

Driving a Cross-Agency Focus on Equity and Access: Indiana's Office of Healthy Opportunities

In early 2018, Indiana's Family and Social Services Administration (FSSA) created the **Office of Healthy Opportunities**. Dedicated to ensuring that *"all Hoosiers have equitable access to the social and physical supports needed to promote health from birth through end-of-life,"* the office has three goals: (1) Identify the specific health care related social needs of Hoosiers across the states; (2) connect those in need with existing state and community organizations; and (3) create new policies and programs to provide services where they do not currently exist. To meet these broad goals, FSSA is collaborating with multiple peer agencies, including public and private stakeholders across the state, in rethinking how to optimize, for consumers, the integration and delivery of health and social services.

Background and Overview

Early in her career as an emergency department physician Jennifer Walthall, MD, MPH, Indiana's FSSA Secretary, had an epiphany. People often come to the emergency department (ED) on the worst days of their lives. And while the opportunity to help them was incredibly rewarding, the fix seemed short lived. Dr. Walthall noticed the same people kept coming in with the same problems over and over again. Frustrated by this, she began thinking of ways to address social determinants of health she could not provide out of the ED. The initial idea for the creation of a new office focused on health equity and social determinants of health came from a public crisis. In 2015 while she was the State's Deputy Health Commissioner, a massive HIV outbreak occurred in Indiana's mostly rural Scott County. It was a clarion call for the state and the seed of an idea for her. In addressing what was a largely preventable increase in HIV, she began to think of a different approach to both health and public health delivery; one that would address integration of medical and social aspects of health and support a multi-faceted array of contributors to good health and wellbeing (**exhibit 1**, next page).

Indiana's Office of Healthy Opportunities



- **MOTTO:** "Because good health begins where we live, learn, work and play."
- **VISION:** All Hoosiers have equitable access to social and physical supports needed to promote health from birth through end-of-life.
- **MISSION:** To reduce barriers that impede Hoosiers from achieving optimal individual health outcomes.

Medicaid Leadership Institute Case Study

CHCS Center for
Health Care Strategies, Inc.

This case study is a product of the **Medicaid Leadership Institute** (MLI), an initiative of the Robert Wood Johnson Foundation directed by the Center for Health Care Strategies (CHCS) that helps Medicaid directors develop the skills and expertise necessary to successfully lead their state programs in an ever-changing policy environment. Allison Taylor, Indiana's Medicaid Director, MLI Class of 2018, brought this emerging initiative to CHCS' attention during her Fellowship year because of its consonance with the Foundation's focus on social determinants of health and the need to support a 'Culture of Health' across communities.

To achieve its vision for all Hoosiers, the new Office of Healthy Opportunities will partner with multiple peer agencies, including the Indiana State Department of Health, Department of Transportation, Housing and Community Development Authority, and Workforce Development, as well as their local counterparts. In addition, the team, overseen by Dan Rusyniak, MD (Chief Medical Officer), Rachel Lane (Strategic Initiatives and Business Development), Peggy Welch (Chief Advocacy Officer), and Ben Evans (External Affairs), will work with health care organizations and community and faith-based organizations (CBOs). Through a unique approach starting with finding out from consumers what they need, Indiana's Office of Healthy Opportunities is:

1. Using consumer preferences to drive program design;
2. Building staff and public awareness;
3. Developing a community-based organization (CBO) services and referral network;
4. Implementing initiatives to respond to identified gaps; and, ultimately,
5. Overhauling statewide policies, programs, and financing incentives to support sustainable and equitable health improvement opportunities.

Following are steps that Indiana has already taken as well as future plans for the Office of Healthy Opportunities:

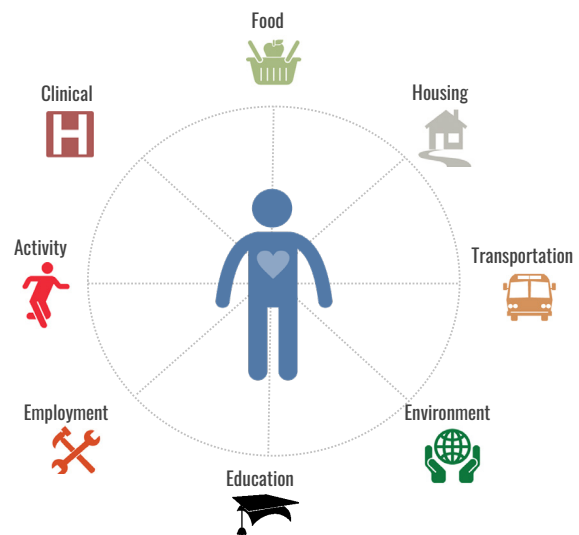
1. Tapping Consumers Directly to Identify Unmet Needs

As a first step, Indiana is turning directly to consumers to better understand their unmet needs. Since the state has an integrated eligibility system across SNAP, TANF and Medicaid, the online application system provided a built-in, streamlined mechanism to collect consumer information. In early August, the state added a 10-question optional social determinants of health assessment. Questions are carefully framed to assure respondents that their answers have nothing to do with eligibility and are simply intended to help serve people more effectively (**exhibit 2**, next page).

The initial response has been truly impressive. After just two months, more than 40,000 Hoosiers have taken the survey; of those who begin the survey, 93 percent complete it. Those responses have already generated a series of “aha” moments. For example, whereas transportation was anticipated to be the primary unmet need, food insecurity was cited by 65 percent of respondents, overriding all other identified issues. Notably, the number of respondents citing food insecurity was more than double the SNAP applications received during that time period, pointing to clear opportunities to act on the data.

The state plans to tie the responses to both demographics — age, race, ethnicity, etc. — and location to paint a statewide picture of who is asking for what and where needs are greatest for specific services. Moving forward, the state will be able to use this information to identify where existing services can be deployed to meet identified needs or where new initiatives, focused on housing, food or employment supports, may be needed.

Exhibit 1. Focus on Healthy Opportunities for Hoosiers



The same 10 questions are embedded in the state’s assessment tool for its Gateway to Work program, which will, starting in January 2019, connect certain more capable Healthy Indiana Plan (Indiana’s consumer-driven Medicaid expansion program) recipients with job, education, and community volunteer opportunities. Eventually, the state will roll out an online, centralized data collection hub for community-based organizations and other stakeholders to contribute SDOH information. Some CBOs, including Gleaners, Indiana’s largest food bank, are already considering the same 10-question assessment with their consumer clients and have embedded SNAP applications into their food bank sites. Over time, FSSA is looking to engage even more stakeholders in asking the same questions — including health care organizations, health plans, medical-legal partnerships, etc. — to go beyond what Medicaid patients need and identify community needs more broadly.

2. Building Staff and Public Awareness

Naming its newly launched office was a challenge that Indiana’s FSSA agency took seriously. In seeking a name that was compelling and understanding for both consumers and state staff alike, FSSA ruled out “social determinants of health” or “health equity” — both terms that did not resonate clearly with consumers. Per informal testing, the “Office of Healthy Opportunities” name is relatable not only for consumers and state staff, but also for state elected officials.

As a next step, FSSA is developing an agency-wide awareness campaign for its employees and “customer-facing” contractors. The employee engagement campaign, which is set to kick-off in January 2019, will seek to: (1) educate and build awareness of the social determinants of health including health disparities; and (2) engage staff across all state agencies to consider how their work impacts the health of Hoosiers. The training will emphasize how to communicate with consumers effectively and ask questions about social context in a respectful and socially and culturally empathetic way. The Champions of Change, a group of FSSA volunteers, will assist in delivering information and providing feedback to the team about uptake and areas for improvement across the large agency.

3. Developing a Community-Based Organization Network

Ensuring that resources are “fingertip” accessible when and where they are needed is essential for Indiana’s Healthy Opportunities vision. If a consumer is asked, “*Do you have a safe place to stay tonight?*” or “*Do you have a refrigerator to store food?*” and the answer is no, the CBO staffer or state employee needs to be able to take action. As such, the state is looking to build a statewide, comprehensive CBO network and referral process that facilitates direct referrals in real time to address identified consumer needs. The new state CBO network will be designed to serve as a “highly mature safety net with a ‘no wrong door’ approach.” It will be modeled in part after the state’s 2-1-1 OpenBeds referral network, which launched in March 2018 to enable real-time referrals for Hoosiers in need of inpatient or outpatient drug

Exhibit 2. Healthy Opportunities Assessment Tool



- In the last 12 months, did you ever eat less than you felt you should because there wasn't enough money for food?
- In the last 12 months, has your utility company shut off your service for not paying your bills?
- Are you worried that in the next 2 months, you may not have stable housing?
- Do problems getting child care make it difficult for you to work or study? (leave blank if you do not have children)
- In the last 12 months, have you needed to see a doctor but could not because of cost?
- In the last 12 months, have you ever had to go without health care because you didn't have a way to get there?
- Do you ever need help reading hospital materials?
- Are you afraid you might be hurt in your apartment building or house?
- During the last 4 weeks, have you been actively looking for work?
- In the last 12 months, other than household activities or work, do you engage in moderate exercise (walking fast, jogging, swimming, biking or weight lifting) at least three times per week?

treatment and wraparound services. The much-more comprehensive CBO network referral system may either be a state-developed network or a contracted-out referral system.

4. Developing Responses for Identified Gaps

“Flipping” its wealth of consumer data to the community is a key way that Indiana’s Office of Healthy Opportunities plans to drive a sea change in how social needs are addressed throughout the state. The state is planning to post regular updates of de-identified SDOH data on its website, searchable by location, so any local government leader, CBO, health plan or hospital will be able to identify needs for its own population or community. FSSA’s data team is well positioned for developing an accessible infrastructure for sharing the SDOH data with community stakeholders. Making the SDOH data fully transparent can spawn innovative solutions for public-private partnerships to more effectively address identified needs.

FSSA will also use the data proactively to identify where programs need to be created, e.g., access to food in rural areas, transportation priorities, job skills training, etc., and where more outreach, planning, and development has to take place to address large gaps in need.

5. Overhauling Statewide Policies for Sustainable and Equitable Health Improvement

Working closely with Secretary Walthall, Indiana’s Medicaid leadership team — from the state Medicaid director Allison Taylor, to the agency’s chief medical officer, Dan Rusyniak, MD and communications director Jim Gavin — is heavily invested in the Office of Healthy Opportunities. They all know that only a small percentage of their beneficiaries’ health is determined by clinical interventions. For the state’s Medicaid program, the open collaboration and data sharing represent significant opportunities to change how essential social services are provided and financed. The SDOH data can support the business case to drive targeted policy interventions that offer the potential to improve health outcomes and invest in the right places. Payment reforms and health plan contracting changes, that tie value-based purchasing to interventions focused on improving SDOH, will be a likely next step for the state.

Moving Forward

Today, Indiana’s efforts are still in the early stages, but the initial progress at achieving stakeholder buy-in, engaging consumers, identifying needs, and developing realistic solutions is extremely promising for long-term success. As Indiana’s FSSA Secretary Dr. Jennifer Walthall says, “If we’re going to make social determinants of health a statement of how we do business, it has to live where business lives. No one would question social determinants of health being part of health care and social services if it was just embedded into process — that is our ultimate goal.”

About the Center for Health Care Strategies

The Center for Health Care Strategies (CHCS) is a nonprofit policy center dedicated to improving the health of low-income Americans. It works with state and federal agencies, health plans, providers, and community-based organizations to develop innovative programs that better serve people with complex and high-cost health care needs. For more information, visit www.chcs.org.

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