

<mark>9</mark> May

Volume 2, Issue 1 Why SONNET? Why now? Why Kaiser Permanente?

By Loel S. Solomon, PhD, Vice President of Kaiser Permanente Community Health

We know the complexity of our members' lives often makes it hard for them to take care of their health when they struggle with competing demands – challenges such as affording rent, paying for healthy meals, facing social isolation, or handling the stress of being a caregiver. Meanwhile, growing evidence supports that the more a county, or a country, spends on social services relative to health care, the better outcomes its residents enjoy. Indeed, health care spending is crowding out investments in education, housing, and other social and economic supports that are the foundation to health and wellbeing.

For several years, Kaiser Permanente has been on a journey to make ourselves more affordable, and we've been making progress. Now we are rolling out a commitment – a movement – to transform health and health care. This commitment requires us to reimagine what's possible for the health of our members and the communities we serve. It requires us to expand our affirmative role in addressing the social, economic and environmental drivers of health.

To fill this critical gap, KP will develop the Social Services Resource Locator or SSRL. The goal of the SSRL is to create an enterprise-wide tool designed to connect our members with

community organizations that specialize in meeting basic social needs. The SSRL will include four key elements: 1) search / assessment capability, 2) community resource database, 3) referral and tracking capability, and 4) reporting functionality. The SSRL will ensure that KP deepens its learning in this emerging area using a standardized tool and a standardized data set to track needs, referrals, and trends across regions.

News of this commitment, our Shared Agenda, is growing and it's exciting. The Shared Agenda and the Bold Move on Community Health that is part of that Agenda - makes this an opportune moment for us to demonstrate the impact we can have in addressing the social needs of our members and communities.

At KP, so many of us are building upon everything we know about the social determinants of health. We are engaging community partners, guided by our Community Health Needs Assessments, and creating high impact partnerships that are bringing more resources and capabilities to address our members' social and non-medical needs than we could ever bring by ourselves.

Yet, what we haven't done is identify an explicit learning agenda, and gotten clear on what we need to know in order to scale these initiatives. Which patient populations should we focus on with what level of resources to address members' social needs, and what kind of outcomes is it reasonable to expect? What social interventions being delivered to KP members are working? Which ones aren't? And what's the best roles for KP and for our partners in addressing those needs?

KP's Social Needs Network for Evaluation and Translation or SONNET, can help provide answers to these questions. Through SONNET, we'll connect our people designing and implementing social needs interventions with researchers, evaluators and data analysts who can help ask and answer the right questions, and more importantly, improve the impact of these interventions. SONNET is not an academic exercise or a parking lot for journal articles. It's a platform for collaboration, designed for us to learn from each other and guide leaders across the organization to target the right kinds of social interventions to members who need them the most.

There's no question it's time for the health care sector to respond to our growing understanding of what truly produces health. The future of health requires health systems to step up to a more comprehensive and holistic definition of health, and to partner with other organizations in new, more powerful ways to address our members' social needs.

The good news is that Kaiser Permanente has an organizational structure, a business model, an ethos and a social mission that makes our leadership on the social determinants of health possible--even necessary. What we learn along the way we will share broadly with the world. And, in doing so, we'll help transform the health of millions outside our KP footprint. We will not just imagine what's possible for the health of our members and the communities we serve, but we will DO what's possible.

Author

Loel S. Solomon Regional Executive Director Medi-Cal Strategy and Operations Loel.Solomon@kp.org