



# NASDOH's Proposed Principles for Social Determinants of Health (SDOH) Research and Call to Action

## Introduction: Rationale for Expanding SDOH Research

Recent evidence has supported what we long believed to be true—social determinants of health (SDOH) have an impact on health outcomes. While there is significant and growing research on the associations between the social determinants of health and health outcomes, there is a need for more robust research, using consistent standards, definitions, and innovative methodologies to identify effective, scalable interventions that policymakers can implement to improve health outcomes.

Federal policy focusing on equity and SDOH, needs to be guided by a strong evidence base that is rigorously evaluated so that innovations can be scaled more widely, and the most effective can be prioritized. However, the lack of common definitions and standards for data or agreement on appropriate methodology inhibits a coherent body of research results that can be applied in policy and practice. Additionally, results of SDOH research (and the underlying data that is used in research) are often closely held due to proprietary or privacy reasons, with little funding or incentive for making research widely available.

## Principles for SDOH Research

NASDOH proposes the following principles to provide an over-arching framework for research conducted by all those funding or conducting SDOH research. Research studies on SDOH should be:

1. **Actionable:** Research needs to move beyond demonstrating or refining associations between adverse SDOH and poor outcomes and should focus on identifying effective policies, practices, and programs that can be implemented to address social needs of patients as well as broader community level interventions that address determinants. Research should focus on practical questions decision-makers face (e.g., the comparative value of alternative infrastructure or programmatic investments, or how to braid and blend funding sources). To the extent possible, research should also provide the basis for action by specific stakeholders (e.g., the impact of policy interventions, and the costs and benefits by type of stakeholder).
2. **Measurable:** Research portfolios should carefully balance the need for long-term studies with time to capture critical outcomes of interventions, but also recognize the importance of translating research into action (e.g., through interim measures). Similarly, research on SDOH should use outcomes measures that are as broad as practicable, expanding beyond process and short-term cost savings metrics to include longer-term health and well-being outcomes.
3. **Community-oriented:** SDOH research should be led by, or closely involve, community-based partners who are often the ones planning and implementing SDOH-focused solutions. The data



and findings should also be accessible to communities that were studied or that can benefit from findings.

4. **Equitable:** Research should be designed to address the unique needs and priorities of populations that face the greatest challenges. Priority should be given to studies that can address the needs of such populations, and, at a minimum, provide for the collection and release of detailed race and ethnicity data. Research involving all populations should be conducted in accordance with the highest ethical standards and with respect for populations that historically have not benefited from research in which they participate or have experienced historical injustice in medical research.
5. **Sustainable:** SDOH research should focus on how to achieve sustainable programs and interventions through policy change, sustainable funding streams, dedicated revenue sources, or other interventions that aren't dependent on discretionary grant funding.
6. **Integrated:** Studies should recognize that adverse SDOH are often the result of highly related social and economic factors, rather than narrower problems or programs. Within the limits of effective research design, research should seek to address the cross-sectoral nature of both adverse SDOH and their solutions.

NASDOH encourages all stakeholders, including federal and state governments, philanthropic organizations, and other healthcare entities, to adopt and apply these research principles to guide their SDOH research efforts. An ecosystem focused on SDOH research that is actionable, community-oriented, equitable, sustainable, and integrated, can make significantly more progress than one sector alone.

## Call to Action: Building SDOH Evidence for Action

The Federal government plays a critical role as the largest funder of health-related research, the largest payer of medical expenditures, and the stakeholder most likely to capture a significant share of benefits that might come from SDOH investments. To support building SDOH evidence for action, NASDOH encourages the **Federal government** to:

- 1) Accelerate existing efforts to improve the SDOH evidence base. NASDOH encourages the Federal government to:
  - Support additional funding for policy-focused research.
  - Facilitate research through data sharing and more rapid public data access.
  - Promote collaborative research efforts across Federal agencies. Opportunities for collaboration (including methods, data sharing, cross-sector research) could build on emerging community-oriented research initiatives like the cross-institute NIH “Community Partnerships to Advance Science for Society (ComPASS)” program and the evaluation component of CDC’s “Closing the Gap with Social Determinants of Health (SDOH) Accelerator Plans.”
  - Incorporate SDOH into other research conducted or supported by the Federal government.



- 2) Provide leadership on development of definitions and methodologies. NASDOH applauds the recent ASPE report “Building the Evidence Base for Social Determinants of Health Interventions” based on RAND’s environmental scan, interviews, and review of data sources. This report raised important issues including methods and standards. NASDOH encourages the Federal government to:
- Prioritize standardizing terminology and measurement. There is significant variability in the use of key descriptive terms (social needs, risks, determinants), and standards used for key variables across the relevant sectors which inhibits the standardization of data and assessment of results.
  - Explore standards and new approaches to methods for assessing SDOH, building on NASDOH’s SDOH research principles. HHS can lead efforts to articulate the range of appropriate research methods (and the appropriate place of RCT in this wider range of methods); identify measures of impact, including improvements in health outcomes, well-being, sustainability, functionality, or productivity; and identify appropriate time horizons for assessing impacts.
- 3) Broaden awareness of SDOH evidence to translate into policy and practice and maximize the value of research that is funded. NASDOH recommends that research should be accompanied by systematic mechanisms to compile, evaluate, and share information from research. NASDOH recently communicated with CMS regarding goals and strategies for a “[learning collaborative](#)” for Medicaid SDOH stakeholders; below, we broaden these for applicability across the wide range of stakeholders who generate and use SDOH evidence. A SDOH learning initiative could:
- Identify opportunities for collaborative or cross-sector research
  - Provide a forum for decision-makers in public and private sectors to identify decisions that would benefit from new research
  - Provide a forum for discussion of innovative research methods
  - Provide for rapid dissemination and implementation of research to help translate broad findings into action
  - Provide a forum for discussion of how research results are put into policy and practice
  - Serve as a cross-sector clearinghouse for evidence on outcomes, costs and benefits, and other elements that would aid decision-making.
  - Provide a mechanism for sharing of Federal policies and administrative actions that facilitate the adoption and implementation of research results
  - Provide feedback to CMS on priority areas for considering additional guidance or clarification of Medicaid policy; and
  - Promote the uptake of approved, effective interventions addressing social needs and determinants in the Medicaid population.

At the same time, philanthropic organizations, states, and other stakeholders can also accelerate SDOH research. There is also an opportunity to identify a mechanism to significantly expand and coordinate investment by public and private sectors where funding is provided by those who most benefit from the evidence generated through research.



NASDOH encourages **philanthropic organizations** to:

- 1) Collaborate with HHS on definitions, methods development, and identification of research priorities.
- 2) Support research that integrates research across health and non-health sectors, which is often challenging for categorical Federally-funded research; and take risks that can advance the development of innovative methods.
- 3) Provide resources for measurement and evaluation in all initiatives that address social needs and determinants.

NASDOH encourages **states, and other health care stakeholders** to:

- 1) Leverage federal flexibility to innovate in SDOH, with program designs and data collection that facilitates research on effectiveness.
- 2) Participate in innovative payment models, demonstrations, and other opportunities to test SDOH initiatives – and carefully monitor the impact.
- 3) Improve ascertainment of race, ethnicity, and other factors that facilitate equitable research on SDOH, and provide for the recording of social needs/determinants of patients that can be integrated with clinical experience and outcomes.
- 4) Participate in research and provide for research use of data from patient and provider records, with appropriate use and privacy protections.
- 5) Share results from evaluation of SDOH initiatives.

The Federal government, philanthropic organizations, states, and other health care stakeholders all have an important role in funding, studying, and disseminating research that will drive implementation of policy changes. Working in concert to adopt these research principles and implement the recommendations in the call to action, these stakeholders can significantly impact the social determinants of health and improve health outcomes.