



**Written Statement of J. Nadine Gracia, MD, MSCE
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**House Committee on Energy & Commerce, Subcommittee on Health Hearing:
"Empowered by Data: Legislation to Advance Equity and Public Health"**

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My name is Nadine Gracia, and I am the President and CEO of Trust for America's Health (TFAH). TFAH is a nonprofit, nonpartisan public health policy, research, and advocacy organization which, promotes optimal health for every person and community and makes the prevention of illness and injury a national priority. At TFAH, we envision a nation that values the health and well-being of all and where prevention and health equity are foundational to policymaking at all levels. I am pleased to submit this testimony to the Subcommittee as you consider important public health issues, including the social determinants of health (SDOH), public health data and equity, as we have long highlighted the importance of addressing social determinants of health as a critical component of public health and prevention. In particular, I would like to express our strong support for the Improving Social Determinants of Health Act (H.R. 379).

COVID-19, Health Outcomes, and SDOH

The pandemic has highlighted in all-too tragic terms that the circumstances of one's environment have an outsized impact on a person's health risks and outcomes. Some social determinants of health put people at higher risk for contracting COVID-19, such as unsafe or unstable housing, lack of transportation, and being employed in frontline settings. Social determinants also may put people at higher risk for poor health outcomes if they do contract the virus. For example, residential redlining has led to intergenerational, concentrated poverty, and environmental health risks and is tied to higher rates of asthma,¹ obesity,² and higher mortality rates from chronic disease.³ In turn, these are also risk factors for hospitalization and death due to COVID-19. The pandemic is also worsening health disparities tied to social determinants, as job losses and

¹ Nardone, A et al. Associations between historical residential redlining and current age-adjusted rates of emergency department visits due to asthma across eight cities in California: an ecological study. *The Lancet Planetary Health*, Vol. 4, Issue 1, E24-E31, Jan 1, 2020.

² Bower, Kelly M et al. "Racial Residential Segregation and Disparities in Obesity among Women." *Journal of Urban Health: Bulletin of the New York Academy of Medicine* vol. 92,5 (2015): 843- 52.
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4608933/>

³ Goodman MS and KL Gilbert. "Segregation: Divided Cities Lead to Differences In Health." Washington University in St. Louis and Saint Louis University. Nov. 2013.

economic stress have led to increased rates of obesity,⁴ food insecurity,⁵ and behavioral health concerns such as depression and anxiety,⁶ particularly in some populations of color. TFAH has an ongoing initiative called Promoting Health and Cost Control in States, where we examined over 1,500 state-level policies, programs, and strategies, focusing on those that had both a positive health and economic impact. What we found is that many of the strategies with the most promising outcomes were about social determinants, such as housing, income, nutrition, built environment, and education.⁷

The pandemic is not the only example of SDOH impacting health in a meaningful way. Even health outcomes influenced by behavior – such as poor nutrition – have roots in social determinants. For example, people living in U.S. counties with the most poverty are also most prone to obesity.⁸ Historically under-resourced neighborhoods and racially segregated neighborhoods tend to have a greater number of features that promote obesity and fewer resources that support health and wellness.^{9, 10} There are multiple reasons – including lack of grocery stores, lack of access to nutritious foods, higher levels of stress, and less access to safe spaces for physical activity. Stable and safe housing is a key social determinant of physical and mental health, with unstable or substandard housing leading to lead exposure, asthma, cardiovascular events, psychological distress, and other health risks.¹¹ Policymakers cannot hope to address health costs without addressing the social and economic drivers of poor health.

Social Needs vs. Social Determinants

I also want to make a distinction between a patient’s individual social needs and social determinants of health. Social needs focus on the individual or family’s unmet nonmedical needs, while social determinants focus on community or environmental conditions that contribute to health outcomes. In fact, while access to medical care is important, most of a person’s health is not determined in the doctor’s office, or even in their genetic code, but instead

⁴ Brian P. Jenssen, Mary Kate Kelly, Maura Powell, Zoe Bouchelle, Stephanie L. Mayne and Alexander G. Fiks COVID-19 and Changes in Child Obesity. *Pediatrics* May 2021, 147 (5) e2021050123; DOI:

<https://doi.org/10.1542/peds.2021-050123>

⁵ [Food Insecurity and Poverty in the US - Feeding America](#) March 2021.

⁶ K Orgera et al. Implications of COVID-19 for Social Determinants of Health. Kaiser Family Foundation, June 9, 2021. <https://www.kff.org/coronavirus-covid-19/issue-brief/implications-of-covid-19-for-social-determinants-of-health/>

⁷ Promoting Health and Cost Control in States (PHACCS). Trust for America’s Health.

<https://www.tfah.org/initiatives/promoting-health-cost-control-states-phaccs/>

⁸ [Poverty and Obesity in the U.S. | Diabetes \(diabetesjournals.org\)](#)

⁹ Fraser LK Edwards KL, Cade J, and Clarke GP. “The Geography of Fast Food Outlets: A Review” *International Journal of Environmental Research and Public Health*, 7(5): 2290-2308, May 2010.

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2898050/> (accessed July 23, 2020).

¹⁰ Kwate NOA. “Fried chicken and Fresh Apples: Racial Segregation as a Fundamental Cause of Fast Food Density in Black Neighborhoods.” *Health Place*, 14(1): 32-44, 2008. <https://pubmed.ncbi.nlm.nih.gov/17576089/> (accessed July 23, 2020).

¹¹ “Housing And Health: An Overview Of The Literature, ” Health Affairs Health Policy Brief, June 7, 2018. DOI: 10.1377/hpb20180313.396577.

is based on the conditions in which the person is born, lives, works, and plays.¹² The healthcare system is recognizing that they cannot effectively treat patients if they do not address the patient's individual social needs first. In January 2021, the Centers for Medicare & Medicaid Services (CMS) announced guidance for states to use different approaches and reimbursement methodologies in Medicaid and CHIP programs to address unmet beneficiary social needs, such as housing, nutrition, and transportation.¹³ CMS' Accountable Health Communities Model also seeks to focus on the gap between clinical care and community services by identifying and addressing health-related social needs of Medicare and Medicaid beneficiaries.¹⁴ These are important developments. For example, a hospital may screen for a patient's social needs, such as asking them questions about housing and food access. Increasingly, we are seeing examples of healthcare systems and insurers helping certain patients access these social needs. But what if the person lives in an area where there is no available affordable housing, or public transportation, or grocery stores? These are further upstream, social determinants of health.¹⁵ We must address both social needs *and* community-level social determinants if we hope to avert healthcare costs, address health inequities, and promote community resilience for future health emergencies.

The Role of Public Health in Addressing SDOH

It is the fundamental work of public health to prevent disease. Yet, just as a doctor may be frustrated that they can treat a patient's diabetes but are unable to address the patient's nutritional needs, public health cannot truly prevent disease and address health disparities without addressing community social determinants. TFAH believes that addressing these social determinants requires working across sectors and leveraging data and resources to address social, environmental, and economic conditions that affect health and health equity.¹⁶ This is the logical role of public health and envisioned in the Public Health 3.0 model, which requires public health officials to serve as chief health strategists for their communities. With appropriate support, public health can play key roles in addressing SDOH: they can offer best practices, analyze and share data across sectors, convene different governmental and community-based organizations to identify and address barriers to health, provide the evidence base for effective policies and interventions, and collaborate across sectors to prioritize and implement evidence-based strategies. Rather than working in a silo, public health can bridge the gap across sectors and meet the needs of the larger population to address underlying causes of poor health outcomes and high

¹² World Health Organization, Social Determinants of Health. https://www.who.int/health-topics/social-determinants-of-health#tab=tab_1

¹³ CMS. CMS Issues New Roadmap for States to Address the Social Determinants of Health to Improve Outcomes, Lower Costs, Support State Value-Based Care Strategies. Jan 7, 2021. <https://www.cms.gov/newsroom/press-releases/cms-issues-new-roadmap-states-address-social-determinants-health-improve-outcomes-lower-costs>

¹⁴ CMS. Accountable Health Communities Model. <https://innovation.cms.gov/innovation-models/ahcm>

¹⁵ Castrucci BC and J Auerbach. Meeting Individual Social Needs Falls Short Of Addressing Social Determinants Of Health," *Health Affairs Blog*, January 16, 2019. DOI: 10.1377/hblog20190115.234942 <https://www.healthaffairs.org/doi/10.1377/hblog20190115.234942/full/>

¹⁶ DeSalvo KB, Wang YC, Harris A, Auerbach J, Koo D, O'Carroll P. Public Health 3.0: A Call to Action for Public Health to Meet the Challenges of the 21st Century. *Prev Chronic Dis* 2017;14:170017. <http://dx.doi.org/10.5888/pcd14.170017>

healthcare costs. We are seeing examples of these multisector coalitions in many communities, yet we do not fund public health to lead and participate in these partnerships.

Social determinants are increasingly integral to the success of public health. SDOH are featured throughout the U.S. Department of Health and Human Services' (HHS) Healthy People 2030 framework, as HHS acknowledges that economic stability, social and community context, neighborhood and other factors are closely linked with the department's objectives for the nation.¹⁷ However, CDC, and public health in general, are largely funded disease by disease. So, while unstable or unsafe housing may be a common driver across health conditions such as HIV, substance misuse, obesity, and asthma, public health agencies across the country receive siloed funding to address each of these health issues in isolation from each other and from the common social determinant. Most local and state health and community agencies lack funding, personnel, and tools to support cross-sector efforts. Given appropriate funding and technical assistance, more communities could engage in opportunities to address social determinants of health that contribute to high healthcare costs and preventable inequities in health outcomes.

Improving Social Determinants of Health Act

For these reasons, TFAH is strongly supportive of legislation sponsored by Representative Nanette Barragán, the *Improving Social Determinants of Health Act* (H.R. 379). We are joined by over 450 national, state, and local organizations in endorsing this bill.¹⁸ This legislation would authorize a program at the Centers for Disease Control and Prevention to lead the agency's SDOH work and award grants to state, local, territorial, and Tribal health agencies and organizations to address SDOHs. The bill would improve health outcomes and reduce health inequities by coordinating CDC's SDOH activities across the agency and building the capacity of public health to address SDOH in ways that I have described. In essence, the legislation is saying that SDOH should be core components of a 21st century public health system.

A key component of Representative Barragán's legislation is the support of multisector partnerships across the country. The legislation is needed to help create the infrastructure and guidance for a state and local grant program. The bill would also require an independent evaluation of grants and report the findings to Congress. We are grateful for the leadership of Representative Barragán and her staff on this critical issue.

Funding to Address SDOH

It is also important to note that effective implementation will not be possible without funding. We are therefore also supportive of the President's FY2022 budget request for \$153 million for CDC's SDOH program. More than 200 groups signed a recent letter to appropriators in support of this funding level.¹⁹

¹⁷ [Social Determinants of Health - Healthy People 2030 | health.gov](https://www.health.gov/our-initiatives/healthy-people-2030/social-determinants-of-health) HHS.

¹⁸ The Improving Social Determinants of Health Act of 2021 Background. April 2021. <https://www.tfah.org/wp-content/uploads/2020/08/SDOH-bill-fact-sheet.pdf>

¹⁹ Sign-on Letter Supporting CDC's Social Determinants of Health Funding. April 2021. https://www.tfah.org/wp-content/uploads/2021/04/CDC_SDOHFunding_SignOn.pdf

CDC is currently preparing to expand its footprint to ensure, if it does receive additional funding, it is ready to hit the ground running. CDC supported a pilot project, Strengthening Public Health Systems and Services Through National Partnerships, to assess multisector partnerships in 42 communities across the country. This pilot is allowing CDC to build the evidence base for the types of collaborative approaches authorized in H.R.379, assess the impact, and highlight successful strategies. We are grateful that Congress also provided \$3 million to CDC in the FY 2021 appropriations bill for jurisdictions to develop “SDOH accelerator plans to improve health and resilience among populations adversely affected by characteristics of the built environment, food security, clinical-community linkages, social connectedness, and other SDOH domains.”²⁰

The President’s FY2022 request would enable CDC to expand on these planning activities to address SDOH in all states and territories, including initiating an SDOH implementation program and continuing to build the evidence base. In addition to meeting the President’s Request for FY2022, we feel the authorization is important to further flesh out the program and create the structure and guidance to the agency for SDOH implementation grants. Although this work is housed in the CDC’s National Center for Chronic Disease Prevention and Health Promotion, the work has benefits across the public health spectrum. As we have seen in the pandemic, health disparities, the prevalence of chronic health conditions, and risk during a public health emergency are inextricably linked.

Conclusion

Although I have focused my statement on one bill, we appreciate that the Committee is examining a range of strategies to addressing social determinants and promoting health equity. We have endorsed other bills being considered today, including the Social Determinants Accelerator Act and the Black Maternal Health Momnibus, which includes the Data to Save Moms Act and the Social Determinants for Moms Act. These are complex issues, and it will take an all-of-government approach to address the social and economic factors that have such a significant impact on health outcomes. We look forward to working with the Committee to advance H.R. 379.

²⁰ [Fiscal Year 2022 Centers for Disease Control and Prevention \(CDC\) Congressional Justification](#)