Integrating Social Care into the Delivery of Health Care: Moving Upstream to Improve the Nation’s Health

Health care systems are paying increased attention to social factors, such as access to stable housing, reliable transportation, and nutritious food. These upstream social conditions help shape people’s health because they affect both the delivery and the outcomes of health care. It is therefore critical to take them into account to improve both primary prevention and the treatment of acute and chronic illness.

How can services that address social needs be integrated into clinical care? What kind of infrastructure will be needed to facilitate that integration? To begin answering such questions, the National Academies of Sciences, Engineering, and Medicine assembled an expert committee to examine the potential for integrating social care services into the delivery of health care with the ultimate goal of achieving better and more equitable health outcomes.

The resulting report, Integrating Social Care into the Delivery of Health Care: Moving Upstream to Improve the Nation’s Health, identifies and assesses current and emerging approaches and recommends ways to expand and optimize social care in the health care setting.

FIVE KEY ACTIVITIES
Five complementary activities can facilitate the integration of social care into health care: awareness, adjustment, assistance, alignment, and advocacy. While all of the activities will ultimately benefit patients, adjustment and assistance focus on improving care delivery provided specifically to individual patients based on information about their social needs. Alignment and advocacy relate to roles that the health care sector can play in influencing and investing in social care resources at the community level. All of these delivery and community-level activities are
informed by efforts that increase awareness of individual or community-level social needs in a health care system’s geographic region or for its served population. The table at the bottom of this page illustrates work in each activity using a transportation-related example.

THREE KEY NEEDS
Three key necessities for successful integration are an appropriately staffed and trained workforce, health information technology innovations, and new financing models.

Workforce
Effectively integrating social care into the delivery of health care requires effective interprofessional teams that include experts in social care. The team may include social workers, community health workers, nurses, physicians, family caregivers, gerontologists, lawyers, and others, and they all have a role in carrying out awareness, adjustment, assistance, alignment, and advocacy activities. Understanding each person’s role is crucial to maximizing effective collaboration and meeting patients’ social needs.

Data and Digital Tools
Advances in data and technology have transformed the consumer experience in many sectors of life, and they are doing so in health care. The application of new digital tools can potentially improve efforts by health care systems and their social care partners to address health-related social needs via the five key activities. Local efforts to share health care and social care data exist, including emerging private sector solutions, but digitalization in social care lags behind that in health care. Other challenges include a lack of digital infrastructure, data standards, and modern technology architecture shared between and among organizations, as well as digital privacy and security concerns.

Financing
The financing of health care offers an opportunity to better integrate social care into health care, but substantial barriers exist to doing so. One key challenge is that the legal definition of health care can affect which social care activities can be included in health care services. Also, some payment models may align incentives for providing social care with health care, but the prevailing fee-for-service model does not. Other categories of financing challenges include how quality and accountability for the integration of social care are defined and measured, how care for populations with complex social and health needs is financed, and the limited administrative capacity of many social care providers.

| TABLE  Transportation-Related Examples Highlighting Different Social and Health Care Integration Activities |
|---|---|---|---|
| **Awareness** | | | |
| Ask people about their access to transportation. | | | |
| **Adjustment** | **Assistance** | **Alignment** | **Advocacy** |
| Reduce the need for in-person health care appointments by using other options such as tele-health appointments. | Provide transportation vouchers so that patients can travel to health care appointments. Vouchers can be used for ride-sharing services or public transit. | Invest in community ride-sharing or time-bank programs. | Work to promote policies that fundamentally change the transportation infrastructure within the community. |
RECOMMENDATIONS

To strengthen social care in the health care sector, new approaches are needed in the areas of system design, staffing, information and technology, financing, and research.

The committee identified five goals to better integrate social care into health care, which may in turn result in improved health and reduced health disparities. Each goal is supported by a series of recommended actions to enable its accomplishment.

The goals are to:

1. **Design health care delivery to integrate social care into health care, guided by the five health care system activities—awareness, adjustment, assistance, alignment, and advocacy.** For instance, organizations should make and communicate a commitment to addressing health-related social needs at both the community and the individual levels.

2. **Build a workforce to integrate social care into health care delivery.** For instance, the scope of practice of social care workers should be expanded and standardized, and they should be considered providers eligible for reimbursement by payers.

3. **Develop a digital infrastructure that is interoperable between health care and social care organizations.** For instance, the federal government should establish a large-scale social care digital infrastructure and provide resources so that social care organizations and consumers can interact with each other and the health care system.

4. **Finance the integration of health care and social care.** For instance, the Centers for Medicare & Medicaid Services should clearly define which aspects of social care Medicaid can pay for as covered services.

5. **Fund, conduct, and translate research and evaluation on the effectiveness and implementation of social care practices in health care settings.** For instance, federal and state agencies, payers, providers, delivery systems, and foundations should contribute to advancing research on and evaluating the effectiveness and implementation of social care practices.

To read the full text of the committee’s recommendations, visit [nationalacademies.org/SocialCare](http://nationalacademies.org/SocialCare).

CONCLUSION

Taking into account the social conditions in which a person lives, works, and plays is critical to health. The committee’s recommendations provide guidance to policymakers, health system leaders, and other stakeholders on moving forward with integrating social care into health care delivery to address social needs among people and populations.
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