



# CONVERGENCE

## Collaborative on Social Factors of Health

### CALL TO ACTION: STATES

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 states:**

#### 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 an 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

Both government and private investment are needed for SDOH improvements.

#### 4 Addressing 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 to achieve policy objectives.

SCAN TO READ THE FULL BLUEPRINT FOR ACTION ONLINE



## WHAT STATES 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

**In general, hubs in different communities** should not compete; instead, they should form a network across counties and states.

#### LEGISLATIVE ACTIONS

**Coordinators** should be recognized by public and private payers as primary professional service coordinators for SDOH strategies and provided with appropriate training, licensing, and authority.

### TO BUILD AN SDOH WORKFORCE

**TO  
DEVELOP  
FINANCING  
APPROACHES**

**ADMINISTRATIVE ACTIONS**

**States** should expand the use of Medicaid 1115 waivers to launch and evaluate SDOH strategies.

**States** should consider using Medicaid contracts to require health plans to contract with CBOs and incorporate these organizations as advisors to foster collaboration on SDOH strategies.

**States** should explore various ways to generate long-term funding for SDOH initiatives, including public funding and collaborative approaches that utilize long-term private-sector financing.

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

**LEGISLATIVE ACTIONS**

**States** should expand the use of Medicaid 1115 waivers to launch and evaluate SDOH strategies.

**ADMINISTRATIVE ACTIONS**

**Health systems, communities, states, and other institutions and levels of government** should share lessons from experiments with different data sharing and referral models.

**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.

**TO  
EXPAND  
DATA SHARING,  
EVALUATION, AND  
EXPERIMENTATION**

## EXPAND DATA SHARING, EVALUATION, AND EXPERIMENTATION

### ADMINISTRATIVE ACTIONS CONT.

**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.

**To improve the broader usefulness of pilots and waivers, states** should provide data and financial resources to explore the wider SDOH impacts of collaborative initiatives.

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

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## Contact us to learn more

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CONVERGENCE



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