



National Association of County & City Health Officials

The National Connection for Local Public Health

May 8, 2009

The Honorable Charles Grassley
Ranking Member
Senate Finance Committee
Washington, DC 20510

Dear Ranking Member Grassley:

On behalf of the National Association of County and City Health Officials (NACCHO) – and the more than 2,800 local health departments across the nation that work every day to prevent disease, promote wellness, and protect health – I am writing to thank you for your leadership in working in a bipartisan fashion with Senator Baucus in spearheading the Senate’s efforts to reform that nation’s health care system. We commend you for your interest in extending access to affordable care to the millions of Americans who currently are uninsured and join with you in seeking to improve health, reduce costs, diminish inequities in health status, enhance the quality of care, and protect people and communities from emerging health threats. As you work to reform the nation’s health care delivery and financing systems, we urge your attention to – and investment in – disease prevention, health promotion, and the needs of the nation’s local public health departments and their workforces.

As you understand and appreciate, the safety and well-being of America’s communities is dependent on the capacity of their health departments to respond in any emergency that threatens human health. Preparedness to respond to myriad health hazards – whether natural or man-made – is essential to the nation’s well-being and cannot be decoupled from other homeland security efforts, programs, policies, and investments. In order for local health departments to sustain and continue improving their preparedness and response capabilities, they need consistent funding. Current economic conditions and the steady erosion of federal, state, and local funding streams are taking a severe toll. NACCHO surveyed its members and found that in 2008, more than half of local health departments had laid off employees, or lost them through attrition, and have been unable to replace them, due to budget limitations. At least 7,000 local public health department jobs were lost in 46 states across the country last year, and far more are expected this year. With an increased demand for public health protection, coupled with diminished capacity, our nation quickly could face a public health crisis of serious proportion, with traditionally underserved areas being hardest hit. The good news is that much of this challenge can be addressed through the provision of adequate and stable funding provided directly to local health departments.

While national health reform will create an environment in which more individuals are insured, the nation’s communities will continue to be at-risk for numerous health hazards that can only be addressed adequately by local public health experts with population-wide perspective and experience. The successful local responses to the current outbreak of H1N1 influenza demonstrate that investments in preparedness have yielded precisely the return that Congress envisioned – local health departments responded as they had planned and trained to do.



However, health departments have been stretched to the limits of their capacity, and we are gravely concerned about their ability to sustain an effective response in a longer or more severe epidemic.

NACCHO recommends – and urges your leadership in – ensuring that national health reform recognizes the unique and critical role played by public health agencies, such as local health departments, and provides specific financing to ensure that the ongoing responsibilities and evolving duties of local health departments can continue to be fulfilled. Just as the Medicare and highway programs have trust funds, the nation’s public health system needs an adequate, reliable source of funding in order to serve the public reliably and effectively. A public health trust fund is essential to supporting and reinforcing the nation’s public health system, which provides the community-wide prevention and protection that is beyond the capacity of the health care delivery system. Financing of such a trust fund could come, in part, from a nominal increase in the federal tobacco excise tax and the savings that many estimate will stem from changes to the nation’s health care system, such as wide-spread utilization of health information technology, community-based prevention efforts – including expanded tobacco cessation, improved nutrition, and increased physical activity, and greater overall efficiencies in the health care system. NACCHO stands ready to work with you, your staff, and your colleagues on the Finance and Health, Education, Labor and Pensions Committees on this important component of national health reform.

As always, if we can be of any assistance, please do not hesitate to contact Donna Brown, NACCHO’s Government Affairs Counsel (202/507-4197, dbrown@naccho.org), or our representatives at Drinker Biddle & Reath, Bob Waters (202/230-5152, robert.waters@dbr.com) or Ed Redfern (202/345-3052, edwin.redfern@dbr.com).

Sincerely,



Robert M. Pestronk, MPH
Executive Director

cc: Julie Schilling, RN – President, Iowa Counties Public Health Association