Gap Analysis: Social Determinants of Health

Quality Department

2024

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Background

The Social Determinants of Health (SDoH) incentive measure requires Umpqua Health Alliance (UHA) to attest to screening and referring members for food, housing, and transportation needs to the Oregon Health Authority (OHA) by completing four buckets of work: policies and procedures (which incorporates member feedback), gap analysis, CBO contracting, and systematic assessment of screening and referral data sources.

The following information is a detailed gap analysis of the Douglas County service area related to food, housing, and transportation needs. The gap analysis used data from the Oregon Hunger Task Force, Oregon Housing Alliance, and Rural Health. U.S. Food and Drug Administration to understand where Douglas County stands compared to Oregon statewide. Additionally, the gap analysis reviews a 2022 study of Medicaid population compared to UHA health risk assessment (HRA) and claims data to estimate potential gaps in screenings and referrals. Lastly, UHA developed Tableau Dashboards to provide a deeper understanding of the unique member diagnosis and CBO distribution by the social need domain, as well as stratifying this data by REALD identifiers.

The purpose of this gap analysis is to assist UHA with establishing goals and identifying gaps in care, which is expanded upon within the 2024 SDoH Action Plan Roadmap.

Douglas County Overview

In Douglas County, the prevalence of food-insecure individuals and children surpasses the average for the state of Oregon. Specifically, 23% of people in Douglas County report experiencing food insecurity despite not qualifying for federal nutrition assistance. Additionally, 20% of children in food-insecure households do not meet the criteria for federal nutrition assistance[1].

Douglas County faces significant levels of unmet housing needs, accompanied by a scarcity of affordable housing options. One out of four renters expend over 50% of their income solely on rent while three out of four renters with extremely low incomes are expending over 50% of their income on rent. Additionally, one in 21 students in Douglas County experienced homelessness in the year 2019 – 2020, accounting for 670 children. Furthermore, the poverty rate in Douglas County surpasses that of Oregon's statewide[2].

Rural communities encounter challenges in accessing healthcare services, leading to a higher risk of disease compared to individuals residing in urban areas[3]. Transportation, both for medical and non-medical needs, presents a barrier within rural areas. This difficulty could impact the ability of rural residents to maintain employment or complete essential tasks. Only an estimated 5% of Oregon's rural population lives in a census block group with a density considered necessary by sources to provide regular fixed route bus services. The limited transportation resources available in rural regions put many residents at a significant economic and social disadvantage[4].

See below table(s) for a comparison of Douglas County to Oregon statewide.

Table 1

Hunger Statistics 2021	Douglas County, OR	Oregon Statewide
Food Insecure Individuals	14.0%	11.5%
Food Insecure Children	20.8%	14.6%

Table 2

WIC Utilization 2022	Douglas County, OR	Oregon Statewide
Individuals Served	4,307	110,967
Families Served	2,466	65,179
% of Pregnant Women Served	45%	28%
% Served under 5 years of age	75%	75%

Table 3

SNAP Utilization 2017	Douglas County, OR	Oregon Statewide
Households receiving benefits	17.8%	14.7%
Households receiving benefits with children > 18 years old	34.8%	40.5%

Table 4

Poverty & Income Statistics 2021	Douglas County, OR	Oregon Statewide
Median household income	$52,479	$70,084
Persons in Poverty	16.5%	12.2%
Unemployment Rate	6.4%	4.9%

Table 5

Housing 2017	Douglas County, OR	Oregon Statewide
Median Renter Wage	$11.99	$14.84
Wage needed to afford a 2-bedroom apartment at HUD’s fair market rent.	$14.10	$19.86

Social Needs Screenings & Referrals Gaps Identified Through Secondary Data

Please note, the following estimates are based off a study and are strictly suggesting potential gaps for social needs screenings and referrals.

According to the 2022 study, *Prevalence of social risk factors and social needs in a Medicaid Accountable Care Organization (ACO),* 44.6% of completed screenings were positive for at least one social risk factor (screened positive for a social need) and 15.8% were positive for a social need (referred for the social need). As Douglas County begins to expand their screening and referral capabilities, UHA could see an estimated 18,139 (44.6%) positive screenings and 6,426 (15.8%) referrals.

In total, UHA can confidently account for 9,212 screenings via the HRA administered by UHA's Care Coordination team as well as diagnosis codes identified through claims data. Therefore, there is a potential gap of 8,927 positive screenings that were not identified. Notably, there have only been 11 screenings reported in the Unite Us platform as of November 5th, 2024; however, 365 referrals have been sent through Unite Us totaling a potential gap of 6,061 referrals.

The study also provided estimates of positive screenings by domain totaling 17.8% experiencing housing insecurity (including utilities), 16.7% experiencing food insecurity, and 6.0% experiencing transportation issues. Additionally, estimates of social needs referrals by domain include 23.9% experiencing housing insecurity (including utilities), 9.0% experiencing food insecurity, and 6.2% experiencing transportation issues.

Overall, compared to the study outcomes, HRA and claims data indicates that UHA adequately screens members for transportation and housing as outlined in the preceding paragraphs; however, increased screening for food insecurity is a goal due to UHA's lower numbers of positive screenings related to this domain. Additionally, increasing the number of referrals for food, housing, and transportation services is another goal. According to Unite Us data, only 114 referrals have been sent for food, 244 for housing, and 7 for transportation.

Click here to view a dashboard in Smartsheet that displays a full summary of the estimated gaps in screenings and referrals within the UHA service area.

Member SDoH Diagnosis Compared to CBO Distribution Identified Through Primary Data

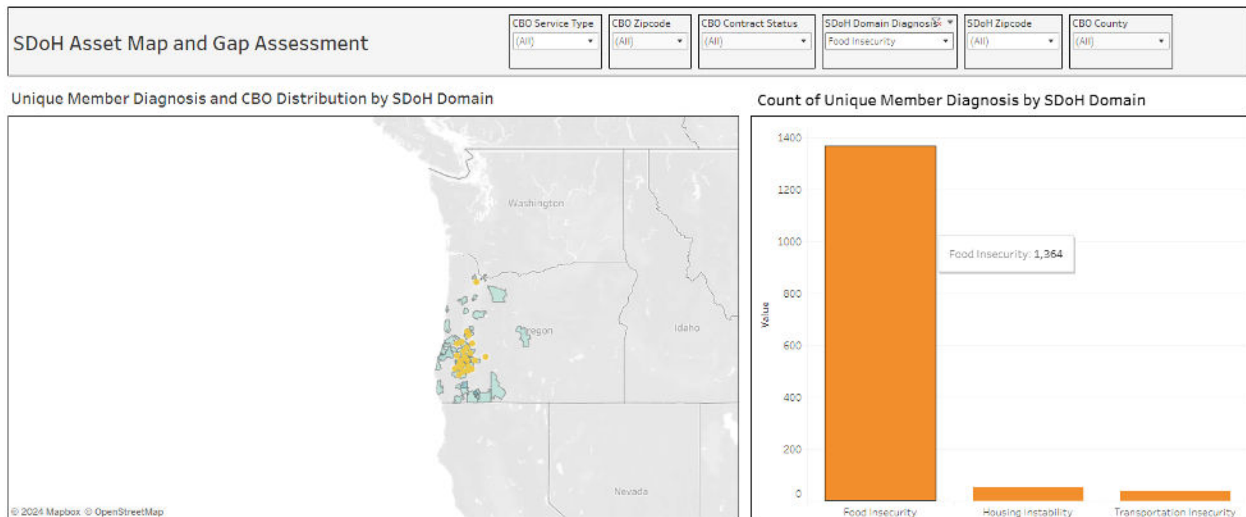
UHA developed a Tableau dashboard that identifies unique member diagnosis and Community-based Organization (CBO) distribution by SDoH domain. SDoH member diagnosis data was collected from a combination of claims and clinical data from UHA's PH Tech extract and UHA's HRA data. The data from UHA's HRA was identified by mapping the PRAPARE screening responses to ICD-10-CM Z Codes using the crosswalk provided by the National PRAPARE® team. The data from the PH Tech extract was identified using the NIH value sets outlined in Appendix two of the Social Needs Screening and Referral Measure specifications.

UHA completed an asset map of available CBOs who can provide social need services to UHA members. The asset map identified 240 CBOs addressing food, housing, and transportation needs. Of these, there are 133 identified CBOs in Douglas County, with 31 under contract with

UHA. UHA has identified 3,011 unique members who have screened positive for either a food, housing, or transportation need. Among these 3,011 individuals, 120 diagnoses exist outside of Douglas County, signifying that 3.9% of members who have a diagnosis reside outside of Douglas County, while the remaining 96.0% reside in Douglas County. Additionally, 44.4% of identified CBOs operate outside of Douglas County, none of which have contracts with UHA.

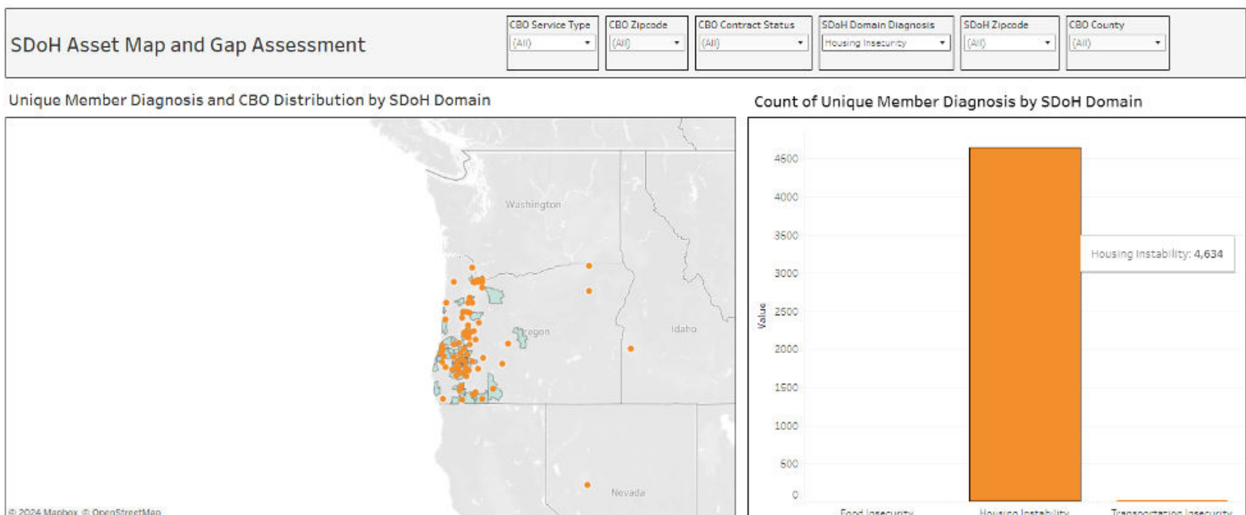
Specifically, 3.3% of UHA members have screened positive for food insecurity. Within the realm of food services, there are a total of 86 CBOs. Among these, 24 have contracts with UHA, 28 are not contracted with UHA, and the contract status of 34 remains unknown.

Asset Map & Gap Assessment: Food



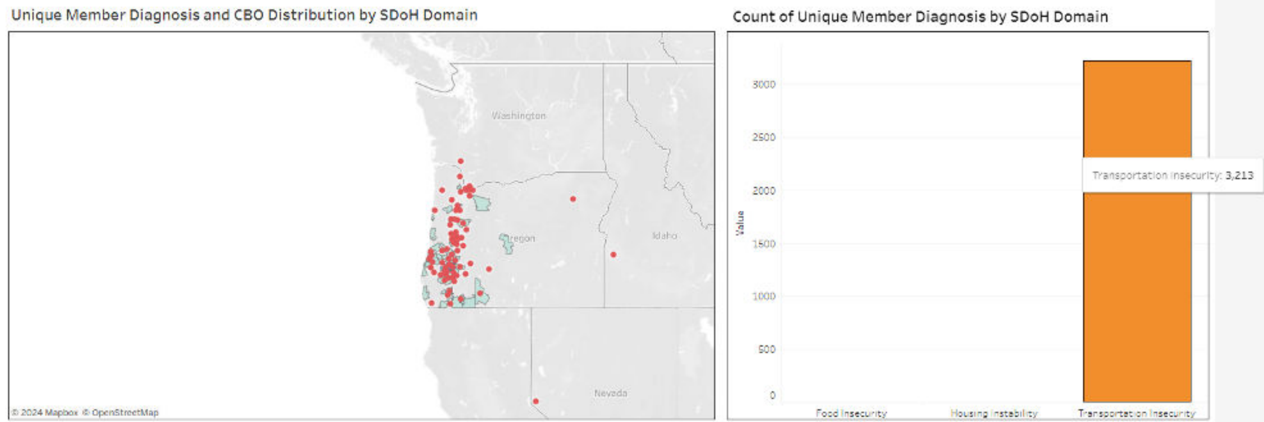
Regarding housing, 11.5% of UHA members have screened positive for housing instability. There are a total of 148 CBOs who provide housing services. Of these, 5 are contracted with UHA, 98 are not contracted with UHA, and the contract status of 45 are unknown.

Asset Map & Gap Assessment: Housing



Concerning transportation, 8.0% of UHA members have screened positively for transportation insecurity. There is a total of 16 CBOs that provide transportation services. Of these, none are contracted with UHA, however 5 have an unknown contract status.

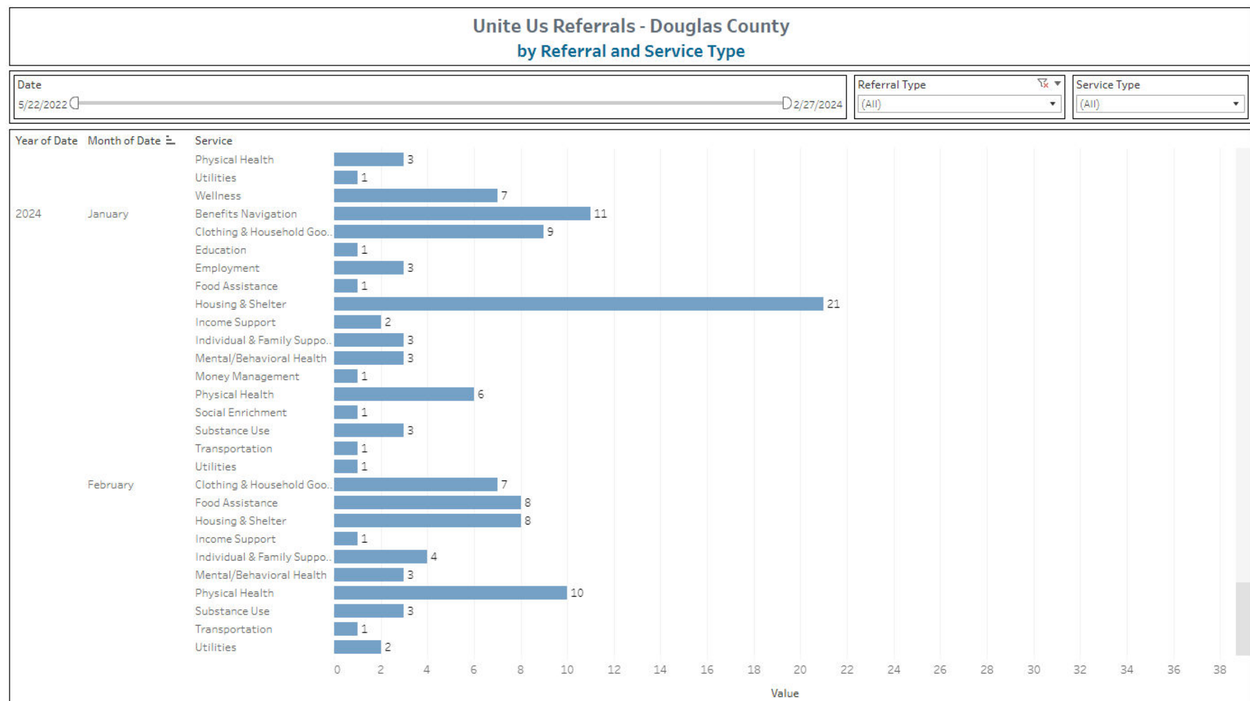
Asset Map & Gap Assessment: Transportation



The SDoH Asset Map and Gap Assessment Tableau Dashboard can be found here.

UHA has additionally created a dashboard to track referrals made through the Unite Us platform. This dashboard is updated quarterly.

Unite Us Referrals Tableau Dashboard



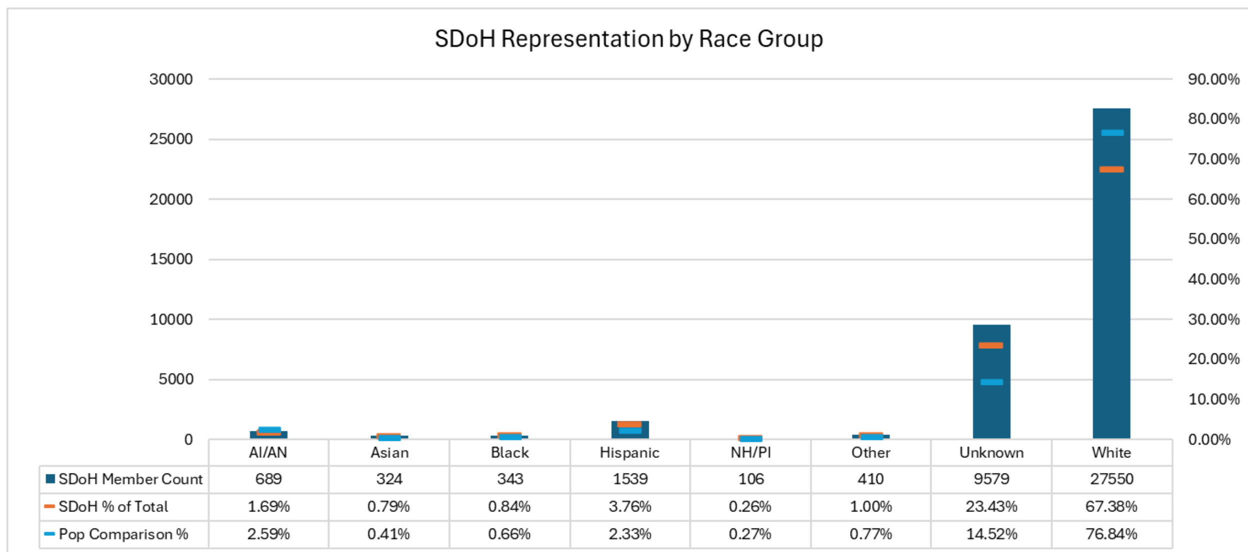
REALD Analysis Using Primary Data

UHA has a Tableau dashboard that stratifies SDoH domains by members' REALD identifiers based on the results outlined in the prior section. This data gives a greater understanding of which member groups are disproportionately under-screened or under-referred for food, housing, and transportation needs.

The unknown race group showed the highest incidence of SDoH diagnoses, constituting 23.45% of the total member group. In contrast, they make up 14.52% of UHA's member population, indicating a higher prevalence of SDoH diagnoses within this racial group.

Hispanic individuals have a SDoH diagnosis percentage of 3.76%, which exceeds their representation of 2.33% in UHA's member population.

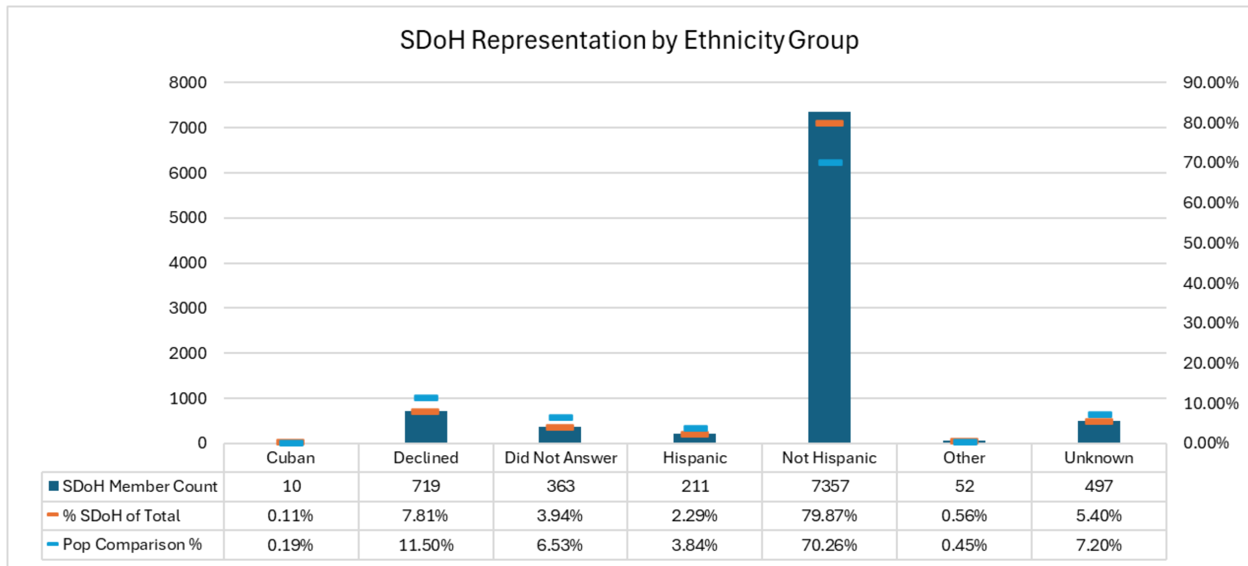
Race Group



	AI/AN	Asian	Black	Hispanic	NH/PI	Other	Unknown	White
SDoH Member Count	689	324	343	1539	106	410	9579	27550
SDoH % of Total	1.69%	0.79%	0.84%	3.76%	0.26%	1.00%	23.43%	67.38%
Pop Comparison %	2.59%	0.41%	0.66%	2.33%	0.27%	0.77%	14.52%	76.84%

Non-Hispanic individuals exhibit the most significant disparity among ethnic groups, with a prevalence of SDoH diagnoses at 79.87%, compared to their relative population comparison of 70.26%.

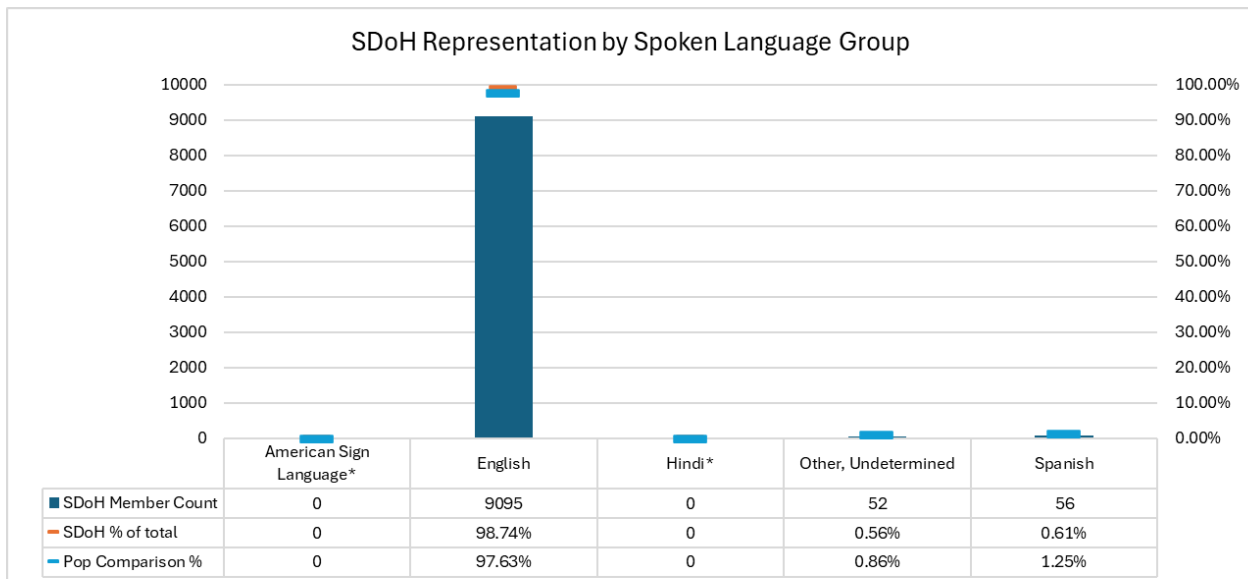
Ethnicity Group



	Cuban	Declined	Did Not Answer	Hispanic	Not Hispanic	Other	Unknown
SDoH Member Count	10	719	363	211	7357	52	497
% SDoH of Total	0.11%	7.81%	3.94%	2.29%	79.87%	0.56%	5.40%
Pop Comparison %	0.19%	11.50%	6.53%	3.84%	70.26%	0.45%	7.20%

The most notable disparity within the spoken language categories is observed in English-speaking individuals. English speaking individuals account for 97.63% of the total SDoH member diagnoses group, which is slightly higher than their representation of 98.74% in UHA's member population. To note, language groups with fewer than 10 members have been blinded for confidentiality and statistical reliability.

Spoken Language



	American Sign Language*	English	Hindi*	Other, Undetermined	Spanish
SDoH Member Count	0	9095	0	52	56
SDoH % of total	0	98.74%	0	0.56%	0.61%
Pop Comparison %	0	97.63%	0	0.86%	1.25%

The Tableau Dashboard can be found here.

SDoH Representation Graph Definitions

SDoH Member Count: This figure represents the exact number of individuals within each specific category of the population subset.

SDoH % of Total: This calculation illustrates the proportion of each category relative to the entire population within the SDoH member group. This adjusted rate considers differences in category sizes, enabling the identification of disparities. It highlights the percentage of each race, ethnicity, and language category in relation to the total SDoH member count.

Population Comparison %: This calculation serves as a benchmark against UHA's overall member population. It provides insights into how the demographic composition of each category compares to the demographic distribution of UHA's member population.

Summary

In summary, Douglas County experiences a higher prevalence of poverty and food insecurity compared to state averages, and there are low rates of food screenings and housing, food, and transportation referrals in the county. The Unknown and Hispanic race groups have a higher number of SDoH diagnoses compared to other race groups. Furthermore, 132 CBOs in Douglas County address food, housing, and transportation; however, only 32 of those CBOs are under contract with UHA. Lastly, there is an increased number of transportation needs but has been a decreased number in transportation CBOs from 2023 to 2024.

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