Decades of research demonstrate that improving social conditions — such as access to stable income and housing, nutritious and sufficient food, appropriate health care, and reliable transportation — is critical to reducing health disparities and improving overall health across the United States. Integrating social care into health care delivery can help achieve this goal.

Data and digital tools can help address the many upstream factors that contribute to illness and poor health care outcomes. Over the past decade, new technologies — supported by investments and federal policies such as the Health Information for Economic and Clinical Health Act and the 21st Century Cures Act — have opened the doors for vast improvements across the health care sector.

**Health Information for Economic and Clinical Health Act**
Signed in 2009, this act promotes the adoption and meaningful use of health information technology, such as electronic medical records.

**21st Century Cures Act**
Signed in 2016, this act helps accelerate medical product development and encourages new innovations and advances in treatments.

Social care partners — such as community-based organizations — have not had the same access to technology resources. As a result, they have not been able to adapt to the digital era in the same way as the health care sector. Extending the latest data and digital tools to social care partners is key to integrating social care into health care and improving coordination of care across all sectors and services.

Though health technology startup companies in the private sector are investing more to address social determinants of health — with nearly $8.1 billion invested in digital health startups in 2018 alone — there is a clear need for a national policy vision to effectively bridge health and social care data in the 21st century.
Bridging Health Care and Social Care Data
Policies and practices to improve technology for integrating social care should:

• Develop better infrastructure, data standards, and modern technology architecture so health care and social care providers can better collaborate between and among organizations.

• Find ways to share protected health information and coordinate care while also protecting data security and patient privacy.

• Facilitate data sharing at the community level across diverse domains such as health care, housing, and education.

• Train the emerging health and social care workforce to effectively use data and technology in order to make the best use of resources.

• Take steps to ensure new technologies do not increase health disparities or aggravate discrimination and bias by worsening the existing digital divide or increasing the likelihood of social risk profiling.

• Fund research on how consumers will respond to the use of data and technology to integrate care services and how to protect their privacy while maximizing services. For example, some individuals may not want their clinicians to know whether they receive meals from a food pantry or how often they sleep in a shelter.

• Make data on integrating social care and health care available to researchers to inform best practices and identify areas of success and room for improvement in the future.

• Ensure data exchange between social care and health care institutions is bi-directional (e.g. community-based organizations receiving data back after providing information to health care organizations to enable evaluation of programs to integrate health and social care).

As we develop new digital tools to help integrate social care into health care, it will be important to recognize that tools are not enough. People with complex or persistent needs will continue to need intensive supports — such as wrap-around navigation, rapport-building to rebuild trust with the system, or motivational interviewing — to help them make the best use of digital tools meant to improve their well-being.

Read more recommendations for integrating social care into the delivery of health care at nationalacademies.org/SocialCare.