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The physical, social, and economic conditions in a person's community and everyday life—known as the social determinants of health—constitute 80 to 90 percent of factors affecting health outcomes for a population, with medical care contributing just 10 to 20 percent. LISC recognizes the powerful role that community development plays in preventing chronic disease and bolstering health and wellness, and supports a comprehensive agenda to improve outcomes for people in our local communities. We invest in community health centers and other critical access points for health care services, provide financing and technical guidance to projects that increase access to healthy food, and support recreational fields and facilities that give kids quality places to play. LISC has forged partnerships with hospitals and health insurers to advance this agenda, bringing new capital to communities and leveraging data-analysis capabilities, relationships, and services to advance health equity for people of color.

Social Determinants of Health

Greater economic opportunity for people and places is inextricably linked to health and wellness. Social determinants of health (SDoH) are conditions in the environments in which people are born, live, learn, work, play, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks. LISC seeks to advance health equity—the condition in which all community members have the opportunity to attain their full health potential—through its work to improve social determinants. This is achieved through policies and investments that build partnerships and shared goals with the health sector to support housing and commercial real estate, workforce development pathways, safety, social cohesion, and other efforts that create opportunities for families and communities to thrive.

LISC supports:

Leveraging Medicaid Funding Streams to Address Social Determinants of Health

Medicaid provides health coverage to millions of Americans, including eligible low-income adults, children, pregnant women, elderly adults, and people with disabilities. Innovative federal policy approaches should be pursued to leverage the Medicaid system to improve health outcomes and well-being for vulnerable populations in communities across the country. These promising approaches include:

1. **Social determinants of health accelerator grants.** The Social Determinants Accelerator Act would authorize state, local, and Tribal governments to devise innovative, evidence-based approaches to coordinate services and improve outcomes and cost effectiveness. The bill provides funds for the Centers for Medicare & Medicaid Services (CMS) to award up to 25 planning grants and technical-assistance grants to eligible entities for the development of social determinants accelerator plans that address at least one health and one social outcome for a specified target population. It also establishes the Social Determinants Accelerator Interagency Council and provides funds for the council to: A) assist the CMS in awarding specified grants, B) increase coordination among health and social service programs, and C) provide program evaluation guidance and technical assistance to increase the impact of social service programs.

2. **Medicaid re-entry support for the incarcerated.** Most people leaving prison have chronic issues that make it more difficult to successfully reintegrate into communities after incarceration. These difficulties have a profound negative effect on supervision compliance, job stability, housing, family relationships, and sobriety. The Medicaid Reentry Act would permit Medicaid to support essential health care for 30 days prior to an incarcerated person's release and upon re-entry. The legislation seeks to increase coordinated care for incarcerated people who are re-entering society. Access to and coordination of physical, mental-health, and substance-use-disorder care are especially important to success post incarceration, and to reducing mortality rates related to drug overdoses and suicides.

Establishing Community Integration Network Infrastructures

Social service networks (largely powered by community-based organizations) are not generally connected to the health care system in a sustainable, standardized way, which limits data sharing, shared accountability, and service coordination. The establishment of technical infrastructure networks would allow states and localities to sustainably track and align the efforts of medical organizations and community organizations —providing a better understanding of the scope of community needs and the available resources to meet them, a more efficient means to initiate and address requests for assistance, and better methodology to track referrals, accountability, and outcomes.

LISC joins Aligning For Health in calling for the establishment of a program operated by the U.S. Department of Health and Human Services, Health Resources and Services Administration, that supports state Community Integration Network Infrastructures. Community Integration Network Infrastructures would: empower states to establish state-wide or regional networks that implement an aligned service delivery system capable of responding to community-wide challenges; facilitate service coordination and referral management between health care providers, community organizations, and federally funded programs for vulnerable and home-bound individuals; collect data to track community needs referrals, ensure program integrity, and evaluate program effectiveness; and improve operational capacity among participating organizations through shared expertise and transfer of knowledge. The Network Infrastructures would have a lead entity chosen by the state and, via the establishment or enhancement of a secure technology platform, would:

- enable coordination among public and privately funded providers and payers of services for individuals in the state;
- prioritize interoperability with existing technology platforms, including a capability for referrals, communication, and longitudinal tracking; and
- connect social and health care organizations, including groups working on food, housing, transportation, and job training, along with medical providers and health plans.

Strengthening Nonprofit Hospitals' Community Health Needs Assessments

When the Patient Protection and Affordable Care Act (ACA) was signed into law in 2010, it required nonprofit hospitals to carry out a hospital community health needs assessment (CHNA) every three years in order to maintain their tax-exempt status. The goal of this process was to push hospitals to go beyond their institutional walls and develop a stake in health outcomes of local communities by actively engaging state, local, and community-based entities in developing strategies to address the root causes of health inequity and financing the types of interventions (e.g., investments in healthy housing) that will lead to healthier outcomes.

CHNAs include the development of an implementation strategy—a written plan that either describes how the hospital plans to use a portion of its surplus to address the community health need, or explains why it does not intend to address an identified health need. While the implementation strategies can influence hospital community benefit agreements, there is no requirement that hospitals expressly draw a link between community-benefit spending policy and their CHNAs. Nor are hospitals required to allocate benefit spending in a way that includes community-building activities, such as physical improvements in housing, assisting small business development in neighborhoods with vulnerable populations, child care and mentoring programs for vulnerable populations or neighborhoods, neighborhood support groups, violence prevention programs, disaster readiness, and alleviation of water or air pollution. A recently published report revealed that community-building activities accounted for only .1 percent of the $64.3 billion in total benefits that the surveyed nonprofit hospitals provided their communities.

Investments in community-building activities are frontline investments that directly address SDoH. We encourage the federal government to revisit the CHNA

implementation guidelines and adopt policies that: A) encourage hospitals to engage community development organizations in the development of their CHNA implementation plans, and B) positively incentivize nonprofit hospitals to increase the percentage of hospital expenditures allocated to community-building activities.

Incentivizing Community Development Activities Among Health Insurers

In recent years, the insurance industry has started developing strategies to address the social determinants of health. A 2018 survey found that 80% of health insurance providers have adopted social determinants initiatives in order to address the needs of their members. This approach is not only good for reducing costs and utilization of acute health care services to treat chronic conditions that arise from poverty, structural racism, and other inequities, but is also essential to reducing health disparities and creating healthier communities. HHS initiatives like Healthy People 2020, and CMS regulatory actions (including their work with states seeking to integrate SDOH into their contracts with Medicaid managed care organizations and 2020 rules that allow insurers to offer supplemental SDoH-related benefits for Medicare Advantage and Part D plans) have greatly influenced the insurance industry focus on SDoH.

LISC welcomes this focus and urges the federal government to build upon the existing momentum. Innovative approaches that incentivize insurers to build partnerships with community-based organizations, social service agencies, and community development financial institutions have the potential to radically improve community health outcomes. LISC supports federal approaches that will encourage insurers to direct additional resources to building the aforementioned partnerships and invest in community development activities.

Provision of Health Care

In too many American communities, lack of affordable primary health care is part of the landscape of deficit that eats away at the health and longevity of low-income residents and people of color. LISC has a strong programmatic focus on improving community health outcomes that are tightly linked to the physical, social, and economic conditions of a neighborhood, and a policy focus on advocating for federal policies that bridge the gap between the community development and health care sectors.

LISC supports:

Investing Substantially in Community Health Center Operations and Facilities

Community Health Centers (CHCs), also known as Federally Qualified Health Centers (FQHCs), provide primary medical services to close to 30 million people at over 14,000 sites in urban and rural communities across the country. CHCs deliver a broad array of primary and preventive care services to patients, including dental, vision, mental health, and drug treatment services. CHCs primarily serve low-income residents—many of whom lack access to health insurance—and they provide these services regardless of the patient's ability to pay. By helping to reduce instances where patients have to seek initial treatments and services in hospital settings, CHCs produce an estimated $28 billion in annual health savings.

In order to carry out their vital missions, CHCs rely on support from the Community Health Center Program of the U.S. Department of Health and Human Services (HHS). This program provides, among other vital resources, operating grants (known as Section 330 grants) to CHCs, and loan guarantees to private-sector lenders to support the development and rehabilitation of CHC facilities.

LISC's policy priorities for CHCs include:

1. **Full funding for Section 330 grants**. Congress provides close to $5.6 billion annually to support CHC operating grants, through a mix of annual appropriations and mandatory spending accounts created by the Affordable Care Act. We support long-term authorization of the mandatory expense accounts, and continued supplemental funding as necessary through annual appropriations.

2. **More education and outreach to raise awareness about the Loan Guarantee Program.** In 2017, Congress provided an additional $20 million of credit subsidy for the Health Center Facility Loan Guarantee Program, which is anticipated to support over $900 million in loans to CHCs. And in 2020, HHS debuted streamlined and improved application and underwriting protocols. HHS needs to:

    - market the "new" program to both lenders and CHCs, including through partnerships with trade associations and other governmental agencies such as the CDFI Fund; and
    - provide program guidance documents to indicate how the funds can be twinned with other federal subsidy sources, including New Markets Tax Credits.

Strengthening Support of Telehealth Initiatives

The COVID-19 pandemic has dramatically altered federal telehealth policy across multiple agencies. The Centers for Medicare & Medicaid Services (CMS) issued temporary measures to make it easier for people to receive medical care through telehealth services during the pandemic public health emergency. These changes include adjustments to remote-care guidelines, broader billing options (both video and audio-only), and allowing FQHCs and Rural Health Clinics (RHCs) to serve as distant telehealth sites and provide telehealth services to patients in their homes. The U.S. Department of Agriculture, Federal Communications Commission, and Health Resources and Services Administration all received additional resources to provide grants to telemedicine providers, nonprofit and for-profit health care providers, rural health care providers, and eligible nonprofits, all in an effort to ensure continuity of care.

Because the majority of non-urgent care needs were transitioned to virtual and telehealth platforms, telehealth has become a much more critical social determinant of health, directly impacting patient access to care. We anticipate that the federal government will soon review existing policies to determine whether particular measures will sunset or become permanent. As these determinations are made, LISC will prioritize approaches that:

- make provisions in the Connect for Health Act and recent COVID-19 emergency measures permanent (e.g., easing restrictive fee-for-service coverage of telehealth services, and lifting limitations for rural locations, originating sites, eligible practitioners and services, and qualifying technology);

- facilitate access to medical care in underserved and remote (especially rural) areas by supporting digital connectivity of providers and patients; and
- fully leverage telehealth capabilities to address social determinants of health.

Investing in Community Health Workers

Community health workers (CHWs) are local residents who help others in the neighborhood access good health care. CHWs have been an effective part of medical care in low-income communities around the world for more than 50 years. Because they often are local people with demographic characteristics similar to those of other community residents, they often share language and life experiences with the individuals and communities they serve, and can build a different trust relationship than do other medical personnel. There is robust evidence that CHWs can undertake actions that lead to improved health outcomes, especially, but not exclusively, in the field of child health.

The COVID-19 pandemic has made CHWs even more important to strategies aimed at improving health outcomes in local communities—especially communities of color and immigrant communities where there may be a mistrust of medicine and medical providers. CHWs could serve as contact tracers and (when a vaccine becomes available) vaccination educators, helping to curb the spread of the coronavirus.

LISC supports the adoption of federal policies that support and dedicate funding for the CHW model, including the Health Force and Resilience Force Act of 2021, which directs the U.S. Centers for Disease Control and Prevention (CDC) to help recruit, train, and employ Americans to respond to the COVID–19 pandemic in their communities—thereby providing capacity for ongoing and future public health care needs and building skills that enable new workers to enter the public-health and health care workforce. This federally funded and locally managed effort would provide a dedicated workforce to, among other things, administer COVID-19 tests, isolate those who have tested positive, and trace and test the contacts of every carrier.

Healthy Food

Accessing affordable and healthy food can be challenging for many low-income families across the United States. The U.S. Department of Agriculture (USDA) estimates that 12.7 percent of U.S. census tracts fit the category of being low-income and having low access to a grocery store or supermarket. Living in poor communities with limited access to healthy food negatively impacts the health and quality of life of residents. We need solutions that increase the availability of healthy food for all Americans.

LISC supports:

Increasing Funding for the Healthy Food Financing Initiative at USDA

In the 2014 Farm Bill, Congress established a Healthy Food Financing Initiative (HFFI) program at the USDA and authorized up to $125 million for the program. The 2018 Farm Bill reauthorized the program and made important changes, including expanding support to include food enterprises. The USDA HFFI program is a public-private partnership that provides financial and technical assistance to local food-access projects. These funds have supported healthy food retail development costs and technical assistance such as feasibility studies. In 2019, the HFFI program provided $1.4 million in financial assistance to 10 projects and $400,000 in technical assistance awards to 13 projects.

LISC supports efforts to increase the HFFI program's appropriation so more food-access projects are able to secure financial and technical assistance resources, which will lessen food-access inequality.

Continuing Funding for the Healthy Food Financing Initiative at the CDFI Fund

Since 2011, the Community Development Financial Institution Fund (CDFI Fund), an agency of the U.S. Department of the Treasury, has been appropriated funding to provide targeted financial support in the form of grants and loans to CDFIs specifically for the purpose of financing healthy food investments. Unlike the USDA HFFI program, which mainly supports development costs, the CDFI Fund HFFI program provides awards through CDFIs, which leverage the resources to support the full continuum of healthy food projects in low-income, low-food-access communities. LISC supports continued appropriations for the CDFI Fund's HFFI program.

Community Recreation

Safe, well-maintained places to gather, exercise, and play are fundamental to the development and well-being of the members of any community—especially children. In distressed neighborhoods, where positive recreational outlets may be scarce, a playing field or park can serve as a welcome refuge from unsafe streets and as a deterrent to gang activity and other negative influences. Federal funding for open space and recreation projects is crucial for states, cities, and localities.

One of the most important federal programs for supporting states and localities in developing recreational space is the Land and Water Conservation Fund (LWCF), administered by the U.S. Department of the Interior's National Park Service. The LWCF was created in 1965 to help preserve, develop, and ensure access to outdoor recreation facilities, primarily by funding:

- federal acquisition of land and waters;
- grants to states, under the States Assistance Program, for recreational planning, acquiring lands, and developing outdoor recreational facilities; and
- other related activities.

Within the States Assistance Program is the Outdoor Recreation Legacy Partnership (ORLP), a competitive grant program targeted to help urban communities address outdoor recreation deficiencies through innovative partnerships.

LISC urges a strong federal commitment to supporting community recreation spaces through:

Substantially Funding the Land and Water Conservation Fund

The LWCF has a dedicated source of funding through various revenue streams—most notably oil and gas leases—and Congress has authorized that up to $900 million may be set aside to fund the LWCF. However, Congress has routinely diverted these funds to cover other uses, leaving the LWCF consistently underfunded.

Congress must fully fund the LWCF.

Setting Aside at Least 40 Percent of LWCF Funds for the States Assistance Program

Current law mandates that at least 40 percent of the total LWCF annual appropriations be provided to the federal land acquisition program but does not specify an amount for the state program. Historically, the fund split has been approximately 62 percent for federal, 25 percent for States Assistance, and 13 percent for "other."

The state program should be funded at no less than the 40 percent that is minimally set aside for the federal program.

Providing a Permanent, Set Funding Stream for the Outdoor Recreation Legacy Partnership

We support the Outdoors For All Act, bipartisan legislation that would set aside 20 percent of the funds in the States Assistance Program for the ORLP. We also endorse the House's FY 2021 appropriations bill for the Department of the Interior, which included $100 million for the ORLP, the highest level in decades.