NASDOH
NATIONAL ALLIANCE TO IMPACT THE SOCIAL DETERMINANTS OF HEALTH

March 21, 2024

The Honorable Bernie Sanders
Chairman, Senate HELP Committee
428 Dirksen Senate Office Building
Washington, DC, 20510

The Honorable Bill Cassidy
Ranking Member, Senate HELP Committee
428 Dirksen Senate Office Building
Washington, DC, 20510

Dear Chairman Sanders and Ranking Member Cassidy,

The National Alliance to Impact the Social Determinants of Health (NASDOH) appreciates the opportunity to respond to the Request for Information on the reauthorization of the Older Americans Act (OAA). We are pleased to offer our recommendations on how OAA can better serve older Americans.

About NASDOH

Founded in 2018 by Governor Mike Leavitt and Dr. Karen DeSalvo, NASDOH is a multi-sector coalition of stakeholders working to advance widespread adoption of effective policies and programs to address health-related social needs as well as the underlying social and economic conditions in which people live—often called social drivers of health (SDOH). NASDOH brings together stakeholders from different geographic regions with expertise in health care, public health, social services, patient and consumer perspectives, information technology, and business to share learnings, develop policy recommendations, and build consensus on solutions to address SDOH. NASDOH's work focuses on improving regulatory and reimbursement frameworks, supporting funding opportunities, and addressing practical challenges to implementing and sustaining public and private sector efforts to address SDOH as a core component of advancing health equity.

Addressing Social Drivers of Health Through OAA Programs

Services for older Americans, provided through the Older Americans Act, including social, nutrition, and long-term services, are critical for improving the health and wellbeing of older Americans. A 2020 report from the National Academies of Medicine found that "24 percent of community-dwelling Americans aged 65 and older are considered to be socially isolated, and 43 percent of adults aged 60 and older report feeling lonely."[1] Social isolation and loneliness have a significant impact on seniors' health. For example "social isolation has been associated with an approximately 50 percent increased risk of developing dementia; loneliness among heart failure patients has been associated with a nearly four times increase risk of death, 68 percent increased risk of hospitalization, and 57 percent increased risk of emergency department visits; and poor social relationships (characterized by social isolation or loneliness) have been associated with a 29 percent increase risk of incident coronary heart disease and a 32 percent increased risk of stroke."[2] OAA provides critical services for addressing the social needs and underlying social drivers

[1] National Academies of Sciences, Engineering, and Medicine. 2020. Social Isolation and Loneliness in Older Adults: Opportunities for the Health Care System. Washington, DC: The National Academies Press. https://doi.org/10.17226/25663. https://nap.nationalacademies.org/read/25663/chapter/2.
[2] National Academies of Sciences, Engineering, and Medicine. 2020. Social Isolation and Loneliness in Older Adults: Opportunities for the Health Care System. Washington, DC: The National Academies Press. https://doi.org/10.17226/25663. https://nap.nationalacademies.org/read/25663/chapter/2.

of health for older Americans. The bipartisan reauthorization of OAA can make a material difference in the lives of older Americans, as well as their families, caregivers, and the health and social services systems.

Preserving Flexibility is Key

The OAA's comprehensive, coordinated, and flexible approach for providing services and supports to older individuals is central to the success of the program, and we encourage Congress to continue and build on this approach to improve health and wellbeing of older Americans. The COVID-19 pandemic demonstrated how valuable it is for these programs to be flexible enough to adapt to changing circumstances, including the importance of program flexibilities to meet social needs and advance SDOH. For instance, COVID-19 flexibilities supported grab-and-go or pick-up meal options for seniors. NASDOH believes that continued flexibility for communities to address the needs of their populations is important for improving outcomes and that SDOH policies should be "developed with community-based partners who are often the ones planning and implementing SDOH-focused solutions as well as individuals with lived experience."[3] NASDOH appreciates that OAA's input-gathering and planning mechanisms (i.e., area and state plans) directly engage older adults, their critical caregivers and other key community stakeholders and drive the development and implementation of current and future programs at the local level. These local determination and flexibility elements are an essential strength of the OAA and should be maintained by Congress.[4]

Cross-Sector Partnerships and Coordinated Funding Should Continue to Be Prioritized

In 2023, NASDOH outlined a five-year vision for the broader SDOH landscape, which included "establishing pathways for cross-sector partnerships using categorical program funding; facilitating cross-enrollment in federally funded health and social programs; and supporting state innovation in program administration through waivers, demonstrations, and funding flexibility with appropriate guardrails."[5] Providing flexibility for decisions to be made at the local level to address health-related social needs for older Americans, as well as the underlying social and economic factors and local cultural needs and expectations is fundamental to improving health and reducing health disparities and has been a hallmark of success for OAA.

Released in November 2023, the U.S. Playbook to Address Social Determinants of Health highlighted that the Administration for Community Living (ACL) "is providing technical assistance to grantees explaining how ACL discretionary grants under the Older Americans Act (Title III-D) can be combined with Medicare reimbursements for medical nutrition therapy to deliver nutrition services to older adults."[6] The Playbook also notes that "ACL works closely with the [the U.S. Department of Agriculture] to encourage states and communities to respond to food insecurity through the Older Americans Act nutrition program, Benefits Enrollment Centers, assisting people to enroll in SNAP, and helping people access the USDA home modification programs."[7] This works precisely because federal policy simultaneously sets broad, person-centered parameters while supporting programmatic decision making at the local level. Cross-agency and cross-department collaboration are critical to bringing together the resources to address health-related social needs as well as the upstream drivers of health. NASDOH encourages Congress continue to support

[3] The Social Determinants of Health Federal Policy Landscape: A Look Back and Ahead, NASDOH, https://nasdoh.org/wp-content/uploads/2023/05/NASDOH-Five-Year-Anniversary-Issue-Brief.pdf.
[4] Recommendations for the Reauthorization of the Older Americans Act, USAging, https://www.usaging.org/Files/USAging-OAAReauth-Recommendations-Final-Version.pdf.
[5] The Social Determinants of Health Federal Policy Landscape: A Look Back and Ahead, NASDOH, https://nasdoh.org/wp-content/uploads/2023/05/NASDOH-Five-Year-Anniversary-Issue-Brief.pdf.
[6] U.S. Playbook to Address the Social Determinants of Health, the White House, https://www.whitehouse.gov/wp-content/uploads/2023/11/SDOH-Playbook-4.pdf.
[7] U.S. Playbook to Address the Social Determinants of Health, the White House, https://www.whitehouse.gov/wp-content/uploads/2023/11/SDOH-Playbook-4.pdf.

coordination across OAA and other services to support comprehensive, sustainable approaches to address the needs of older Americans.

Another example of a coordinated funding approach is ACL's Community Care Hub National Learning Community program. Community Care Hubs serve as the bridge between community-based organizations, healthcare payers and providers, and public health systems to provide services to address health-related social needs. They centralize administrative functions and operational infrastructure including contracting with healthcare organizations, payment operations, management of referrals, service delivery fidelity and compliance, technology, information security, data collection, and reporting. Specifically, "hubs can finance nutritional assistance in a community, including outreach, enrollment, and home delivered meals, through a combination of US Department of Agriculture benefits, the ACL Senior Nutrition Program, Medicare Advantage supplemental benefits, and Medicaid-funded services."[8] The Community Care Hub National Learning Community program allows selected organizations to participate in shared learning, information and resource sharing, and technical assistance coordination with the goal of building the strength and preparedness of each Community Care Hub to address health-related social needs and public health needs through contracts with healthcare entities.[9]

Consider the Unique Needs of Rural Seniors

NASDOH also encourages Congress to consider the unique needs of seniors living in rural communities. People living in rural areas are more likely to have chronic diseases such as heart disease, obesity, and diabetes, in comparison to non-rural residents,[10] and face additional challenges in accessing health care and improving health outcomes. Issues such as hospital closures, transportation barriers, food insecurity and access to healthy foods, and availability of broadband all impact health disparities in rural communities.[11] For example, people living in rural areas often have to drive further to receive care. A study from the University of Washington found that median travel to access care for rural Medicare beneficiaries in small rural communities was 22.5 miles (31 minutes), whereas urban Medicare beneficiaries traveled 9.2 miles (18 minutes).[12] This is a substantial barrier for beneficiaries who do not have access to reliable transportation as missed appointments can result in adverse health conditions.

NASDOH member, USAging, represents and supports the national network of Area Agencies on Aging (AAAs) that help older adults and people with disabilities live with optimal health, well-being, independence and dignity in their homes and communities. According to the 2022 National Survey of Area Agencies on Aging, 43 percent of AAAs provide social engagement programming tailored to the needs of older adults living in rural areas. We encourage Congress to continue to support the programs and flexibility that allows for this important work.

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[8] Improving Health And Well-Being Through Community Care Hubs, Health Affairs, https://www.healthaffairs.org/content/forefront/improving-health-and-well-being-through-community-care-hubs

[9] The Social Determinants of Health Federal Policy Landscape: A Look Back and Ahead, NASDOH, https://nasdoh.org/wp-content/uploads/2023/05/NASDOH-Five-Year-Anniversary-Issue-Brief.pdf.

[10] Need for Addressing Social Determinants of Health in Rural Communities: https://www.ruralhealthinfo.org/toolkits/sdoh/1/need-in-rural.

[11] Need for Addressing Social Determinants of Health in Rural Communities: https://www.ruralhealthinfo.org/toolkits/sdoh/1/need-in-rural.

[12] Ensuring Age-Friendly Public Health in Rural Communities: Challenges, Opportunities, and Model Programs: https://www.tfah.org/wp-content/uploads/2023/08/Rural_Healthy_Aging_Brief_FINAL.pdf.

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We appreciate your focus on reauthorizing OAA this year. Please consider NASDOH a resource on SDOH issues. Should you have any questions or wish to discuss our comments further, please contact Sara Singleton at Sara.Singleton@LeavittPartners.com.

Sincerely,

Sara Singleton

Sara Singleton
Principal, Leavitt Partners and Advisor to NASDOH

cc:
Senator Bob Casey
Senator Susan Collins
Senator Mike Braun
Senator Ed Markey
Senator Tim Kaine
Senator Markwayne Mullin