



June 26, 2020

The Honorable Lamar Alexander  
Chairman  
Senate Health, Education, Labor and Pensions Committee  
United States Senate  
455 Dirksen Senate Office Building  
Washington, DC 20510

**RE: Preparing for the Next Pandemic**

Dear Chairman Alexander:

Thank you for your leadership in ensuring Americans are prepared for the next pandemic. This foresight is important and will be applicable to many possible health emergencies or natural disasters.

As you are aware, the COVID-19 pandemic has disproportionately affected communities with poor health, minority communities, and those with widespread social needs. We anticipate that a future pandemic would likely have a similar outcome. Our recommendations below lay out an opportunity to:

- 1) Improve the health and wellbeing of these communities,
- 2) Improve the ability to communities across the nation to respond to the threat of global pandemic through better coordination and data sharing, and
- 3) Support and expand the role of community benefit organizations in responding to both social needs and supporting emergency response efforts alongside healthcare providers when needed.

By facilitating infrastructure to support and align state health organizations, community benefit organizations, and healthcare providers we can strengthen and increase the resiliency of our communities against public health threats.

**About Aligning for Health**

Aligning for Health brings together a broad coalition of members focused on improving health and wellbeing, and an Advisory Board of individuals representing public health, mental health, nutrition, economic development, housing, and many other sectors – all in an effort to create efficient, integrated and coordinated programs to improve health outcomes for Americans. The members of Aligning for Health have, for several years, worked to hone our collective recommendations to support the social and health needs of people in rural and underserved communities.

**Strengthening Medical and Social Care Alignment**



The COVID-19 crisis has dramatically exacerbated food insecurity, housing instability and transportation challenges, among other issues, that were already barriers for many. [COVID-19 has been shown to disproportionately harm](#) those with underlying health conditions or other risk factors, which are often exacerbated by social needs. Congress has recognized this risk, and allocated important new funding to respond to these challenges, including [funding for health and social systems](#) to begin to meet immediate needs. However, current demands are outpacing the ad-hoc partnerships that exist in many communities to coordinate health and social responses.

Social service networks are not generally connected to the health care system in a sustainable, standardized way, which limits data sharing, shared accountability, and service coordination. These limitations make it difficult for states and communities to manage public health emergencies and maintain the health and safety of residents.

Congress should take advantage of this moment in time to catalyze a large-scale effort to build community-based infrastructure that will efficiently allow health and social providers to collaborate while maintaining accountability among all entities for better health outcomes. This coordination will 1) improve health, 2) improve information flow between collaborating organizations, and 3) reduce redundancies and inefficiencies that undermine the ability of our healthcare system and communities to respond to challenges such as a pandemic or natural disaster.

#### Community Integration Network Infrastructure Proposal:

*Seed funding of \$200M provided to states to develop and launch community integration network infrastructure built around a lead entity. Chosen by the state, this lead entity will serve to better align the services of social and medical care providers, ideally through the use of a secure technology platform that enables coordination of a set of services - including but not limited to – food, housing, transportation, job training, medical providers, behavioral health providers, health plans, child/family supports, and public health departments. The technical infrastructure will connect all associated entities in a state or region for purposes of communication, service coordination, and appropriate referral management, and will become self-sustaining over time.*

Community Integration Network Infrastructure dollars would immediately empower states to better respond to COVID-19-exacerbated challenges by deploying state-wide or regional networks to:

- Implement an Aligned System Capable of Responding to Community Challenges  
Bring together disparate stakeholders all with a hand in helping individuals in need of medical or social services. Secure agreement on the design of a single regional approach to communication and coordination of services and care delivery through a backbone entity – using a trusted broker model. Deploy network along with targeted training and assistance for participants.



- Service Coordination, Referral Management, and Information Dissemination  
Facilitate coordination, through a seamless and secure data infrastructure, to connect medical care providers, community organizations, and federally funded programs to ensure vulnerable and home-bound individuals do not fall through the cracks. This will eliminate redundant service requests, align needs with capacity, and hold all providers accountable for improved outcomes. It will also allow trusted community organizations to communicate critical public health information to individuals using their programs.
- Reinforce Program Integrity  
Collect data to track community needs referrals, outreach, and services rendered, to demonstrate impact and accountability for private sector partners, federally-funded programs, and community-funded interventions.

States could rapidly deploy this badly needed mechanism, which would facilitate and coordinate the delivery of medical services and community services. These networks will sustainably *track* and *align* the efforts of medical organizations, community organizations, and others to better understand the scope of community needs and the available resources to meet it. They would also efficiently initiate and address requests for assistance, and track referrals, accountability, and outcomes.

Community-based organizations, medical providers and health plans have very convergent missions, but different processes, incentives and views of serving individuals' needs. Engagement of the state is necessary to create the necessary framework to bring these stakeholders together and develop a community resource network infrastructure – and to sustainably maintain and operate this infrastructure after the challenges of the pandemic.

### **Aligning Pandemic and Longstanding HELP Committee Priorities**

Not only are community benefit organization networks a means to improve health system resiliency in the face of a pandemic, they are also actively being worked by leaders at the Department of Health and Human Services – and could be strengthened with a pandemic preparedness mandate in mind.

[The Trump Administration has strongly articulated the need for community benefit organization networks](#) that can better connect with the health care sector. The Administration for Community Living has been a thought-leader in this area and has published a [blog post](#) and [vision statement](#) on the need for community integrated health networks. Additionally, [The National Academy of Medicine](#) has [recommended](#) the development of linkages and communication pathways between health care and social service providers.



Thank you for your leadership and your consideration of this proposal. We look forward to working with you on this important effort. Please contact Chris Adamec at 202-640-5941 or [cadamec@aligningforhealth.org](mailto:cadamec@aligningforhealth.org) with any questions.

Sincerely,

A handwritten signature in blue ink that reads "Krista Drobac". The signature is written in a cursive, flowing style.

Krista Drobac  
Chair