

Social Determinants of Health and NIH Research Coordinating Committee Update

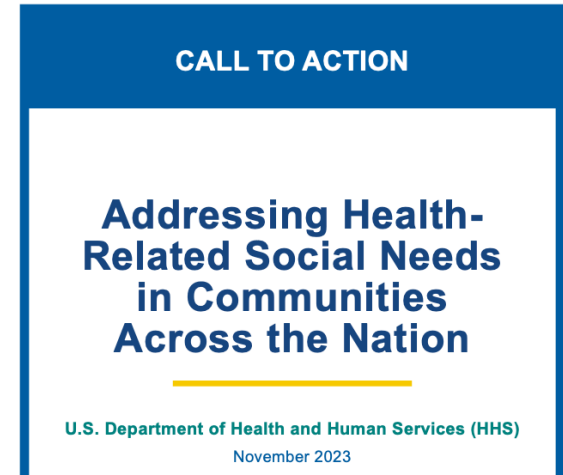
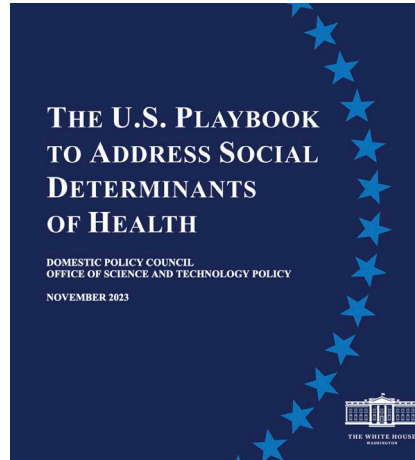
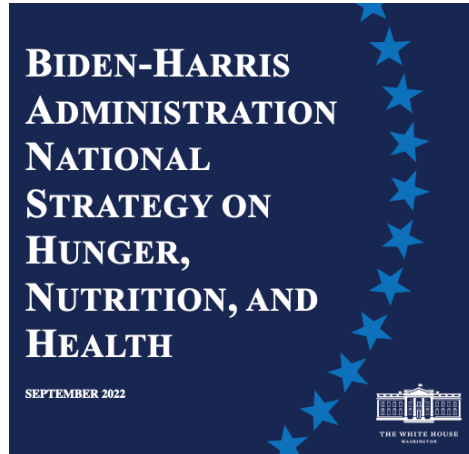
*February 8, 2024
2024 NCAB Subcommittee Meeting*

*Katrina Goddard, PhD
Director*

Division of Cancer Control and Population Science, National Cancer Institute

Why a NIH-wide Social Determinants of Health Research Coordinating Committee (SDOH RCC)?

- Research shows SDOH accounts for about half of variation in health outcomes
- Growing recognition that scientific solutions to improve health include those upstream (SDOH)
- SDOH are an increasingly high priority of Administration, HHS, other federal agencies, and Congress



U.S. Playbook to Address Social Determinants of Health

Purpose: Highlight a set of exemplary actions under three main pillars that federal agencies are undertaking to support health by improving the social circumstances of individuals and communities.

- **Pillar 1: Expand Data Gathering and Sharing.** advance data collection and interoperability among health care, public health, social care services, and other data systems.
- **Pillar 2: Support Flexible Funding to Address Social Needs.** identify how flexible use of funds could align investments to finance community infrastructure, offer grants to empower communities to address social needs, and encourage coordination to improve health outcomes.
- **Pillar 3: Support Community Backbone Organizations.** support community backbone organizations and other infrastructure to link health care systems to community-based organizations and ongoing programs that provide housing assistance, food access, and more.

What is the NIH SDOH RCC?



Foundational Science
**Objective 1: Advancing
biomedical and
behavioral sciences**
• Understanding
biological,
behavioral, and social
determinants of health

- Idea grew out of grassroots efforts of staff colleagues across NIH
- Effectively leverage SDOH investments, innovations, and equities across NIH to propel discoveries in this NIH-wide scientific field
- Minimize duplication and improve efficiencies of efforts

NIH SDOH Research Coordinating Committee



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Sarika Parasuraman, OBSSR

Executive Secretary

Samantha Sanchez, NINR
(thru June 2022)
Deshiree Belis, OBSSR

RCC Members

From 25 NIH Institutes,
Centers, Offices, and
Programs

Other federal agencies
(e.g., SAMSHA, Office
of Disease Prevention
and Health Promotion)

NIH-Wide Social Determinants of Health Research Coordinating Committee



Facilitate

Facilitate sharing of information about SDOH research across NIH and with Federal partners



Develop

Develop SDOH expertise, capacity, and a learning system at NIH



Build

Build community and collaborations in SDOH research across NIH and with Federal partners



Identify

Identify gaps and promising SDOH research directions

Accelerate SDOH research across NIH

across diseases and conditions, populations, life course, SDOH domains

Executive Committee: FIC, NCATS, NCCIH, NCI, NHGRI, NIA, NIAMS, NICHD, NIDDK, NIEHS, NIMHD,* NINR,* NLM, OAR, OBSSR,* ODP, ORWH, SGMRO

**Co-Chairs*

SDOH Conceptualization

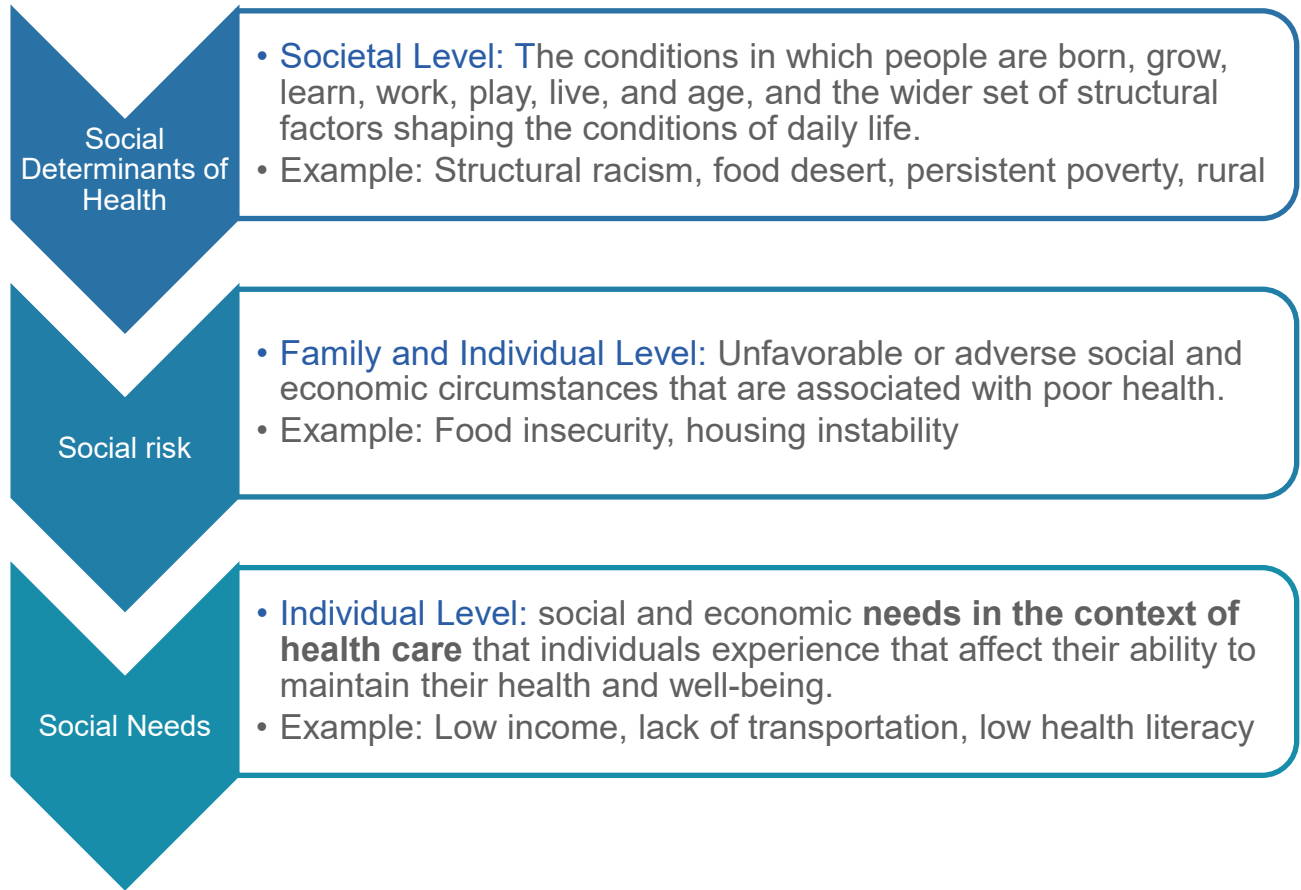
Social determinants of health (SDOH) are the conditions in which people are born, grow, learn, work, play, live, and age, and the wider set of structural factors shaping the conditions of daily life. These structural factors include social, economic, and legal **forces, systems, and policies** that determine opportunities and access to high quality jobs, education, housing, transportation, built environment, information and communication infrastructure, food, and health care; the **social environment**; and other conditions of daily life.

www.ninr.nih.gov/research/nih-sdohrcc

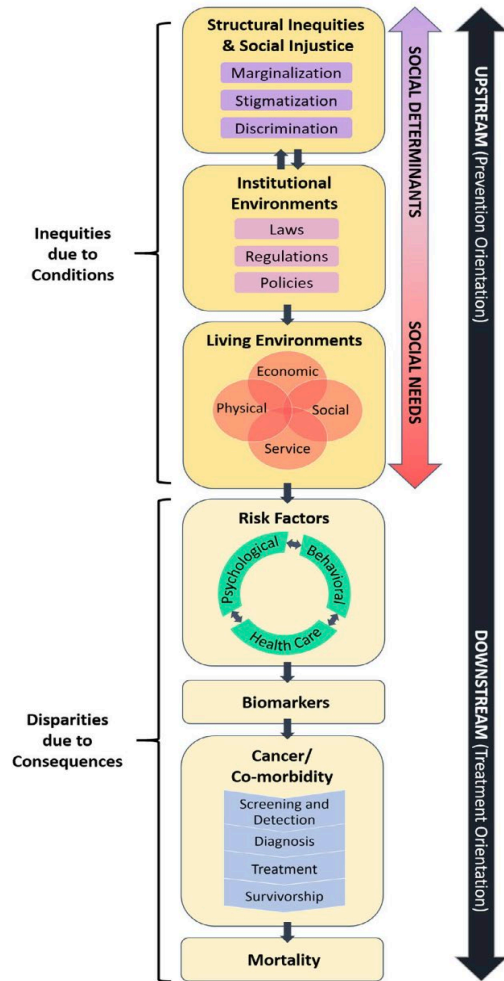
SDOH Conceptualization (Cont.)

- SDOH can improve, maintain, or hinder health through multiple direct, indirect, and interacting mechanistic pathways.
- SDOH may **interact** with other determinants of health, such as biological, psychological, behavioral, and chemical and other environmental factors, to further promote or compromise health.
- SDOH influence family- and individual-level social and economic circumstances, such as income, educational attainment, access to digital tools and broadband, nutrition security, and housing stability. When unfavorable or adverse, these circumstances are considered **social risks** or, when prioritized by individuals in the context of health care, **social needs** (e.g., low income, housing instability).
- SDOH may have **different health consequences** within and across populations due to differences in exposure or susceptibility to health-promoting and health-compromising conditions of daily life.
- Structural factors, rooted in racism, sexism, homophobia, classism, and other discriminatory systems, shape the extent to which the conditions of daily life are equitably distributed in society, or whether they are unfairly distributed based on race, ethnicity, sex, gender identity, sexual orientation, socioeconomic position, or geography, and their intersections. Inequitable allocation of power and resources manifest in unequal exposure to social and economic conditions. Exposures created by intersecting socio-demographic and identity factors highlight the importance of an **intersectional lens** and approaches to SDOH research.
- Addressing SDOH is relevant to population, community, and individual health and to **reducing health disparities** and **advancing health equity**.

Advancing health equity in cancer prevention and control should examine multiple levels of influence of SDOH



DCCPS Priorities for SDOH Research to Address Cancer Control Inequalities



- **Build the evidence base** on multilevel interventions to address cancer control inequalities, including distinguishing social risk and health related social needs. Insufficient evidence for SDOH interventions that modify the mechanisms at multiple levels (*operating at two or more levels*)
- **Advance research methods and measurement** to assess impacts and mechanisms of influence on cancer prevention and control, including opportunities to enhance community engaged research and practice and capacity building with diverse scholars and partners
- **Develop resources and tools** to enhance capacity for conducting research on SDOH interventions

Advancing Cancer Control Equity Research Through Transformative Solutions Consortium (U19 and U24)

Each U19 Research Center will:

- 1) **Develop interventions** that target the multilevel pathways by which SDOH impact adverse cancer outcomes
- 2) **Develop measures, methods**, and assess community-level SDOH, community engagement and cancer control equity processes and outcomes
- 3) **Build capacity** and engagement among scholars and community partners from diverse backgrounds



Up to 4 Centers, FY2024 pending availability of funds

<https://grants.nih.gov/grants/guide/rfa-files/RFA-CA-23-026.html>



Partnering with Communities to develop, implement, and test Structural Interventions

In FY 23, NIH made 26 awards to community organizations and a coordinating center, totaling approximately \$171 million over five years, pending the availability of funds.



Community-Led, Health Equity Structural Interventions (CHESIs)



Health Equity Research Hubs (Hubs)



ComPASS Coordination Center (CCC)

NCI/DCCPS Program are Administrative leads for the UC2 (RFA-RM-23-012)

<https://commonfund.nih.gov/compass/fundedresearch>

<https://www.nih.gov/news-events/news-releases/nih-launches-community-led-research-program-advance-health-equity>



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