Understanding the Policy Landscape of Upstream Drivers of Health

Presented by:

SARA SINGLETON, MPH

CARTER KIMBLE, MPH

CAROLINE FICHTENBERG, PHD

LAURA PENCE, MPS

Meet Our Experts

Sara Singleton, MPH

Principal

Leavitt Partners, an HMA Company

Carter Kimble, MPH

Principal

Health Management Associates

Caroline Fichtenberg, PhD

Co-Director

Social Interventions Research and Evaluation Network (SIREN)

Moderated by Laura Pence, Director, Leavitt Partners, an HMA Company

Today's Agenda

- Welcome and Introductions
- Federal Policy Landscape
- State Policy Landscape
- Current evidence for addressing upstream drivers of health
- Q & A

NASDOH

- Founded in 2018 by Governor Mike Leavitt and Dr. Karen DeSalvo, NASDOH is a multi-sector coalition of stakeholders seeking to make a material improvement in the health of individuals and communities by advancing the adoption of effective policies and programs to address upstream drivers of health, such as food insecurity, housing instability, and transportation insecurity.

- NASDOH brings together stakeholders from different geographic regions with expertise in health care, public health, social services, patient and consumer perspectives, information technology, and business to share learnings, develop policy recommendations, and build consensus on solutions to support health.

STEERING COMMITTEE

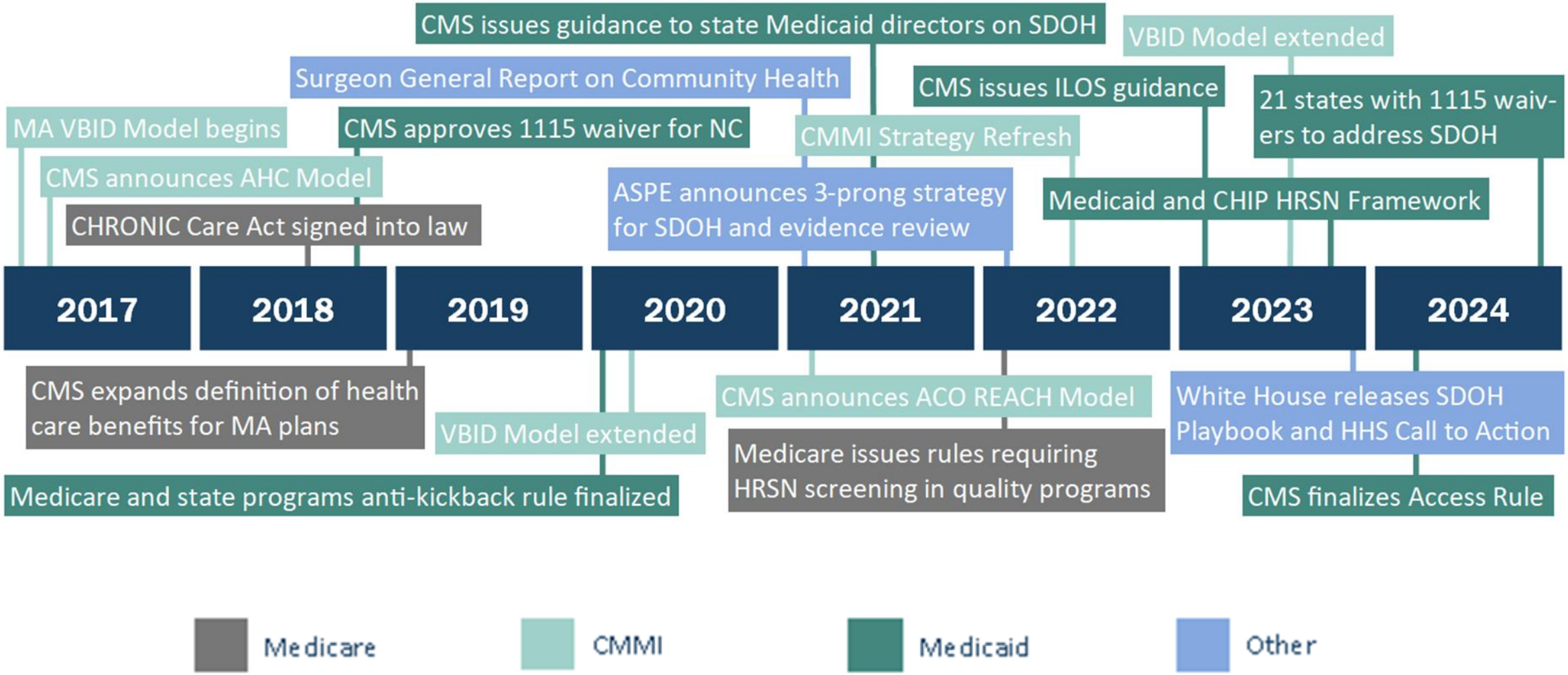
Camden Coalition of Healthcare Providers
KAISER PERMANENTE
national partnership for women & families
Trust for America's Health
USAging Leaders in Aging Well at Home

GENERAL MEMBERS

ACHP Alliance of Community Health Plans
ACAP Association for Community Affiliated Plans
AltaMed Quality Care Without Exception
American Heart Association.
Build Healthy Places Network
Center for Community Investment
CIVITAS Networks for Health
de Beaumont Foundation
FUNDERS FORUM on Accountable Health
Google Health
MARCH OF DIMES
MERCY CARE
MiHIA Michigan Health Improvement Alliance
The National Center for Complex Health & Social Needs
NewYork-Presbyterian
ReThink Health A RIPPEL INITIATIVE
Texas Consortium for the Non-Medical Drivers of Health
The Helper Bees®
The Commonwealth Fund
Public Health Solutions
healthy alliance

Federal Policy Timeline (2017-2024)

PROGRESS ON POLICIES TO ADDRESS UPSTREAM DRIVERS



Medicaid

POLICY APPROACHES TO DIRECT FUNDING TO ADDRESS HRSN

- 1115 Waivers
- In Lieu of Services (ILOS)
- State Plan Authorities
- Sec. 1915 Home and Community Based Services Waivers

Medicare

- Payment rules
- MA Supplemental Benefits
- CMMI Innovation Models

Areas of Focus

- Rural Health
- Food and Nutrition
- Physical Activity
- Populations of Interest

Key Insights

Support remains for Medicaid support to states on a **case-by-case** basis through 1115 waiver applications, ILOS, particularly addressing food and nutrition.

Rural Health Transformation Funds focused on HRSNs for specific populations, such as rural communities, seniors, individuals with substance use disorders, and individuals with specific chronic conditions.

While opportunities in FFS may be more limited, **more opportunities exist in MA**.

Programs and demonstrations **emphasizing value-based care** continue to offer opportunities for addressing upstream drivers to improve health outcomes.

State Policy Landscape

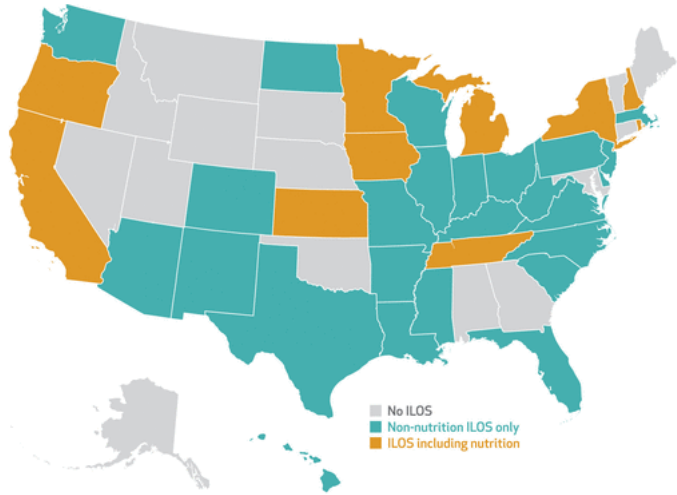
SHIFTING APPROACHES REFLECT RESHAPED PRIORITIES

- **States response to shifting CMS preferences will depend on states particular authorities that are used to obtain funding for upstream drivers of health**
  - States that currently have expiring approval for 1115 waivers are scrambling more that states that use State Plan or 1915 HCBS authorities

- **The Administration rescinded Biden HRSN guidance (2025) and previously codified In Lieu of Services (ILOS) authority (2016)**

1115 waivers with specific HRSN provisions	
Infrastructure Funding or Delivery System Changes	18 approved
Housing Supports	24 approved
Nutrition Supports	12 approved
Employment Supports	8 approved
Medical Respite	11 approved

Exhibit 1 States with approved nutrition and non-nutrition in lieu of services and settings (ILOS) in Medicaid managed care programs as of October 1, 2024



State Policy Landscape

WHAT NEXT?

- **States will continue to leverage managed care**
  - Procurement cycles and contracts that include community reinvestment, value-added benefits
- **The who may matter just as much as the what:**
  - In the short term, reimbursement for upstream drivers of health may be received more favorably within certain target populations (justice-involved or individuals with SUD/SMI) rather than broader applications
- **Waiver negotiations are up running with many competing CMS priorities**
  - Utah, Oregon, Colorado, Arkansas, Arizona, Massachusetts, California all have HRSN waivers with authority that expires in the next 18 months
  - Rural Health Transformation Program funding launches in January

Social Drivers Interventions – Key Evidence

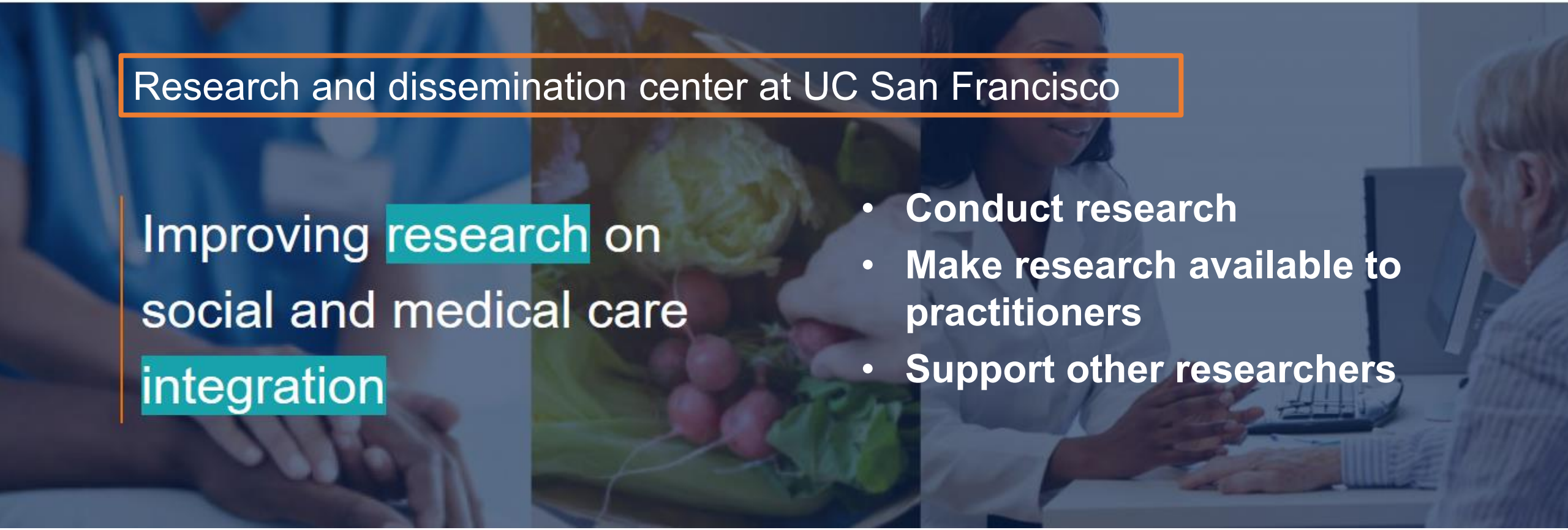
Caroline Fichtenberg, PhD
Co-Director, **Social Interventions Research and Evaluation Network (SIREN)**
University of California, San Francisco

12/17/25, NASDOH webinar

siren

Social Interventions Research & Evaluation Network

UCSF



Research and dissemination center at UC San Francisco

Improving research on social and medical care integration

- **Conduct research**
- **Make research available to practitioners**
- **Support other researchers**

sirenetwork.ucsf.edu | siren@ucsf.edu

Topics

- Screening
- Navigation
- Medicaid upstream driver programs
- Food is medicine

Is Screening Necessary?

Should we offer assistance only to people who screen positive?

- SECURE study (Philadelphia, Dr. Danielle Cullen): We Care tool missed **24%** of people who wanted help
- CommunityRx-Hunger study (Chicago, Dr. Jen Makelarski): AHC screening tool missed **40%** of people who wanted help

Source: Unpublished data presented on a December 3, 2025 SIREN webinar "To screen or not to screen, that is (an important) question." Link

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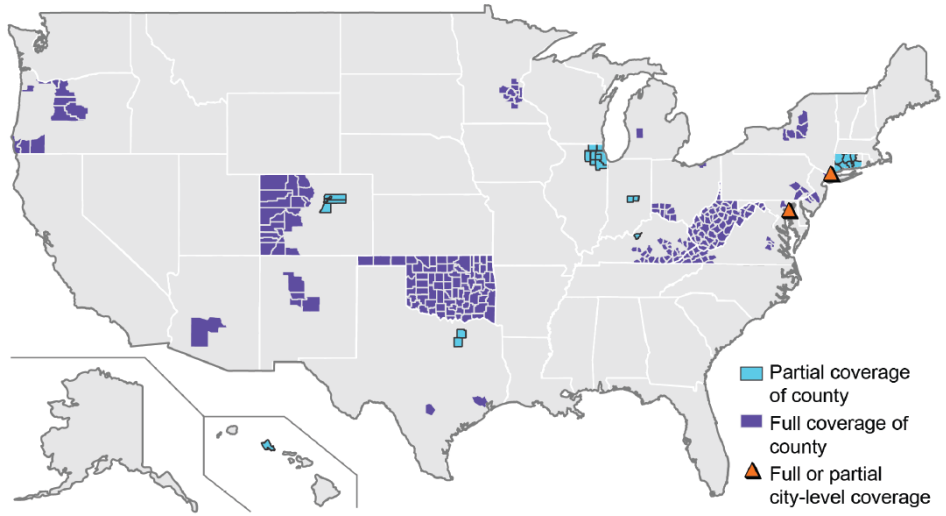
Social Needs Navigation Can Reduce Health Care Costs

CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

Accountable Health Communities

Exhibit 1-2. AHC Model Geographic Target Areas



Source: Bridge organization applications and direct communications from the Innovation Center.
Other notes: Four bridge organizations exited the model early and are not pictured.

RTI International. Accountable Health Communities (AHC) Model evaluation: third evaluation report. November 2024. [Available online](#).

Exhibit ES-2. Assistance Track Impacts on Expenditures and Hospital Use

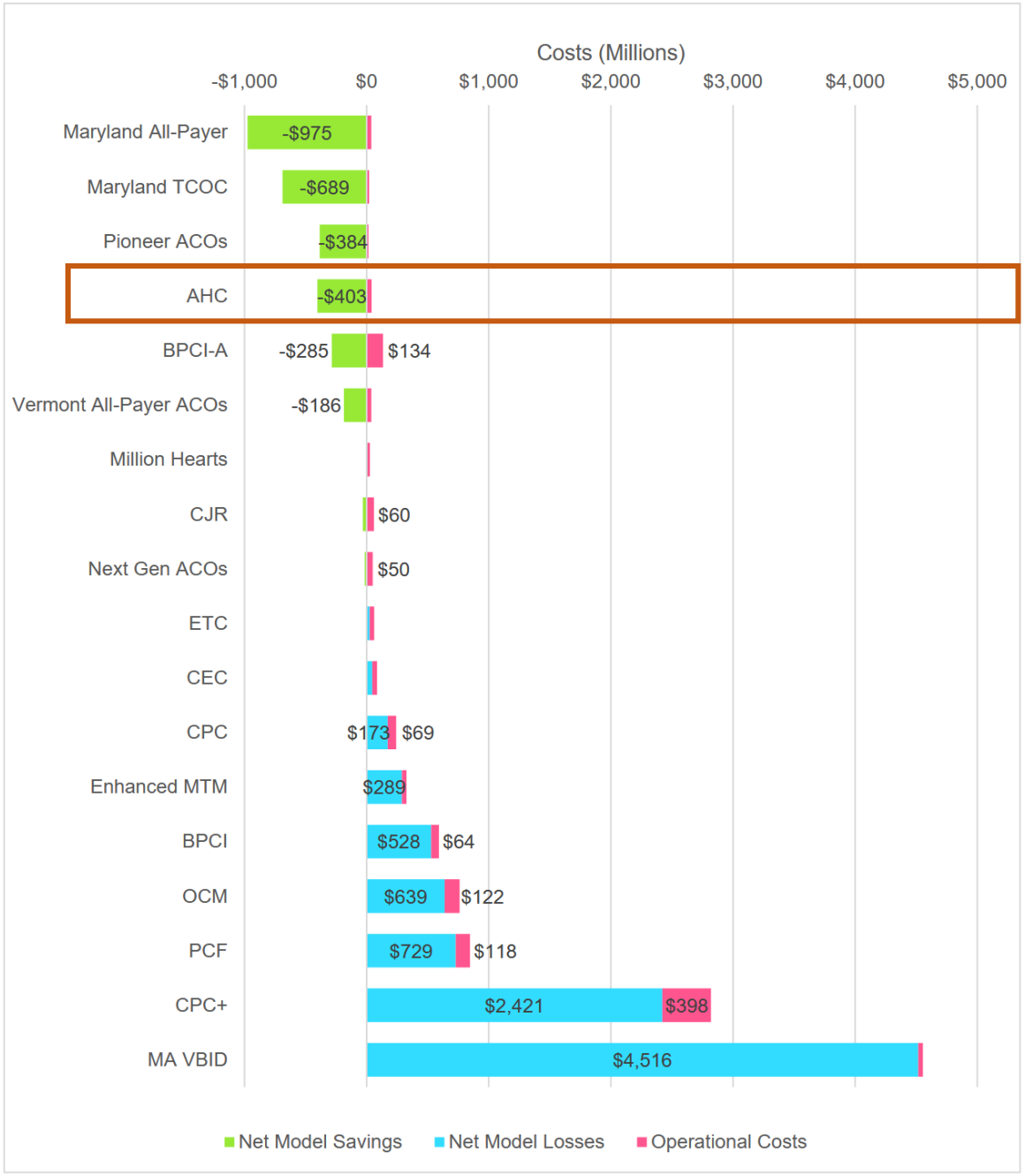
Assistance Track			
	Total Medicaid/Medicare expenditures	FFS Medicare	4% Reduction ↓
		Medicaid	3% Reduction ↓
	Inpatient admissions	Medicaid	4% Reduction ↓
	ED visits	FFS Medicare	5% Reduction ↓
	Avoidable ED visits	FFS Medicare	7% Reduction ↓

Avalere Health:

AHC is Fourth highest net benefit among all CMS Innovation Center models to date

https://advisory.avalerehealth.com/wp-content/uploads/2025/04/Analysis-of-CMMI-Model-Costs-Quality-Performance-and-Transparency.pdf

Figure 1. Model performance—Net savings/losses and operational costs



* Amounts less than $50 million are not labeled in the figure.

Navigation is not just about resources

*"**Just knowing that somebody cares**. Even if I didn't need anything at the time, just her calling to check up on me was really nice…That's nice to have people in the community reach out and just see how you're doing, if you need anything, food or are you having issues with this or that? You need that as a parent. Sometimes you feel alone, you know?"*

Aronstam A, et al. Families' Perspectives on Social Services Navigation in Pediatric Urgent Care. *JABFM.* 2024.

Topics

- Screening
- Navigation
- Medicaid upstream driver programs
- Food is medicine

North Carolina's Healthy Opportunities Pilots

- 3 regions in NC
- Services:
  - Food
  - Housing
  - Transportation
  - Interpersonal violence/Toxic stress

Between March 2022 and November 2023, the program:

- Reduced emergency dept. utilization: -6 ED visits/month per 1000 members
- Reduced hospitalizations: -2 admissions/month per 1000 members
- Reduced costs (counting costs of HRSN services): -$85,000 /month per 1000 members

Massachusetts' Flexible Services Program

- Impacts of nutrition supports:
  - Study population: 20,000 program participants in 17 ACOs across the state vs. 2,100 eligible non-participants
  - Results:
    - 23 percent reduction in hospitalizations
    - 13 percent reduction in emergency department
    - No differences in costs

  (Hager et al. *Health Affairs*. 2025;44(4):413-421.)

- Impacts of nutrition and housing supports:
  - Study population: 153 program participants in 1 ACO in Boston area vs. 610 eligible non-participants
  - Results: No short-term (1-yr) changes in food or housing insecurity, diet, stress, or acute health care use.

  (Thorndike et al. *JAMA Netw Open*. 2025;8(7):e2519507.)

Topics

- Screening
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- Food is medicine

Food is Medicine Evidence Summary

Medically tailored meals

- Strongest evaluation designs
- Positive impacts on HIV/ AIDS, type 2 diabetes, heart failure, and chronic liver disease, health care utilization, health care spending, and even mortality among participants with advanced illness.

Medically tailored groceries

- Literature still growing
- Positive impacts on blood pressure and some type 2 diabetes-specific health outcomes. However, results have been mixed across studies.

Produce prescriptions

- Most voluminous and expansive literature
- Positive impacts on clinical markers of cardiometabolic health for participants with diabetes, hypertension, and obesity.
- Need for stronger study designs, including more randomized trials.

Sources: Hager et al. *Food Is Medicine Research Action Plan*. Aspen Institute Food & Society; 2024 and Mozaffarian et al. "Food Is Medicine" Strategies for Nutrition Security and Cardiometabolic Health Equity: JACC State-of-the-Art Review. J Am Coll Cardiol. 2024 Feb 27;83(8):843-864 and Seligman et al. A systematic review of "food is medicine" randomized controlled trials for noncommunicable disease in the United States: a scientific statement from the American Heart Association. *Circulation*. 2025.

CASE STUDY 1
Medically Tailored Meals: Hospitalizations & Health Care Expenditures

6.3 MILLION ELIGIBLE RECIPIENTS
with complex chronic disease plus limited instrumental activities of daily living

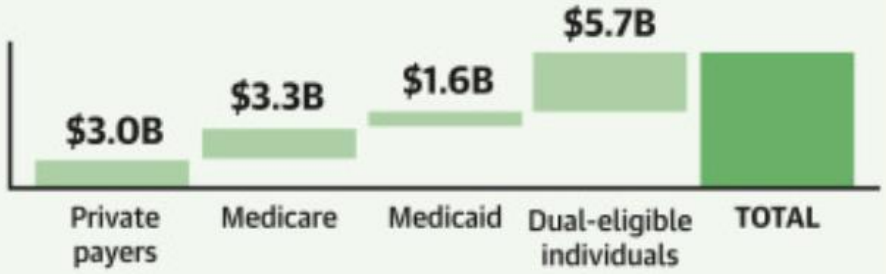
In 1 year of national MTM coverage:

1.6 Million fewer hospitalizations

$24.8 Billion in program costs

$38.7 Billion in health care cost savings

$13.6 Billion
in net health care cost savings



CASE STUDY 2
Produce Prescription Programs: Health & Economic Impacts

6.5 MILLION ELIGIBLE RECIPIENTS
with diabetes plus food insecurity

Over a lifetime:

292,000 CVD events prevented

260,000 QALYs generated

$44.3 Billion in program costs

$39.6 Billion in health care cost savings

$4.8 Billion in productivity savings

Highly cost-effective from a health care perspective (**$18,100/QALY**), cost-saving from societal perspective

Source: Mozaffarian et al. "Food Is Medicine" Strategies for Nutrition Security and Cardiometabolic Health Equity: JACC State-of-the-Art Review. J Am Coll Cardiol. 2024 Feb 27;83(8):843-864.

Estimated State-Level Impact of Implementation Produce Prescriptions Over 10 Years

Eligibility

Ranging from 7,000 (Wyoming, Alaska, Vermont) to 693,000 (California) eligible patients per state.

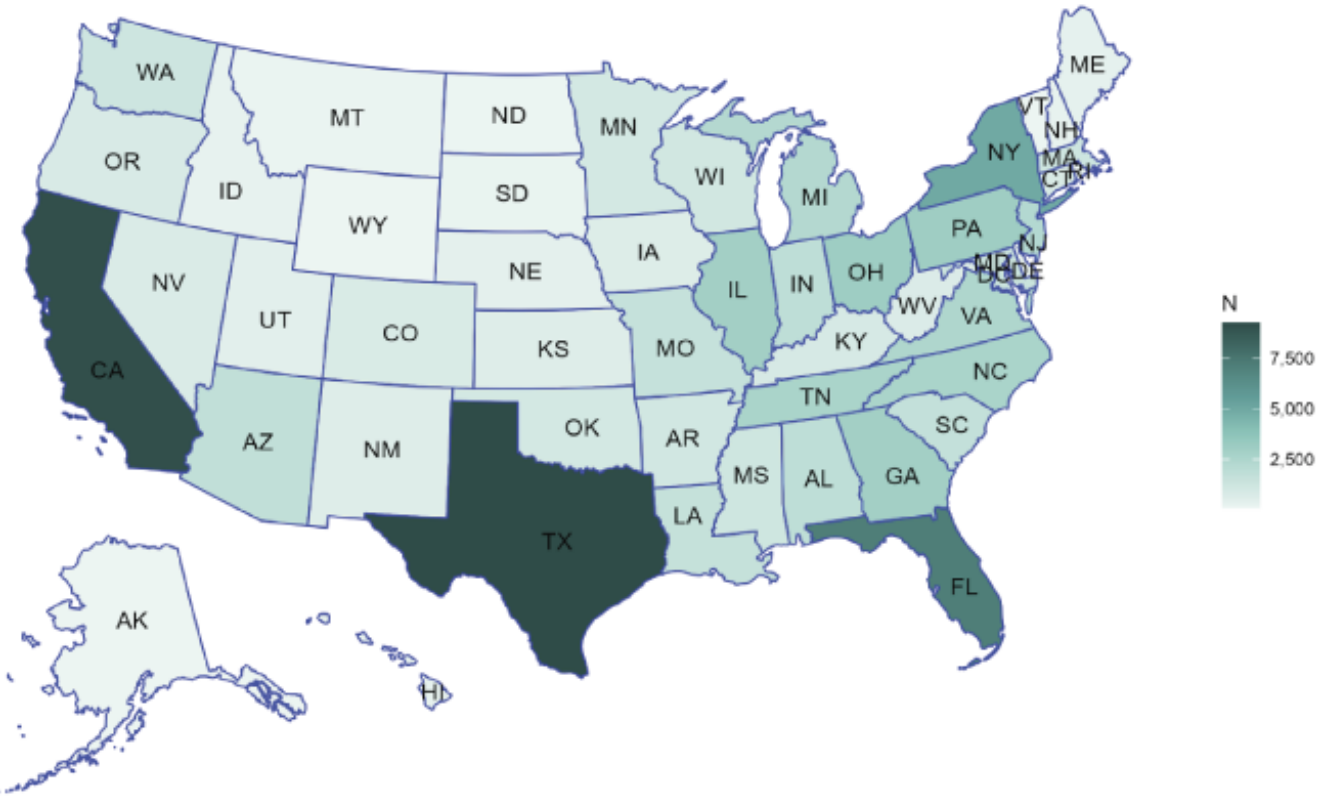
Health Gains

The number of reductions in CVD events ranged from ~100 (Wyoming, Vermont, Alaska) to ~9,000 (Texas, California). Gained up to ~10,000 QALYs per state.

Costs and Savings

From a health care perspective, projected to yield net cost-savings in nearly all states (43/50) and to be both cost-effective (50/50) and highly cost-effective (49/50).

Number of CVD events averted over 10 years, by state



Payer-specific insights

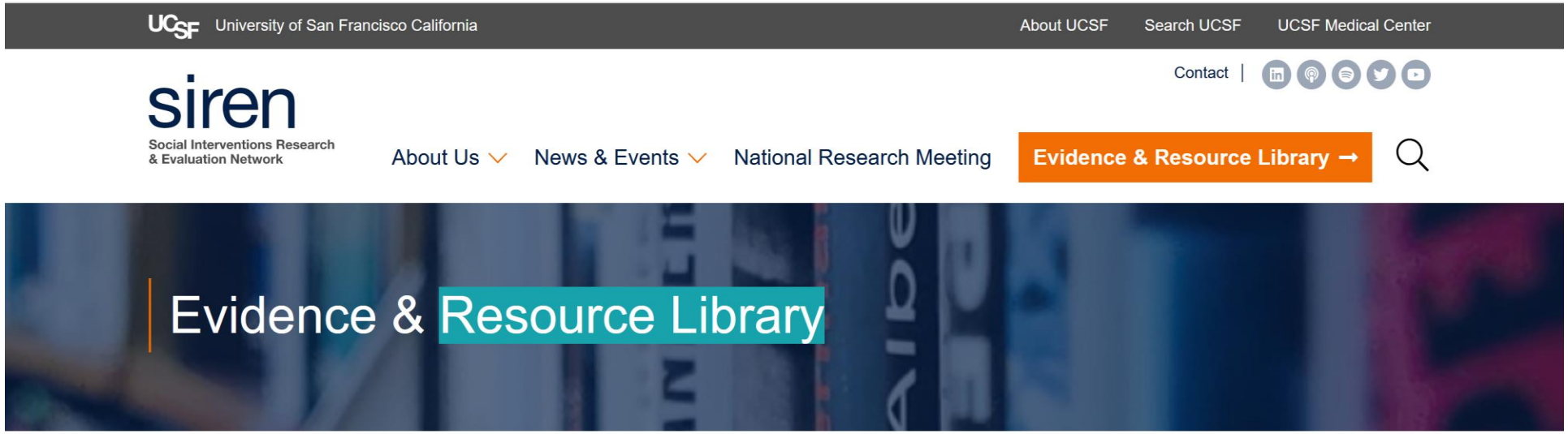
Projected to yield net cost-savings in the greatest number of states for Medicare (48/50), followed by Medicaid (41/50) and private payers (29/50), and cost -effective in all states and highly cost-effective in nearly all states (50/50 Medicare, 48/50 Medicaid, and 48/50 private payers), by payer type.

Wang L, Cudhea F, Deng S, et al. Health and economic impact and cost-effectiveness of produce prescriptions for diabetes in 50 U.S. states: a microsimulation study. *Diabetes Care*. 2025;48(10):1783-1793. DOI:10.2337/dc25-0144.

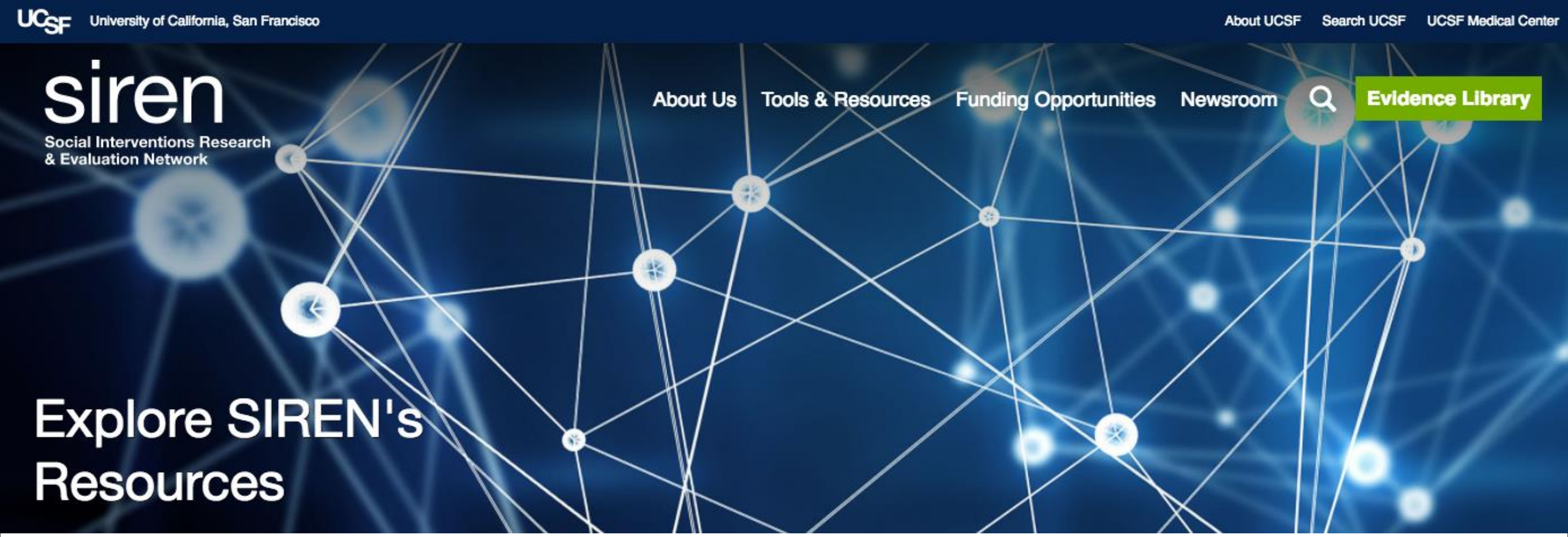
Summary

- Screening may not be identifying everyone who wants assistance
- Navigation: Evidence of benefits for moderately complex patients
- Medicaid social drivers programs: Encouraging but mixed evidence
- Food is medicine: Solid evidence of benefits

SIREN Evidence and Resource Library



- Searchable database of research and implementation tools about healthcare-based SDOH interventions.
- Updated monthly.
- Available at https://sirenetwork.ucsf.edu/tools/evidence-library



Reach out!

Caroline.Fichtenberg@ucsf.edu
siren@ucsf.edu
sirenetwork.ucsf.edu

Questions?

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40 YEARS

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