

The logo for Prevention Alliance features a blue curved line above the text "Prevention Alliance" in a blue, sans-serif font.

Prevention Alliance

SOCIAL DETERMINANTS OF HEALTH IN THE 2021 LEGISLATIVE SESSION

June 2021

Executive Summary

There is growing evidence that social and economic factors, known as the social determinants of health, have a significantly larger impact on health outcomes than clinical medical care. Despite the critical importance of factors such as access to food and housing, employment, education, income, transportation, and more, prioritizing investments and policy change to address inequities around these issues has historically lagged.

The COVID-19 pandemic shed new light on the link between these issues and health outcomes as low income families and communities of color faced stark inequities in case numbers. In response to these disproportionate impacts, the legislature made historic investments and policy changes related to many of the social determinants of health during the 2021 legislative session.

This brief provides background on the social determinants of health, how the COVID-19 pandemic compounded the inequities in these factors, highlights of key investments and policy changes made during the 2021 session, and some of the additional steps needed to maintain and grow the momentum of the progress made this year.

Background – Social Determinants of Health

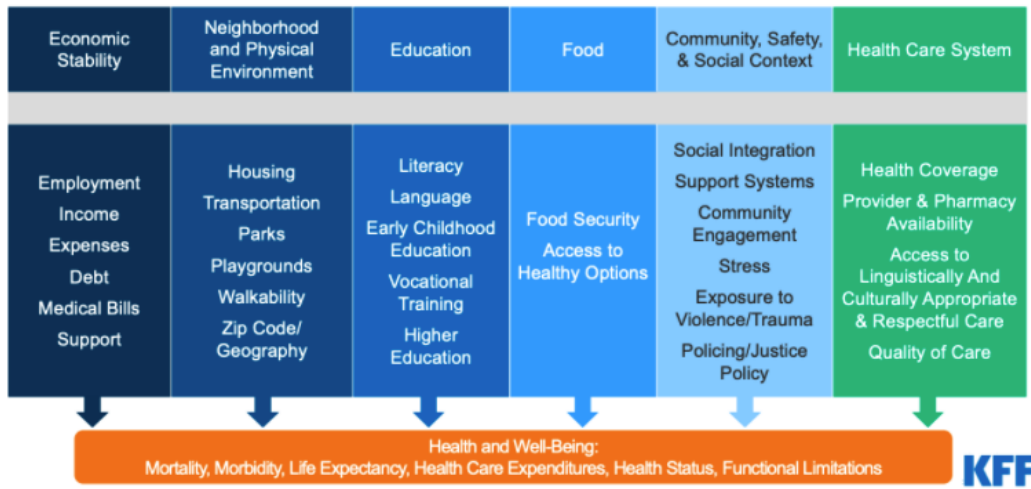
In recent years there has been increased knowledge and acceptance that there are factors outside of traditional medical care and public health that significantly impact health outcomes for individuals and communities. These other factors have come to be known as the social determinants of health (SDOH) – conditions in the environments in which people are born, live, learn, work, play, and worship that affect a wide range of health, functioning, and quality-of-life outcomes and risks.

Research indicates that only 10-20% of a person's well-being is influenced by the clinical medical care while about 40% is influenced by socioeconomic and environmental factors – income, housing, education, the type of job you have, the safety of your community, food insecurity, and others.¹ We can see the systematic impact of these social and economic factors on every level of society from individuals to nations.

There are different versions and lists of what may be considered as social determinants of health. The following list put forth by the Kaiser Family Foundation provides six overarching social determinant areas with sub-categories listed below.

¹ <https://nam.edu/social-determinants-of-health-101-for-health-care-five-plus-five/>

Figure 1. Social Determinants of Health – Kaiser Family Foundation



Source: [Implications of COVID-19 for Social Determinants of Health](#). Kaiser Family Foundation. June 9, 2021.

These social determinants of health are significantly influenced by policies and systems and while the critical role played by these social determinants on health outcomes has been increasing, the prioritization of advancing these strategies has often lagged, including among some health advocates and decision makers. This is particularly true when state dollars are limited. The legislative process is set up to be very reactive and focus is often placed on the ‘crisis of the day’ and until a crisis is reached, the focus on those social determinants are often put on the backburner and can be perceived as important but not critical to health outcomes, despite the data showing the vital role they actually play.

It is also important to acknowledge that while social determinants of health play a critical role in health outcomes, addressing them alone cannot achieve equity without dealing with the structured systems of racism and discrimination that continue to be pervasive in our state and country.

COVID-19 & the Social Determinants of Health

Throughout the course of the COVID-19 pandemic, there has been significant focus on the disproportionate impacts of the pandemic on people of color including both the prevalence of the disease itself as well as disparities in the social and economic impacts. For example, while Hispanic people comprise about 13% of Washington’s population, they make up 29% of COVID-19 cases. We also see Non-Hispanic Black people making up 4% of the state population but 6% of COVID-19 cases. The data shows similar disproportionate impacts in case numbers for other non-white people.²

These inequities are tightly linked back to the social determinants of health. The communities hardest hit by the pandemic are those who often have lower-wage jobs without remote work opportunities; they have higher representation in industries like retail and the food industry that were shut down resulting in people losing their jobs, which in turn increased food and housing insecurity; households who cannot afford personal transportation and therefore continued to rely on public transportation, which increased their risk of exposure; and jobs deemed as essential during the pandemic, such as grocery store clerks and bus drivers, are disproportionately made up of people of color. These social and economic factors had a direct impact on the increased risk for contracting COVID-19 and therefore on their health outcomes.

² Department of Health COVID-19 Data Dashboard. Accessed June 21, 2021. <https://www.doh.wa.gov/Emergencies/COVID19/DataDashboard>

Increased Prioritization of the Social Determinants of Health

The COVID-19 pandemic also has served as an interesting case study of the health care community quickly embracing and elevating the importance of the social determinants of health. Besides health system issues like hospital surge capacity, access to personal protective equipment, access to test kits, and mass vaccination efforts, some of the other top issues that emerged throughout the public health crisis were housing and risk of eviction, access to child care, food insecurity, and unemployment. All of these issues are key social determinants of health, and in the midst of the pandemic they were talked about in relation to health in a way that has not previously been common. Public health and health care advocates supported and often led the charge in working to secure funding for these social determinants of health and served as a convener bringing together partner organizations to find quick solutions. This rapid response of medical and public health partners almost instinctively prioritizing the social determinants of health shows that their importance is becoming increasingly embedded and embraced in health care systems and by decision makers at state agencies, in the legislature, and the Governor’s office.

This increased prioritization of social determinants of health played out in a significant way during the 2021 legislative session. New policies were passed and investments were made by the legislature in a very significant way. Table 1 below provides highlights of some of the key successes related to social determinants of health that passed during the 2021 legislative session. *Please note that this is not a comprehensive list of things that passed this session, but rather a selection that highlights some key items that passed in each of the social determinants of health issue areas.* To list every policy and budget item related to social determinants of health that passed in the 2021 session would be an incredibly extensive list. This again highlights how significant the focus on the social determinants was this year. The successes listed in Table 1 below provide some key highlights in the different issue areas.

Table 1: 2021 Key Wins by Social Determinant of Health Issue Area

Social Determinant of Health Issue Area	Examples of Key Wins from the 2021 Legislative Session
Economic Stability	<p>Economic Support</p> <p>Working Families Tax Exemption: The legislature provided \$261 million in ongoing funding to implement the Working Families' Tax Exemption (WFTE), which is a state-level benefit program that provides financial relief in the form of a sales and use tax remittance program. The program was passed by the legislature in 2008 but had not been funded since its passage. The legislature also passed HB 1297, which expands WFTE to include those with individual taxpayer identification numbers who would otherwise be eligible for the federal earned income tax credit. The WFTE is estimated to reach 420,000 households in Washington with an annual base cash rebate ranging from \$300 – \$1,200, depending on household size and income level.</p> <p>Addressing Economic Inequality: \$674,000 in ongoing funding to the Department of Financial Institutions to support a targeted diversity, equity, and inclusion financial literacy plan, including the creation of a position dedicated to work with regulated financial institutions and financial education partners to address racial wealth inequality.</p>
Neighborhoods & Physical Environment	<p>Housing & Homelessness</p> <p>Rental Assistance & Eviction Prevention: Nearly \$1 billion in funding was provided for rental assistance and eviction prevention programs. The funding was</p>

comprised of both authorization of federal coronavirus relief dollars as well as funding provided through the passage of [HB 1277](#). The funding is provided through a newly created Eviction Prevention Rental Assistance Program under the Department of Commerce to provide relief and prevent people from losing housing when the current eviction moratorium ends.

Permanent Supportive Housing Operations, Maintenance & Services: \$95 million in ongoing funding is provided through both the state general fund and the passage of [HB 1277](#) for grants to permanent supportive housing providers for costs relating to operations, maintenance & services at those facilities. Permanent Supportive Housing is an evidence-based model that combines affordable housing with 24/7 services so that people living with complex behavioral and physical health conditions and longtime experiences of homelessness can live independently in their home communities.

Housing Trust Fund: \$175 million was provided in the capital budget to increase funding for the Housing Trust Fund, which is Washington's primary source of state funding to build safe, healthy, and affordable homes for people living on very low incomes.

Walkability

Safe Routes to School: \$24.2 million was provided to the Safe Routes to School program, which is a \$5 million increase from maintenance level. This program aims to make walking and biking safer and provides resources and activities to help communities build sidewalks, bicycle paths, and other pedestrian-friendly infrastructure. New language was included this year directing WSDOT to assess diversity of active transportation project jurisdictions.

Transportation

Equity in Transportation Study: \$215,000 was provided to the Joint Transportation Committee in the final transportation budget for a study on the impacts of current and historical city transportation investments on designated populations, including communities of color, low-income households, vulnerable populations, and displaced communities. A report of the study findings and recommendations is due to the transportation committees of the Legislature by December 20, 2022.

Parks

Increasing Equity in Outdoor Recreation: \$375,000 in one-time funding was provided to the Recreation and Conservation Office to review state grant programs administered by RCO and develop targeted equity strategies informed by a public stakeholder process. \$260,000 in ongoing funding was provided for State Parks to hire a diversity, equity and inclusion coordinator with the goal of expanding the diversity of the agency's workforce. \$85,000 in one-time funding was also provided for State Parks, in collaboration with the Governor's Office and the Governor's Commission on African American Affairs, to conduct a study to identify modes of systemic racism for Black Washingtonians in accessing public outdoor recreation. In addition to these operating budget items, \$4 million was provided in the capital budget for planning, technical assistance, and pre-design grants, with a focus on increasing access to outdoor recreation facilities and resources for racially diverse neighborhoods within dense urban areas and small, rural communities.

	<p>Parks Rx: \$200,000 in one-time funding was provided for three regional pilot projects where the use of public parks spaces, trails, and facilities can be prescribed as a wellness and preventative health measure.</p> <p>Zip Code/Geography</p> <p>Health Equity Zones: The legislature passed SB 5052, which requires the Department of Health to designate health equity zones statewide and develop projects that meet the needs of each zone. Health equity zones are specifically identified geographic areas that have the goal of achieving health equity by eliminating health disparities. Organizations within the zone may form a coalition to identify the needs of the zone, design projects to address those needs, and develop an action plan to implement the projects. DOH will support these coalitions in identifying and applying for project resources, as well as helping with project management, project development, and measurement of success. \$1.4 million in ongoing funding was provided for implementation of the legislation.</p>
<p>Education</p>	<p>Early Learning</p> <p>Fair Start for Kids Act: The legislature passed SB 5237, which expands accessible, affordable child care and early childhood development programs. There were significant new investments made in child care and early learning programs through this landmark legislation including (but not limited to) the following:</p> <ul style="list-style-type: none"> • \$17 million to expand income eligibility for Working Connections Child Care subsidies to households at 60% of the state median income • \$76 million to reduce Working Connections Child Care copayments for families • \$14 million for additional Early Childhood Education and Assistance Program (ECEAP) slots • \$2.8 million to support child care providers and early learning contractors in providing trauma-informed care • \$5.3 million for early childhood equity grants to expand access to early learning statewide and to support inclusive, culturally, and linguistically specific early learning <p>Home Visiting: \$11 million in funding (about half of which is ongoing) is provided to increase home visiting services and for the Department of Children, Youth & Families to implement a birth-to-three family engagement strategy.</p> <p>Education</p> <p>Social Emotional Learning: \$1 million in one-time funding is provided for OSPI to administer a grants program for school districts to acquire and use research based, social emotional learning curricula in accordance with the state social emotional learning standards. An additional \$500,000 was provided for OSPI to provide technical assistance to school districts through the Center for the Improvement of Student Learning. The technical assistance must support the implementation of trauma-informed practices, policies and procedures, including implementation of social emotional learning programs, multi-tiered systems of support, and other evidence-based programs that improve school climate and student emotional well-being.</p> <p>School Stabilization and Learning Recovery: Nearly \$3 billion in funding was appropriated, much of which was federal dollars, to stabilize school funding in</p>

	<p>light of reduced attendance due to the COVID-19 pandemic, and to address learning loss.</p> <p>Higher Education</p> <p>Equity and Access to Higher Education: The legislature passed SB 5194, which among other things requires all community and technical colleges to develop and submit strategic plans for achieving diversity, equity, and inclusion on their campuses. The legislation also defines required elements of Guided Pathways, which is a student-centered framework grounded in equity and designed to increase and diversify the students and communities accessing and earning high value community college credentials.</p>
Food Security	<p>Food Security</p> <p>Increased Access to School Meals: The legislature passed HB 1342, which eliminates lunch co-pays for students in pre-kindergarten through twelfth-grade who qualify for reduced-price lunches. \$8.9 million in ongoing funding was provided to fund implementation of the legislation.</p> <p>Food Assistance Programs: Over \$117 million in funding was provided for various food assistance programs including the Emergency Food Assistance Program (EFAP), Farmers to Families Food Boxes, the Food Assistance Program, Pandemic Emergency Assistance, Pandemic EBT, and Transitional Food Assistance. The funding was largely one-time and was a mix of state general fund as well as federal coronavirus relief dollars.</p> <p>Access to Healthy Food Options</p> <p>Farm to School Programs: \$5 million in ongoing funding was provided to expand the WSDA's Farm to School program, which provides grants to schools to purchase local foods for distribution at schools, food service institutions, child care facilities, and other school settings.</p> <p>Fruit & Vegetable Incentive Program: \$3 million in ongoing funding was provided to support the Fruit and Vegetable Incentive Program which provides low-income families with vouchers to purchase fresh produce. This provides more nutritious food for families while also supporting local food producers.</p>
Community, Safety, & Social Context	<p>Policing/Justice Policy</p> <p>Police Reform: There were several bills to improve oversight, accountability, and practices for law enforcement in our state that passed this session including (but not limited to) the following:</p> <ul style="list-style-type: none"> • HB 1054, which established requirements for tactics and equipment used by law enforcement including banning the use of chokeholds, neck restraints, and no-knock warrants, as well as placing restrictions on the acquisition of certain military equipment, firing upon moving vehicles, and the use of tear gas. • HB 1267, which established the Office of Independent Investigations within the Office of the Governor for the purpose of investigating deadly force incidents involving law enforcement. • SB 5066, which establishes clear standards about the duty of a law enforcement officer to intervene and report when fellow officers engage in the use of excessive force.

	<ul style="list-style-type: none"> • SB 5259, which Requires the Attorney General's Office to establish an advisory group to make recommendations for implementation of a program for statewide data collection, reporting, and publication of use of force data by April 1, 2022. <p>Blake Decision: The legislature passed SB 5476, which responds to the State v. Blake Washington Supreme Court decision by addressing justice system responses and behavioral health prevention, treatment, and related services. Among other things, the legislation reduces the criminal penalty for possession of a controlled or counterfeit substance from a felony to a gross misdemeanor. It also requires prosecutors to divert a person's first and second violations for possession of a controlled substance, counterfeit substance, or legend drug and encourages diversion thereafter when agreed by the prosecutor.</p>
<p>Health Care System</p>	<p>Health Coverage</p> <p>Health Care Premium Subsidies: The legislature passed SB 5377, known as Cascade Care 2.0. Among other things, the legislation established a state premium assistance program to provide help to individuals that have an income up to 500% of the federal poverty level with purchasing health insurance through the Health Benefit Exchange. The legislature provided \$50 million in ongoing funding for implementation of the premium assistance program.</p> <p>Provider Availability</p> <p>Increased Provider Rates: A known barrier in provider availability is the rates paid for services, especially by Medicaid. The legislature provided \$124 million in ongoing funding to increase primary care rates for the same set of evaluation and management and vaccine administration codes that were included in the temporary rate increase provided by the Patient Protection and Affordable Care Act. Specific to behavioral health, the legislature provided \$55 million for a 2% MCO Medicaid Rate Increase to community behavioral health providers and an additional \$17.5 million for a behavioral health provider rate increase tied to specified outpatient codes (assessment; individual, family and group therapy; care coordination). The legislature further provided \$16 million was provided to increase rates for Title X family planning clinics to the Medicare rate.</p> <p>Access to Respectful Care</p> <p>Health Equity & Health Care Professionals: The legislature passed SB 5229, which requires the rule-making authority for each health profession to adopt rules requiring health care professionals to complete health equity education training at least once every four years. The health equity courses are required to teach skills that enable a health care professional to care effectively for patients from diverse cultures, groups, and communities, varying in race, ethnicity, gender identity, sexuality, religion, age, ability, and socioeconomic status.</p>

Maintaining and Building on This Momentum

The policies and funding listed in Table 1 again highlight the significant time spent on the social determinants of health. The investments made were unprecedented and have the potential to improve health outcomes for a lot of people and communities in Washington. However, there are additional steps and potential barriers that could hinder such progress:

Sustainability: Many of the investments made during the 2021 session were one-time funding. While there may be some instances where one-time funding makes sense, it is also important to evaluate where funding should be provided ongoing. For example, much of the rental assistance and food security funding was provided with one-time dollars. However, our state was facing a crisis of people experiencing homelessness prior to the pandemic. Between 2019 and 2020, Washington saw one of the biggest estimated increases in people experiencing homelessness in the country. Overall homelessness across the U.S. grew by more than 2% that year, but Washington saw an overall increase of 6.2%, or 1,346 people — the third largest increase in the number of homeless people among all 50 states.³ Prior to the pandemic Washington also had a food insecurity rate of over 10% in 2019 with some parts of the state reaching almost a 20% food insecurity rate.⁴ These data points highlight that while the COVID-19 pandemic further compounded social determinant of health issues, many of these issues were reaching a critical state before the public health emergency. It is with this in mind that decision makers should reevaluate what needs are truly one-time in nature versus what issues were already in dire need of investments and therefore should be funded ongoing.

Screening and Connecting to Services: Establishing programs and funding services to address the social determinants of health is a critical first step, but the investments can only help people understand their need, if they know the services are available and they are eligible, and if they are able to connect to them.

Screening: With the increased understanding of the critical role of the social determinants of health, health care providers are increasingly focused on strategies to address patients' unmet social and economic needs. In their [Social Determinants of Health Recommendation Framework](#), the [Bree Collaborative](#) places a big emphasis on the need for health care providers to screen for social determinants of health using an established screening tool, and prioritizing at least four domains: housing security, food security, transportation need, and one other high priority/common need identified by the community. Such screening needs to be standardized and regularly integrated into patient-provider interactions. In addition to the screening, the Bree Collaborative's recommendation also emphasizes the importance of ensuring staff doing screenings are trained on handling sensitive conversations.

Connecting to Services: Once a screening is done, health providers need to be able to have a place to connect their patients with so they can go through the process(es) to access social and economic programs and services. There has been a growing body of work in how we can better connect people to programs and services beyond simply information and referral. Examples of this growing body of case management and system navigation support includes community health workers, patient navigators, and

³ *Washington state's rise in homelessness outpaced the nation's.* March 20, 2019. The Seattle Times. <https://www.seattletimes.com/seattle-news/homeless/washington-states-rise-in-homelessness-outpaced-the-nations-according-to-report/>

⁴ *Food Insecurity in Washington Before COVID-19.* 2019. Feeding America. <https://map.feedingamerica.org/county/2019/overall/washington>

community information exchange. During the 2021 session, the legislature made some progress in these including:

Help Me Grow: \$530,000 in funding was provided to start building out a statewide family resource and referral linkage system, known as [Help Me Grow](#). Through Help Me Grow, family resource navigators work with families to connect them to services and community supports.

Family Resource Centers: The legislature passed [HB 1237](#), which establishes a definition in statute for “family resource centers”. These centers are a unified single point of entry where families, individuals, children, and youth in communities can obtain information, an assessment of needs, referral to, or direct delivery of family services in a manner that is welcoming and strength-based.

Community Health Workers: \$1.25 million in funding was provided to implement recommendations of the 2018 [Community Health Workers](#) Task Force to provide statewide leadership, training, and integration of community health workers with insurers, health care providers, and public health systems. Community Health Workers (CHWs) play a critical role in the health of their communities, linking diverse and underserved populations to health and social service systems.

Conclusion

The 2021 legislative session saw historic investments and policy change relating to the social determinants of health, largely in response to the COVID-19 pandemic. While this was great progress, more work is needed to maintain these investments, identify gaps that were not addressed, and invest in systems that work with individuals, families, and communities to ensure they are both aware of these programs and services and able to access them.

Prepared for the Prevention Alliance by:

Carrie Glover

Carrie Glover Consulting

carrie@carriegloverconsulting.com

For more information about the Prevention Alliance, contact:

Julie Peterson

Executive Director

Foundation for Healthy Generation

juliep@healthygen.org

This publication was supported by National Center for Chronic Disease Prevention and Health Promotion of the Centers for Disease Control and Prevention under award number NU58DP004830. The content of this publication is solely the responsibility of the authors and does not necessarily represent the official views of the Centers for Disease Control and Prevention.