



Actionable Strategies for Addressing Health Related Social Needs (HRSN)

Goal: Increase awareness of and utilization of supports that address health-related social needs (HRSN).

Recommendation: Explore and support existing policies and programs to improve housing and food security and access to transportation for pregnant and postpartum individuals and their families, including:

- Leveraging the approved Section 1115 Demonstration Waiver (Keystones of Health) to address food insecurity and homelessness among pregnant and postpartum individuals to improve maternal health and pregnancy outcomes. Continue close collaboration with DHS and partners as the 1115 waiver is implemented.
- Promoting the use of consistent, easy-to-administer screening tools for HRSN and implementing use among providers, including clinicians, social workers, community health workers, doulas, home visitors, and CBOs.
- Expand promotion of PA Navigate among providers and community-based organizations that work with pregnant and postpartum women and birthing people and encourage their participation on the platform. Work with Medicaid managed care organizations, commercial insurers, and partners to develop and disseminate promotional resources for PA Navigate targeted towards pregnant and parenting people.

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About the Perinatal Action Collaborative:

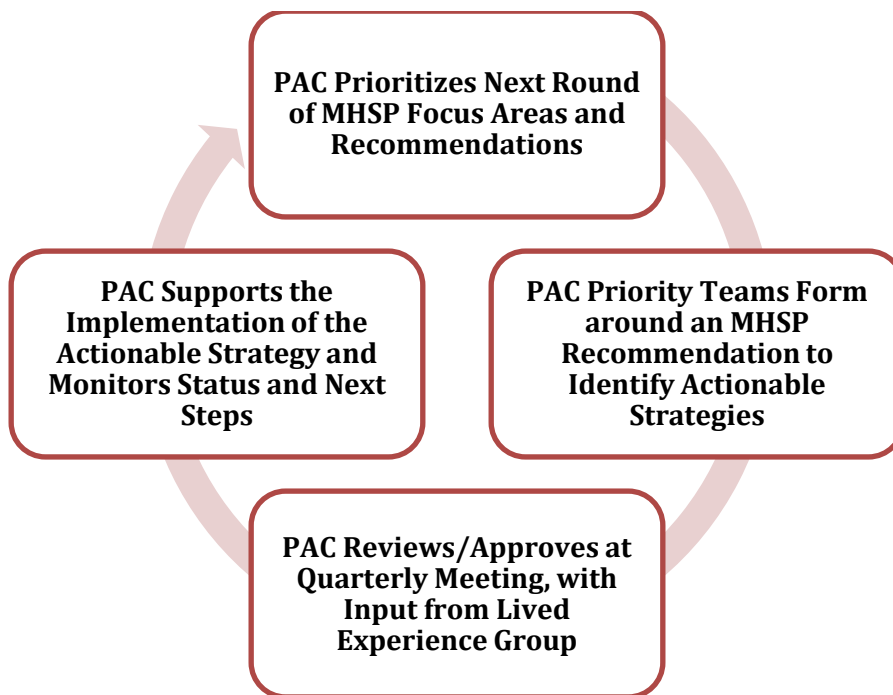
Over the past year, the PA Departments of Health, Human Services, Drug and Alcohol Programs and Insurance have been developing the PA Maternal Health Strategic Plan (MHSP).

The MHSP includes goals and recommendations for the following focus areas: Increasing Access to High-Quality Care, Supporting Behavioral Health and Substance Use Disorder Needs, Improving Rural Health and Maternity Care Deserts, Addressing Health Related Social Needs (HRSN), and Expanding and Diversifying the Health Care Workforce.

The MHSP was informed by a statewide survey completed by over 700 Pennsylvanians and a series of listening sessions with stakeholders, including healthcare professionals, CBOs, people with lived experience, and health plans among others.

The Pennsylvania Department of Health also received a HRSA grant for the Maternal Health Innovation Program (MHIP) Program, which supports states in creating maternal health strategic plans, establishing task forces like the Perinatal Action Collaborative (PAC), and implementing interventions from the strategic plans.

Figure 1: PAC's Process to Create and Implement Actionable Strategies for MHSP Recommendations



MHSP Goal & Recommendation Prioritized by the Perinatal Action Collaborative (PAC) for the HRSN PAC Priority Team

This PAC Priority Team is working on the MHSP goal to increase awareness of and utilization of supports that address health-related social needs, with a focus on the following MHSP recommendation:

*“Explore and support existing policies and programs to improve **housing** and **food** security and access to **transportation** for pregnant and postpartum individuals and their families, including:*

- *Leveraging the approved **Section 1115 Demonstration Waiver** (Keystones of Health) to address food insecurity and homelessness among pregnant and postpartum individuals to improve maternal health and pregnancy outcomes. Continue close collaboration with DHS and partners as the 1115 waiver is implemented.*
- *Promoting the use of consistent, easy-to-administer **screening tools for HRSN** and implementing use among providers, including clinicians, social workers, community health workers, doulas, home visitors, and CBOs.*
- *Expand promotion of **PA Navigate** among providers and community-based organizations that work with pregnant and postpartum women and birthing people and encourage their participation on the platform. Work with Medicaid managed care organizations, commercial insurers, and partners to develop and disseminate promotional resources for PA Navigate targeted towards pregnant and parenting people.”*

Background

Data to inform the Actionable Strategy

The data below shows the rates of severe maternal morbidity (SMM), the social vulnerability scores, the distance between the county seat and the nearest birth hospital, and the maternity care deserts across the counties in Pennsylvania. When considering actionable strategies for this recommendation, it is important to consider the varying needs across and within counties and whether the actionable strategies should focus on a particular county or region, or whether the recommendation should apply statewide.

Figure 2: Rates of SMM in PA per 10,000 Delivery Hospitalizations (2022)

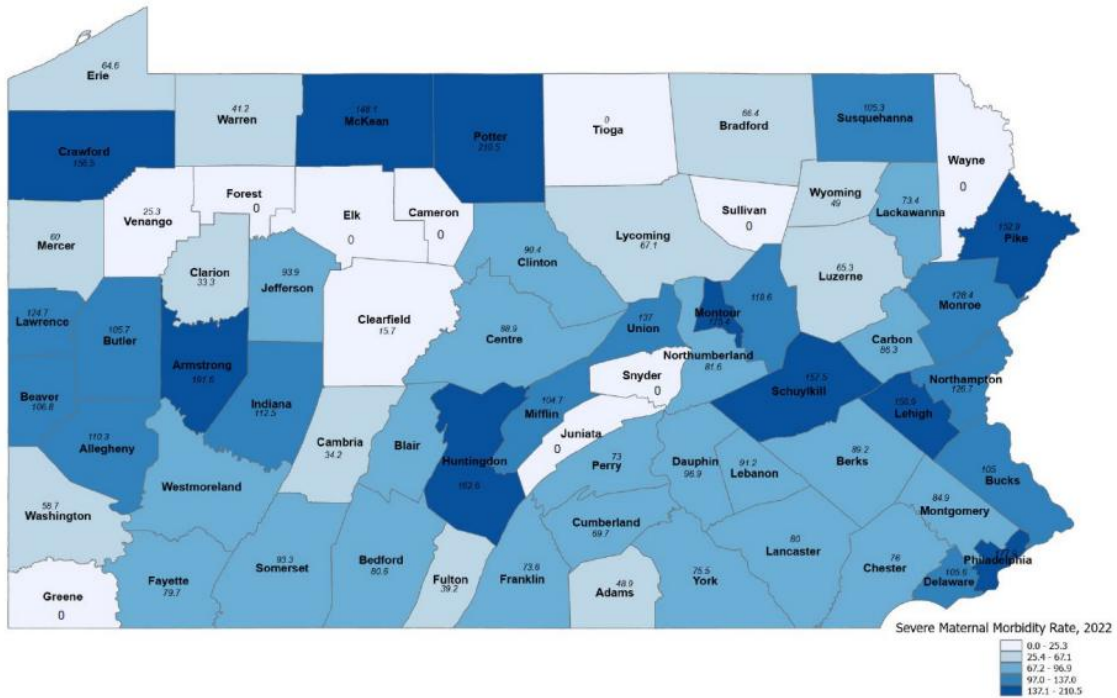
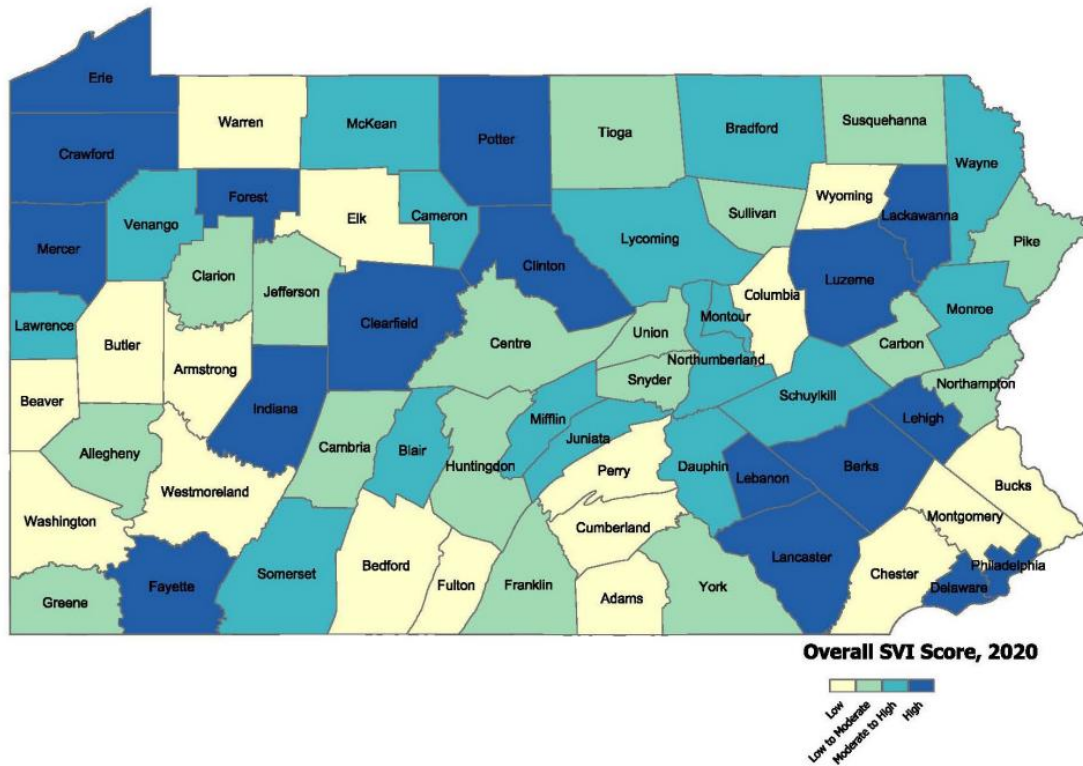
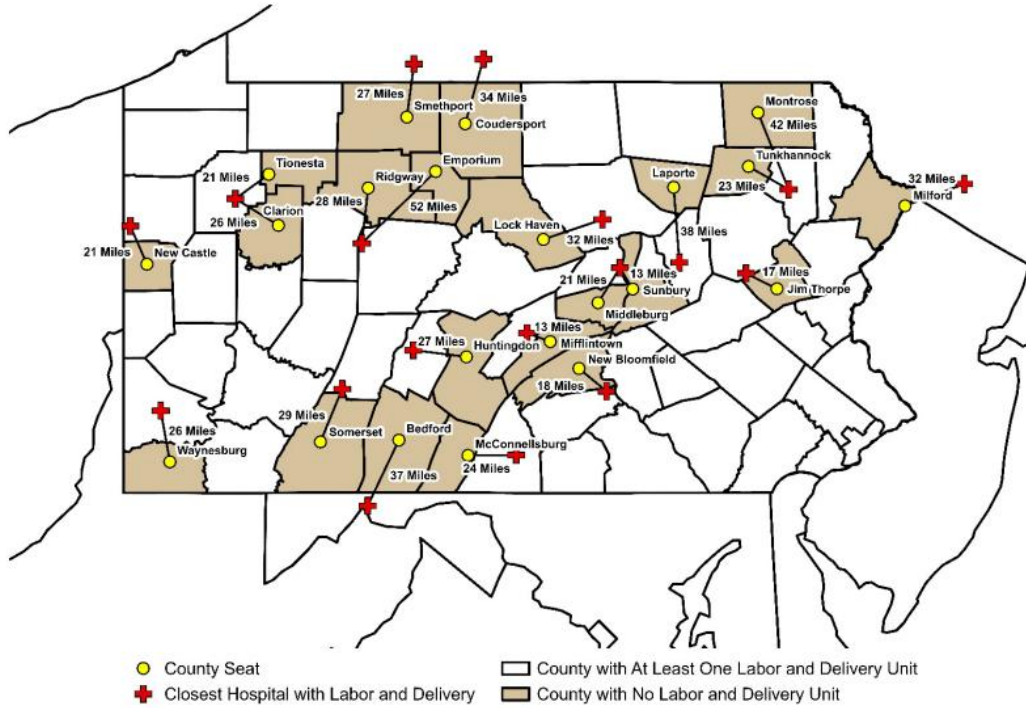


Figure 3: Overall Social Vulnerability Index Score for PA (2020)



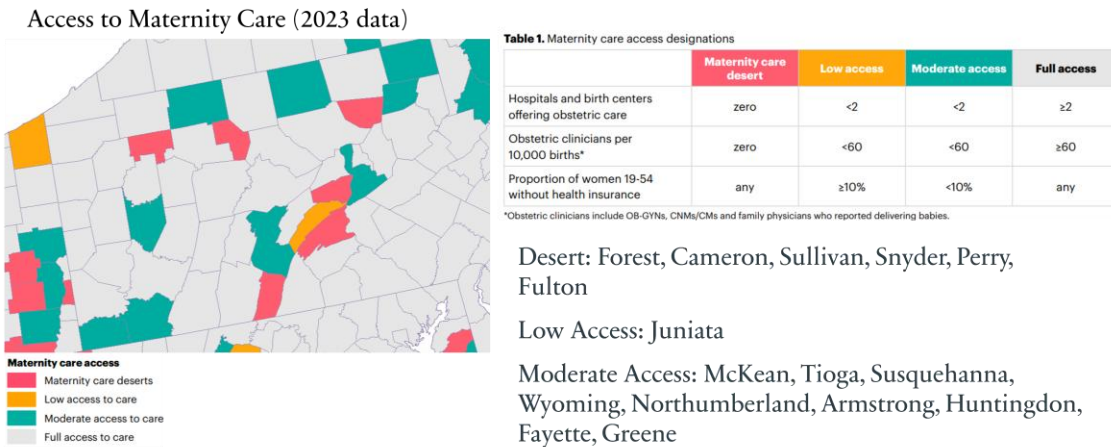
Note: Social vulnerability is defined as the “degree to which a community exhibits certain social conditions, including high poverty, low percentage of vehicle access, or crowded households, may affect that community’s ability to prevent human suffering and financial loss in the event of a disaster.”

Figure 4: Nearest Hospitals with a Labor and Delivery Unit for Counties in Pennsylvania without Labor and Delivery Services (2025)



Note: The distance between the county seat and the nearest hospital is an estimated straight-line planar distance. It does not account for road networks or terrain. Data Sources: 2023 Hospital Reports, Health Facilities - Pennsylvania Department of Health, Maryland Department of Health, West Virginia Hospital Association, Ohio Hospital Association, New York Department of Health, and additional public sources (e.g., hospital websites, news articles, media accounts).

Figure 5: Maternity Care Deserts (2023)



Note: More recent PA Medical Assistance data indicates that Fulton, Snyder and Perry have Medicaid enrolled OB/GYNs, and thus should be listed as “Low Access” counties.

Background Information about Each Part of the MHSP Recommendation

This MHSP Recommendation includes the following three parts:

- *Leveraging the approved **Section 1115 Demonstration Waiver (Keystones of Health)** to address food insecurity and homelessness among pregnant and postpartum individuals to improve maternal health and pregnancy outcomes. Continue close collaboration with DHS and partners as the 1115 waiver is implemented.*
- *Promoting the use of consistent, easy-to-administer **screening tools for HRSN** and implementing use among providers, including clinicians, social workers, community health workers, doulas, home visitors, and CBOs.*
- *Expand promotion of **PA Navigate** among providers and community-based organizations that work with pregnant and postpartum women and birthing people and encourage their participation on the platform. Work with Medicaid managed care organizations, commercial insurers, and partners to develop and disseminate promotional resources for PA Navigate targeted towards pregnant and parenting people.*

Section 1115 Demonstration Waiver (Keystones of Health)

PA DHS submitted the application for the Medicaid Section 1115 Demo, “Keystones of Health,” in Jan. 2024 and received CMS’ approval in December 2024. The timeline for this demonstration is January 1, 2025 through January 1, 2030, and the first year includes time for planning, infrastructure investments, and implementation. Through this demonstration, Medicaid beneficiaries who are pregnant and postpartum would have access to the following services:

- Housing supports (e.g., case management, one-time transition start-up costs, rental subsidies, and education and support to keep housing)
- Food and nutrition services as part of “Food is Medicine” programs (e.g., medically tailored meals, grocery delivery/food box services, and nutrition assistance navigation and app support for SNAP/WIC)

While these new services could be implemented as soon as the second year of the demonstration, the funding is contingent on future state budgets.

To support the current planning process for these services, PA DHS is hosting stakeholder engagement sessions (<https://www.pa.gov/agencies/dhs/resources/keystones-of-health>).

Implementing HRSN Screening Tools

There are several statewide programs that are currently promoting the use of HRSN screening tools among providers and community-based organizations. For example, each Physical Health Managed Care Organization (MCO) has case management units called

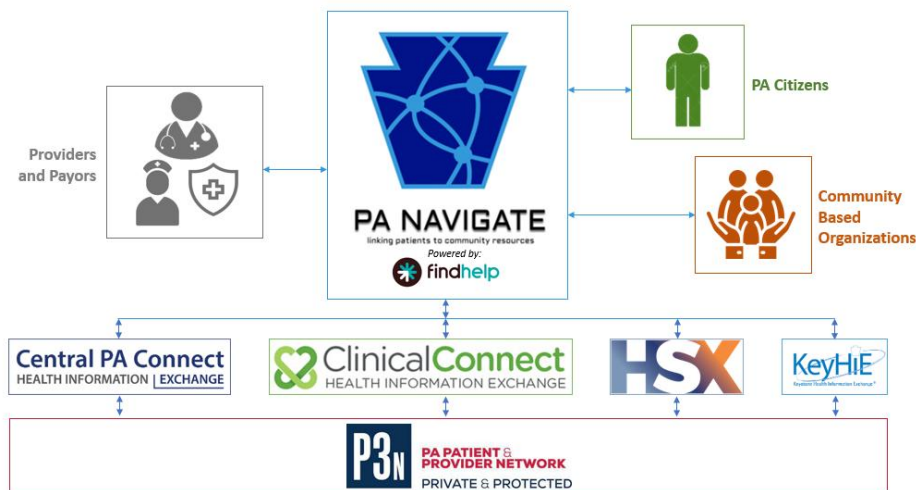
“Enhanced Member Supports Units,” which screen for HRSN and make referrals, among other services.

PA DHS’ agreements with the Physical HealthChoices MCOs also include expectations for providers to screen for HRSN and make referrals to community resources through the Home Visiting Program, Patient-Centered Medical Home (PCMH) Program, the Maternity Care Bundled Payment, and the Opioid Use Disorder (OUD) Centers of Excellences.

To support the PCMH providers in meeting these expectations, the HealthChoices PCMH Learning Network also provides education and learning opportunities about tools, workflows, and team roles for HRSN screening and follow-up. The OUD COE Learning Network also disseminates best practices for HRSN screening and follow-up across the COEs. A similar learning and quality improvement network for birth hospitals called the PA Perinatal Quality Collaborative has not yet focused on HRSN screening and referrals. Overall, there has been a recent increase in the number of providers screening for HRSN, and these screens are typically embedded in their electronic health records (EHRs). Some pharmacies are including HRSN questions in their questionnaires as well.

PA Navigate

PA Navigate is a HRSN resource and referral tool powered by FindHelp and managed by the four state-certified Health Information Organizations (i.e., PA’s Health Information Exchange).¹

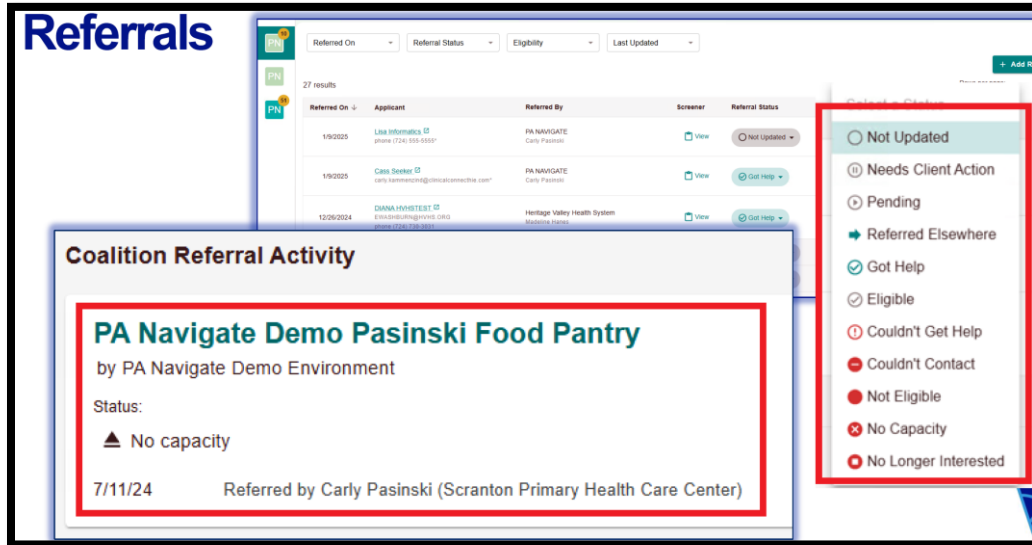


PA Navigate enables providers and community-based organizations (CBOs) to screen for HRSN, send referrals to CBOs, close the loop on whether the referral was successful, and view reports and analytics.

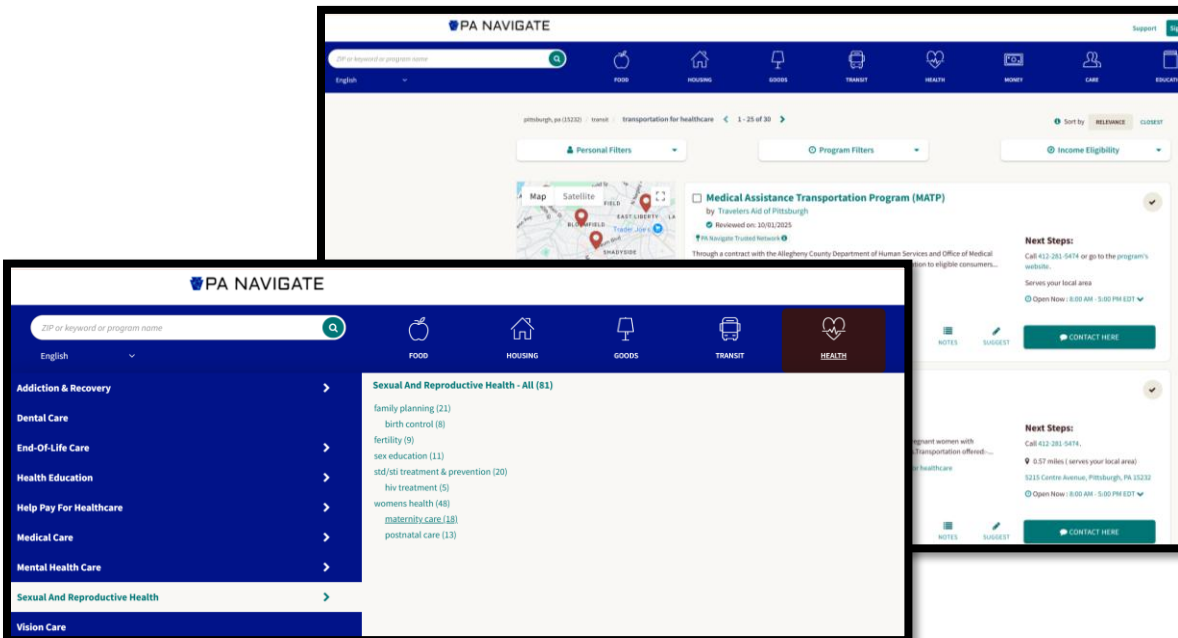
To help provide assurance to users that the information is accurate and up to date, CBOs can claim their listing on PA Navigate to ensure it is accurate, and this results in a check mark

¹ Geisinger’s Neighborly is also powered by FindHelp and informed PA Navigate.

next to the organization's name. FindHelp also makes updates based on their own due diligence and research. The Community Action Association of Pennsylvania (CAAP) provides technical assistance (TA) and onboarding to CBOs, and these organizations are marked as a PA Navigate Trusted Network provider.



PA Navigate also enables the public to search for, locate, and connect to HRSN-related services. From a public perspective, if they see a claimed check mark or a PA trusted network, that provides assurance the information is up to date.



Proposed Actionable Strategies for this MHSP Recommendation

The HRSN PAC Priority Team Meeting suggested and agreed to focus on the part of the MHSP recommendation that relates to PA Navigate (copied below).

- *“Expand promotion of **PA Navigate** among providers and community-based organizations that work with pregnant and postpartum women and birthing people and encourage their participation on the platform. Work with Medicaid managed care organizations, commercial insurers, and partners to develop and disseminate promotional resources for PA Navigate targeted towards pregnant and parenting people.”*

The team suggested to focus on this part of the MHSP recommendation since Keystones of Health’s expanded housing and food services are still in the planning phase and the funding is not yet secured and efforts have already been underway to increase HRSN screening and follow-up processes among providers and CBOs.

For this focus on PA Navigate, the PAC Priority Team has drafted the following actionable strategies:

Actionable Strategy 1: Create additional funding streams through a Funding Opportunity Announcement (FOA) and/or policy changes to support increased demand on CBO staff and resources so they can respond to the increase in referrals from PA Navigate and participate in “peer-to-peer exchanges” (see Actionable Strategy 2). Examples of CBO resources that are especially timely and relevant to pregnant and postpartum individuals include: transportation with car seats, food access organizations, baby carriers and strollers, and comprehensive resources for infant feeding (e.g., breastfeeding, pumping, donor milk, and infant formula support), Community Health Workers, and language access services.

Actionable Strategy 2: Establish and facilitate peer-to-peer exchanges among MCOs, their contracted HRSN services, and CBOs (“buddy systems”) to: (a) increase awareness of the MCOs’ HRSN services and programs, (b) increase collaboration between CBOs and MCOs’ case managers, (c) engage in real-time problem-solving and identification of solutions, and (d) identify clear next steps. During these exchanges, each person/organization could explain what they do and how to contact and work with each other to better support pregnant and postpartum individuals. This information could also be packaged into a resource packet that could be used to review and update PA Navigate.

To accomplish these goals, the peer-to-peer exchanges could start with **simulations** of the journey of the pregnant and postpartum person and their non-birthing partner to understand: (a) their barriers and the gaps they experience (e.g., not being able to call a service provider back or not being able to travel to an appointment), (c) the services they need and when, and (d) how the organizations in the “buddy system” peer-to-peer exchange could work together to address these gaps and barriers.

The simulations could also be captured in a **visual diagram** of the journey of the pregnant and postpartum person and their non-birthing partner. This visual could also show when and how a person could use PA Navigate to access services, and it could be posted on PANavigateHelp.org as a resource. This diagram would help pregnant and postpartum people and their non-birthing partner “navigate the PA Navigate” and ensure that the resources in PA Navigate are relevant, searchable, and accessible for pregnant and postpartum people.

This type of peer-to-peer exchange and interactive problem-solving experience could be modeled after the [Healthiest Cities & Counties Challenge](#), which focused on food access. The FAO described in **Actionable Strategy 1** could provide funding to the participating CBOs to build their internal capacity, support their staff in participating in these peer-to-peer exchanges, and change the policies and procedures within their organizations to implement the solutions identified in the peer-to-peer exchanges. Policy barriers and recommendations for issues beyond the control of the participating organizations could also be captured as part of the process.

This peer-to-peer exchange could also coordinate with the PA Food Policy Council Director to include food banks and food pantries. Community health centers, pharmacies, and perinatal providers could also be invited to participate as access points and linkages to HRSN services via PA Navigate.

The statewide peer-to-peer exchange for CBOs would also offer **translation and literacy services and supports** to participating CBOs as a shared resource. Increasing CBOs' access to these services would also help to ensure that the information they add to PA Navigate about their services is at an accessibility reading level.

As a first step, a **toolkit** could be created with best practices for achieving the goals of this strategy (i.e., to: increase awareness of the MCOs' HRSN services and programs, increase collaboration between CBOs and MCOs' case managers, engage in real-time problem-solving and identification of solutions, and identify clear next steps). The toolkit could include and describe best practices, such as peer-to-peer exchanges, patient journey mapping, barrier identification and remediation, table-top simulations, and tactics for using PA Navigate. A **pilot program** could also create and test the toolkit using funding from Actionable Strategy 1 to support CBOs who are lending their expertise to the formation of this resource. This would allow the participating organizations to determine the best practices to include to help increase relationships between MCOs and CBOs.

Actionable Strategy 3: Create a HRSN screen for pregnant and postpartum people by reviewing and updating the existing nationally-recognized HRSN screening tools in PA Navigate (which are [PRAPARE](#) and the [Accountable Health Communities](#) tool). This could be accomplished by revising the questions based on feedback from prenatal and postpartum populations to ensure the questions are relevant, understandable, and appropriate. Those with lived experience could provide feedback on the following: how to improve the wording of the questions so they are trauma-informed and looking at needs in real time (as opposed to a 12-month period), the amount of questions to ask at any one time, which questions to add (e.g., questions about Inter-Partner Violence and infant/toddler food insecurity). To achieve this, a lead organization, with experience in developing screens, could be identified to organize focus groups with people with lived experience and to test and validate the screen.

Actionable Strategies for Existing Efforts Led by PA Navigate and Providers' Learning Networks

In addition to the above three actionable strategies, the HRSN PAC Priority Team also stressed the importance of the strategies listed below but noted that these strategies are already being pursued. As a result, they suggested that the HRSN PAC Priority Team could

focus on the above three strategies to complement and avoid duplication of efforts. These other strategies that are already underway and could be monitored by the PAC include:

- Ensuring PA Navigate is accessible for the top 10 languages in PA (see [DOH's language map](#))
- Adding a feature in PA Navigate for people to see which languages are spoken at the CBOs
- Exploring strategies to ensure the information in PA Navigate is at an accessible literacy level, with the understanding that some of the information comes from CBOs and the national Find Help program.
- Integrating data systems for CBOs to implement and use PA Navigate
- Providing CBO onboarding TA for PA Navigate through the Community Action Association of Pennsylvania (CAAP)
- Integrating WIC and SNAP into PA Navigate
- Using PA Navigate to streamline the application process for WIC and SNAP and the upcoming "community engagement" requirements for Medicaid
- Enabling PA 211 to make referrals through PA Navigate
- Creating a dedicated category for "Maternal Health Resources" under PA Navigate's "Health" section instead of sub-categorizing these services under "sexual and reproductive health" (which is how it currently organized)

The HRSN PAC Priority Team also recommended that the existing learning networks for providers in Pennsylvania (e.g., the PA PQC and HealthChoices PCMH Learning Network) educate providers about:

- Best practices for how to ask the HRSN screening questions (e.g., using motivational interviewing and trauma-informed principles)
- The importance of asking for the patient's consent before making a referral to a CBO for HRSN services and informing patients about the existing privacy laws, what information will be sent to other organizations, how that information may be used, and what providers are mandated to report to the state.

Equity

The PAC Priority Team embedded language and literacy services in the peer-to-peer exchange strategy as a shared resource for CBOs providing HRSN services. This would also help to ensure that the information CBOs add to PA Navigate is at an appropriate literacy level. The group also advised PA Navigate to explore strategies to check the literacy level after the information is translated to different languages on the PA Navigate (Find Help) platform. The first actionable strategy could also prioritize funding for CBOs in counties with high rates of SMM and low access to services (see Figures 2-5).