



# Social Care Data Series

## Part 1: The Key to Unlocking Community Health



## > Introduction

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Welcome to Findhelp's Social Care Data Series, where we examine the role of social care data in whole person care and community health strategies. Part 1 describes the types of social care data available and their part in strategic investment and policy decisions. Future parts of this series will focus on how this data supports decision-making in specific sectors, including the healthcare providers and payer settings, government, education, and employers.

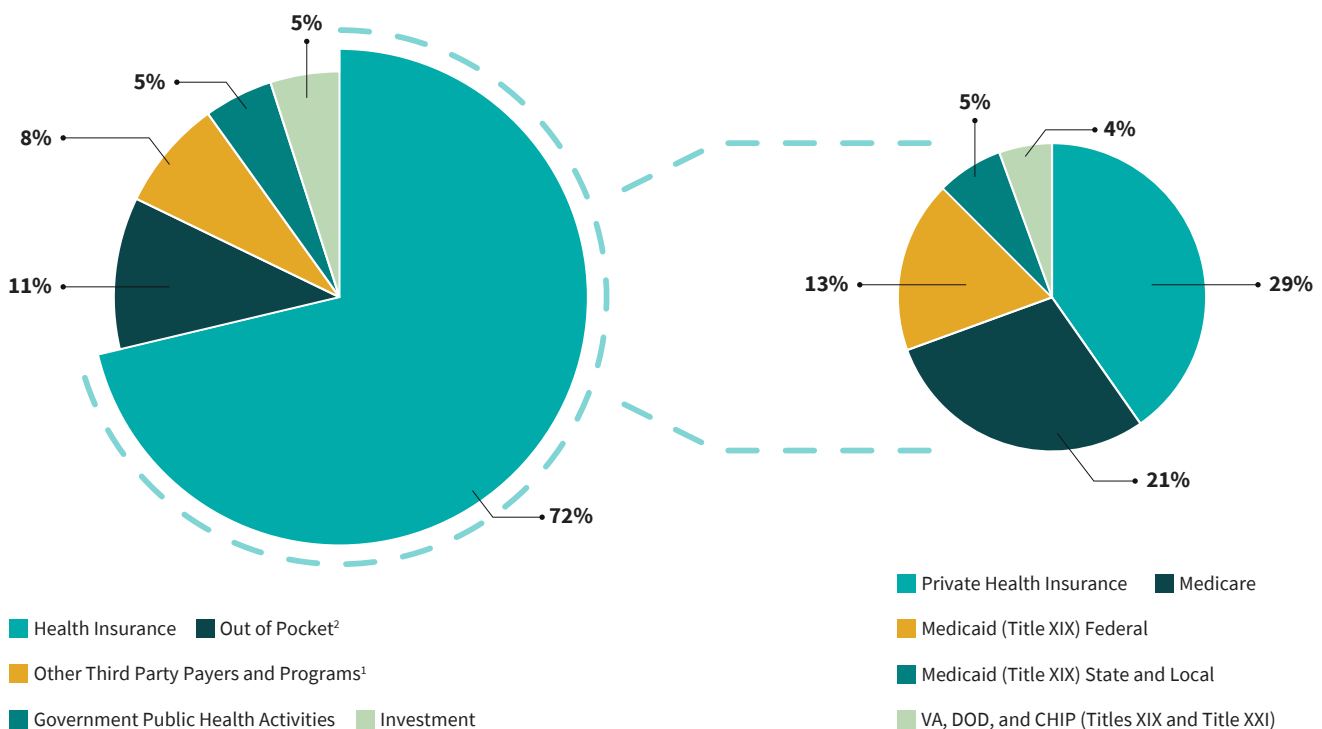
**Findhelp is a software company whose mission is to connect all people and the programs that serve them, with dignity and ease.** Our software platform enables community organizations, governments, healthcare organizations, and businesses across industries to easily manage and coordinate care. The data in our platform helps complete other datasets, like claims, demographics, and disease burden, thus driving strategies and decisions that improve the health of communities.



## The Problem: Rising Costs and Slow-to-Advance Policy Change

United States healthcare costs continue to rise, impacting every economic sector. In 2022, U.S. healthcare spending accounted for 17.3% of the country’s gross domestic product, with total spend reaching \$4.5 trillion.<sup>1</sup> Approximately 20% of these dollars flow through private health insurance companies, 15% through the Medicare program, including Medicare Advantage, and nearly 13% through Medicaid programs’ Federal and State shares.<sup>2</sup> Of the healthcare dollars spent, 50% paid for hospital care and physician and clinical services.

### THE NATION’S HEALTH DOLLAR (\$4.5 TRILLION), CALENDAR YEAR 2022: WHERE IT CAME FROM

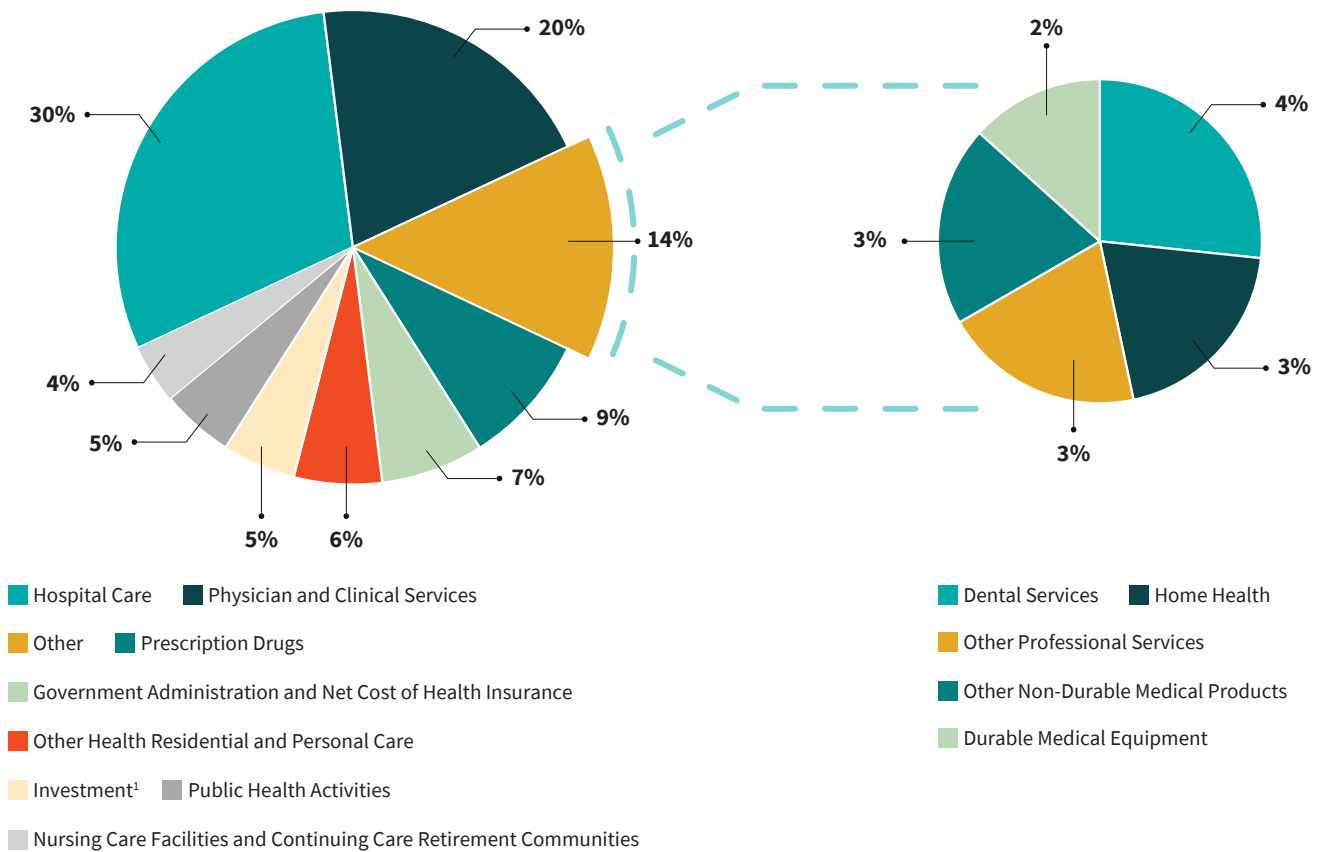


Source: Centers for Medicare & Medicaid Services, Office of the Actuary, National Health Statistics Group.

<sup>1</sup> National Health Expenditure Account data, Accessed September 25, 2024. [www.cms.gov/data-research/statistics-trends-and-reports/national-health-expenditure-data/historical#:~:text=The%20data%20are%20presented%20by,spending%20accounted%20for%2017.3%20percent](https://www.cms.gov/data-research/statistics-trends-and-reports/national-health-expenditure-data/historical#:~:text=The%20data%20are%20presented%20by,spending%20accounted%20for%2017.3%20percent).

<sup>2</sup> The Nation’s Health Dollar (\$4.5 Trillion), Calendar Year 2022: Where it Came from and Where it Went. Centers for Medicare & Medicaid Services, Office of the Actuary, National Health Statistics Group.

## THE NATION'S HEALTH DOLLAR (\$4.5 TRILLION), CALENDAR YEAR 2022: WHERE IT WENT



Source: Centers for Medicare & Medicaid Services, Office of the Actuary, National Health Statistics Group.

There are various policy proposals aimed at curbing healthcare costs, in particular through the Medicare and Medicaid programs. Many of these policies focus on alternative payment models, promoting high-value care, and reimbursing for “non-traditional” interventions.<sup>3</sup> These proposals, when tested or implemented, provide the necessary flexibility to reimburse community-based organizations for services like medically tailored meals, transportation and other social care services that impact healthcare outcomes. Additionally, policies that develop and reimburse for services provided by the community-based workforce (e.g. community health workers) are slowly, but steadily, shifting what it means to pay for healthcare.

These policies rely on effective integration between health and social services providers, which has been limited by a lack of consistent and standardized data.<sup>4</sup> Additionally, questions remain around the best possible investments, program placement, social service coverage, and the appropriate level of payment flexibility. The answers to these questions are made clearer when healthcare, social care, and community-level data are combined to drive powerful insights and precise, measurable decisions.

<sup>3</sup> Policy Recommendations for Reducing Health Care Costs. National Health Council. [nationalhealthcouncil.org/additional-resources/policy-recommendations-for-reducing-health-care-costs/](https://nationalhealthcouncil.org/additional-resources/policy-recommendations-for-reducing-health-care-costs/)

<sup>4</sup> Onie RD, Lavizzo-Mourey R, Lee TH, Marks JS, Perla RJ. Integrating social needs into health care: A twenty-year case study of adaptation and diffusion. *Health Affairs*. 2018;37(2):240–247.

## The Maturing Data Landscape Must Include Social Care Data

Data capabilities in all sectors are becoming increasingly sophisticated. Healthcare, government, community, and other business sectors are seeking more data, building data warehouses, and partnering with technologies that can help them understand the patient or constituent landscape.

Social care data is a critical piece of the picture. This data can include social needs screening results, related referrals and services, demographics, and available social care programs. These data can be combined with healthcare claims data, insurance eligibility data, and publicly-available datasets to drive strategy and decision-making. The matrix below lists examples used by Findhelp customers and shows where different data elements can be found.

### Data Type Matrix

Social Care Data within Findhelp	<p><b>Identified Data (can be used in aggregate)</b></p> <p>This data can be collected by Findhelp users and used at the individual level (with consent) to assist people, and aggregated to understand the landscape.</p> <ul style="list-style-type: none"> <li>• Social care needs (from screening)</li> <li>• Social care referrals made</li> <li>• Social care services received</li> <li>• Demographics (user profile)</li> <li>• Household Demographics</li> <li>• Goals</li> <li>• Documents</li> <li>• Race/ethnicity</li> </ul>
	<p><b>De-identified Data</b></p> <p>This data can be used to understand the resources and needs in a given geography.</p> <ul style="list-style-type: none"> <li>• Community-based organization programs</li> <li>• Seeker and navigator search data</li> <li>• Self referrals</li> </ul>
Other Datasets Outside of Findhelp	<p><b>Identified Data (can be used in aggregate)</b></p> <p>This data can be ingested into Findhelp and stored in the background. It can be used (with consent) to assist individuals, and aggregated to inform strategy and partnerships.</p> <ul style="list-style-type: none"> <li>• Medicaid member files</li> <li>• Health plan claims</li> <li>• Program eligibility files</li> </ul>
	<p><b>De-identified Data</b></p> <p>This publicly-available data can be combined with other datasets to understand the needs in a given geography.</p> <ul style="list-style-type: none"> <li>• Social care eligibility criteria</li> <li>• Census data</li> <li>• CDC Social Vulnerability Index</li> <li>• CDC Population Level Analysis and Community Estimates</li> <li>• Geolocation Data</li> <li>• Other publicly available data</li> </ul>



## Using Social Care Data for Awareness

There are several examples of how social care data can be used to identify strategies, make decisions, and assess performance. These will be described in more detail (and specific to their relevant sectors) in future installments of the Social Care Data Series. However, one example that transcends all sectors is **awareness of social care concerns in a given population or geography.**

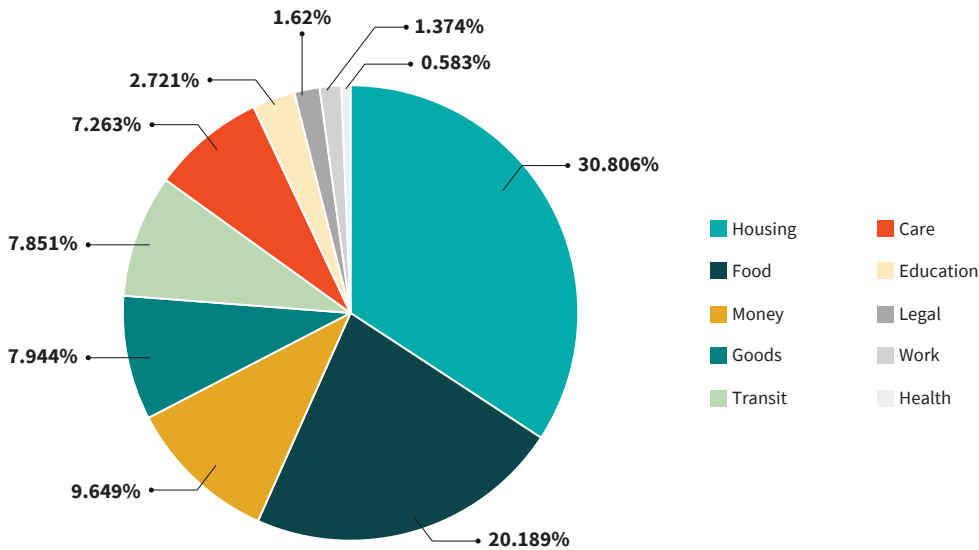
The National Academy of Medicine names awareness of social risks and assets or a defined population as a critical activity that can be adopted by health systems to strengthen social care integration.<sup>5</sup> At Findhelp we believe this extends to all sectors attempting to address the needs of their stakeholders. We also believe that awareness needs to be treated holistically, and should include data about the individual, as well as their local environment, eligible programs, and other key elements that can inform strategy and intervention.

<sup>5</sup> National Academies of Sciences, Engineering, and Medicine; Health and Medicine Division; Board on Health Care Services; Committee on Integrating Social Needs Care into the Delivery of Health Care to Improve the Nation's Health. Washington (DC): [www.nap.edu/](http://www.nap.edu/); 2019 Sep 25.

## Social Care Data Use Case: Searches and Resources in Pennsylvania (PA)

Using Findhelp’s native analytics, a state could review the searches for social care services conducted using the platform to better understand the needs across the state (see Figures 1 and 2 below).

**FIGURE 1: SEARCHES BY CATEGORY IN PENNSYLVANIA OVER A THREE-MONTH PERIOD IN 2024**



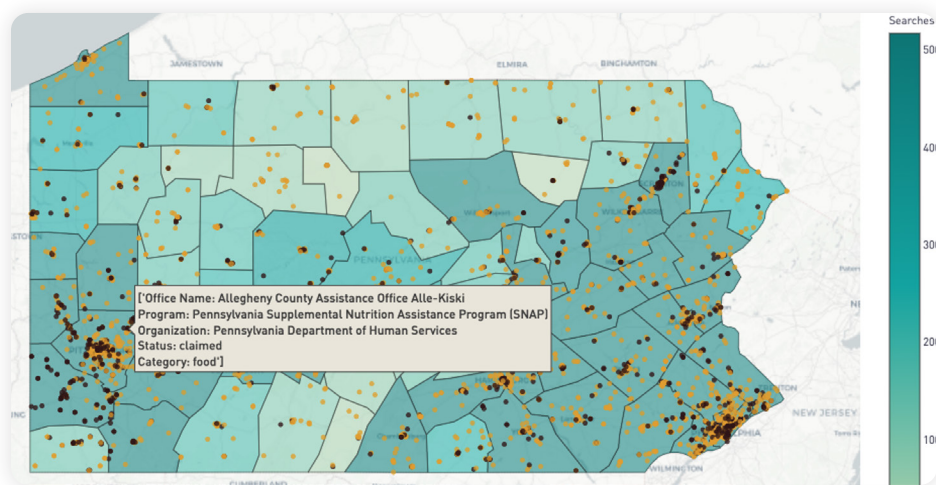
**FIGURE 2: MOST COMMON SEARCH TERMS IN PENNSYLVANIA OVER A THREE-MONTH PERIOD IN 2024**

Term	Domain	Searches
Food pantry	Food	30,181
Help pay for housing	Housing	18,394
Help pay for utilities	Housing	12,312
Temporary shelter	Housing	10,790
Help find housing	Housing	8,403
Transportation	Transit	8,240
Financial assistance	Money	7,923
Food delivery	Food	5,965
Clothing	Goods	5,711
Transportation for healthcare	Transit	5,432
Support groups	Care	4,398
Help pay for car	Money	3,799
Meals	Food	3,631
Maintenance and repairs	Housing	3,544

These data can be analyzed in different ways (e.g. by user type or ZIP Code) to help decision-makers understand what resources may be lacking. These data can also be visualized, as depicted in Figure 3, to show the searches overlaid with available social care programs that address the particular need.

In this example, counties with high volumes of “food” searches and fewer programs may be interested in further examining the demand for food assistance and their ability to meet it. These data can also be combined with de-identified service data from a community-based organization to understand the capacity needs, and thus inform investments.

**FIGURE 3: SEARCHES FOR FOOD IN PENNSYLVANIA WITH MAPPED PROGRAMS**





## Using Social Care Data without Compromising Privacy

Like other areas of health and wellness, the American social safety net is modernizing at an unprecedented pace. Millions of people use technology every month to connect to social service providers, community organizations, and other forms of social care. Social care data is sensitive and should be treated with the highest level of privacy possible. While the Healthcare Insurance Portability and Accountability Act (HIPAA) protects healthcare data from being shared or sold, social care data generated or held outside of the healthcare setting is not protected in the same way.

**Read more** about our consumer privacy and consent philosophy. They are sharing their most sensitive information at their most vulnerable moments to determine their eligibility for the help they need.



## Conclusion

Improving data collection, aggregation, analytics, and use in the social care space will yield positive results for our communities. It contributes to informed investments, improved service placement and availability, effective management of finite resources, and a better understanding of populations and communities at-large. There are many challenges to overcome in social care data collection and use. The infrastructure for collecting and using social care data is relatively early in its development. Many community organizations are working towards improved technological capacity, but this work is done without the same investments that were made in the healthcare sector when hospitals and health systems had to transition to electronic health records. Throughout the country, states are investing in social care and health-related social needs infrastructure through Section 1115 Medicaid waiver demonstrations, which provide Medicaid programs with the flexibility to test care models that will benefit Medicaid members. The Findhelp platform is used in several states to underpin social care service delivery, providing an integrated and seamless closed-loop referral system that bridges the health and social care sectors.

Additionally, social care data standardization is in relatively early stages, making it difficult to aggregate information. As data standardization matures, data models and analyses will mature, enabling better, more accurate decision-making.

While social care data capabilities improve, there are actions that can be taken now to understand community needs and plan for the future. Visit the Findhelp Network webpage ([company.findhelp.com/the-findhelp-network/](https://company.findhelp.com/the-findhelp-network/)) to learn more.

