

HHS's Strategic Approach to Addressing Social Determinants of Health to Advance Health Equity – At a Glance

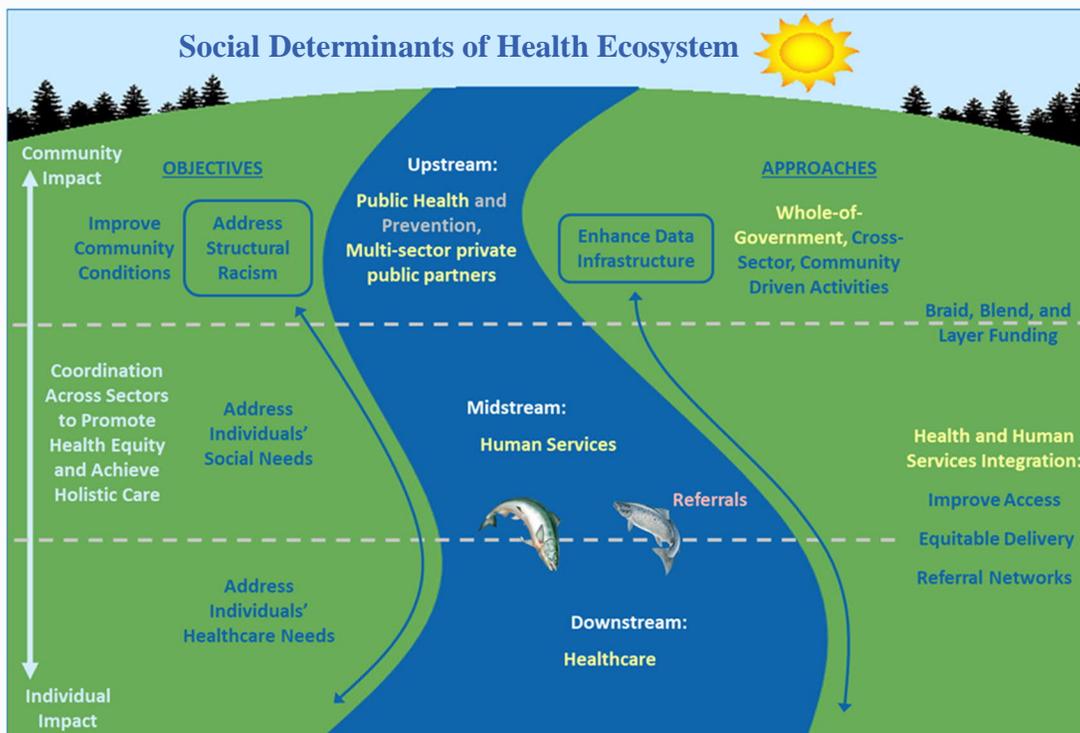
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Overview

The strategic approach that the U.S. Department of Health and Human Services (HHS) is adopting to address social determinants of health (SDOH) will guide efforts to make health outcomes more equitable by better coordinating health and human services and by adopting a whole-of-government, multi-sector strategy to address the underlying systemic and environmental factors that affect health status. It is estimated that clinical care accounts for only 20% of the county-level variation in health outcomes, while SDOH account for as much as 50% and are a major driver of health disparities.



Addressing SDOH involves coordination across sectors including the government, community-based organizations, health care providers, health plans, and other private sector partners, recognizing that many factors contribute to disparities in health outcomes.



Note: Adapted from Castrucci B, Auerbach J. Meeting Individual Social Needs Falls Short of Addressing Social Determinants of Health. Health Affairs Blog. January 16, 2019

Goals

The HHS strategic approach to address SDOH will drive progress through coordinated strategies and activities to better integrate health and human services and to advance public health initiatives involving cross-sector partnerships and community engagement to address specific SDOH drivers.



Goal 1 *Build a robust and interconnected data infrastructure to support care coordination and evidence-based policymaking*



Goal 2 *Improve access to and affordability of equitably delivered health care services, and support partnerships between health care and human services providers, as well as build connections with community partners to address social needs*



Goal 3 *Adopt whole-of-government approaches, support public-private partnerships, and leverage community engagement to address SDOH and enhance population health and well-being*

Next Steps

HHS is ensuring that the actions we take will address key drivers of disparities in health outcomes among underserved and marginalized populations. Measuring and monitoring progress will be essential for HHS to assess what actions are working and what new actions may be needed to address SDOH to advance health equity. Examples of initial actions HHS will take to advance the 3 goals include:



Goal 1

- Establish interoperability standards to enhance collection of SDOH data and facilitate referrals between health and human service providers
- Use data to assess where program beneficiaries or communities are facing SDOH challenges and to develop strategies to help mitigate these challenges
- Advance research to identify evidence-based interventions that address SDOH



Goal 2

- Expand community health worker services to address SDOH including those exacerbated by COVID-19
- Expand the Community Health Aide Program nationwide to increase health care access for American Indian and Alaska Native populations in rural and underserved areas



Goal 3

- Partner with other federal departments to enhance access to safe and affordable housing, increase access to transportation, and increase access to healthy food and nutrition assistance
- Develop best practices and partner with stakeholders to braid funding sources for state and local governments and community-based organizations to address social needs and drivers of health outcomes