

SOCIAL DETERMINANTS OF HEALTH PROGRAM FY 2022 APPROPRIATIONS FACT SHEET CENTERS FOR DISEASE CONTROL AND PREVENTION

FY 2020	FY 2021	FY 2022	FY 2022 Request
		President's Budget	
N/A	\$3,000,000	\$153,000,000	\$153,000,000

Social determinants of health (SDOH) are the conditions in the environments where people are born, live, learn, work, play, and age that affect health and quality-of-life outcomes. SDOH include income level, employment opportunities, racial segregation, food security and nutrition, housing access, neighborhood and physical environment, educational opportunities, and social support networks. Differences in SDOH contribute to stark and persistent health disparities among racial, ethnic, and socioeconomic groups in the United States. Communities with unstable housing, low income, unsafe neighborhoods, or substandard education face strikingly worse health outcomes than their whiter, wealthier counterparts. Funding this program at \$153 million will allow CDC to expand and implement multi-sector plans to ameliorate SDOH, provide needed technical assistance to organizations working on the ground, and advance data collection to better understand health disparities.

Basic Facts About Social Determinants of Health

- Social factors including education, racial segregation, social supports, and poverty accounted for over a third of total deaths in the U.S. in a year.¹
- Racial disparities create \$93 billion in excess medical care costs, \$42 billion in lost productivity annually, and \$175 billion in losses due to premature deaths.²
- Eliminating racial and ethnic disparities would reduce indirect costs of excess morbidity and mortality by more than \$1 trillion over three years.³
- Eliminating disparities in morbidity and mortality for people with less than a college education would have an estimated economic value of \$1.02 trillion.⁴
- SDOH impact between 80-90 percent of patient outcomes while improving availability or quality of medical care could reduce just 10-15 percent of preventable mortality.⁵

The Time Is Now: Advancing Health Equity

The COVID-19 pandemic unmasked the effect of systemic racism on health across the United States, highlighting the way poverty, poor housing, and pollution, among other factors, combine to make Black, Latinx, and Indigenous communities more ill than others. These disparities also negatively impact poor white Americans. Disproportionate rates of COVID-19 hospitalizations and deaths among Black, Latinx, and other non-white populations reflect the disparate rate at

¹ <u>https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3134519/</u>.

² <u>https://altarum.org/RacialEquity2018</u>.

³ <u>https://pubmed.ncbi.nlm.nih.gov/21563622/</u>.

⁴ https://pubmed.ncbi.nlm.nih.gov/21146781/.

⁵ <u>https://www.nejm.org/doi/full/10.1056/NEJMsa073350</u>.

which these groups suffer many chronic conditions. There is a strong, negative link between poor SDOH and the development of chronic diseases such as heart disease, type 2 diabetes, and stroke.⁶ Likewise, poor SDOH engender worse health outcomes among people living with chronic diseases, such as increased mortality⁷ and diminished functional capacity.⁸ Now is the time to address the systemic barriers that prevent some people from being healthy by funding programs that strike at the root causes of inequity. Committing resources to improve SDOH will boost health outcomes and foster a more equitable society.

CDC's Social Determinants of Health Program

CDC partners with communities across various sectors, including housing, education, and transportation to improve SDOH and achieve health equity. CDC's SDOH Program targets five social determinants (built environment, community-clinical linkages, food and nutrition security, social connectedness, and tobacco-free policy) through public health programs, policy, surveillance, and research. Working closely with nationally recognized planning partners, CDC supports Social Determinants of Health Community Pilots, Social Determinants of Health Accelerator Plans, and Racial and Ethnic Approaches to Community Health, among other initiatives. To varying degrees, local and state health and community agencies lack funding and tools to support cross-sector efforts, and disease-specific federal funding streams limit their work. With appropriate funding, this program will help states coordinate local public health and community resources and ensure more communities can confront SDOH. Increasing funding for CDC programs that address SDOH will reduce chronic disease impact now and in the future, decrease medical costs, and promote healthier, safer communities.

For more information, visit: <u>http://www.cdc.gov/arthritis/</u> Contact: Amy Souders, Cornerstone Government Affairs. (202) 488-9500 or <u>asouders@cgagroup.com</u>

⁶ <u>10.1016/j.amepre.2016.09.010</u>

⁷ doi:10.1001/jamanetworkopen.2019.3933

⁸ <u>https://www.jabfm.org/content/34/4/688</u>