



TRUST FOR AMERICA'S HEALTH
SOCIAL DETERMINANTS OF HEALTH CONGRESSIONAL BRIEFING
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>> Good afternoon and welcome to our social determinants of health congressional briefing hosted by aligning for health and trust for America's health. My name is Tim Hughes. We would like to thank our speakers and audience for being with us today.

For today's webinar, audio will be accessed through your computer's speakers or head phones. Realtime captioning is provided today by Lenore Schatz of -- provided today by Lenore Schatz. For captions click the multimedia viewer icon. Next on the right side of your screen locate the link on the captioning panel. At the captioning window disappears click the multi-media viewer icon to bring it back.

We encourage you all to share your thoughts and questions about today's presentation by typing them into the Q&A box. We will try to answer as many questions as we can as time permits. To open the Q&A box panel, click the circle with three dots at the bottom of your screen. From there select on panelist in the drop down menu so your questions will get sent to the correct location and press enter.

It is my pleasure to now introduce Daphne Del Gado. Daphne is the senior relations manager where she focuses on chronic disease prevention and control priorities including obesity, nutrition, health care, financing and public health funding. Welcome, Daphne.

>> Thank you, Tim. Welcome everyone today. We are so glad for you to join us all. Like Tim said, I am Daphne Del Gado. I'm senior government relations manager at trust for America's health. Both myself and Melissa will be moderating today's session. Melissa, do you want to quickly introduce yourself?

>> Sure, hi, welcome, everyone to the webinar. My name is Melissa Quick and I'm a co-chair for aligning for health.

>> Tim, next slide, please.

So just a quick run through of what we expect to go through today. We will do a few welcomes and introductions. A welcome of who trust for America's health is and who aligning for health is. We will do a brief presentation of an overview of what social determinants of health are and why they are important. And we will open it up to our main panelists. Then after they do introductory remarks, we will open it up for a robust question and answer discussion where we hope to go through as many audience questions as possible.

So just as a quick introduction for those of you who don't know who trust for America's health is, we are a non-profit non--- and we are really focused on promoting optimal health for every person and community in the U.S. And we do that by making the prevention of illness and injury a national priority. Most widely known for the number of reports we issue on a whole variety of public health topics. Each report contains a section of evidence based recommendations that make prevention and health equity focused -- that make recommendations for programs and policies. Some examples of topics of recent reports include our annual reports on obesity, emergency preparedness, public health funding. We've done a series of brief on COVID-19 specific issues. And we have done a recent briefing series on suicide and substance misuse.

Now Melissa will introduce aligning for health

>> Thank you, Daphne. So aligning for health is an advocacy organization is that focused on addressing barriers and challenges that limit our ability to limit -- as the coalition, we are focused on developing and -- and to create opportunities for states and local governments, health care organizations and non-health care organizations to work together to develop cross sector coordinated solutions to address heal and social needs.

We are here today to talk about congressional opportunities to support effective and innovative approaches to addressing social determinants. First to provide a bit of background. Social determinants are the conditions or environments that we inhabit including our communities, our homes, our access to healthy foods and education, employment, transportation, racism and discrimination. These factors all have an impact on our health and overall well being. For instance, people without access to grocery stores with healthy foods are at higher risk of developing obesity, diabetes or heart disease and as we have seen over the course of 2020, social factors such as type of employment, housing -- and transportation options have exacerbated the impact that COVID-19 has had on certain communities.

So although we currently spend over \$3.6 trillion on health care per year in the United States, the health care services that we receive are estimated to contribute only about 10% of our health outcomes. With social determinants and individual behaviors driving the remainder. With the growth and value based care and focus on advancing health equity, social determinants are receiving increased attention from insurance companies, hospitals, health care systems and governmental agencies interested in improving health outcomes and controlling costs. Unfortunately, however, the siloed way which health care, public health and social services are paid for have -- a coordination within government agencies and also across private and non-profit organizations in the health and social services sectors. Breaking down these silos and

incentivizing collaboration between programs and systems will help to ensure they are effective in improving health and well being.

As Melissa said, social determinants of health are those factors that significantly impact a person's health like where they live and where they work. But much of our health care system is really based on looking at those immediate factors so instead of waiting for individuals to get sick and treat them, public health needs to be prioritizing what we call primary prevention which aims to prevent disease or before it occurs. Right now if you see on that graph we are usually focused the majority of our efforts in that mid-stream section. We are looking to address the individual social needs of patients looking to change certain programs. But in order to make a long-term difference, question not solely look at individual needs. We need to do what we call going upstream and we need to look at those community needs. So for example, we are seeing incredible innovations in health care and health insurance right now. For example, Medicare Advantage pays for certain patients or beneficiaries to have Uber rides to doctor's appointments. Or to provide temporary housing. Or providing two weeks worth of meals after a hospital discharge, things like that. And these are incredibly important mid-stream efforts without attending to the social needs of individual patients they may never really get the health outcomes that they need. While those efforts are important and necessary, we really need to complement those mid-stream efforts to look for community-wide changes.

For example, if we are offering Uber rides to the doctor's appointments because patients can't make it on their own, we also need to be looking at the whole community and making sure that the transportation system is set up in a way is that effectively meeting the health needs of its communities. That's what we mean by going upstream and we can do that for all of the social determinants of health issues whether it's transportation, food security, employment, things like that.

And I should also -- we should have said this at the beginning, but after the presentation a few days afterwards we will have the recording available so we will send you the recording and a copy of the PowerPoint slides. I know that's always a popular question.

Getting back to the presentation, we -- health care and public health need to be empowered to work together to address social determinants of health. Right now in how health care and public health are usually implemented or funded, there can be a big silo but if we can break down those silos either on the federal level or on the local level, we can ensure that patients and communities are getting the services that they need. This is a quick example that you can look at in more in-depth later once we send the materials of what kind of -- how public health and health care can work together to -- for example, in that first left hand most column on the top, health care systems can work to implement screenings for necessary social, economic and safety issues in their clinical and outpatient settings. In turn, community based organizations and public health departments can offer those health care settings the best practice screening materials that can aggregate and analyze that data across the facilities and they can coordinate what are the community-wide needs and resources available to the community.

>> There are examples across the country where organizations vary as state Medicaid agencies, aging services agencies, public housing authorities and others have started to work together to complete the spectrum of activities that Daphne just referenced in the previous slide. However, often these examples are few and far between. The siloed nature of the program funding and data collection and reporting make it difficult for entities to stitch together comprehensive and cohesive programs and services. To help address these issues and to ensure improved outcomes, members of Congress have introduced several pieces of legislation that would improve collection of data related to social determinants to provide guidance for the Medicaid and CHIP programs to address social needs would require the Federal Government to develop cross agency advisory councils related to social determinants and provide funding to states or other eligible organizations to plan for and build cross sector capacity to address social determinants. Today you will hear from our panelists about the first two on this list here in particular, the improving social determinants health act and the accelerator act. We wanted to know that beyond the list on the slide here there are a number of bills that are introduced over the past to years or so that seek to address the social determinants and improve health disparities and we expect the hundreds in Congress will be even more more active in this space. With that, the next slide. I will introduce the panelists.

>> So first we will have Liam who is a senior policy advisory for representative Cheri Bustos and then Josh who is a legislative director. And then from Kristen Flukey who is a legislative assistant. And then from Shane Hand. And then Kripa who is health policy adviser for senator Tina Smith. The panelists will be speaking on behalf of their bosses, their comments do not reflect their own views. We will start with Liam.

>> Thank you very much, Melissa and thank you very much for having me on this call. As mentioned, I am Congress woman Cheri Bustos health staffer and for a little bit of background my boss represents Illinois 17 congressional district which includes much of northwestern and central Illinois with the Mississippi River as the district's western boundary. The 14 counties in the district, 11 are rural and then three have -- three are the biggest population centers which include Rockford, Peoria and then the quad cities. Our priorities for the 117th Congress are focused on social determinants that are impacting our communities and others around the country. So for instance like many other districts Illinois 17 faces things like health provider shortages and food deserts which undoubtedly this is negatively impacting health outcomes.

To combat these issues this Congress -- my office along with reps coal and McGovern. We introduced the social determinants accelerator act. This legislation just to give a brief overview of it would create an interagency advisory council on social determinants of health, the council made up of experts from many different agencies including HHS, HUD, agriculture, many others. So this council along with CMS would make up to \$25 million in grants available to state, local, tribal governments to develop plans to fix local social determinants of health that are negatively impacting Medicaid populations. So the council would provide things like technical assistance to grantees to help them implement their plans and find existing federal resources to help meet their goals. The grant like this could be used by city like Peoria, Illinois, to develop a plan to fight things like food deserts. So we are happy that this bill has gotten a lot of bipartisan support so far in Congress so we have 44 bipartisan co-sponsors. The legislation has been endorsed by over 80 national organizations and has also been introduced on the senate side by

senator Todd young out of Indiana. I would say for the 117th Congress our goal is really reintroducing this legislation and hopefully by the end of the Congress making sure that this legislation becomes law. But I also wanted to mention that there is still work going on for the 116th Congress here in the last few days. So one thing that I'm watching closely is the this end of year package. For the House fiscal year 2021, labor healed and human services funding bill we including many provisions from the social determinants accelerator act in the funding legislation. This includes the social determinants council and awarding \$10 million worth of grants in a pilot program to local communities. So I'm watching this closely hoping that this gets included in the end of year package here within the next day or two. With that, that's really our priorities for this Congress and I will go ahead and turn it over to Josh.

>> Thank you, Liam. I'm Josh. I'm the legislative director. Focused mainly on her health care portfolio for work and energy in Congress in the health committee. The issues around minority health, health disparities and social determinants are incredibly important to the Congress woman so she represents a district in south central Los Angeles so it's incredibly working class. About 90% Latino/African-American. We deal with a lot of issues around access to transportation. A lot of issues around food insecurity. There is a lot of environmental justice issues so there is a few freeways that surround the district and port of Los Angeles. So this leads to a lot of chronic conditions. There are high rates of asthma in the district. The Congress woman likes to talk about seeing kids having inhalers around their necks. We have high rates of diabetes. One of the highest rates in California and around the country. So she seen first hand sort of how social determinants affects the constituents and the current pandemic has exacerbated the issues. In response to that, we introduced the improving social determinants of health act so this would be a bill that would provide funds to the CDC to establish a program focus specifically on social determinants to work sort of within other agencies and coordinate. It would establish a grant program for state, local, territorial, tribal health agencies to tackle this issue. And it would also award grants to non-profit organizations and institutions of higher education to conduct research on social determinants of health best practices. So some of the other things that we are focused on tangentially in this space, I mentioned environmental justice legislation. So we introduced the legislation relating to greening our ports, called the climate smart ports act and invest in clean energy and for a quick transportation issues to reduce that pollution in communities of color have to deal with living so close to our nation's ports. Also dealing with -- we did a bill the clean energy micro bill which will provide removal energy micro bridge to communities and low income communities to sort of tackle issues around natural disasters. So if there is a forest fire or earthquake, hurricanes at places like hospitals and low income communities can keep the power running. That sort of where we are in this Congress. Like Liam said, looking forward to see what is in the end of the year package and hoping there is investment here especially for low income communities like congresswoman's district.

With that, I will pass it along to Kristen.

>> Thank you all for having me. I appreciate your time. So my name is Kristen. And I am the health legislative assistance for congresswoman Rodgers. She represents the district of Washington State which is eastern Washington. Directly borders Idaho and we represent Spokane which is the second biggest -- in Washington State. Other than Spokane, the district is fairly rural so we have a unique opportunity to see the social determinants of health aspect from

all over the map. Whether it's urban, suburban or rural. The issues that are brought to my boss' attention which led her to help introduce the social determinants of health accelerator act are the specifically one issue that resonated with her is the issue of hospital discharging patients who are acute health issue is over so they are being discharged. They have nowhere to go due to homelessness or no support at home for a variety of factors. And then they end up getting re-admitted and the health issues never subside and that increases health costs and increases health outcomes and she was putting her head together with district stakeholders to alleviate the issue.

Another one in terms of from a rural aspect is the transportation issue. A lot of elderly folks in our district have had trouble getting to doctors appointments therefore they are foregoing cancer screenings and other preventive care. With that like I said before, and it's been mentioned earlier she helped -- the -- alongside Bustos and McGovern. And one other thing that she has kind of trying to put a finer tip on is the oftentimes when we discuss health care and health portability and accessibility we are only referring to insurance and coverage and kind of wonkier things and something that's been resonating with her recently is that we need to continue the conversation as it relates to underlying health issues why Americans are unhealthy and fix the root problems, promote healthy behaviors and that will ultimately promote better outcomes and lower costs. Yeah, so with that I am happy to turn it over to Shane and happy to take questions at the end. Thank you all.

>> Thank you for having me today. I work for congressman Tom Cole who represents the fourth district of Oklahoma. For reference that's the suburbs of Oklahoma City down to the south portion of the state so we have some suburban areas but also have a lot of rural areas which is kind of what brought us into the social determinant conversation. For reference, in Oklahoma 34% of Oklahomans are living in rural areas so access to transportation and timely access to care is a very important issue. 16% of Oklahomans do live in poverty and experience the challenges associated with that whether that is often stability, the act to have access to utilities and another 14% lack insurance and one in six individuals is food insecure. Oklahoma has recognized this. They do a study this year where they went out into the community and surveyed individuals throughout the state and came back with finding that access to healthy food and access to safe spaces for physical activity and education transportation were the state's main barriers to having a healthy population and that's what attracted us to the social determinants accelerator act. Congress woman's team came to us and had a good opportunity for states like ours to use Medicaid dollars more flexibly and address the need of their population. We were encouraged to see that our state is looking at this issue specifically within Medicaid. We had a referendum earlier this year where our state decided to expand Medicaid and because of some of the cost concerns that the state has had, it's looking at managed care model and has really made social determinant a crucial part of any plan of the managed care organization has to come in so in its request for the proposal it's upfront with any interested organization that they have to have in their proposal in examples of how their operational structure and practices will support the integration of social determinants of health within their plan of care for the state's Medicaid population how they will identify which segment of the population have which social determinant issue. And then how they will integrate all of that within the delivery of care. So we think that Medicaid is a great place to sort of address these issues for very vulnerable population and we hope that Congress 117th after we have dealt with the coronavirus and how

that had a disproportionate impact on certain communities to look at these issues. And I will turn it to the next panelist.

>> Thank you all for having me. It's an honor to participate in a bipartisan discussion on such an important topic. I am the health policy adviser for senator Tina Smith who represents the entire state of Minnesota. She starts from the value that all people should have access to quality health care that they can afford. So I think what we r when we dive deep why some people have access to better insurance than others you know that there are upstream factors that impact whether someone has access to affordable health insurance in the first place. When you look back even further and peel that onion back further you compare health outcomes between groups it's obvious there are social influences of health that are a bigger factor than medical influences and I think Kristen made this point. We know that clinical treatment accounts for 10 to 20% of an individual's overall health while 80 to 90% of health outcomes are driven by social determinants of health. The sole determinants drives the disparities that are exacerbated of communities of color. And communities of color are -- healthy food, suffer greater exposure to air pollution and -- by growing levels of poverty and unemployment. This is why we see COVID-19 having a great impact on communities of color during the pandemic. From a federal perspective, we should discuss and address these issues more upstream which has been discussed by everyone so far. This is why senator Smith was interested in introducing the senate companion to the improving social determinants of health act. Senator Smith is a member of the member of the health committee and on committee of Indian affairs. That's why the senate continues to -- includes a non-competitive set aside for tribes and tribal organizations which are historically at a disadvantage from accessing federal grant programs. And regarding the bipartisan nature of this issue even though our bill is not bipartisan in the senate I think there is an opportunity to push on this issue in a bipartisan manner in the next Congress especially working with our friends in the House. If we make the economic argument why improving social determinants of health not only improved health outcomes that reduce the -- the health care, I think we can see that there is an obvious common ground on this issue. I also -- will be important priority for the Biden and Harris administration. Senator Harris is a supporter of our bill in the senate and our legislation to establish a task force on racial and ethnic disparities at the federal level there is a lot of good opportunity and just excited to be part of the discussion and happy to answer any questions.

>> And thank you to all of our panelists for those opening remarks. I think it sets the stage for a robust and important discussion. Just as a reminder to the audience, if you do want to ask a question, please do it under the Q&A feature of the WebEx platform at the bottom of your screen. You can see the three dots. Click on the Q&A box and then the select all panelist. We will try to get to as many questions as possible in the time that we have left.

To kick us off, I do want to ask all of the panelists just a quick forecasting question. So as the 717th Congress starts next month, what do you think are the biggest opportunities for social determinants of health policy? You know, included in that question are there any issues that you think are going to become more active or become more important in 2021? And do you think there are any specific issues that where there might be special alignment between Congress and the incoming administration? I open it up to whoever wants to start.

>> I could jump in there. So I think I kind of spoke up a little bit about this in my opening comments. I think there is going to be great opportunity to be creative on this issue. I think given the Biden/Harris administration priority on health equity, I think there are a lot of ways which we represent specifically when it comes to addressing the social determinants of health. How do we kind of push on the White House to make a greater commitment to make sure that the different agencies are communicating and collaborating on the issues that it can't be all under the jurisdiction of HHS. That's one thing I think is going to be important. But also thinking through creative ways on how to we work with CBO or OMB to provide estimates on the impact on health and equity is on budgetary projections or financial projections. I think that's requesting to be helpful in making these arguments and making more sustainable changes, too.

>> So I think we will have a few opportunities in larger packages. Sort of like another COVID relief package early in the year potentially maybe infrastructure. There is a lot of opportunities like I was mentioning investing in ports or investing in other areas where we can get some areas -- some funding that will help address social determinants and I think proposition bills are a good -- appropriation bills are a good avenue for that where I think an alignment with the Biden administration I see a lot of bipartisanship around the issue of maternal mortality. We had some hearings in the house side on that issue earlier this year. So I think addressing that where there is huge disparities in maternal mortality I think we might be able to do something around food insecurity or housing access and affordability. I also think that there is a potential relating to access to higher education. I know the Biden administration is pushing education plan especially investments and things like community college. So I think all of these types of investments can be very helpful to try to address social determinants.

>> One of the ways that we think that this can be addressed in the next Congress is making sure that when something is given out under different programs for the appropriation the COVID relief package or any other of the legislation that it's done in an equitable matter. The -- on American Indians and Alaska native, my boss does as well. He is a member of the Choctaw nation and introduced funding for health care and social services. Does include eligibility for travel perms and tribal health departments and we found quite a few times in the first draft of the bill they are left out. And then we have to go as our office and say this is important to us and here is our perspective and how this affects Oklahoma and a number of our tribes and how they are being without funding and that happened quite a few times in the beginning of any COVID relief package and gotten better and gotten the first draft now which is making sure that remains is at the forefront of everybody's minds and making sure that all communities have access to the funding.

>> Great. We can move on to the next question. So Shane and a couple of the other panelists have mentioned the growing influence of health inequities across the country and in large part a lot of the recognition is due to COVID-19 pandemic and how it is really been shown to impact certain communities more than others. I'm curious your thoughts on how you from your individual perspective and from your perch on the hill have seen the discussion on health disparities and social determinants change over the course of the last nine to 12 months however long ago March was. And as individuals that faced certain health and social needs during social isolation or how COVID-19 has impacted their communities.

>> Happy to jump on this one, Melissa. I think the conversation has changed or refocused in a lot of different ways throughout COVID. I mean, I think everyone has seen the statistics coming out about how different communities of color are disproportionately impacted by COVID-19. I mean, that is a major focus and something that we would like to address here in the coming future, I think. You know, COVID has really shined a light on health care provider shortages. One thing that we have seen at least across my district including in rural areas is if you don't have enough providers already when they unfortunately get sick, that makes the problem even worse. So that is really propelled how provider shortage is a major issue in our country. So I would say those are two that have jumped to the forefront there. You know, another one I heard a lot of is a lack of access to mental health when the pandemic hit, a lack of mental health providers and then a switch over to telehealth, the inability to provide those services like group therapy via telehealth which is very difficult. My way of thinking is there is a lot of changes how we are discussing social determinants of health with the pandemic for sure.

>> Yeah, I might also just piggyback in on what Liam mentioned. As I mentioned before my boss is' district is very rural and kind of I guess a symptom of the virus itself is the fact that a lot of hospitals had to eliminate their scheduled procedures and things like that so a lot of our critical access hospitals have had to close down a lot of -- other than their emergency departments a lot of their scheduled procedures which cut off their revenue. Although we provided \$175 billion I think it was to the relief -- so I would just second what Liam said in terms of provider shortages and we need to think of creative ways to help our critical access hospitals and other rural providers.

>> We were going to take some of the panelists questions now. My first question to you all is especially COVID-19, again, social determinants of health runs the gamut of all of these different factors that affect one's health. But given the cost of poor health to our nation, how can we get policy makers like your boss or even other elected officials, whether they are on the state level or federal level to consider the health impact of all decisions in different sectors. Like infrastructure like Josh was talking about or transportation like Kristen or Shane had mentioned, food, environment. In other words, how can we push for a national health in all policies commitment? Is there an appetite for that?

>> Yeah, I'm happy to jump in here. Think there certainly is an appetite from all of our bosses for sure. To have a more robust conversation in both policy proposals on this trend. I think as I mentioned a little earlier I think it's going to be really important to spell out the economic savings and federal savings that can come if you address these factors upstream as opposed to always focusing on the medical care side as opposed to the social management side. And so I really do think it comes down to how are we assessing and scoring our different bills and policies and regulations that we put out and how can we work with the congressional budget office and -- to make sure we are able to have a more robust assessment of these savings because I think that has been an issue that has held up a more meaningful progress on this front. Things like that is an obvious place to start pushing it.

>> Piggy becoming on what Kripa was talking about. I remember my time in the senate offices we tried to work on legislation that would have I think dynamic scoring. So I think the CPO scores the first ten years of a policy but a lot of work in the preventive health space you see those

savings long term. So you need to allow CBO to look forward more into the future so they are able to drive down scores on bills so people can actually see the savings that these bills provide.

>> And there is a bill in the house that does some of that where rather than scoring health bills on a ten year basis you have that -- the CBO does an additional 30 years so you start to see the savings. The costs at the beginning you can see oh, the ten year but look at the money we saved later on. So I think it's the passing legislation like that where you can look at a longer term window where we aren't just thinking on the false ten year increments that we are looking at generationally what's happening here.

>> We were getting questions on return on investment and outcomes and how do you ensure success of any legislative approach that feature social determinants. One challenge that we have encountered a lot in thinking about this issue is wrong pockets situation where you might address social determinants in one area and not in one area so it makes it challenging to make sure that it functions appropriately. So one of the panelists or -- sorry, a participant asked a question thinking about how to think about this in more of a cross sector manner and I'm curious what extent you have thought about ways to ensure that to the extent there is return on investment or are thinking about the long term budget implications of these preventive measures. How can you think about that or cross different sectors beyond just the health care sector and so on. Don't all jump at once.

>> I can start. At a basic level it might seem -- traditionally measure return on investment in terms of how much money do you save or recoup. And that might not seem like the kind of -- we do have finite resources in the Federal Government to finding ways to more flexibly spend more money and spending it a wiser way to make those funds go further. I know in Oklahoma as an example a couple of years ago the state had a small pilot program where they had a couple of different populations that had specific health needs and sort of looking at some social interventions they could make to help the populations and they found for every dollar they spent they saved \$3 in medical spending. Not only improve the health of the individual but you saved three times as much as you spent for net \$2 saved for every dollar. I think talking about the return of investment is looking how you improve the life of an individual and look at the money we were saving and where can we spend that elsewhere to continue making further investments for individuals.

>> When I think of when I think of return on investment when we talk about these bills and investing in social determinants is how I think my preference on investment is improving health outcomes and that would be number one to say the least. At the end of the day if we were saving the Federal Government money by improving those health outcomes, that is great, too. So I think it's both of those pieces but for me number one is definitely the health outcomes.

>> Related to the discussion, we have gotten several questions on this return of investment but we have also gotten this question of how do you appeal to some of these members of Congress that may not want to be spending money on investments and social determinants of health, particularly housing and food insecurity. Do you guys have any advice to the audience on how advocates can best appeal social determinants of health to their elected officials?

>> I can start. I don't want to speak for other offices. What is effective, I think, for my boss and when people come in to advocate for certain issues is always related to the district, always related to how these policies will impact people and do it to -- as granular way as possible to be like, well, this middle school will qualify for this grant or this community center can get this type of resource. And the more you do that and you sort of -- it's a snowballing effect where you can take that -- as a staff you can take that to the boss and be like, look, this bill will greatly benefit your constituents and that sort of I feel like is a good way to at least get in the door to try to get some of these policies moving.

>> I completely agree with that. My boss is a conservative woman so in terms of the granular aspect that Josh mentioned I think that would be very helpful because if you look through a legislator's eyes they have to justify government spending to their constituents so if they give an example that a constituent can understand in terms of a local school or a local homeless shelter or something like that receiving fund which are helping the community is much more easy from our perspective to justify using taxpayer dollars a certain way that if you look on a national level they might not totally understand the impact it's having but when you break it down locally that's much more helpful. And I'm not going to speak for all Republicans but my boss in particular appreciates the idea of the government giving grants to local governments and states so that they can implement their own practices and policies rather than heavy handed mandates from the government. But that's just my boss.

>> I agree completely. I think from my boss' perspective she really appreciates when constituents come in and share their voice and share their stories specifically and letting data guide her talking points on why these issues matter. If you really use your stories to illustrate what this actually means and why it will have better health outcomes I think painting that picture to say if we invested more in social determinants of health then we wouldn't have these -- when it comes to COVID-19 or maternal mortality or heart disease. I think that's really important for my boss and I think they really do pay attention to those constituent's perspectives for sure.

>> Another question we got that comes off of this and to some of the remarks that you all made as part of your opening remarks, but it asks if you can speak to what you are hearing in your districts and are the social determinant issues generally the same or how do they get between rural, suburban areas.

>> I can try to answer that question. Since I think the entire state of Minnesota we have rural areas and urban areas so certainly the challenges are different across the state. To provide specific example where we introducing legislation called the rural mom's act. Specifically focused on addressing the maternal mortality in rural areas. When we were digging into the data and I think what was shocking to us is to see when you see a lot of these rural hospital closures the data suggests it's actually tends to be in counties where there is a greater proportion of African-American residents and the hospital closure is more like to take place so I think people have an assumption that sometimes in rural areas you aren't going to see the same type of racial disparities as you do in rural areas but we were shocked to see that. But then again when you talk about other issues like -- access that we think we need to talk about investing more in rural areas to make sure that they have access to Wi-Fi, high-speed internet, I think we also have seen this is an issue with our urban Indian populations in the Twin Cities when they don't have access

to high-speed internet in their own homes like they rely more ongoing to the library for that, for that access. So it's kind of like crosscutting issues in different ways. And I think really relying on the data and evidence is helpful and understanding there is a certain approach in one area versus another. I don't know if that answers the question but provide some illustration.

>> I think a special challenge that groups on the ground and nationally struggle with is that addressing upstream factors that drive these needs related to social determinants of health no one system can do this alone. That's what we have been talking about, right? So how can legislators help encourage, incentivize, support these cross agency collaborations, perhaps break down silos of this problem that Melissa mentioned early on. What is the role of I guess Congress or your bosses to really kind of break down those silos to help these sectors work together to solve or to address these social determinants of health?

>> I can jump on that one. I think that we can play an important role in addressing these issues these different silos. For instance, social determinants accelerator act that my boss introduced with rep Cole and McMorris Rodgers is designed to tackle this issue with the social determinants of health interagency council. If we have people from HHS, education, labor, agriculture, all discussing these issues, working on these problems, helping local communities work through their local social determinants of health, I think that's a really good way to tackle the issues. So I think that my boss is a good example of taking on that issue and probably are other strategies to make this work as well. I think we do have a role to play here.

>> Yeah, I will join in and do a plug for my boss' bill as well. Investing in local public health departments, giving them money on the ground where they know where to spend it to try to address these issues I think is very important. I think our bill also encourages collaboration amongst agencies and the executive branch to sort of tackle this issue.

>> What kind of role do you think that CBOs or providers or how can they best partner with you all to kind of raise potential opportunities or solutions or challenges that they are facing beyond just giving specific examples, you know, of housing to work in your district. What kind of partnership can they provide to you as you are thinking about these issues moving forward?

>> I'll jump out here on this one. If you guys are seeing a specific problem on the ground or have a policy idea or even your trade organizations think you have a policy idea that you think can be helpful in fixing these issues, I want to hear them all day long. You know if you guys reach out to many different congressional offices and say you have that policy idea, we may not agree with the policy idea but we will have the conversation and if it reaches our priorities find a way to move that forward. If you have an idea that fits my member or other members, I say reach out. I'm always super happy when someone comes to me with an idea that really works well. It's always a great thing to do.

>> So recognizing we have five minutes left, I do want to give the panelists just an opportunity for any closing remarks if they have any. So I guess I will just ask this question that you guys can tie into your closing remarks. How can -- sorry, Liam just mentioned this. But how can advocates best work with you and work with Congress to ensure that information is flowing and that we are working on the issues that need to be worked on?

>> I think I totally agree with everything we laid out. I know that my office has an open door policy for anyone -- I mean, not right now because we are all teleworking. But feel free to reach out and forward along your policy recommendations and request time to meet. I think we are always willing to sit and chat with constituents from Minnesota to talk about their ideas and suggestions. And I also think that we have really successful collaborations with stakeholders who are able to provide technical assistance on the legislation we drafted and -- based on your specific experience and how a certain grant program works and what are the additional flexibility you need in the legislation that may have -- the work you have tried to do in the past. I think we certainly take that into account and appreciate that feedback. But I think I would close on that to say that I think we are all here to serve our bosses and serve their constituents and I think along with that goes an open door policy and welcome hearing from all of you about this issue and --

>> Yeah, I agree with everything that Kripa and Liam laid out and goes for me. Open door policy. When we aren't in the middle of the pandemic. Happy to have an e-mail dialogue, hop on the phone whenever. I think it's also helpful for stakeholders and other folks who might have an idea to do your research and understand the members' district priority, legislative agenda, what the district looks like. Just kind of makes it easier for us to review legislation and review proposals and come back with quick comments and the more data the better. Yeah, I would also close on that and thank you all so much for having me and if there is anything I can do to be helpful feel free to reach out.

>> Shane or Josh, do you have any closing remarks?

>> Yes, thanks again for putting this together and having us all here. Just sort of parroting what everyone said. Reach out. I think my boss is very supportive of anything that is going to move the ball forward I think at improving health equity and outcomes. So related to the improving social determinants of health like that came out of the meeting I had unrelated and the ball started rolling when we had a conversation and here we are. So I think whenever you want to reach out do it. I have a lot of space in my in-box and we can have a conversation.

>> I would echo everybody else's point. Just reach out to your members and their staff and let them know what you are doing in the community and what problems you see are and more importantly what you think the solution should be because a lot of times we think that we know this is a problem and how best to address it and take it in and there is actually a better with a I to do this. And don't even know what the problems are until somebody who is on the front lines comes in and explains it to us. For instance, I work on a bill for my boss that just passed the house a couple of days ago and it was an issue I didn't know existed until somebody came into the office and explained how it was personally affecting them and then through meeting with them again and other people around the -- that had experienced that problem gave us an understanding of it and seeing what their solutions would be versus what we thought would be the best solution. Ya'll have more information on this than we can -- and understanding than we could hope so and we rely on your expertise to please begin to reach out to us to let us know what you see and what you think we should do.

>> Thank you all to the panelists. Tim, you can go to the next slide. I want to deeply thank the panelists and the audience for your time on this important issue. We hope that you have found this briefing valuable. Please feel free to reach out to either me or Melissa. Again, these slides will be provided to you in a few days and you can always contact us then.

For the audience that's still on the line, we just really want to make sure that while these five congressional staffers represent members of Congress who are really leading this issue, all elected officials have to be involved in this. We suggest that -- or we highly encourage you to reach out to your own members of Congress to tell them what an important issue this is. You know encourage them to co-sponsor the bills that we talked about today. And let them know that this is an issue that groups on the ground in their communities are paying attention to and that they want something done.

Again, thank you so much for your time on behalf of trust for America's health and aligning for health. We all hope that you have a great rest of your day and rest of your week. Bye, everyone.