

**Statement of the**

**NATIONAL ASSOCIATION OF COUNTY AND CITY HEALTH OFFICIALS**

**1201 Eye St. NW, 4th floor | Washington, DC 20005**

**Submitted by Lori Tremmel Freeman, MBA, Chief Executive Officer**

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

**United States House of Representatives**

***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 community health strategists, these health departments work across sectors to ensure the long-term health and safety of our communities. 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 our response to any public health crisis. However, years of underfunding have left them without the necessary workforce and funding to most effectively respond to this and other challenges. Therefore, NACCHO requests that Congress include in its FY21 spending bill at least \$100 million to establish a public health workforce loan repayment program, as well as \$8.3 billion in overall funding for the Centers for Disease Control and Prevention, both housed within the Department of Health and Human Services.

Local health departments prepare and respond to all types of public health emergencies. In recent weeks, public health professionals in these departments have rapidly mobilized to serve on the front lines of the current crisis related to COVID-19. During this time of public health crisis, the nation is seeing the troubling result of years of funding cuts and stagnation. Today, our system is under intense stress with frontline 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 pull off 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 at least a \$100 million appropriation to establish a public health loan repayment program at the Health Resources and Services Administration. 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 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.

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.

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. \$100 million would provide a strong start to the program, but the stronger the investment in this program, the more communities could be assisted. 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 in communities. We need to make structural investments now 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. 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 – not just 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.

A strong investment in public health in FY2021 could turn the tide on an overworked and critically impaired health infrastructure. While emergency funds have been authorized to help respond to the COVID-19 emergency, public health departments need predictable, robust support across all initiatives 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 member's state and district.

Investment in public health infrastructure makes communities safer, healthier, and better able to solve our nation's most pressing problems. Robust federal investment can help ensure all of our communities have what they need to be safe and healthy. Thank you for your attention to these recommendations to address the nation's urgent public health challenges.