April 29, 2011

The Honorable Kathleen G. Sebelius
Secretary
Department of Health and Human Services
Hubert H. Humphrey Building
200 Independence Avenue, SW
Washington, DC 20201

RE: FY 2011 Funding Cuts to Public Health

Dear Secretary Sebelius:

As you and your staff begin the difficult process of identifying specific program reductions across the Department of Health and Human Services (HHS) to meet the lower overall agency funding level for fiscal year 2011, as enacted in P.L. 112-10, the Association of State and Territorial Health Officials (ASTHO) and the National Association of County and City Health Officials (NACCHO) would like to express our support for public health programs funded throughout HHS, and through the Centers for Disease Control and Prevention (CDC) in particular. We are fully aware that HHS must make specific cuts to CDC programs, beyond those which are spelled out in the legislative text, in order to comply with the overall appropriated funding level. These cuts must be made carefully to cause the least disruption to critical public health functions and protect the health of the U.S. population.

The nation's state and local public health system is already seriously frayed due to the adverse impact of the recession on state and local governments. Budget cuts at all levels of government are jeopardizing the significant gains that state, territorial, and local health departments made in prevention and preparedness programs during the past decade. From 2008-2010, more than 44,000 jobs were lost in state and local health departments, reducing staff such as public health physicians and nurses, laboratory specialists, and epidemiologists. These job losses represent 14 percent of the state health workforce and 20 percent of the local health workforce. Recent reports from both ASTHO and NACCHO on the impact of budget cuts on the health of Americans indicate that, since 2008, state and local health agencies have been forced to reduce critical public health programs, such as immunizations, HIV/AIDS prevention and treatment activities, and all-hazards preparedness and response efforts.

Unfortunately, as state and local health officials, we have experience in making the tough choices necessary to live within the tight state and local funding levels provided for public health. As you decide how to make these required reductions across the Federal public health portfolio, we urge you to consider the following:

Association of State and Territorial Health Officials
2231 Crystal Drive, Suite 450
Arlington, VA 22202
202-371-9090
www.astho.org

National Association of County and City Health Officials
1100 17th Street NW, Seventh Floor
Washington, DC 20036
202-783-5550
www.naccho.org

- Reductions in Federal staffing levels, while not ideal, must be on the table for consideration in this budget environment. Only making cuts to grants and cooperative agreements is not a balanced approach and may have serious ramifications to how programs operate in states and communities.
- Efficiencies and appropriate grant consolidations should be identified and implemented before programs are cut. This could allow for increased flexibility for state and local public health grantees to create efficiencies within the funding provided by Federal agencies and could mitigate the effects of a reduction in resources.
- Programs that support the ability for state and local public health to respond to everyday and emergency public health threats need to be preserved. Prioritization should be given to those proven programs that have the greatest potential impact to save lives, such as preparedness and response activities. These unique activities are only appropriately undertaken by state and local health agencies and must be maintained.
- Support and expand the use of modern technology to conduct meetings.
- Providing funding to grantees through cooperative agreement mechanisms that use baseline funding levels and increases based on population size and other factors may save funding from not having to run costly competitions for resources. Encourage agencies to include accountability and performance measures in non-competitive funding opportunities.
- To the extent possible, fund evidence-based program delivery and maintain peer-to-peer technical assistance that expands the use of these programs.

Two critical programs: the Public Health Emergency Preparedness Cooperative Agreement and the Preventive Health and Health Services Block Grant exemplify the types of programs that ought to be maintained and not reduced.

No state or community is ever completely prepared to address the health and medical consequences of a major disaster, terrorist event, or pandemic. However, since 2001, state and local health departments have significantly improved and demonstrated their ability to prevent, respond to, recover from, and reduce the effects of a full range of threats and hazards. State, territorial, and local health departments continue to respond to health threats every day and we must not allow the progress made in public health preparedness to erode. Currently, state, territorial, and local health departments are dealing with the health consequences of the terrible tornadoes and flooding across the U.S.; they are monitoring and providing information to the public about the health issues of the earthquake, tsunami, and subsequent radiological disaster in Japan; and they are continuing their ongoing disease surveillance, laboratory testing, and training activities to be prepared for the next public health emergency. Any reduction to the Public Health Emergency Preparedness Cooperative Agreement in fiscal year 2011 will adversely affect the ability of state and local health agencies to protect the public's health.

The Preventive Health and Health Services Block Grant is a vital source of funding for state health agencies that allows each state to address its most critical public health needs and to provide some support for essential community level work. This unique source of funding gives states the autonomy and flexibility to solve state problems, while still being held accountable for demonstrating the impact of their programs. Funding is used for a wide range of activities including: the prevention and control the major health problems, improving public health capacity, counseling victims of violence and sexual assault, state emergency medical services, and healthcare-associated infections and patient safety planning and programs. Many of these state activities directly support implementation of major Federal initiatives to improve health, such as the HHS Action Plan to Reduce Racial and Ethnic Disparities, National Health Care Quality Strategy and Plan, and the National HIV/AIDS Strategy. States receiving funding provided through the Preventive Health and Health Services Block Grant must develop health plans, report their activities to CDC, and target evidence-based research and interventions to populations in need. Cutting or ending this essential program in fiscal year 2011 will be detrimental to state and some local public health functions and will impede the implementation of critical Federal plans.

While we understand that reductions will need to be made to comply with P.L. 112-10, we are deeply concerned that imposing abrupt funding reductions to programs that provide resources to state, territorial, and local health departments will eviscerate the public health protections that all Americans take for granted and will have unintended consequences that will be acceptable to no one. As you prepare funding recommendations for fiscal year 2011, we want to serve as a resource and work with you and your staff to find a way to make reductions that will have the least impact on the nation's health.

Sincerely,

John Auerbach, MBA
President, ASTHO
Commissioner
Massachusetts Department of Public Health

Carol M. Moehrle, BSN, RN
President, NACCHO
District Director
North Central District Health Department, ID

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www.naccho.org

David Lakey, MD
President-Elect, ASTHO
Commissioner
Texas Department of State Health Services

C. Earl Hunter, MBA
Secretary-Treasurer, ASTHO
Commissioner
South Carolina Department of Health and Environmental Control

Paul Halverson, DrPH, MHSA, FACHE
Immediate Past President, ASTHO
Director and State Health Officer
Arkansas Department of Health

Mary C. Selecky
Past President, ASTHO
Secretary
Washington State Department of Health

Paul E. Jarris, MD, MBA
Executive Director, ASTHO

Bruce D. Dart, PhD, MS
Immediate-Past President, NACCHO
Health Director
Tulsa City-County Health Department, OK

Lillian M. Shirley, RN, MPH, MPA
President-Elect, NACCHO
Director
Multnomah County Health Department, OR

John Wiesman, MPH, CPH
Vice President, NACCHO
Director
Clark County Public Health, WA

Robert M. Pestronk, MPH
Executive Director, NACCHO

CC: Ellen Murray
Norris Cochran
Paul Dioguardi
Dora Hughes

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