



The Honorable Richard Hudson  
U.S. House of Representatives  
2112 Rayburn House Office Building  
Washington, DC 2051

The Honorable Anna Eshoo  
U.S. Congress  
272 Cannon House Office Building  
Washington, DC 20515

Representatives Hudson and Eshoo,

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 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](#).

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.

Specifically, 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. Yet Americans often 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 local capacity for public health.

COVID-19 also 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. Real-time data on the pandemic 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 could be used to target interventions among communities with the greatest need in emergencies like COVID-19. We must also consider how we will use this data and measure the effectiveness of interventions for future use. NASDOH encourages Congress to ensure funding for data infrastructure needs are used not only to support an immediate response to COVID-19, but also to create a robust future infrastructure that will meet our broader public health needs by addressing social determinants of health.

Finally, COVID-19 is highlighted the link between public health and social need. 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. In addition to identifying viral exposure through contact-tracing, identifying and addressing the social needs of individuals and their families is vital to ensuring that public health countermeasures are effective.

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