



Health Equity Initiative

Social Determinants of Health Policy Recommendations

Background

On September 21, 2021, the National Health Council (NHC) provided a response to the request for information from the newly formed [Congressional Caucus for Social Determinants of Health](#). [Social determinants of health \(SDOH\)](#) are conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks. The caucus asked a series of questions about what is needed to ensure people have access to social supports.

Our response was informed by our health equity working group on SDOH as well as our Policy Action Team and Health Care Reform Action Team. The SDOH issues we identified that most greatly impact the health of people with chronic diseases and disabilities include:

- Being uninsured or underinsured;
- Economic and financial security;
- Access to affordable and accessible transportation options to access health care, social services, and the community;
- Food insecurity;
- Social isolation; and
- Affordable and accessible housing options.

The fundamental principle identified by our members is that **efforts to increase access to services that support SDOH must be inclusive of people with chronic diseases and disabilities**. For example, housing assistance efforts need to include accessible housing options and should be well connected to health services; increasing the accessibility and availability of public transportation; and addressing food insecurity recognizes the need for specialized diets, cultural preferences, and people's varying abilities to prepare meals.

Policy Recommendations

NHC members identified two categories of policy priorities. The first category includes policy recommendations that can be achieved in the short term, including those that have been proposed in Congress or by the Administration. The NHC seeks to raise the profile of health equity efforts throughout the health ecosystem. The



second set of recommendations includes issues that are more complex and need Congressional and regulatory action, and private-sector partnerships to achieve.

Short-Term Priorities

- Invest in professional, direct-care workforce, and family caregivers. One significant need is to invest in Medicaid home and community-based services (HCBS).
- Replicate and scale up successful, innovative transportation and other SDOH models at the Federal level to increase access to health care and social supports, including those solutions from areas both with and without public transit infrastructure.
- Increase access to affordable broadband services to support patient access to health resources and broaden economic opportunities and security.

More Complex but Critical Issues

- Provide adequate funding at the Federal, state, and local levels to support comprehensive, accessible social support systems that are available to anyone regardless of their economic situation or location including supporting creative models of addressing SDOH.
- Engage the full health ecosystem (including insurers, providers, and patient organizations) to address SDOH needs. Include resources, clarity of need, and best practices to better connect patients with the social service system.
- Establish a “no-wrong-door” approach to federal programs for patients that helps them seamlessly navigate health and social services. For example, when an individual enrolls in Medicaid they are assessed for eligibility for nutrition, housing, transportation, or other safety net programs and seamlessly linked to them.
- Improve data and data sharing to be comprehensive and consistent including data on things such as sexual orientation, gender identity, race/ethnicity, disability status, language, veteran status, and social needs (potentially through improved and better utilized medical billing Z codes that document SDOH data such as housing status, food insecurity, transportation access, etc.). It is important this be done in a way that protects patients’ privacy and rights.
 - Share this data across sectors outside of health while still respecting patients’ privacy and rights (social services, corrections, transportation, etc.).



About the Health Equity Initiative

The NHC hosted a series of Roundtables in 2021. The Roundtables are based on the issues identified in the Consensus Statement, which are:

- Advocate for equitable access to affordable and comprehensive health insurance coverage;
- Promote an inclusive, equitable, accessible, and high-quality care delivery system;
- Collaborate with the biomedical and health-services research and the health economics ecosystem to support equity in development and valuation of new and innovative treatments and services; and
- Partner with organizations that have a track record in addressing social determinants of health to reduce health disparities.

The NHC's Health Equity Task Force serves as advisors for our health equity initiatives by helping to ideate and prioritize the Roundtables, identify other member-facing resources, and advise the NHC on planning additional activities. Supporting the task force were four Roundtable work groups that each focused on one of the issues outlined in our consensus statement.

The NHC would like to thank the many partner organizations, both NHC members and non-members, who assisted in developing this report. We would particularly like to thank the nearly 75 national organizations representing patient groups, providers, civil rights groups, insurers, the biopharmaceutical industry, medical education, and other sectors that had direct involvement in developing these priorities.

The National Health Council is able to do this important work with the support of our funders. Please join us in thanking the following organizations for their support:



For more information, visit <https://nationalhealthcouncil.org/issue/health-equity/>.