



# CONVERGENCE

## Collaborative on Social Factors of Health

### CALL TO ACTION: FEDERAL GOVERNMENT

The *Convergence Collaborative on Social Factors of Health* united a diverse group of leaders from various political and sectoral backgrounds to agree on necessary actions at both federal and state levels. Our goal is to create an ideal policy environment that supports local initiatives and partnerships addressing social determinants of health (SDOH), which impact individual and community health. After several months of collaboration, the group developed a Blueprint for Action, titled “[Health Starts Here](#).” The Blueprint is organized into four categories, containing actionable steps for various sectors and levels of government.

**Below are the consensus solutions followed by a summary of the policy steps that can be carried out by the federal government:**

#### 1 Improve System Integration

Inadequate collaboration between departments and obstacles to local collaboration are major impediments to partnerships across social and health sectors, and between levels of private and public organizations. To expand outreach and impact, greater incentives and funding are needed to support “community hubs” or “backbone organizations.”

#### 2 Build the SDOH Workforce

Empower trusted, community-based workers who have local knowledge to address SDOH in their community, identify individuals' health-related social needs, and coordinate services.

#### 3 Develop Financing Approaches

Federal officials can take steps to develop SDOH financing by reviewing, clarifying permissible uses of, and providing more flexibility in existing funding. They can also expand grant information and technical assistance, convene stakeholders around innovative financing approaches, and support community hubs' efforts to build capacity to address SDOH.

#### 4 Expand Data Sharing, Evaluation, and Experimentation

Enhancing data collection, sharing, and utilization is essential for fostering collaboration to advance SDOH approaches, while ongoing experimentation and evaluation help uncover better techniques for achieving policy objectives.

SCAN TO READ THE FULL BLUEPRINT FOR ACTION ONLINE



## WHAT THE FEDERAL GOVERNMENT CAN DO

### TO IMPROVE SYSTEM INTEGRATION

#### ADMINISTRATIVE ACTIONS

**The federal government and states** should provide greater clarity and consistent guidance to local governments, cities, and community-based organizations (CBOs) on how programs can be coordinated under existing laws and regulations.

**The federal government and states** should provide greater flexibility for braiding funds from different programs and better procedures for data sharing.

**The federal government and states** should consider creating and funding special high-level bodies charged with better coordination of programs across departments to advance SDOH initiatives.

**The federal government and states** should identify the potential for some CBOs, such as housing associations, church-based organizations, community schools and charter schools, Community Development Corporations, FQHCs, and others to act as specialized community hubs within a network.

**Hubs capable of braiding funds and coordinating multi-sector services** should be given greater flexibility and technical support and allowed higher federal payment rates.

#### LEGISLATIVE ACTIONS

**Congress** should consider the Housing ACCESS Act, which would require joint guidance by Treasury, HUD, and HHS on how local organizations can combine housing tax credits, operating subsidies, and Medicaid to create supportive housing.

**CMS, with HUD and other agencies,** should re-examine Medicaid in lieu of service (ILOS) rules to make it easier to use and pay for a wider range of services.

**TO  
BUILD AN  
SDOH WORKFORCE**

**ADMINISTRATIVE ACTIONS**

**CMS** should build care coordination costs into payments for Medicaid and Medicare services. Non-medical workers should be eligible to receive payment under service agreements.

**CMS** should provide guidance to states, hubs, and health plans on categorizing services and outcomes delivered by coordinators as quality improvement costs for billing purposes.

**HHS, HUD, and other agencies** should build on the November 2023 Playbook and Call to Action by providing greater opportunities for communities to use public funds to finance coordinators.

**ADMINISTRATIVE ACTIONS**

**The federal government** should undertake a review of federal housing, social service, and other programs that impact health to explore how to achieve significant improvements in individual and community health through a different allocation of existing funds.

**A task force of foundations, CBOs, universities, major institutions in health care, housing, social services, nutrition, banking, and government-related bodies** should explore budgeting tools to identify the multi-sector benefits and cost savings associated with SDOH investments.

**The Treasury, with CMS,** should review how guidance on community benefit requirements and the obligations of financial institutions under the Community Reinvestment Act can be coordinated to permit more joint finance-health SDOH ventures in underserved communities.

**CMS** should publish clear and consistent guidance for public and private health plans on the permissible non-clinical SDOH items that may be included in Medical Loss Ratio (MLR) numerator calculations as wellness and health activities to improve health care quality.

**Federal, state, and local governments** should explore budget process reforms to pool funds from different departments to help ameliorate “wrong pocket” disincentives.

**TO  
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**ADMINISTRATIVE ACTIONS**

**The federal government** should share consistent guidance and best-practice examples with CBOs, hubs, housing providers, cities, and local governments on how to avoid breaching existing privacy rules in SDOH data-sharing partnerships.

**The federal government** should improve coordination within and among agencies to address barriers to seamless data sharing and referral systems for social services.

**The federal government** should engage state and local government data leaders to identify collaborative opportunities to strengthen federal, state, and local data to address SDOH.

**The federal government** should help expand state and local adoption of innovative financing mechanisms that leverage federal funds to sustain and enhance integrated data and social service systems that can address SDOH.

**The Federal Chief Data Officers (CDOs) Council** should convene federal and state CDOs to explore merging data sets that can produce actionable insights for decision-makers at every level.

**CMS** should expand the number and range of pilots related to SDOH while simplifying the application process, pushing the envelope on its authority to launch pilots and seeking more congressional authority as necessary.

**The Administration** should encourage more states to request Medicaid 1115 waivers to test the potential of new SDOH approaches.

**Congress** should consider statutory changes to broaden Medicaid 1115 waiver authority for SDOH strategies by allowing limited funds from a wider range of other programs to be included in the determination of federal budget neutrality.

## EXPAND DATA SHARING, EVALUATION, AND EXPERIMENTATION

### LEGISLATIVE ACTIONS

**Congress** should help states and local government to increase collaboration to address SDOH, including considering the Social Determinants Accelerator Act and the Leveraging Integrated Networks in Communities (LINC) Act.

**Congress** should provide financial assistance to hubs and CBOs to develop data systems, building on the new Uniform Guidance.

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## Contact us to learn more

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