Upstream Communication Toolkit

Tools to improve communication about social needs and social determinants of health

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HealthBegins

Overview

Across the country, clinical-community partnerships & multisector collaboratives to address social determinants of health are on the rise. As stakeholders from healthcare, social services, public health, businesses, and government come together, we often use different terms and definitions when describing our values, work, and goals. This lack of clarity, precision and agreement about the words we use is making it harder to communicate and collaborate.

Language shouldn't be a barrier to moving upstream rapidly and effectively. That's why we developed the *Upstream Communication Toolkit,* a living document designed to help healthcare, human service, and public health leaders find common ground quickly. It includes the *Glossary of Upstream Terms,* a *Levels of HRSN & SDH Integration Framework*, and a *Discussion Guide*. We welcome your feedback.

1. Glossary of Upstream Terms
2. Discussion Guide
3. Levels of HRSN & SDH Integration Framework

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Glossary of Upstream Terms

Start

The purpose of the *Glossary of Upstream Terms* is to provide general and understandable explanations for the most important terms and definitions used in practice in relation to social needs and social determinants of health.

Review

As you review terms, associated explanations, and the term mapping table, consider the terms that your organization and its partners use to communicate with each other. Write down thoughts, questions, or concerns as they arise.

Discuss

Share the *Glossary of Upstream Terms* and your notes with your colleagues and external partners. Convene to discuss and decide how these terms can help you better communicate and represent your shared aspirations and goals. The *Discussion Guide* can help.

Share

This is a living document, designed to reflect a rapidly evolving landscape of important terms and definitions used in practice, and provoke new ways of thinking and communicating. We welcome your feedback and suggestions.

Glossary of Upstream Terms

community health

A multi-sector, multi-disciplinary collaborative enterprise that uses public health science, evidence-based strategies, and other approaches to engage and work with communities, in a culturally appropriate manner, to optimize the health, quality of life and SDH of all persons who live, work, or are otherwise active in defined communities.

Source: https://www.ajmc.com/journals/ajac/2017/2017-vol5-n2/creating-clarity-distinguishing-between-community-and-population-health

levels of change (or analysis)

- *Micro*: involves direct interaction with clients to address individual problems. Common examples of micro-level work include helping people find housing, health care and social services.
- *Meso*: involves interaction with groups, not just individuals, to address group problems. At this level, groups and organizations work to create small-scale institutional, social and cultural change.
- *Macro:* involves interventions and advocacy on a large scale, affecting entire communities, states or even countries. This can involve crafting laws, petitioning policymakers, or shaping social norms.

Source: https://dworakpeck.usc.edu/news/do-you-know-the-difference-between-micro-mezzo-and-macro-level-social-work

population health

The health outcome of a group of individuals including the distribution of such outcomes within a group.

- Often used by healthcare stakeholders in association with the Triple Aim of improving the quality of care, improving the health of populations and reducing the per capita cost of healthcare.
- *"Population health management"* manages health needs, including HRSNs, to improve health status, utilization, and cost indicators for defined populations.

Source: https://www.ajmc.com/journals/ajac/2017/2017-vol5-n2/creating-clarity-distinguishing-between-community-and-population-health

public health 3.0

In addition to maintaining essential governmental public health functions, this model emphasizes collaborative engagement and actions that directly affect SDH, health inequities, and structural determinants (social determinants of health inequity).

- Acts to confront institutionalized racism, sexism, and other systems of oppression that create inequitable conditions leading to poor health

Source: https://www.cdc.gov/pcd/issues/2017/17_0017.htm
https://www.naccho.org/uploads/downloadable-resources/NACCHO-PH-3.0-Issue-Brief-2016.pdf

Glossary of Upstream Terms

social determinants of health (SDH)

Underlying community-wide social, economic, and physical conditions in which people are born, grow, live, work, and age. "The causes of health and social needs"

- The systems that offer health and social services to a community are themselves a SDH.
- As intermediary determinants, SDH shape individual material and psychosocial circumstances *(see also social needs)* as well as biologic and behavioral factors.
- Commonly refers to defined communities or regions, typically defined by geography.

Source: https://www.who.int/sdhconference/resources/ConceptualframeworkforactiononSDH_eng.pdf

social needs see also: health-related social needs (HRSNs), basic human needs

Individual material resources and psychosocial circumstances required for long-term physical and mental health & wellbeing.* "The effects of the causes"

- Material circumstances describe physical living and working conditions and include factors such as housing, food, water, air, sanitation.
- Psychosocial circumstances include stressors such as negative life events, stressful living circumstances, and (lack of) social support.
- Commonly refers to specific individuals or defined populations, typically defined by attribution.

Historically, this definition is rooted in a Basic Needs approach, which contrasts with the Capability Approach and human rights frameworks, which focus on freedoms & opportunities, not only material circumstances.

Source: https://www.who.int/sdhconference/resources/ConceptualframeworkforactiononSDH_eng.pdf https://owlcation.com/social-sciences/Understanding-Poverty-Comparing-Basic-Needs-and-Capabilities-Approaches

structural determinants see also: social determinants of health inequities

The climate, the socioeconomic-political context (e.g. societal norms and macroeconomic, social & health policies) and the structural mechanisms that shape social hierarchy and gradients (e.g. power, class, racism, sexism, exclusion). "The causes of the causes"

- Commonly refers to cities, states, nations, or the world, typically defined by political jurisdictions, cultural boundaries, or economic relationships.

Source: https://www.who.int/sdhconference/resources/ConceptualframeworkforactiononSDH_eng.pdf

Mapping Terms

The terms and associated explanations in the Glossary of Upstream Terms can be better understood in relation to each other. Review the term mapping table below to consider the ways your organization and its partners can better communicate with each other. Write down thoughts, questions, or concerns as they arise.

Terms	Common Definition	Populations Targeted	Level of Change	Associated Approaches
Social needs / Health-related social needs (HRSNs)	"The effects of the causes" Individual material and psychosocial circumstances	Specific individuals or defined populations	Micro +/- Meso	Population Health - Population Health Management - Clinical-community parnterships - CMS AHC Model (assistance track) - Community-oriented primary care - Preventive Medicine
Social determinants of health (SDH)	"The causes of poor health" Underlying community-wide social, economic, and physical conditions	Defined communities or regions	Meso +/- Macro	Community Health - Multisector collaboratives - Accountable Communities for Health - Community Health Needs Assessments (CHNAs)
Structural determinants / SDH inequities	"The causes of the causes" The climate, socioeconomic-political context and the structural mechanisms that shape social hierarchy, gradients and equity	Cities, states, nations, or the world	Macro +/- Meso	Public Health 3.0 - 100 Million Healthier Lives - Pursuing Equity - IHI - National Collaborative for Health Equity Capability Approach Human-rights based approach

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Discussion Guide

1. **As you consider relationships with other organizations, what is your target population ?** Defined patient or client populations; geographically defined communities; and/or broad city, state or national jurisdictions?

2. **What terms does each partner use to describe their respective interest in 'social determinants of health'?**

3. **What is the existing business model for each partner?** What are your main revenue sources, customer base, services and/or products, and typical financing arrangements?

4. **What experiences and resources does each partner already bring to the table in addressing HRSNs, SDH, and/or structural determinants?** In general? For your target population?

5. **What types of interventions or strategies do you want to pursue together to address HRSNs, SDH, and/or structural determinants?** What levels of change (micro,meso,macro) do these interventions align with? What is the timeframe for each of these interventions?

6. **What are the measures of success for each intervention or strategy we wish to pursue together?** What financial, social and strategic benefits should we expect to see?

7. **What is our shared capacity to address HRSNs for defined populations?** What is our capacity to address SDH for defined communities? What will we do when we hit capacity?

8. **If we view our interventions as an investment portfolio that seeks to achieve short, medium, and long-term goals, do we need the right balance of interventions?** What will these interventions look like if we use an equity lens?

9. **What are each partner's concerns?** Are we concerned about unintended consequences, like 'medicalizing' social services? If so, how do we plan to address these concerns?

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Levels of HRSN & SDH Integration Framework

The Levels of HRSN & SDH Integration Framework("Framework") is an eight-page document that draws on HealthBegins' direct experience in the field and the evolving traditional and gray literature. Most notably, it adapts a taxonomy developed in 2013 by SAMHSA-HRSA Center for Integrated Health Solutions to describe levels of behavioral health integration in primary care.[1] After reviewing the *Glossary of Upstream Terms* and *Discussion Guide,* partners can then use this Framework to apply these terms in the context of their own settings to clarify shared goals, priorities, and approaches to health and social services.

This practical six level framework begins with coordination and moves through increasing levels of collaboration and integration. By implication, the numbering of levels suggests that the higher the level of integration, the more potential for positive impact on health for defined populations and, more broadly, whole communities. The goal of the Framework is to provide healthcare, social service, and public health stakeholders with clarity, increase the precision of their communication, and accelerate practice and system redesign related to HRSN and SDH integration. **To download a free complete copy of the Integration Framework, please visit www.healthbegins.org**

[1]Heath B, Wise Romero P, and Reynolds K. A Review and Proposed Standard Framework for Levels of Integrated Healthcare. Washington, D.C. SAMHSA-HRSA Center for Integrated Health Solutions. March 2013.