contribute to health outcomes more than clinical health care – in fact, one widely cited study found that while 10 percent of health outcomes in the U.S. are due to clinical health care, social and environmental factors are estimated to account for 60 percent of health outcomes.

In addition to these overarching materials, our work and legislative effort applies more directly to several of the questions issued by the task force.

1. What are the main health care-related factors that influence patient outcomes in rural and/or urban underserved areas? Are there additional, systems or factors outside of the health care industry that influence health outcomes within these communities?

> *Aligning for Health members are focused on two key concerns – barriers that impede coordination between health and social service programs, and the lack of comprehensive evidence around interventions focused on the social determinants of health, which limits the replicability or scaling of successful interventions. .*
>
> *If social needs are identified in the healthcare setting, a clinician may not be aware of, or have the ability or resources to address these issues themselves. Collaborative partnerships with community benefit organizations allows care to extend past the four walls of the doctor's office, and health plans are increasingly arming providers and patients with screening and referral tools, however, connecting the health and social service systems is a complex undertaking and will take time, especially in more rural or underserved areas where resources are stretched.*
>
> *Additionally, as data is collected on social determinants of health, it is often gathered in silos within health systems, community-based organizations and governmental agencies, which limits each of these entities' ability to act on and address patients' social needs.*
>
> *The Social Determinants Accelerator Plans created by H.R. 4004 would task local governments and community organizations with developing plans to address this coordination, and the data-sharing capability needed both implement and evaluate what works, with the aim of helping all communities to best address the needs of their communities.*

2. What successful models show a demonstrable, positive impact on health outcomes within rural or underserved communities, for example initiatives that address: a) social determinants of health (particularly transportation, housing instability, food insecurity); b) multiple chronic conditions; c) broadband access; or d) the use of telehealth/telemedicine/telemonitoring?

> *This question alludes to another longstanding challenge in the development of interventions that help rural and underserved communities. There have been many successful initiatives created by states and localities without the resources to scale interventions regionally or without the platform to share best practices. The Social Determinants Accelerator Act would facilitate the communication of these successful models and best practices to communities across the nation – allowing what works to flourish and replicate.*

9. There are known, longstanding issues with the availability and integrity of data related to rural and urban community health. What data definitions or data elements are needed to help researchers better

identify the causes of health disparities in rural and underserved areas, but are unavailable or lack uniformity?

We believe that the Ways and Means Committee would be well served by focusing on developing appropriate ways to share collected information about health and social needs among federal programs, local governments, and community partners providing services and supports to populations with concurrent social and health needs. This work could include catalyzing the development of standardized screening tools that will not only help with the identification of individual social needs, but when aggregated across programs can help assess community-level needs – allowing for the better allocation of resources. Information about social needs could supplement healthcare data to improve care in specific circumstances, with appropriate privacy protections.

Additionally, the Committee should incentivize the establishment and use of outcomes measures to assess and evaluate the efficacy of social determinant interventions. We believe that CMS needs to take a leadership role in the use of social determinant outcomes measures – so that interventions with strong clinical and social outcomes can be proven and supported.

Advances in social determinants performance measurement will drive the use of outcome-based payments, creating the necessary incentives to catalyze the broad sharing of data across federal, local, and community actors to better serve individuals.

We believe that all these developments would be built on the back of information collected and coordinated through the deployment of community Social Determinant Accelerator Plans and supporting federal activity.

Thank you for your consideration. We look forward to working with you on this important effort. Please contact Chris Adamec at 202-640-5941 or cadamec@aligningforhealth.org with any questions.

Sincerely,

Chair, Aligning for Health