



November 2021

**TO:** Rebecca Haffajee, Acting Assistant Secretary for Planning and Evaluation  
**FROM:** National Alliance to Impact the Social Determinants of Health  
**RE:** Comments on ASPE's report: "Building the Evidence Base for Social Determinants of Health Interventions"

Dear Dr. Haffajee:

The National Alliance to impact the Social Determinants of Health (NASDOH) appreciates the initiative of ASPE in sponsoring the report "Building the Evidence Base for Social Determinants of Health Interventions." We view this work of ASPE and the authors at RAND Health Care as an important contribution to the ongoing dialog on how federal policy and programmatic levers can be used to motivate and guide action on social needs and determinants.

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](http://NASDOH.org).

As you may be aware, NASDOH made a number of [recommendations to the incoming Biden Administration](#) that are aligned with a number of findings of this report. These include recommendations related to supporting research and development to address SDOH and for improving the data infrastructure. In considering the government-wide implication of your work, we also note our call for enhancing coordination (across HHS, and with other Federal agencies) on SDOH work.

Our members have reviewed the "Building the Evidence Base" report, and we are supportive of the findings as well as the recommendations for potential HHS actions that can help build the overall evidence base. We offer several perspectives and areas of emphasis:

1. **Terminology and Measurement:** We agree that a priority should be placed on standardizing terminology and measurement, and that this is prime opportunity for Federal leadership. HHS has multiple mechanisms and levers to begin this effort, and our expectation is that the broader community would welcome a coordinated federal initiative and would actively support the process. We note, however, that research can and should continue even while this process is underway because of the imperative to build the evidence base.
2. **Methods:** The implication of many of the report's conclusions is that there is an opportunity for federal leadership in exploring standards and new approaches to methods for assessing SDOH. The report rightly highlights the importance of focusing on broader measures of impact, including those beyond health outcomes. We also note that many studies relying on health outcomes use overly narrow measures (e.g., hospital readmission or short-term health care cost savings) rather than those that may capture more fundamental improvements in well-being, sustainability, functionality, or productivity. Similarly, many studies are limited to time horizons that cannot assess important longer-term impacts. Finally, a limitation of many studies that assess return on investment is that they fail to capture enough detail to link cost to benefit, perpetuating the "wrong pocket" problem and thereby limiting overall investment.
3. **Partnerships and Multi-Sector Interventions:** NASDOH is committed to building and sustaining multi-sector partnerships, and developed a [compendium](#) of resources to help communities with such partnerships in SDOH initiatives. We feel that this is an important area for further research. Additional evidence is needed to more clearly understand the benefits and limitations of multi-sector approaches in terms of both outcomes and sustainability, as well as to understand the benefits and limitations of interventions designed to address multiple risk factors for individuals and communities.
4. **Actionability:** ASPE's continuing attention to SDOH-related research and evidence can help focus researchers (and, perhaps, the funders of research) on developing actionable answers to real-world questions facing decision-makers in health plans and institutions across the US. The report's focus on research gaps can ideally be translated into a research agenda that, combined with new focus on methods as noted above, can accelerate adoption of proven interventions.

The evolution of the evidence for SDOH, widespread interest in moving from evidence to action, and growing federal and private investment in social needs and determinants also suggest that it's time for a more focused discussion on more systematic, ongoing approaches to synthesizing and highlighting actionable evidence. The ASPE/RAND report is an important step for understanding gaps, and it may be useful in elevating a discussion of what else can be done to advance and sustain the field.

An aspirational model might be the structured approach of the US Preventive Services Task Force and Community Preventive Services Task Force. These bodies, supported by HHS staff and resources, conduct systematic reviews in their respective domains and disseminate guidance in a way that clearly shows the source and strength of the evidence. This model, if applied to SDOH evidence, could make it easier for proven interventions to be more widely adopted (including through Federally funded programs like Medicare Advantage or Medicaid Managed Care), as well as to prevent unnecessary spending where there is negative evidence. The Task Forces also identify research gaps that may have inhibited a clear recommendation, thereby serving as a de facto call for relevant, actionable research.

Finally, NASDOH members feel strongly that the importance of supporting a more robust evidence base should not obscure the importance of taking action with evidence already available. NASDOH members are already taking such action based on many of the resources the ASPE/RAND report has highlighted, as well as locally generated data and early returns from their own innovations.

NASDOH appreciates your leadership on improving the evidence base for SDOH action. Please consider NASDOH a resource, and we would welcome the opportunity to further discuss our mutual interests. For more information on NASDOH and our members, please visit our website at [www.nasdo.org](http://www.nasdo.org), or contact me at [sara.singleton@leavittpartners.com](mailto:sara.singleton@leavittpartners.com).

Sincerely,

*Sara Singleton*

Sara Singleton  
NASDOH

## ABOUT NASDOH

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