

Social Determinants of Health (SDOH) Program

Centers for Disease Control and Prevention (CDC) National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP) FY 2023 Labor HHS Appropriations Bill

	FY 2021	FY 2022	FY 2023 President's Request	FY 2023 TFAH Request
Social Determinants of Health	\$3,000,000	\$8,000,000	\$153,000,000	\$153,000,000

Background:

Social and economic conditions – often referred to as the Social Determinants of Health (SDOH) – such as housing, employment, food security, education, and transportation, have a major influence on individual and community health.¹ Indeed, these factors are estimated to contribute 80-90% to a person's health outcomes, while traditional healthcare only accounts for 10-20%.² For 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, such as obesity, heart disease, or diabetes.

Payers and healthcare systems are increasingly starting to screen, identify, and make referrals to other organizations for patients' non-medical social needs, but they do not necessarily address the underlying economic and social factors in communities beyond the individual patient.³ While healthcare focuses on treatment of disease, public health is increasingly focusing on the social determinants of health in order to prevent disease and promote optimal health. Public health departments are uniquely situated to do this work by gathering data from multiple sources, identifying gaps in services, building collaborations across sectors and with community organizations, identifying SDOH priorities in communities, and addressing policies that inhibit overall health and well-being (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.

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

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. In FY2021 Congress provided \$3 million to establish a new SDOH program at CDC's National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP). CDC is funding 20 jurisdictions to develop plans to help accelerate proven public health actions to prevent and reduce chronic diseases. To build the evidence base for future SDOH work, CDC evaluated existing multi-sector coalitions that are working to advance health equity through SDOH-centered solutions. In a first-year evaluation, CDC found that of 42 SDOH community partnerships evaluated, 90% of them contributed to community changes that promote healthy living. Of the 29 partnerships that reported health outcomes data, their programs are projected to save \$566 million in medical and productivity costs over 20 years.⁴

SDOH Accelerator Plans Recipient Map



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:

Improve health
outcomes and reduce
health inequities by
coordinating social
determinants of health
activities across CDC;
 Increase capacity of
public health agencies and
community organizations

to address social determinants of health in communities;

- 3) Award grants to local, state, tribal, and territorial public health or other appropriate agencies to support interventions promoting better health with culturally tailored interventions to reduce health inequities in communities at highest risk; and
- 4) Award grants to nonprofit organizations, institutions of higher education, and other groups to conduct best practices research, provide technical assistance, and disseminate best practices.

Currently, over 480 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.⁵ Given the demonstrated impact of existing public health SDOH work, this program contains enormous potential to streamline services, promote equity, and improve community health outcomes.

FY 23 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 2023, as requested in the President's FY 2022 budget. This level would enable CDC to expand SDOH activities in all states and U.S. territories. 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.⁶

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

https://bluecrossmafoundation.org/sites/default/files/download/publication/Social_Equity_Report_Final.pdf ²https://nam.edu/social-determinants-of-health-101-for-health-care-five-plus-five/

³Castrucci, B. & Auerbach, J. "Meeting Individual Social Needs Falls Short of Addressing Social Determinants of Health." Health Affairs Blog. January 16, 2019. <u>https://www.healthaffairs.org/do/10.1377/hblog20190115.234942/full/</u>

⁴ https://www.cdc.gov/chronicdisease/programs-impact/sdoh/pdf/GFF-eval-brief-508.pdf

⁵ TFAH fact sheet on S. 104/H.R. 379: <u>https://www.tfah.org/wp-content/uploads/2020/08/SDOH-bill-fact-sheet.pdf</u>

⁶ https://www.cdc.gov/chronicdisease/about/costs/index.htm