



Introduction of the
LINC to Address Social Needs Act

February 25, 2021



Reminders



<https://aligningforhealth.org/lincact/>



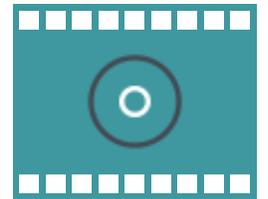
Welcome – we will begin the webinar at 2:02pm



Please submit any questions for our panelists in the Q&A box



Tag us on Twitter at @Aligning4Health using hashtag #LINCforHealth



This webinar will be recorded and published on the AFH Website, along with information on the bill

Agenda



Welcome and Introductions

Remarks from Senators Sullivan (R-AK) & Murphy (D-CT)

Remarks from Aligning for Health

Panel Discussion

- **Sue Brogan**, United Way of Anchorage
- **Virginia Barnes**, Blue Cross and Blue Shield of Kansas
- **Anne Diamond**, Yale New Haven Health System and Bridgeport Hospital

Q&A Session

A woman with long blonde hair, wearing a light blue blazer over a striped top, is smiling warmly. She is standing at a market stall filled with fresh produce, including pumpkins and leafy greens. Another person, wearing a yellow patterned dress, is partially visible in the foreground, reaching towards the produce. The background shows a modern building with a circular window. The scene is bright and sunny, suggesting an outdoor market setting.

Welcome & Introductions



Advisory Board Representation:

America Forward – American Public Human Services Association - Corporation for Supportive Housing - Data.org - Illinois Department of Healthcare & Family Services
Local Initiatives Support Corporation (LISC) - National Academy for State Health Policy - National Association of Counties –
National Alliance for Mental Illness - National Coalition on Health Care - Share Our Strength

What are Social Determinants?



Stable, affordable housing and supportive housing



Access to quality nutrition



Ability to meet basic needs, including transportation or childcare



Healthy homes through energy subsidies, weatherization, etc.



Access to health care services, including behavioral health services

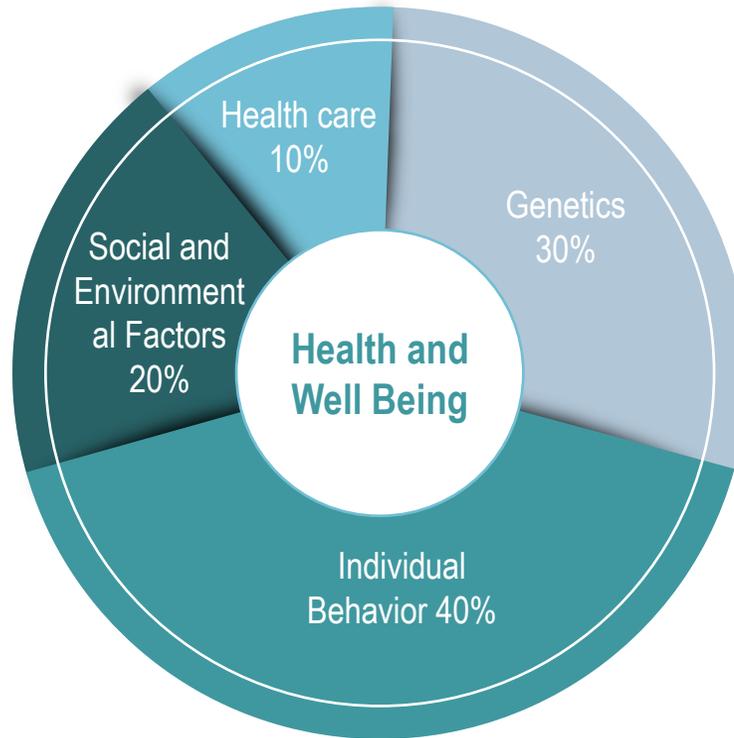


Workforce training, employment opportunities, mobility and independence

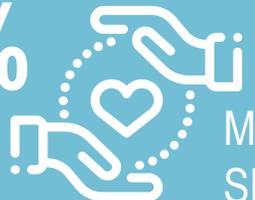
How Social Determinants Impact Health



Health care is estimated to contribute to only 10% of health outcomes, yet we expend huge sums of money and focus solely on medical care



What we spend on being healthy

88%  MEDICAL SERVICES



4% Healthy behaviors 



8% Others

Introducing the LINC to Address Social Needs Act



Improve holistic health outcomes, reduce preventable health costs, and keep vulnerable individuals from falling through the cracks with investments to better align and coordinate health care and social services



Establish statewide or regional public-private partnerships to establish or enhance the development of an outcome-focused infrastructure to connect entities in the health and social services systems



Allow entities to benefit from a common resource, rather than increasing burden through multiple one-off, often conflicting connections and exchanges

A woman in a white lab coat is smiling and holding a basket of fresh produce, including pumpkins and leafy greens, in a community garden setting. The background shows a modern building with a circular tower and other garden beds. The scene is bright and sunny.

*Remarks from
Sens. Sullivan (R-AK)
& Murphy (D-CT)*

Introduction of the LINC to Address Social Needs Act of 2021



Senators Sullivan (R-AK) and Murphy (D-CT) have introduced the Leveraging Integrated Networks in Communities (LINC) to Address Social Needs Act of 2021.

This bill will establish statewide or regional partnerships to better coordinate health care and social services. States, through public-private partnerships, will leverage local expertise and technology to overcome longstanding challenges in helping to connect people to food, housing, child development, job training, and transportation supports and services.



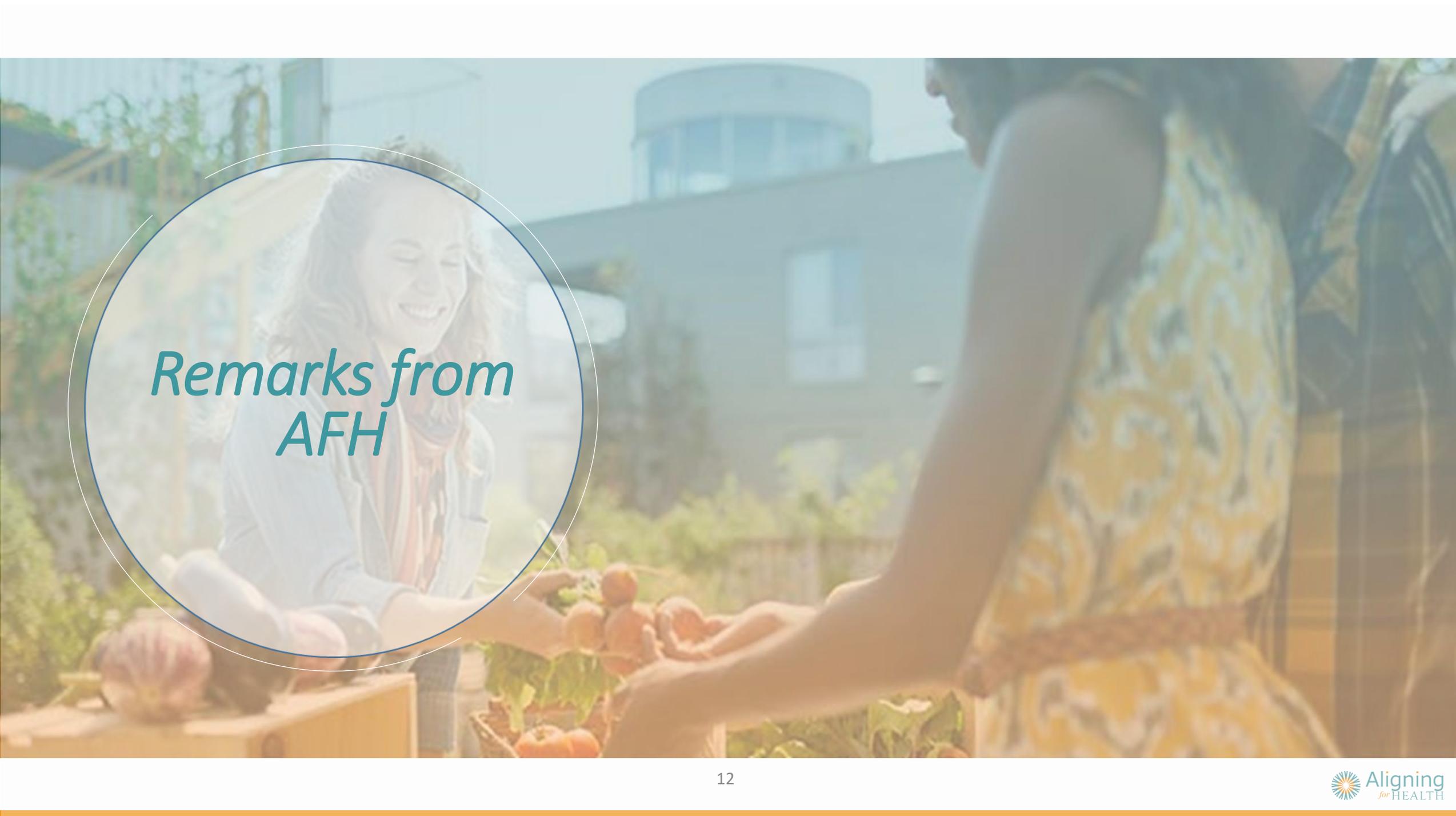
Sen. Dan Sullivan (R-AK)



Sen. Chris Murphy (D-CT)

Hear from Senators Sullivan and Murphy



A woman with long, wavy hair is smiling broadly as she looks at a basket of fresh produce, including pumpkins and leafy greens, at an outdoor market stall. She is wearing a light blue jacket over a striped top. In the foreground, the back of another person wearing a yellow and white patterned dress is visible, reaching towards the produce. The background shows a modern building with a circular tower under a clear sky.

*Remarks from
AFH*

Key Provisions of the LINC to Address Social Needs Act



\$150M in one-time seed funding for states to facilitate cross-sector referral and capacity management, communication, service coordination and consumer assistance and outcome tracking between social service providers and health care organizations

States, through a public-private partnership will establish new or enhance existing networks on a statewide or regional basis that will:

- Include a secure technology platform that enables coordination of care across health and social service providers
- Connect entities for communication, service coordination, and other functions
- Provide technical assistance and support to entities in connecting and participating in the network
- Ensure sustainability
- Evaluate outcomes

Key Outcomes



Serve as a nexus for coordinated efforts to address social and health needs regionally and across the state



Support a more resilient health and social service system that is better able to coordinate and respond to health and social challenges



Help health care and social service organizations better identify needs and partner on interventions to improve health and strengthen communities



Support social service organizations that wish to partner with health care organizations by simplifying connections with the health care sector, ensuring privacy and security, and providing tools to manage organization capacity



Create the ability to measure and understand the impact of social interventions on health, health care spending, and community wellbeing

A woman with long, wavy hair is smiling and looking down at a basket of fresh produce, including pumpkins and leafy greens, at an outdoor market stall. She is wearing a light blue button-down shirt. In the foreground, the back of another person wearing a yellow and white patterned dress is visible, reaching towards the produce. The background shows a modern building with a circular tower under a clear sky.

Panel Discussion

Speakers



United Way of Anchorage

Sue Brogan

United Way of Anchorage



Virginia Barnes

Blue Cross and Blue Shield of Kansas

YaleNewHavenHealth
Bridgeport Hospital

Anne Diamond, J.D., C.N.M.T.

Yale New Haven Health System and
Bridgeport Hospital



Mark Schaefer, PhD

Connecticut Hospital Association

Speakers



Sue Brogan **Chief Operating Officer** **United Way of Anchorage & Alaska 2-1-1**

Sue Brogan is the Chief Operating Officer (COO) at United Way of Anchorage. Sue formulates policies, ensures effective and efficient daily operations, leads the work of community investment and engagement, advocacy, and volunteerism all in support of community impact goals in education, health and financial stability.

Having worked in the nonprofit sector for 35 years, Sue has been with United Way of Anchorage for 25 years. Prior to this role she served as Vice President for Income Health at United Way. Her portfolio included creating community collaborations to measurably improve family financial stability and access to health care.

In 2005, Sue was asked to trailblaze and launch Alaska 2-1-1, the one-stop, statewide information and referral system for health and social services. She worked with the telecommunications industry, regulatory commission for the State of Alaska and the local government to negotiate a partnership and co-location of the service within the Anchorage Emergency Operations Center. Sue continues to oversee technology and network administration, statewide operations, stakeholder relations, marketing, communications, and media relations in support of Alaska 2-1-1's commitment to being the first, most essential resource to any Alaskan who needs help.

Certified in Volunteer Administration in 1995, Sue served as a Founding Member of both the Volunteer & Employee Engagement Council at United Way Worldwide and the Center for Community Engagement & Learning at the University of Alaska, Anchorage. Sue arrived in Alaska with her family in 1967. She and her husband Mick have called Anchorage home since 1980.



United Way of Anchorage





Leveraging Integrated Networks in Communities (LINC) to Address Social Needs

Sue Brogan, Chief Operating Officer
United Way of Anchorage & Alaska 2-1-1

United Way of Anchorage
LiveUnitedANC.org



Alaska 2-1-1 Call Data

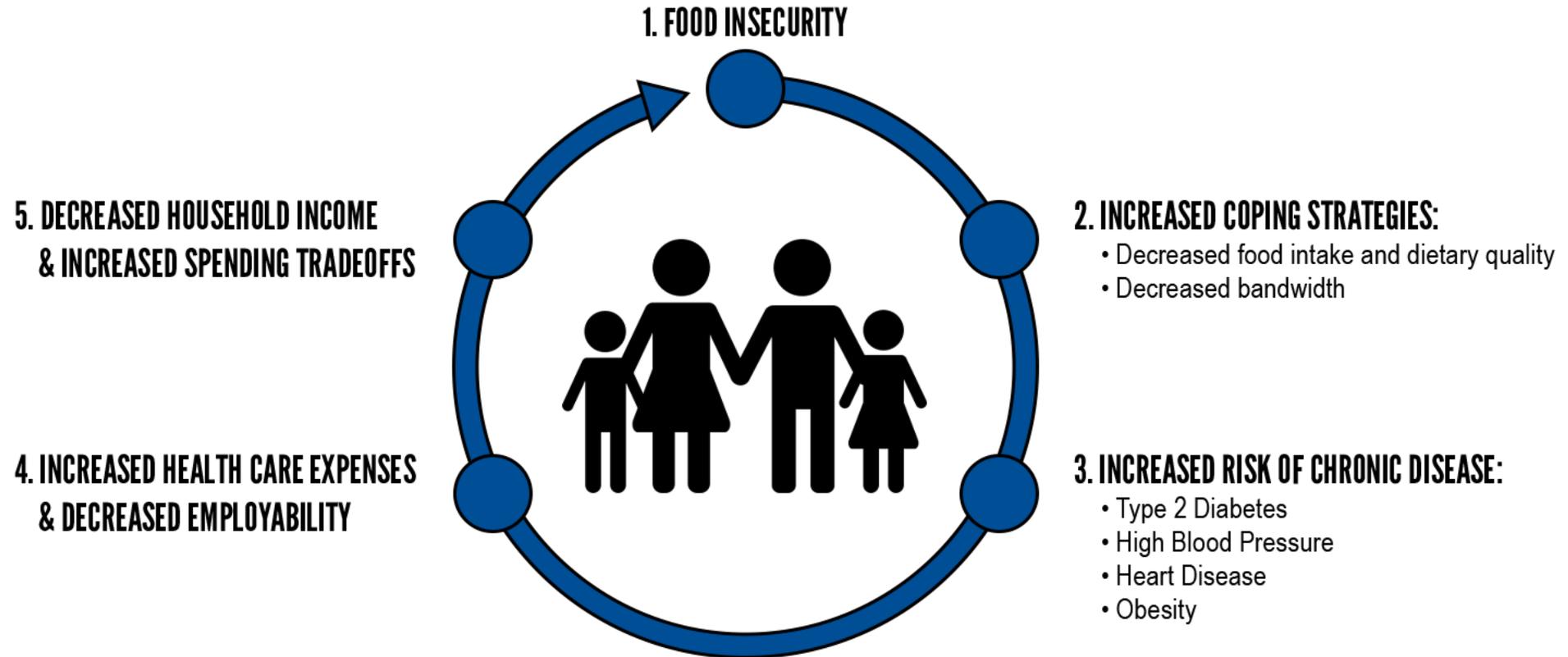
Call data is a representation of community conditions. Increases and decreases in call volume depict changes in community need in relation to current events and crises.

Referral Category	2020	2019	2018
Arts, Culture and Recreation	54	48	69
Clothing/Personal/Household Needs	391	572	576
Disaster Services	721	277	365
Education	130	180	249
Employment	230	250	372
Food/Meals	5301	3547	4389
Health Care	21433	2573	2926
Housing	21399	2605	2439
Income Support	2863	1400	1847

Referral Category	2020	2019	2018
Individual/Family/Community Support	2039	1814	2138
Information Services	1470	1137	1524
Legal/Consumer/Public Safety Services	2486	1830	2347
Mental Health/Addictions	584	692	905
Other Government/Economic Services	3235	451	535
Transportation	509	466	545
Utility Assistance	2096	1118	1219
Volunteers/Donations	178	112	115

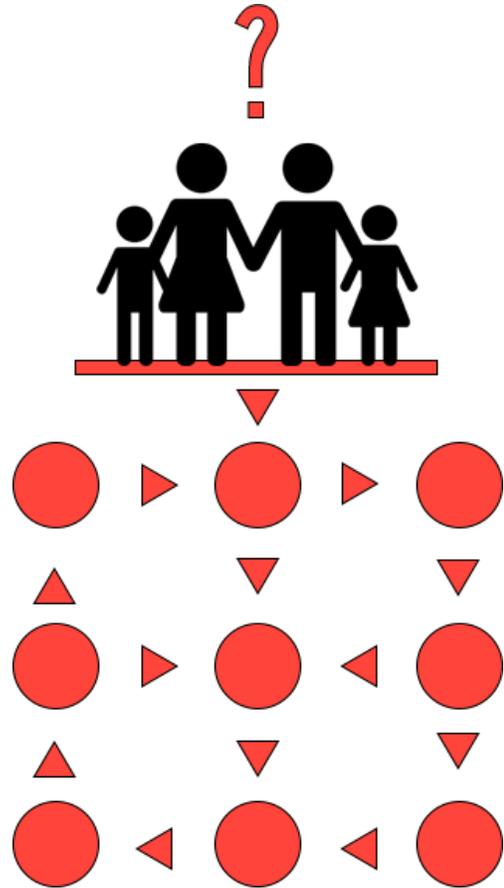
Social Determinants of Health: Food Insecurity

The cycle of food insecurity and chronic disease begins when an individual or family cannot afford enough nutritious food.



*Adapted: Seligman HK, Schillinger D. N Engl J Med. 2010;363:6-9

Help Before **ALASKA 2-1-1**



Help With **ALASKA 2-1-1**



**One call
to connect
to the
right help.**



Bridging the Gap Between Health Care & Social Services



Alaska
2-1-1TM
Get Connected. Get Answers.
Alaska United Ways

HEALTH CARE

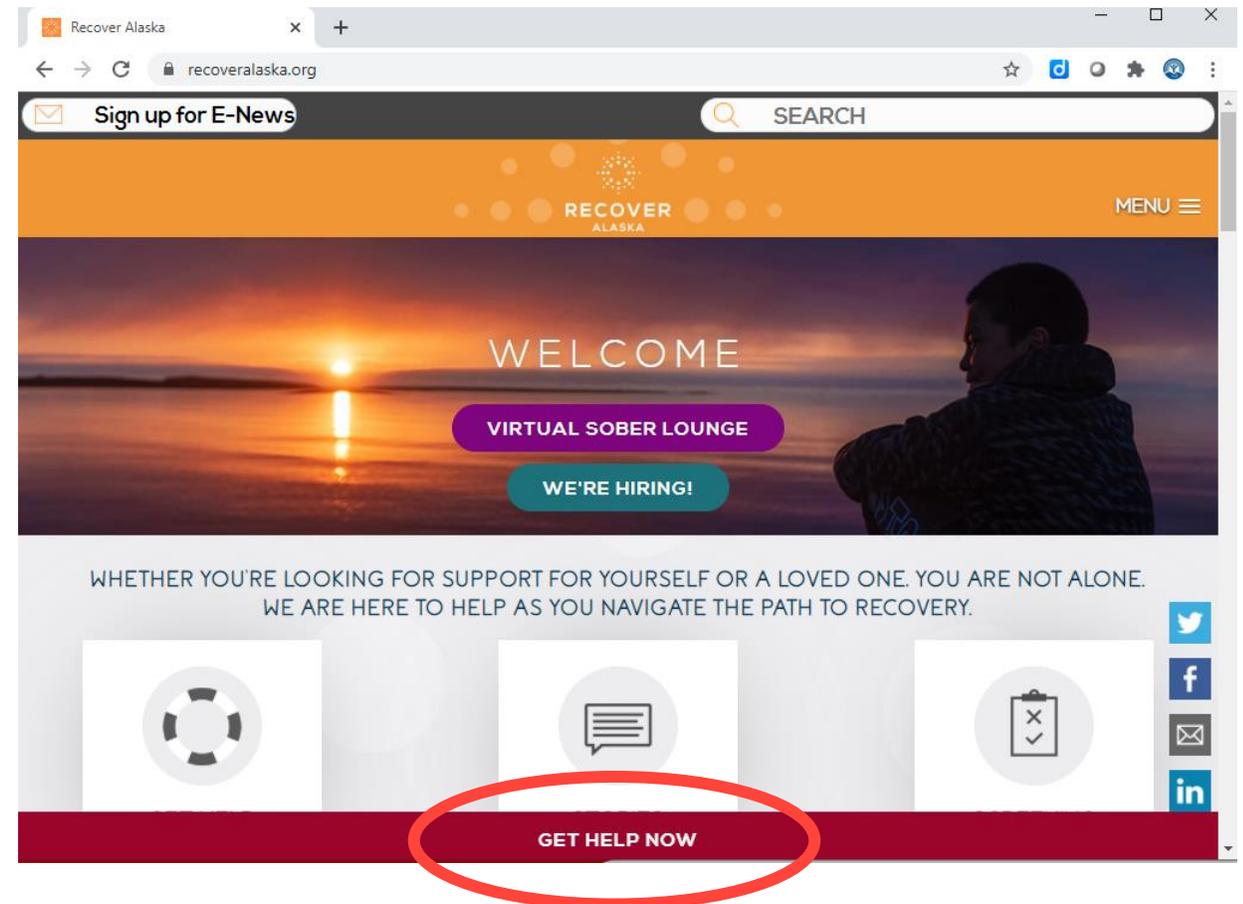
SOCIAL SERVICES



Recover Alaska

ALASKA 2-1-1

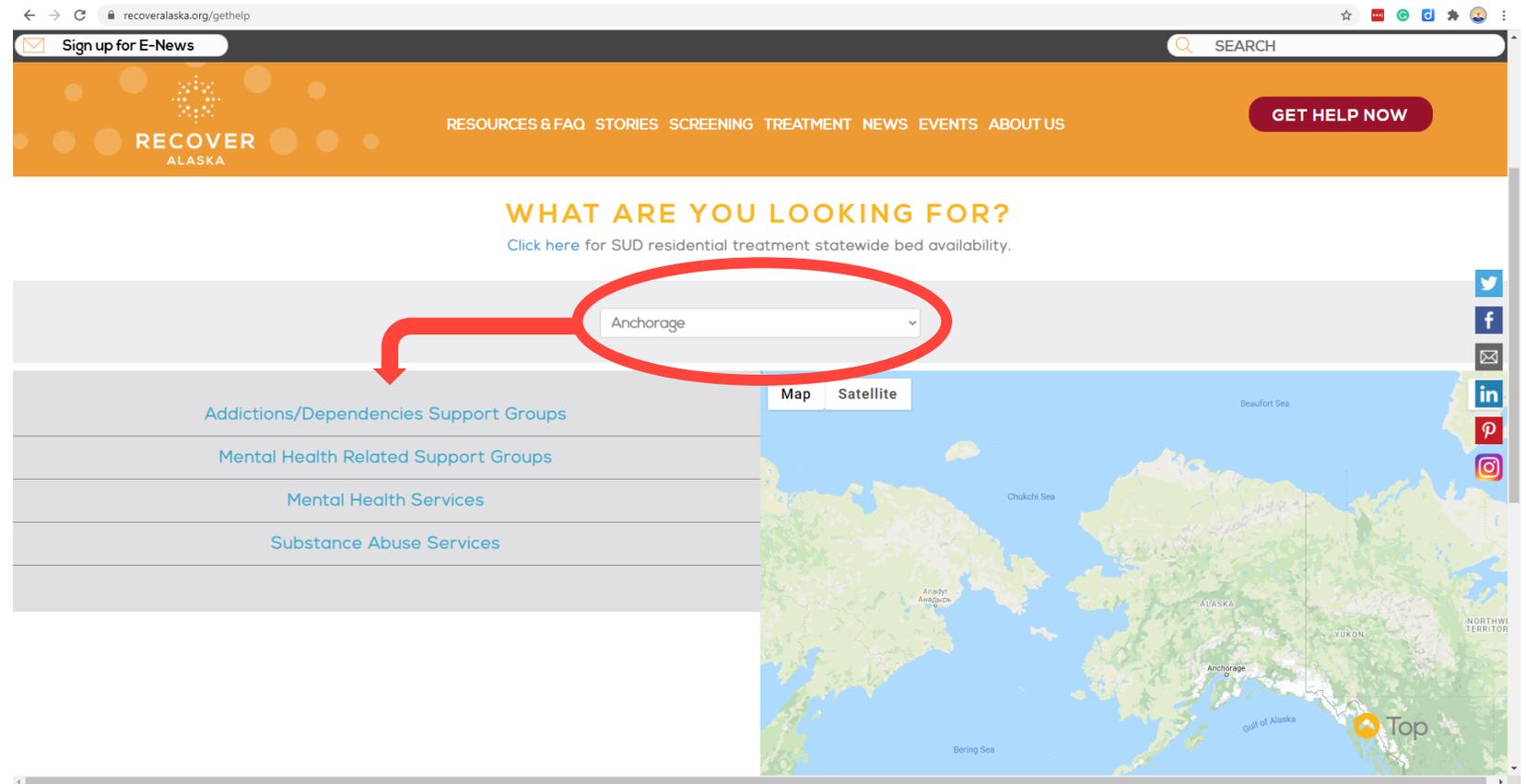
- Vision - Alaskans live free from the consequences of alcohol misuse, so we are empowered to achieve our full potential.
- Mission - Reducing excessive alcohol use and harm



Recover Alaska

ALASKA 2-1-1

- Flexible use of database
- Ease of connection allowing organizational branding
- Single source for data collection and reporting



The screenshot shows the Recover Alaska website interface. At the top, there is a navigation bar with the logo, a search bar, and a "GET HELP NOW" button. Below the navigation bar, a section titled "WHAT ARE YOU LOOKING FOR?" includes a link for SUD residential treatment bed availability. A red circle highlights a dropdown menu set to "Anchorage", with a red arrow pointing to a list of services: "Addictions/Dependencies Support Groups", "Mental Health Related Support Groups", "Mental Health Services", and "Substance Abuse Services". To the right, a map of Alaska is displayed with "Map" and "Satellite" options. Social media icons for Twitter, Facebook, LinkedIn, Pinterest, and Instagram are visible on the right side.

LIVE UNITED

THANK YOU



Speakers



Virginia Barnes
Director, Blue Health Initiatives
Blue Cross and Blue Shield of Kansas

Virginia Barnes joined Blue Cross and Blue Shield of Kansas in October of 2015 as director of Blue Health Initiatives. Blue Health Initiatives formalized the company's long-time efforts to improve the health and quality of life of all Kansans. As director, Barnes is responsible for investing in communities to create sustainable, healthy places where Kansans live, work, and play in ways that improve the quality of their lives. Barnes brings to her role at Blue Cross a strong background in public health, having spent more than eight years at the Kansas Department of Health and Environment (KDHE) in a variety of roles. She earned a bachelor's in biology from Washburn University and a master's in public health from the University of Kansas. She is a lifelong Kansan and lives in Topeka with her husband and two children.



Blue Cross and Blue Shield of Kansas Northeast Kansas Community Network

February 2021



Northeast Kansas Community Network

The NEK Community Network is a system of healthcare and social service organizations who've come together to spark better collaboration and improve health outcomes in the community.

Through the network, healthcare providers and community resources are connected to provide whole-person care to the most vulnerable members of the community.



Network Partners



Building the Network

Social Services Pipeline



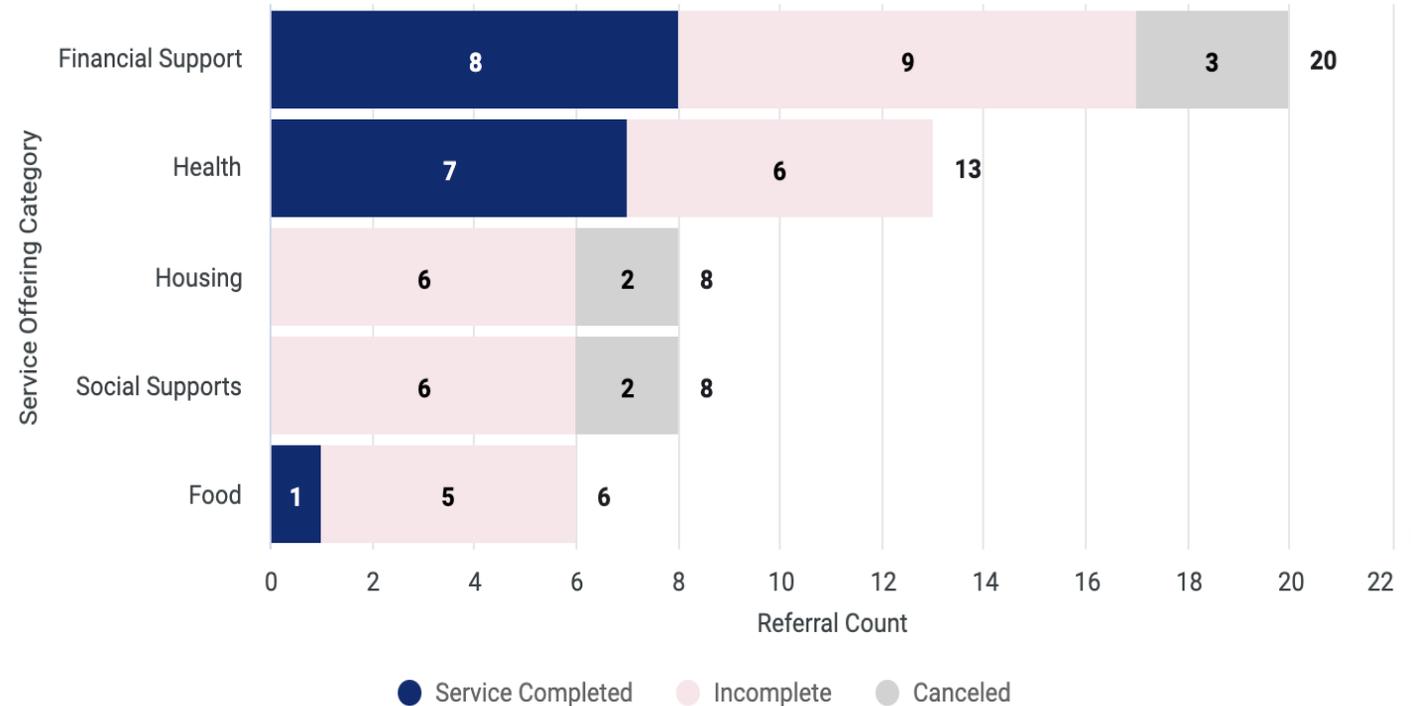
Network Adequacy: 78%

	Shawnee	Jackson	Jefferson	Douglas	Osage
Food	7	2	2	4	3
Housing	9	1	2	4	2
Financial Support	7	1	0	3	2
Transportation	2	0	1	1	1
Health	4	0	1	2	1
Social Supports	7	1	2	3	2
Goods	5	0	1	2	1
Behavioral Health	1	0	1	0	0
Family & Youth	2	0	1	1	1
Work	5	0	1	0	0
Education	4	0	0	2	1
Legal	2	0	1	2	0
Emergency	4	1	0	2	2

Measuring Success

Establishing a Baseline:

- Engagement Rate
- Searches Performed
- Referrals Created
- Referral Completion Rate
- Average Days to Service Completion



Challenges and Considerations for Kansas

- Building network right takes *a lot* of time
- Aligning value proposition across historically disconnected systems and sectors
- Interoperability – a network of networks
- Rural readiness
- Sustainability plan





Virginia Barnes, MPH
Director, Blue Health Initiatives

Speakers



Anne Diamond, J.D., C.N.M.T.

President, Bridgeport Hospital

EVP, Yale New Haven Health System

Anne Diamond is President of Bridgeport Hospital and Executive Vice President at Yale New Haven Health System. She has been in healthcare for over 30 years and held many positions in her career starting as a nuclear medicine technologist, radiation safety officer and researcher moving through the leadership ranks of hospitals until arriving at the C-suite. Anne is known as a “turn around” CEO, leading her organizations to improve quality, service, financial outcomes and culture change through leadership accountability. Anne was recognized by the American Hospital Association as the 2020 Grassroots Champion in recognition for her exceptional leadership in advocating for patients and hospital priorities. She is an active and engaged advocate, leading the Connecticut Hospital Association’s (CHA) statewide asthma initiative to improve patient care and access and to design new models of care to transform community partner and hospital relationships. Her leadership on asthma highlighted the dual challenges of health disparities and social determinants of health, which led her to establish and Chair CHA’s Health Equity Advisory Council. Anne earned a BS degree in Nuclear Medicine Technology from Cedar Crest College, is a graduate of Purdue University, Concord School of Law. Anne is currently pursuing a Doctor of Business Administration degree with a concentration in Homeland Security, Leadership and Policy at Northcentral University.

Mark Schaefer, PhD

Connecticut Hospital Association

Mark Schaefer, PhD is a clinical psychologist and the Vice President, System Innovation and Financing for the Connecticut Hospital Association (CHA). Dr. Schaefer previously served as the state’s Medicaid Director at the Department of Social Services, where he led the design and implementation of the Connecticut Behavioral Health Partnership, a joint initiative with the Departments of Children and Families and Mental Health and Addiction Services to develop an integrated behavioral health service system. He led the nation’s first expansion of Medicaid under the Affordable Care Act and the development of an array of health service delivery and purchasing reforms to improve care experience and quality, while reducing costs, including the HUSKY medical ASO initiative and the person-centered medical home glide path program. Subsequently, as the state’s Director of Healthcare Innovation, he led the state’s 5-year multi-payer State Innovation Model initiative overseeing a wide range of payment, care delivery, and insurance reforms and launching the state’s first quality scorecard, HealthscoreCT. In his current role with the CHA he is working to advance a sustainable healthcare delivery and financing system that fosters innovation, and provides optimal health for Connecticut communities.

YaleNewHavenHealth
Bridgeport Hospital

CHA CONNECTICUT
HOSPITAL
ASSOCIATION
Building a Healthier Connecticut



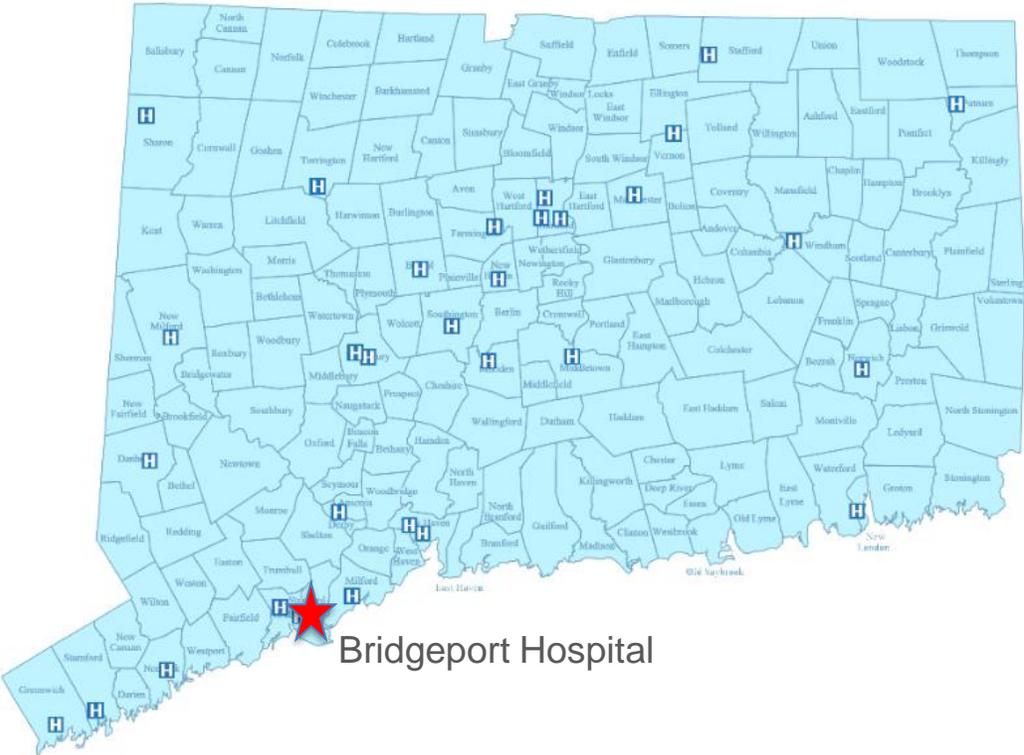
Bridgeport Hospital

Addressing SDOH

February 25, 2021

Connecticut's Statewide Hospital-Led Strategy

- 5-year Strategic Plan
- Reaffirmed commitment to our communities
- Shared recognition—health is more than healthcare



Phase 1 - 2018

Patient screening data standards

Education, training, and tools

Design statewide technology architecture

Phase 2 - 2019-2021

Contract with technology platform vendor

Implement technology platform

Implement online resource database of CBOs

Enable closed-loop electronic referrals

Phase 3 - 2022

Drive statewide adoption

Integrate social determinants data with healthcare data

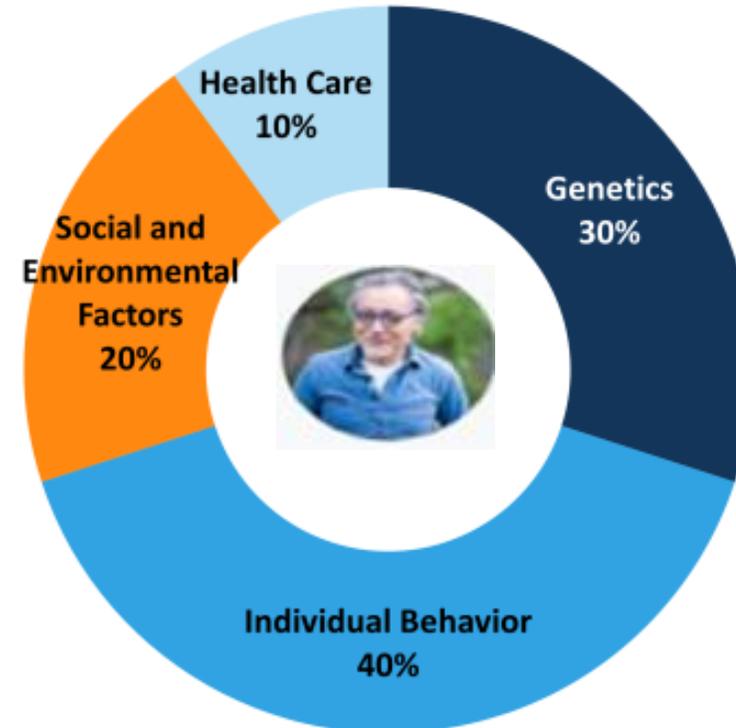
Implement data mining to identify critical unmet needs

Implement advocacy strategy to address resource issues

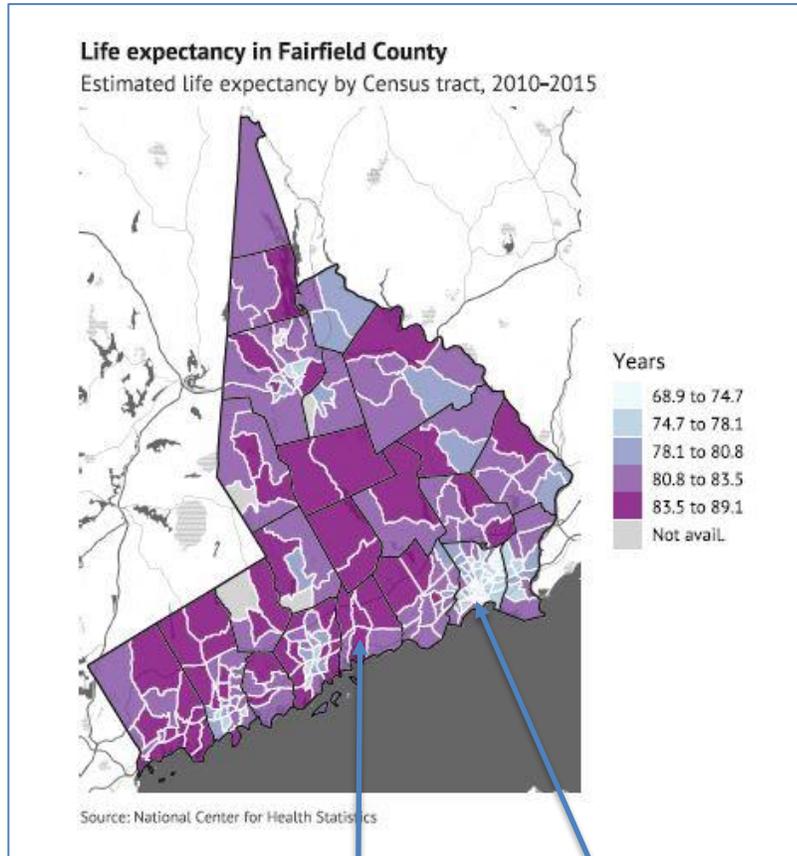
Health is more than healthcare

“No one should fall through the cracks....after acute hospitalization, it is the social determinants that have the greatest impact on one’s recovery. Returning patients to environments that negatively impact their health, perpetuates an unhealthy cycle. Cross sectorial collaboration to address the social determinants through a platform like "Unite Us" creates an integrated health and social service approach where a person can recover to their fullest extent.”

Dr. Mafuz Hoq
MD Executive Director of Complex Diseases
Bridgeport Hospital



Life Expectancy in Bridgeport



Westport = 85.4

Bridgeport = 77.6

Towns in the region

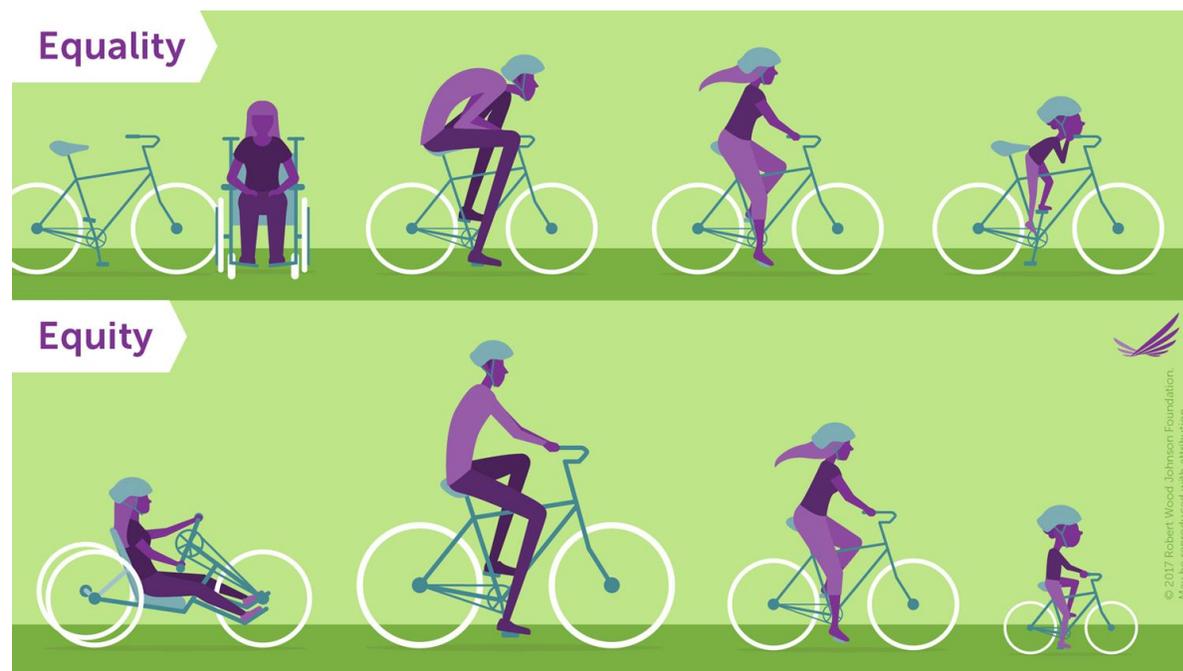
Town-wide averages range from a minimum of 77.6 years in Bridgeport, to a maximum of 86.5 years in Weston.

Table 1: Average life expectancy by town

Location	Avg. life expectancy (years)
Weston	86.5
Westport	85.4
New Canaan	85.1
Redding	84.5
Greenwich	84.0
Darien	83.4
Easton	83.4
New Fairfield	82.9
Newtown	82.8
Ridgefield	82.8
Norwalk	82.5
Trumbull	82.4
Fairfield	82.3
Wilton	82.0
Stamford	81.9
Sherman	81.8
Monroe	81.6
Danbury	81.4
Bethel	81.3
Shelton	81.3
Brookfield	81.2
Connecticut	80.3
Stratford	79.6
US	78.7
Bridgeport	77.6

Health Equity

- Equity is the absence of avoidable, unfair, or remediable differences among groups of people, whether those groups are defined socially, economically, demographically or geographically or by other means of stratification.



Moving To Patient Centered Referral System



Bridgeport Hospital's Experience

- Partnered with Health Improvement Alliance
- Coordinate care with our community partners
- Ability to improve patient health and wellbeing
- Health equity focus to improve our community



Why we need LINC now

The *Leveraging Integrated Networks in Communities (LINC) to Address Social Needs Act of 2021* would enable Connecticut to:

- Extend our technology platform to other system services such as primary care, specialty care, ambulatory surgery and post-acute
- Extend the network to independent behavioral health providers—as referral destinations as well as sources
- Enhance analytics to improve our ability to predict who will need and benefit from SDOH support, identify neighborhood hotspots, and target resource solutions
- Create inter-operability solutions where more than one platform exists in the state or a service area
- Expand EHR integration

A photograph of a woman with long, wavy hair, wearing a light blue jacket and a striped scarf, smiling warmly. She is standing at a market stall, surrounded by fresh produce like pumpkins and baskets of vegetables. Another person, wearing a yellow patterned dress, is partially visible in the foreground, reaching towards the produce. The background shows a modern building with a circular window. A circular graphic overlay is centered on the woman's face.

Q&A

Supporters of the LINC to Address Social Needs Act



Aligning for Health
Alliance for Better Health
American Hospital Association
American Medical Association
America's Health Insurance Plans
AMGA
Blue Cross Blue Shield Association
Corporation for Supportive Housing
Council on Social Work Education
Healthcare Leadership Council
Local Initiatives Support Corporation (LISC)

National Association of ACOs
National Coalition on Health Care
Nemours Children's Health System
Purchaser Business Group on Health
Signify Health
SNP Alliance
Unite Us
UPMC Health Plan
Well-being and Equity (WE) in the World
Well Being Trust

More on the LINC to Address Social Needs Act



[AFH Website](#)



[One-pager and FAQ](#)



[Endorse LINC](#)



Aligning
for HEALTH

Thank You!

Questions?

info@aligningforhealth.org

