



National Association of County & City Health Officials

The National Connection for Local Public Health

Statement of the

NATIONAL ASSOCIATION OF COUNTY AND CITY HEALTH OFFICIALS

1100 17th St., NW, 7th Floor

Washington, DC 20036

Submitted for the record to the
Subcommittee on Labor, Health and Human Services, Education and Related Agencies
Committee on Appropriations
United States Senate

FY 2012 Appropriations for Programs at the Centers for Disease Control and Prevention

Contacts: Laura Hanen, Director of Government Affairs

lhane@naccho.org

Eli Briggs, Senior Government Affairs Specialist

ebri@naccho.org

Summary:

The National Association of County and City Health Officials (NACCHO) represents the nation's 2,800 local health departments (LHDs). These governmental agencies work every day in their communities to protect people, prevent disease, and promote wellness. Local health departments have a unique and distinctive role and set of responsibilities in the larger health system and within every community. The nation depends upon the capacity of local health departments to play this role well.

The nation's current financial challenges are compounded by those in state and local government further diminishing the ability of local health departments to measure population-wide illness, take steps to prevent disease and prolong quality of life, and to serve the public in ways others don't. Repeated rounds of budget cuts and lay-offs continue to erode local health department capacity. NACCHO surveys have found that from 2008 to 2010, local health departments have lost 29,000 jobs due to budget reductions. This represents a nearly 20% reduction in local public workforce. These are jobs in local communities nationwide.

On a fraying shoestring, local health departments continue to respond to an ever changing set of challenges, including ongoing public health emergency threats like floods, hurricanes, oil spills, infectious and chronic disease epidemics. The protection offered by local health departments can't be taken for granted. To help maintain the stability of LHDs, the federal government should invest in the following programs in FY12 appropriations: National Public Health Improvement Initiative, Public Health Emergency Preparedness cooperative agreements, Advanced Practice Centers, Public Health Workforce Development, Chronic Disease Prevention and Health Promotion Grants, and Community Transformation Grants.



Public Health Recommendations:

National Public Health Improvement Initiative

NACCHO request \$50 million

FY2012 President's Budget \$40.2 million

FY2010: \$50 million

The National Public Health Improvement Initiative (NPHII) increases local health departments' capability to meet national public health standards and conduct effective performance management. This initiative promotes the effective and efficient use of resources in local health departments across the country while strengthening our public health infrastructure. In addition, these funds improve public health policies and decision making crucial to protecting our communities from public health threats. NPHII boosts the ability of local health departments to reengineer their systems to meet 21st century challenges including implementation of the full range of science-based approaches to improving community health. As local health departments prepare to meet newly-established national accreditation standards, NACCHO recommends \$50 million in funding for FY12 to continue to improve efficiency and effectiveness at local health departments.

Public Health Workforce Development

NACCHO request \$73 million

FY2012 President's Budget: \$73 million

FY2010: \$38 million

The nation suffers an acute shortage of trained public health professionals, including epidemiologists, laboratorians, public health nurses, and public health informaticians. This investment in public health education and training is essential to maintain a prepared and sustainable public health workforce. With the increasing variety and magnitude of public health threats, it is vital to train new public health staff and provide continuous education for existing staff in order to maintain and upgrade the skills needed to protect our communities. This funding also supports the Centers for Disease Control and Prevention (CDC) Prevention Corps, a workforce program to recruit and train new talent for assignments in state and local health departments. This new program will also address retention by requiring professionals to commit to a designated timeframe in state and local health departments as a condition of the fellowship. NACCHO recommends \$73 million in funding for FY12 to bolster the public health workforce.

Emergency Preparedness Recommendations:

Public Health Emergency Preparedness Cooperative Agreements

NACCHO request \$730 million

FY2012 President's Budget: \$643 million

FY2010: \$715 million

Constant readiness for both new and emerging public health threats requires an established local public health team that can plan, train, and practice on a regular basis. Emergency response capabilities and tasks, such as distributing medical countermeasures, addressing the needs of at-

risk individuals, conducting drills, and organizing collaboration among staff in public health departments, schools, businesses and with volunteers, requires continuous attention and on-going preparation. These are not supplies purchased once and stored until needed.. If a community is not prepared to respond to multiple hazards, capacity to respond will not be immediately available when disasters happen. Valuable time will be lost and people will suffer, particularly the elderly, disabled and disenfranchised, low-income residents, vulnerable populations. The only way to ensure that local health departments and their community partners are ready to respond to emergencies is to maintain consistent funding. With this funding, local health departments can sustain their level of readiness to meet benchmarks that align with the *Pandemic and All Hazards Preparedness Act*.

With recent progress in nationwide preparedness, now is not the time to reduce federal funding that helps health departments continue their progress and address new, emerging threats. Especially when local health departments are under great stress from the loss of over 29,000 jobs in the last few years, the nation cannot afford to lose the gains made by recent federal investment in public health. Continuous training and exercising of all health department staff so that they are all ready for the next emergency must continue. A loss of readiness is inevitable if the level of federal investment is reduced.

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, including bioterrorism, infectious disease outbreaks, nuclear emergencies and natural disasters. The CDC has explicitly adopted an "all-hazards" approach to preparedness, recognizing that the capabilities necessary to respond to differing public health threats have many common elements. Through the Public Health Emergency Preparedness cooperative agreements CDC supports state and local health departments so that they can adequately prepare for and respond to such emergencies. NACCHO recommends \$730 million in funding for FY12 to continue to support emergency preparedness in our communities.

Advanced Practice Centers
NACCHO request \$5.4 million
FY2012 President's Budget: 0
FY2010: \$5.4 million

The Advanced Practice Center program started as a CDC pilot project in 1999, and has since expanded to a national program. The APC program funds exemplary local health departments to be innovative leaders in public health preparedness to develop, evaluate, and promote products and resources that other local health department practitioners can use to meet the preparedness requirements expected for their organization or community. Since its inception, the APC program has created over 150 products and hosted numerous workshops, webinars, and other presentations to local health departments. NACCHO recommends level funding in FY12 of \$5.4 million for the Advanced Practice Center program administered by CDC's Office of Public Health Preparedness and Response.

Disease Prevention Recommendations:

Chronic Disease Prevention and Health Promotion Grants

NACCHO request \$705 million

FY2012 President's Budget: \$705 million

Chronic diseases such as heart disease, cancer, stroke and diabetes are responsible for 7 of 10 deaths among Americans each year and account for 75% of health care spending. The President's budget consolidates several previously existing grants for disease prevention and health promotion to provide state and local health departments with greater flexibility to target funds to those diseases that most burden their jurisdictions, using the most effective strategies for the populations they serve. The program recognizes that many chronic diseases have common risk factors such as obesity and physical inactivity.

Supporting effective approaches to reducing contributing factors and therefore rates of chronic disease will not only make our communities healthier, but save money for taxpayers and the government in the long run. NACCHO recommends \$705 million in funding for FY12 to reduce chronic disease in our communities and looks forward to working with Congress on the array of details that will ensure successful, efficient, accountable implementation of a consolidated grant program that enables communities to address their chronic disease burden.

Community Transformation Grants

NACCHO request \$221 million

FY2012 President's Budget: \$221 million

This program builds on the success of its predecessors: Healthy Communities, Racial and Ethnic Approaches to Community Health, and Communities Putting Prevention to Work. These funds are awarded on a competitive basis to state or local government agencies, territories, national networks of community based organizations, state or local non-profit organizations and Indian tribes or tribal organizations to reduce health disparities and leading causes of death.

Communities will use these resources to invest in evidence-based approaches to creating a healthy population by promoting smoking cessation, active living, healthy eating, and prevention of injuries. NACCHO recommends an allocation process which makes these funds available to communities of all sizes. NACCHO recommends \$221 million in funding for FY12 to continue proven approaches to protecting public health in our communities.

As the Subcommittee drafts the FY12 Labor-Health and Human Services-Education Appropriations bill, we ask for consideration of NACCHO's recommendations for these programs that are critical to protecting people and improving the public's health. We are fully aware of the budgetary challenges facing Congress and the need to reduce deficit spending. Budgetary cuts must be made carefully to cause the least disruption to critical public health functions and protect the health of the U.S. population.

NACCHO thanks the Subcommittee members for their previous support of public health initiatives that support work in local communities and welcomes the opportunity to discuss these requests further.