

PUBLIC HEALTH'S UNIQUE ROLE IN ADDRESSING BOTH SOCIAL NEEDS AND SOCIAL DETERMINANTS OF HEALTH

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EXECUTIVE SUMMARY

This is the second in a series of issue briefs from the National Alliance to impact the Social Determinants of Health (NASDOH) on key SDOH-related issues that have been exacerbated during COVID-19. This brief explores how the public health sector is uniquely positioned to assist at the intersection of public health, social needs and social determinants of health (SDOH), both during the current public health emergency and moving forward. This is one in a series of NASDOH commentaries and issue papers in the coming months addressing the key issues in more depth and, where possible, describing what we have learned. Please visit our website (<http://www.nasdoh.org/>) as we continue to publish on this important topic.

ABOUT NASDOH

NASDOH is a non-partisan, multi-sector alliance of leading individuals and organizations working to build a common understanding of the importance of addressing SDOH as part of an overall approach to improving health outcomes. We recognize that addressing SDOH in a sustainable and successful way, as well as safeguarding against future public health emergencies, will take multi-sector partnerships that assess what individual communities need, find ways to deliver services, and seek sustainable financing.



SOCIAL NEEDS

The immediate, non-medical needs of an individual. Efforts to address social needs provide invaluable assistance to individuals - for example, providing food, housing and transportation to a person or their family - but not the underlying economic or social conditions that lead to social needs.¹



SOCIAL DETERMINANTS OF HEALTH

The conditions in the environments where people are born, grow, live, work, and age that affect health outcomes and risks, and the broader systems that shape those conditions, including social, political, and economic programs, and policies.² Efforts to address SDOH prioritize the underlying social and economic conditions in which people live, rather than the immediate needs of any one individual.³

¹Castrucci, B., & Auerbach, J. (2019). Meeting individual social needs falls short of addressing social determinants of health. Health Affairs Blog, 10.

²World Health Organization. (2008). Closing the gap in a generation: Health equity through action on the social determinants of health. World Health Organization.

³Castrucci, B., & Auerbach, J. (2019). Meeting individual social needs falls short of addressing social determinants of health. Health Affairs Blog, 10.



INTRODUCTION

NASDOH has previously [written](#) about the growing body of evidence documenting the effects of social determinants of health (SDOH) on wellbeing, the impacts of which are being acknowledged on the national stage amid the COVID-19 pandemic. The spread of this disease has highlighted the stark inequities that exist in American society, demonstrating the crucial link between social need and public health. It is NASDOH's view that this is, at least in part, because the nation has not focused its attention on SDOH. While addressing SDOH will not eliminate health inequities, focusing on them can help improve health outcomes for those at the greatest disadvantage.

Before this pandemic, research already showed that people are most vulnerable to poor health outcomes when they are poor, experience racism and other forms of discrimination, lack insurance coverage and access to quality care.⁴ Amid the ongoing COVID-19 public health crisis, the very same social and economic conditions that increase individuals' risk of exposure to disease and poor health outcomes – including being discriminated against, lacking affordable housing, having limited food access and security, and experiencing lower-income essential workforce status – limit their ability to comply with public health guidance that would reduce the risk of acquiring COVID-19. For example, following guidance to work from home, self-quarantine, and shelter in place is particularly difficult if not impossible for some groups. COVID-19 has reinforced that these risks disproportionately fall on people of color and other vulnerable populations.

Against this backdrop, the lack of attention and investment in public health in the absence of emergencies has constrained the public health sector's capacity to expertly respond and address social needs. The public health sector is responsible for many of the life-saving measures used to control a pandemic – detecting new cases, contact tracing to prevent further spread, educating the public and policymakers about appropriate preventive measures, and distributing and managing countermeasures, to name a few. Perhaps never has the evidence been so clear demonstrating the value and importance of public health and community-wide measures to prevent disease and improve quality of life, both during emergencies and in ordinary times.

PUBLIC HEALTH AND SOCIAL NEED

PUBLIC HEALTH'S MANY ROLES IN COVID-19

During the COVID-19 public health emergency, the public health sector has performed important and crucial roles in the national effort to respond to the disease and protect the public. Supporting surveillance and disease reporting on morbidity and mortality, administering and managing testing, providing contact tracing to prevent new outbreaks, and providing guidance on pandemic countermeasures are vital public health functions that prevent infections and spread, and link people, when ill, to proper treatment. The COVID-19 pandemic has once again revealed the important connection between addressing individual social needs and keeping people and their communities safe, as well as demonstrated that public health is a critical link in these efforts. Local public health agencies are uniquely positioned to address social needs and SDOH because they connect the health care system with social care and community service networks. Since they are in the community, they are well situated to help identify policies, programs and resources that are necessary for that particular community.

The valuable contributions of the public health sector need not be lost when the COVID-19 emergency ends. The sector can and should continue to address social needs and SDOH in ordinary times. It can do so by identifying community, state and national needs; identifying and promoting evidence-based policy and practice that can meet those needs; and creating and facilitating mechanisms for communication, collaboration, and intervention to address social needs and SDOH upstream. It can also advocate policy changes to impact SDOH by encouraging elected and appointed officials to address SDOH within their jurisdictions.

IDENTIFYING NEED

Whereas health care organizations are often limited to the patients they serve or lives they cover, public health departments are uniquely positioned to assess needs across sectors in an entire community, county, state or nation. These departments work in partnership with the health and social care sectors to aggregate and integrate information drawn from sources such as health care encounters and social needs screenings conducted by providers to create more useful and actionable community data. Broadly assessing social needs, social risk factors, and SDOH provides crucial insight on the health and wellness of a particular population. Comprehensive assessments are necessary to determine how and where to allocate resources in order to produce the best outcomes. For example, the public health sector has played a key role in identifying the disproportionate impact of COVID-19 on Black, Latinx, American Indian and other communities of color and in directing resources, such as food and housing assistance, to the communities in which they live.

⁴Braveman, P., & Gottlieb, L. (2014). The social determinants of health: it's time to consider the causes of the causes. *Public health reports*, 129(1_suppl2), 19-31.

Kaiser Family Foundation (KFF). (2019). "Key Facts about the Uninsured Population." Available at: <https://www.kff.org/uninsured/issue-brief/key-facts-about-the-uninsured-population/>



PROMOTING EVIDENCE-BASED POLICY AND PRACTICE

Public health is responsible for identifying evidence-based policies and programs to address public health issues, including SDOH. For instance, the Centers for Disease Control and Prevention (CDC) has identified a set of interventions designed to improve population health by addressing various SDOH, including early childhood education, transportation, and housing. These initiatives have positive health impacts in the short-, mid-, and long-term, and they demonstrate cost-effectiveness over a person's lifetime.⁵ These efforts are crucial to preventing the social and economic drivers, and mitigating high rates of underlying chronic conditions, associated with worsened health and COVID-19 outcomes.

WORKING CROSS-SECTOR TO FACILITATE COMMUNITY EFFORTS TO ADDRESS SOCIAL NEEDS AND SDOH

Public health organizations are interacting on the front lines during this public health emergency. This affords them an opportunity to connect individuals to the services they need, in a similar way to health care providers. For instance, if a contact tracer determines that a person should quarantine based on exposure risk, connecting that person to the social supports they need during quarantine (meal assistance, temporary shelter, etc.) can make the public health intervention more likely to be successful, while also meeting social needs and promoting health equity.

Beyond the COVID-19 public health emergency, partnerships between public health, health care, and social service organizations are imperative, as is engagement with community stakeholders. Strong public health agencies can be effective convenors and connectors to build systems that link patients to social services while also addressing community-wide capacity, planning, and policy. The public health sector can assist in addressing SDOH and social need by building backbone infrastructure in the community to facilitate SDOH-related efforts to develop shared solutions and unified plans that address social needs and SDOH. The public health sector brings to the table expertise on risk assessment and planning, which can be instrumental in addressing social needs, particularly in times of emergency, and improving resilience in the long term. Further, public health can work across multiple levels of government to coordinate a complete response to social needs, better integrate public services around SDOH, and connect individuals in need with available services.

The Rhode Island Health Department developed the Health Equity Zones (HEZ) initiative with the goal of building healthy and resilient communities. HEZ was initiated to gather residents, business leaders, health professionals, educators, transportation experts, and people in many other fields to address factors that affect health and quality of life within their communities. Since HEZ's implementation, the Rhode Island Health Department has observed a 44 percent decrease in childhood lead poisoning, improved levels safety and accessibility of streets, and new progress in the development and use of vocational training to help community members gain job-specific skills and preparation.

ADVOCATE POLICY CHANGE

To effectively address social need and SDOH, it is imperative for the public health sector to recognize and advocate evidence-based policies that meet the needs of entire populations. Public health departments can be especially effective in advocating policy change because they can work internally with elected and appointed officials within their administrations.

⁵DeSalvo, K., Parekh, A., Hoagland, G. W., Dilley, A., Kaiman, S., Hines, M., & Levi, J. (2019). Developing a financing system to support public health infrastructure. *American journal of public health*, 109(10), 1358-1361.

RECOMMENDATIONS TO SUPPORT PUBLIC HEALTH

Engaging the public health sector to continue or adopt these responsibilities is important and timely amid COVID-19 and the deepening health inequities we observe. Unfortunately, the promising possibility of the public health sector serving in these roles does not guarantee it has the ability to do so. The nation's more than 3,000 public health departments are strikingly uneven in their capacity and scope. Some departments have thousands of employees, while others have fewer than a handful. And while some departments have the capacity to engage in addressing social determinants, others are solely focused on narrow and specific health concerns and functions. To enable public health to fulfill the range of roles it can ably play, NASDOH makes the following recommendations.

1. Adequately fund the public health sector to make up for chronic underinvestment

A key barrier to deploying public health in the full range of roles it can play is chronic underinvestment. One study estimates that an annual cost of \$32 per person is needed to support essential public health capabilities. Currently, the country only invests \$19 per person, which leaves a \$13-per-person gap.⁶

The COVID-19 response legislation introduced and passed since Spring 2020 included crucial - albeit short-term - funding for the CDC and, in turn, for the state and local health departments that manage emergency response. This legislation is an important step toward addressing the COVID-19 emergency, but it also reflects an alarming reactionary pattern in public health funding over the past decades. Ongoing support for public health has become severely constrained, and funding levels in many states and localities never recovered from the 2009 recession. When inevitable public health emergencies arise (e.g., the 2009 H1N1 and 2014 Ebola emergencies, and more recently Zika), significant emergency funding is eventually provided – but typically after the emergency is already beyond the point of containment. Moving forward, the public health sector needs sustained, sufficient funding. Funds should continue to support crucial research on behavior interventions, disease and prevention, and skills and resources to manage infectious disease. Indeed, to close the gap identified above would require an investment of \$4.5 billion annually. Had we invested in building this kind of public health capacity prior to the COVID-19 pandemic, we might have seen a faster and more effective response than was possible in the current reality. Importantly, additional funding should be directed to improve data infrastructure and be allocated to drive public health SDOH activity nationally and foster local SDOH initiatives.

Some legislation designed to improve the public health sector's capacity to address SDOH already exists, and it serves as an instructive model for future efforts. For example, H.R. 6561 – developed by NASDOH member Trust for America's Health – seeks to authorize and fund a CDC program to support local and state public health agencies to facilitate cross-sector collaborations. These collaborations would address unmet non-medical social needs and underlying community conditions that impact health outcomes. This, and similar policy proposals, can drive a national coordinated effort to address SDOH; meanwhile, additional state and local funding would complement federal funding for public health sector SDOH activities and advance such efforts across the country. However, more funding for public health is needed if the nation wants to improve health overall.

2. Ensure an adequate public health workforce that is trained to meet today's needs

As early as 2008, experts were already predicting the public health workforce shortage we are experiencing. Amid the current pandemic, the lack of well-trained public health professionals has dire consequences.⁷ There is a crucial need to build up the public health workforce and commit to sustaining it as a priority, even in the absence of a pandemic. Public health professionals can and do provide crucial services to keep communities safe; thus, appropriate staffing and training increases those communities' capacity to address SDOH.

In addition to increasing the number of public health professionals entering the field, it is vital that the nation address retention of those professionals, increase diversity so that the workforce represents the heterogeneous communities they serve, and ensure that health workers are trained and equipped to fill the many responsibilities of public health providers – including addressing social needs and SDOH.⁸ During the COVID-19 pandemic, tens of thousands of contact tracers were hired into temporary jobs. If funding were continued beyond the pandemic, many of these workers could remain in the sector to address the ongoing needs to protect the public's health.

⁶DeSalvo, K., Parekh, A., Hoagland, G. W., Dilley, A., Kaiman, S., Hines, M., & Levi, J. (2019). Developing a financing system to support public health infrastructure. *American journal of public health*, 109(10), 1358-1361.

⁷Center for State & Local Government Excellence. (2008). "The Impending Shortage in the State and Local Public Health Workforce." Available at: <https://slge.org/resources/the-impending-shortage-in-the-state-and-local-public-health-workforce>

National Public Radio (NPR). (2020). "As States Reopen, Do They Have The Workforce They Need To Stop Coronavirus Outbreaks?." Available at: <https://www.npr.org/sections/health-shots/2020/06/18/879787448/as-states-reopen-do-they-have-the-workforce-they-need-to-stop-coronavirus-outbre>

⁸Sellers, K., Leider, J. P., Gould, E., Castrucci, B. C., Beck, A., Bogaert, K., ... & Erwin, P. C. (2019). The state of the US governmental public health workforce, 2014–2017. *American journal of public health*, 109(5), 674-680.

3. Provide national leadership to coordinate efforts to address SDOH and public health's role

There is a need to provide national leadership and coordination for efforts to address SDOH and to solidify the important role public health can play in improving community health. This needs to be a government-wide effort, which crosses departments and agencies. All agencies of the federal government that have an impact on social determinants (e.g. those that address food, housing and transportation in addition to health) should apply a health equity lens to their work and coordinate to address SDOH.

Further, more intensive coordination is required within the Department of Health and Human Services (HHS). Within HHS, the Office of the Secretary should assure that there is an assessment of the impact of all relevant programs and policies on SDOH and health equity broadly. HHS should also fund, conduct, and translate SDOH research throughout the department's agencies and offices, including with the Centers for Disease Control and Prevention (CDC), National Institutes of Health (NIH), the Agency for Healthcare Research and Quality (AHRQ), the Centers for Medicare & Medicaid Services (CMS), Administration for Community Living (ACL), Administration for Children and Families (ACF) and the Health Resources and Services Administration (HRSA).

4. Invest in social services agencies as key partners in addressing the public's health

We have highlighted the crucial link between social need and public health and outlined crucial strategies to enable the public health sector to address social need and SDOH. However, as we have reiterated throughout this paper, health care, public health, and social care must work together. The COVID-19 pandemic has highlighted the importance of social service agencies and has laid bare their financial fragility, as many social services are delivered by small non-profit agencies who have been severely affected by the economic downturn associated with the pandemic. It is crucial that the social care sector has the necessary resources and policies to advance partnership with the public health and health care sectors. Investment in social services is needed; funding to social service agencies could be used to improve information and data systems and to assess and improve capacity to engage in SDOH activities nationally and locally. Further, social service agencies should be integrated into health care needs assessments, planning, and regulatory processes.

CONCLUSION

In our guiding principles, NASDOH acknowledges that public health departments and human and social services sectors are essential partners in efforts to address SDOH and they will need significant financial and human capital investments as well as supportive policies. The importance of these needed investments is clearer than ever against the backdrop of the COVID-19 public health emergency. We call for funding, flexibility, and leadership to build the public health sector's capacities so it can become a partner in addressing SDOH and building health and resilience that benefit the nation and prepare us for future emergencies.

<https://www.cdc.gov/policy/hst/hi5/interventions/index.html>



ABOUT NASDOH

The National Alliance to impact the Social Determinants of Health (NASDOH) is a group of stakeholders working to systematically and pragmatically build a common understanding of the importance of addressing social needs as part of an overall approach to health improvement. NASDOH brings together health care, public health and social services expertise, local community experience, community-convening competence, business and financial insight, technology innovation, data and analytics competencies, and policy and advocacy acumen to assess and address current regulatory frameworks, funding environments and opportunities, and practical challenges to implementing and sustaining social determinants of health efforts. To learn more visit us at www.nasdoh.org.

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