



The Honorable Bernie Sanders  
Chair  
Committee on Health, Education, Labor, and Pensions  
U.S. Senate  
428 Senate Dirksen Office Building  
Washington, DC, 20510

The Honorable Bill Cassidy  
Ranking Member  
Committee on Health, Education, Labor, and Pensions  
U.S. Senate  
428 Senate Dirksen Office Building  
Washington, DC, 20510

Chair Sanders and Ranking Member Cassidy,

On behalf of the National Alliance to Impact the Social Determinants of Health (NASDOH) we appreciate the opportunity to respond to the Request for Information on the root causes of the current health care workforce shortage and potential ways to address it. We are pleased to offer our recommendations on addressing the health care workforce shortage.

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. We seek to make a material improvement in the health of individuals and communities and, through multi-sector partnerships, advance holistic, value-based, person-centered health care that can successfully impact the social determinants of health. 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. Please see our website for a list of NASDOH [members](#).

Addressing social determinants of health (SDOH) is a critical component of supporting the health care workforce, as research has highlighted links between clinician burnout and the ability to address patients' social needs.<sup>1</sup> Being able to help patients with health-related social needs can reduce provider burnout, support morale, and improve quality of care for patients.<sup>2</sup> NASDOH encourages Congress to consider efforts to address SDOH as an essential component of any legislation to support health care providers.

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<sup>1</sup> Annals of Family Medicine: Capacity to Address Social Needs Affects Primary Care Clinician Burnout, <https://www.annfammed.org/content/17/6/487.full>.

<sup>2</sup> Annals of Family Medicine: Capacity to Address Social Needs Affects Primary Care Clinician Burnout, <https://www.annfammed.org/content/17/6/487.full>.

There is a crucial need to build up the public health workforce and commit to sustaining it as a priority. 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.<sup>3</sup> Specifically, NASDOH has supported the Public Health Infrastructure Saves Lives Act (PHILSA) ([S.674](#), 117<sup>th</sup> Congress) to expand and improve the core public health infrastructure and activities, including support public health workforce activities.

Additionally, NASDOH members note the importance of utilizing community health worker (CHWs) as one strategy to ensure care is culturally and linguistically congruent. The Centers for Medicare & Medicaid Services (CMS) has made it clear that states can allow Managed Care Organizations (MCOs) to include community health workers (CHWs) in care teams; CMS notes that CHWs promote patient-centered care and provide needed linkages between beneficiaries and services. The American Rescue Plan Act of 2021 provided funding to train and recruit thousands more CHWs, so we anticipate this workforce will grow in the future. We encourage Congress to ensure that workforce programs and Medicaid funding can be used to sustain CHW programs over time and ensure that care is accessible to all.

We appreciate your focus on the health care workforce and look forward to future legislative action on this topic. 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).

Sincerely,

***Sara Singleton***

Sara Singleton

Principal, Leavitt Partners and Advisor to NASDOH

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<sup>3</sup> Sellers, 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.