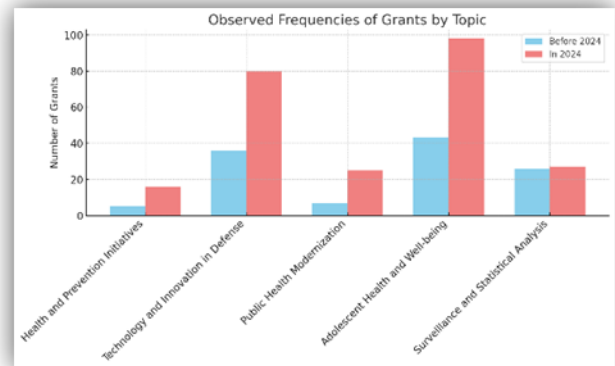# Impact Assessment of Syndromic Surveillance Funding and Policy Initiatives

Introduction: In September 2023, [InductiveHealth submitted a letter](#) to the Senate Health, Education, Labor, and Pensions (HELP) Committee, outlining nine critical recommendations to enhance surveillance and public health infrastructure. Our letter emphasized the underutilization of syndromic surveillance, the need for expanded research and development in Software-as-a-Service (SaaS) tools, and the importance of centralizing efforts on data modernization through the National Syndromic Surveillance Program (NSSP). This impact assessment examines the legislative and funding developments in 2024, demonstrating how these initiatives align with our recommendations and contribute to strengthening public health capacity.

Quantitative Findings: In 2024, 246 grants were published focusing on disease or syndromic surveillance, a significant increase from the 117 grants published in 2023. This increase highlights the growing recognition of the importance of robust surveillance systems in addressing public health challenges. The distribution of these grants across five key topic areas is as follows: Health and Prevention Initiatives (36 grants), Technology and Innovation in Defense (80 grants), Public Health Modernization (25 grants), Adolescent Health and Well-being (98 grants), Surveillance and Statistical Analysis (27 grants).

Notably, the Centers for Disease Control and Prevention (CDC) and the Assistant Secretary for Preparedness and Response (AMRAA) have seen significant increases in funding, reflecting a concentrated effort to enhance their operational and analytical capabilities. This funding surge supports our recommendation to centralize CDC data modernization efforts and improve interagency collaboration through enhanced surveillance tools. The focus on Technology and Innovation in Defense also aligns with our call for expanded research and development in SaaS surveillance tools, which is essential for modernizing public health data systems.

Legislative and Policy Context: The legislative landscape has also been active, with five congressional bills introduced in 2024 addressing the quality and expansion of syndromic data. These bills support our proposal to integrate sentinel surveillance into the CDC's framework for proactive data gathering and analysis, addressing the critical understaffing at the state and local health departments and reducing data silos to improve data standardization and accessibility.

Moreover, two major federal agencies, **CMS** (LTCH IPPS) and **ONC** (HIT2), have implemented policies to enhance surveillance capacity among STLTs. These policies align with our advocacy for financial incentives and mandates to improve data quality and the adoption of advanced surveillance tools. By providing the necessary resources and guidance, these policies ensure that local health departments can effectively participate in national surveillance efforts, thereby improving public health outcomes.

Conclusion: The substantial increase in funding and legislative attention toward syndromic surveillance directly supports many of our recommendations to the Senate HELP Committee. By investing in surveillance infrastructure and supporting critical federal agencies, the United States can respond to emerging health threats more quickly and precisely. These developments are a testament to the growing importance of syndromic surveillance and a validation of our advocacy efforts. The continued alignment of policy, funding, and technological innovation will be crucial in sustaining these gains and advancing the nation's public health objectives.