



February 4, 2022

The Honorable Patty Murray
U.S. Senate Committee on Health, Education, Labor, and Pensions
154 Russell Senate Office Building
Washington, DC 20510

The Honorable Richard Burr
U.S. Senate Committee on Health, Education, Labor, and Pensions
217 Russell Senate Office Building
Washington, DC 20510

Dear Chair Murray and Ranking Member Burr:

On behalf of the National Alliance to Impact the Social Determinants of Health ([NASDOH](#)) we thank you for your leadership in developing and releasing the discussion draft of the Prepare for and Respond to Existing Viruses, Emerging New Threats, and Pandemics Act (PREVENT Pandemics Act). While the Nation is still dealing with the current COVID-19 pandemic, it is not too late to shore up existing structures nor is it too early to be thinking about how to prepare for and respond to the next public health emergency. We are pleased to offer our comments on your legislation.

About NASDOH:

The National Alliance to Impact the Social Determinants of Health (NASDOH) is a non-partisan, multi-sector alliance of leading individuals and organizations working to build a common understanding of the importance of addressing SDOH as part of an overall approach to improving health outcomes. We recognize that addressing SDOH in a sustainable and successful way, as well as safeguarding against future public health emergencies, will take multisector partnerships that assess what individual communities need, find ways to deliver services, and seek sustainable financing. Please see our [website](#) for a list of NASDOH members.

Addressing SDOH is an Integral Part of Preparing for and Responding to Future Emergencies:

Before COVID-19 even had a name, a growing body of evidence documented the important effect of social and economic factors on our health. COVID-19 shone a bright light on the gap between what we already knew about SDOH and what we still need to accomplish in order to address them. Early in the COVID-19 pandemic, we [wrote](#) that the nation must take immediate steps to address social needs to mitigate the impact of disease; and that in the longer term, we must ensure that this pandemic experience ignites a broader set of reforms, including adopting structural changes to our health systems as we recover, taking actionable steps to ensure more equitable access to care and services, making long-term and sustained investments to address health equity, and mitigating the negative impact that results from the disconnect between clinical outcomes and SDOH.

Comments on Specific Provisions:

NASDOH is pleased to offer comments on specific sections of your discussion draft:

Section 201 Addressing Social Determinants of Health and Improving Health Outcomes: We are pleased that the Committee has recognized the connection between social determinants of health and preparedness by including this section in the discussion draft. We appreciate the flexibility in the list of entities which can apply for grants, cooperative agreements and contracts, especially that the Committee specified that consortia of entities are eligible to apply. NASDOH members' experience has shown that multi-sector partnerships are essential to addressing SDOH in a robust and sustainable way. We also



appreciate the language requiring applicants to demonstrate history of working with an established CBO to address health disparities.

We also commend the flexibility in purposes for the funds, including to establish, maintain, or improve tech platforms or networks to support coordination and provide information on health and related social services. The language specifies that projects should be “evidence-based or evidence-informed.” While it is clear that SDOH interventions can have a meaningful impact on a community’s preparedness, the evidence base for specific SDOH interventions is still being developed, so allowing “evidence informed” projects to be pursued is wise and may help improve the body of evidence over time.

We respectfully recommend changes on some portions of this section:

- Report to Congress: The required report to Congress by the Department of Health and Human Services includes many important elements such as changes in capacity of public health entities to address social determinants of health in communities, changes in workforce capacity or capabilities, activities conducted, and communities and populations served by recipients of awards. Having this information will help Congress to better understand how the programs are being used and who they are serving. However, we caution that other required elements of the report, such as “improvements in health outcomes and in reducing health disparities in medically underserved communities” will be challenging to demonstrate results in the timeframe in which the report is required. The factors and conditions that lead to adverse social determinants of health and health disparities have deep roots, and significant change cannot be expected within just a few years. While we support measuring these important outcomes over time, the Committee should be aware that the success of the program cannot be fully assessed by these factors in the short term.
- GAO Report: Similar to the report by HHS, the GAO report requires “a review of outcomes and effectiveness of the program” not later than four years after enactment of the Act. Again, the metrics for effectiveness will need to be carefully selected to be meaningful and indicative in this short timeframe. As an alternative to the current language, GAO or the National Academies could report on the methods for measurement of effectiveness of SDOH interventions as a first step. Additionally, the language directs GAO to review “coordination with other programs in the Department of Health and Human Services with similar goals to ensure there was no unnecessary duplication of efforts.” We agree that there should not be unnecessary duplication, but caution that with the broad purposes of the funding, there is significant potential to identify “potential” overlap among programs with complimentary but not duplicative purposes. In addition to looking at the Department’s coordination to avoid duplication, we also recommend that GAO look at ways the Department can coordinate programs to benefit the awardees and those served by the programs. There are aspects of inter-Departmental coordination that would be useful for GAO to document as well.
- Authorization Level: The legislation authorizes \$70 million for fiscal years 2023-2027. We note that the President’s budget for FY 22 requests \$153 million for a SDOH grant program at CDC and the Senate FY 22 Labor-HHS appropriations bill also includes that level of funding. We encourage the Committee to align the appropriations level in this authorizing bill with the level in the Budget and proposed appropriations levels.

Section 202: National Academies of Sciences Report: We commend the Committee for directing the National Academies to study health disparities and the effect of such disparities on health outcomes including health outcomes related to the pandemic. Better understanding these disparities is an important step towards ensuring more equitable outcomes in future public health emergencies.



Section 222 Awards to Support Community Health Workers and Community Health: NASDOH is pleased that the Committee included this grant program to support the growth and development of community health workers. CHWs are a vital part of the workforce addressing social needs and social determinants of health in underserved communities and populations. We suggest two small changes on page 101 line 24, to add “transportation” and “dental services” to the list of services CHWs can promote awareness of. Thank you for the opportunity to provide feedback. Should you have any questions or wish to discuss out comments further, please contact Sara Singleton (Sara.Singleton@leavittpartners.com).

Sincerely,

Sara Singleton

Sara Singleton
Advisor to NASDOH