September 21, 2021

Social Determinants of Health Caucus
United States House of Representatives
217 Ford House Building
Washington, DC 20515

Re: Social Determinants of Health Caucus Request for Information

Dear Esteemed Representatives,

The Adventist Health Policy Association (AHPA) is pleased to provide comments in response to the Congressional Social Determinants of Health Caucus' Request for Information (RFI) on the economic and social conditions that impact our patients' health and wellness. Our organization is the policy voice of five Seventh-day Adventist affiliated health systems that include 94 hospitals and more than 600 other health care facilities across the nation. Together, we are the equivalent of the largest Protestant and eighth-largest overall health care system in the country.

AHPA is thankful for this opportunity as it aligns very well with a philosophy shared by all our health systems—the belief in caring for the entire person, not simply an isolated injury or illness, that we call "whole health care." Our mission, embraced by our member systems, is "promoting wholeness to live God's healing love." While efforts to address Social Determinants of Health (SDOH) require a collaborative, cross-sector response, we strongly believe that health care systems are well-positioned to take a leadership role as one of the largest employers within our communities. We commend your leadership on SDOH and offer our recently-updated policy agenda *Five Steps to Health and Well-Being in America*, as well as specifically offering comments on the questions raised by the caucus on the following areas:

- Approaches, Partnerships and Key Learnings
- Challenges in SDOH
- Improving Alignment of Efforts
- Additional Areas of Opportunity

Approaches, Partnerships and Key Learnings

While all groups of people experience disease, not all groups contract, experience and recover from disease at the same rates. As we work to address SDOH-related needs in our communities, we acknowledge that some communities will need targeted, culturally-informed solutions to have a truly equitable chance of living a healthy life. This is why we have found it more successful when a community is engaged in the process of developing solutions impacting their neighborhoods and environments, as well as in identifying the specific outcomes they would like to achieve. These successful partnerships also involve many multi-sector stakeholders, such as health departments, houses of worship, schools and organizations with expertise in different social determinants of health, such as housing coalitions and food banks.

AHPA's member systems have engaged in many initiatives throughout the years to promote whole-person care and address SDOH. This includes providing funding and support to community-based organizations so that they can extend their reach to a wider population, not just individuals seeking patient care. It also involves launching programs designed to address issues such as food insecurity, housing and clean water. Below are just a few examples of such initiatives.

- **Loma Linda University Health** operates a Community Benefit program that provides annual funding opportunities to community-based organizations to support their ongoing SDOH efforts and initiatives.
- **Kettering Health** runs a mobile grocery store that helps to bring fresh, healthy foods to neighborhoods in food deserts. The mobile store is run out of an outfitted semitrailer, equipped with food aisles and shopping carts.
- **Adventist HealthCare** hospitals run a *Hungry Harvest Rx* program that provides fresh produce prescriptions to patients who are at or below 250% of the federal poverty level. Participants can use each prescription to receive free fresh produce deliveries from Hungry Harvest every two weeks for two months.
- **AdventHealth** has partnered with the School District of Osceola County (SDOC), Florida to expand the county's *SMART Bus* initiative. The SMART Bus provides food, nutrition education and general academic support to meet the needs of the more than 2,500 students experiencing homelessness in Osceola County. The bus is equipped with Wi-Fi and laptops, two resources identified as a need for this population of students. SDOC staff assist with homework and communicate with teachers to help track classroom progress.

- **Adventist Health** partnered with rural service providers in Lake County, California, including Clearlake city government and local law enforcement, on a project called *"Project Restoration."* Under this program, patients ready for hospital discharge without proper housing can continue their medical healing at the Restoration House, a transitional housing and respite facility. This collaborative approach is associated with a 44 percent reduction in hospital utilization, an 83 percent reduction in community response system usage, and a 71 percent reduction in costs for the population.

Challenges in SDOH

Lack of Reimbursement

While our health systems have launched many initiatives targeting the SDOH, hospitals could do even more with a dedicated reimbursement structure focused on SDOH. One of our greatest challenges is a lack of financial incentives or reimbursement models directly supporting SDOH-related initiatives. Currently, SDOH work can be seen as an additive to the provision of clinical care to patients, despite the demonstrated large impact that these determinants have on health outcomes. The collection of SDOH data is time consuming, with even more time and effort required to address the needs revealed by such data. Health systems across the nation are convinced of the importance of the social determinants of health, however, finding the resources to support this work is difficult. **While health providers have and will continue to invest in this important work, such investments are limited due to the lack of appropriate funding.** Having a system in place to reimburse efforts related to SDOH would allow health providers to scale current efforts.

We recommend that Congress work alongside CMS and the Center for Medicare and Medicaid Innovation (CMMI) to create demonstrations and alternative payment models that directly focus on SDOH-related initiatives. CMMI previously launched the Accountable Health Communities (ACH) model—the first innovation-center model to test matching the needs of individuals with community resources. More of these models are needed to measure the cost and quality benefits of addressing SDOH within clinical care. Alternatively, CMMI could provide within its existing payment models, value-based incentives for model participants to address SDOH. To be able to compare outcomes across models, CMMI could adopt standard metrics for SDOH that participants could select from. **We also encourage Congress to consider providing reimbursement within traditional Medicare for addressing SDOH.** This could be done by adopting reimbursement for ICD-1O codes specific to SDOH.

Lack of Necessary Data

Another challenge in addressing SDOH is the lack of a unified definition for data elements on social determinants of health. Including a standard set of SDOH definitions within the Healthy People 2030 framework would give all partners and stakeholders a common starting point and frame of reference for addressing SDOH. This standardized definition could then be applied across federal payment models, particularly within value-based care.

In addition to adopting standard definitions, it will also be important to provide guidance on how to best collect SDOH data and what evidenced-based screening tools to use. Most initiatives to address SDOH start by using a screening tool to identify a person's socio-economic needs. However, screening practices and tools are not standardized, which makes data exchange among health care providers and between health care and community-based organizations difficult. For example, a recent survey of Medicaid managed care plans found that plans reported using multiple SDOH screening tools, with half noting they used an internally developed or adapted tool.[1] Without standardization in EHR data collection, inaccuracies can be introduced that impede rather than support more equitable care delivery.

Health Literacy

Health literacy is key to maintaining a healthy lifestyle and making informed health care decisions. However, according to the National Assessment of Adult Literacy, only 12 percent of Americans have proficient health literacy skills.[2] The COVID-19 pandemic has further highlighted the increased need for improved health literacy in the communities we serve. A lack of education on health-related issues has left many communities vulnerable to misinformation related to COVID-19 vaccination, treatment and disease mitigation. **Therefore, efforts to advance public health and reduce health disparities should also focus on increasing health literacy. AHPA recommends health literacy initiatives for the community that are culturally-appropriate, easy-to-understand and built on a foundation of trust.**

AHPA-member health systems have found schools and childcare facilities within our community to be key partners in our work addressing SDOH. Schools have direct contact with more than 95 percent of our nation's young people aged 5 to 17 years, for about six hours per day.[3] Therefore, schools are critical partners in promoting health and wellness. Leveraging nurses and social workers to assess and implement programs in schools provides children with the important health care education and improved health literacy needed to later choose healthy behaviors as adults. Partnerships in this domain can span public health topics including, but not limited to, education on physical activity, diet, unhealthy substance use, smoking and alcohol, and sexual activity. As the mental health needs of our communities continue to

[1] Duke Margolis Center for Health Policy. How Are Payment Reforms Addressing Social Determinants of Health?
[2] Office of the U.S. Surgeon General. Health Literacy Reports and Publications.
[3] Centers for Disease Control and Prevention. About CDC Healthy Schools

grow, we also recommend partnerships that address pediatric mental wellness and social connections, particularly ones that teach coping mechanisms and look to advance childhood resiliency.

Despite the direct role that schools can play in health promotion, few resources are spent in integrating health care within schools. Funding to support school-based health centers has traditionally come from a patchwork of revenue streams. Many centers are funded by traditional school financing sources such as local property taxes and formula-driven state revenue allocations to local school districts. Federal funding comes from various federal discretionary grants for school-based care, and from Medicaid payments for certain services provided to students in special education. **We recommend that the Department of Education and the Department of Health and Human Services (HHS) work collaboratively to identify more sustainable funding sources.**

Improving Alignment of Efforts

Aligning SDOH Initiatives

In order for social determinants of health to be addressed effectively, there has to be a coordinated effort between policymakers, public health agencies, health providers and community-based organizations to invest in SDOH. North Carolina is a good example of how this is being done. The state developed a "Healthy Opportunities Pilot" that will use Medicaid dollars to provide SDOH services and reimburse them on a set fee schedule.[4] The state also developed a system for bidirectional referrals between community-based organizations and health service organizations. To ensure that there are sufficient community resources available to individuals with need, the state developed a data repository that collects data from community resource directories across the state. The repository provides statewide data on the availability of community resources so that capacity needs are identified and addressed. We believe that this is an excellent example of a multi-pronged effort to address SDOH.

To improve the overall alignment of efforts to address SDOH, we also recommend implementing more cross-collaborative initiatives. Providers and health systems must work more closely with community social service organizations that identify social needs and provide assistive services. These organizations have established local networks and credibility. When health care providers and organizations better understand specific community health needs, they can leverage community assets to meet those needs. These linkages and referrals can help surmount critical barriers to addressing social determinants, including vulnerability and distrust.

[4] North Carolina's Strategy to Address Social Determinants of Health

Achieving Uniform EHR Interoperability

Having uniform EHR interoperability between health records that captures SDOH data would improve alignment between community organizations, public health entities and health care organizations. Establishing one unique patient identifier that would follow said patient across their health care experience would both decrease the cost of delivering care and improve care coordination. The resulting alignment would better enable SDOH assessments and interventions to be documented and shared.

~~Establishing A Universal Health Care Record~~

~~**A universal health care record would improve alignment between community organizations, public health entities and health care organizations.**~~ ~~Establishing one unique patient identifier that would follow said patient across their health care experience would both decrease the cost of delivering care and improve care coordination. The resulting alignment would better enable SDOH assessments and interventions to be documented and shared.~~

Alignment Within Federal Programs

Enhancing collaboration among the different federal agencies impacting social determinants of health will be a crucial step to strengthen current efforts. This could be achieved by:

- **Developing a single funding pool for federal agencies to address SDOH collaboratively.** Congress could require a joint annual report to Congress on how the funds have been specifically used to address SDOH across all federal agencies. The drafting of such report could be led by HHS or the Office of Minority Health.
- **Increasing financial incentives for health care providers and organizations to assess SDOH needs and launch interventions.** Federal and state social service programs can work with local community benefit organizations to match programs to local needs, as many gaps in SDOH programmatic offerings vary depending on geographic location. One key example of this is Project BOOST (Better Outcomes for Older Adults Through Safe Transitions), which allowed health systems, CMS, and the Agency for Healthcare Research and Quality (AHRQ) to partner in improving care coordination for seniors. Congress could consider extending support through federal funding to similar models targeting SDOH.
- **Integrating services to address SDOH within ~~all different~~ public benefit programs.** As an example**,** in the Supplemental Nutrition Assistance Program (SNAP), SNAP enrollees could be connected to workforce development programs that provide training and career pathways. More

than 80 percent of SNAP households work either continuously or intermittently during the years of their enrollment. However, the majority of enrollees hold low-wage jobs that do not provide health insurance, mandate unpredictable work schedules and may necessitate individuals' holding multiple jobs. The goal of providing workforce development services to enrollees would be assist them in obtaining jobs where they no longer must depend on any public benefit program (e.g., employment that offers health insurance and living wages).

Additional Areas of Opportunity

AHPA supports collaboration with non-traditional partners such as faith-based groups, homeless shelters, and others who work to meet the needs of underserved communities. For example, churches and other houses of worship are uniquely positioned to advocate for the use of civic resources such as food, shelter, childcare and elder care to advance health equity. Faith-based organizations can partner with health care providers to ensure access to important services such as dental and behavioral health services in their communities.

As Congress considers which innovative governmental programs and private sector initiatives could be potentially leveraged more widely across other settings, AHPA recommends studying the increased focus on SDOH within Medicare Advantage plans. The targeting of supplemental benefits within Medicare Advantage on food, transportation and holistic mental health care for seniors presents a promising set of findings to study and potentially expand.

Finally, as we work to advance policies that center SDOH, we recommend that Congress work with the Office of Management and Budget (OMB) to adopt consumer inflation measures that accurately reflect the growing cost of living for some ages and income groups. According to an analysis by the Congressional Budget Office (CBO), some consumer pricing indexes may understate growth in the cost of living for some age and income groups. That is because they reflect prices paid for the goods and services purchased by an average household, not by the average person in certain age or income groups.[5] They assume that when the cost of a service or product increases, individuals will change their buying patterns and seek a cheaper alternative. However, there are services, such as health care or childcare, that may not have a readily available substitute that is cheaper.

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[5] Congressional Budget Office. How Does Growth in the Cost of Goods and Services for the Elderly Compare to That for the Overall Population?

Conclusion

AHPA welcomes the opportunity to further discuss any of the recommendations provided above. If you have any questions or would like further information, please do not hesitate to contact me at Carlyle.Walton@AdventistHealthPolicy.org or Susana Molina, Director of Public Policy, at Susana.Molina@AdventHealth.com.

Sincerely,

Carlyle Walton, FACHE
President
Adventist Health Policy Association