



association of state and territorial health officials



National Association of County & City Health Officials

December 1, 2010

The Honorable Nancy Pelosi
Speaker
U.S. House of Representatives
Washington, DC 20515

The Honorable John Boehner
Minority Leader
U.S. House of Representatives
Washington, DC 20515

The Honorable Harry Reid
Majority Leader
United States Senate
Washington, DC 20510

The Honorable Mitch McConnell
Minority Leader
United States Senate
Washington, DC 20510

The Honorable David Obey
Chair, Subcommittee on Labor-HHS-Education
Committee on Appropriations
U.S. House of Representatives
Washington DC 20515

The Honorable Todd Tiahrt
Ranking Member, Subcommittee on Labor-HHS-
Education
Committee on Appropriations
U.S. House of Representatives
Washington, DC 20515

The Honorable Tom Harkin
Chair, Subcommittee on Labor-HHS-Education
Committee on Appropriations
United States Senate
Washington, DC 20510

The Honorable Thad Cochran
Ranking Member, Subcommittee on Labor-HHS-
Education
Committee on Appropriations
United States Senate
Washington, DC 20510

Dear Madam Speaker, Leaders, Chairmen and Ranking Members:

The Association of State and Territorial Health Officials (ASTHO) and the National Association of County and City Health Officials (NACCHO) collectively represent the nation's 2800 local and 59 state and territorial public health agencies, as well as the public health professionals these agencies employ. Our members, the executive health officials of these jurisdictions, are committed to assuring excellence in governmental public health practice.

ASTHO and NACCHO urge you to provide funding from the Prevention and Public Health Fund and regular discretionary funding for the following programs in the final FY 2011 Labor-HHS appropriations bill:

Public Health Infrastructure

\$75 million for the CDC program, Strengthening Public Health Infrastructure for Improved Health Outcomes, a significant increase over FY 2010.

- Investing in state, local, and territorial public health infrastructure will restore American jobs, create more effective and efficient public health programs, and improve the delivery of health care and public health services.
- These resources support workforce capacity, health information technology, laboratory systems, health data analysis for decision making, detection and control of infectious diseases, communications, better health care quality, and rigorous quality improvement.
- In 1999, Senate Report 106-166, the Appropriations Committee requested a status report of the nation's public health infrastructure and actions to strengthen key components of it. An update to this report is overdue, particularly as health agencies become accredited.
 - ASTHO and NACCHO recommend the following report language for inclusion in the FY11 Appropriations Committee report: The Committee recognizes that state and local health departments require a permanent infrastructure of appropriately trained professionals and health information technology in order to meet standards for voluntary accreditation developed by the Public Health Accreditation Board. The Committee directs HHS to provide a report that estimates the per capita costs for state and local health departments to achieve and maintain accreditation standards and recommends that HHS consult with the Public Health Accreditation Board, the Association of State and Territorial Health Officials, and the National Association of County and City Health Officials in the development of the report.

Public Health Workforce

\$30 million for the CDC public health workforce grants for governmental public health, particularly state and local health agencies.

- Our organizations support efforts to increase the supply of governmental public health workers and urge you to provide funding for Sec. 776 of the PHS Act, the Public Health Workforce Loan Repayment Program, and other approaches that would support recruitment and training of public health workers in state and local health departments.
- Since 2008, over 14,000 state employees in central offices and approximately 1,260 state employees assigned to local/regional offices have lost their jobs. A third of state/territorial health departments required employees assigned to central, local, and regional offices to take a total of 119,670 furlough days in FY10, which is the equivalent of 519 full-time workers.

- In 2008-2009, local health departments cut 23,000 jobs due to layoffs or attrition – a 15 percent cut in their workforce. Half of all local health departments, serving 63% of the United States population, made cuts in at least one program area, while a quarter cut three or more areas.
- Due to the shortage of workers in the nation’s health agencies, it is appropriate to assess the workforce needs of the agencies and number of state and local employees directly supported by CDC programs.

Preventive Health and Health Services Block Grant

\$202 million for the CDC Preventive Health and Health Services Block Grant.

- The grant provides recipients with flexible funding to reduce morbidity and mortality and carry out chronic disease prevention and control, dental health, emergency medical services (EMS), environmental health, infectious disease prevention and control, community-based education, injury prevention and control, and disease and risk factor surveillance programs that might otherwise be unfunded.
- It enables health agencies to respond to unanticipated public health emergencies and improve the quality of care provided by public health programs and services.

Chronic Disease Block Grant

\$251 million for integrating the CDC chronic disease programs for diabetes; arthritis; heart disease and stroke; nutrition, physical activity, and obesity; and school health, a \$140M increase over FY 2010 categorical funding.

- This investment will help governmental public health implement evidence based interventions to reduce chronic disease rates, such as those related to obesity, and to provide states with the flexibility to carry-out targeted policies to meet the needs of their communities.

317 Immunization Program

\$660 million for the CDC 317 immunization program, a \$100M increase over FY 2010 funding.

- Routine immunizations prevent 33,000 child deaths every year and every dollar spent on vaccines in the United States saves \$16.50 in medical and societal costs.
- Additional infrastructure funding is needed to continue the successful initiatives made possible by the Recovery Act, build functional and interoperable immunization registries, administer vaccines, ensure vaccine safety, assess their efficacy, run immunization campaigns, increase coverage rates, and evaluate program effectiveness.

- This funding level would increase vaccine purchase grants to state and local public health departments for childhood, adult, and adolescent vaccines so that more people have access to vaccines, particularly those who are underinsured and do not have a health care provider.

Community Transformation Grant (CTG)

\$220 million for CTGs authorized under Sec. 4201 of PPACA.

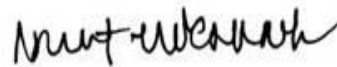
- CTGs should meaningfully involve state and local health agencies as well as enhance the linkage between local and state health agencies.
- Leadership for the CTGs, in the form of convening, coordinating and integrating the many different groups, agencies and organizations critical to transformation, is essential. For statewide or local efforts, the local and state public health departments should be the leads or should always have meaningful leadership roles.
- Adequate funding must be provided to local and state health agencies to support their role throughout the funding period.

We appreciate your attention to these recommendations for FY2011 appropriations which will help to protect and improve the public's health.

Sincerely,



Paul E. Jarris, MD, MBA
ASTHO Executive Director



Robert M. Pestronk, MPH
NACCHO Executive Director