SOCIAL DETERMINANTS OF HEALTH CAPACITY BUILDING PROGRAM

LSC



Health outcomes of individuals are greatly impacted by factors that are largely outside of an individual's control, such as community safety, access to high-quality health care, air and water quality, and housing quality and stability. Drastic health inequities exist across the United States due to these variations in Social Determinants of Health (SDoH) – the societal, structural, and environmental conditions that affect a wide range of health, functioning, and quality-of-life outcomes. The COVID-19 pandemic has amplified these inequities, with low-income communities and communities of color experiencing disproportionate economic harm as well as greater rates of morbidity and mortality. In order to tackle inequities, states and localities must partner with and rely on a strong network of community-based organizations (CBOs) that provide direct services and assistance to vulnerable populations. The federal government can help address health disparities by ensuring that CBOs have access to critically needed technical assistance and capacity building resources.

Why is the SDoH Capacity Building Program needed?

- Despite playing an essential role in connecting community members to essential support services and programs that address SDoH, many CBOs - which are often led and staffed by members of the communities they serve - struggle to maintain basic operations or expand access to services due to under resourcing and a lack of capital to support operational capacity. The demands of responding to emergency needs of hard-hit communities during the pandemic further stretched these frontline community organizations and, in some cases, depleted their resources to provide essential services. Dedicated capacitybuilding resources can help these essential organizations regain their stability during this pandemic recovery period, and can also help promote equitable access to capital among BIPOC-led organizations addressing SDoH.
- The pandemic has had <u>devastating effects</u> on local organizations. Workforce in U.S. non-profit organizations remained down by nearly 459,000 jobs as of December 2021 compared to estimated pre-COVID February

2020 levels, representing a 3.7% decline from its pre-pandemic level. Employment declines in December wiped out gains from prior months, with every field except health care reporting job losses, even as demand for services remained high or increased. <u>Upfront</u> financing and other capacity-building support among CBOs is needed to develop staff skills and expand bandwidth to adequately address SDoH. How would the program work? Administered through the Department of Health and Human Services, Centers for Medicare and Medicaid Services, the SDoH Capacity Building Program would direct funding to intermediaries to provide desperately needed resources to community-based organizations addressing SDoH.

Allowable Uses

- Direct operational support, loans, grants, and predevelopment assistance to nonprofit entities seeking to address the five domains of social determinants of health (SDOH) – economic stability, education access and quality, health care access and quality, neighborhood and built environment, and social and community context.
- Training, education and technical assistance to develop the capacity and ability of CBOs, CDCs and/or CHDOs to implement SDoHrelated community development, economic development and affordable housing projects and programs.
- Other activities as may be determined by the intermediary to be necessary to addressing SDoH.

Examples of Supported Activities

 Establishing or enhancing a Continuum of Care to support homeless and housinginsecure individuals and families

- Addressing interconnected safety, justice, and economic opportunity issues
- Addressing housing quality and insecurity
- Expanding access to high quality child care in appropriate spaces, and/or
- Expanding access to primary care, behavioral health and other health care services, and trauma/resiliency supports for people and communities.

Funding

- \$50 million in program funding over five years
- Grantees must provide a 1 to 1 match for the amount of any assistance provided
 - Match funds must clearly be connected to the delivery of the proposed SDoH capacity building eligible activities or the resulting outputs of those activities.
 - In addition to the required matching funds, applicants are encouraged to secure leverage from private sector and/or public resources. Leverage funds are calculated over and above any match contributions.

What can Congress do?

We urge Congress to establish a SDoH Capacity Building program at the Department of Health and Human Services, Centers for Medicare and Medicaid Services and robustly fund the initiative at \$50 million over five years.

LISC is a national nonprofit housing and community development intermediary with offices in 38 different cities and a national rural network of 145 organizations.

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