



National Association of County & City Health Officials

The National Connection for Local Public Health

May 19, 2021

The Honorable Rosa DeLauro
Chair
House Labor, HHS, Education
Appropriations Subcommittee
Washington, DC 20515

The Honorable Tom Cole
Ranking Member
House Labor, HHS, Education
Appropriations Subcommittee
Washington, DC 20515

Dear Chair DeLauro and Representative Cole:

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 greatly appreciate your past support of public health needs.

After more than a year of grappling 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 marginalized populations, and promote equity among all community members. Federal appropriations are key to supporting this important work.

Overall Funding for Centers for Disease Control and Prevention

As you know, federal funding is critical to these efforts, particularly appropriations for the Centers for Disease Control and Prevention (CDC). CDC has an integral part to play in helping our nation to emerge from 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 provide at least **\$10 billion for the CDC in FY2022**.

While recent emergency funding has supported efforts to defeat COVID-19, we are counting on Congress to provide stable, sufficient governmental public health funding to allow our nation’s local and state health departments to maintain a standing set of core capabilities, so they are ready when needed, regardless of the next challenge or threat, as well as strong investments in the specific diseases and conditions addressed by public health departments each day. Another cycle of “boom and bust” funding will leave communities vulnerable when they are already in a weakened position from the pandemic and associated collateral impacts on health and economic well-being.

Public Health Emergency Preparedness

NACCHO appreciates the increased funding provided for the Public Health Emergency Preparedness (PHEP) Cooperative Agreements in FY2021. 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 urges at least **\$1 billion for PHEP in FY2022**, the level at which the program was originally created. Public health emergencies have increased in number and scope, not decreased, in the past 20 years since the establishment of the PHEP program. However, PHEP funding has declined or stalled, and many local health departments struggle to fund even 1 employee to do this critical work. To better keep Americans safe from all hazards, a return to the funding level of at least \$1 billion is required in FY2022.

NACCHO also advocates for the inclusion of the following report language to better assess the reach of PHEP dollars into local communities:

The COVID-19 pandemic has shown that increased funding for preparedness is necessary for a baseline of consistent protection from another pandemic or other threat to our nation, whether terrorist threats, infectious disease outbreaks, natural disasters, and biological, chemical, nuclear, and radiological emergencies. The Committee requests a state distribution table in the FY2023 Congressional Justification which should also include how federal funding is being allocated by state health departments to local health departments and how States are determining these allocations, including funding formulas.

Public Health Workforce

The infrastructure of public health relies on people, day in and day out, pandemic or not. However, governmental public health at the county, city, and state level was hit hard by the Great Recession, and whereas much of the rest of the public sector workforce has recovered, or grown, local and state health departments have not. In fact, when factoring population growth, **local and state health departments have lost more than 20% of their workforce capacity since 2008**, shedding over 50,000 jobs across the country. A lack of sufficient, predictable funding has led to challenges in supporting public health professionals, recruiting top talent, and retaining this expertise. At the same time, public health challenges have increased. Impending retirements, staff that do not reflect all facets of the demographics of their communities, and positions tied only to specific ailments/funding streams have led to both a shortage in people power and a lack of flexibility to meet new challenges.

- **Public Health Loan Repayment**

A loan repayment program is needed to invest in the public health workforce by compensating public health professionals who agree to serve three years in a local, state, or tribal health department. This is important to retaining skilled professionals who have joined health departments during the COVID-19 pandemic and recruiting new staff with 21st century skills. NACCHO urges Congress to provide **\$200 million for the establishment of a public health loan repayment program** at the Health Resources and Services Administration, modelled after the successful National Health Service Corps that currently bolsters the health care workforce. This would provide an added incentive to retain public health professionals long term and help ensure that their experience is harnessed and available to address current as well as future public health emergencies.

- **Medical Reserve Corps**

The Medical Reserve Corps (MRC) is a national network of local groups of volunteers committed to improving the public health, and resiliency of their communities. As the community's first line of defense, MRC's are deployed to address public health emergencies. Two-thirds of the nation's 1,000 MRC units are housed within local health departments. In 2020, MRC volunteers provided 840,000 hours of service to their communities devoted to COVID-19. In 2021, they have played an integral part in the vaccine rollout and meeting other public health needs. The increased funding included in the American Rescue Plan Act would allow for each unit to increase its budget by \$100,000 and other units to be organized, exponentially increasing the benefits to local communities and the health and safety of the public. However, they still need support to operate beyond the pandemic response. MRC has also been integral to many communities during the COVID-19 vaccine distribution. NACCHO advocates for doubling of the program to **\$12 million in FY2022** to allow the capacity built during COVID-19 to be sustained and help communities with additional, more localized emergencies.

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 being allocated. Most grant funding at CDC is allocated directly to the states, territories, some tribes, and a handful of directly funded city health departments. 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 reaches the local level in a timely manner. 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.¹ In order to understand how federal funding flows to the local level, NACCHO recommends the following language for the FY2022 LHHS committee report:

COVID has raised awareness of the importance of the role of local health departments in our nation's governmental public health partnership to protect the public's health, however the Committee recognizes that federal funding intended for both state and local health departments does not consistently reach local health departments beyond those directly-funded by the CDC (or the Department). It is the Committee's expectation that CDC funds for state and local health departments reach all local health departments, directly or via pass through grants from their state health department. Further, the Committee requests CDC publicly track and report to the Committee how funds provided to state health departments are passed through to local health departments, including amount, per grant award, by local jurisdiction.

Receiving this information publicly will help to identify best practices among states and pinpoint where more local support may be needed.

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) 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

¹ Much of CDC's funding goes directly to states, territories and directly-funded cities. 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/>