

NACCHO

National Association of County & City Health Officials

The National Connection for Local Public Health

December 16, 2019

The Honorable Diana DeGette
Chairwoman, Energy and Commerce
Oversight and Investigations Subcommittee
2125 Rayburn House Office Building
Washington, DC 20515

The Honorable Fred Upton
Member, Energy and Commerce Committee
2183 Rayburn House Office Building
Washington, DC 20515

Dear Chairwoman DeGette and Representative Upton:

On behalf of the National Association of County and City Health Officials (NACCHO), I write to provide input for your consideration as you develop Cures 2.0 legislation. NACCHO is the voice of the nearly 3,000 local health departments across the country. These city, county, metropolitan, district, and tribal departments work every day to protect and promote health and well-being for all people in their communities.

Public health professionals are integral to protecting the health and safety of the public. Local health departments collaborate daily with health care providers to fulfill this mission. They implement programs to address chronic diseases like diabetes and heart disease, which are the leading contributors to high and increasing health care costs. They work with health care providers also to collaborate to increase vaccination rates, protect the public from the flu and other infectious diseases, and promote breastfeeding to ensure children get a healthy start. They partner with local clinicians to deliver tailored training and technical assistance to help health care providers use best practices on issues like antibiotic stewardship and opioid prescribing guidelines. And they are on the frontlines of addressing complex issues, like the opioid crisis, historic rates of sexually-transmitted infections (STI), and re-emergence of vaccine-preventable diseases like measles and pertussis, working with health care partners to identify and slow or stop the spread of disease.

NACCHO applauds your focus on harnessing data to empower patients and improve their health and urges you to also consider the ways that the public health system should be strengthened and leveraged to achieve these goals, particularly to address health equity.

More must also be done to use the power of data to truly impact the broader health and wellbeing of communities across the country. NACCHO is part of a broad coalition of stakeholders advocating for improved data systems and sharing across the public health sector, reaching across local, state, and federal partners. Having access to timely data and granular information is critical to the ability and success of local health departments in keeping communities healthy and safe. Yet, many public health systems are antiquated, which hinders our nation's ability to exchange time-sensitive disease information amid outbreaks and disasters. Moreover, challenges remain with sharing and using these data in an automated, bi-directional manner, which are important aspects to assuring that the data can more efficiently and effectively inform local public health practice.



To that end, NACCHO supports the data modernization provisions included in both the LIFT America Act (H.R. 2741) and the Lower Health Care Costs Act. These provisions would authorize investments at the Centers for Disease Control and Prevention, as well as in local, state, tribal, and territorial health departments to improve information technology, interoperability, electronic case reporting, workforce training, and public-private partnerships. Such investments would prioritize cross-cutting capabilities rather than a disease-specific approach to surveillance. NACCHO also supports a strategy and implementation plan that ensures that local public health department systems are meaningfully included in the modernization efforts. Doing so will help efforts to better reflect local needs and capacities and help investments reach individuals in their communities.

While public health data modernization is important for building up and supporting broader efforts to improve and protect public health at a national level, more can also be done to harness existing health information at the patient level. Health IT can help pinpoint communities and populations where health challenges are most severe and allow resources to be targeted where they can do the most good. However, while strides have been made in recent years to improve interoperability amongst and across clinicians, the promise of these data for protecting the public's health has not yet been realized. The 2016 NACCHO Profile of Local Health Departments showed that over 50% of respondents had implemented or were in the process of implementing information technology systems, including immunization registries, electronic disease reporting systems, electronic lab reporting, and electronic health records. However, that percentage was lower for agencies implementing health information exchanges. While local health departments have made substantial progress toward implementing their own health IT systems, limited funds for full implementation and a lack of engagement of local health departments in interoperable data exchanges pose challenges in progress toward optimal interoperability among health IT systems. The federal government has made substantial investments in helping the health care sector to implement health IT, without the same focus on the public health sector. With future investments and support from federal policymakers, existing health IT data can truly advance to allow faster, more precise identification of health threats across the nation. In addition, the implementation of health IT should recognize the many other data systems and sources in non-health sectors (e.g. housing, transportation) that provide important information related to an individual's health and well-being.

Technology can help streamline the provision of care, but we will not make the gains in helping those who are sick and keeping people healthier from the start without investing in the governmental public health infrastructure, especially workforce. Public health professionals and health care providers must collaborate as seamlessly as possible in order to protect the public and control the spread of disease. In order to do this well, both public health and health care must be adequately resourced with trained professionals.

Unfortunately, local and state health departments have lost nearly a quarter (23%) of their workforce since 2008, shedding over 50,000 jobs across the country.¹ This deficiency is compounded by the age of the public health workforce – 55% of local public health professionals are over age 45,² and almost a quarter of health department staff are eligible for retirement. Between those who plan to retire or pursue jobs in the private sector, projections suggest that nearly half of the local and state health department workforce might leave in coming years.³ This means fewer qualified individuals are working to address public health challenges on any given day.

This workforce gap is even more pronounced when outbreaks occur or disaster strikes. For example, the 2018-2019 measles outbreak saw 1,276 individual cases in 31 states, the most since 1992. Each case of measles requires intensive efforts to identify, monitor, and educate others who were potentially

exposed. Syphilis and other STIs have skyrocketed with a 185% increase in congenital syphilis since 2014. Responding to this epidemic also requires person by person intervention to identify disease and control its spread. And across the country communities are dealing with hepatitis A outbreaks, mostly affecting hard-to-reach populations, like people who are homeless and who misuse drugs. In these cases, responders need to not only have public health expertise, but also the experience and familiarity with how best to work with individuals who are often hesitant to interact with the health care and public health systems.

Beyond the need for an expanded workforce, it is critical that public health departments can recruit individuals with the skills needed for the future. As the health care system has moved rapidly into an electronic data environment, many public health professionals are not equipped with the technology or the skills to engage with these data systems. Federal and state governments have invested heavily in health care systems that are able to share data, but these investments will not reach their full potential without public health professionals who can access and analyze the data. That is one of the reasons why NACCHO is leading a coalition of groups developing legislation to help recruit these and other needed professional to local and state health departments, which we are happy to share at your request.

Thank you for the opportunity to provide input for Cures 2.0 and for your consistent efforts to support innovations in the health sector. For more information on these recommendations, please contact Adriane Casalotti, MPH, MSW, Chief of Government and Public Affairs, at acasalotti@naccho.org.

Sincerely,

A handwritten signature in black ink, appearing to read "Lori Tremmel Freeman". The signature is fluid and cursive, with a long horizontal flourish extending to the right.

Lori Tremmel Freeman, MBA
CEO

¹ Robin N, Leep CJ. NACCHO's National Profile of Local Health Departments Study: Looking at Trends in Local Public Health Departments. *J Public Health Manag Pract.* 2017;23(2):198-201.

² Robin N, Castrucci BC, McGinty M, Edmiston A, Bogaert K. Local Public Health Workforce Interests and Needs in 2017: A Nationally Representative Benchmark of the Local Governmental Public Health Workforce. *JPHMP.* 2019; 25:S16-S25.

³ Leider JP, Coronado F, Beck AJ, Harper E. Reconciling Supply and Demand for State and Local Public Health Staff in an Era of Retiring Baby Boomers. *Am J Prev Med.* 2018;54(3):334-340.