**GOOGLE'S SUBMISSION IN RESPONSE TO
SUBCOMMITTEE QUESTIONS FOR THE RECORD
FOLLOWING JUNE 24, 2021 HEARING**

Written Questions Submitted by the Honorable Angie Craig (D-MN)

1. Dr. DeSalvo, you discussed your work at Charity Hospital and how you partnered with the community to create a system that addressed both ongoing health challenges and the social determinants of health. As you know, healthcare is about more than just treating illness. How can we reimagine our healthcare system to prioritize well-being and quality of life, and remove barriers to integrative care, particularly for communities faced with health disparities?

Designing healthy communities with a lens toward equity is not something the health care sector is currently able to address on its own. Improving health inequities requires shifting focus from individual patients to population-level challenges and opportunities, which would reveal disparities beyond medical care (e.g., access to healthy food, quality education, housing, and transportation). Congress should consider developing a comprehensive public health system that will not only resource federal public health entities, but also support localities who know the community best.

Currently public health capacity varies greatly across the country. As Congress takes steps to modernize the public health infrastructure, it should avoid focusing on funding a fragmented field and instead focus investment on building stronger systems to support where the field is going. The National Academy of Medicine's 2019 report "Integrating Social Care into the Delivery of Health Care: Moving Upstream to Improve the Nation's Health" shares some key recommendations on the integration of social care into health care delivery.[1] Additionally, awareness of social risk can provide solutions and assistance by connecting patients with the appropriate resources. Alignment of the social and health care sectors allows health care systems to understand their communities' existing social care assets, enable synergies, and invest in and deploy them to positively affect health outcomes.

Of course, integrating social care into health care requires an appropriately staffed and trained workforce, including health IT innovations and new financing models. In addition to leaders in the social and health sectors, policymakers will be critical in the development of a modernized public health infrastructure that is interoperable between health care and social care organizations, as well as in the financing of social care as part of health care delivery. That system should be durable in design, sustainable in operations, and governed with appropriate accountability to the public.

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[1] https://www.nap.edu/resource/25467/09252019Social_Care_key_messages.pdf

<u>**Written Questions Submitted by the Honorable Richard Hudson (R-NC)**</u>

1. A number of public and non-profit safety net hospitals who serve large populations of low income and diverse patients who are challenged by numerous social risk factors have come together to share and innovate best practices. One major identified need is data platforms that track both medical and social conditions and facilitate access to services that respond to these needs. Another is support for "learning laboratories" that will advance identification and dissemination of promising innovations to improve care to these aforementioned populations.

a. Would you agree that investments into entities working to help advance best practices related to social determinants of health could drive progress in improving health inequity?

Yes, multi-disciplinary and cross-sector collaboration is critical to driving advancements in the social determinants of health. The public and private sectors should work together to enable more real-time and geographically granular data to be shared, linked, and synthesized, while protecting data security and individual privacy. This includes developing a core set of standards that encompass health care and public health, particularly the social determinants of health, environmental outcomes, and health disparities.

For example, during the ongoing COVID-19 pandemic, health departments formed cross-sector partnerships, collaborating with academia to construct dashboards and leveraging anonymized datasets shared by the private sector. At Google, we have partnered with Ariadne Labs at Harvard to develop a [Vaccine Equity Planner](#) dashboard that helps integrate data from Google Maps API (same API that powers navigation in Google Maps; this dataset does not contain any user data) with data from the CDC (such as the CDC's [social vulnerability index](#)) and other public health organizations to identify and close disparities in COVID-19 vaccination rates. Projects like the [Google COVID-19 Search Symptom Trends](#) illustrate how public health can leverage novel data signals in a privacy-preserving manner to address the upstream drivers of health and improve emergency preparedness.

b. What do you consider to be the investment of most immediate need in ensuring that health care, social risk, and other data are being collected on vulnerable populations and what do you see as the best steps for coordination among stakeholders on these efforts?

Congress should commit to creating an interoperable public health data system, which includes the use of open and non-proprietary standards and FHIR-based application programming interfaces like those expected for healthcare in 21st Century cures. Long-term investments are needed to modernize health departments' data, infrastructure and informatics capabilities. While Congress has appropriated over $1 billion for the CDC's Data Modernization Initiative, such overdue resources are the means, not the ends. Policymakers need to learn from HITECH—the government's response to data modernization in the health care sector, which had thirtyfold more funding and still faced roadblocks—to ensure public health data can meet the needs of America's population.

While serving as the Acting Assistant Secretary for Health, we published our [Public Health 3.0](#) call to action, which provides a North Star for orienting the data modernization journey. It focuses on integrating public health data, clinical information, and metrics related to the social determinants of health. Public health services must build for the future, designing systems that are capable of integrating traditional (e.g., vital statistics, registries), expanded (e.g., health records, claims), and novel (e.g., anonymous, privacy-first web search queries) data signals.

Timely, reliable, granular-level (i.e, county), and actionable data should be made accessible to communities throughout the country, with clear metrics to help document success and progress and always with rigorous privacy controls. In order to meet the community where they are, we need to create a public health system capable of blending timely quantitative data with feedback from the public to generate actionable insights for health.

It is imperative that legislation and policy making focus on the systems that collect, exchange, and act on data rather than on the data itself. This will require a combination of infrastructure upgrades, workforce investments, and operational redesign.