NASDOH's Core Ideas on a National Public Health System

Introduction

NASDOH appreciates the opportunity to offer ideas to the Commonwealth Fund Commission on a National Public Health System. 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 a strong and robust national public health system is vital to addressing SDOH in a sustainable and successful way. In this memo, we offer a set of ideas to inform the Commonwealth Fund Commission's vision for a national public health system, incorporating insights and lessons learned from our members that span the public health, health care, social services sectors.

Idea 1: Improve How the Federal Government Does Business By Coordinating Efforts to - Advance Health Equity and Address Social Determinants of Health

The COVID-19 pandemic shone a bright spotlight on the inequities across America, in health care and other areas. Addressing social determinants of health (SDOH) is one important strategy to increase equity, and public health at the federal, state and local levels is a critical player in doing so. The National Alliance to Impact the Social Determinants of Health (NASDOH) is pleased to see the current Administration and national focus on equity, and a number of important actions have been taken thus far to increase equity.

However, truly transforming the public health system to one that is centered on advancing equity and addressing social needs and SDOH will require a significant shift in approach at the federal level. NASDOH encourages the Commission to consider how the federal government's efforts can be structured to achieve the level of attention, authority, and flexibility needed to achieve strong federal leadership and coordination.

Today, there are agencies and Departments across the federal government operating programs aimed specifically at increasing equity and many more federal programs and benefits that have not historically been focused on equity as their main purpose, yet are realizing now that they can fill incredibly important roles in increasing equity through the ways they operate. Moreover, because public health is a goal and a set of tools – not simply a set of agencies – a fully realized public health system addressing equity and SDOH needs political and executive commitment and leaders at the highest level of the federal government. Ensuring that the full range of Federal authorities, resources, and capabilities are brought to bear requires sustained leadership and a comprehensive, government-wide strategy. It is appropriate and in fact advantageous that these efforts are scattered across the federal government enterprise rather

than located all in the same place. Public health and equity efforts should be infused through our federal programs rather than siloed off into one specific office or set of programs.

With that said, what is strongly needed is a designated official or office, at a high level (e.g., White House or Cabinet-level) to coordinate public health and equity efforts. The importance of a lead for an all-of-government approach to public health and equity was illustrated in the COVID-19 response. Though HHS (through the Assistant Secretary for Preparedness and Response and Centers for Disease Control and Prevention) had leading roles, many of the authorities and capabilities needed to accomplish response goals were outside HHS altogether. Operation Warp Speed relied on Defense authorities and capabilities; emergency response and vaccine distribution relied on the Federal Emergency Management Agency (FEMA) authorities and infrastructure; protective measures and mandates relied in part on the regulatory authority of the Occupational Safety and Health Administration (OSHA), Department of Transportation (DoT), and others; global coordination and border issues required senior engagement at the Department of State, U.S. Agency for International Development (USAID), U.S. Trade Representative (USTR), and others; and mitigation measures relied on the U.S. Department of Agriculture (USDA), the Internal Revenue Service (IRS), and others. The ability of the White House to reach into these disparate parts of the Federal system in an emergency provides a roadmap for how these capabilities can be used on a more sustained basis in pursuit of broad public health objectives. Without such an empowered person or office, decisions will continue to be made within individual programs, agencies and departments without sufficient attention to how these programs, agencies and departments can best work together and serve the needs of communities.

To be effective, this individual or office should have real decision-making and budget-related authority so that they can authoritatively operate and work with leadership across different programs, agencies and departments. Nearly every White House in recent memory has appointed officials to focus on high-priority topics, and there are lessons that can be drawn from these special advisors and "czars" about what makes for success in those positions. Leadership at the most senior level of government can build on proven models. Czars or coordinators are common in crises, but there are models of sustained attention to priority issues that might be adapted for public health. One option is to create a hybrid of the roles of the White House councils and advisors for domestic policy and national security, or positions like the US Trade Representative or Science Advisor. Key functions should include:

- Budget oversight, including a defined role in preparation of a cross-cutting review of public health funding as part of the development of the President's Budget
- The ability to convene Cabinet-level leaders to address public health, equity, and SDOH, and to prepare decision memoranda for the President and other key decision-makers.
- Development and refreshment of a broad, all-of-government Public Health Strategy, including identifying health-related or health-generating policies that can be addressed within existing authorities across government
- Clarification of the operational roles and authorities of various public health-related agencies, similar to the allocation of roles and responsibilities under Presidential Homeland Security directives.
- Establish policies and procedures that strengthen and preserve the integrity of science and data upon which public health action is based.
- Working with HHS on more strategic integration of the work of CDC, FDA, ASPR and NIH
- Analyze existing public health-related authorities across government and how they can be used to strengthen an all-of-government public health strategy, and evaluate gaps in authorities.

- Provide a focus for coordination between the Federal government, state/local/tribal governments, and private and philanthropic organizations to better use the resources, capabilities, and authorities to achieve public health goals both in emergencies and on a sustained basis.

As noted above, administrations have the authority to designate officials and offices, so this action could be taken immediately. However, for long-term stability and consistency, Congress could enshrine this responsibility in statute.

Idea 2: Federal Support to States and Localities to Become Effective Public Health Systems

Public health systems in states and localities across the nation are critically important, yet have faced chronic underinvestment. The real-world impacts of this underinvestment have been made evident by the COVID-19 pandemic. Had we built strong public health capacity prior to the pandemic, we might have seen a faster and more effective response than was possible in the current reality. The pandemic also highlighted the incredible differences in public health capacity across the nation, with some areas facing far greater disadvantages than others.

The American Rescue Plan Act included timely and necessary funding for the public health operational response to COVID, and some funding for longer term improvements as well. But one- time funds will not be sufficient to fix the problems created by chronic shortages of funding. Moving forward, state and local public health agencies need sustained, sufficient, stable funding from the federal government, and also state and local commitment. Funds should continue to support crucial research on behavior interventions, disease and prevention, and skills and resources to manage infectious disease. Importantly, additional funding should be directed to improve data infrastructure and be allocated to drive public health social determinants of health (SDOH) activity nationally and foster local SDOH initiatives.

One important tool is funding from Congress, ideally in the form of mandatory funding to public health such as the funding proposed in Public Health Infrastructure Saves Lives Act (S.674), which would provide $4.5 billion in annual mandatory funding to support core public health functions in health departments. The bill also provides funding to develop and implement a public health accreditation program to ensure that health departments are meeting quality standards.

Another way the federal government can support state and local public health departments is by promoting flexibility and innovation across federal departments and agencies – notably those other than the U.S. Department of Health and Human Services (HHS) – to address SDOH effectively. These include building in flexibility to allow funds from different federal funding streams to be used together to address the social and economic conditions that can improve health and well-being.

One opportunity would be to develop a federal initiative that would allow program funds from federal departments with SDOH programs (e.g., HUD, USDA, and HHS) to be pooled together to address SDOH a build a stronger public health system. More can be done at the federal level to promote greater standardization of eligibility for social services and income support programs. While many of the programs are administered at the state level, federal efforts can support states in smoothing eligibility processes, income criteria, and methodology; over time, these efforts could support effective administration and evaluation of these distributed programs.

Another opportunity would be to extend waivers and flexibilities made available during the COVID-19 pandemic. The pandemic suggests that waivers and program flexibilities, applied appropriately, can help overcome some of the limitations of federal health and social services programs that persist even when we are not in a national pandemic. However, it is important that the appropriate mechanisms for extending flexibilities are considered, guardrails are upheld to maintain the goals of the various programs, coordination is promoted across agencies and departments, and federal decision-makers balance effectiveness of flexibilities with accountability.

Building a robust public health system that empowers states and localities requires complex and thoughtful engagement across sectors. NASDOH calls on the Commission to consider the role of federal stakeholders to support these efforts by creating efficiencies across their own programs and facilitating the use of public financing in tandem with private funds for broader impact. This cannot replace broader government efforts to address SDOH upstream, but it has the potential to complement and amplify the effects.

Idea 3: Leveraging the Health Care System by Connecting Health Care and Public Health via Infrastructure and Data Interoperability

NASDOH recognizes that robust data systems play an important role in building a strong national public health system. While health care has the resources and capacities to develop modern and sophisticated data systems, public health has tended to lag behind without sufficient capacities. NASDOH urges the Commission to promote data modernization and interoperability across public health, health care, and social service providers as a key component to a national public health system. Strengthening public health and social care data systems can 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 programs and interventions which can effectively address social needs and SDOH.

As we saw with the onset of COVID-19, 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. 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.

NASDOH encourages the Commission to consider ways in which federal and state governments can promote investment in public health data systems that allows for planning for a community's needs and reaching particularly vulnerable and underserved populations. 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.

NASDOH also recognizes the fragmentation in data systems that has resulted not only from the decentralized health care system, but also from our Federalist model of public health. As the COVID public health emergency declaration expires, the nation will revert to a system in which federal health officials have only limited ability to provide for a rapid, comprehensive, integrated flow of data for even the most critical public health surveillance. NASDOH supports efforts to establish stronger federal authority and leadership to work with state and local health departments, such as new legislative authorities, greater use of conditions of funding, or use of other relevant existing federal authorities.

Idea 4: Promoting Multi-Sector Partnerships and Building Trust in Communities

A critical component for a national public health system that advances health equity is a collective, multi-sectoral effort aimed at addressing social needs. A national public health system that promotes the health and well-being of all individuals and invests in preventive services must consider all factors outside of the clinic that affect individual, community, and population health – broadly referred to as the social determinants of health (SDOH). Individual sectors have been deploying their own resources to address SDOH and social need. These efforts may chip away at the edges of larger structural issues, but to build a robust national public health system, contributions from a broader swath of community players will be needed. Addressing SDOH demands greater collaboration and innovation among sectors and public and private stakeholders. This can only be accomplished through multi-sectoral collaboration, in which stakeholders bring their individual assets to the table and build solutions to impact SDOH together.

Partnerships between public health, health care, and social service organizations are imperative, as is engagement with community stakeholders. Strong public health agencies can be effective convenors and connectors to build systems that link patients to social services while also addressing community-wide capacity, planning, and policy. The public health sector can assist in addressing SDOH and social need by building backbone infrastructure in the community to facilitate SDOH-related efforts to develop shared solutions and unified plans that address social needs and SDOH. The public health sector brings to the table expertise on risk assessment and planning, which can be instrumental in addressing social needs, particularly in times of emergency, and improving resilience in the long term. Further, public health can work across multiple levels of government to coordinate a complete response to social needs, better integrate public services around SDOH, and connect individuals in need with available services.

Collaborative approaches, including multi-sectoral partnerships, have the potential to create shared incentives and drive coordinated SDOH investment. In these partnerships, the diverse sectors that impact or are impacted by SDOH collaborate and coordinate to influence the broad and interconnected array of factors that influence health. For example, the business/employer sector, which relies on a healthy and productive workforce, could be involved with the housing, transportation, education, health care, and other sectors in a multi-sectoral collaborative to address the social and economic conditions in a community. Achieving meaningful collaboration from these sectors can be challenging due to differing objectives, empowerment, and perspectives, and requires addressing both financing and governance issues. Since health care organizations not only stand to benefit from these investments, but also have important connections to individuals and families that are the focus of many SDOH interventions, they often play an important role both in building and funding partnerships.

Fund pooling is one solution to support multi-sectoral collaboration for SDOH and overcome the "wrong pockets" problem. "Pooling" is used generally to describe the aggregation of funding from disparate sources to reduce the financial barriers to spreading and scaling successful multi-sectoral models. In the SDOH context, pooling acts as a mechanism to align incentives to collaborate across sectors – bringing together multiple pockets – and aggregate resources from different stakeholders and sectors over time. Unlike other forms of collaboration, where individual partners finance and execute their part of a coordinated strategy, pooling most often involves the transfer of resources to another entity. This approach would facilitate shared attention to and investment in core public health capacities to build a stronger national public health system.