



Division of

TennCare

# SOCIAL NEEDS & HEALTH OUTCOMES REPORT

*Social and Health  
Needs 2020  
Survey Results*

## Social Needs and Health Outcomes



It is important to understand the social needs that are causing poor health in our communities. Once we know the social needs that are causing poor health in our communities, we can take steps to connect people with the resources they need to improve their lives.

Social needs are directly impacting the health of our fellow Tennesseans. Should you happen to live in Clay County, chances are you are experiencing poor social conditions and health. In 2020, it was ranked for the second consecutive year as having the worst health outcomes in the state with little or no access to health care providers.<sup>1</sup> In contrast, Williamson County, for the past several years, has ranked number (1) in the best health outcomes.<sup>2</sup>

<b>Williamson County</b>	<b>Clay County</b>
1 Primary Care Doctor per 670 individuals	1 Primary Care Doctor per 2, 570 individuals
1 Mental Health Provider per 580 individuals	No Mental Health Providers

What social needs contribute to Clay County residents having the worst health outcomes in the state? It's the needs that our fellow Tennesseans experience daily like:

- Lack of access to food or healthy food;
- High stress levels;
- High unemployment;
- A house with mold, lead, pests, or unsafe neighborhood;
- High uninsured health care rates;
- Little or no access to mental and physical health providers;
- Inability to overcome barriers created by discrimination; and
- Lack of access or attendance at colleges or other higher education programs

<sup>1</sup> See 2020 Data County Health Rankings & Roadmap Data

<sup>2</sup> 2020 County Health Rankings & Roadmap Data

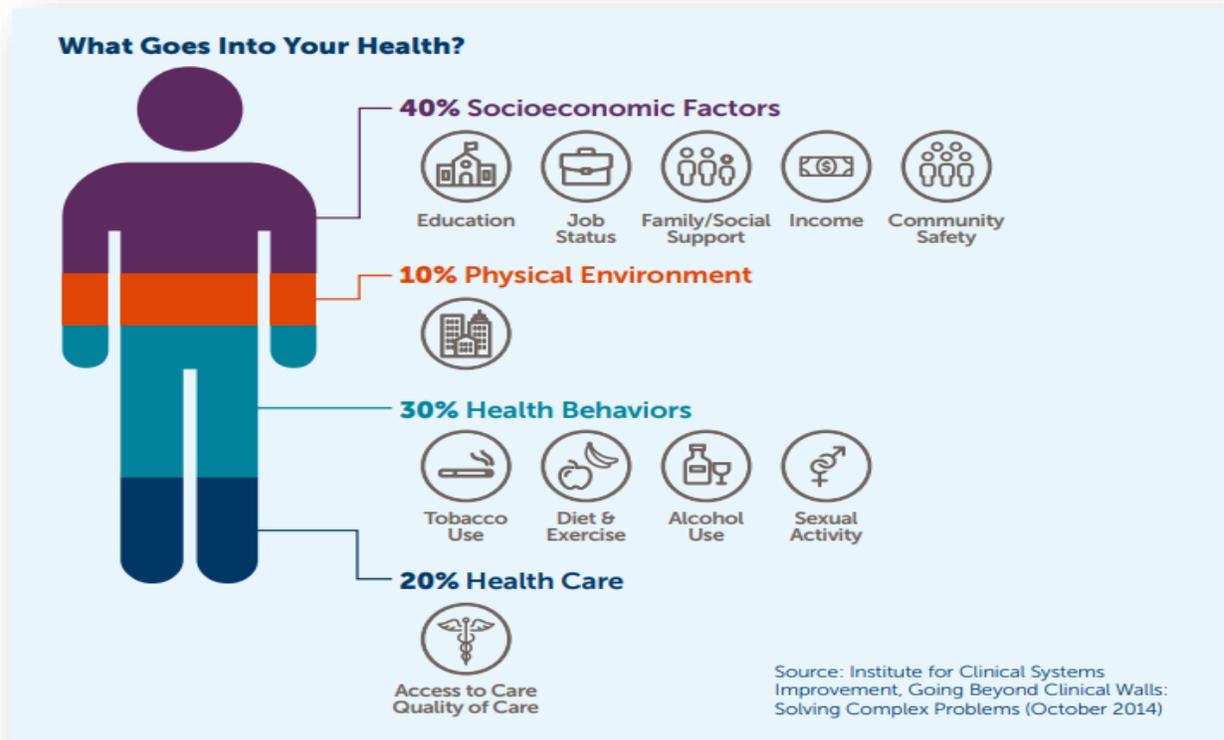
<https://www.countyhealthrankings.org/app/tennessee/2020/rankings/outcomes/overall>

## Why is it important to improve social needs and the health of our communities?

*All Americans should have the opportunity to make the choices that allow them to live a long, healthy life, regardless of their income, education or ethnic background.<sup>3</sup>*

By working together, we can improve social needs that impact the health of our community members. This path of collaboration is based upon building connections between our health and social systems. When these two systems interact, this coordination improves person-centered care for Tennesseans and results in better health and cost savings for the state.

In everyday life, this interaction can take the form of your personal doctor going over a social needs survey with you and helping you connect with any needed community resources (like a food bank or help paying for utilities). It can also take the form of your health plan giving you a free ride to the food bank and organizations investing in affordable housing.<sup>45</sup>



<sup>3</sup> A New Way to Talk About The Social Determinants of Health located at: <http://www.rwjf.org/content/dam/farm/reports/reports/2010/rwjf63023>

<sup>4</sup> Below clip art from: [https://www.rwjf.org/content/dam/farm/reports/issue\\_briefs/2019/rwjf452222](https://www.rwjf.org/content/dam/farm/reports/issue_briefs/2019/rwjf452222)

<sup>5</sup> While these proportions or percentages may fluctuate, socioeconomic factors are the largest contributor to a person's health.

## How are Social and Health Needs Improved?

Screening  
for needs



Connecting to resources  
based on needs identified



Closing the loop on the referral  
by confirming the person  
received the needed resource



## **2020 Member and Provider Social and Health Needs Surveys**

On October 2, 2020, TennCare launched its fifth (5<sup>th</sup>) annual social and health needs surveys for TennCare members and providers. TennCare partnered with:

- Amerigroup Community Care of Tennessee (“Amerigroup”);
- BlueCross BlueShield of Tennessee (“BlueCare”); and
- UnitedHealthcare Community Plan of Tennessee (“United”)

to conduct an online and social media campaign that encouraged members and their providers to take the surveys. The member and provider survey webpages also contained a link to information about community resources.

### **I. TennCare Member Survey**

#### **a. Overview**

The questions for the on-line member surveys asked the survey takers about the needs they were experiencing, their knowledge and ability to connect with resources, and what would help them connect with any needed resources. The member survey captured twelve (12) social and health needs for the child and adult member populations:

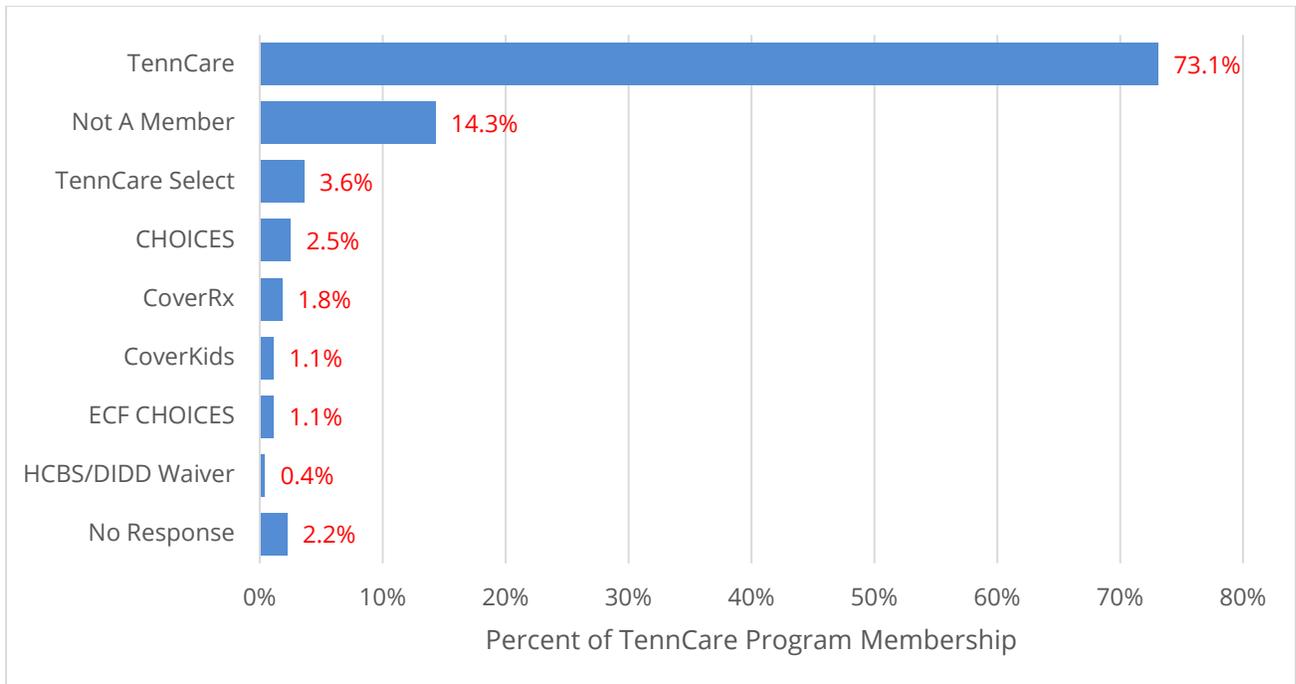
1. Food needs;
2. Housing needs;
3. Utility needs;
4. Ability to pay for needed items;
5. Transportation needs;
6. Health needs;
7. Domestic violence;
8. Educational levels;
9. Access to community resources;
10. Assistance with connecting to community resources;
11. Social data (age, race, gender, etc.); and
12. TennCare program and plan

The member surveys were conducted on-line in the English and Spanish languages. The member and provider survey formats were accessible to individuals with disabilities and protected the privacy and health care data of survey responders.

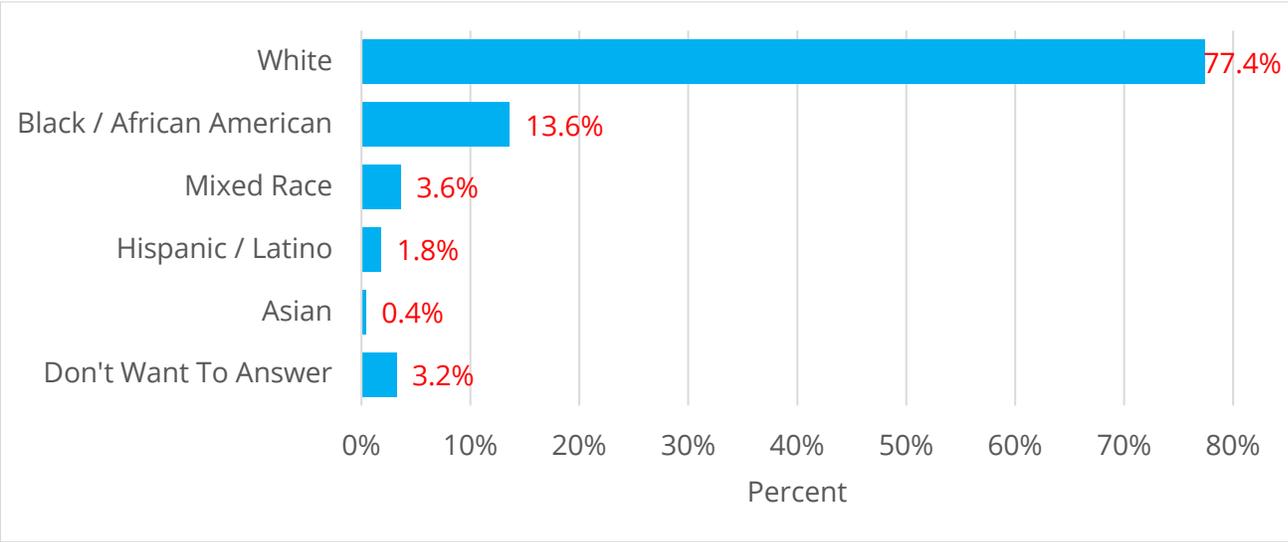
## b. Who Responded to the TennCare Member Survey?

Survey Type of Respondent	Number of Responders
All Respondents	281
English Survey	279
Spanish Survey	2

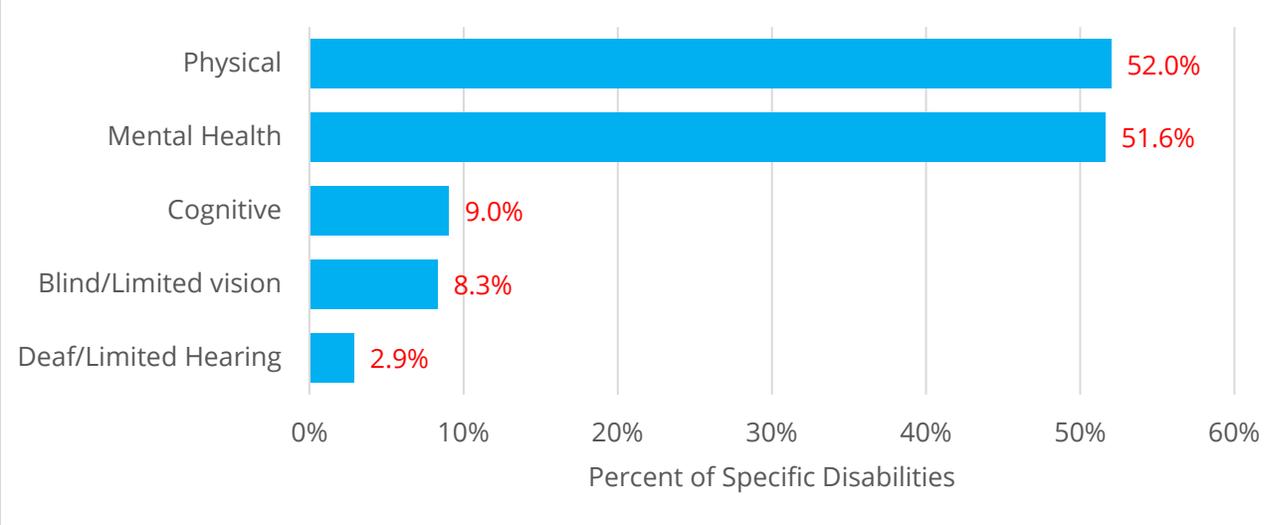
Of the 281 responders, seventy-three percent (73%) reported being part of the TennCare program and the responders were given the opportunity to provide the subcategory of the TennCare program that they were enrolled in. Of the subcategories of TennCare members, almost four percent (4%) identified as TennCare *Select* members and approximately three percent (3%) identified as TennCare CHOICES in Long-Term Services and Supports members. The survey responses reflect a small sample of the total TennCare population and the responses may not represent TennCare as a whole.



Shelby, Davidson, Sullivan, and Knox counties had the highest number of survey responders. Eighty-four percent (84%) of survey responders identify as white women between the ages of thirty-five (35) and sixty-four (64).



Unlike the past years, the majority of survey respondents reported not having a disability. Only twenty-three percent (23%) reported being an individual with a disability as compared to sixty-eight percent (68%) of survey responders in 2019. Of the 23% reporting having a disability, fifty-two percent (52%) reported having a physical and mental health disability.



**c. TennCare Member Social and Health Needs**

**i. Mental Health & Stigma**

Like the past several years, stress is a common factor among the responders with eighty-four percent (84%) reporting that they experience stress by having more to handle than they are used to. This is a three percent (3%) increase in stress levels from the 2019 responders. If you would like tips on reducing stress, resources can be found on BlueCare’s website at:

<https://www.healthwise.net/bluecaretennessee/Content/StdDocument.aspx?DOCHWID=rlxsk>

A deeper analysis of the 2020 survey’s mental health data revealed strong correlations between having stress and mental health disabilities. However, having a mental health disability was not strongly linked to being able to speak with one’s doctor about mental health.

If you would like to speak with someone regarding mental health or substance use services, the State's Helpline offers you and your family access to an advocate who will listen to your concerns and provide information about available resources in your area:

The Helpline is available:  
Monday - Friday, 8 a.m. to 4:30 p.m. CST  
Ph: (800) 560-5767  
(615) 532-6700  
Email: [oca.tdmhsas@tn.gov](mailto:oca.tdmhsas@tn.gov)

If you are experiencing a mental health crisis, free help is available twenty-four hours a day, seven days a week by calling:

Mobile Crisis line: **1-855-CRISIS-1 (1-855-274-7471)**  
Statewide line: **1-855-CRISIS-1 (1-855-274-7471)**  
National Suicide Prevention Lifeline: 800-273-TALK (8255)  
**For Youth: 855-274-7471**

Stigma is the number one (1) cause stopping individuals from getting the mental health care they need. And it stopped thirty-seven percent (37%) of responders from getting that care. Sixty percent (60%) of providers<sup>6</sup> reported that stigma around mental health treatment is hindering patients from obtaining care. Resources for ending stigma can be found at:

- <http://endingstigma.org/>
- [https://endthesyndemictn.org/wp-content/uploads/2021/03/ETS-Language-Guidance-03\\_15\\_21.pdf](https://endthesyndemictn.org/wp-content/uploads/2021/03/ETS-Language-Guidance-03_15_21.pdf)

## ii. Food Insecurity

Compared to last year's results, there was a ten percent (10%) increase in the number of responders who reported that they are food insecure. Fifty-seven percent (57%) of responders reported having to eat less and skipping meals. For the responders that reported being food insecure, there was a strong correlation with them not having dependable transportation and not being able to afford the following items:

- Utilities;
- Medicine;
- Internet access;
- Clothing; and
- Phone

For Free help with food, housing, health care, employment, counseling, and other needs call: **2-1-1** or visit <http://tn211.mycommunitypt.com/> your local United Way.

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<sup>6</sup> Based on 2020 Provider Social and Health Needs Survey Results

You can also find help by using the [MyTN](https://www.tn.gov/mytn.html) mobile application, which provides a single point of access to a growing list of services through a secure account - 24/7 access in the palm of your hand! <https://www.tn.gov/mytn.html>

### **iii. Community Resources**

Fifty-nine percent (59%) of responders reported that they are interested in getting support from a community resource group. And seventy-seven percent (77%) of responders are interested in getting community resources at one location like a church, school, or food bank. When asked if they know how to connect with someone who could provide them with any needed items, fifty-five percent (55%) of responders reported no. Members can call their TennCare health plan and ask for assistance. This number is located on the back of the member I.D. card.

Like last year's results, there is a discrepancy between members reporting that their doctors do not help them connect to community resources and providers reporting that they do help patients connect to resources. When asked if their personal doctor helps connect them to community resources, eighty-two percent (82%) reported that their doctor does not help them. However, this data conflicts with the provider survey results (located below), in which eighty-nine percent (89%) of the provider survey responders reported helping patients connect to community resources. This discrepancy could be caused by providers not using a standardized social needs assessment tool and relying on conversations with patients. Or the discrepancy could be the result of the small member survey response and the members are not receiving treatment from the providers who responded to the provider survey.

### **iv. Other Results**

Eighty percent (80%) of responders reported that in the past year they were not tested for HIV/AIDS and ten percent (10%) of providers<sup>7</sup> reported that stigma stops patients from being screened for HIV or AIDS. According to HIV.gov, stigma impacts a person decision about whether they should get tested and take preventive measures.

To help end stigma around testing and treatment, HIV.gov created the Positive Spin resource for care: <https://positivespin.hiv.gov/>. The AID Education & Training Center Program offers education and training resources for providers including a Cultural Humility & Reducing Stigma and Discrimination Provider Handbook: <https://www.seaetc.com/>.

On the survey, three questions measured the responder's health literacy. In 2020, a new question was added asking members if they understood directions from their doctors. Ninety percent (90%) of the responders reported that they understand their doctor's directions. Also, ninety percent (90%) of responders reported they did not need help with filling out forms and ninety-three percent (93%) of responders reported they did not need help with reading documents.

## **II. TennCare Provider Survey**

We value the role and experiences that our TennCare providers and organizations engage in on a daily basis to deliver care to our member populations. The provider survey responses lend

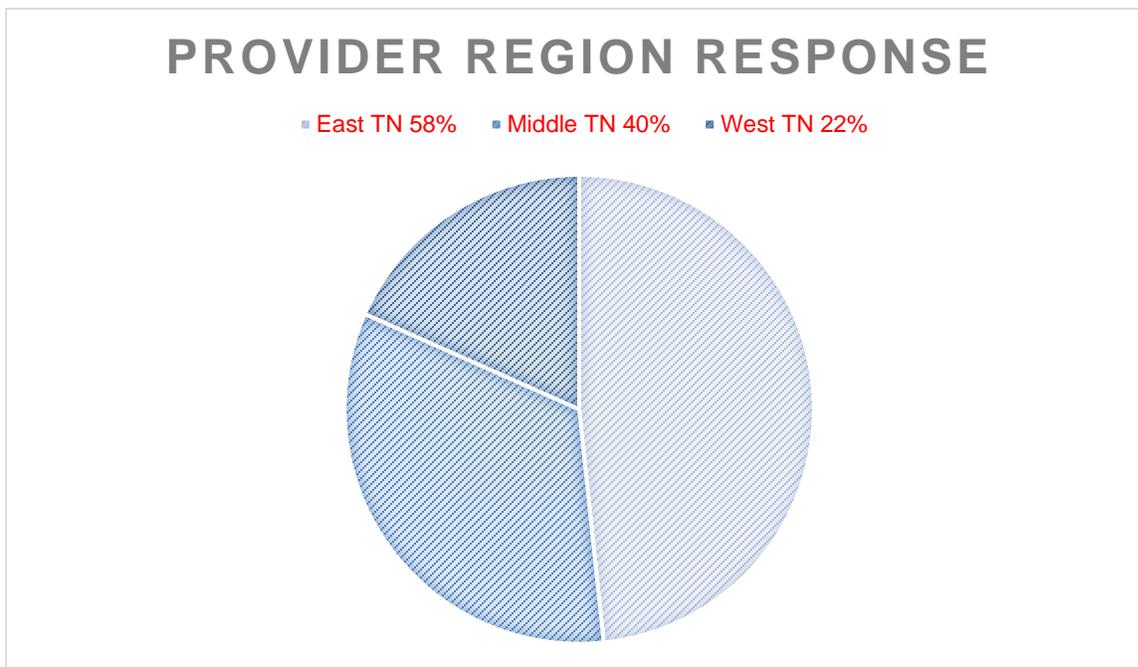
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<sup>7</sup> Based on 2020 Provider Social and Health Needs Survey Results

deeper insight to the social conditions and health needs that impact health outcomes of our communities and informs us about learning opportunities that would benefit provider practice teams. To accomplish these goals, the provider survey collects information in four (4) areas:

1. Provider Demographics
2. Patient Interactions
3. Patient Screening; and
4. Learning Opportunities

In 2020, 108 providers responded to the survey questions. The results of the survey were reported at the East, Middle, and West Tennessee regional levels.



#### **a. Social Needs and Health Outcomes**

Last year, fifty percent (50%) of the providers reported that there was a lack of resources to address the social and health needs within the community where their practice operates. This year, forty-percent (40%) of providers reported a lack of community resources in their area. For the second consecutive year, providers reported the following as the top three (3) needs in their community:

1. Behavior health/mental health treatment;
2. Housing; and
3. Transportation.

Similar to last year's results, when asked what tools would help their practice teams connect patients to community resources, eighty percent (80%) reported that a community resource

list would be most beneficial. Providers should also consider using the 2-1-1 Helpline system<sup>8</sup> and community referral platforms that may be available from their contracted health plan.

Eighty-nine percent (89%) of the providers reported that they helped connect patients to community resources. Of the eleven percent (11%) that reported they did not connect patients to resources, they selected the following as the top three (3) reasons:

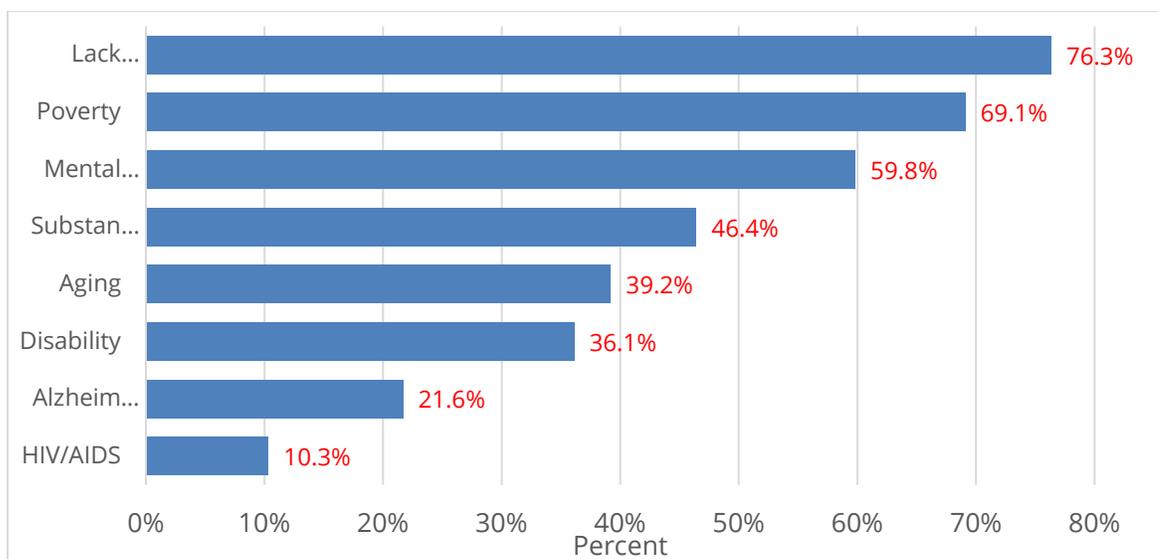
1. Thirty-nine percent (39%) - Lack of knowledge about community resources;
2. Thirty-eight percent (38%) - Lack of time; and
3. Thirty-six percent (36%) - Patients won't discuss needs.

When it came to providers tracking social needs and health outcomes, fifty-eight percent (58%) of providers track patient's health outcomes and thirty-four percent (34%) track social needs outcomes. Twenty-three percent (23%) of providers reported having a contractual or defined relationship with community resource groups to address patient's social needs. Also, eighty-one percent (81%) of providers connect patients with education or other resources about how they can achieve their best health and forty-five percent (45%) of providers implemented the Culturally and Linguistically Appropriate Services (CLAS) standards at their practice site.

### **b. Stigma**

As discussed throughout this report, stigma is preventing patients from obtaining care. Sixty-nine percent (69%) of the providers reported that they do discuss stigma with their patients. For the second consecutive year, providers reported the following three (3) stigmas as the most predominant barriers that keep people from obtaining care:

1. Lack of understanding about healthcare;
2. Poverty; and
3. Mental health concerns.



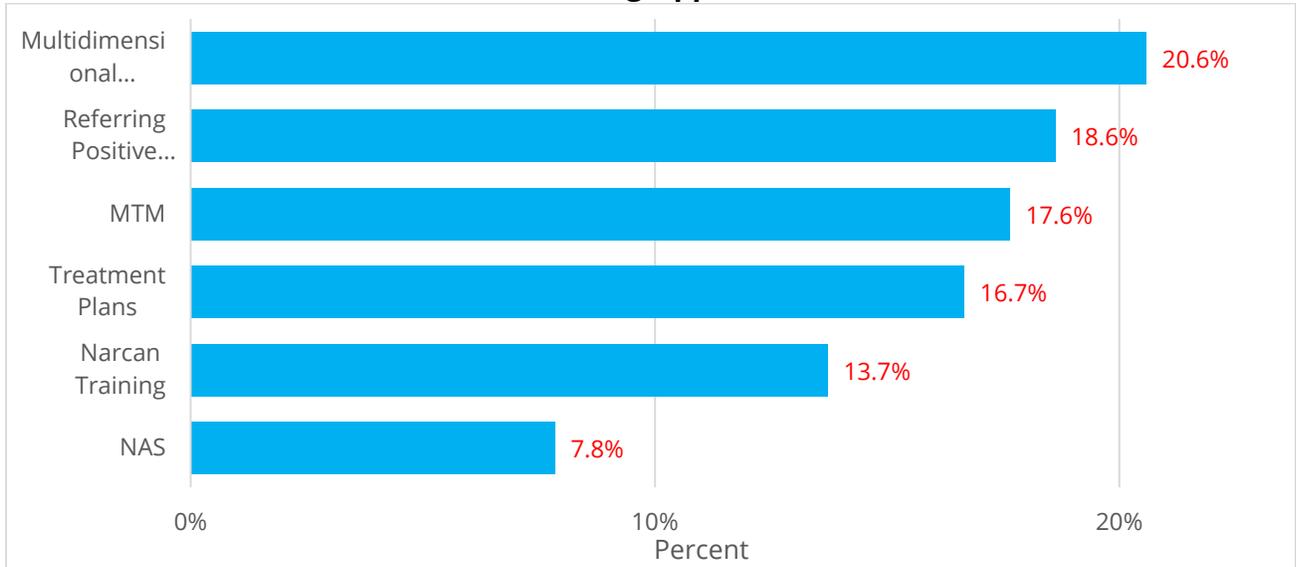
<sup>8</sup> The United Way's 2-1-1 Helpline is a 24/7, 365 day information and referral help line that provides resources to cover basic needs in a time of crisis.

### C. Learning Opportunities

The annual survey gives providers the ability to tell us about the learning opportunities that would be useful to their practice teams. The providers reported that their practices would benefit from learning more about the following topics:

- Substance use disorders;
- Social needs and health outcomes;
- GED programs; and
- Mental/Behavioral health

#### SUD Learning Opportunities



#### Practice Team Would Benefit from these Learning Opportunities

