There is widespread agreement that the social and economic conditions of a community play a large role in determining the health outcomes of residents. Despite such agreement, it is not always as clear how the health care system can most effectively address patients’ social needs or if the health care system can play a role in addressing the upstream factors that influence community health. This tool is meant to help health advocates identify the policy solutions and health system levers they can employ to address social needs in their community.

QUESTIONS TO ASK WHEN DECIDING ON A POLICY TO PURSUE:
One of the first steps in deciding what policy to pursue is identifying the intersection between community needs and policy opportunities. Advocates can start the process by answering the following questions and looking for areas of possible intersection.

**What is the problem we are trying to solve?**
- **What has the community identified as a problem that needs addressing?** Are there issues that repeatedly come up at community meetings, or that consumers repeatedly raise in a one-on-one setting? Have you recently surveyed community members or held listening sessions? What consistently rises to the top of people’s list of concerns?
- **Are there social determinants that are having a disproportionate impact on community health at the moment?** For example, has there been an increase in the number of homeless patients ending up in the hospital or concerns about children exposed to lead?
- **What are the current barriers to addressing this problem?** Is the problem that services either don’t exist or aren’t adequate, or are people having problems connecting to existing services? Is there a legal barrier impeding an obvious solution or is the problem that various entities aren’t coordinating? Identifying specific barriers can help point the way the best type of policy solution. For example, food pantries might exist in an area but people can’t get to them because of a lack of access to transportation.

**Where are the opportunities to solve this problem?**
- **Does the policy environment provide any openings?** For example, maybe your state is in the process of applying for or renewing a Medicaid waiver or negotiating new managed care contracts.
- **Does the political environment provide any openings?** For example, maybe a state legislator is interested in trying to advance a legislative agenda around social determinants of health or you recently elected a new governor who is interested in innovative ideas.
- **Do you have existing relationships you can leverage?** Do you already have a good working relationship with a hospital, health system, health center, etc? If so, you might consider working with them directly to institute policy and/or practice changes in that specific health system. This then serves as a pilot project that others can emulate if it’s successful.
COMPONENTS OF A SUCCESSFUL POLICY:
Generally, when deciding on a policy to pursue, you will need to pay attention to three components. The first is the “who,”—the actor you are trying to convince to implement a new policy or change the way they operate. This can be as broad as the federal government or as narrow as an individual hospital or local clinic. The second component is the actual policy lever, which is the mechanism that will cause the actor to change their behavior. This could include a new state regulation requiring a hospital or plan to act a certain way or convincing an individual health system it is in their financial interest to voluntarily implement a new strategy. Finally, in many cases, you will need to identify a funding mechanism to ensure that the new policy is sustainable.

While not exhaustive, the chart below lays out a few possibilities for actors, policy levers, and funding sources to address the social determinants of health in a community.

<table>
<thead>
<tr>
<th>ACTOR</th>
<th>LEVER</th>
<th>FUNDING SOURCE</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Federal, state or local government</td>
<td>• Medicaid waiver</td>
<td>• Community benefit dollars</td>
</tr>
<tr>
<td>• Health system (hospital and associated groups of health care providers)</td>
<td>• Managed care contract requirements</td>
<td>• Medicaid dollars</td>
</tr>
<tr>
<td>• Health plans/insurance companies</td>
<td>• State law or regulation</td>
<td>• Savings/Reserves from plan or health system</td>
</tr>
<tr>
<td>• Health care providers</td>
<td>• Individual health system or health plan actions and policies</td>
<td>• Private investment or private/public partnership (social impact bond)</td>
</tr>
<tr>
<td></td>
<td>• Advocacy/public support of particular policies</td>
<td>• State or local government funding</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Non-Medicaid federal dollars</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Operating revenue from plan or health system</td>
</tr>
</tbody>
</table>

A SPECTRUM OF POLICY OPTIONS:
Effectively addressing the social needs of a community will often mean employing several of the strategies on this menu and implementing policies that both help address the immediate needs of individuals while working to improve the community conditions that influence residents’ health. The graphic below provides an example of what this spectrum of policy options might look like when trying to improve access to affordable housing. Advocates can work across this spectrum, or select different areas to work on at specific moments in time.

Example: Improving Access to Affordable Housing

- Screen patients for housing status and refer to social services
- Require plans to partner with community based organizations
- Co-location of medical and social services
- Health systems invest in building affordable housing
- Require plans to reinvest savings into affordable housing projects
- Health partners help advocate for broader affordable housing policies

Addressing Individuals’ Social Needs Addressing Community Needs