

NACCHO Capitol Hill Visits | 2020

Talking points

How to use these talking points:

Meetings will be with Congressional staff members who are responsible for health issues. They may or may not have a background in public health. It is perfectly ok to gauge their level of knowledge before you begin the conversation.

Each meeting will probably last no more than 30 minutes.

Be ready with your “elevator speech” describing the work of your health department in case you only have time to cover a couple of key points or you have the opportunity to talk to the Member of Congress for a few minutes.

Stories are powerful, especially backed up by data. Review the talking points ahead of time and be prepared to talk about them in your own words, including examples from your own work.

Do not feel you need to cover everything. Choose what is most relevant for you and your community. If you are in a group meeting, decide ahead of time who will cover which topics.

Overview

Goals

- *Educate Congressional staff about what your health department does and the importance of federal funding to help you keep people in your community healthy and safe.*
- *Use NACCHO's [2020 Legislative Agenda](#) to outline public health priorities in Congress and the Administration*
- *Invite Congressional staff and Members of Congress to visit your health department or attend a health department event during 2020.*

General Talking Points

- Nearly 3,000 local health departments work every day in their communities to prevent disease, promote wellness, and protect health.
- The work of public health is often invisible. It is only when there is a disaster or outbreak that the safety net of public health becomes apparent.
- Local and state health departments have lost 25% of their workforce since 2008 and could lose up to 45% of the aging workforce over the next 10 years due to retirement.

- Local health departments organize community partnerships and facilitate important conversations with stakeholders about how to create the conditions in which all people can be healthy.
- Much of what influences our health happens outside of the doctor’s office. Public health departments are responsible for monitoring health threats in the community and taking action to reduce the risks of those threats.
- What is really needed is increased funding across all of public health so that it is ready and able when any challenge arises. These types of emergencies strain the entire public health system, and when we pull funding from one area to address another disease it doesn’t help achieve our goal of protecting and promoting the health of all Americans.
- Strong public health services strengthen economic well-being, educational success, and nation-wide competitiveness community by community.
- Governmental public health spending accounts for only 3% of the \$2.9 trillion spent on health care in the United States.
- In the current moment that has us dealing with the novel coronavirus (COVID-19) outbreak overseas, illnesses and death caused by vaping, or the recurrence of measles in communities across the country, we see just how important the work of our local public health system is to the safety and security of our nation. However, it is also in these crises that we recognize the chronic underfunding of our local public health system.
- While we appreciate increased investments for emergency scenarios—and it is certainly needed as localities respond to COVID-19—that is a band aid.

CDC Funding

- 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 – not just the individual programs that it funds.
- **That is why we are asking you to support a top line of \$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.
 - *Background: This number comes from the CDC Coalition, of which NACCHO is a member. NACCHO is one of over nearly 100 organizations supporting the 22x22 campaign. A \$1.5 billion total funding increase over three years will allow CDC to better implement effective programs to address federal, state, and local public health priorities.*
- Much of CDC’s funding for local health departments goes through state health departments as the primary grantee, while a few cities and counties receive funding directly from CDC. Either

way, it is **critically important that the appropriate amount of federal funds gets to the local level** where we have experience addressing local health priorities and that authorizing and appropriations bills permit CDC to have the option of directing funds to state *and* local health departments.

Coronavirus COVID-19 Response

- Local health departments are on the front lines of preparing communities to respond to disaster, including COVID-19.
- Thank you for the emergency funding; however, we need sustained public health infrastructure to respond in the future. This outbreak has shown local health departments clearly need more long-term investments in infrastructure and workforce to be strong for when the next crisis hits and to address everyday public health needs.
- Across the country, local health departments are responsible for assessing people for the risk of contracting the disease; finding and testing persons of interest who of have recently traveled to China or who are exhibiting symptoms; monitoring anyone who has been in close contact with people under investigation; and arranging for isolation and quarantine when necessary. We are working with health care providers to help ensure they know what to look for—and how to report—suspected cases. On top of all of this, we are working with our community partners to disseminate credible information, calm fears, and dispel myths.
- Local health professionals are working above and beyond the call of duty, and our health departments are already diverting staff from other projects — strategies that are not sustainable and which run the risk of compromising other critical work, such as efforts to prevent the spread of Hepatitis A and HIV and fight the opioid crisis.
- Thank your Representative and Senators for the \$8.3 billion (\$950 million for state and local response) in emergency supplemental funding to support current response activities as well as future work as additional cases are identified, including:
 - Isolation/quarantine related activities, including transportation and lodging and wrap around services like behavioral health services/support, counseling, or even necessities like food, toiletries
 - Finding and monitoring patients that are currently under investigation (PUIs)
 - Outreach to the general public (including translation of public health materials) and healthcare facilities for additional coordination and education
- Thank you Representative and Senators for the \$2.2 trillion emergency supplemental funding to support response activities and CDC
 - \$4.5 billion in additional funding to CDC for FY2020
 - \$1.5 billion of that guaranteed for state and local health departments, and \$125 million for tribal health departments, to be used by September 2024.
 - Grants will include 100% of the funding amount for public health emergency preparedness (PHEP) grants
 - \$500 million for data modernization
- Purchasing personal protective equipment (PPE) including N95 masks, face shields, and fit testing by third party vendors.

Public Health Workforce

- 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.

- This deficiency is compounded by the age of the public health workforce — 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. At the same time, competition with the private sector, low pay, and geographic challenges contribute to a difficulty recruiting new talent with key public health skills. Combined, these forces indicate a public health workforce crisis that must be addressed.
- We need more support for the public health workforce and mechanisms to bring people into the field.
- A first step 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.
- Such a 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 appropriate staff who can tackle 21st Century challenges and increase health departments' capacity, now and in the future, to keep the public healthy and safe.
- We are asking Members of Congress to request \$100 million in HRSA funding in FY2021 appropriations to establish this loan repayment program to help recruit and retain public health professionals.
- [If yes] Thank you! I will forward information to your office for a request. (If they say you need to fill out an appropriations form, let NACCHO staff know and we will help you.)
- We are also seeking Members of Congress to introduce or co-sponsor a bill to formally authorize the loan repayment program.
- [*If asked how this differs from the federal public service loan repayment program*] That program has very specific requirements that make it a challenge to address the broad workforce issues facing public health departments. A program focused on the needs of public health departments is needed to ensure that we have the workforce we need in place to keep our communities healthy.