



## **Request for Information on Braiding and Blending Funding to Support Addressing Social Determinants of Health**

The National Alliance to Impact the Social Determinants of Health (NASDOH) is seeking comments from state agencies, area agencies on aging, community-based organizations, social services providers, health systems and providers, grantmakers, and other public, private, and non-profit organizations with experience pooling funding and/or working to address health-related social needs (HRSNs) and social determinants of health (SDOH).

### **About NASDOH**

Founded in 2018 by Governor Mike Leavitt and Dr. Karen DeSalvo, [NASDOH](#) is a multi-sector coalition of stakeholders working to advance widespread adoption of effective policies and programs to address health-related social needs as well as the underlying social and economic conditions in which people live—often called SDOH. NASDOH brings together stakeholders from different geographic regions with expertise in health care, public health, social services, patient and consumer perspectives, information technology, and business to share learnings, develop policy recommendations, and build consensus on solutions to address SDOH. NASDOH’s work focuses on improving regulatory and reimbursement frameworks, supporting funding opportunities, and addressing practical challenges to implementing and sustaining public and private sector efforts to address SDOH as a core component of advancing health equity.

### **Background on Braiding and Blending**

Braiding and blending of funding can help states, localities, and private and non-profit organizations pool funding to support activities to address health-related social needs (HRSNs) and SDOH. We recognize these arrangements can be complex to initiate, but believe they are important in driving towards equity. Particularly for individuals with complex social needs who may be eligible for a variety of federal programs, the ability for a state or other grantee to blend, braid or pool funding may enable better service for the beneficiary who can then be served by a single program meeting several of their needs rather than requiring services to be provided by separate organizations.

**POOLED FUNDING** refers to the collection and combination of funding from multiple sources, which are “pooled” together in one organization for use in a common effort.

**BRAIDING:** A type of fund pooling where resources are coordinated, but are allocated and monitored exclusively by each funding source. Blending is, operationally, difficult to monitor and report on because it can be challenging to discretely identify the benefit of a single dollar in a larger project.

**BLENDING:** A type of fund pooling where resources are combined, allocated, and monitored together rather than by the funding source.

Additionally, these arrangements may enable multi-sector partnerships involving smaller local and community-based organizations to play a role in service delivery where it would not be feasible for

them to directly apply for and manage federal funding alone. Focusing on multi-sector collaborations is an effective way to break out of the pattern of funding individual organizations to deliver narrowly defined services to individual beneficiaries, when in fact those beneficiaries actually have multiple needs that might be served through multiple federal funding streams. Collaborations across relevant stakeholders in the community increase the potential for identifying the full range of needs of individuals and hold the potential for moving toward more integrated approaches. Private funders, such as philanthropies and employers can also support pooled funding arrangements. Greater integration of publicly funded programs and the emergence of effective community organizations to manage shared initiatives can provide a mechanism for greater public-private collaboration on tackling SDOH.

### **Previous NASDOH Recommendations**

In 2020, NASDOH released an issue brief, [Opportunities to Advance SDOH Efforts Through Pooled Funding](#), which called on the federal government and private funders to “support collaborative SDOH investment and expand allowances for public fund pooling.”<sup>1</sup> However, fund pooling can be difficult to implement. Even when intentions and incentives are aligned and there is a willingness to jointly invest in SDOH, there are challenges to pooling funds from different sources, and particularly to combining public funds with those from any other sources (i.e., foundation and private funds). Barriers to pooled funding include:

- Existing legislative or regulatory requirements on how and for what purpose public funds can be used. Restrictions may also exist on which entities are eligible to receive funding, which limits the ability to pool funding.
- Federal programs are organizationally compartmentalized and can suffer from their own “wrong pockets” problem, where strategic planning and budgeting are individual to each department. This structure makes it difficult to collaborate across the departments that impact SDOH (e.g., United States Department of Housing and Urban Development (HUD), United States Department of Agriculture (USDA), United States Department of Health and Human Services (HHS), and their state counterparts).
- Misaligned application timelines, funding periods, reporting requirements, and other program administration requirements can get in the way of pooled funding if there isn’t clear guidance about when these can be waived or flexibly applied.

In the 2020 issue brief, NASDOH made five recommendations to the federal government “to improve community conditions and help Americans stay healthy, achieve wellbeing, and thrive economically in the long term.”<sup>2</sup>

Recommendation 1: Accelerate efforts to enable existing federal health funding to be used in shared interventions addressing social needs and social determinants of health.

Recommendation 2: Allow the use of existing federal program funding to support the development of “backbone” organizations that can be trusted partners in pooling funding and administering initiatives.

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<sup>1</sup> [https://nasdoh.org/wp-content/uploads/2020/12/Pooled-Funding-Brief\\_FINAL.pdf](https://nasdoh.org/wp-content/uploads/2020/12/Pooled-Funding-Brief_FINAL.pdf)

<sup>2</sup> [https://nasdoh.org/wp-content/uploads/2020/12/Pooled-Funding-Brief\\_FINAL.pdf](https://nasdoh.org/wp-content/uploads/2020/12/Pooled-Funding-Brief_FINAL.pdf)

Recommendation 3: Coordinate efforts across federal departments to collectively address SDOH, including through pooled funding arrangements, waivers, and additional program flexibilities.

Recommendation 4: Encourage participation by Foundations, states, the private sector, and others in collective initiatives, pooling funding with federal programs to accelerate health, social, and economic gains.

Recommendation 5: Safeguards and “guardrails” should be clearly established to ensure that public funds used in pooled arrangements meet the needs of those they are intended to serve and provide effective stewardship of public funds.

Recommendation 6: Evaluate progress and expand evidence available to guide additional pooled funding initiatives.

## **Federal Updates**

Since NASDOH made those recommendations, the federal government has made progress in supporting pooled funding. In 2023, the White House released a Playbook to Address Social Determinants of Health (SDOH) which included goals and actions to support flexible funding for social needs, and to support backbone organizations. NASDOH appreciates the Administration’s recognition that health care funding is often “walled off” from addressing SDOH and supports the Administration’s priority to support funding for backbone organizations and more flexible funding.<sup>3</sup> Backbone organizations can serve many different roles and have unique structures, including having multiple organizations partner to form a backbone, to utilize a community’s assets and address needs. Flexible funding is critical for supporting this social care infrastructure to meet individual needs and address upstream drivers of health.

The Administration for Community Living (ACL) and the Food and Nutrition Service (FNS) at the U.S. Department of Agriculture are also “working to expand a suite of resources highlighting best practices for braiding funding at the state and local levels to enable a continuum of nutrition services, such as through SNAP and the Older Americans Act.”<sup>4</sup> Additionally, the Housing and Services Partnership Accelerator supports braiding and blending of funds to care for people experiencing homelessness.<sup>5</sup>

## **Ongoing Need for Guidance**

In conversations NASDOH has had with representatives of Federal agencies, we have observed a clear willingness to help stakeholders understand when pooling funding is possible, provide additional guidance, and to work to remove roadblocks that exist today. However, one of the barriers to doing so is that those Federal officials often do not have the on the ground experience with administering programs and therefore do not have a clear picture of where there are misunderstandings, misalignment, or other barriers. NASDOH would like to better understand this on the ground perspective so we can provide specific examples and clear requests to Federal

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<sup>3</sup> <https://nasdoh.org/wp-content/uploads/2024/01/NASDOH-response-to-SDOH-Playbook-and-Call-to-Action.pdf>

<sup>4</sup> <https://www.whitehouse.gov/wp-content/uploads/2023/11/SDOH-Playbook-3.pdf>

<sup>5</sup> <https://acl.gov/HousingAndServices/Accelerator>

officials about what's needed to enable pooled funding. This feedback will help inform/shape NASDOH engagement with federal officials beginning in early 2025.

### **Request for Information**

To advance this objective on pooled funding, NASDOH is requesting comments and examples from stakeholders on how the federal government can remove barriers to and support states, localities, and private and non-profit organizations in pooling funding to support activities to address health-related social needs (HRSNs) and SDOH. NASDOH requests stakeholders to respond to any of the following questions or provide additional feedback on federal policies to support NASDOH's advocacy efforts. In your response, please differentiate the type of funding you are referring to (e.g., braiding, blending):

1. How can agencies better coordinate to support pooled funding (e.g. jointly granting awards, utilizing peer reviewers across agencies, allowing applicants to partner to meet eligibility for multiple awards)?
2. Are there examples of agencies that have eliminated barriers to combining funding or streamlining the application process, reporting requirements, or evaluation metrics that could be a model for other agencies?
3. Are there other policies that agencies and programs could adopt that would encourage entities to pool funding (e.g. require agencies to apply for additional programs, restrict eligibility to applicants that are already receiving another grant, require proof of partnerships, require applicants to track cross-program outcomes)?
4. Are there specific reporting requirements, funding cycles, application processes, eligibility restrictions, evaluation metrics, or other barriers (please provide information at the program level) that could be streamlined or coordinated to support braiding and blending of funding?
5. Are there specific topics (e.g., nutrition and health, housing and health, substance use, mental health, maternal health, older Americans) that the federal government should prioritize in reviewing programs and policies to advance pooled funding?
6. Are there specific agencies (e.g., CDC, SAMHSA, HRSA), block grants, programs with overlapping goals or grantees that could better coordinate to allow for pooled funding?
  - What best practices can you share regarding interagency collaboration at the federal, state, or local level to facilitate pooled funding for health-related social needs in your experience?
7. Are there priorities and opportunities for federal agencies to provide additional guidance or technical assistance to support efforts to pool funding?
8. What actions has your organization taken in areas such as to operations, governance, financial management, stakeholder engagement, and program implementation to successfully braid and blend funds? Please provide specific examples and insights on best practices.

9. How does your organization measure the impact, outcomes, and success of programs that utilize pooled funding? What evaluation methods or metrics have proven most effective in demonstrating the value of pooled funding?
10. How does your organization use data and technology to facilitate the braiding and blending of funds? What data-sharing practices or tools have you implemented to track and report on the utilization of braided and blended funds?

Please send comments or questions to [NASDOH@LeavittPartners.com](mailto:NASDOH@LeavittPartners.com) by September 15, 2024.