



September 20, 2021

Representative Cheri Bustos (D-IL)  
1233 Longworth House Office Building  
Washington, DC 20515

Representative Tom Cole (R-OK)  
2207 Rayburn House Office Building  
Washington, DC 20515

Representative G.K. Butterfield (D-NC)  
2080 Rayburn House Office Building  
Washington, DC 20515

Representative Markwayne Mullin (R-OK)  
2421 Rayburn House Office Building  
Washington, DC 20515

## **INTRODUCTION**

The National Alliance to impact the Social Determinants of Health (NASDOH) applauds Representative Cheri Bustos (D-IL), Representative Tom Cole (R-OK), Representative G.K. Butterfield (D-NC), and Representative Markwayne Mullin (R-OK) for launching the Congressional Social Determinants of Health (SDOH) Caucus to explore opportunities to improve the impact of efforts to address SDOH with federal support.

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 and economic vitality of families and communities. The Alliance 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. We seek to make a material improvement in the health of individuals and communities and, through multisector partnerships within the national system of health, to advance holistic, value-based, person-centered health care that can successfully impact the social determinants of health. To learn more, visit us at [NASDOH.org](https://NASDOH.org).

NASDOH appreciates your leadership in bringing together members of Congress to coordinate across SDOH-related jurisdictions and your intent to amplify evidence-based approaches to addressing SDOH to improve health outcomes and optimize federal funding. NASDOH has highlighted the [importance](#) of developing the evidence-base for SDOH interventions since our founding

## **COVID-19 HAS HIGHLIGHTED THE IMPACT OF UNDERLYING SDOH ON HEALTH OUTCOMES**

NASDOH recognizes your leadership in bringing increased federal attention to SDOH, and that the cost of inaction on SDOH has and continues to play out on the national stage amid the COVID-19 pandemic. The spread of this disease has highlighted in very stark terms the inequities that exist in American society, demonstrating the crucial link between SDOH and health. It is NASDOH's view that the observed disparities are due in part to the lack of attention on SDOH. Factors like subpar housing; few healthful, accessible, and affordable food options; violence; and other social factors lead to differences in quality of life and health measures in communities experiencing these challenges.

Before this pandemic, research showed that people are most vulnerable to poor health outcomes when they are poor, experience racism and other forms of discrimination, and lack insurance coverage and



access to quality care. These very same social and economic conditions that increase individuals' risk of poor health outcomes are increasing their risk of contracting COVID-19 and experiencing worse outcomes from the disease. People of color, who already face unique challenges due to disparate SDOH, must not only endure ongoing systemic racism, but also the disproportionately severe impacts from COVID-19. A Congressional caucus focused on SDOH can focus attention on ensuring that everyone, especially people of color and other underserved communities, have a fair and just opportunity to advance their health.

### **NASDOH'S RECOMMENDATIONS TO THE CONGRESSIONAL SDOH CAUCUS**

We believe that national attention on SDOH will serve to improve health and well-being while simultaneously reducing long-term spending on health care. Based on our members' extensive experience in SDOH on the ground and at the local level across sectors, NASDOH has identified several priority recommendations for a federal effort to advance SDOH, which we offer to members of Congress. We urge the Congressional caucus to take these recommendations into consideration as you set the caucus' strategic vision, goals, and priorities.

1. Use your caucus to advance a strategic and coordinated approach to address SDOH federally; this includes coordinating across the many departments which have jurisdiction over health determinants like housing, nutrition, transportation, employment, and other areas in addition to health care.
2. Focus on SDOH investments in program funding and integration, including by supporting legislation that directs agencies with relevant SDOH programs or investments to consider the use of waivers, demonstrations, and administration flexibilities (with strong guardrails) to connect health, economic development, social services, and other programs.
3. Call for the Office of Information and Regulatory Affairs' (OIRA) regulatory review to include an SDOH impact assessment and encourage the public to comment about the intended and unintended SDOH impacts of proposed regulations. In addition, encourage increased capacity for SDOH impact analyses of proposed policies at the agency level.
4. Use a wide range of health care financing mechanisms to support SDOH activity, including developing payment policies and models that promote whole-person care and address health-related social needs of patients, and developing legislative initiatives to clarify or broaden allowable uses of funding from federal health programs such as Medicare and Medicaid.
5. Support legislative proposals that revitalize public health, a key partner to address SDOH, including proposals to boost long-term funding for public health infrastructure and workforce.
6. Modernize data infrastructure to support SDOH data sharing and require modern, interoperable data systems to share information at the individual- and system-level
7. Support research and development to address SDOH, including but not limited to initiatives like a cross-cutting analysis of federal investments related to SDOH, a research initiative to quantify return on investment for SDOH interventions, and funding grants to conduct pilot projects to enhance the role of public health agencies in leading cross-sector initiatives on SDOH and evaluate the programs to further learning on the best models to scale up.
8. Offer support for the FY2022 appropriations of \$153,000,000 in funding to support the implementation of a Social Determinants of Health program at the Centers for Disease Control and Prevention (CDC), which would help local and state public health and other agencies to convene across sectors, gather data, identify priorities, establish plans, and act to address



unmet non-medical social needs and underlying community conditions such as those related to housing, food, utilities, safety, and transportation.

## **AREAS OF OPPORTUNITY FOR A CONGRESSIONAL SDOH CAUCUS TO PROMOTE A COORDINATED FEDERAL APPROACH TO INVESTMENT IN SDOH**

NASDOH encourages the Congressional SDOH caucus to consider how to advance a coordinated approach to addressing SDOH across Congressional Committees with SDOH-related jurisdiction and across departments including HHS, HUD, DOT, and USDA. Below we highlight several areas of opportunities and potential levers for a Congressional caucus to advance SDOH policy and programs.

### **1. Offer guidance on strategies and best practices in coordinating across departments and across agencies within HHS.**

Improving the nation's health requires us to address the effective coordination and allocation and investment of federal resources to impact SDOH. Greater impact requires greater collaboration and innovation between the sectors and the public and private spheres, and attention to the deep inequities across many systems, including education; infrastructure in urban and rural communities; food insecurity; environmental protection; economic conditions and labor market opportunities; criminal justice and the legal system; immigration; and political influence. Coordinating across the many relevant federal departments will require a sustained, governmentwide effort, supported by leadership at the highest levels. Because its membership spans multiple Committees of jurisdiction, the Congressional SDOH caucus is uniquely positioned to push for coordination across departments including HHS, HUS, DOT, and USDA, as well as across agencies within HHS, including Office of the Secretary, CDC, CMS, ACL, HRSA, and others. In addition, there is opportunity for the caucus to voice support for streamlining SDOH-related programs or SDOH-related services within certain programs, including Medicaid, CHIP, SNAP, and WIC.

### **2. Support investments in data interoperability at the local, state, and regional level to facilitate the sharing of SDOH data, the connection/coordination of providers across sectors, and the delivery of services across a range of providers.**

Creating a data ecosystem where SDOH data is shared seamlessly, privately, and securely is foundational to addressing the impacts of SDOH on individuals. It can also inform public and population health policy actions that impact SDOH upstream. One important challenge to meaningfully address SDOH is the fragmented communication and coordination between the public and private sectors providing clinical, social, and human services, and with the individuals and communities served. This fragmentation has many unfavorable consequences, including limiting the effectiveness of resource availability and allocation, negatively impacting the quality of care, and damaging health outcomes. As NASDOH described in [this paper](#), due to these challenges, there is a need for data standardization across departments as well as systems and technical support to achieve data interoperability across sectors such as health care, public health, and social services. Congress can support this through appropriations specifically for this purpose, making it clear that existing forms of grant funding can be used for this purpose, and by authorizing new programs such as the one envisioned in the LINC to Address Social Needs Act (S.509) described below.

### **3. Encourage local level, cross-sector collaboration to facilitate SDOH efforts and programs.**



Individual sectors have been deploying their own resources to address SDOH and social need. These efforts may chip away at the edges of larger structural issues, but to encourage this on a wider scale, contributions from a broader swath of community players will be needed. Addressing SDOH demands greater collaboration and innovation among sectors and public and private stakeholders. This can only be accomplished through multi-sectoral collaboration, in which stakeholders bring their individual assets to the table and build solutions to impact SDOH together. NASDOH developed [a toolkit](#) of resources for organizations to assist in this endeavor. Across the country, multisectoral collaborations, or alliances, are emerging and achieving success in addressing SDOH. However, multi-sectoral alliance efforts are not necessarily simple to develop and maintain. There is opportunity for this caucus to amplify and share best practices in cross-sector collaboration. NASDOH can help identify positive examples across the U.S., several of which are noted in the material below.

**4. Promote the use of pooled funding and other funding mechanisms that allow for opportunity to comprehensively address SDOH and share risk and returns across parties.**

Although coordinated investments in SDOH have the potential to improve wellbeing, we continue to observe underfunding of such efforts as well as inefficiencies resulting from programs and initiatives that are implemented in relative isolation. Fund pooling is one solution to support multi-sectoral collaboration for SDOH and overcome the “wrong pockets” problem. “Pooling” is used generally to describe the aggregation of funding from disparate sources to reduce the financial barriers to spreading and scaling successful multi-sectoral models. In the SDOH context, pooling acts as a mechanism to align incentives to collaborate across sectors – bringing together multiple pockets – and aggregate resources from different stakeholders and sectors over time. While interest in collaborative financing mechanisms grows, there are limitations on how public funding can be used in pooling arrangements. NASDOH encourages the Congressional SDOH caucus to support collaborative SDOH investment and expand allowances for public fund pooling. We have made [5 recommendations](#) that have the potential to improve community conditions and help Americans stay healthy, achieve wellbeing, and thrive economically in the long term.

**5. Encourage the use of program flexibilities and waivers to address SDOH, and assess the COVID-19 experience to identify principles for addressing SDOH in future efforts to respond to health and/or economic emergencies.**

The COVID-19 pandemic illustrates the role of Federal programs in an emergency and shows how important it is for these programs to be flexible enough to adapt to changing circumstances. The pandemic provides an opportunity, however unwelcome, to learn how programs can adapt – not only in preparation for future health or economic emergencies, but also to improve the performance and efficiency of programs that serve the needs of individuals and families every day. Notably, the pandemic has shown the importance of program flexibilities can be used to meet social needs and advance SDOH. Types of flexibilities that NASDOH urges the Congressional SDOH caucus to support include pushing existing administrative flexibilities to the limits, using authorities to grant temporary waivers, legislative enactment of new program rules, and new programs designed specifically for the COVID-19 environment. However, as NASDOH describes in [this issue brief](#), we are mindful of several considerations relating to the use of program flexibilities and waivers, including identifying the appropriate decision-makers and mechanisms, ensuring the appropriate “guardrails,” balancing effectiveness and accountability, and managing across agencies.



## **NASDOH SUPPORTS SEVERAL SDOH-RELATED BILLS INTRODUCED IN THE 117<sup>TH</sup> CONGRESS**

NASDOH has written in support of several SDOH-related bills introduced in the 117<sup>th</sup> Congress and encourages members of the Congressional SDOH caucus to advance SDOH-related bills introduced to Congress and continue to introduce SDOH-related legislative proposals to Congress.

- *S. 674 – Public Health Infrastructure Saves Lives Act (PHISLA)*, which would establish a new core public health infrastructure program, specifically providing \$4.5 billion in annual funding to bolster the nation’s efforts to fight the COVID-19 pandemic and strengthen its ability to respond to other public health challenges going forward. [NASDOH supports](#) efforts to increase activities for public health activities and particularly supports the legislative proposal to provide \$4.5 billion in annual funding to bolster the nation’s efforts to fight the COVID-19 pandemic, and strengthen its ability to respond to other public health challenges going forward.
- *S. 509 – Leveraging Integrated Networks in Communities (LINC) to Address Social Needs Act of 2021*, which would authorize \$150 million to HHS to award competitive grants to States (working through public-private partnerships) to establish or enhance technology platforms to refer and connect people to food, housing, child development, job training, and transportation supports and services. [NASDOH supports](#) efforts improve care coordination across the health care and social services sector and particularly supports this legislative proposal to leverage local expertise and technology to overcome challenges in helping to connect people to food, housing, child development, job training, and transportation supports and services.
- *H.R. 2503 – The Social Determinants Accelerator Act of 2021*, which would direct the Secretary of HHS to establish an interagency council on social determinants of health and make \$25 million available to state, local, and tribal governments to develop plans to target social determinants that are negatively impacting high need patients. [NASDOH supports](#) efforts to help states and communities better leverage programs and authorities to address the social determinants of health and particularly supports the funding and technical assistance H.R. 2503 will provide to devise approaches to coordinate services and improve outcomes and cost effectiveness in the Medicaid program.
- *H.R. 379 and S. 104 – The Improving Social Determinants Act of 2021*, which would authorize \$50 million for CDC’s SDOH activities, including grants to state, local, territorial and tribal health agencies and organizations to address SDOH in target communities; grants to nonprofits and institutions of higher education to conduct research and provide technical assistance; data collection and analysis; and federal coordination. [NASDOH supports](#) coordinated efforts to address the social determinants of health and particularly supports this bill’s provision to coordinate social determinants of health efforts across CDC and to ensure programs consider and incorporate social determinants of health in grants and activities
- *S.346 / H.R.959 – The Black Maternal Health Omnibus Act of 2021*, which would direct multi-agency efforts to improve maternal health, particularly among racial and ethnic minority groups, veterans, and other vulnerable populations, and address issues of maternal health related to the COVID-19 pandemic. [NASDOH supports](#) multi-agency efforts to leverage programs and



authorities to address the social determinants of health and particularly supports the investment in social determinants of health that influence maternal health found in S.346/H.R. 959.

## **NASDOH MEMBERS HAVE A WIDE RANGE OF EXPERIENCES ADDRESSING SDOH ON THE GROUND**

The [Alliance for the Determinants of Health](#) is a three-year community-based demonstration that began January 2019 with support from a \$12 million charitable contribution from Intermountain Healthcare. The Alliance, a community collaborative that seeks to improve physical, behavioral health, and social outcomes by addressing social need through connection to resources and improved coordination of care across the continuum, is modeled after CMS's Accountable Health Communities Model of awareness, assistance, alignment aim is being piloted in two Utah counties among SelectHealth's (ACO) Medicaid members. The chief aims are to scale best practices, reduce healthcare costs, and improve overall wellbeing of communities. Through this work, the initiative has found that screening for social need in a clinical setting is a cultural shift for both providers and patients, and simply asking the questions isn't enough unless the intent is sincere. In terms of metrics, a variety of measures outside of ROI can demonstrate success, including health outcomes, engagement in one's own health, improved coordination networks, and appropriate utilization.

The [BUILD Health Challenge](#), which includes NASDOH members the de Beaumont Foundation and Episcopal Health Foundation, focuses on multisector, community-driven partnerships to reduce health disparities caused by social inequity. The Healthy Homes Des Moines (HHDSM) initiative worked on reducing pediatric asthma-related hospital visits through improving social, economic, and environmental factors with the greatest impact on asthma. The goal of the initiative was to improve housing, health education, and indoor air quality, while promoting self-care and lifestyle changes. The approach included a four-step process beginning with referrals by examining patient and housing data. Referrals were made by hospitals, emergency rooms, clinics, and school nurses' offices. Next, a home inspector identified asthma triggers in each child's home which was followed by contractors making home repairs. Finally, community health workers conducted education programs for participants on how to control asthma symptoms. HHDSM experienced a handful of successes including the development of a robust, integrated partnership between fifteen partners including the Polk County Housing Trust Fund, three competing nonprofit hospitals, the local health department and school district, and several community organizations and a comprehensive, online data system providing health care providers a method of referring patients.

NASDOH member Google embedded an SDOH lens into the local community development strategy for its newest anchor campus in San José, California called [Downtown West](#). With deep collaboration with residents and stakeholders, Google designed a mixed-use community that has housing alongside jobs and spaces for gathering and recreation. Google created the Downtown West [Social Infrastructure Plan](#), which is a vision that centers on fostering an inclusive, welcoming place that creates new opportunities for residents and fulfills its shared goals of building physical, ecological, and social contributions to downtown. The plan includes a first-of-its-kind \$154.8 million Community Stabilization and Opportunity Pathways Fund that is 100% focused on social equity and involves community



participation in the grantmaking process, supporting 25% affordable housing in the local area, and investing in new walking and bike paths, parks, and other infrastructure.

NASDOH member Civitas Networks for Health has several member organizations engaged in local-level SDOH initiatives. One such effort is the [KC Health Collaborative](#), a multi-stakeholder regional health improvement collaborative in Kansas City. An important focus area for the Collaborative has been addressing the sustainability and efficiency of efforts to address social determinants and finding ways to facilitate more effective collaboration and coordination particularly between health care and social service organizations. The work began with two sets of workgroups – one made up of hospital and clinical representatives, and one representing community-based social services. The overarching goal for this work has been to ensure that collective investments in health and social services are used effectively and efficiently to expand regional capacity to address social determinants. The work illustrates the power of the Collaborative’s “common table” to bring stakeholders with different perspectives and interests together to identify common goals and opportunities for collective action. Currently the Collaborative has identified a set of actions and a proposed process around which it would like to move forward. [A description of this “strategic network” approach can be found here.](#) Key to this activity will be convening both hospitals and community-based organizations to identify ways to streamline, standardize, and simplify the processes and workflows. Finally, the fundamental challenge of funding, capacity and sustainability must be addressed for efforts to link health care and social services to be successful.

\*\*\*

NASDOH appreciates your leadership on addressing SDOH to improve health outcomes and optimize federal funding. Please consider NASDOH a resource as you navigate the federal SDOH policy space. We look forward to working with you and the Congressional SDOH Caucus. For more information on NASDOH and our members, please visit our website at [www.nasdoh.org](http://www.nasdoh.org) or contact Sara Singleton at [Sara.Singleton@leavittpartners.com](mailto:Sara.Singleton@leavittpartners.com)