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## **Tackling Social Determinants of Health Is Key in Transforming Health Care for The Underserved**

*By Mario J. Paredes  
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AN INNOVATIVE PROGRAM providing superior care to the most vulnerable Medicaid patients in New York City has demonstrated that it is vitally important to address the so-called Social Determinants of Health as critical factors in individuals' health and overall well-being. That was the experience of SOMOS Community Care as a Performing Provider System mandated by the DSRIP program (2014-2020) that radically transformed the traditional Medicaid model of healthcare delivery.

SOMOS is a network of 2,500 independent community-based doctors—most of them primary care physicians—serving some 1 million of the most vulnerable African American, Asian American, and Hispanic New Yorkers. DSRIP is driven by the Value-Based Payment formula, which—in contrast with the waste and fraud-prone traditional fee-for-service Medicaid compensation model—rewards providers for taking better care of their patients.

With the focus on preventive care, SOMOS, under DSRIP, sharply reduced both the number of visits to the emergency room and the number of unnecessary hospitalizations. In the process, with these reductions, SOMOS saved New York State taxpayers more than \$300M. This success reflects the lowering of the incidence of chronic diseases among the patient population—diabetes, hypertension, heart disease, abuse of alcohol and drugs, tobacco use, etc.

The Value-Based Payment formula, however, does not hinge on a cold financial incentive; what produces dramatic results is the development of a robust and genuine bond between patient and doctor. That relationship—also strengthened by the high incidence of SOMOS doctors and patients sharing a common cultural background—is built up and sustained by doctors' intimate knowledge of all the patients' needs.

These needs are physical, behavioral, and social, with the social determinants of health potentially affecting both a patient's physical and mental well-being. Doctors' awareness of the patients' social needs complements a comprehensive assessment of medical conditions and careful coordination of necessary medical care. SOMOS reiterated, reinvented the role of the family figure as a trusted community leader.

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Taking on that leadership role in addressing the social determinants of health requires that doctors seek out community-based organizations that specialize in helping the poor overcome social challenges that can have a most definite impact on both physical and behavioral health: socio-economic status, employment, education, health insurance, access to fresh foods, food insecurity, etc. The vision of DSRIP’s architect Jason Helgerson, the former New York State Medicaid director, calls for the provider to convene community-based organizations and galvanize joint action to meet the social needs of the most vulnerable patients.

On a recent visit to SOMOS headquarters in the Bronx, New York Governor Andrew Cuomo—who gave DSRIP the go-ahead in 2014—gave SOMOS leadership, staff, and providers hope that the Biden Administration may authorize a second chapter for DSRIP, whose first mandate came to a close at the end of March 2020.

Addressing SOMOS doctors, Gov. Cuomo praised them for being part of what he called a social action network, saying they had been instruments of social action in distributing food and helping needy families during the pandemic. In a separate letter, the Governor credited SOMOS doctors with reducing “the impact of inequitable health access on communities of color. The harsh reality,” he wrote, “is that COVID, like HIV/AIDS, asthma, and many other illnesses, hits these communities the hardest. As community physicians, you have fought this epidemic of unequal health access your entire careers.”

Currently, SOMOS doctors bridge the care gap between rich and poor in New York, distributing the vaccine from their practices, a trusted and readily accessed environment for their patients. SOMOS doctors, Gov. Cuomo suggested, will help New York State “renew [its] commitment to fighting for equal healthcare access—and equal health outcomes—for all communities.”

Such is the power of addressing the social determinants of health, even when that specific terminology is called into question. A recent [post](#) on Health Evolution argued that the term “determinants” implies a certain inevitability, something that cannot be helped, a term that suggests doctors cannot begin to solve their patients’ social issues.

Some prefer the term “structural determinants of health,” with “structural” suggesting “inequities,” in particular those caused by “poverty and racism,” in the words of Janice Nevin, MD, president & CEO of ChristianaCare. According to Carladenise Edwards, EVP & Chief



Strategy Officer at the Henry Ford Health System, “the role of health-care leaders ... does not end with care delivery services.”

She notes that “we’re really heavy on the sickness and the treatment. We’re not as heavy on health and wellness and prevention.” While Edwards would prefer an 80-20 ratio in favor of the latter, she says she would be “satisfied” “if we get to 50-50, where the amount we spend on sickness equals the amount we’re spending on health and wellness.”

Clearly, with a significant focus on the social determinants of health—the impact of social conditions on patients’ overall health and wellness—SOMOS doctors are moving the dial towards equitable, quality care for the poor.

*Mario J. Paredes is CEO of SOMOS Community Care, a network of 2,500 independent physicians—most of them primary care providers—serving close to a million of New York City’s most vulnerable Medicaid patients.*