Health

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.

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 2021, the HFFI program provided $22.6 million in financial assistance to 134 projects.

LISC supports efforts to increase the HFFI program's appropriation so more food access projects are able to secure 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.

Adopting the Healthy Food Access for All Americans Act

The coronavirus pandemic exacerbated food access challenges, particularly in vulnerable, underserved communities. The Healthy Food Access for All Americans Act (HFAAA) would provide incentives in the form of tax credits and grants directly to "special access food providers" (SAFPs) to expand access to healthy foods in food deserts within census tracts where the poverty rate is 20 percent (or higher) or where the median family income doesn't exceed 80 percent of the median for the state or metro area. LISC supports directing resources to decrease the number of food deserts and expand access to healthy and nutritious food.

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 coronavirus pandemic dramatically altered federal telehealth policy, moving the federal government to issue 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, non-profit and for-profit health care providers, rural health care providers, and eligible non-profits, all in an effort to ensure continuity of care.

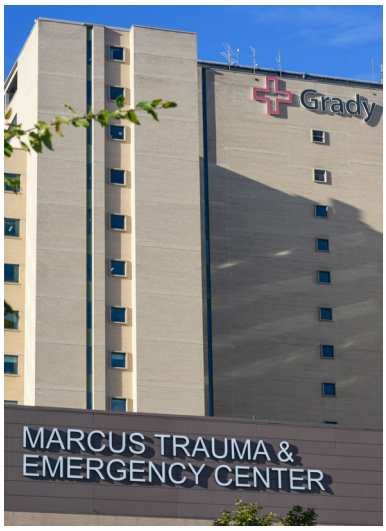
Because the majority of non-urgent care needs were transitioned to virtual and telehealth platforms, telehealth has become a much more critical social determinant of health, directly impacting patient access to care. The federal government plans to end the COVID-19 public health emergency (PHE) on May 11, 2023. To preserve the gains in access to care enabled by telehealth options, LISC supports:

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

Investing in Community Health Workers

Community health workers (CHWs) help neighborhood residents access good health care, and 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.

LISC supports the adoption of federal policies that support and dedicate funding for the CHW model, including the Building a Sustainable Workforce for Healthy Communities Act, which would strengthen the community health workforce by reauthorizing a competitive grant program for eligible entities (including state and local governments, Indian tribes or tribal organizations, urban Indian organizations, or community-based organizations) to develop or expand CHW programs.



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. **A social determinants of health capacity building program.** 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. Despite playing a pivotal role in connecting community members to essential support services and programs that address SDoH, many CBOs struggle to maintain basic operations or expand access to services. These organizations, which are often led and staffed by members of the communities they serve, are often under-resourced and lack capital to support operational capacity. LISC supports the establishment of a five-year, $50 million social determinants of health capacity building grant program, to be administered through the Department of Health and Human Services, Centers for Medicare and Medicaid Services. The program would direct funding to intermediaries to provide desperately needed resources to community-based organizations addressing SDoH and ensure that CBOs have access to critically needed technical assistance and capacity building resources.

Adopting the LINC to Address Social Needs Act

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 public-private partnerships that convene stakeholders to create networks linking health and social services (and including linked technical infrastructure) would allow states and localities to sustainably track and align the efforts of medical organizations, and community organizations to provide a better understanding of the scope of community needs and the available resources to meet them. LISC joins Aligning For Health in calling for Congress to adopt the bipartisan, bicameral Leveraging Integrated Networks in Communities (LINC) to Address Social Needs Act to enable states, through public-private partnerships, to leverage local expertise and technology to overcome longstanding challenges in helping to connect people to food, housing, child development, job training, and transportation supports and services. The LINC Act would award grants on a competitive basis to states to support public-private partnerships that convene stakeholders and implement networks linking health and social services, and authorize one-time seed funding for states of $150 million in grants to catalyze action and support the engagements needed.

Strengthening Non-Profit Hospitals' Community Health Needs Assessments

When the Patient Protection and Affordable Care Act (ACA) was signed into law in 2010, it required non-profit 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 non-profit 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 non-profit 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 percent 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 2030, CMS regulatory actions (including their work with states seeking to integrate SDoH into their contracts with Medicaid managed care organizations, and 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.