

Statement of the

NATIONAL ASSOCIATION OF COUNTY AND CITY HEALTH OFFICIALS
Washington, DC

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

FY 2011 Appropriations for Programs at the Centers for Disease Control and Prevention

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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 prevent disease, promote wellness, and protect the health of the entire community. **LHDs 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 LHDs to play this role well.

The nation's current recession further diminishes the ability of LHDs to measure population-wide illness, organize efforts to prevent disease and prolong quality of life and to serve the public through programs not offered elsewhere. Repeated rounds of budget cuts and lay-offs in LHDs continue to erode capacity. A series of NACCHO surveys found that in 2008-2009, 23,000 jobs have been lost in LHDs, which represents a 15% cut in the local public health workforce.

LHDs continue to respond to increased challenges; including H1N1 influenza, an increasing incidence of chronic disease and outbreaks of foodborne illness during a time of growing budget challenges. To help maintain the stability of LHDs, the federal government should increase its investment in the following programs in FY11 appropriations: Public Health Emergency Preparedness, Advanced Practice Centers, Preventive Health and Health Services Block Grant, Healthy Communities and the Health Prevention Corps. Programs authorized by the health reform law should also be funded to the extent possible in FY11 appropriations.



Public Health Emergency Preparedness

NACCHO Request: \$1.152 billion (including pandemic influenza preparedness)

President's Budget FY11: \$758 million (Public Health Emergency Preparedness)

Emergency Supplemental Funds for H1N1 Influenza: \$1.3 billion

FY10 funding: \$761 million (Public Health Emergency Preparedness)

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, whether it is an act of bioterrorism, an influenza pandemic such as occurred in 2009-2010, or a natural disaster. The Centers for Disease Control and Prevention (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.

NACCHO requests \$1.152 billion in funding for FY11, which reflects continued funding for local and state preparedness activities under the Pandemic and All-Hazards Preparedness Act along with additional support necessary to sustain the capabilities that were put into place in 2009 to respond to the H1N1 flu epidemic, made possible through \$1.3 billion in federal emergency supplemental funding.

With recent progress in nationwide preparedness and ongoing challenges, including the next flu season, 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 15% of their workforce over the last two years, the nation cannot afford to lose the gains made by recent federal investment in public health. A loss of readiness is inevitable if the level of federal investment is reduced.

The enhanced capabilities enabled by pandemic influenza supplemental funding in 2009 will improve the response to other potential epidemics of infectious disease. At the same time, continuous training and exercising of all health department staff so that they are all ready for the next emergency must continue. Incorporating pandemic influenza preparedness into the context of all-hazards preparedness is the most efficient use of limited resources and will fully enable maintenance of the current level of preparedness and flexibility to alter priorities as needed when other public health threats emerge.

Advanced Practice Centers

NACCHO Request: \$5.4 million

President's Budget: \$5.3 million

FY10 funding: \$5.3 million

The mission of the Advanced Practice Center (APC) program is to promote innovative and practical solutions that enhance the capabilities of all local health departments to prepare for, respond to, and recover from public health emergencies. With locations in eight different geographic areas of the United States, the APC program supports and strengthens local health departments by developing and disseminating resources focused on helping them address gaps in local-level preparedness and improve responsiveness to address myriad health hazards. An increase in funding to \$5.4 million would allow the tools produced through this program to reach more local health departments.

Preventive Health and Health Services Block Grant

NACCHO Request: \$131 million

President's Budget FY11: \$102 million

FY10 funding: \$102 million

Local health departments are leaders in efforts to stop preventable health threats from occurring. Obesity, heart attack and accidental injury are all examples of preventable health problems local health departments work on every day. The Preventive Health and Health Services (PHHS) block grant program is a longstanding source of funding for these efforts.

The increasing prevalence of costly and *preventable* chronic health conditions represents a threat to America's health and economy. According to the CDC, the medical care costs of people with chronic diseases account for over 75% of the nation's health care costs. The emerging epidemic of overweight and obesity is associated with \$117 billion in annual direct medical expenses and indirect costs, including lost productivity, which impairs our economic competitiveness during a period of severe economic decline. Increased funding of \$131 million in FY11 for the Preventive Health and Health Services Block Grant would allow local and state health departments to increase their efforts to focus on community priorities aimed at reversing the increase in preventable disease rates.

Healthy Communities

NACCHO Request: \$30 million

President's Budget FY11: \$22.4 million

FY10 funding: \$22.8 million

The Healthy Communities program is dedicated to supporting local communities in implementing evidence-based interventions and policy, systems, and environmental changes necessary to help communities prevent chronic diseases and their risk factors.

To reverse unfavorable trends in the prevalence and health consequences of chronic diseases, communities work in collaboration with local health department leadership to address such issues as affordable and accessible healthy food options, safe places for physical activity, and the need for targeted strategies that address and reduce health disparities. Changes in the local environment facilitate healthy choices and go hand in hand with education about how to be healthier.

The Healthy Communities program mobilizes community leadership and resources to transform the local environments where people live, work and play to stem the growth of chronic disease. CDC anticipates the cumulative impact of the Healthy Communities program to reach more than 300 communities by FY 2011. With increased funding of \$30 million in FY11, more communities can be reached with this innovative program.

Health Prevention Corps
NACCHO request \$10 million
President's Budget: \$10 million

According to the President's budget, the Health Prevention Corps program will "recruit new talent into service for state and local health departments and provide the building blocks for creating a stronger, interdisciplinary workforce." These funds are meant to create a foundation for the program by establishing a management plan for staffing and program administration, convening stakeholders to establish the program framework, and developing a curriculum for Corps members. A shortage of public health professionals is a constant challenge for local health departments and this program will help to build a supply of new personnel offering their talents and skills to local communities.

Programs Associated with Health Reform

The Patient Protection and Affordable Care Act authorized a number of new programs that will be beneficial to public health and local health departments. The health reform law provides an opportunity to focus on maintaining and creating health through support of community prevention programs. The law also includes programs that will help to strengthen the public health workforce which was challenged by shortages even prior to layoffs and attrition caused by recent budget cuts. Programs such as Public Health Loan Repayment and Mid-Career Training grants, Epidemiological and Laboratory Capacity Grants, Community Transformation Grants, Healthy Living, Aging Well and the Diabetes Prevention Program would fill tremendous needs at the local level and should be funded to the extent possible in the FY11 appropriations process.