

# The Improving Social Determinants of Health Act of 2020

H.R. ####

#### **Background:**

Social and economic conditions such as those in housing, employment, food security, and education have a major influence on individual and community health.¹ These conditions – often referred to as the Social Determinants of Health (SDOH) – are receiving increased attention from insurance companies, hospitals, healthcare systems, and governmental agencies interested in improving health outcomes and controlling costs.² In 2018, U.S. Secretary of Health and Human Services (HHS) Alex Azar highlighted the necessity of addressing social determinants of health in HHS's work, including at the Centers for Medicare & Medicaid Services (CMS).³ For example, the CMS Innovation Center's Accountable Health Communities (AHC) pilot program funds 31 health systems to identify unmet health-related social needs of their patients and create referral mechanism to address them.⁴ Its goal is "testing whether systematically identifying and addressing the health-related social needs of CMS beneficiaries will impact health care costs and reduce health care utilization."

However, while clinicians can identify non-medical social needs and make referrals to other organizations, they cannot ensure that there are adequate resources and policies in place to meet the needs of the referred. In addition, many of the social determinants that are being supported by health care systems are short term – temporary housing, nutrition, or transportation – and do not necessarily address the underlying economic and social factors in communities beyond the individual patient.<sup>5</sup> AHCs and other payer-supported models need support from public health and other sectors to create the communication mechanism, collaborations, programs, and policies to assure that patients' social needs are met. Public health departments are uniquely situated to build these collaborations across sectors, identify SDOH priorities in communities, and help address policies that inhibit health (see Figure 1).

#### THE SOCIAL DETERMINANTS SPECTRUM

Roles for Public Health Departments (PHDs) in Italics

Screening for necessary social, economic and safety issues in clinical & other settings

PHDs can offer best practice screening materials & can aggregate/analyze data across facilities regarding need. In-house social services assistance (at clinical site where screening is performed)

health, community organizations and other sector reps to promote linkages, advocate for SDOH-related reimbursement & develop community resource materials

PHDs can convene

Anchor Institution promoting equity via hiring, investments, community benefits

PHDs can collaborate with one or more anchor institutions, assist them in prioritizing, evidence-based approaches & community-wide strategies Communitybased social and related services: single or multiple programs or services

PHDs can
demonstrate
need with data,
make case for
funding for
needed services
and/or fund
programs
themselves

Changes to laws, regulations or community-wide conditions; working across sectors

PHDs can provide evidence of need and demonstrate efficacy of policies and laws that promote health and address the SDOHs

Figure 1. Source: Trust for America's Health

# The Improving Social Determinants of Health Act of 2020 H.R. ### Summary

H.R. ### was introduced by Rep. Nanette Diaz Barragán (CA-44) on [date].

### The bill will authorize the CDC to create a program to:

- 1. Improve health outcomes and reduce health inequities by coordinating CDC SDOH activities.
- 2. Improve capacity of public health agencies and community organizations to address SDOHs.

#### The program would:

- Coordinate across CDC to ensure programs consider and incorporate SDOH in grants and activities.
- Award grants to state, local, territorial, and Tribal health agencies and organizations to address SDOHs in target communities.
- Award grants to nonprofit organizations and institutions of higher education to conduct research on SDOH best practices; provide technical assistance, training and evaluation assistance to target community grantees; and disseminate best practices.
- Coordinate, support, and align SDOH activities of other agencies, such as the Centers for Medicare and Medicaid Services (CMS) and others.
- Collect and analyze data related to SDOH activities.
- Authorize \$50 million annually for program activities.

#### **Supporting National Organizations:**

- Trust for America's Health
- [Placeholder]

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#### Citations:

<sup>1</sup> Taylor, L et. al, "Leveraging the Social Determinants of Health: What Works?" Yale Global Health Leadership Institute and the Blue Cross and Blue Shield Foundation of Massachusetts, June 2015

https://bluecrossmafoundation.org/sites/default/files/download/publication/Social\_Equity\_Report\_Final.pdf

<sup>2</sup> See Social Interventions Research & Evaluation Network (SIREN) at University of California, San Francisco for evidence of effective programs for identifying and addressing social risk in healthcare settings. <a href="https://sirenetwork.ucsf.edu">https://sirenetwork.ucsf.edu</a>

<sup>3</sup> Azar, AM. The Root of the Problem: America's Social Determinants of Health. HHS. November 14, 2018.

 $\underline{https://www.hhs.gov/about/leadership/secretary/speeches/2018-speeches/the \_-root-of-the-problem-americas-social-determinants-of-health.html$ 

<sup>&</sup>lt;sup>4</sup>Accountable Health Communities Model." CMS. 2019. https://innovation.cms.gov/initiatives/ahcm/

<sup>&</sup>lt;sup>5</sup> Castrucci, B. & Auerbach, J. "Meeting Individual Social Needs Falls Short of Addressing Social Determinants of Health." Health Affairs Blog. January 16, 2019. <a href="https://www.healthaffairs.org/do/10.1377/hblog20190115.234942/full/">https://www.healthaffairs.org/do/10.1377/hblog20190115.234942/full/</a>