

## NORTHWEST HEALTH

F O U N D A T I O N

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Committee on Rules

Oregon House of Representatives

Chair Greenlick, members of the committee.

On behalf of Northwest Health Foundation, thank you for the chance to join you today to talk about community benefit and social determinants of health.

From our founding board president Senator Mark Hatfield, to our current board President Vanetta Abdellatif, our foundation's commitment to advancing health for everyone in our region has been steadfast. Since our beginning in 1997, we've seen healthcare access expand to ensure nearly everyone in Oregon has the health insurance and the care they deserve.

And we've also seen the health of Oregonians worsen.

Our foundation has had to face the fact that we live in a country and a state where your life expectancy is predicted more by your zip code than your genetic code. For us, this has meant a recognition that health begins, and is shaped most powerfully, by underlying factors which are often labeled the social determinants of health. And this is where we think we have the best chance to make lasting improvements in the health of every Oregonian.

As you can see in the first chart, social determinants are the primary driver of health. Yet, as the second chart shows, most health interventions that we invest in happen at the individual level.

On a macro level, as the third chart shows, we're spending in the wrong places, too. So much so that compared to our peer nations, who are often spending similar amounts to us in combined social and healthcare spending, or even less, we have health outcomes that rank towards the bottom.

There's plenty we can do to shift this. Much of Oregon's transformation efforts are a recognition and response to this fact.

We know there's a role that community benefit spending plays in shifting this too.

We've seen that investment in social determinants, whether at the neighborhood, city, county or state level, can impact communities' health in powerful ways. In our recent analysis of our own grantmaking in social determinants of health from 2005 through 2013, we invested in 97 system changes that shifted, realigned or dramatically changed the built environment, institutional practices and public policies at all levels of government. These changes got at the root causes of health, improving conditions that impact whole communities.

All of this investment could have been done with community benefit dollars and indeed was supported by direct investment by Kaiser Permanente.

Oregon's Hospitals are critical partners in the health of Oregonians. Beyond charity care and direct medical costs, their community benefit investments are doing great things outside the walls of hospitals.

In 2015, they invested \$67million in direct community investment, from health fairs to free screenings. And when we look at the Community Health Needs Assessments of most of the hospitals in Oregon, they often cite investment in the Social Determinants to be a key strategy in the Community Health Improvement Plan. This connection bears out nationally in a study of 300 random CHNAs done by the Milken Institute School of Public Health at George Washington University.

Yet, as their study and our own experience in Oregon shows, we lack a clear tie between the Community Health Needs Assessment and Community Benefit investments. Moreover, we don't have the current tracking system in place to say whether and how these community benefit investments improved the social determinants of health.

We think there's an opportunity to define social determinants in the context of community benefit and track this spending at the state level, without creating new categories separate from those at the federal level. Such an effort would give our state, our hospital partners and our community members an important tool to better align these investments and improve evaluation and impact on the health of Oregonians.

On behalf of our board, staff and community partners, we appreciate the opportunity to share our perspective about the opportunity before the committee.

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