

As President of the NC Coalition on Aging, I am pleased to make these comments on the concept paper on Using Standardized Social Determinants of Health (SDOH) Screening Questions to Identify and Assist Patients with Unmet Health-related Resource Needs in North Carolina. The Coalition is comprised of 68 agencies/organizations/groups that in some way represent North Carolina's aging populations as well as individuals who support the work of the Coalition. Together, members of the Coalition on Aging work collaboratively to give voice to issues that affect older North Carolinians.

First, hats off to the Department for the attention it is giving to the importance of SDOH and to creating standardized screening questions for health-related unmet resource needs. The paper does a good job of laying out the rationale for requiring PHPs to use screening questions as a part of fulfilling their overall care management requirements.

We are aware that most dual eligible older adults will be one of the last groups to be phased into managed care. That is likely a key reason that this concept paper appears to have a focus on children and families, particularly in the way the proposed standardized screening questions are designed and in the data cited and examples given in the paper.

We support the four priority SDOH domains selected as we believe these are the most critical in affecting a person's health and well-being. **We do believe, however, that the questions may need some modification to better get at the needs of older adults and persons with disabilities as their needs are often different from those of children and families.** Some examples are as follows:

- Many older adults and persons with disabilities may be on modified diets (ex. if diabetic) and they need access to certain types of foods, not just food in general. This may be particularly a problem if they are in a household with others who do not have restricted diets. Also, frail older adults and persons with disabilities who live at home may find it difficult to continue to prepare their own food which puts them at risk for health challenges.
- In the area of housing, with older adults and persons with disabilities, one of the critical issues that puts them at risk is not having housing that is adaptable to their physical abilities. Their physical structure may be fine, but the housing has barriers that put them at risk of falling, etc.
- The same point noted above with housing applies to transportation. There may be transportation resources available but are these resources equipped to transport a person who is wheel chair bound or otherwise needs adaptations?
- In regard to interpersonal safety, older adults and persons with disabilities may be more at risk for neglect (particularly self-neglect) and exploitation (particularly financial exploitation) than being physically or emotionally abused. Also, caregiver neglect may be a bigger issue than partner or ex-partner neglect.

We would like to suggest that **additional consideration be given to the standardized questions so they better address the needs of older adults and persons with disabilities.** We also suggest that the Department may wish to **give consideration to having a list of standardized questions for children and families and a list for older adults and persons**

with disabilities as the needs of the populations are different. The Coalition would welcome the opportunity to work with Department officials to come up with questions.

We are pleased to see that as a part of care management, PHPs will be required to address unmet resource needs by having a comprehensive understanding of local community-based resources, by providing in-person assistance in securing health-related services that can improve health and family well-being; by having a housing specialist on staff or on contract who can assist individuals who are homeless in securing housing; and by providing access to medical-legal partnerships for legal issues adversely affecting health. This sounds great on paper. Our fear, however, is that **resources just do not exist in the community for filling some unmet needs.** For example, a person cannot get housing if housing does not exist in the community that is affordable. Also, if a person is **referred to a local community-based service provider but that provider already has a waiting list for services, the odds of that person being served are not good.** Simply put, **more has to be done than making a referral or developing a resource directory** to get at addressing unmet needs. PHPs should develop relationships with local community-based agencies and provide support to them to help address systematic needs. Having local advisory councils to help guide efforts would help ensure engagement and buy-in. Looking at developing collaborative relationships and partnerships and coming up with doable plans of actions for addressing unmet needs is a complex and time consuming process and one that we welcome the Department's leadership in addressing.

Again, thank you for the opportunity to comment. We look forward to working with the Department going forward.

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