

Advisory to States: Leveraging Fiscal Relief, Public Health, and Social Care Funding to Advance Data Modernization and Interoperability

Summary: The National Alliance to Impact the Social Determinants of Health (NASDOH) encourages states to leverage federal fiscal relief funding made available during the COVID-19 emergency, and other recent public health and social care funding streams, to advance data modernization and interoperability between public health and social care, health care, and social service providers.

Specifically, NASDOH urges states to prioritize the use of flexible funding sources to strengthen public health and social care data systems, and enable the collection, management and storage of information on individual and community level social needs data. This data is valuable to design and evaluate more effective public health and social care programs and interventions that effectively address social needs and SDOH.

COVID-19 Exposed the Weaknesses in Our Current Systems: The COVID-19 pandemic has exposed the weaknesses in our public health and social care infrastructure nationwide. It revealed that chronic underfunding has rendered many of these data systems out of date, inadequate for changing needs, and siloed from other data systems.

SOCIAL NEEDS: The immediate non-medical needs of an individual. Efforts to address social needs provide invaluable assistance to individuals – for example, providing food, housing, and transportation to a person or their family – but not the underlying economic or social conditions that lead to social needs.

SOCIAL DETERMINANTS OF HEALTH: The conditions in the environments where people are born, grow, live, work, and age that affect health outcomes and risks; and the broader systems that shape those conditions, including social, political, and economic programs, and policies.⁴ Efforts to address SDOH prioritize the underlying social and economic conditions in which people live, rather than the immediate needs of any one individual.

When COVID-19 first spread, the public health data systems in many states and localities were poorly equipped to capture and transmit basic information essential to surveil and manage the accelerating pandemic.¹ Even fewer public health data systems were able to collect and use data on social risk and social needs, which limited their ability to fully capture and respond to inequities and deploy essential interventions to support individuals in the community, or coordinate between essential partners in the community, including health care and social services. But these capacities would have extended important advantages; for example, connecting individuals to essential social supports needed to quarantine could have slowed or stopped transmission, and connecting essential sectors like public health, health care, and social care organizations would have helped cross sector partnerships to develop shared solutions to meet community needs. Data on social needs and circumstances continues to be important to identifying priority populations for vaccination outreach, along with connections to social service providers that may be important partners in vaccinating hard to reach populations.

¹ Trust for America's Health Issue Brief: The Impact of Chronic Underfunding on America's Public Health System: Trends, Risks, and Recommendations, 2021; https://www.tfah.org/wp-content/uploads/2021/05/2021_PHFunding_Fnl.pdf

Recognizing our need to respond to the current pandemic and improve our data systems for the future, Congress has appropriated significant funding to state and local governments. NASDOH acknowledges that states and localities have many priorities to balance when considering where to spend finite funding. Nonetheless, we are issuing this advisory to states to highlight this unprecedented opportunity to make a lasting impact by using flexible pandemic and public health and social care related funding streams to advance data modernization and interoperability.

Investing in data modernization and interoperability is in the interest of the state itself, not just those who advocate for health care, public health, or social care. States are uniquely situated to see the limitations of existing disconnected and antiquated systems that flow from federally funded health and social services programs (e.g., Medicaid, SNAP). States are leading with innovations connecting programs they administer, and they could benefit from a more sophisticated and integrated way to understand the populations they serve, connect them across programs, and achieve better outcomes. States also face the inefficiencies in the disconnect between health care, public health, social care, and other funding streams. Addressing social needs and determinants through modernized data infrastructure not only improves health outcomes, but serves other state goals including resilience, economic sustainability, and preparedness for future economic and health emergencies.

How States Can Leverage Current Opportunities to Make Meaningful Long-Term Changes: As described in our previous [work](#), NASDOH believes it is important to promote transparency, access, aggregation, integration, and appropriate and responsible sharing of data across the health care, public health and social service sectors as part of a strategy to impact the social determinants of health.

Various public health departments and social care agencies (e.g., Area Agencies on Aging) are responsible for planning for a community's needs and reaching particularly vulnerable and underserved populations. We urge states to consider the value of being able to transmit and store social needs and risks data and the importance of interoperable data systems that can easily exchange information with health care and social service providers. Building functionality that facilitates cross-sector partnerships and bi-directional data sharing is a critical factor to consider in modernizing public health and social care data systems.

NASDOH believes that this data will enable state and local public health authorities to better understand the social needs of individuals in their communities and the social risk factors facing the community as a whole. With this information, public health, health care, and social care sectors can work together to improve program design and outreach to address individuals' and communities' full needs to support well-being.

In many localities, Health Information Exchanges (HIEs) are securely capturing, aggregating, storing, and transmitting this information, so working with the HIE to enable interoperability with the public health and social care data systems is one way to consider using this data. As the United States and the world responds to this global crisis, HIEs are and will provide assistance for critical state and local public health and social care initiatives, including:

- Assisting with state and local epidemiology and community surveillance;
- Data collection, especially test results, and providing alerts to providers on positive test results; and,
- Supporting the coordination and communication of critical resource allocation as the COVID-19 pandemic progresses.

In light of the COVID-19 pandemic, state's HIE's have been put to use for surveillance, data collection, and coordination/allocation of resources.

- The **Indiana Health Information Exchange**, in collaboration with the Indiana State Department of Health, is providing public, real-time updates of COVID-19 testing results through correct testing, coding, and data processing of critical information at the time of care and by connecting labs with electronic health information exchange.
- **Vermont Information Technology Leaders** created daily reports for the Vermont Department of Health to assist with the identification of COVID-19 cases and hospitalized patients; this work also supports the state in monitoring utilization and capacity. Today, Vermont Information Technology Leaders has automated the collection of 40 data elements, which saves manual work by hospital teams while improving data consistency. In addition, this work includes a data quality improvement initiative among 14 hospitals in the state.
- **The Health Collaborative in Ohio** was instrumental in providing data- and non-data-driven emergency response and coordination efforts for its region. As a result, the Ohio Department of Health has access to a growing, evolving dashboard of geographic maps that pinpoints the location of outbreaks, hospitalizations, ICU admissions, capacity planning, ADT alerts, and data validation.

Additionally, North Carolina, through an 1115 Medicaid waiver, has selected a state-wide platform to use for clinicians to screen and refer Medicaid beneficiaries to health-related social services like housing support and healthy food boxes. The data generated through these coordinated systems may yield valuable information for multi-sector planning purposes through bi-directional data sharing that delivers value to all participants across public health, health care, and social care sectors.

Though HIEs are increasingly partnering with their state Medicaid agencies and Medicaid Health Plans and are at the forefront of the response to the COVID-19 pandemic, they will be subject to a dramatic funding reduction at the end of fiscal year 2021, which could be mitigated through strategies like allocating costs of provider-facing technologies by percentage of Medicaid providers using such technologies rather than Medicaid beneficiaries.

NASDOH RECOMMENDS STATES TAKE ADVANTAGE OF FEDERAL FUNDING OPPORTUNITIES TO:

1. **Strengthen local public health and social care data infrastructures and prioritize systems interoperability with social care and health care stakeholders.**
2. **Collaborate with and offer support to community-based organizations, particularly human and the social care providers, to enable their own access and use and encourage interoperability across systems.**
3. **Consider long term sector needs and ensure essential data system capabilities allow public health and social care to facilitate cross-sector partnerships and other initiatives to address SDOH.**

Funding Opportunities: With the federal fiscal relief funding made available by Congress, on top of additional public health and social care funding streams, states have an opportunity to make critical improvements in the collection and flow of data and break down siloes across the public health and social care, health care, and social service sectors. While this list is not exhaustive, and further Congressional action on the administration's domestic agenda may bring other opportunities, we spotlight two promising funding sources and encourage states to identify additional flexibilities that may be utilized for these purposes:

1. The \$1.9 trillion fiscal relief package [H.R. 1319 – The American Rescue Plan Act \(ARPA\) of 2021](#), is intended to combat the COVID-19 pandemic, including the public health and social care and economic impacts. The legislation includes an unprecedented amount of funding to be made available through grants and contracts to a variety of eligible entities including states, counties, non-profit organizations and businesses.

In particular, there are several existing funding opportunities for officials to use towards data modernization, including [Subtitle M, Section 9901](#), which provides around \$350 billion in direct aid to all 50 states and DC, counties, and other entities through FY 2024. It offers direct, flexible aid to every county in America, as well as other crucial investments in local communities.²

- a. As part of this provision, states are allocated a total of \$195.3 billion. Recipients may use these funds to:
 - i. Support public health expenditures,
 - ii. Address negative economic impacts caused by the public health emergency,
 - iii. Replace lost public sector revenue,
 - iv. Provide premium pay for essential workers, and
 - v. Invest in water, sewer, and broadband infrastructure.

Within the categories listed above, recipients have broad flexibility to decide how best to use this funding to meet the needs of their communities, including by improving data and technology infrastructure and modernizing public health and social care data systems consistent with NASDOH’s recommendations.³

2. In addition to ARPA funding, the [Centers for Disease Control and Prevention’s \(CDC\) Public Health Emergency Preparedness \(PHEP\) cooperative agreement](#) is a source of funding for state, local, and territorial public health departments which provides assistance to public health departments across the nation. The funding is available to help health departments build and strengthen their abilities to effectively respond to a range of public health threats, including infectious diseases, natural disasters, and biological, chemical, nuclear, and radiological events.⁴

The FY 2021 funding totaled roughly \$638 million across the 50 states and DC. Preparedness activities funded by the PHEP cooperative agreement specifically target the development of emergency-ready public health departments that are flexible and adaptable. [Capability 6: Information Sharing](#) is the ability to conduct multijurisdictional and multidisciplinary exchange of health-related information and situational awareness data among federal, state, local, tribal, and territorial levels of government and the private sector. This capability includes the routine sharing of information and issuing of public health alerts to all levels of government and the private sector in preparation for and in response to events or incidents of public health significance.

- a. In particular, recipients may use the funds to:
 - i. Identify stakeholders that should be incorporated into information flow and define information sharing needs,

² <https://home.treasury.gov/policy-issues/coronavirus/assistance-for-state-local-and-tribal-governments/state-and-local-fiscal-recovery-funds>; <https://www.naco.org/resources/featured/american-rescue-plan-act-funding-breakdown>

³ <https://home.treasury.gov/system/files/136/FRF-Interim-Final-Rule.pdf>

⁴ <https://www.cdc.gov/cpr/readiness/phep.htm>;

https://www.cdc.gov/cpr/readiness/00_docs/CDC_PreparednesResponseCapabilities_October2018_Final_508.pdf

- i. Identify and develop guidance, standards, and systems for information exchange, and
- ii. Exchange information to determine a common operating picture.

Conclusion: We encourage states to prioritize long-term changes to strengthen public health and social care data systems that allow more effective and coordinated public health and social care programs and interventions. The flexible funding streams made available through federal fiscal relief and ongoing efforts to strengthen the public health and social care sector are unprecedented. States should leverage this opportunity to advance technology infrastructures, data modernization, and interoperability NASDOH encourages states undertaking modernization initiatives to work through their national associations and with CDC and other Federal agencies to develop consensus standards and guidelines to maximize the potential for a coherent, nation-wide framework to advance connections between health, social services, and other sectors.

ABOUT NASDOH

The National Alliance to impact the Social Determinants of Health (NASDOH) is a group of stakeholders working to systematically and pragmatically build a common understanding of the importance of addressing social needs as part of an overall approach to health improvement and economic vitality of families and communities. The Alliance brings together health care, public health and social services expertise, local community experience, community-convening competence, business and financial insight, technology innovation, data and analytics competencies, and policy and advocacy acumen to assess and address current regulatory frameworks, funding environments and opportunities, and practical challenges to implementing and sustaining social determinants of health efforts.

We seek to make a material improvement in the health of individuals and communities and, through multi-sector partnerships within the national system of health, to advance holistic, value-based, person-centered health care that can successfully impact the social determinants of health. To learn more, visit us at NASDOH.org.

NASDOH Members

