Social Determinants of Health (SDOH) Program

Centers for Disease Control and Prevention (CDC)
National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP)
FY 2022 Labor HHS Appropriations Bill

<table>
<thead>
<tr>
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<th>FY 2020</th>
<th>FY 2021</th>
<th>FY 2022 President’s Request</th>
<th>FY 2022 TFAH Request</th>
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<tbody>
<tr>
<td>Social Determinants of Health</td>
<td>$0</td>
<td>$3,000,000</td>
<td>$153,000,000</td>
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**Background:**
Social and economic conditions – often referred to as the Social Determinants of Health (SDOH) – such as housing, employment, food security, and education have a major influence on individual and community health. Indeed, as an example, people who do not have access to nutritious foods, because they cannot afford healthy foods or because there are no nearby grocery stores, are less likely to have good nutrition. In turn, this raises a person’s risk of several health conditions, like obesity, heart disease, diabetes, etc. While traditionally, insurance companies, hospitals, health care systems, and governmental agencies would focus on the disease, public health is increasingly focusing on SDOHs in order to prevent the disease altogether.

While payers and healthcare systems are increasingly starting to screen, identify, and make referrals to other organizations for non-medical social needs, they cannot ensure that there are adequate resources and policies in place to meet the needs of the referred or that resources are equitably adopted. Current efforts supported by health care systems are short term – such as temporary housing, and nutrition after medical discharge, or transportation – and do not necessarily address the underlying economic and social factors in communities beyond the individual patient.

Public health departments are uniquely situated to gather data from multiple sources, identify gaps in services, build collaborations across sectors, identify SDOH priorities in communities, and help address

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**THE SOCIAL DETERMINANTS SPECTRUM**

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<thead>
<tr>
<th>Roles for Healthcare</th>
<th>Screening for necessary social, economic, and safety issues in clinical &amp; other settings</th>
<th>In-house social services assistance (at clinical site where screening is performed)</th>
<th>Anchor institution promoting equity via hiring, investments, community benefits</th>
<th>Community-based social and related services: single or multiple programs or services</th>
<th>Changes to laws, regulations or community-wide conditions: working across sectors</th>
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<td>Roles for Public Health Departments (PHDs)</td>
<td>PHDs can offer best practice screening materials and can aggregate/analyze data across facilities regarding need.</td>
<td>PHDs can convene community organizations and other sectors to promote linkages, develop materials &amp; advocate for SDOH-related reimbursement.</td>
<td>PHDs can collaborate with one or more anchor institutions, assist them in prioritizing, evidence-based approaches &amp; community-wide strategies.</td>
<td>PHDs can demonstrate need with data, make case for funding for needed services and/or fund programs themselves.</td>
<td>PHDs can provide evidence of need and demonstrate efficacy of policies and laws at promote health and address the SDOHs.</td>
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policies that inhibit health (see figure). Indeed, public health’s expertise lies in working across sectors and partnering with communities to ensure that programs have the greatest impact possible.

Impact:
Given appropriate funding and technical assistance, more communities could engage in opportunities to address social determinants of health that contribute to higher healthcare costs and preventable inequities in health outcomes. Funding for the Centers for Disease Control and Prevention (CDC) would support local and state public health or other appropriate agencies to convene across sectors, gather data, identify priorities, establish plans, and act to address unmet non-medical social needs and underlying community conditions such as those related to housing, food, utilities, safety, and transportation.

Congress provided $3 million to establish a new SDOH program at CDC’s National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP) in FY2021. TFAH proposes building on this initial investment by appropriating $153,000,000 in funding to support the implementation of a Social Determinants of Health program with goals to:

1) improve health outcomes and reduce health inequities by coordinating social determinants of health activities across CDC,
2) improve capacity of public health agencies and community organizations to address social determinants of health in communities,
3) award grants to state, local, territorial or tribal public health agencies and other eligible entities to address social determinants of health in target communities, and
4) award grants to nonprofit organizations and nonprofit institutions of higher education to conduct best practices research, provide technical assistance and disseminate best practices.

Currently, over 380 organizations support the Improving Social Determinants of Health Act of 2021 (S. 104/ H.R. 379), which would authorize and delineate the specifics of a SDOH program at CDC.4

FY 22 Appropriations Recommendation:
TFAH recommends that a Social Determinants of Health program in CDC’s National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP) be funded at $153 million for FY 2022. TFAH recommends that funding for a SDOH program is made in the context of an overall increase for NCCDPHP, which is critically needed to address chronic disease conditions that account for more than 90% of the nation’s $3.5 trillion in annual healthcare costs.

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1 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
3 Healthy People 2030 has literature summaries on 19 SDOHs and their connection to health outcomes. See https://health.gov/healthypeople/objectives-and-data/social-determinants-health/literature-summaries