

# NACCHO

National Association of County & City Health Officials

*The National Connection for Local Public Health*

November 24, 2020

The Honorable Richard Shelby  
Chairman  
Senate Appropriations Committee  
Washington, DC 20510

The Honorable Patrick Leahy  
Ranking Member  
Senate Appropriations Committee  
Washington, DC 20510

The Honorable Nita Lowey  
Chairwoman  
House Appropriations Committee  
Washington, DC 20515

The Honorable Kay Granger  
Ranking Member  
House Appropriations Committee  
Washington, DC 20515

Dear Chairman Shelby and Senator Leahy; Chairwoman Lowey and Representative Granger:

The National Association of County and City Health Officials (NACCHO) is the voice of the nearly 3,000 local health departments — including city, county, metropolitan, district, and tribal agencies — across the country. NACCHO and our members appreciate your past support of public health needs. As we grapple as a nation with the novel coronavirus (COVID-19) pandemic, it is clear that the public's health—and the role of our governmental public health system—is more critical than ever to the overall functioning of all facets of American life.

The nation's nearly 3,000 local health departments will continue to lead the COVID-19 response for the foreseeable future. However, they also work each day to prevent and address other public health problems that do not make the headlines by providing immunizations, education, data tracking and many programs and services that reduce the impact of other infectious diseases in their communities; monitor environmental threats to air, food, and water; and serve as chief community health strategists, working with community partners to promote wellness, identify disparities and their causes among vulnerable populations, and promote equity among all community members. These efforts have been impacted by COVID-19, with staff time and attention pulled away to the pandemic response. It is critical that local health departments be well funded across all areas in the future as we play catch up on these many areas overshadowed by the pandemic.

As you know, federal funding is critical to this effort, particularly appropriations for the Centers for Disease Control and Prevention (CDC). CDC has an integral part to play in helping our nation through the COVID-19 crisis. Through CDC, the federal government provides critical funding and technical assistance for local, state, and national programs to strengthen public health capacity, share timely and critical information, and improve health to save lives. NACCHO urges you to support **at least the House level of \$7.925 billion for the CDC** in any final FY2021 omnibus appropriations bill and to oppose any efforts to reduce or eliminate funding for any of CDC's critical programs. Emergency funding is also critical to ensure local, state, and federal health departments and agencies have the resources they need to protect the public from the ongoing COVID-19 pandemic, including adequate resources for vaccine allocation, distribution and administration of at least \$8.4 billion.

### *Tracking of Public Health Dollars*

In addition to providing funding for public health programs, there is an urgent need for public information about how these dollars are allocated and reach local communities. Most grant funding at CDC is allocated directly to the



states, territories, some tribes, and a handful of directly funded large city health departments. The vast majority of our nation's nearly 3,000 local health departments are then reliant on their state to decide if, when, and how much federal funds will be allocated to the local level. As a result, the funding appropriated by Congress has a variable reach into local public health agencies and communities, and more must be done to ensure that a sufficient amount of funds reach the local level in a timely manner so that all Americans can benefit from federal investments. In the case of COVID-19 funding, there are communities that have received very little support and others that have received more equitable support via federal grants or reimbursements allocated by their state health department.<sup>1</sup> While this issue has received increased attention in relation to COVID-19 emergency supplemental dollars, it is a long-standing challenge in many CDC funding streams. In order to understand how federal funding flows to the local level, **NACCHO urges Congress to require CDC to report not only where they send funds, but for CDC to collect and publish information from grantees about subgrants and/or reimbursements they provide to local governmental agencies.**

### *Public Health Workforce*

Workforce is a critical piece of the public health enterprise because public health is a discipline that relies on people. Local health departments lost 20% of their jobs (37,000) nationwide after the 2008 recession, and although they have finally started to rebuild, adding 3% of that lost workforce back (6,000 jobs) between 2016 and 2019, the increases have not kept up with demand.<sup>2</sup> Over the same period, the nation's population increased by 8%.<sup>3</sup> As a result, local health departments have actually lost 21% of workforce capacity since 2008, with the number of full-time equivalent employees dropping from 5.2 per 10,000 people in 2008 to 4.1 per 10,000 people in 2019.<sup>2</sup> The results of this disinvestment are seen in the COVID-19 response, as local health departments are stretched thin and staff are pulled away from other essential areas in order to respond to the pandemic.

To adequately protect the public, NACCHO calls for a comprehensive approach to increasing available jobs to grow local public health workforce, recruiting key professionals, and retaining them for the long term. Over the past year, NACCHO has led over 100 stakeholders in a call to create a federal loan repayment program for public health professionals who agree to serve two years in a local, state, or tribal health department in order to help to fill these workforce gaps. **An appropriation of at least \$200 million would allow the Health Resources and Services Administration to stand up this program and start strengthening the public health workforce.** This is particularly relevant now, as new staff and volunteers are being brought into the field for the COVID-19 response on a temporary basis. Such a public health loan repayment program, modelled after the successful National Health Service Corps, would provide an added incentive to retain them long term and help ensure that their experience is harnessed and available to address current as well as future public health emergencies.

### **Highlights from House and Senate Appropriations Bills**

While the overall federal funding level and the flow of money to the local level are critical for public health programs and any negotiated FY2021 funding legislation, there are several items within the bills put forward by the House and Senate FY2021 Labor, Health and Human Services, and Education Appropriations (LHHS) committees that NACCHO wishes to highlight. The proposed language and funding levels listed below are important to sustain the ability of local health departments to keep people healthy and safe.

### *Opioid Overdose Prevention*

Many health departments have had to curtail opioid abuse prevention services during the pandemic, and yet overdose numbers are increasing in many communities, erasing gains of recent years. Previously, programs that connected with people in hospital emergency departments after an overdose had seen successful outcomes in steering people toward syringe services programs and treatment programs. However, these programs rely on in person interactions that have been scaled back during the pandemic. Funding is needed in local communities to ensure that opioid abuse prevention continues in order to stem the tide of overdoses and deaths. NACCHO appreciates the language included in the Senate explanatory statement and urges that this language be included in the final FY2021 omnibus appropriations bill: **The Committee further encourages CDC to work with States to ensure that funding reaches the local level, and requests an update in the fiscal year 2022 CJ on how resources have been distributed to the local level in each State.**

### *Emergency Preparedness*

NACCHO appreciates the increased funding for the Public Health Emergency Preparedness (PHEP) Cooperative Agreements in both the House and Senate bills. Without the support that PHEP provides, local health departments — 55% of whom rely solely on federal funding for emergency preparedness — would be without the critical resources necessary to effectively prepare for and respond to public health emergencies such as terrorist threats, infectious disease outbreaks, natural disasters, and other emergencies. NACCHO research has found that more than 80% of local health department preparedness programs saw cuts in 2019, and 312 million Americans live in jurisdictions with stagnant or reduced emergency preparedness services.<sup>4</sup> NACCHO urges the inclusion in the final FY2021 omnibus appropriations bill of **\$705 million in FY2021 for PHEP**, as included in the Senate bill, and of the language included in the Senate explanatory statement: **The Committee continues to request detailed information on how PHEP funding is distributed at the local level by States. The Committee requests that CDC provide in the fiscal year 2022 CJ an update on how much of the Federal PHEP funding is being allocated to local health departments and what basis or formula each State is using to make such allocations.**

**NACCHO thanks the House and Senate Appropriations Committees for continued support of the Medical Reserve Corps (MRC) program**, rejecting cuts proposed by the administration. Most regions of the United States are currently served by MRC units, which connect community members to health departments to help bolster preparedness and response activities. In 2020, the Office of the Assistant Secretary for Preparedness and Response sent out more than \$1 million in operational readiness awards to over 200 MRC units to increase their volunteer capacity or strengthen the unit's response capabilities as a whole. These funds, administered by NACCHO, help to support community engagement projects, such as COVID-19 public education and testing efforts, that help to keep communities healthy and safe.

In addition, to bolster the connection between public health and hospital preparedness, NACCHO recommends inclusion in the final FY2021 omnibus appropriations bill of **\$301 million for the Hospital Preparedness Program (HPP)**, as included in the House bill. HPP funding helps enhance coordination between local public health and the health care system to strengthen the ability of hospitals, medical first responders, and medical provider networks to prepare for and respond in the case of an emergency, and the program has been heavily taxed by COVID-19.

### *Data Modernization*

Local health departments need access to data as granularly (i.e., zip code-level) and quickly as possible. There is wide variability in local information technology systems. In NACCHO's 2018 [Forces of Change](#) assessment, only 3% of local health departments surveyed reported that all of their information systems are interoperable and one-third of local health departments reported that none of their systems are interoperable. This lack of interoperability leads to substantial manual work (along with cost in local health department staff time and financial resources) to both report and exchange data, where they are required to do so. This slows down response time, with a negative impact on already high rates of illness and death from COVID-19 and other diseases. NACCHO has encouraging data from our 2019 [National Profile of Local Health Departments](#) showing that the majority of respondents indicated they had implemented immunization registries and electronic disease reporting systems. However, in many cases, those electronic disease reporting systems were not designed or equipped to handle the workflows or the volume of data resulting from COVID-19 and any investment in that can and must be leveraged to benefit our nation's immunization efforts long term..

Both the House and Senate bills recognizes the need for continued funding for data modernization. **NACCHO urges Congress to provide an additional \$450 million to allow the Data Modernization Initiative at CDC to be fully implemented** and that those funds support the modernization of systems at the federal, state, *and* local levels. Combined with \$550 million Congress has already provided over the past two years, this would help to make vast improvements on the current situation regarding data sharing between health care and public health and across the governmental public health system.

In conclusion, robust federal investment can help us ensure all communities have what they need to be safe and

healthy, even as the nation continues to battle a serious pandemic. Please contact NACCHO's Chief of Government and Public Affairs, Adriane Casalotti, MPH, MSW ([acasalotti@naccho.org](mailto:acasalotti@naccho.org)) for any additional information you require. Thank you for your attention to these recommendations to address the nation's urgent public health challenges.

Sincerely,



Lori Tremmel Freeman, MBA  
CEO

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<sup>1</sup> Currently, CDC sends funds directly to states, territories, and only 6 large cities (<https://www.cdc.gov/coronavirus/2019-ncov/downloads/php/funding-update.pdf>). The rest of the nation's local health departments are reliant upon their state to decide, if, how much, and when to send money to the local level. That has led to vast inconsistencies across the country in the amount of funding and the speed that federal funds are making it to local health departments to support this response. For more information see: <https://www.reuters.com/investigates/special-report/health-coronavirus-tracing/> and <https://khn.org/news/us-public-health-system-underfunded-under-threat-faces-more-cuts-amid-covid-pandemic/>

<sup>2</sup> NACCHO's 2019 Profile Study: Changes in Local Health Department Workforce and Finance Capacity Since 2008. Retrieved October 30, 2020 from [https://www.naccho.org/uploads/downloadable-resources/2019-Profile-Workforce-and-Finance-Capacity\\_final-May-2020.pdf](https://www.naccho.org/uploads/downloadable-resources/2019-Profile-Workforce-and-Finance-Capacity_final-May-2020.pdf)

<sup>3</sup> Population Reference Bureau, The U.S. Population Is Growing at the Slowest Rate Since the 1930s, <https://www.prb.org/the-u-s-population-is-growing-at-the-slowest-rate-since-the-1930s/>

<sup>4</sup> NACCHO Infographic, The Role of Local Health Departments in Responding to a Pandemic. Retrieved October 9, 2020 from <https://www.naccho.org/uploads/downloadable-resources/NACCHO-LHD-COVID-Infographic-June-2020.pdf>.