DEEP DIVE

BASIC NEEDS: PUBLIC HEALTH

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BASIC NEEDS: TRUST FOR AMERICA'S HEALTH

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Trust for America's Health is a non-partisan, non-profit organization that envisions and strives for a nation that values the health and well-being of all, and where prevention and health equity are foundational to policymaking at all levels of society. To achieve these goals we produce groundbreaking reports, utilize strategic communication approaches, identify and promote evidence-based policy, and engage in effective advocacy.

Our primary networks include key organizations and individuals in the public health sector; federal policy makers in both the Executive and Legislative branches; a wide array of non-profit organizations and governmental agencies focused on policies, practices and programs that address or affect physical health, behavioral health, and equity; and policymakers at the state, local, tribal, and territorial levels

THE CURRENT STATE OF PUBLIC HEALTH

The governmental public health sector has agencies at the federal, state, local, tribal and territorial levels. Each is focused on the protection and promotion of good health among all the members within its jurisdictions, with special attention to those at elevated risk of poor health. All such agencies are engaged in certain core activities such as data collection and analysis, disease and injury prevention, and control and the promotion and implementation of health-oriented policies and practices. However, the size and resources of these agencies vary significantly.

Public health spending in 2018 amounted to approximately $286 per person—just 3 percent of all health care spending in the country.[1] On the federal level the Prevention and Public Health Fund, which was designed to expand and sustain the nation's investment in public health and prevention, remains at half of where it should have been funded in FY 2020 due to the re-appropriation of monies to other programs.[2] This lack of investment is made more challenging because policymakers, not public health professionals, determine the specific diseases, injuries, or conditions on which to focus by passing budgets with multiple condition-specific line items, limiting the ability of the agencies to address unfunded or cross-cutting issues.

Historically, there have been few instances of targeted resources to address our emotional, psychological, and social well-being and its impact on health. Yet in recent years the public health sector has increasingly recognized the importance of addressing such health concerns. Federal, state, and local funding has been allocated to the sector to combat the epidemic-level drug, alcohol, and suicide deaths. In addition, research has demonstrated the impact of Adverse Childhood Experiences (ACEs), childhood and adult trauma, and structural social, economic, and environmental factors, such as racism and poverty on a wide range of health risks including obesity, chronic disease, and violence.[3,4,5,6] As resources allow, public health agencies have developed partnerships with other sectors that have an impact on the health and well-being of the public, such as the health care, educational, criminal justice, housing, transportation and economic

1 The Nation's Healthcare Dollar, Calendar Year 2018: Where it Came From. In Centers for Medicare and Medicaid Services, Office of Actuary, National Health Statistics Group, 2018. https://www.cms.gov/files/ document/ nations-health-dollar-where-it- came-where-it-went.pdf (accessed March 14, 2020)

2 Trust for America's Health, The Impact of Chronic Underfunding on the Public Health System, 2020

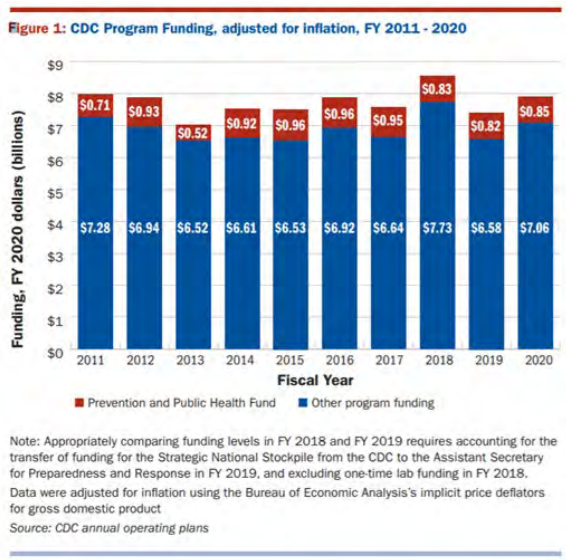
3 Merrick MT, Ford DC, Ports KA, et al. Vital Signs: Estimated Proportion of Adult Health Problems Attributable to Adverse Childhood Experiences and Implications for Prevention — 25 States, 2015–2017. MMWR Morb Mortal Wkly Rep 2019;68:999-1005. DOI: http://dx.doi.org/10.15585/mmwr.mm6844e1

4 Nardone, A et al. Associations between historical residential redlining and current age-adjusted rates of emergency department visits due to asthma across eight cities in California: an ecological study. The Lancet Planetary Health, Vol. 4, Issue 1, E24-E31, Jan 1, 2020. https://www.thelancet.com/journals/lanplh/article/PIIS2542-5196(19)30241-4/fulltext

5 Bower, Kelly M et al. "Racial Residential Segregation and Disparities in Obesity among Women." Journal of Urban Health: Bulletin of the New York Academy of Medicine vol. 92,5 (2015): 843- 52. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4608933/

6 Goodman MS and KL Gilbert. "Segregation: Divided Cities Lead to Differences In Health". Washington University in St. Louis and Saint Louis University. Nov. 2013.

development sectors. More and more health agencies have re-focused their attention on the promotion of equity and the multi-sectoral and systemic factors that limit opportunities for certain populations to achieve good health.



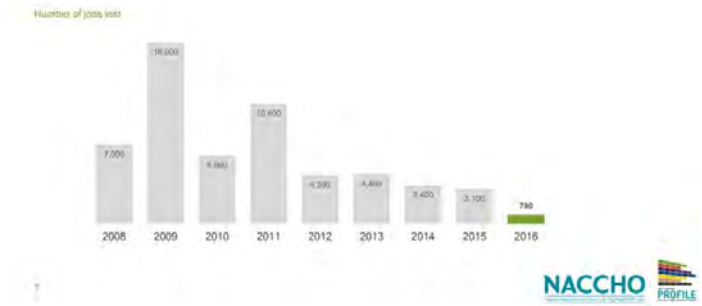
The Centers for Disease Control and Prevention (CDC) has developed innovative initiatives that address social and emotional health in the Centers of Injury Prevention and Control and the National Center for HIV/AIDS, Viral Hepatitis, STD and TB Prevention, among other locations. Yet, such funding has been limited and, consequently, the public health sector has done relatively little in this arena. Furthermore, most public health agencies lack personnel trained in social and emotional health.

The state of public health funding

Core federal public health funding has declined following the recession of 2008. During the last ten years, the CDC budget has decreased when inflation is factored in Figure 1 – TFAH, The Impact of Chronic Underfunding on the Public Health System, 2020.

Over the last 10 years, more than 30,000 local jobs have been lost and close to 10,000 state public health jobs have been lost.[7] About half of the local jobs lost occurred during the 2008-2009 recession.

Job Loss in Local Health Departments – 2008 – 2016 (Source – NACCHO – profile 2016)



Job loss in state public health departments 2010 - 2016 (source – ASTHO – State Profile 2016)

While core funding has been flat or declining, during emergencies—from H1N1 to Ebola to COVID-19—one-time only funds have been made available to public health departments, often with delays that impeded prevention efforts. Following the emergencies, such funds are eliminated, making it difficult to maintain the workforce and programs funded with supplemental appropriations.

During the last several years, health departments have been called upon to address a variety of new issues. Sometimes there is new funding to address these issues but often there is not. Among the new issues has been the opioid epidemic, the dramatic rise in suicides, widespread vaping and vaping-related lung injuries, weather-related emergencies, and the reemergence of vaccine-preventable infectious diseases (such as measles). Another indication of the new challenges facing public health has been the increase in federally declared public health emergencies.

7 National Association of County and City Health Officials. (2020). NACCHO's Profile Study: Changes in Local Health Department Workforce and Finance Capacity Since 2008. Retrieved from: http://nacchoprofilestudy.org/wp-content/uploads/2020/05/2019-Profile-Workforce-and-Finance-Capacity.pdf

Number of public health emergency declarations by year from 2010 – 2019[8]

2010 – 2
2011 – 6
2012 – 3
2013 – 1
2016 – 2
2017 – 18
2018 – 15
2019 – 12

As the issues and emergencies have increased, the public health sector has lost experienced personnel. A disproportionate number of public health employees have reached or are nearing retirement age.[9] The lack of competitive salaries and benefits have made it challenging to fill these positions when they become vacant.

Recent notable public health issues

Increased deaths of despair

More than 1 million Americans have died in the past decade from drug overdoses, alcohol and suicides.[10] Life expectancy in the country has decreased for the first time in two decades, and these three public health crises have been major contributing factors to this shift.[11] In 2018 more than 150,000 Americans died from drug- or alcohol-induced causes or suicide.[12] That equates to more than 350 deaths per day, 14 per hour and one person dying every four minutes. These trends are a wake-up call that there is a serious well-being crisis in this country. In stark terms, they are signals of serious underlying concerns facing too many Americans—about pain, despair, disconnection, and lack of economic opportunity—and the urgent need to address them.

Social determinants of health

Despite advances in health care, too many Americans will continue to needlessly fall ill due to social, economic, and environmental conditions that contribute to poor health. In contrast, adopting policies that improve access to quality education, safe housing, jobs, and more can have lasting effects on individual health. The circumstances that Americans encounter in their everyday lives shape their health. Whether it's where they live, how they eat, where they go to school, their workplaces, who they care for, or what opportunities they have (or don't have) to succeed, it all has a profound effect on long-term health—regardless of what type of medical care they receive. For many Americans, poverty, discrimination, access to education, the immediate environment, and other systemic barriers make it difficult to prioritize a healthy lifestyle and even more difficult to lead one. The adoption of certain policies can prevent the onset of disease, help residents lead healthier lives, lower health care costs, and increase productivity by removing obstacles and expanding opportunities.

Impact of racism, bigotry, homophobia, sexism

The root causes of racial and ethnic health and health care disparities are complex and interconnected, and these inequities existed long before COVID-19. The National Academies of Sciences, Engineering, and Medicine affirmed this with its comments that health inequities are "...the result of the historic and ongoing interplay of inequitable structures, policies, and norms that shape lives."[13] Indeed, these inequities result from ingrained poverty, structural racism and ethnic discrimination, and disinvestment in Communities of Color.

These conditions have led to higher rates of many underlying medical conditions such as diabetes, heart disease, and stroke that lead to vulnerability for severe illness from COVID-19.[14] Furthermore, systemic inequities have created obstacles for many Communities of Color to have optimal health on a daily basis. They are less likely to have health insurance and access to high quality health care, including skilled nursing facilities. They are more likely to work in jobs that are unsafe, including at those

8 https://www.phe.gov/emergency/news/healthactions/phe/Pages/default.aspx
9 de Beaumont Foundation and Association of State and Territorial Health Officials (ASTHO), Public Health Workforce Interests and Needs Survey: 2017. Online. Phwins.org/most-recent-findings/
10 Trust for America's Health (2020), Pain in the Nation Update: Alcohol, Drug, and Suicide Deaths in 2018. Online. https://www.tfah.org/report-details/paininthenationupdate2020/
11 Kochanek KD, Anderson RN, Arias E. Changes in life expectancy at birth, 2010–2018. NCHS Health E-Stat. 2020.
12 "CDC WONDER." In: Centers for Disease Control and Prevention, April 29, 2020. https://wonder.cdc.gov/ (accessed April 30, 2020)
13 Communities in Action, National Academies of Sciences, Engineering, and Medicine, Health and Medicine Division, Board on Population Health and Public Health Practice, Committee on Community-Based Solutions to Promote Health Equity in the United States, National Academies Press, Mar 27, 2017
14 Warren, M et al. *State of Obesity: Better Policies for a Healthier America.* Washington, DC: Trust for America's Health, Sept 2019.

with elevated exposure to COVID-19. They are exposed to more environmental health risks including air pollution and lead.[15,16] And they are more likely to live in overcrowded, sub-par, segregated housing where population density has increased the risk of disease transmission.

In addition, the economic impact of the COVID-19 response has disproportionately affected People of Color. They are more likely to have lost their jobs due to layoffs or extended furloughs. As a result, they have found it difficult to have the necessary resources to feed their families and pay rent. Because of the higher death rates and the greater economic impact, People of Color are more likely to need support for their social and emotional well- being.

Emerging understanding of trauma and Adverse Childhood Experiences (ACEs) to health

Living with prolonged stress and adverse experiences can significantly increase a child's risk for a range of physical, mental, and behavioral problems—increasing the likelihood for hypertension, diabetes, heart disease, stroke, cognitive and developmental disorders, depression, anxiety, and a range of other concerns.[17,18]

Currently, approximately one-quarter of children ages 5 and younger live in poverty and more than half of all children experience at least one ACE. According to research from the Centers for Disease Control and Prevention (CDC), more than one-quarter of children experience physical abuse and substance abuse in the household while sexual abuse and parent divorce or separation are also prevalent.

The effect of COVID-19 on the public health

Increased poverty and unemployment, especially for those already marginalized

The economic impact of the COVID-19 pandemic has led to economic insecurity for millions of people. More than 40 million Americans have filed for unemployment.[19] Without the ability to pay for such basic needs as healthy food, secure housing, medical care, and education, physical as well as social and emotional health suffers. COVID-19 highlighted long-standing socioeconomic contradictions which not only led to elevated levels of chronic disease among People of Color and low-income people, but also made it easier for a virus to spread. Those who worked in low-wage jobs to which they were unable to telecommute or who lacked health insurance or ready access to treatment were more likely to become infected, develop more serious illness or die.

Increased budget shortfalls

It is likely there will be significant state budget cuts in the coming years as a result of the economic impact of the pandemic. The Center for Budget and Policy Priorities has estimated a state budget shortfall of $765 billion over three years, based on projections from the Congressional Budget Office and Goldman Sachs. The Center highlights that during the 2008 recession, almost half of the budget shortfalls in states resulted in spending cuts, many of them layoffs. Given the loss of almost 30,000 local public health jobs since the 2008-2009 recession, many additional public health jobs will likely be in jeopardy in the coming years.[20]

15 Institute of Medicine. Toward Environmental Justice: Research, Education, and Health Policy Needs. Washington, DC: National Academy Press, 1999; O'Neill MS, , et al. Health, wealth, and air pollution: Advancing theory and methods. Environ Health Perspect. 2003; 111: 1861-1870; Finkelstein et al. Relation between income, air pollution and mortality: A cohort study. CMAJ. 2003; 169: 397-402; Zeka A, Zanobetti A, Schwartz J. Short term effects of particulate matter on cause specific mortality: effects of lags and modification by city characteristics. Occup Environ Med. 2006; 62: 718-725

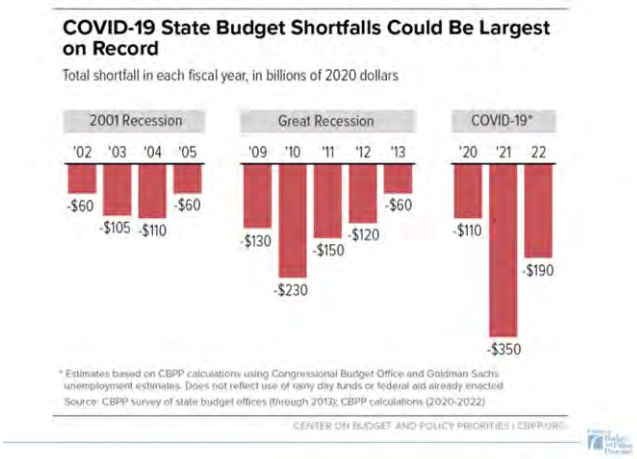
16 American Lung Association. Urban air pollution and health inequities: A workshop report. Environ Health Perspect. 2001; 109 (suppl 3): 357-374

17 Moore K, Sacks V, Bandy T, and Murphey D. "Fact Sheet: Adverse Childhood Experiences and the Well-Being of Adolescents." Child Trends, July 2014. https://www.childtrends.org/wp-content/ uploads/2014/07/Fact-sheet-adverse- childhood-experiences_FINAL.pdf

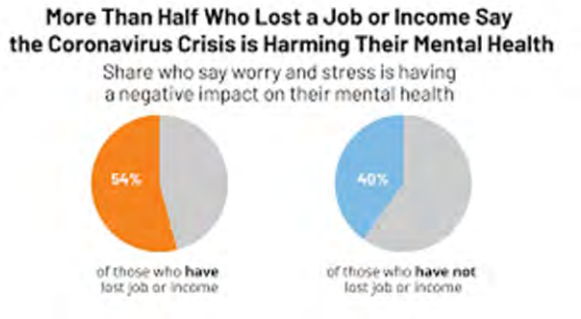
18 Merrick MT, Ford DC, Ports KA, et al. Vital Signs: Estimated Proportion of Adult Health Problems Attributable to Adverse Childhood Experiences and Implications for Prevention — 25 States, 2015–2017. MMWR Morb Mortal Wkly Rep 2019;68:999-1005. DOI: http://dx.doi.org/10.15585/mmwr.mm6844e1

19 Department of Labor. https://www.dol.gov/ui/data.pdf

20 https://www.cbpp.org/blog/projected-state-shortfalls-grow-as-economic-forecasts-worsen

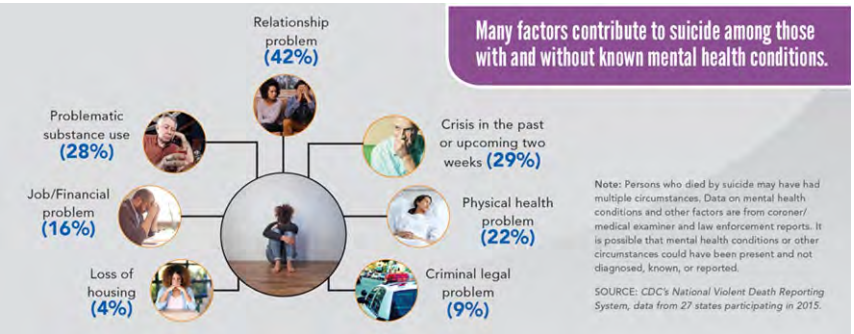


Foundation brief in April 2020 found that nearly half of adults across the country say that worry and stress related to COVID-19 is hurting their mental health.



Increased deaths of despair

Based on previously established relationships between unemployment, pandemics, suicide, and substance use, there has been increased attention for behavioral health services. CDC data indicates many suicides are preceded by social, economic, and environmental crises. Early evidence has warranted this concern. A May report by the Office of National Drug Control Policy found that two states have had a statistically significant increase in overdoses since the pandemic began. As of June 1st, over 40 million Americans have filed for unemployment. All of this is compounded by recent data by the Census Bureau showing a third of Americans showing signs of clinical depression.



Increased trauma

Based on the experience from previous outbreaks, there is a high level of trauma associated with novel viruses.[21] In this pandemic, the trauma is due to illness and death (and fear of such) as well as economic fallout. A Kaiser Family Foundation brief in April 2020 found that nearly half of adults across the country say that worry and stress related to COVID-19 is hurting their mental health.

There is early evidence of such trauma in the roughly 1000 percent increase in text messages to the federal Disaster Distress Hotline in April 2020, when compared to the previous year. In addition, calls to the National Domestic Abuse Hotline were up 12 percent in April 2020, highlighting another possible impact of the sheltering in place, economic distress, and stress associated with the pandemic. Given that ACEs are often precipitated by such matters as family instability and insecurity, there is a danger of long-term impacts from the conditions resulting from the pandemic.[22]

Changing course from current to future state

We are primarily focused on increasing funding for upstream efforts, the promotion of equity, addressing the social determinants of health, and strengthening and leveraging existing public health infrastructure to compliment clinical behavioral health services by developing connections to care and timely data.

Infrastructure funding for public health

The chronic underfunding of public health has limited health departments' ability to modernize labs, surveillance systems, and informatics;to hire and retain workforce; and to address the underlying health conditions that put communities at heightened risk from COVID-19. The nation's response to COVID-19 would have been stronger with sufficient infrastructure and

21 Anna L.D. Lau, Iris Chi, Robert A. Cummins, Tatia M.C. Lee, Kee-L. Chou & Lawrence W.M. Chung (2008) The SARS (Severe Acute Respiratory Syndrome) pandemic in Hong Kong: Effects on the subjective well being of elderly and younger people, Aging & Mental Health, 12:6, 746-760, DOI: 10.1080/13607860802380607

22 Reger MA, Stanley IH, Joiner TE. Suicide Mortality and Coronavirus Disease 2019—A Perfect Storm? JAMA Psychiatry. Published online April 10, 2020. doi:10.1001/jamapsychiatry.2020.1060

workforce in health departments. Such support would have resulted in greater capacity to identify cases, locate those who had been exposed, and quickly put policies in place that would reduce the need to shut down schools and workplaces. Public health experts estimate only 51 percent of Americans are served by a comprehensive public health system,[23] and an investment of $4.5 billion per year is needed to modernize the foundational capabilities of state, local, tribal and territorial health departments.[24]

Recommendation

To address this shortfall, Congress could consider establishing a core public health infrastructure program at the CDC, awarding grants to state, local, tribal and territorial health departments to ensure they have the tools, highly trained workforce and systems in place to address existing and emerging health threats. More than 160 groups have already signed onto a request for $4.5 billion a year in such public health infrastructure funding.

Redouble equity efforts

While everyone is at risk for COVID-19 infection, Blacks, Latinos, American Indians/Alaska Natives, Asian Americans, Native Hawaiians, and Pacific Islanders are at elevated risk due to a variety of factors. The root causes of racial and ethnic health and health care disparities are complex and interconnected, and these inequities existed long before COVID-19. Indeed, much of the inequity that spans generations results from poverty, structural racism, discrimination, and disinvestment in many Communities of Color. For example, residential segregation creates concentrated poverty, isolates Communities of Color, and decreases opportunity and resources in those communities. These realities manifest themselves as poorer quality schools, substandard housing, greater exposure to pollution, less healthy food grocers, less availability of health care services, lack of good jobs, and an inability for upward economic mobility—all of which negatively impact health and well-being.

This systemic disadvantage not only creates obstacles for many Communities of Color to achieve optimal health, it also limits the community's ability to be prepared against and recover from public health emergencies, such as COVID-19.

Additional risks are from the types of jobs that are disproportionately held by People of Color. Many work in frontline, essential jobs, such as in grocery stores, transportation systems, and delivery operations during this pandemic. More than half of Latinos and 38 percent of Blacks do not earn paid sick days through their jobs, making it more likely they will work when sick or exposed to others who are. Finally, People of Color are also more likely to live in densely populated metro areas and depend on public transportation, making physical distancing guidelines more challenging.

Recommendation

More efforts are needed to collect and publicly report data by race, ethnicity, sex, age, primary language, socioeconomic status, disability status, and other demographic information of COVID-19 cases, including hospitalizations and deaths. This disaggregated data is vital to identifying impacted areas and partnering with communities on outreach, prevention, and access to care. Investments to modernize public health data surveillance, including enabling electronic case reporting between clinical providers and public health, would help improve data collection and reporting.

Additional resources are also needed for the communities at greatest risk and with disproportionate burden of disease and death to reduce disparities and ensure access to testing, care, and treatment. This could take the form of tailored, culturally and linguistically appropriate public health campaigns, partnering with trusted messengers to effectively reach Communities of Color and immigrant communities; and opening satellite testing and treatment facilities in communities where health care access is an issue. More than 250 groups have proposed strengthening the collection of racial and other demographic information of COVID-19 related data and directing resources to those communities at elevated risk.

Specialized CDC division in social and emotional health

Currently, there is no specialized unit at the CDC that focuses on social and emotional health. This makes it challenging for the agency to build on existing work throughout the agency as well as at the local, state, tribal, and territorial levels.

23 National Longitudinal Survey of Public Health Systems. Accessed: http://systemsforaction.org/national-longitudinal-survey-public-health-systems

24 Public Health Leadership Forum. Developing a Financing System to Support Public Health Infrastructure. Accessed: https://www.resolve.ngo/docs/phlf_developingafinancingsystemtosupportpublichealth636869439688663025.pdf

Recommendation

In order to ensure that social and emotional health are considered as core public health issues, there should be a specialized unit at the CDC. Such a unit would be led by experts in the field and would provide a variety of resources to the field including training, technical assistance, grant funding, and research. The unit should strive for internal cross division integration of components into other work—collaborating with other federal agencies both within and outside of the Department of Health and Human Services to ensure alignment and non-duplication.

Data on social and emotional health

There is insufficient data gathered on the social and emotional health of people in America. The information that is gathered on drug and alcohol deaths and suicides shows significant variation from state to state. Some states have relatively low drug-related death rates and relatively high alcohol-related death rates. Some have unusually high or unusually low suicide rates. The sub-populations differ also by race, ethnicity, age, density of population, sexual orientation, and gender identity.[25] Can we determine the correlates of risk? Of protective factors? To fully understand the sub-populations that are relatively small (such as American Indians and people who are transgender) it may require over-sampling. That, too, is crucial.

Recommendation

The CDC's surveys (including BRFSS, DASH and NCHS) should add questions to gather additional information regarding the impact on social and emotional health. Such questions could seek to answer if some populations are more vulnerable, and for what conditions they are more vulnerable. CDC, SAMHSA and other federal agencies should supplement such quantitative data collection with qualitative data collection. Initially, the addition of these questions to the existing surveys—and the oversampling of sub-populations—and detailed analysis should be done to examine the impact of COVID-19. Such research is time-sensitive and of enormous importance in planning for the likely impact. However, such data collection should become routine and ongoing with annual reports on the findings and their implications for policies and programs.

Educational and technical assistant resources

Because social and emotional health has traditionally not been a core component of public health work at the federal, state or local levels, it will require concentrated and continual training to elevate the understanding of those within the field.

Recommendation

Congress should fund the CDC to develop educational and skill-building programs for state, territorial, tribal, and local health agencies to promote the incorporation of social and emotional health content into core public health activities. Such programs should highlight best practices and lessons. In addition to education resources, public health agencies will require direct assistance or make it possible to fully integrate social and emotional health prevention and promotion into ongoing work. This will likely require the assistance of specialists and experts via contracts with non-profit agencies. Such assistance should incorporate a mechanism for peer assistance from those in the field and a prioritization of support for equity in the planning and implementation phases.

Increased research

Insufficient research exists regarding the ways to prevent and control the impact of trauma and to promote social and emotional health.

Recommendation

Additional resources are needed to evaluate community interventions to prevent or mitigate behavioral health conditions, with attention to the involvement of community members and grass roots organizations in the determination of need and the optimal ways to address them.

Cross sector and integrative work should be routine

Historically social and emotional prevention, health screening, and treatment services have been siloed in specialized agencies such as SAMHSA at the federal level, and drug and alcohol or mental health agencies at the state levels. Often such agencies have focused their limited resources on those with acute needs and relatively few resources have been devoted to prevention or to assisting those with less than urgent needs.

Recommendation

A transformative approach is needed that would be integrative, where all federal agencies focused on

25 TFAH's Pain in the Nation update – 2020.

any aspect of behavioral health or on policies with a significant impact on behavioral health (such as HUD, the Department of Education, USDA) would work collaboratively to become more aware of, and take action to, address the needs in an aligned manner. This might be facilitated by an administration-wide task force or coordinating committee.

Age-friendly public health

COVID-19 has exposed the need for a specialized public health focus on the needs of the growing older adult population. Eight out of ten COVID-19 related deaths in the US have been among those 65 years old and older.[26] These elevated deaths stem, in part, from the higher percentage of older adults with underlying serious health conditions and from their concentration in skilled nursing facilities where infection control procedures were lax. Current US recommendations for older adults to stay home can have unintended consequences that could worsen their health due to the consequences of social isolation. In addition, older adults who contract COVID-19 and have mild to moderate symptoms are generally encouraged to stay home and avoid going to a health care provider's office or the emergency room. Such self-care for this population—especially for those living alone—can be difficult and dangerous. Public health interventions can play a valuable role in optimizing the health and well-being of older adults during this time by supporting independence and fostering cross-sector collaboration with the aging sector. Yet the public health sector currently has few if any specialized funding for programmatic efforts among older adults.

Recommendation

Public health agencies at the federal, state, and local levels need specialized funding to address the range of issues facing older adults during the COVID-19 response and afterwards. These include protection from COVID-19 infection as well as the range of consequences from social isolation and from interruptions of care for chronic disease and mental health. Authorizing language has been introduced to fund the CDC to create a grant program for state and local health departments that promotes age-friendly public health. The state of Florida is piloting what such age-friendly public health would look like. In addition, due to the disproportionate impact, there is a need for a National COVID-19 Resource Center for Older Adults that would bring multiple federal agencies to the table to identify and meet the COVID-19 specific challenges to the health of older adults, such as the need to ensure that nursing homes are safe.

Social Determinants of Health

Social and economic conditions such as housing, employment, food security, and education have a major influence on individual and community health.[27] These conditions—often referred to as the Social Determinants of Health (SDOH)—are receiving increased attention from insurance companies, hospitals, health care systems, and governmental agencies interested in improving health outcomes and controlling costs. In 2018, U.S. Secretary of Health and Human Services (HHS) Alex Azar, highlighted the necessity of addressing social determinants of health in HHS's work, including at the Centers for Medicare & Medicaid Services (CMS). For example, the CMS Innovation Center's Accountable Health Communities (AHC) pilot program funds 31 health systems to identify unmet health-related social needs of their patients and create referral mechanisms to address them. Its goal is "testing whether systematically identifying and addressing the health-related social needs of CMS beneficiaries will impact health care costs and reduce health care utilization."

However, while clinicians can identify non-medical social needs and make referrals to other organizations, they cannot ensure that there are adequate resources and policies in place to meet the needs of the referred. In addition, many of the social needs that are being supported by health care systems are short term—temporary housing, nutrition, or transportation—and do not necessarily address the underlying economic and social factors in communities beyond the individual patient. AHCs and other payer-supported models need support from public health and other sectors to create the communication mechanism, collaborations, programs, and policies to assure that patients' social needs are met. Public health departments are uniquely situated to build these collaborations across sectors, identify SDOH priorities in communities, and help address policies that inhibit health.

Recommendation

There is a need for federal funding, training and technical assistance within the public health sector to address the social, economic, and environmental factors that affect

26 https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/older-adults.html
27 https://www.rwjf.org/content/rwjf/en/how-we-work/grants-explorer/featured-programs/county-health-ranking-roadmap.html

health. This requires close partnerships with those in other sectors such as health, housing, transportation, education, public safety, and economic development. A bill has been introduced to fund the CDC to give grants to states, locals, tribes, and territories to expand their work on the social determinants through cross-sector collaboration, policy change and creating community-clinical linkages.

Policy changes can also enable the economic conditions to address the social determinants of health. Two policies of relevance to the COVID-19 pandemic are:

- Paid sick leave: The lack of sick leave benefits may result in workers coming to work when they should be in quarantine or isolation. COVID-19 has highlighted how easily diseases can spread from simple interactions. If employees stay home when they are sick, they reduce the chance that they may infect their coworkers or customers. The United States is only one of two developed countries without a national paid sick day (PSD) policy and almost two out of every five Americans don't have access to this important benefit. Low-income workers are much less likely to receive paid sick leave even though these workers are often less able to miss work when they are sick because they rely on their full pay.[28]
- Earned income tax credits: Given the economic devastation caused by the pandemic, an increasing number of Americans need tax relief in order to cover the cost of essential needs such as rent and food. The EITC helps eligible low- to moderate-income working people keep more of the money they earn by reducing the taxes they owe. It's important to note that the EITC's impact extends beyond just its fiscal impact and has been shown to improve infant and maternal health and has shown indirect benefits including increased graduation rates, college enrollment, and later impacts on future employment and income.

Preparedness for the next major threat

We have seen with COVID-19 the importance in investing in preparedness and prevention. We never want to go through this difficult public health emergency again. Yet we know that public health emergencies are inevitable and are of a wide variety of types (not just pandemics). In addition, we have learned that there is a societal price to be paid for underlying health conditions like obesity, diabetes and health disease that can be avoided with a commitment to these approaches.

Recommendation

Increase federal funding for the Public Health Emergency Preparedness Program and the Hospital Preparedness Program to build preparedness capabilities in all states and territories.

28 TFAH, Promoting Health and Cost Controls in States – 2019.