

## **DSRIP denial's biggest blow might be lack of \$1.5B for social determinants**

As New York grapples with the Trump administration's [refusal to extend](#) the Delivery System Reform Incentive Payment Program, one of the biggest blows is the lost potential for \$1.5 billion to address the social determinants of health.

The state had allocated the massive funding stream to social determinants, such as access to healthful food and stable housing, as part of its \$8 billion request for a second DSRIP iteration. Community health experts were elated at the possibility. This week's denial, however, halted preliminary work on how to use those funds.

"It's definitely a blow to our efforts to improve health equity," said Zach Hennessey, vice president of neighborhood health at Public Health Solutions, a nonprofit in Manhattan. "It's going to have a disproportionately negative impact on those who are most vulnerable. Only at the tail end of DSRIP did health systems begin to work on social determinants with community-based organizations. There was an incredible amount of work left in that regard."

Public Health Solutions and its community-based partners were excited about New York's application for DSRIP 2.0 because it recognized that the state can't further reduce health care costs without addressing the social determinants of health and included an explicit investment to do so, Hennessey said.

The \$1.5 billion would have helped to establish important systems and infrastructure to better connect patients with community health resources, he said. In anticipation of that, Public Health Solutions had been convening community-based organizations to design how new networks would look at the city level.

"We were planning for weeks what those regional networks should look like here," Hennessey said. "We are going to have to redefine our strategy now that the big investment in social determinants is off the table."

SOMOS, the only physician-led performing provider system participating in DSRIP, reiterated the importance of the program's work in addressing social determinants of health.

Dr. Ramon Tallaj, SOMOS founder and board chairman, said in a statement that DSRIP, in addition to helping it reduce avoidable admissions and readmissions, had "enabled us to foster partnerships that have been critical to addressing social determinants of health and closing health care gaps among our most vulnerable populations."

Rose Duhan, president and chief executive of the Community Health Care Association of New York State, said the funding that had been allocated to social determinants of health in the state's DSRIP 2.0 proposal would have made it easier for community health centers to work with entities focused on those priorities.

Hennessey said Public Health Solutions will persist in its work to address social determinants of health but will need to rely more heavily on other governmental and philanthropic partners.

Some community-based organizations might have to shut down certain services.

"We have lost a lot of leverage that could have been used to direct high-needs patients to community-based services and support," Hennessey said. With fewer incentives, it will be more difficult for people to connect to benefits, such as supplemental nutrition assistance programs, as well as senior and legal services, he said.

OneCity Health, the New York City Health + Hospitals performing provider system under DSRIP, said last year that its Bronx-based nutrition program led by Public Health Solutions has helped to address food insecurity and has been cost-effective.

"We'll work with our partners to continue to analyze both clinical and managed care data on the projects that we have coordinated so far," Hennessey said. "We have already been working to present results of these projects to potential funders."