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## **SOCIAL CARE ENHANCES THE WELL-BEING OF THE UNDERSERVED**

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Medicaid has been in the spotlight over the past year, facing charges of mismanagement and waste. However, a unique initiative underway in New York State holds the promise of radical reform that will sharply reduce Medicaid expenditures, making budget cuts unnecessary—even as the quality of care for the most vulnerable communities dramatically improves.

The initiative is driven by the conviction that traditional medical treatments must be wed to addressing patients' social needs that can either cause or exacerbate medical or behavioral conditions. These factors are known as Health-Related Social Needs or Social Determinants of Health.

The overarching goal is to integrate Community-Based Organizations (CBOs) within the existing primary care and behavioral health care system, since research has shown that physical health only accounts for about 20 percent of overall health and well-being. The CBOs and their expertise are needed to complement traditional forms of medicine.

Wielding a budget of \$5 billion out of a total of \$66B earmarked for improving overall care for the most vulnerable of Medicaid recipients, New York State has funded the creation of nine regional Social Care Networks (SCN).

These networks are tasked with helping doctors identify and engage Community-Based Organizations (CBOs) that have the social expertise their patients need. In time, Medicaid recipients are encouraged to reach out to SCNs themselves under the guidance of their doctors.

The bulk of social needs concern nutrition and housing. The focus on nutrition provides Medicaid recipients with nutrition counseling and education, medically tailored meals, pantry restock, cooking supplies, and meal boxes.

In the realm of housing, there is help with housing applications, help with housing searches, rent assistance, help with paying for utilities, home safety modifications, pest and mold removal, and asthma and allergy remediation.

There is also support in the areas of education, employment, and transportation.

The SCNs identify COBs that are eligible for subsidies to improve their facilities, while individual select staff can enroll in continuing education courses. SCNs also manage billing, which for COBs is often a difficult and slow process.

For some years now, a group of New York doctors has been providing social care to their patients. SOMOS Community Care, a network of more than 2,500 independent physicians serving more than 1 million of the most vulnerable Medicaid recipients in New York City, is responsible for the Social Care Network, which serves Manhattan, the Bronx, Queens, and Brooklyn. Right from SOMOS' founding in 2014, it has advocated for the importance of social care. In fact, SOMOS doctors pioneered social care.

SOMOS providers, most of them primary care doctors, work in tandem with Community Health Workers (CHW), who visit homes, reminding patients to take their medicine and keep their appointments with their doctor. Being in the house also gives CHWs an opportunity to assess the dwelling, looking for signs of mold, for example. Afterwards, they brief the doctor.

When next he meets with the patient, the provider is armed with intimate details about the person's living situation and the possible need for social care. The fact that the doctor is so well-informed inspires trust in the patient, which makes for a strong patient-doctor bond. That bond is essential for the healing process. Patients and doctors jointly shaping the delivery of social care should pay big dividends.

A key benefit of social care will be doctors' ability to spot a threat to a patient's health through an assessment of the person's social circumstances. It is an early warning system that helps prevent disease from reaching a critical level. This

preventive strategy results in fewer visits to the ER and a reduction in healthcare spending.

Providing social care gives doctors a broader and richer understanding of their patients' lives, who, in turn—encouraged by doctors' intimate knowledge of them—come to trust their providers. This patient-doctor relationship, fueled by social care, holds the key to significantly enhancing the overall care of underserved populations.

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