Who Has the Power?

An Analysis of Where Power Lies Within SDOH Interventions

Authors: Rey Faustino, MPP, *Interim CEO, Alluma* | Artair Rogers, MS, PhD Student, *FXB Health and Human Rights Center, Harvard University* | Stacey Thomas, MBA, *Director of Programs, Health Leads*

Health Leads

alluma

211 SAN DIEGO

CIE

In September 2021, Health Leads conducted a workshop at the Community Information Exchange (CIE) Summit to explore the current state of the technology-driven approaches for social determinants of health (SDOH) interventions. Workshop participants discussed and visualized how current approaches to SDOH interventions both obstruct and promote anti-racism and equity advancement, and reflected on whether their organizations' SDOH interventions facilitate liberation for oppressed communities.

Research has shown that the expansion of SDOH interventions has fueled a for-profit industry that has received over $2.4 billion in funding and is valued at 18.5 billion dollars.[1] Since SDOH interventions require collecting data from community members who often experience marginalization, it is important to ensure that well-intentioned SDOH interventions do not promote exploitation. To do so, all organizations and/or individuals involved in SDOH interventions must examine the flow of **data, money,** and **power**.

The power mapping framework was adapted from the **We All Count's data equity framework** and explores the following:

- **How does power travel** in technology interventions for SDOH?
- How does this power flow **perpetuate structural racism and bias?**
- What does an **equitable system** look like in our field? What does an **inequitable system** look like?
- **How does inequity present itself** in the current SDOH technology intervention landscape?
- What does **change** look like?

1 Goldberg, Zachary N., and David B. Nash. "For Profit, but Socially Determined: The Rise of the SDOH Industry." *Population Health Management*, 14 Oct. 2021, https://doi.org/10.1089/pop.2021.0231.

What is the Power Mapping Framework?

The power mapping framework explores the flow of **power, money,** and **data** within an ecosystem. Examples and ideas were elicited from workshop attendees regarding how they have seen power, data, and money flow in their communities.

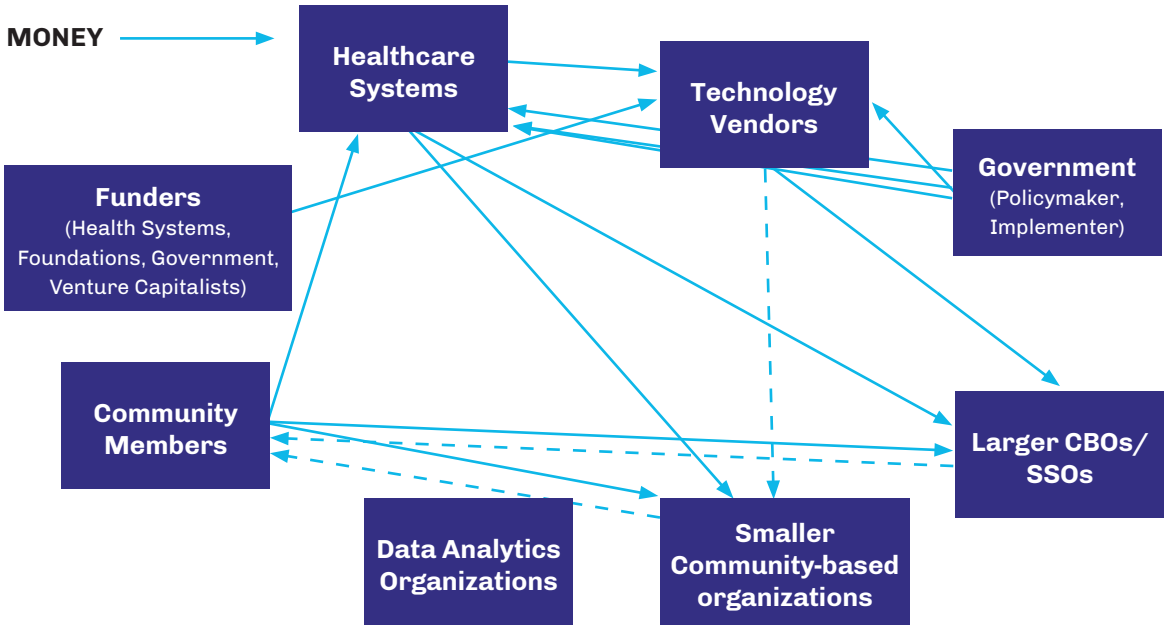
Attendees were also asked who and what entities receive and *don't* receive money for SDOH interventions, how data is collected, who gives up their data, where that data goes, and who ultimately benefits from that data. Explorations into both money and data flows help us understand how power flows and the dynamics within the system, among the different stakeholder groups.

The different stakeholders include:

- Funders (Health Systems, Foundations, Government, Venture Capitalists)
- Government (Policymaker, Implementer)
- Larger Community-based Organizations (CBOs) / Social Service Organizations (SSOs)
- Smaller CBOs/SSOs
- Community Members
- Technology Vendors
- Healthcare Systems
- Data Analytics Organizations

The stakeholder types were selected because they are primary players involved in SDOH interventions and are highly represented in communities across the country.

Money



The initial step examined how money flows in the landscape of SDOH interventions.

Attendees were asked:

- **When you think about SDOH interventions** within your communities, how do these interventions get started?
- **Who is putting up the money** to get these interventions started?
- **Where** does that money go?
- And where is the money **not** going?

Through the exercise, participants shared that money flows from funders (health systems, philanthropy, government agencies, private equity) to technology vendors, and that technology vendors are typically for-profit companies that provide resource-and-referral technology tools.

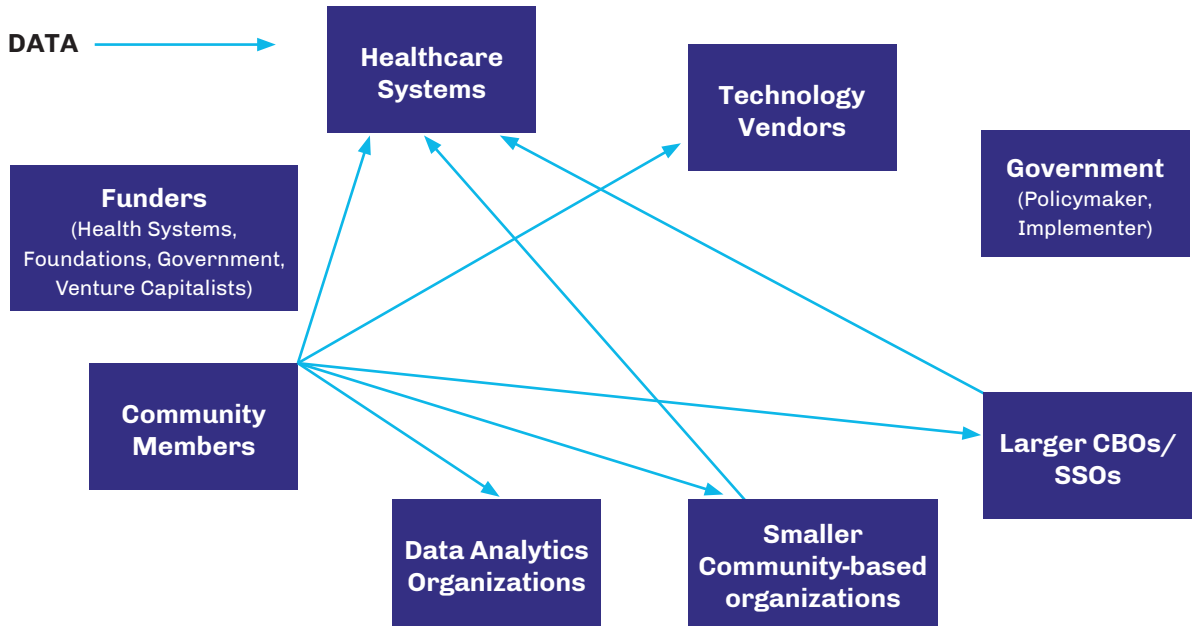
To a lesser extent (by orders of magnitude), money also flows from community members to healthcare systems as payments for health care and to large and small CBOs as donations.

Some participants also gave examples of technology vendors providing money to CBOs to pay for their services, but felt this is quite rare in the field. Funding also flows from CBOs to community members in the form of services and benefits. Ultimately, all participants highlighted the inequity in the level of investment in for-profit technology vendors compared to CBOs and social service providers who are responsible for connecting community members to resources.

Participant: *"[A]nd then we're working with Unite Us in North Carolina. They're funded by a private philanthropic [organization], plus they're a for-profit company. Then they give these grants to CBOs to sort of get started on their system."*

Facilitator: *"Okay, that's interesting. So it seems like there is a money flow from healthcare systems to large CBOs and maybe even smaller CBOs. But that's done with [the] expectation of potentially being able to bill and obtain money from the service that the large CBOs and the smaller CBOs provide."*

Data



In a technology-driven world, data has become a valuable commodity—and anything that has value within a system can create inequity.

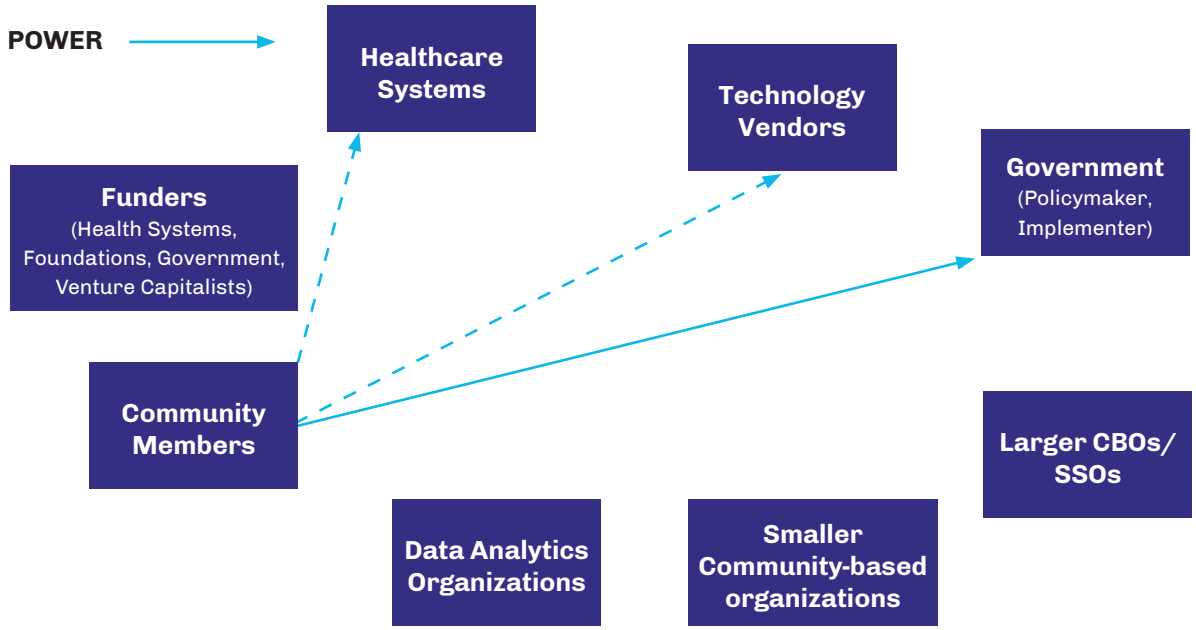
Our workshop found that data primarily flowed out from community members into technology vendors, healthcare systems, data analytics organizations, and small and large CBOs. One of the participants shared, *"Health systems and health plan providers...are collecting data on individuals. They're using that data to then identify how much [the] health insurance [they provide] should cost for different groups based on different characteristics [associated with those groups]."*

In the past, SDOH referral data was housed in CBOs (and typically only in local databases or paper records). Now SDOH technology vendors are collecting and amassing an unprecedented variety and volume of data about social service resources and community member referrals. Theoretically, health systems now have access to community members' health usage data as well as community resource usage data. While there are regulations that govern the use of healthcare data, regulation has not caught up to protect the use of social service data, which is leading to widespread, unchecked exploitation of communities in need.

The discussion also centered on how data flows out of CBOs and into healthcare systems.

A participant shared, *"The data that health systems have at hand is robust, but it's often lacking those equity data points that the [SDOH] and health-related social needs are interested in to make well-informed decisions. But the government and the health plan sector [wield] a lot of power in how they're setting up insurance and payment mechanisms, which could be primed to get a different set of data. But that's not incentivized to get, collect or use."*

Power



While money, data, and power are inextricably linked, participants specifically focused on how most of the power in the ecosystem is flowing out from community members, and how that power then goes to healthcare systems, technology vendors, and government agencies.

There was an acknowledgment in this group that **the power flow is inequitable**. As one of the participants shared, *"One of the things that we've talked about, and with several folks in the community, is the possibility of having community members more directly involved in decisions that are made regarding their care, whether it's the development of resources or how things are distributed, [for] example. By having them be a part of institutions [and] meetings, they can share power with those folks and have a say in the decisions that are being made so that [they] are more informed by the community. Another outcome of sharing power is that the decisions that are being made are owned by the community members dictating how their needs are being addressed."*

The Equitable Road Ahead for SDOH Interventions

The close relationship between data, money, and power affect inequity within SDOH interventions. For many of the participants in the workshop, this was their first time thinking about the flows of power, money, and data in SDOH interventions in their communities. If public health professionals are not intentionally thinking about and planning with the flow of power, money, and data in mind, they may implement SDOH interventions that foster power dynamics that yield inequitable outcomes, create harm, and promote systemic racism.

One participant shared, "*How do we really approach community engagement in an authentic and intentional way that goes beyond just like, 'Hey, give us input. What do you think?' How do we move beyond feedback? […]Part of our forward-thinking strategy is recognizing that there are community members who are already advocating for themselves locally. How do we bridge gaps between where we sit in this overall system structure and where those community members are already acting on their power and asserting their power? We are recognizing that community engagement needs to go beyond telling us how to do this better because that ends up being self-serving.*"

A key takeaway is to intentionally involve community members in SDOH interventions and be vigilant about including equity and anti-racism accountability structures to ensure the removal of racism, and deep-rooted, systemic barriers to healthcare.

This includes ensuring funders, health systems, technology vendors, government, and CBOs are composed of people from communities with lived experience so they can make informed decisions.

Also, stakeholders should evaluate and address the inequitable level of investment in different stakeholders within the SDOH sector. **Stakeholders must seek opportunities for community ownership with SDOH interventions,** especially since community members' data has led to profit for venture capitalists, investors, and technology vendors.

SDOH interventions have the potential to advance community agency and power—let us not waste that opportunity.

For additional information on this topic, please visit **www.healthleadsusa.org**.

- **Blog: The Risks And Rewards of Digital Health Technology in Racial Health Equity**
- **Webinar: Beyond Do No Harm: Structural Racism In Tech-Forward SDOH Solutions**
- **Blog: CBO Marginalization: A Byproduct Of Inequitable, Technology-Forward SDOH Interventions**