Social Determinants of Health (SDOH) Program

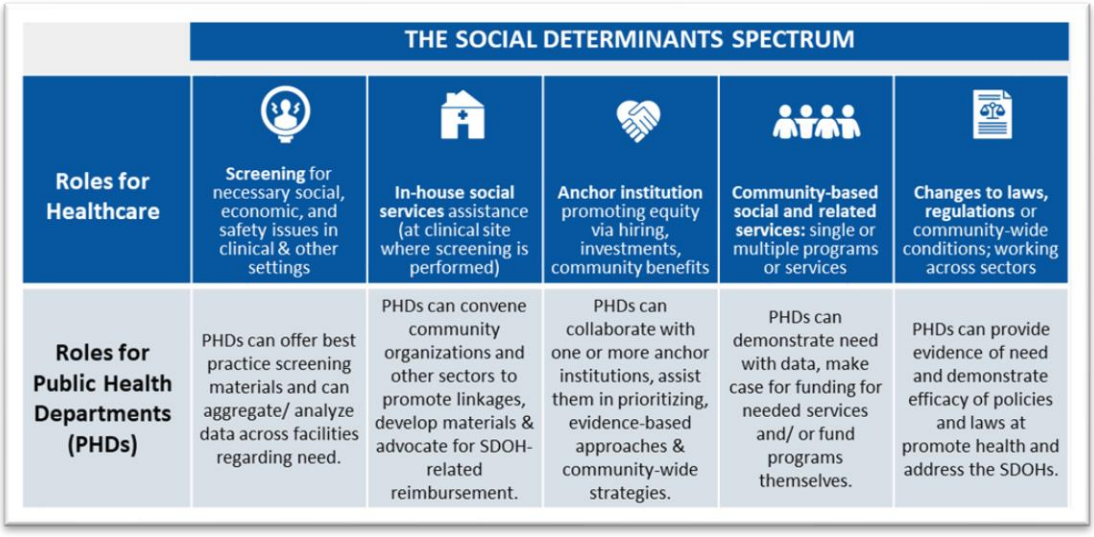
Centers for Disease Control and Prevention (CDC)
National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP)
FY 2025 Labor HHS Appropriations Bill

	FY 2023	FY 2024	FY 2025 President's Request	FY 2025 TFAH
Social Determinants of Health	$8,000,000	$6,000,000	$8,000,000	$100,000,000

Background:

Non-medical drivers of a person's health– often referred to as Social Determinants of Health (SDOH) – such as housing, employment, food security, education, and transportation, have a major influence on individual and community health.[1] These factors are estimated to contribute 80-90 percent to a person's health outcomes, while healthcare only accounts for 10-20 percent.[2] For example, a person may not be able to eat healthy because they cannot afford nutritious foods or because there are no nearby grocery stores that stock fruits and vegetables. In turn, this raises a person's risk of several health conditions, such as obesity, heart disease, and diabetes.

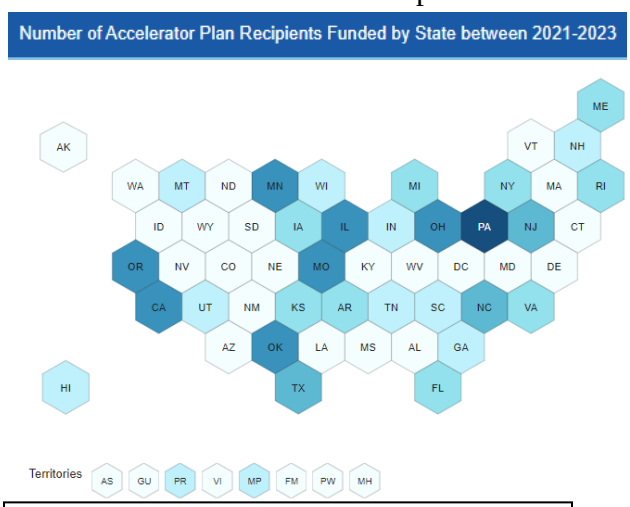
Healthcare and public health sectors play unique, complementary roles in addressing health-related social needs. Payers and healthcare systems are increasingly recognizing the need to screen, identify, and make referrals to other organizations for individual patients' non-medical social needs.[3] Healthcare systems need additional support to build community-clinical linkages and address patients' health-related social needs. Health departments and public health organizations are uniquely situated to address the broader non-medical needs in communities by gathering data from multiple sources, identifying gaps in services, building collaborations across sectors (including with the healthcare sector) and with community-based organizations, and identifying and addressing policies that inhibit overall health and well-being (see figure). By providing additional guidance, incentives, and

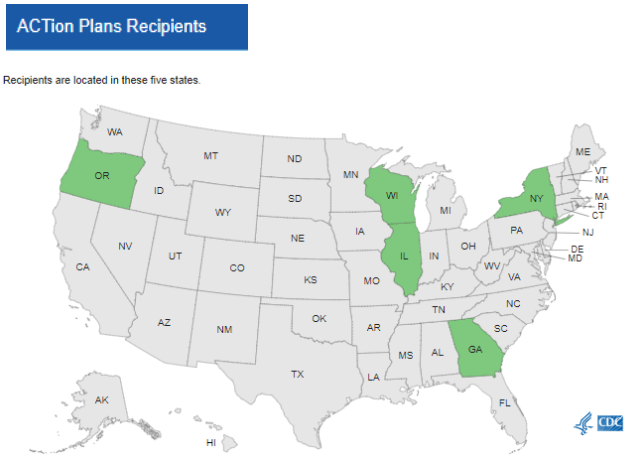


frameworks, public health can also mobilize to address the upstream factors of health that hospitals treat in individual patients.

Impact:

Given additional funding and technical assistance, more communities could engage in opportunities to address social determinants of health that contribute to higher healthcare and societal costs and preventable inequities in health outcomes. For FY 2023, CDC is funding 15 jurisdictions to develop plans to systematically address SDOH and five jurisdictions to implement and evaluate established SDOH intervention plans.





Source: CDC; Darkest blue: 5 grants, Lighter blues: 1-4 grants, White: 0 grants

To inform future and ongoing SDOH work, CDC studied successful multisector community partnerships (MCPs) across the country as part of the Improving Social Determinants of Health – Getting Further Faster (GFF) initiative. In the first year, 42 MCPs participated in a rapid retrospective evaluation to better understand and inform how these partnerships perform meaningful work to improve chronic disease and advance health equity by addressing SDOH. Researchers found that of the 42 GFF 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 $644 million in medical and productivity costs over 20 years.[4]

TFAH proposes building on these initial investments by appropriating $100,000,000 in funding to further support the implementation of a Social Determinants of Health program with goals to:

1) Increase capacity of public health agencies and community organizations to address non-medical drivers of health in communities;
2) Award grants to local, state, territorial and tribal, public health departments or other appropriate agencies to support interventions promoting better health with culturally tailored interventions to reduce health inequities in communities.
3) Award grants to nonprofit organizations, institutions of higher education, and other groups to conduct best practices research, provide technical assistance, and disseminate best practices.
4) Improve health outcomes and reduce health inequities by coordinating social determinants of health activities.

Over 500 organizations supported the Improving Social Determinants of Health Act of 2021 (S. 104/ H.R. 379), which would authorize the SDOH program at CDC.[5] Given the demonstrated impact of existing public health SDOH work and demand from communities for SDOH funding, the program contains enormous potential to streamline services, promote equity, and improve community health.

FY 25 Appropriations Recommendation:

TFAH recommends that the Social Determinants of Health program in CDC's National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP) be funded at $100 million for FY 2025. 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 and mental health conditions that account for more than 90% of the nation's $4.1 trillion in annual healthcare costs.[5]

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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 https://www.bluecrossmafoundation.org/publication/leveraging-social-determinants-health-what-works

[2] Magnan, S. 2017. Social Determinants of Health 101 for Health Care: Five Plus Five. NAM Perspectives. Discussion Paper, National Academy of Medicine, Washington, DC. https://doi.org/10.31478/201710c

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

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

[5] https://www.cdc.gov/chronicdisease/about/costs/index.htm