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There's no 'I' in health: Partnerships key to improving care

Outcomes stem from social conditions more than anything else

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Mayor Bill de Blasio recently announced NYC Care, a program to encourage uninsured New Yorkers to visit primary care doctors rather than emergency rooms. He has positioned it as a way to reduce health disparities by expanding access to care. Hospitals in the city have been extending clinic hours to evenings and weekends, opening urgent-care and ambulatory centers and utilizing technology to expand programs like telemedicine.

But removing barriers is only part of the solution to making quality health care more accessible to New Yorkers. There are distinct limits to what medicine can accomplish without taking into account the circumstances under which people are born, grow, live, work and age—what are sometimes called social determinants of health. These types of social conditions [predict 50%](#) of health care outcomes, while clinical care only influences 10%.

Hospitals know that managing these nonclinical factors can help people get better and prevent future illness, but they don't have the proper systems in place to do much about it. Community-based organizations have been addressing social determinants of health for more than half a century but their funding is limited.

That's why, as recommended in the recent Human Services Council report [Integrating Health and Human Services: A Blueprint for Partnership and Action](#), health systems and nonprofit human services organizations must collaborate.

Nonprofit human-services organizations have unparalleled insight into local neighborhoods—a valuable asset for the medical community. At the same time, access to medical expertise, cutting-edge research and evaluation approaches offered by the health care industry can inform nonprofits' approaches.

While there are still questions to be answered on how to formalize these collaborations, institutions right here in our city are taking steps to bring together the strengths of these sectors.

For example, Northwell has joined with a group of nonprofit human-services organizations to ensure food-insecure patients go home with nutritious food and a “prescription” for refills. For patients with mobility issues, a nonprofit delivers the food directly to their home. Some patients receive medically tailored meals, which reduce hospital admissions by [50%](#). All patients receive help enrolling in the Supplemental Nutrition Assistance Program, formerly known as food stamps.

In another case, NYC Health + Hospitals worked with the Brooklyn-based nonprofit CAMBA to create affordable and supportive housing on the campus

of NYC Health + Hospitals/Kings County. Many of the residents will be connected to social services and a number of services will be offered on-site including job training, substance abuse programming, financial literacy and independent living skills training.

Northwell has also invested in expanding access to preventative medical care and health education through a partnership with The Child Center of New York. Pediatric residents visit Head Start locations to provide free primary medical services, including psycho-social screening and health counseling, under the supervision and guidance of Dr. Omolara Thomas Uwemedimo of Cohen Children's Medical Center. For many of these families living in poverty, they prefer to receive care in a trusted community-based setting that can also address broader unmet needs for the child and family.

These examples are a good start, but bringing these types of programs to scale will require a shift in the way policymakers think about health. To do this we need to focus on setting prices for these services and determine appropriate sources of funding. When is it appropriate to shift health care dollars toward nonprofit services? When should insurance companies pay? When should government foot the bill?

As we evolve our treatment approaches to address the social inequities responsible for a person's health, we must begin to answer these questions.

Ensuring everyone can see a doctor is a good start. But to truly improve health outcomes for all, we must join forces and look at the bigger picture.

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