Welcome to The MHDC Webinar Series

COVID-19: A CATALYST FOR CHANGE & HOW IT COULD TRANSFORM THE NATIONAL HEALTH DATA ECOSYSTEM & HEALTH OF AMERICAN COMMUNITIES

J.T. Lane, Senior Vice President for Population Health & Innovation
Association of State and Territorial Health Officials (ASTHO)
August 11, 2022
Audience Reminders

✓ Play along on social media using any of the following on Twitter:
  ▪ MHDC: @mahealthdata
  ▪ Speaker Name: @HealthLanes
  ▪ Speaker’s Organizational Affiliation Name: @ASTHO
  ▪ Event hashtags: #mhdcastho #covid19 #publichealth

✓ All attendees will be muted during the presentation
✓ Submit a question by typing it into the Question Pane at any time
✓ Provide feedback through our electronic survey following the webinar

Next Webinar

Evaluating Behavioral Health Apps in the M-Health Index & Navigation Database

August 18, 2022
1pm

John Torous, MD
Director of Digital Psychiatry - BIDMC
Professor, Harvard Medical School
Introductions

J.T. Lane, MPH

J.T. Lane serves as the Senior Vice President for Population Health and Innovation at the Association of State and Territorial Health Officials, the national nonprofit organization representing the public health agencies of the United States, the U.S. territories, and the District of Columbia, as well as the more than 100,000 public health professionals these agencies employ. In his role, J.T. leads a team and portfolio of programs focused on state and territorial partnerships to end the HIV epidemic, state and territorial public health capacity building, public health data modernization, rural health, primary care and public health system integration, as well as Medicaid and health plan partnership engagements. He also facilitates cross-cutting innovation planning and strategies that are inclusive of all public health program areas, including health equity and the social determinants of health.

He has nearly 20 years of population health and human services experience in both the public and private sectors, including 8 years of progressive leadership roles in Louisiana’s cabinet agency on health. He has also supported a variety of local, national and global organizations, including government, commercial, non-profit and philanthropic entities in population health, health care and human services. For these entities, his strategic planning and implementation, performance improvement, stakeholder engagement, program and policy development, and public-private partnership development support improved both health and economic outcomes for both people and organizations.

COVID-19
A Catalyst for Change & How It Could Transform the National Health Data Ecosystem & Health of American Communities
ASTHO and COVID-19

About ASTHO

- Incorporated in 1942, ASTHO represents the 59 chief health officials (S/THOs) of the 50 states, DC, five U.S. territories, and three Freely Associated States—jurisdictions stretching from the western Pacific to eastern Atlantic Oceans across 10 time zones.
U.S. State and Territorial Public Health

- Employs more than 100,000 public health professionals across a highly diverse array of disciplines or practice areas, including:
  - Primary Care and Behavioral Health Services
  - Correctional System Health Services
  - Epidemiology and Surveillance
  - Environmental Health
  - Immunizations
  - Injury and Violence Prevention
  - Laboratory Services
  - Maternal, Child, and Infant Health
  - Primary Prevention
  - Professional Licensure
  - Regulation, Inspection and Licensing

$25B+ in Federal, State, and Other Funding

<table>
<thead>
<tr>
<th>Source</th>
<th>Funding</th>
</tr>
</thead>
<tbody>
<tr>
<td>USDA</td>
<td>$5.632B</td>
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<tr>
<td>CDC</td>
<td>$2.470B</td>
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<tr>
<td>HRSA</td>
<td>$1.772B</td>
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<tr>
<td>Other DHHS</td>
<td>$1.256B</td>
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<td>Medicaid</td>
<td>$843.5M</td>
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<td>Other Federal</td>
<td>$502.8M</td>
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<tr>
<td>EPA</td>
<td>$229.5M</td>
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<td>Medicare</td>
<td>$182.8M</td>
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<tr>
<td>DHS</td>
<td>$9.8M</td>
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<td>State (General)</td>
<td>$4.811B</td>
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<tr>
<td>State (Other)</td>
<td>$2.039B</td>
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<tr>
<td>Other Sources</td>
<td>$4.762B</td>
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U.S. State and Territorial Public Health Workforce

[Bar charts showing workforce distribution by type of professional]
U.S. Public Health & COVID-19

- Why are funding, workforce, and governance factors important?

To try to restore the nation’s chronically underfunded public health system, the Biden administration invested nearly $8 billion last year in shoring up departments.

But two years to the day after the first confirmed case of COVID-19 in the USA, experts say it will take a lot more than that to repair America’s public health system.
Despite system weakness, public health harassment, exhaustion...

Media Polls Often Focus on the “Bottom Two Boxes”;
Media Stories Focus on the Least Trusting

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**U.S. Public Health & COVID-19**

Despite public health *system weaknesses*, public health leadership and staff *harassment* and *exhaustion*, we are in an *unprecedented, historic moment* to completely *transform* the way we do *public health in America*.

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**What now?**

Where are we going? *Can COVID transform our national health data ecosystem to protect and improve the health of all Americans?*
## Themes of Select Reports

<table>
<thead>
<tr>
<th>Bipartisan Policy Center</th>
<th>Deloitte</th>
<th>National Academy of Medicine</th>
<th>National Network of Public Health Institutes</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Funding</strong></td>
<td>Sufficient, predictable, and flexible funding</td>
<td>Funding and incentives aligned with prevention, health promotion, and wellness</td>
<td>Transforming public health funding</td>
</tr>
<tr>
<td><strong>Data systems</strong></td>
<td>Robust modern, interoperable, secure, real-time, accurate, actionable</td>
<td>Shared data across sectors in real time</td>
<td>Modernizing data and IT capabilities</td>
</tr>
<tr>
<td><strong>Workforce</strong></td>
<td>A highly skilled, trained, and diverse workforce</td>
<td>A resilient, robust, and multidisciplinary workforce</td>
<td>Investing in leadership and workforce development</td>
</tr>
<tr>
<td><strong>Law &amp; Authority</strong></td>
<td>Modernized laws, policies, and statutes</td>
<td></td>
<td>Affirming the mandate for public health</td>
</tr>
<tr>
<td><strong>Partnerships</strong></td>
<td>Ecosystem partners working toward a unified goal</td>
<td>Supporting partnerships and community engagement</td>
<td>Multi-sector, system partnerships</td>
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<tr>
<td><strong>Equity</strong></td>
<td>Advances in Equity</td>
<td>A future centered in equity</td>
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<tr>
<td><strong>System Alignment &amp; Shared Value</strong></td>
<td>A shared value proposition</td>
<td>Promoting structural alignment across the public health sector</td>
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<tr>
<td><strong>Quality Improvement</strong></td>
<td>Build Public Trust</td>
<td></td>
<td>Capacity for quality improvement</td>
</tr>
<tr>
<td><strong>Build Public Trust</strong></td>
<td></td>
<td></td>
<td>Building trust in public health</td>
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</table>
Can COVID stimulate data modernization not only in public health, but across the entire health ecosystem for better outcomes?

Why Public Health Data Modernization Matters

Covid-19 exposed weaknesses in our data infrastructure:

- AGING data systems
- Inability to handle HIGH DATA VOLUME
- Low INTEROPERABILITY & LACK OF COMMON data standards
- POLICY & LEGAL CONCERNS

Over 100 CDC-maintained surveillance systems for a variety of diseases, conditions and uses
Why Public Health Data Modernization Matters

- Informatics workforce is not sufficient
- Programmatic funding mechanisms produce data silos
- Funding for maintenance of information systems is not sufficient
- Technology leaders are not drawn to public health

Remember the workforce data?

Why Public Health Data Modernization Matters

- Insufficient funding and programmatic funding siloes

![Graph showing data on public health categories]
Why Public Health Data Modernization Matters

- Insufficient funding and programmatic funding siloes

<table>
<thead>
<tr>
<th>Data Type</th>
<th>2019</th>
<th>2016</th>
<th>2012</th>
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<tbody>
<tr>
<td>Morbidity data</td>
<td>52%</td>
<td>56%</td>
<td>52%</td>
</tr>
<tr>
<td>Maternal morbidity</td>
<td>48%</td>
<td>94%</td>
<td>94%</td>
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<tr>
<td>Syndromic surveillance</td>
<td>74%</td>
<td>83%</td>
<td>84%</td>
</tr>
<tr>
<td>Adolescent behavior</td>
<td>73%</td>
<td>90%</td>
<td>90%</td>
</tr>
<tr>
<td>Neonatal abstinence syndrome</td>
<td>48%</td>
<td>90%</td>
<td>90%</td>
</tr>
</tbody>
</table>

National Data Modernization Initiative Led by CDC

- **PROTECTING INDIVIDUAL DATA**
  Leveraging governance and policies to protect patient data

- **PARTNERSHIPS**
  Fostering innovative public + private partnerships

- **MODERN WORK FORCE**
  Developing a modern workforce that's ready to tackle current and future data challenges

- **INTEROPERABILITY**
  Building interoperable systems to accelerate turning data into action

- **DATA & SURVEILLANCE**
  Strengthening data infrastructure for an enterprise approach to modernization
Progress: A Down Payment on Modernization

Congressional Appropriations

FY20

$50M

FY21

$100M

FY22

$500M

CARES Act

$500M

ARP

$1.2B appropriated thus far

Sustainable and Ongoing Investment Is Required for Success

Healthcare Information and Management Systems Society (HIMSS) investment recommendations over the next decade:

$37B proposed 10-year investment

Electronic case reporting and contact tracing

Electronic laboratory results reporting

Establish a nimble rapid cycle learning health system

Syndromic disease surveillance

Immunization registry reporting and query

Interoperable platforms to facilitate broad-based data exchange

Nationwide notifiable disease surveillance

Health IT innovations and workforce capacity

Ongoing licensing costs, software updates, hardware updates

Vital records reporting

Trusted and secure access to multi-modal health data

$11B

$26B

Public Health Interoperability: Meaningful Use & Sustainability

Immediate STLT PH Data Infrastructure

Massachusetts Health Data Consortium
What’s Possible

Current Modernization Efforts

- Current public health data modernization efforts are focused primarily on core public health functions in COVID-19 response (public health preparedness):
  - Laboratory reporting
  - Case reporting
  - Birth and death data systems in state vital statistics programs
  - Immunization information systems
Data Modernization, COVID-19, and Health Equity

- Before COVID, conditions were less than optimal for many Americans, especially individuals living in poverty, racial and ethnic minority communities, and other marginalized groups that experience profound inequities in health and well-being.
- COVID reinforced the supreme need for the U.S. to better address health equity and its drivers, and Congress’ investments, while not comprehensive or reformational, back this up.

In 2020, to name a few:
- More than $10 billion in CDBG
- $1 billion in CSBG
- Nearly $1 billion each in tenant-based rental assistance and home energy assistance
- $142 billion in Coronavirus Relief Fund
- $70 billion for education and schools
- More than $13 billion for childcare
- Nearly $55 billion for nutrition assistance
- Nearly $50 billion for health care access

Build on current federally-funded efforts across the SDoH spectrum to advance health equity

SNAP Households

- Non-Medicaid
- Medicaid

TANF Recipients

- 90% enrolled in Medicaid
- 80% receive SNAP benefits
- 10% receive housing benefits

Build a national data ecosystem that reflects local (county or community) innovations that fully refers and connects people to services that support the collective quality and health improvement goals of public health programs, Medicaid, health plans, health systems, community-based providers, and advocates.
Future Modernization to Consider

At ASTHO
**At ASTHO: 2022-2024 Strategic Priorities**

- **Health & Racial Equity**
- **Workforce Development**
- **Sustainable Infrastructure Improvements**
- **Data Modernization & Interoperability**
- **Evidence Based & Promising Public Health Practice**

**At ASTHO: Health & Racial Equity Strategic Priority**

- **Advocacy**
  - Advocate for sustainable policies and funding that address health disparities and advances health equity initiatives.

- **Evidence**
  - Contribute to the evidence base of effective intervention strategies that are inclusive of historically marginalized populations.

- **Advancing Health Equity and Optimal Health For All**

- **Workforce**
  - Develop trainings and other resources that increase state and territorial health official capacity to advance diversity, equity, and inclusion initiatives.
At ASTHO: Data Modernization Strategic Priority

Advancing Sustainable Public Health Data Modernization

Advocacy
We need sustainable and flexible funding solutions to advance data modernization over the long-term.

Innovation
Cultivate innovation through public-private partnerships between public health and the technology sectors to foster leading-edge, transformative solutions for response and practice.

Roadmap
Develop and deploy a state and territorial public health data road map to guide modernization.

Workforce
Increase agency capacity to integrate advances in informatics and respond to related workforce development needs.

At ASTHO: Population Health & Innovation Guiding Principles

- Build and maintain strategic public private partnerships that leverage insights, resources, roles of all parties
- Create alignment rather than new siloed initiatives
- Engage health care providers, payers, and CBOs to facilitate better outcomes and system efficiency without additional burden

Partnerships
Alignment
Health System Engagement
The impacts of the pandemic and the economic fallout have been widespread, but remain particularly prevalent among Black adults, Latino adults, and other people of color. These disproportionate impacts reflect harsh, long-standing inequities — often stemming from structural racism — in education, employment, housing, and health care that the current crisis has exacerbated.

Complex Solutions:
- Data Modernization
- Strategic navigation of complex funding streams
- Dual demands of public health response to COVID-19 and maintaining existing public health programming
- Workforce burnout & turnover
- Unprecedented levels of new and short-term funding
At ASTHO: Medicaid & Housing Guidance to State Health Agencies

Medicaid (and Health Plan) Alignment
- Most states have utilized Medicaid waivers to build a system of medical and supportive services. SHA’s should not create new programs but rather serve as a conduit for strategic utilization of existing funding.

Start Small & Stay Local
- Solutions to our housing concerns are local
- Prioritize relationship building with local housing leadership and identify ways to support their priorities that can drive population health improvement

Strategic State Level Relationships
- Identify the policy, financing, and infrastructure needs of your housing counterparts and advocate for the necessary health systems changes

Prioritize Reduction of Racial Disparities
- Reinforce or create pathways to sustained housing for unsheltered homeless individuals
- Use data systems to identify the ways in which the housing system is exacerbating health disparities

At ASTHO: Opportunity and Time for Alignment

<table>
<thead>
<tr>
<th>State</th>
<th>State Request</th>
<th>ASTHO Support</th>
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<tbody>
<tr>
<td>New York</td>
<td>State best practices to incorporating healthy aging language in Medicaid contracts</td>
<td>Scan of Medicaid managed care contracts with language on housing</td>
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<tr>
<td></td>
<td>State strategies to address aging and housing</td>
<td>Summary of housing-related strategies in SHIPs and state plans on aging</td>
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<td></td>
<td>National housing indicator research to inform state housing-health dashboard</td>
<td>Scan of Federal housing indicators to inform housing-health dashboard</td>
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<tr>
<td></td>
<td>NYS/NYC housing indicator research to inform state housing-health dashboard</td>
<td>Scan of state-specific housing indicators to inform housing-health dashboard</td>
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<tr>
<td>Rhode Island</td>
<td>State strategies to address housing and health</td>
<td>Summary of housing-related strategies in SHIPs</td>
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<tr>
<td></td>
<td>How are other states assessing the health equity impacts of policies?</td>
<td>Summary of state tools and best practices to assessing health equity impacts of policies</td>
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<tr>
<td></td>
<td>Staffing and infrastructure support for internal RIDOH housing workgroup</td>
<td>Shared best practices from states and examples of sustaining and formalizing SDOH workgroups</td>
</tr>
<tr>
<td></td>
<td>• How do other states fund and create permanent staffing for similar internal SDOH workgroups?</td>
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Going Forward

Recommendations for Continued Alignment and Impact

- Nurture Innovation
- Prioritize Standardization
- Drive Equity Through Design
- Grow Workforce Pipeline and Retention
- Sustain the Investment
To submit a question, type it into the Questions Pane at the right of your screen, at any time.

Thank you for participating in today’s webinar.

Please take a moment to complete the brief survey. Your feedback is very important to us.