for pre and post scoring Head Start parents reported statistically significant improvement in 9 of 18 domains, including but not limited to shelter, employment, income, mental health and financial management.

Neighborhood Place - Maui, Hawaii
This 20-month independent evaluation of a human service provider in Maui was focused on reducing individuals and family's exposure to the social determinants of health. With the exception of research and evaluation results were accomplished within existing funding streams. Using the Arizona Self Sufficiency Matrix, a client self reporting tool, using a Likert scale with pre and post scoring, clients reported statistically significant change in 12 of 18 social determinant categories including but not limited to employment, food, transportation. Of note is the statistically significant decrease in adult education. This decrease corresponds with an increase in employment, indicating a childcare service gap for working parents. Also of note is a statistically significant increase in the reporting of substance abuse concerns. This increase reflects a higher level of trust and willingness to identify and address these concerns.

Statewide - Hawaii
This 20-month independent evaluation of CFS statewide programs was focused on reducing individually and family's exposure to 18 social determinants. With the exception of research and evaluation, results were accomplished within existing staffing and training budgets. Using the Arizona Self Sufficiency Matrix, a Likert scale client self reporting tool, clients reported statistically significant improvement in 11 of 18 Social Determinant domains including but not limited to, employment, food, transportation, mental health and financial management. Of note the increased reporting of substance abuse issues reflects the clients increased level of comfort and trust addressing their substance use concerns.
Understanding and Treating the Condition of Poverty

Transition To Success: A uniform system of care with continuous quality improvement (CQI)

* Condition-specific: Continuous quality improvement (CQI) ensures ongoing industrywide measurement, reporting, compliance, and outcomes. CQI identifies and responds to opportunities, waste, harm, and challenges.

Poverty-specific Research

Evidence-based Research

Standards of Care to Treat Poverty

Data Collection & Evaluation

Multi-site Data Collection

Site / Pilot Implementation

Industrywide

Faith-based

Health

Human Services

Education

Government

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The Power of One – TTS Memphis

Transition to Success™: Memphis Network

- Assisi Foundation
- United Way Mid South
- DeNeuville Learning Center
- Exchange Club Family Center
- Families Matter
- Heartworks4u
- Hope House
- Hope Works
- Knowledge Quest
- Southwest Tennessee Community College
- Tennessee Department of Human Services

- Catholic Charities
- Advance Memphis
- New Ballet
- RISE Foundation
- Seedco
- Memphis HOPE
- Urban Family Ministries
- Neighborhood Christian Center

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Transition To Success® (TTS): A National Standard of Care To Treat the Condition of Poverty

- A Clinton Global Initiative
- Statistically Significant Independent Evaluation Results
- Over 80 Organizations Involved
- Over 800 trained nationwide
- Pilots:
  - Assisi Foundation/ Memphis, TN
  - Child and Family Services/HI
  - Department of Human Services, City of Lansing MI
  - Third New Hope Baptist Church/Community Network (6 Congregations) Detroit, MI
  - Catholic Charities, Northern Kansas/Salina KS
  - Catholic Charities, New Orleans, LA
  - Forward Service Corporation WI
- Organizational Partners
  - Melagro Technology (CMS Approved) – Behavioral Health and Substance Abuse screening assessment and referral identification
  - J&B Healthy Opportunities: Comprehensive Telehealth Services integrated with Social Determinant, Behavioral Health and Substance Abuse screening, assessment and referral identification
  - “Diagnosis: Poverty - A new approach for understanding and treating an epidemic” – Book and Curriculums
Questions and Closing Remarks

“SPIDERS WEBS UNITED CAN TIE UP A LION!”

African Proverb

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Check out my book:
Diagnosis: Poverty
A new approach for understanding and treating an epidemic

www.DiagnosisPoverty.com
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Thank you!

- Please fill out the survey after today’s session.
- Those who signed up for continuing education will receive an evaluation from the Commission.
- A recording of today’s webinar and slides will be available in one week at [http://ccmcertification.org](http://ccmcertification.org).

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