

NACCHO's 2023 Federal Legislative and Policy Agenda

NACCHO's mission is to improve the health of communities by strengthening and advocating for local health departments. The Federal Legislative and Policy Agenda guides NACCHO's work in its interactions with federal agencies and Congress. The Agenda is informed by local health department input and approved annually by the Board of Directors.

COVID-19 brought to the fore the critical role of governmental public health — especially local health departments — in all aspects of daily life and exposed the consequences of years of underinvestment in our public health system. In 2022, local health departments maintained their efforts to lead communities through the ongoing COVID-19 response, addressed exacerbated public health challenges, and responded to emerging issues, like the mpox outbreak.

In 2023, NACCHO will continue to advocate on behalf of all aspects of local health department activities including to respond to continuing and emerging public health emergencies, and to confront public health challenges faced at the community level, including those that have been exacerbated over the past few years. To ensure federal policy is responsive to and supportive of our members, NACCHO will advocate for meaningful inclusion of local health department expertise in policy planning and implementation, and for designated federal funding for local health departments.

The past few years have placed a spotlight on the importance of local public health infrastructure, data, and workforce. While we saw some advancement of support for these issues in 2022, including specific funding in federal appropriations and authorization of the Public Health Workforce Loan Repayment Program, more is

needed to bolster these efforts at all local health departments in both the short and long term. Therefore, NACCHO will continue efforts to push for robust investment in core public health functions (including sustainable, flexible, disease-agnostic funding for public health infrastructure and data modernization investments), strengthen the public health workforce, and work to address the many public health challenges that local health departments face every day in partnership and coalition with other stakeholders.

Policy decisions both within and outside the traditional health sphere impact health status. To better address population health and wellbeing, NACCHO seeks opportunities to promote collaboration between and integration of the public health and health care sectors and advocates a health in all policies approach. NACCHO also supports the incorporation and adoption of principles of social justice into public health practice in order to eliminate the root causes of health inequities.

NACCHO's 2023 Legislative Priorities

- Strengthen and support the **public health workforce**
- Bolster and improve access to **federal public health funding**, including resources to support **public health infrastructure** and **data modernization** at the local health department level
- Ensure **federal public health funding flows** from the federal level to states and local communities quickly and equitably
- **Address wide range of public health concerns** through work in coalition with partners



Public Health Workforce

The public health workforce – the backbone of our nation’s governmental public health system – is facing a crisis that predates COVID-19 but has worsened during the pandemic response. Public health departments were hit hard by the 2008 recession and despite some progress between 2016 and 2019, local health departments had lost 21 percent of their workforce capacity in the decade before the pandemic, with the number of full-time equivalent local health department workers dropping from 5.2 per 10,000 people in 2008 to 4.1 per 10,000 people in 2019.ⁱ

While COVID-19-related emergency funding has helped some local health departments hire in the short term, these resources have not been made available to all local health departments and are time-limited. More must be done to shore up the local health department workforce for the long term. A recent analysis found that local public health departments need at least 54,000 more full-time equivalent positions – an increase of 70 percent – to provide a minimum set of public health services.ⁱⁱ That estimate encompasses only the bare minimum needed to sustain the public health system, without accounting for additional workforce that may be temporarily required to respond to an event like COVID-19 or other challenges.

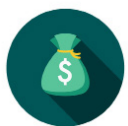
The need to expand the local health department workforce is compounded by pressures that may lead existing workers to leave the field. A 2022 analysis found that nearly one-third of the public health workforce is considering leaving their organization in the next year. Five percent of workers plan to retire in the next year, and 27 percent plan to leave for reasons other than retirement including pay, work overload and burnout, lack of opportunities for advancement, stress, and organizational climate and culture. Among those considering leaving their organization, 39 percent said the pandemic made them more likely to leave. Whether or not they plan to leave, more than half of current public health workers report symptoms of post-traumatic stress disorder and many are struggling with their mental health.ⁱⁱⁱ

Combined, these forces create an urgency to address our public health workforce crisis by better supporting existing staff and bringing new staff into the field. After significant advocacy by NACCHO, our members, and coalition partners, Congress passed and President Biden signed the Continuing Appropriations Act of 2023, which reauthorized the Public Health Workforce Loan Repayment Program, representing a significant step forward. In 2023, NACCHO will work with Congress to secure adequate funding to support and sustain this new federal loan repayment program for public health professionals who agree to serve three years in a local, state, or tribal health department. Moving forward,



NACCHO will also work with the Health Resources and Services Administration to implement the loan repayment program so that it can be a useful tool for health departments to recruit and retain top talent, building a workforce that can address current as well as future public health challenges.

NACCHO will continue to support the vital work of public health officials, staff, and authority in the face of increased politicization. Public health officials around the country have been harassed, threatened, fired, or retired early because of political disputes over public health measures in response to COVID-19. In 2021, at least 26 states passed laws limiting public health authorities needed to protect communities^{iv} and nearly all states have had at least one bill introduced since 2021 to reduce or remove aspects of public health authority.^v NACCHO calls on policymakers at the local, state, and federal level to support local health officials, including through mental health resources and supports, so they are empowered to implement evidence-based policies and recommendations. Moreover, federal public health guidance needs to be clear, consistent, and science-based to support these public servants at the local level.



Public Health Funding

Federal public health funding is critical to the work of local health departments, and NACCHO will continue its efforts to ensure strong federal investments in public health programs and that those investments efficiently and equitably make it to local health departments at the community level.

- **Rebuild and sustain the governmental public health system:** COVID-19 has reinforced the need for sustained investment in local health departments to enable them to address existing public health challenges and be prepared to respond to future public health emergencies. **NACCHO calls for sustainable, disease-agnostic, mandatory funding to support local public health infrastructure, including data modernization and workforce development.**



- **Maintain the strength of Centers for Disease Control and Prevention (CDC):** CDC has unmatched expertise and experience in tackling a broad array of public health issues, including new and emerging challenges. NACCHO will continue to advocate for robust funding for CDC so the agency can effectively support programs to address federal, state, and local public health priorities.
- **Other appropriations:** NACCHO will continue to advocate for strong appropriations in FY2023 and FY2024 for public health programs within the CDC, Food and Drug Administration, Health Resources and Services Administration, and the Administration for Strategic Preparedness and Response. NACCHO also opposes cuts to the authorization levels of the Prevention and Public Health Fund.
- **Ensure funding reaches local health departments:** It is important that all entities throughout the continuum of governmental public health are empowered and resourced to work together to support our shared mission. Unfortunately, federal funding intended by Congress to support all levels of the governmental public health enterprise continues to have variable reach (e.g., in amount, timeliness, and requirements) to local public health agencies. Therefore, NACCHO will continue to advocate for substantial additional investments in the govern-

mental public health system at all levels (federal, state, local, tribal, and territorial), **as well as funding designated specifically for local health departments so that they can continue to lead on all public health priorities.** NACCHO also supports **public tracking of disbursement of federal public health funds down to the local health department level** to identify best practices and address challenges. Such transparency and accountability should be accompanied by **greater local health department involvement** and consensus in state public health decision-making concerning the distribution and uses of federal funds at the local level.



Supporting Public Health through Coalitions and Partnerships

NACCHO will continue to work in coalition with partners to address broad public health challenges including:

- **Access to healthcare**, including Affordable Care Act programs and Medicaid
- **Behavioral and mental health services**
- **Chronic disease prevention**, including active living, nutrition, and food security
- **Informatics**, including interoperable data exchange between public health and healthcare providers
- **Emergency preparedness**
- **Environmental health**, including climate, food and water safety, and vector borne disease prevention and control
- **HIV, STI, and viral hepatitis prevention**
- **Infectious disease prevention**, including vaccines and antimicrobial resistance
- **Injury and violence prevention**, including gun violence

- **Maternal and child health** promotion
- **Reproductive health** and family planning services
- **Substance use disorder** prevention and treatment
- **Tobacco control** and prevention, including e-cigarettes

References

- ⁱ NACCHO, 2019 National Profile of Local Health Departments, https://www.naccho.org/uploads/downloadable-resources/Programs/Public-Health-Infrastructure/NACCHO_2019_Profile_final.pdf
- ⁱⁱ de Beaumont Foundation and Public Health National Center for Innovations, Staffing Up: Investing in Public Health Workforce, <https://debeaumont.org/staffing-up/>
- ⁱⁱⁱ de Beaumont Foundation, Public Health Workforce Interests and Needs Survey, <https://debeaumont.org/phwins/2021-findings/>
- ^{iv} Kaiser Health News, Over Half of States Have Rolled Back Public Health Powers in Pandemic, <https://khn.org/news/article/over-half-of-states-have-rolled-back-public-health-powers-in-pandemic/>
- ^v The Network for Public Health Law, Public Health Authority: 50-State Legislative Law and Bill Survey, <https://www.networkforphl.org/wp-content/uploads/2022/06/Summary-of-Enacted-Laws-and-Pending-Bills-Limiting-Public-Health-Authority-2.pdf>

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