Building Strong Community Voices to Address Social Determinants through Medicaid: Opportunities and Risks

**Why Focus on Medicaid?**
- Largest source of health coverage in the U.S., covering over 75 million low-income Americans
- Children account for more than four in ten of all Medicaid enrollees
- Older adults and people with disabilities account for about one in four enrollees

**Interventions for Addressing Social Determinants Via Medicaid**
- Require screening for social needs as part of clinical care delivery
- Embed SDOH into care
- Connect people with needed social services
- Sustainably fund community-based organizations that provide social needs interventions
- Evaluate the effectiveness of SDOH interventions

**States Utilizing Medicaid to Address Social Determinants of Health**

**Oregon Medicaid: Investing in Community-Based Services**
- Starting in 2020, Oregon’s CCO 2.0 Pilot Project funds community-based services for Medicaid recipients
- Coordinated care organizations (CCOs) will work with community organizations to provide services like housing assistance or transportation support
- Requires CCOs to invest a portion of their reserves on SDOH and health equity community needs
- Includes community and tribal advisory councils to allow for strong consumer engagement
- Specific focus on housing needs

**Challenges to Addressing Social Determinants via Medicaid**

**Threats to Medicaid Broadly**
- Attempts to cut and cap the program, such as through block grants and per capita caps
- Reduced access to benefits like non-emergency medical transportation
- Work requirements that cause people to lose coverage

**Challenges in bridging health care with social services**
- Inadequate/non-existent social services infrastructure
- Over-medicalizing social services
- Distracting from delivering high-quality medical care
- Lack of adequate, sustainable financing for interventions
- Fragmentation of resources

**State Partners Addressing Social Needs**

**Ensuring High-Quality Non-Emergency Transportation in Colorado**
Together Colorado and the Colorado Center for Health Progress are working to ensure all Medicaid recipients qualifying for Non-Emergency Medical Transportation (NEMT) will have access to safe, accessible and timely transportation service to and from their appointments by trained professionals.

To ensure that this system is functioning to meet the needs of the community, they are constituting an independent community advisory board to oversee the program. They are also employing community organizing tactics, including a new digital organizing program, to expand and activate the current base of grassroots community leaders who are affected by this issue.

**Building Strong Community Voices to Address Social Determinants**

**Allleviating Food Insecurity in Alabama**
At a moment of transformation in Alabama Medicaid – from a statewide fee-for-service system of primary care to regionally based nonprofit coordinated care with quality incentives – Alabama Arise is working to create a model of collaboration between one of the seven newly-formed regional networks and a major food bank in that region for the purpose of improving Medicaid’s effectiveness in addressing food security and nutrition. Alabama Arise is engaging consumers through community meetings. Each Alabama Coordinated Health Network (ACHN) will serve approximately 110,000 Medicaid beneficiaries, primarily children and pregnant mothers.