

NACCHO

National Association of County & City Health Officials

The National Connection for Local Public Health

May 8, 2009

The Honorable Tom Harkin
Chairman
Senate Labor-Health and Human Services-Education
Appropriations Subcommittee
Washington, DC 20510

Dear Chairman Harkin:

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 spearheading the Congressional response to the recent H1N1 influenza outbreak and respectfully request your additional assistance to further strengthen our nation's public health infrastructure and preparedness efforts. We thank you in advance for ensuring that the proposed House FY 2009 supplemental appropriation of \$1.85 billion – with \$350 million specifically set-aside for state and local response – is the minimum that Congress will provide to respond to this current and emerging public health threat.

Local health departments have mounted an effective response to the H1N1 influenza outbreak during the last two weeks, demonstrating concretely that prior investments in both pandemic influenza preparedness and all-hazards preparedness have greatly improved local readiness. They have accomplished this response by relying on the planning, training, and exercising that has already taken place, and by diverting staff ordinarily assigned to other public health duties. However, this response has stretched to the limit the current capacities of many, and we are gravely concerned about the ability of state and local public health systems to respond effectively to a longer, or more severe, epidemic.

While we very much appreciate the inclusion of significant funds in the FY 2009 supplemental appropriations measure to address flu preparedness, we remain very concerned that, without a stable, sustained federal investment in public health infrastructure and preparedness, the nation will find itself stretched beyond its capacities to handle a more significant influenza outbreak, or other public health emergency. To that end, we respectfully request your support and leadership in securing significant FY 2010 funding for local health departments and incorporation of support for the nation's public health infrastructure in federal health reform legislation.

At the exact same time that our nation is facing the H1N1 influenza virus threat and other significant health challenges, such as growing numbers of uninsured, the nation's local health departments are experiencing shrinking workforces and budgets. A NACCHO surveyed showed that 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, 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. Specifically, we recommend – and urge – your leadership in achieving the following:

- (1) Reversing the decline in all-hazards preparedness funding for local and state public health departments by providing \$919 million in FY 2010.** We recognize and appreciate that the nation is facing unprecedented economic challenges. However, the failure of the nation to be able to quickly, effectively, and appropriately respond to a major health hazard, such as the H1N1 influenza virus, could easily cause massive economic and social disruption, an outcome that we can neither risk, nor afford. Constant readiness for both new and emerging threats requires an established and stable team of staff who can plan, train, and practice on a regular basis. As funding for these staff and the associated activities has waned each year, local health departments borrow staff from other areas to sustain preparedness and reduce their activities. This is costly in terms of funds to retrain personnel, lost expertise, and diminished readiness. A stable stream of annual funding upon which local health department could rely would help strengthen preparedness and responsiveness to emergencies, improve cost-effectiveness, and allow for communities to have a larger, dedicated public health workforce available to address current, anticipated, and unexpected needs.
- (2) Sustaining support in the amount of \$5.3 million for the Advanced Practice Centers (APC) funded through the Centers for Disease Control and Prevention (CDC).** The APC program supports local health departments in their efforts to develop innovative field-tested tools and models to help other local health departments meet emergency preparedness goals. The APC network consists of seven health departments: Santa Clara County, CA; Cambridge, MA; Montgomery County, MD; Twin Cities Metro, MN; Western New York Public Health Alliance, NY; Tarrant County, TX; and Public Health – Seattle and King County, WA. The 70 unique preparedness tools produced by local health departments for local health departments are routinely employed to assess communities' vulnerability, strengthen their response capacity, and enhance their resilience. For a small investment of less than \$6 million in FY 2010, the nation will continue to reap significant benefits in the creation of tools, resources, and technical guidance that can be used by local health departments across the country to ensure public health preparedness at the community level.
- (3) Allocating \$20 million in new FY 2010 funding to strengthen the nation's public health and emergency preparedness workforce** – the current and expected shortage of public health professionals in virtually every area of practice and every community in the nation is cause for significant concern. To ensure that the nation can respond promptly and appropriately to a range of health hazards, we must strengthen and expand the nation's public health and emergency preparedness workforce. We are pleased that the Health Resources and Services Administration has been given new authority to operate programs to support and expand the nation's public health workforce, however, we are concerned that a number of these initiatives – while authorized – have never been funded. To that end, we urge you to provide \$10 million in new FY 2010 funding to Section 765 of the Public Health Service Act for grants that allow state and local health departments to provide training and trainee support, and an additional \$10 million in new FY 2010 funding for the authorized, but not-yet funded, trial grant programs under the Pandemic and All-Hazards Preparedness Act for loan repayment to individuals who complete their National Health Service Corps service within a state, local, or tribal health department that serves health professional shortage areas or areas at risk of a public health emergency.

Lastly, I would like to take this opportunity to thank you for your interest 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. As you understand, 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. Thank you for your support of the concept of a public health trust fund to bolster the nation's public health system, which provides the community-wide prevention and protection that is beyond the capability of health care providers. 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.

Again, thank you for your consideration of our concerns and requests. On behalf of all of our members, especially those throughout Iowa, we are most grateful for your steadfast support of local health departments and the nation's public health workforce. I also would like to take this opportunity to express our appreciation to your outstanding staffers, Adrienne Hallett and Jenelle Krishnamoorthy; you and the people of Iowa – and the nation – are well-served by them.

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
Adrienne Hallett, Professional Staff Member, Senate LHHS Appropriations Subcommittee
Jenelle Krishnamoorthy, Legislative Assistant, Office of the Honorable Tom Harkin