



Senator Bernard Sanders  
U.S. Senate  
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Washington, DC 20510

Senator Bill Cassidy  
U.S. Senate  
455 Dirksen Building  
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Senator Robert P. Casey, Jr.  
U.S. Senate  
393 Russell Senate Office Building  
Washington, DC 20510

Mitt Romney  
U.S. Senate  
354 Russell Senate Office Building  
Washington, DC 20510

Senators Sanders, Casey, Cassidy, and Romney,

On behalf of the National Alliance to Impact the Social Determinants of Health (NASDOH) we thank you for your leadership on pandemic preparedness and we appreciate the opportunity to respond to the Senate Health, Education, Labor, and Pensions (HELP) Committee Request for Information in preparation of the upcoming Pandemic and All Hazards Preparedness Act (PAHPA) reauthorization due by September 30, 2023. 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 recommendations for PAHPA reauthorization.

The National Alliance to Impact the Social Determinants of Health (NASDOH) is a non-partisan, multisector 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](#).

#### PROGRAM EFFECTIVENESS

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 reforming the national response to pandemics, 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.

### ***Public Health Emergency Coordination and Policy***

NASDOH encourages Congress to strengthen the national response to pandemics first by improving coordination across federal, state, and local entities. A coordinated effort with clearly established authority and guidelines is critical in times of emergency to ensure that a consistent response is maintained to combat the spread of infectious diseases and other threats. NASDOH supports the responsibilities and authorities given to the Secretary of Health and Human Services (HHS) and the Assistant Secretary for Preparedness and Response (ASPR) to lead a coordinated effort during a public health emergency. NASDOH encourages Congress to consider additional mechanisms it can require to improve coordination with state and local entities.

### ***Support for Jurisdictional Preparedness and Response Capacity***

Local capacity for public health is critical during an emergency, when detection of new cases, contact tracing to prevent further spread, and distribution of countermeasures can save many lives. This same capacity is also a vital part of community-wide measures that prevent disease and improve quality of life in ordinary times. NASDOH applauds the many mechanisms HHS has put in place to support local capacity, such as the Public Health Emergency Preparedness (PHEP) Cooperative Agreements, and the Hospital Preparedness Program (HPP) Cooperative Agreements. Yet Americans tend to neglect this critical infrastructure until we are already in crisis, when short-term emergency funding cannot make up for incomplete preparedness. We are currently observing the consequences of chronic under-investment in public health infrastructure both locally and nationally. NASDOH encourages Congress to reauthorize and provide robust support for programs that support jurisdictional preparedness and response capacity for public health.

### **GAPS IN CURRENT ACTIVITIES & CAPABILITIES**

A critical component of a coordinated effort to prepare for and combat pandemics and other threats is the exchange of data, particularly across governmental and non-governmental entities in health care, public health, social services, and other sectors. COVID-19 reinforced the insight that our nation lacks the robust data infrastructure needed both for tackling known health challenges, and for detecting and addressing unknown ones. NASDOH encourages Congress to ensure funding for data infrastructure needs are used to create a robust future infrastructure that will meet our broader public health needs by addressing social determinants of health. We encourage Congress to consider what data reporting is needed in the event of a public health emergency, who is authorized and required to collect data, which federal, state, and local agencies or offices are authorized and required to analyze and share the results of the data, and what follow up is required based on the indicators and results of the data.

Real-time data that is stratified by demographics; data on social and economic vulnerabilities, social needs, and health risks; and better connectivity across sectors are all crucial tools to improve health outcomes for patients and communities. This data and advanced analytics can support efforts to address needs, such as food insecurity, housing instability, or transportation barriers, that impact an emergency response. NASDOH encourages ASPR to prioritize data systems in which outcomes, in addition to referrals, can be tracked to ensure individuals impacted receive needed services.

NASDOH encourages Congress and ASPR to learn from NASDOH-member experience using data and information sharing to address SDOH of impacted individuals. For example, one NASDOH member, Unite Us, provides technology that enables secure, cross-community collaboration to help identify and address individuals' non-medical needs. Unite Us worked with multiple localities in Oregon to help ensure wrap-around services were given to those asked to quarantine due to exposure to Covid. Unite Us is also working with the state of Florida in their Hurricane Ian recovery efforts, and the state of Oregon in preparation for the upcoming fire season.

## PARTNERSHIPS

COVID-19 highlighted the link between public health, health care and social need. It is incumbent that we have in place the infrastructure needed for the federal government, states, localities, community-based organizations, and private sector and non-government stakeholders to share information and make coordinated responses to public health threats. Traditional public health countermeasures intended to contain outbreaks, such as quarantining, presuppose that individuals are in the position to adhere to the rules. In fact, the very same social and economic conditions that increase individuals' risk of exposure to disease – including housing and their workforce status – prevent their ability to comply with public countermeasures. It is important, therefore, to ensure that all pandemic preparedness and response measures are designed in partnership with many stakeholder perspectives, including public health, health care, and social services.

Resilience is built well before a crisis. It is the product of careful preparation, effective systems, and commitment. The loss of life, livelihood, and resources due to COVID-19 will be compounded if Americans fail to learn from our experience or fail to seize the opportunity to address underlying social, health, and economic issues that leave us at continued risk. NASDOH encourages Congress to commit to developing systematic approaches to address the underlying social determinants of health.

Should you have any questions or wish to discuss our comments further, please contact Sara Singleton (Sara.Singleton@leavittpartners.com).

Sincerely,

**Sara Singleton**

Sara Singleton  
Principal, Leavitt Partners and Advisor to NASDOH