

#### **IDC PERSPECTIVE**

# Understanding Social Determinants of Health and Addressing the Benefits Cliffs in Health and Human Services

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#### **EXECUTIVE SNAPSHOT**

#### FIGURE 1

# Executive Snapshot: Understanding Social Determinants of Health and Addressing Benefits Cliffs

At the 2019 Health and Human Services Summit at Harvard University on October 25–27, 2019, participants addressed providing equity in opportunities for all people to achieve their full potential. This document focuses on two challenges to equity, understanding the social determinants of health and overcoming the impact of benefits cliffs — the decrease in public health and human services benefits that can occur with a small increase in earnings.

#### **Key Takeaways**

- Good health is more than medicine. Social determinants of health, such as socioeconomic status, health behaviors, and physical environment can drive 80% of health outcomes. Clinical care such as access to care and quality care drives the remaining 20%.
- Success depends on solving root causes of needs and providing an ecosystem of organizations that can
  provide holistic services within a system that encourages healthy behavior.
- Several states are taking powerful steps to address benefits cliffs, such as allowing recipients to keep more of what they earn while they build work experience, seek credentials, and increase wages.

#### Recommended Actions

- Work with vendors that provide platform-based data analytics, electronic data warehouse technologies, and cloud tools that optimize reporting and advanced analytics.
- Work with vendors that apply human-centered design principles to their solutions. This enables case
  workers to understand the risk factors of beneficiaries and integrate solutions for complex needs.
- In addition to deploying technology, think broadly about designing policies and solutions that enhance
  equity in social and economic mobility for every individual.
- Continue to hone the art and practice of leveraging ecosystems to collaborate in providing benefits to individuals and families.

Source: IDC, 2020

#### SITUATION OVERVIEW

This IDC Perspective highlights the 2019 Health and Human Services Summit: Purpose, Passion, and Impact for the Future held on October 25-27, 2019, at Harvard University. This summit was hosted by the Technology and Entrepreneurship Center at Harvard University and developed by Leadership for a Networked World in collaboration with the American Public Human Services Association (APHSA). Accenture provided insights, resources, and support. Senior public sector agency leaders convened to work together to envision the future of health and human services within the context of understanding root causes of needs, determining risk factors to health, developing collaborative ecosystems, and working to ease benefits cliffs to improve opportunities for individuals, families, and communities.

Health and human services organizations are under pressure to improve capacity and outcomes. Due to changing citizen needs and expectations, many are seeking to better empower case workers, optimize case management, and transform social service delivery. Agencies have been balancing legislative, regulatory, and policy requirements of programs challenged by reduced staff and the reality that many families are dependent on multiple health and social programs. Often these programs exist in silos of isolation and even duplication as a result of disconnected systems and manual processes that increase chances of delays in enrollment, verification, and benefit delivery. These challenges are compounded by an inability to address root causes of needs, as well as benefits cliffs – the decrease in public health and human services benefits that can occur with a small increase in earnings.

Agency leaders at this summit indicated that health and human services organizations will never fully achieve their mission or legitimacy until all people have equity in opportunities to achieve their full potential. Agencies at this summit shared use cases, best practices, and lessons learned. This document focuses on two challenges to equity, addressing the social determinants of health (SDoH) and overcoming benefits cliffs.

#### Social Determinants of Health

Traditionally human services have addressed needs arising from persistent poverty or hardship during or after a crisis. Summit participants focused on pathways to proactively support generative outcomes of healthy families and thriving communities. To accomplish this, agencies are addressing root causes of needs and are focusing on the social determinants of health. SDoH typically include socialeconomic status, education, employment and income, housing, available transportation, family and social support, safety, and health behaviors such as alcohol, tobacco and drug use, and diet and exercise.

Dr. Jennifer Sullivan, secretary of Family and Social Services Administration (FSSA) State of Indiana, was among the summit participants addressing social determinants of health. FSSA was established by the Indiana General Assembly in 1991 to consolidate and better integrate the delivery of human services by state government. FSSA is a healthcare and social services funding agency. FSSA's mission is to compassionately serve Hoosiers of all ages and connect them with social services, healthcare, and their communities. FSSA has six divisions that administer services to more than 1.5 million state residents.

Sullivan presented compelling statistics regarding the social determinants of health as shown in Figure 2. Social determinants of health, such as socioeconomic status, health behaviors, and physical environment drive 80% of health outcomes. And clinical care such as access to care and quality care drive the remaining 20%. Sullivan asked the provocative question, "What if social services had health as a primary goal?" FSSA is an example of a state agency undertaking this goal. Sullivan outlined several steps the state is taking to understand SDoH and improve the health of residents of Indiana:

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- Understand the data. A series of optional social determinants of health questions regarding social, economic, physical, and health behaviors are embedded at the conclusion of online applications for SNAP/TANF/Medicaid. The agency uses the data to determine the needs of who, what, where, and why to pivot services to those needing assistance.
- Educate. Staff are being trained and supported to build relationships, not a series of transactions, and to help them recognize needs to better assess and assist while developing an intentional focus on SDoH.
- Refer. While addressing challenges such as lack of coordination, funding, and even insufficient access to data, the state is reaching out to the network of community-based organizations for assistance.
- Prevent/mitigate. Indiana is working to build an ecosystem of partners to deliver services and develop policies that improve equity by eliminating barriers that prevent participation in services.

#### FIGURE 2

#### Good Health Is More than Medicine

#### Drivers of Health SDoH Drives 80% of Health Outcomes Food Education Socioeconomic Employment Housing Clinical 40% · Family and social support Income Safety **Health Behaviors** · Alcohol and drug use Diet and exercis 30% Sexual activity Activity (A) (A) Transportation Tobacco usage **Physical Environment** Air and water 10% quality · Housing and transit Employment Other **Clinical Care** Education Access to care 20% · Quality of care

Source: Family and Social Services Administration (FSSA), State of Indiana, 2019

## Accenture Magnolia: Addressing Social Determinants of Health

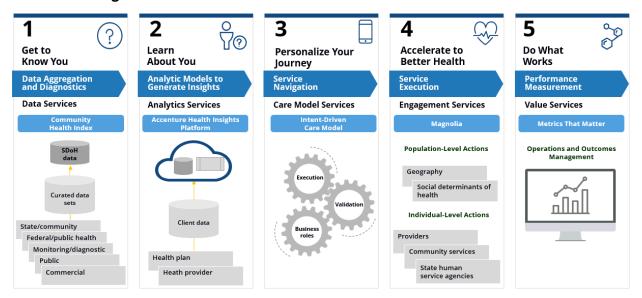
During this summit, Accenture provided a briefing on the Accenture Magnolia platform, designed to identify, monitor, and influence member-specific SDoH factors. During onboarding, Magnolia administers an initial SDoH questionnaire to create specific member risk profiles and personalizes interactions based on responses. For example, the app will prioritize incentives related to food for those with nutrition insecurity. Changes in risk factors are monitored through periodic readministration of the SDoH questionnaire. The Accenture Magnolia platform personalizes services based on client data and health and human services plans available to the client and provides personal actions for each individual. These plans may include actionable road maps for SDoH interventions. For example,

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a diabetic expectant mom is onboarded on the Magnolia app. In the screening questionnaire, she indicates that due to lack of transportation, she's unable to shop for baby supplies, attend new moms' support groups, or go to stores that carry recommended dietary items. The risk profile indicates that nonmedical transportation is needed. This client can earn points that will pay for nonmedical transportation (e.g., 2,000 points [\$20] for attending a postpartum visit and 25 points/day [\$0.25] for logging blood sugar levels). These points can be used to arrange transportation to the new moms' meetup group suggested by the Magnolia online community and to shop for food based on her nutrition plan. This is due to cross-disciplinary collaboration and sophisticated analytic tools and methods underpinned by a human-centered approach. Figure 3 shows the approach Accenture Magnolia takes to understand a person's SDoH, personalize the journey, and assist with better health and outcomes.

#### FIGURE 3

#### Accenture Magnolia: Person-Centered SDoH Platform



Source: IDC, 2020

Accenture Magnolia is designed to enable agencies to obtain a 360-degree view of each client, facilitating family-focused, outcome-driven decision making. This platform also provides case workers a complete view of benefits and services available and received by families. Access to real-time information can empower ecosystem partners to provide required services, facilitating a holistic approach to services.

### The Accenture Virtual Experience Solution

During the summit, Accenture provided a side briefing on the latest version of Accenture Virtual Experience Solution (AVEnueS), a virtual reality learning tool designed to accelerate the pace with which frontline human services staff become seasoned decision makers. AVEnueS uses real actors in an immersive, voice-activated experience. Developing the critical skills that case workers need to more effectively engage, observe, inquire, and interpret signs of safety and well-being typically takes years

of practice in the field. Accenture developed AVEnueS to accelerate the pace of learning and help case workers refine their skills and become more attuned to and cognizant of their own thought processes in terms of how they make decisions and develop opinions. AVEnueS uses immersive storytelling and interactive voice-based scenarios to assist case workers in honing these critical skills that offer important reflection points that inform a more robust professional opinion. Being immersed in a family's home environment highlights the ambiguity present in many home visits and affords staff the opportunity to enhance the scope of awareness and observation.

Accenture created AVEnueS with a hypothesis that virtual reality could simulate the situations that social workers face and provide them a risk-free environment in which to practice, reflect, and ultimately help them become better and more confident decision makers. As a learning tool, together with a companion seminar, it is intended to help human services professionals rapidly focus on honing skills in the following areas:

- Assess the real-life ambiguity in home environments. Expose trainees to high-stress situations in a safe setting and without real-world risk.
- Build confidence through practice. Provide fully immersive 3D environments coupled with a seminar to unpack important practice elements and optimize the learning experience.
- Accelerate the pace of learning retention by 45-60% compared to traditional education methods.

In summary, Sullivan's example illustrates the need to work upstream and understand the conditions and factors that impact the health and livelihood of individuals. And Accenture's Magnolia platform is a solution that enables agencies to develop a person-centered plan based on social determinants of health. Solutions such as AVEnueS can build confidence and accelerate the pace of learning. Successful outcomes depend on case workers and agency practitioners engaging families, gathering important information, and leveraging an ecosystem of organizations that can provide holistic services within a system that encourages healthy behavior.

#### **Benefits Cliffs**

Federally funded programs for low-income people can vary significantly with regard to who is eligible, the maximum income applicants may have to be eligible, the benefits provided, and what income is counted and what income isn't counted for eligibility such as a portion of earned income. For example, certain programs, such as the Supplemental Nutrition Assistance Program (SNAP), disregard a portion of earned income, while others do not. In addition to SNAP, such programs can include healthcare, childcare assistance, Temporary Assistance for Needy Families (TANF), and housing. Additional complexity comes from the fact that the maximum amount of income an applicant may have and still be eligible for benefits is determined for some programs at the federal level and for others at the state or local level. As a result, eligibility requirements differ significantly. In addition to eligibility complexity, benefits cliffs may discourage minimum wage workers from moving to higher-wage jobs. Benefits cliffs refer to the decrease in eligibility for and access to public health and human services that can occur with a small increase in earnings. Families sometimes lose some or all benefits and economic support when income increases.

Several summit participants discussed how benefits cliffs impede human capital development and accompanying economic mobility. Job opportunities that do not require a bachelor's degree and pay higher than minimum wage may be avoided as recipients moving to higher-paying jobs lose benefits. This occurs because the income increases from a minimum wage job to, for example, a certified

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nursing assistant position disqualifies the recipient from certain benefits. As a result, recipients are better off in the short term not taking the higher-paying job.

According to a report published by the National Council of State Legislators, *Moving on Up: Helping Families Climb the Economic Ladder by Addressing Benefits Cliffs*, published in July 2019, agencies are addressing the benefits cliff. A nationwide environmental scan to identify administrative policy changes and legislation enacted to address benefits cliffs identified short-term solutions that primarily fell into three categories:

- Phasing out benefits slowly, extending certification periods or using sliding fee scales
- Raising eligibility limits or changing exit/loss of eligibility standards to enable a longer stay on benefits while working
- Providing monetary incentives for continued employment or allowing more earned income to be retained

Long-term strategies include:

- Increasing educational and work support through job training and skill development initiatives
- Expanding educational funding
- Asking employers to increase investment in early-stage workers

Several states are taking powerful steps to address benefits cliffs. For example, the Commonwealth of Massachusetts has a Learn to Earn (LTE) initiative. This initiative is focused on developing policies to shift the focus to an incentive-based career pathway set of initiatives that promote employment, wage growth, and permanent exit from public benefits. It allows individuals to gain credentials or job experience that lead to a higher wage — without an immediate loss of benefits. This is accomplished through three key mechanisms:

- Rules and program changes to provide additional benefit value and stability during the LTE runway
- Coaching and supportive services that encourage participants to take advantage of regulatory changes to actively improve their career opportunities
- Communications to spark interest in participating in the LTE process, recruit eligible
  participants, and identify elements of the program that incentivize work, even for recipients not
  actively enrolled in the program (Communications are also crucial to encourage coaches and
  third-party providers.)

In addition to working across agencies' programs and policies to allow public benefit recipients to keep more of what they earn while they build work experience, seek credentials, and increase wages, Massachusetts is working to develop and deploy a financial coaching model including benefit impact that can be ongoing and works universally across programs and career pathways.

#### ADVICE FOR THE TECHNOLOGY BUYER

IDC Government Insights advises that this is an opportune time to address SDoH and benefits cliffs and recommends the following:

 Due to technology advancements in cloud-based platforms, health and human services agencies are now able to affordably leverage technology for insights, road maps, and

- predictive analytics. Work with vendors that provide platform-based data analytics, electronic data warehouse technologies, and cloud tools that optimize reporting and advanced analytics.
- Work with partners to apply human-centered design principles to services and solutions. Often this approach is embedded with tools that enable individuals and families to identify their own needs and risks. This also enables case workers to better understand the risk factors of beneficiaries and integrate solutions to address complex needs.
- In addition to deploying technology, agencies should think more broadly about designing policies and solutions that enhance equity in social and economic mobility for every individual and family served. All levels of government should continue to streamline program administration and rules and, where permissible, enable data sharing within health and human services agencies to align benefits application and eligibility determination processes.
- Agencies should continue to hone the art and practice of leveraging ecosystems to collaborate in providing benefits to individuals and families. Agency ecosystems enhance the breadth and depth of coverage and provide information and services that can't be easily provisioned within one organization. Ecosystems should serve as the blueprint for how products, services, and information are integrated and delivered. A diverse network can extend services and increase visibility of efforts and services available.
- Emulate best practices such as the LTE program deployed in Massachusetts. A financial
  coaching model that includes not only the impact of benefit loss but also lifelong earning
  potential can aid program beneficiaries directly as well as the case workers providing crucial
  support for career choices and planning.

#### **LEARN MORE**

#### **Related Research**

- IDC FutureScape: Worldwide National Government 2020 Predictions (IDC #US45588419, October 2019)
- Effective National Government (IDC #US45566818, October 2019)
- IDC's Worldwide Digital Transformation Use Case Taxonomy, 2019: National Civilian Government (IDC #US44301619, June 2019)
- The 2018 Health and Human Services Summit: Designing Generative Outcomes for Citizen Services (IDC #US44425318, December 2018)

#### **Synopsis**

This IDC Perspective highlights the 2019 Health and Human Services Summit: Purpose, Passion, and Impact for the Future held on October 25-27, 2019, at Harvard University. At the summit participants addressed providing equity in opportunities for all people to achieve their full potential. This document focuses on two aspects of equity, understanding the social determinants of health and overcoming the challenges of benefits cliffs – the decrease in public health and human services benefits that can occur with a small increase in earnings.

"This is an opportune time to address social determinants of health and benefits cliffs as health and human services agencies are now able to affordably leverage technology for insights, road maps, and predictive analytics," says Adelaide O'Brien, research director, IDC Government Insights. "In addition to deploying technology, agencies should think more broadly about designing policies and solutions that enhance equity in social and economic mobility for every individual and family served."

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