



DRIVING EQUITABLE OUTCOMES BY ADDRESSING SOCIAL DETERMINANTS OF HEALTH

A GUIDE TO UNDERSTANDING NEEDS AND BUILDING RESOURCES



OVERVIEW

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UNDERSTANDING SOCIAL DETERMINANTS OF HEALTH

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COMMUNITY ASSESSMENT

As you work to address social determinants of health and health-related social needs, it can be helpful to start by identifying the needs most prevalent in your community. Below are resources that can assist with this process. Individual counties/cities may maintain their own database(s). Consider reaching out to your local health department to learn about any other available resources. Before you begin your search, continue reviewing [How Geographic Data Can Help Address Social Determinants of Health](#). This provides a helpful starting point when determining how to filter data.

[211 Counts](#): Provides information on the top identified needs in individual communities based on United Way 211 call data. Filters are available for zip code, county, school district, region, and congressional district. An [Instructional Guide](#) is available to provide further directions on use.

[American Community Survey Data \(Census\)](#): Releases new data tables and tools related to social, economic, housing, and demographic characteristics annually.

[City Health Dashboard](#): Offers data on various measures for 500+ large cities, and several small cities, from across the United States.

[County Health Rankings](#): Allows users to search data based on county, state, or zip code. Provides a rank for the specified area as relates to other counties in the state. Also provides information on health-related outcomes, factors, and behaviors, along with data on demographics, socioeconomic factors, and physical environment.

[Food Environment Atlas \(USDA ERS\)](#): Provides county-specific information related to food environment factors. Including access and proximity to grocery stores, store and restaurant availability, food assistance programs, local food availability, food insecurity measures, and socioeconomic characteristics.

[Healthiest Communities](#): Ranks critical health-related and social determinant factors based on county.

[PLACES: Local Data for Better Health \(CDC\)](#): Provides health data for small areas across the country based on county, census tract, or zip code, allowing for a better understanding of the burden and geographic distribution of health metrics, regardless of population size and rurality.

[Social Vulnerability Index \(ASTDR/CDC\)](#): Uses 16 U.S. census variables to identify communities that may need support before, during, or after disasters based on their social vulnerability; the potential negative effects on communities caused by external stresses on human health.

[Vulnerability Index \(Vizient\)](#): Identifies SDOH through a comprehensive database inclusive of most zip codes.

UNDERSTANDING SOCIAL DETERMINANTS OF HEALTH

ICD-10 Z CODES

As screening becomes more prevalent, many health systems have started documenting identified SDOH using ICD-10 Z codes. Assigning Z Codes can help a health system identify the top social determinants of health experienced by the individuals they care for and can also be a useful way to identify trends. This allows for more focused screening and support efforts. Included here is information related to SDOH Z code integration. Please note that this is an emerging field, with frequent updates. This information is therefore subject to change.

ASCO:

- [From ASCO to Z Codes: What ASCO Members Must Know About Coding for SDOH](#)

American Hospital Association

- [ICD-10-CM Coding for Social Determinants of Health](#): An extensive overview of ICD-10-CM coding and resources related to Social Determinants of Health.
- [Using Z Codes to Address Patient Needs](#): A podcast which discusses the benefits of using SDOH Z Codes.

Centers for Medicare & Medicaid Services (CMS)

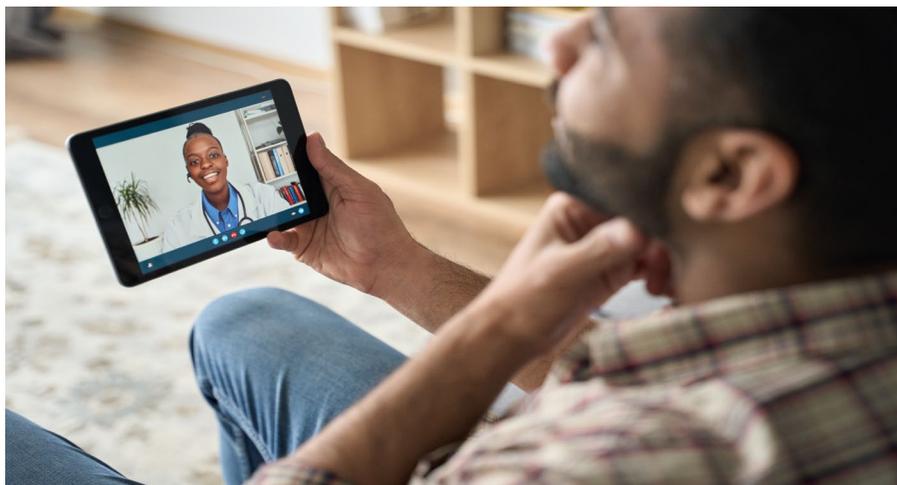
- [CMS Improving the Collection of SDOH Data with ICD-10-CM Z Codes](#) : An infographic providing an overview of SDOH Z-Code integration and process improvement, along with a list of updated SDOH Z Codes.
- [Data Highlight](#): An overview of the use of Z-Codes amongst a sample of Medicare Advantage enrollees, which includes a review of the top reported codes based on multiple factors.

Health Quality Innovation Network (HQIN)

- [Using Z Codes to Capture Social Determinants of Health](#): A video training module that provides an overview of guidelines related to coding SDOH with Z Codes.

PRAPARE

- [PRAPARE ICD-10-CM Z Codes](#): Provides a crosswalk between the PRAPARE SDOH screening tool and available ICD-10-CM Z codes. This can be used more broadly for identified SDOH needs with any tool.



UNDERSTANDING SOCIAL DETERMINANTS OF HEALTH

EDUCATION AND RELEVANT ORGANIZATIONS

Below you will find a list of organizations focused on SDOH. These organizations provide resources which may assist in increasing your knowledge of SDOH history, causes, research, screening opportunities, and best-practice interventions. Please note that not all are cancer-specific.

[Agency for Healthcare Research and Quality](#): Provides SDOH studies and researcher resources, practice improvement tools, and datasets/analytics.

[American Hospital Association](#): Supports health systems in understanding and addressing SDOH by providing reports, case studies, webinars, and videos.

[Centers for Disease Control and Prevention \(CDC\)](#): Provides infographics and literature summaries related to SDOH through the Department of Health and Human Services' [Healthy People 2030](#), as well as information specific to equity in cancer care [Equity in Cancer Care](#). The CDC also provides an overview of their activities related to improving health equity through SDOH work.

[National Alliance to Impact the Social Determinants of Health](#): Provides numerous publications, blog posts, and articles related to SDOH. Also offers an overview of SDOH promising practices, and resources related to assessing community health, predicting social risk, screening tools and toolkits, digital navigation, developing interventions, and program evaluation.

[National Cancer Institute](#): Provides comprehensive conferences and webinars related to addressing social risks. Including the [Addressing Social Risks in Cancer Care Delivery Webinar Series](#), [Addressing Social Risks in Cancer Survivorship: An Interdisciplinary Teams Perspective Webinar](#), and the [Addressing Social Risks in Cancer Care Delivery Virtual Workshop](#).

[PAN Foundation](#): Provides an [Infographic](#) and comprehensive [SDOH Guide](#) showcasing the results of a large survey, and separate poll, related to SDOH needs and demographics.

[Rural Health Information \(RHI\) Hub](#): Provides information related to SDOH in rural populations. This includes the [SDOH in Rural Communities Toolkit](#), which includes resources and program models to address a variety of SDOH needs in rural areas. It also includes the [Rural Health Literacy Toolkit](#) which highlights strategies for improving health literacy. In addition, RHI Hub offers a plethora of other resources, including a large FAQ section, literature review, data and graphics, and more.

[The Root Cause Coalition](#): A national alliance of more than 90 health systems, hospital associations, foundations, businesses, academic institutions, insurers, non-profits, and policy centers who work to identify, reverse, and eliminate the systemic root causes of health inequities. Also provides a weekly newsletter, regular podcast, and a yearly summit.

[Triage Cancer](#): Provides various webinars (available for playback) that touch on SDOH related topics.

SCREENING FOR SOCIAL DETERMINANTS OF HEALTH

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SCREENING TOOLS

Included here are resources related to selecting SDOH screening tools, including comparison charts.

[A Review of Tools to Screen for Social Determinants of Health in the United States: A Practice Brief](#): A consolidated review of the health-related social needs screening tools used most often, including an assessment of the fifteen most common domains.

[Risk Screening Tools Review](#): A resource which allows the user to search for screening tools by filtering by domain and construct.

[Social Needs Screening Tool Comparison Table](#): A summary of characteristics of many SDOH screening tools, including information on the intended population, number of questions, domains covered, and measures used. Screening tools can be abstracted for review and comparison.

TRAINING

Below are training modules and resources intended to assist team members in expanding their understanding of SDOH and ensuring that screening efforts are culturally competent, intentional, and responsive.

[Screening for Social Needs: Guiding Care Teams to Engage Patients](#): Offers guiding principles and strategies for engaging and screening patients for SDOH. This includes a review of important communication skills, developing cultural competence, and considering the location, mode, and method of screening.

[Social Determinants of Health: A Short Course](#): A comprehensive set of 15 distinct training modules, averaging 15 minutes each, aimed at increasing an individual's knowledge related to SDOH. Can be viewed as a slide presentation with audio or downloaded as a PDF.

[The SDOH Academy: Building and Sustaining an Inclusive Workforce](#): Webinar 2 offers an overview of how to create a workforce and culture which supports effective and responsive SDOH screening. Content can be viewed via video presentation, or by downloading slides.



SCREENING FOR SOCIAL DETERMINANTS OF HEALTH

REIMBURSEMENT

In 2024, CMS introduced new G codes that allow providers to bill for certain SDOH activities. Below you will find a brief summary of these codes along with supportive resources. It may also be helpful to check for SDOH reimbursement opportunities with any commercial payers you partner with.

SDOH Risk Assessment: G0136

- A new stand-alone G-code for the administration of a standardized, evidence-based SDOH assessment tool
- 5-15 minutes; not billed more often than every six months
- Furnished as an add-on to annual wellness visit or in conjunction with an E&M or behavioral health visit (must be performed by a psychologist; social workers ineligible)
- Cost sharing applies if not billed adjacent to annual wellness visit
- Encouraged (not required) to bill with ICD-10 SDOH Z Codes
- Included on telehealth services list

Community Health Integration: G0019, G0022

- New G-codes for services performed by certified or trained auxiliary personnel (including community health workers), under the direction of a physician or other practitioner, to address SDOH-related needs
- G0019: 60 minutes per calendar month
- G0022: Each additional 30 minutes
- Requires annual wellness visit or E&M visit to initiate community health integration services
 - Must obtain verbal or written consent
- Unable to bill when patient has home health plan of care

Resources

- [2024 CMS PFS Final Rule Updates](#): An ASCO-produced video which gives an overview of the 2024 physician fee schedule updates, including the codes listed above.
- [ASCO Care Management and SDOH G Code Comparison](#): A review of the similarities and differences between the Care Management CPT codes and the new SDOH-related codes.
- [Federal Register: Medicare and Medicaid Programs; CY 2024 Payment Policies Under the Physician Fee Schedule and Other Changes to Part B Payment and Coverage Policies](#): Official CMS document providing information on new codes.



IDENTIFYING RESOURCES

IDENTIFYING RESOURCES

NATIONAL ORGANIZATIONS BY CATEGORY

Recognizing that every health system has resources that are unique to the communities they serve, this list is intended to provide an overview of national resources which could work to supplement locally available supports. Please note that organizations may have specific income or other criteria for qualifying for support, and that availability may change frequently.

General Resources

- [The ACS CARES Mobile App](#) equips people facing cancer with curated content, programs, and services.
- [National Cancer Information Center](#) provides 24/7 information, day-to-day help, and emotional support every step of the way. From free lodging and transportation to help making decisions about care.
- [Family Reach](#): Provides financial assistance, resource navigation, and financial tips/guidebooks.
- [Findhelp](#): A database of resources based on zip code that can be filtered by category.
- [NeedyMeds](#): Information on medication travel cost assistance and a database of general resources that be searched by location and diagnosis.
- [United Way 211](#): A comprehensive directory of local organizations. Individuals can call 2-1-1, 24/7, and connect with a live agent who will assist in locating resources.

Employment and Job Training Services

- [Cancer and Careers](#): Provides education, expert advice, and interactive tools to assist individuals with cancer navigate employment-related issues.
- [CareerOneStop](#): The US Department of Labor provides a state resource directory, assistance with navigating unemployment benefits, job and training program search portal, and employment toolkit.

Food Security

- [Feeding America](#): Provides a directory of food banks that can be searched by zip code or state. Also provides information on senior and youth food programs, as well as SNAP assistance.
- [Meals on Wheels America](#): Supports individuals aged 60+* via free home delivered or congregate meals, food pantries, and liquid nutritional supplement assistance (*age requirements/programs vary by area).
- [Share our Strength](#): Free meals finder and resources related to healthy, budget friendly cooking
- [USDA](#): Information on qualifying and applying for SNAP, WIC, and CSFP, along with a directory of retailers.

Housing and Utility Assistance

- [HUD](#): Provides contact information for housing-related counseling agencies and a searchable directory of shelters, food pantries, health clinics, and clothing, along with other resources related to housing stability.
- [Legal FAQ](#): Resources related to housing assistance and housing, eviction, rent, and landlord-tenant laws.
- [LIHEAP](#): Information on qualifying and applying for LIHEAP utility cost assistance and other aid programs which can be searched by state.
- [The Salvation Army USA](#): Offers rent, mortgage, and utility assistance, along with temporary and transitional housing and food/clothing support (*programs vary by area).
- [USAGov](#) : Information on the Housing Choice Voucher, locating subsidized rental housing, home repair/energy assistance, home buying assistance, emergency housing, and eviction/foreclosure help

IDENTIFYING RESOURCES

NATIONAL ORGANIZATIONS BY CATEGORY

Insurance Navigation

- American Cancer Society provides helpful information on managing health insurance, along with resources related to [Health Insurance Options](#), [Patient Bill of Rights](#), [Getting Medical Pre-approval or Prior Authorization](#), and [Insurance Claim Denials](#). Also provides links to external resources.
- [Accessia Health](#): Provides telephonic and web-based assistance with navigating health insurance options. Also provides webinars, an insurance terminology guide, and other related resources.
- [Medicare Rights Center](#): Helps individuals with Medicare understand rights/benefits, work through the system, and get quality care. Provides support in applying for programs that can help reduce medical and prescription drug costs.
- [Patient Advocate Foundation](#): Provides a Medicare Resource Center and National Financial Resource Directory. Also provides a Health Equity Case Management program, which can help in understanding coverage options and providing additional support to individuals in select zip codes.

Legal Assistance

- [Cancer Legal Resource Center](#): Provides a national telephone assistance line, Patient Legal Handbook, webinars, and other resources. Also provides an “Ask an Attorney” feature, which allows individuals to submit questions and obtain resources related to their legal needs.
- [Immigration Advocates Network](#): Provides a National Immigration Legal Services Directory that can be searched by zip code or detention facility.
- [Legal Services Corporation](#): Provides a searchable directory of civil legal aid organizations.
- [Triage Cancer](#): Provides a legal and financial navigation program and a Cancer Rights Law Book.

Medical Lodging

- American Cancer Society provides 30+ [Hope Lodge](#) communities, which offer a home away from home for people facing cancer and their caregivers. Through a [Partnership with Extended Stay America](#), ACS also connects eligible individuals with reduced-rate hotel stays in more than 600 locations across the country.
- [Joe's House](#): Provides a directory of temporary lodging for those traveling for medical treatment

Transportation Assistance

- American Cancer Society's [Road to Recovery](#) program provides free transportation to and from cancer-related medical appointments for people with cancer who do not have a ride or are unable to drive themselves
- [Air Charity Network](#): Provides free flights to medical appointments across all 50 states.
- [Mercy Medical Angels](#): Provides free non-emergency medical transportation via gas cards, bus, train, or air.

IDENTIFYING RESOURCES

SUPPLEMENTAL FINANCIAL SUPPORT BY DIAGNOSIS/TREATMENT MODALITY

- [Be the Match/NMDP](#): Help with medical copays, housing, food, transportation, fertility preservation and more for individuals undergoing bone marrow transplant.
- [CancerCare](#): Help with gas, home care, and childcare costs for certain diagnoses/geographies.
- [Colorectal Cancer Alliance](#): Help with household bills including childcare, transportation, and food costs.
- [Glenn Garcelon Foundation](#): Financial assistance for individuals diagnosed with a primary brain tumor.
- [HNC Living Foundation](#): Help with travel costs, nutritional supplements, and copays for individuals diagnosed with head and neck cancer.
- [Kidney Cancer Association](#): Help with transportation and general living expenses.
- [Lazarex Cancer Foundation](#): Help with lodging and transportation costs for individuals enrolled in any phase of a clinical trial.
- [Leukemia and Lymphoma Society](#): Help with the cost of medical copays, transportation, utilities, housing, childcare, food, and other costs for individuals diagnosed with all types of blood cancer.
- [Mesothelioma Applied Research Foundation](#): Help with travel expenses.
- [National Ovarian Cancer Coalition](#): Help with household expenses and other non-medical costs.
- [National Pancreatic Cancer Foundation](#): Help with rent and utility assistance.
- [Sarcoma-Oma Foundation](#): Help with travel expenses.
- [Susan G. Komen®](#): Help with daily-living expenses for individuals diagnosed with breast cancer.

IDENTIFYING RESOURCES: DEMOGRAPHIC SPECIFIC ORGANIZATIONS

- [Alex's Lemonade Stand](#): Help with travel costs for children diagnosed with cancer.
- [Allyson Whitney Foundation](#): Help with daily living costs for young adults diagnosed with cancer.
- [B+ Foundation](#): Help with medication, travel, and basic living costs for children diagnosed with cancer.
- [Compass to Care](#): Help with travel costs for children diagnosed with cancer.
- [USAging](#): Information on local area agency on aging programs which provide transportation, homecare, and other supports.
- [Veterans Affairs](#): Provides comprehensive support to veterans, including help with housing, transportation, medical and mental health care, and disability compensation.

IDENTIFYING RESOURCES: MISCELLANEOUS

- [Social Security Administration](#): Information on applying for SSI/SSDI and signing up for Medicare.
- [Department of Health and Human Services](#): Information on qualifying and applying for social service programs (TANF, SNAP, etc).

IDENTIFYING RESOURCES

IDENTIFYING RESOURCES: BUILDING COMMUNITY PARTNERSHIPS

Health systems play an integral role in improving health and healthcare access within the communities they serve. Developing sustainable, equitable partnerships with community-based organizations can allow for a greater understanding of needs, opportunities, and barriers to programs and interventions. Involving patients and/or community members in this process works to ensure inclusive representation and provides crucial insight. Below you will find resources which can be useful in building community partnerships. This includes planning documents related to meeting membership, design, and vision.

[A Playbook for Fostering Hospital-Community Partnerships](#): A comprehensive guide to developing community collaboratives developed by the American Hospital Association, Health Research & Educational Trust, and Robert Wood Johnson Foundation. This guide includes worksheets which can assist in determining partnership opportunities, meeting facilitation, and more.

[A Toolkit for Increasing Food Security Efforts Across the Cancer Continuum](#): An ACS developed toolkit designed to assist comprehensive cancer control organizations in focusing their efforts on food insecurity, including partnership with community-based organizations.

[Addressing Social Determinants of Health in Your Community](#): Part of the University of Kansas Community Toolbox, this resource provides an overview of community relationship building opportunities along with ways to structure partnerships with community-based organizations.

[Best Practices for Convening a Consumer Advisory Board](#): An infographic developed by the Center for Health Care Strategies (CHCS), which provides key considerations for creating an advisory board comprised of patient/community members.

[How Should Health Care Organizations and Communities Work Together to Improve Neighborhood Conditions?](#): An AMA Journal of Ethics article which discusses ethical considerations health systems should be mindful of when partnering with community-based organizations.

[Leveraging Community Expertise to Advance Health Equity: Principles and Strategies for Effective Community Engagement](#): A brief from the Urban Institute summarizing interviews with national organizations, health equity experts, and stakeholders investigating ways in which community engagement is being used to advance health equity, and the factors that can enhance or prohibit this.

[Value Proposition Tool](#): A fillable tool designed to measure the ways in which community-based organizations and health care systems can provide value to one another and align shared goals through partnership. Created by the CHCS



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To learn more about the health equity efforts at BMS, visit them at www.bms.com/our-stories/bms-foundation/Foundations-touches-of-compassion-impact-communities-around-the-world.html

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