



*A Passionate Voice for Compassionate Care*

## **THE SOCIAL DETERMINANTS OF HEALTH**

### **THE ISSUE**

Despite being one of the richest countries in the world per capita, the U.S. experiences significant health disparities that are based in social, economic and environmental factors. In a landmark 2016 *JAMA* study that examined the association between income and life expectancy, researchers found that the richest American men lived 15 years longer than the poorest men, while the richest American women lived 10 years longer than the poorest women. Public health research shows that addressing the social determinants of health can have a major impact on improving population health and decreasing health disparities.

The World Health Organization defines the social determinants of health as "the conditions in which people are born, grow, work, live, and age, and the wider set of forces and systems shaping the conditions of daily life." The social determinants of health are often categorized as economic stability, education, social and community context, health and health care, and neighborhood and built environment.

Tax-exempt hospitals, given their community-focused mission, and federal requirements around community health needs assessments and implementation strategies are taking a leading role in addressing the social determinants of health as part of their community health improvement initiatives. Their efforts to address social risk factors builds on their relationships with patients, their business operations and community partnerships. Hospitals are screening for social needs during patient encounters and referring patients to community organizations that can help meet identified needs; looking at ways they can use their hiring practices, purchasing power and investments to revitalize communities; and joining with like-minded community partners to advocate and carry out fundamental changes to systems and policies that influence the social determinants of health.

Public policies can support hospitals and their partners in addressing the social determinants of health. At the federal level, there are efforts to integrate the social determinants of health into Medicare and Medicaid services while the CMMI's Accountable Health Communities demonstration is showing the value of screening and referring patients for social needs. State and local *Health in All Policies* initiatives are other examples of policy innovation that support hospitals' efforts to address social risk factors.

Public policies can also bring about far reaching change beyond what health care providers and their community partners can accomplish on their own. For example, youth and adult smoking plummeted when laws limited where tobacco products could be purchased and used. There is also a growing evidence that policies that address housing, transportation, environment, education and other social determinants can impact health as much as health-specific policies.

### **MINISTRY TRADITION**

Catholic social teaching to promote and defend human dignity, to care for the poor and to contribute to the common good drives Catholic health care's efforts to change systems and policies

so all can flourish, particularly those who are at the margins of our society. As CHA wrote in our recent publication, *Healing the Multitudes*,” Our vision of this work is rooted in our understanding of the human person and our commitment to the common good. It is also rooted in the work done by the religious founders of our organizations, who often addressed the social needs of those in their care alongside their medical needs.”

### **CHA’S POSITION AND ACTIVITIES**

CHA provides online and other resources to support member efforts to address the social determinants of health, including information on national initiatives, reports and research and ministry examples; guidance on how community benefit activities can address social risk factors; and resources to help the Catholic ministry understand how their traditions and values support this work. CHA also supports the following to address the social determinants of health:

- **Recognizing community building activities as community benefit on the IRS Form 990, Schedule H for Hospitals.** Community building activities, which include efforts to promote safe and affordable housing, economic development, environmental improvements and community cohesion, should be reported as community benefit activities.
- **Providing flexibility in federal health programs to address social needs.** Current examples include addressing beneficiaries’ unmet health-related social needs in Medicare Advantage and state Medicaid programs. The Centers for Medicare and Medicaid Services can make these efforts more effective by promoting strategies that states can implement to address social determinants of health.
- **Strengthening federal programs and policies that address the social needs of low-income individuals.** Federal programs such as Supplemental Security Income, the Earned Income Tax Credit, Temporary Assistance to Needy Families, the Supplemental Nutrition Assistance Program, the National School Lunch Program and housing benefits such as rental assistance provide low-income families with the stability needed to improve health outcomes.
  - **Request for Comment on the Consumer Inflation Measures Produced by Federal Statistical Agencies (OMB-2019-0002).** CHA is deeply concerned that the changes to the Official Poverty Measure proposed by the Office of Management and Budget would result in the inaccurate measurement of poverty and the loss of basic support services for millions of low-income families and children.
- **Ensuring that federal policies enable people to live healthier lives.** Federal budget and policy decisions have the potential to address the root causes of poor health, diminish health disparities and other inequities and build the foundation for healthier communities. Examples are policies that promote access to safe, affordable housing and healthy food; environmental protections, such as strong regulations around the use of toxic chemicals and efforts to address climate change; violence prevention and education. Specifically, CHA supports:

- **The Bipartisan Background Checks Act (HR 8) and Background Check Expansion Act (S. 42)**, to require background checks for the sale or transfer of all firearms, including gun shows and online merchants. These bills, along with providing appropriations for the CDC to conduct public health research into firearm morbidity and mortality prevention, are common-sense efforts for Congress to begin addressing the gun violence epidemic.
- **The Tobacco to 21 Act (HR 2411) and Reversing the Youth Tobacco Epidemic (HR 2339)**, to set a national minimum tobacco purchasing age of 21 that would apply to all tobacco products, including vaping and e-cigarettes. HR 2339 would also ban all flavored tobacco products include menthol cigarettes and prohibit all online sales of e-cigarettes.