



September 2019

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

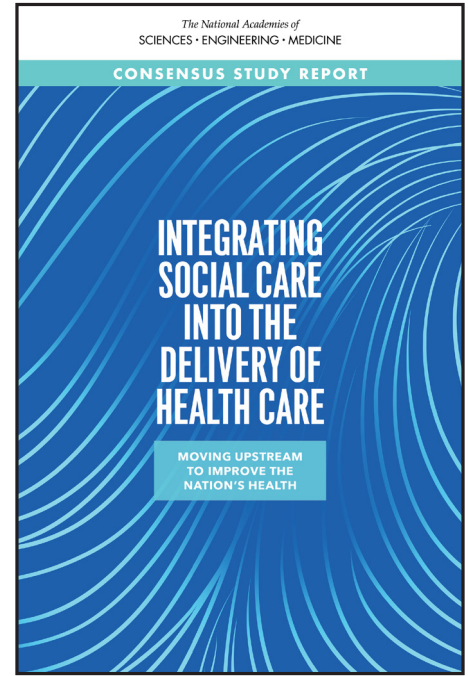
Health care systems are paying increased attention to social factors, such as access to stable housing, reliable transportation, and nutritious food. These upstream social conditions help shape people's health because they affect both the delivery and the outcomes of health care. It is therefore critical 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 digitization 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](https://www.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.

Committee on Integrating Social Needs Care into the Delivery of Health Care to Improve the Nation's Health

**Kirsten Bibbins-Domingo
(Chair)**

University of California, San Francisco

Toyin Ajayi
Cityblock Health

Tamara Cadet
Simmons University

Lisa A. Cooper
Johns Hopkins University

Karen DeSalvo
University of Texas at Austin

Chris Esguerra
Blue Shield of California

Janet C. Frank
University of California, Los Angeles

Rachel Gold
Kaiser Permanente Northwest Center for Health Research and OCHIN

Robyn Golden
Rush University Medical Center

Laura Gottlieb
University of California, San Francisco

Sean Joe
Washington University in Saint Louis

Christopher Koller
Milbank Memorial Fund

Cindy Mann
Manatt, Phelps & Phillips, LLP

Diana J. Mason
The George Washington University

Kedar Mate
Institute for Healthcare Improvement

Edward Salsberg
The George Washington University

Elizabeth Cuervo Tilson
North Carolina Department of Health and Human Services

Keegan Warren-Clem
Texas Legal Services Center and People's Community Clinic

Study Sponsors

Archstone Foundation

The Association of Oncology Social Work

Bader Philanthropies

Chicago Community Trust

Community Memorial Foundation

The Council on Social Work Education

Episcopal Health Foundation

Health Foundation for Western and Central New York

Healthy Communities Foundation

Helen Rehr Center for Social Work Practice

Josiah Macy Jr. Foundation

Kaiser Permanente National Community Benefit

The National Association of Social Workers and the NASW Foundation

New York Community Trust

Robert Wood Johnson Foundation

SCAN Foundation

The Society for Social Work Leadership in Health Care

Additional support was obtained from the Boston University Center for Innovation in Social Work and Health social work academic program matching funds campaign.

For a full list of contributing academic programs, please visit <http://bit.ly/SocialCareSponsors>.

Study Staff

Abigail Mitchell
Study Director

Megan Kearney
Associate Program Officer

Annalee Gonzales
Administrative Assistant

Sharyl Nass
Director, Board on Health Care Services

To read the full report, please visit
nationalacademies.org/SocialCare

The National Academies of
SCIENCES • ENGINEERING • MEDICINE

The nation turns to the National Academies of Sciences, Engineering, and Medicine for independent, objective advice on issues that affect people's lives worldwide.

www.national-academies.org