



TO: Consensus Standards Approval Committee (CSAC)  
FR: Food Insecurity and Housing Instability Project Team  
RE: Food Insecurity and Housing Instability 2017: Informational Update  
DA: December 12, 2017

**REQUESTED ACTION:** NQF will provide an informational update to the CSAC on the Food Insecurity and Housing Instability project at its December 12, 2017 meeting.

This memo includes a summary of the project, and summary of comments identified from and responses to the public and member comments received during the November 15 – November 29 commenting period. Accompanying this memo is the [draft report](#), which is available on the project webpage.

#### **BACKGROUND**

Social determinants of health (SDOH) are among the most critical factors that influence the health of individuals. The National Academy of Medicine describes these factors as the conditions, in which people are born, live, learn, work, play, worship, and age.<sup>1</sup> Economic stability, in particular, has a profound impact on health and healthcare outcomes due to its direct relationship with basic human needs. Among the primary issues of economic stability are food insecurity and housing instability. Food insecurity and housing instability are highly prevalent in the United States and influence a variety of healthcare outcomes.

In collaboration with CMS, the NQF convened an Expert Panel to develop a framework for state Medicaid programs to better integrate health and social services, using food insecurity and housing instability as illustrative examples. The Expert Panel included clinicians, researchers, health plans, health systems, and consumer advocates. To support this work, the Expert Panel:

- directed a literature review and environmental scan of measures that assess food insecurity and housing instability;
- developed a framework that illustrates the role of the healthcare system in addressing social needs; and
- provided recommendations on how state Medicaid programs can support the role of healthcare organizations in addressing social risk factors.

#### **METHODOLOGY**

The environmental scan portion comprises a three step approach, which includes a literature review, measure review, and key informant interviews. NQF conducted a systematic review of the literature that included a search strategy with inclusion and exclusion criteria. Key informant interviews are a supplement to the review of the literature and environmental scan. The interviews offered qualitative insight into the key research questions informing the project's research strategy. Key informants were selected on the basis of their role and expertise in either food insecurity, housing instability, or both. Throughout this project, NQF solicited input from



the Expert Panel and a multistakeholder audience, including NQF membership and public stakeholders.

**MEASUREMENT FRAMEWORK**

The Expert Panel created a framework based on the hub-and-spoke model advanced by Taylor et al., and work from the Social Interventions Research & Evaluation Network at the University of California, San Francisco. This framework positions the healthcare system as playing a central role in connecting individuals to social services. It illustrates the importance of collaboration and partnerships between health and non-health sectors, and the utility of social needs data in healthcare delivery. It also builds on the work of NQF’s Roadmap to Achieving Health Equity, which emphasizes the role of care that addresses SDOH, supporting social services needs within clinical visits, and community and health systems linkages.<sup>2</sup> Under this framework, the Panel proposed measure concepts for three domains. The three domains are: (1) SDOH informed care, (2) SDOH targeted care, and (3) SDOH collaboration and partnerships.

**EXPERT PANEL RECOMMENDATIONS**

The Panel identified a set of recommendations that support the framework by highlighting opportunities for better measurement and data sharing. The Panel’s recommendations are classified in the following categories: 1) Community and healthcare system linkages; 2) Information sharing and measurement; and 3) Payment methods and innovative use of resources shown below:

<b>Category</b>	<b>Recommendation</b>
Community and healthcare system linkages	<ol style="list-style-type: none"><li>1. Acknowledge that the healthcare system has a role in addressing social determinants of health</li><li>2. Create a comprehensive and accessible list of community resources</li></ol>
Information sharing and measurement	<ol style="list-style-type: none"><li>1. Harmonize tools that assess social needs</li><li>2. Create standards for inputting and extracting social needs data from electronic health records (EHR)</li><li>3. Link data across state and local agencies</li><li>4. Increase information sharing between health and non-health sectors</li></ol>
Payment methods and innovative use of resources	<ol style="list-style-type: none"><li>1. Expand the use of waivers and demonstration projects to learn what works best for screening and addressing food insecurity and housing instability</li></ol>

The draft report also included a list of use cases or illustrative examples for state Medicaid programs to assess for social needs, specifically food insecurity and housing instability.

**COMMENTS AND THEIR DISPOSITION**

NQF received 56 comments from 12 organizations/individuals (including five member organizations) and individuals pertaining to the draft report.

**Summary of Comments and Expert Panel Response**



The Expert Panel reviewed all of the submitted comments and focused their discussion on areas with the most significant issues. The summary of comments discussed with the Panel were:

- Comments were generally in support of the Expert Panel's work and cited the importance and relevance to state Medicaid programs
- Suggestions for additional sources, definition of terms, references, and examples
- Highlighted missing information
- Requests for additional examples
- Requests for more precision and detail in describing previous work
- Requests for changes to the framework diagram to better convey the Panel's recommendations
- Need to ensure consistency and accuracy in the use of terms

*Expert Panel Response:* Overall, the Panel were supportive of the comments and suggestions received on the draft report. The Panel were also supportive of the updates that would be incorporated into the final report.

#### **NEXT STEPS**

NQF will finalize the report and submit the final deliverable to CMS by December 22, 2017.

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<sup>1</sup> The Institute of Medicine. Disparities in Health Care: Methods for Studying the Effects of Race, Ethnicity, and SES on Access, Use, and Quality of health care, 2002. Available from: <http://www.iom.edu/~media/Files/Activity%20Files/Quality/NHDRGuidance/DisparitiesGornick.pdf> [PDF - 108 KB]External Web Site Policy

<sup>2</sup>National Quality Forum (NQF). *A Roadmap for Promoting Health Equity and Eliminating Disparities: The Four I's for Health Equity*. Washington, DC: NQF; 2017. Available at [https://www.qualityforum.org/Publications/2017/09/A\\_Roadmap\\_for\\_Promoting\\_Health\\_Equity\\_and\\_Eliminating\\_Disparities\\_The\\_Four\\_I\\_s\\_for\\_Health\\_Equity.aspx](https://www.qualityforum.org/Publications/2017/09/A_Roadmap_for_Promoting_Health_Equity_and_Eliminating_Disparities_The_Four_I_s_for_Health_Equity.aspx). Last accessed November 2017.