Statement of the

NATIONAL ASSOCIATION OF COUNTY AND CITY HEALTH OFFICIALS

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to the Subcommittee on Labor, Health and Human Services and Education

United States Senate

FY2021 Appropriations for Programs at the Department of Health and Human Services

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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. As we are currently seeing with our nation-wide response to the novel coronavirus (COVID-19), local health departments are on the front lines of the response to any public health crisis. However, years of underfunding have left them without the workforce and funding to respond most effectively to this and other challenges. Therefore, NACCHO requests that Congress include in its FY21 spending bill at least $200 million to establish a public health workforce loan repayment program at the Health Resources and Services Administration (HRSA), as well as $8.3 billion in overall funding for the Centers for Disease Control and Prevention.

Local health departments prepare and respond to all types of public health emergencies. In recent weeks and months, public health professionals in these departments
have rapidly mobilized to serve on the front lines of the COVID-19 crisis. The nation is seeing the troubling result of years of funding cuts and stagnation. Today, our system is under intense stress with frontline public health workers diverting their attention to the COVID-19 response while trying to continue the ever-important daily work of defending against chronic and long-term disability and disease, keeping our food and water safe, and addressing persistent challenges like substance misuse—problems that do not disappear simply because a greater threat is present. The lack of investment in the public health workforce and infrastructure is exacerbated in local health departments that serve smaller populations with smaller staffs who may not even have the workforce to remove from regular duties to help coordinate the outbreak response in their communities. Now is the time to better fund our public health infrastructure, including our workforce.

**Public Health Workforce**

NACCHO is requesting a $200 million appropriation to establish a public health loan repayment program at HRSA. This program — modeled off the success of the National Health Service Corps in bringing health care providers to communities in need — will help health departments across the country recruit and retain staff who can tackle 21st Century challenges and increase health departments’ capacity to keep the public healthy and safe.

Governmental public health was hit hard by the Great Recession, and while much of the rest of the public sector workforce has recovered or grown, local and state health departments have not. In fact, local and state health departments have lost nearly a quarter of their workforce since 2008, shedding over 50,000 jobs across the country. A first step to address the public health workforce shortage is enacting and implementing a 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 recruit and retain trained staff. New staff and volunteers are being
brought into the field for the COVID-19 response. This program would provide an incentive to
keep them long term and help ensure that their experience is harnessed and available before
the next crisis hits. The COVID-19 emergency has shown the holes in the public health
infrastructure and the lack of surge capacity for responding to an emergency at the same time
as meeting other public health needs. Structural investments are needed to be better prepared
before the next outbreak.

**Centers for Disease Control and Prevention**

NACCHO appreciates the increase in funding for the Centers for Disease Control and
Prevention (CDC) in FY2020 and urges the subcommittee to support a top line of at least $8.3
billion for CDC in FY2021. This is in line with the 22x22 campaign, to raise the CDC’s budget 22%
by 2022, which was started in 2019 with support from NACCHO. The need for core support for
CDC is much greater than this; however, this funding request takes into account limitations due
to budget caps.

In addition to rebuilding the workforce, investment in the CDC is critical for local health
departments to successfully implement programs which keep our communities healthy and
prepared to respond to the ever-growing list of public health emergencies such as the current
COVID-19 outbreak. The CDC plays an important role in support of local health departments in
many ways, including: supporting local health departments’ ability to detect and respond to
infectious disease and outbreaks through national surveillance systems and alerts, providing
important subject matter expertise in the event of an outbreak of an emerging infectious
disease, providing logistics, communication, analytics and other support functions during an emergency response. Congress should support CDC as an agency and the individual programs that it funds.

A few cities and counties receive funding directly from CDC; however, much of CDC’s funding for local health departments goes through state health departments as the primary grantee. It is critically important that the necessary amount of federal funds is allocated to local health departments who merge public health expertise with thorough understanding of local conditions to keep all communities healthy and safe. In addition, we ask the committee to ask CDC for greater visibility as to how much funding provided to state health departments reaches local communities through subgrants.

While emergency funds have been authorized to help respond to the COVID-19 emergency, public health departments need predictable, robust support to address health needs across the spectrum of infectious disease, chronic disease and emergency preparedness. Whether the department is responding to a measles outbreak, trying to solve their community’s substance abuse crisis, or investigating vaping related illnesses, these funds go towards life-saving planning and response efforts in each Senator’s state.

The response to COVID-19 shows that robust federal investment in public health is needed to help people be safe and healthy. Thank you for your attention to these recommendations to strengthen public health.