March 11, 2022

Department of Health and Human Services
Office of the Assistant Secretary for Preparedness and Response
Attn: nhss@hhs.gov
Re: 2023-2026 National Health Security Strategy

To whom it may concern:

The National Association of County and City Health Officials (NACCHO), representing the nearly 3,000 local health departments across the country, appreciates the opportunity to provide comment on the Request for Information (RFI) on national health security threats, challenges, and promising practices to help inform the development of the 2023-2026 National Health Security Strategy (NHSS).

Question 1. *What are the most critical national health security threats and public health and medical preparedness, response, and recovery challenges that warrant increased attention over the next five years?*

NACCHO's Preparedness Policy Advisory Group (PPAG) is our overarching preparedness workgroup that provides feedback and comments on a variety of federal public health preparedness policy issues and initiatives to strengthen the voice of local health departments on national policy issues related to planning, response, and recovery from disasters and other emergencies. In September 2021, representatives from the Office of the Assistant Secretary for Preparedness and Response (ASPR) joined the monthly NACCHO PPAG meeting to present on the NHSS and discuss feedback with members. PPAG members identified the following top national health security areas for improvement:
- Coordination across all response partners
- Addressing a full health security spectrum
- Strengthening domestic response capacity (e.g., public health infrastructure, workforce, and authority)
- Improving interoperability of data systems, integration, and security
- Addressing climate change
- Promoting health equity
- Strengthening supply chain resilience

Question 2. *What medium-term and long-term (i.e., over next five years) actions should be taken to mitigate these challenges at the federal government and/or state, local, tribal, and territorial level?*

<u>Medium-Term Action Recommendations</u>

Coordination Across All Response Partners

There is a need to better articulate in detail the roles of and approach to coordination across all levels of response partners in order to marshal a whole-of-government approach to health security.

Coordination must occur vertically (across local, state, and federal levels) and horizontally (across public health, emergency management, and health care sectors) and must include planning and strategy phases, as well as access to and visibility of resources. The needs of local communities vary across the country and representation of their unique needs should be included in the planning, strategy, decision making, implementation, and evaluation of federal and state planning and response efforts. Similarly, public health must be an equal partner in efforts along with the health care and emergency management sectors.

This multi-level coordination must be exercised to ensure roles and responsibilities are clear before an emergency strikes. Strong coordination across all response partners will enable partners to be responsive and nimble in a rapidly evolving emergency response environment, and result in a more cohesive response.

At the systems level, time, attention, and resources should be focused to strengthen administrative preparedness to ensure efficient and equitable movement of resources, people, and materials across all levels of government. Moreover, financial structures should be strengthened to better ensure that emergency aid reach all levels, across jurisdictions, in an equitable and timely way.

Addressing a Full Health Security Spectrum

National preparedness efforts must address the full spectrum of health security, not only to the "last mile," but also the "last inch." During the COVID-19 response, there was often a strong focus on commodities and logistics that was necessary, but not sufficient, for a successful public health emergency response. For example, significant effort was invested in procuring personal protective equipment, vaccines, or treatments, but a lack of planning down to the community level meant that those resources could not be most effectively deployed. This was particularly apparent in relation to COVID-19 vaccines. When vaccines were made available, administration systems and processes were not in place to ensure vaccinations could be administered in the community in a timely, efficient, and equitable manner. Moreover, very little attention was paid in advance to understand local challenges and lay the groundwork to educate and build confidence in the broader population, allowing mis- and disinformation to spread and impacting vaccine demand.

Effective emergency response often requires individual buy-in, understanding, and support from the general public. Future planning and response efforts must focus not just providing tools to state and local partners, but also on ensuring they can be efficiently deployed into the community. Clear communication from trusted sources and local-level planning are necessary to drive demand and gain community cooperation and acceptance. Prioritization should be given to efforts to build community trust and outreach infrastructure before crisis hits, including messaging strategies, which can be leveraged during a response.

Strengthening Domestic Response Capacity

The NHSS should focus strategic priorities and national security resources on building preparedness infrastructure to prevent future hazards before they become emergencies. The country's domestic response capacity has been hampered by a boom-bust cycle of funding – investment spikes during an emergency, but quickly abates as a crisis resolves. The public health infrastructure has seen a 30% decrease of expenditures per capita between 2008 and 2019. Additionally, the local public health

workforce capacity has decreased 21% since 2008. Robust investments in public health infrastructure and workforce capacity are needed to ensure the nation is prepared to confront health security challenges. [1]

Sustainable, predictable, disease agnostic investments—such as federal public health infrastructure funding—are needed to support and sustain the public health workforce as pandemic recovery begins to ensure the nation is better positioned for future large-scale emergencies. Such funding would allow local health departments to focus on certain skillsets that are critically necessary, like communication, outreach, data analysis, and digitalization, but that local health departments largely lack due to funding constraints that typically tie funding to specific disease states. Such limiting funding streams hamper health departments' ability to leverage skillsets across efforts or to be nimble to address emerging challenges. Flexible funding should supplement, not supplant, existing programmatic funds including dedicated preparedness and response funding. Federal funders must ensure that money reaches all communities efficiently and equitably.

The public health workforce is the backbone of our nation's government public health system but is facing a crisis that predates COVID-19 and has worsened during the pandemic. Efforts must be made to strengthen the public health workforce through recruitment and retention. Federal loan repayment for public health professional would be an important tool for health departments to recruit top talent. Addressing government salary bands and career ladders could help improve retention. Finally, surge capacity should be built into the public health workforce, for example through the Medical Reserve Corps.

The politicization of the COVID-19 response has created new challenges that have worn on the public health workforce. Efforts to improve public health staff mental health and resiliency may be necessary to keep professionals in the field who have been overworked and may be facing burnout as a result of the multi-year COVID-19 response. Finally, states have taken action to limit authority to respond to public health emergencies. Those authorities must be restored and there needs to be a focus on restoring trust in public health to enable the nation to confront the next public health emergency.

Addressing Climate-Related Disasters

Climate-related disasters are increasing in severity and intensity, placing human health at risk. Increasing threats to health include worsening air and water quality, increased exposure to vector-borne and infectious diseases, threats to food security, and increased mental health and stress-related disorders. While all communities are impacted by climate change, the impacts to health burden certain populations disproportionately, including but not limited to, communities of color, immigrant populations, tribal communities, children and older adults, people with disabilities or health conditions, low-income communities, and pregnant people.

The NHSS must recognize the intersection of national health security and efforts to address climate change on the national and global level. Investment in climate-related threats should be more meaningfully incorporated into the NHSS, including a focus on areas of high disinvestment and low infrastructure.

All levels of government must collaborate with community stakeholders in preparation for and response to a changing global and local climate. Local health departments and the public health community can and should provide strong leadership in climate change mitigation and adaptation efforts. The federal government can help communities prepare to respond to the impacts of climate change by increasing resources to local environmental health, preparedness, and response planning. [3]

Promoting Health Equity

Health and social disparities result in a disproportionately higher burden of disease and impact from health security events. Equity must be a key component of the NHSS, as well as preparedness planning and response. Representatives of at-risk populations should be included to inform preparedness planning. Local health departments can serve as strategic conveners that bridge the gap among cross-sector partners and community members to proactively respond to changing health needs. Investments are needed to support community-level outreach to build trust and bridge the gap between local health departments and community members. Planning activities should leverage data and include representatives of at-risk populations to better inform mitigation and response strategies. [4]

Strengthening Supply Chain Resilience

The COVID-19 pandemic has highlighted gaps in the Strategic National Stockpile (SNS) strategy and the ability to quickly ramp up private sector supplies, leaving communities and health care systems without the personal protective equipment and supplies needed to adequately respond. Although advances were made to address many of the shortages experienced early in the pandemic, there is still a need to evaluate strategies of maintaining inventories at all levels of the government.

It is critical that the roles, responsibilities, and expectations for the SNS are clarified so that localities, states, and tribal governments know what to expect in a crisis. NACCHO recommends that the SNS serve as an asset to local, state, and tribal governments available in emergencies to deliver medical countermeasures and supplies using point-to-point distribution. Without sufficient support from the federal SNS, jurisdictions must compete for needed supplies on the open market, creating an "every jurisdiction for itself" dynamic, which can disadvantage more rural or less resourced communities, and result in artificially inflated prices and an inefficient use of limited time and resources during a crisis response.

The federal government should facilitate the equitable use of the SNS by all jurisdictions, and not contribute to a situation, such as during COVID-19, where jurisdictions had to compete for scarce supplies. Further, local health department perspective should be included in implementation considerations for the SNS and other medical countermeasures from the outset (e.g., distribution, dispensing, public communications, community engagement). This includes early coordination with both local and state health departments involved with critical public health actions.

<p align="center">Long-Term Action Recommendations</p>

Improving Interoperability of Data Systems, Integration, and Security

The public health data system lacks integration with health care or other sectors, and faces data infrastructure challenges such as antiquated hardware and broadband limitations. During COVID-19 new

systems (like Tiberius) were developed mid-crisis, without local health department access considerations, hampering response efforts in some communities. Finally, the unsophisticated nature of public health data systems renders them at risk of cybersecurity threats including ransomware attacks.

Full investment in public health data modernization at all levels (federal, state, *and* local) is needed for national health security.[2] Priorities should focus on support for the interoperability of systems across all levels including local health department access to federal and state systems and improvement of cross-jurisdictional data sharing. Support must also be provided to build up informatics, data visualization, and information technology staff at health departments so that improvements in data systems can be efficiently deployed.
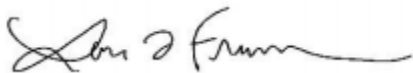
Question 3. *What public health and medical preparedness, response, and recovery opportunities or promising practices should be capitalized on over the next five years?*

Throughout the COVID-19 pandemic, we have seen how collaboration across the federal, state, and local levels is essential. These opportunities must continue with an effort to monitor resource needs to ensure resources are aligned across all levels. This peer-to-peer-to peer relationship should continue focusing on clear communication across and among all levels, and local needs must be incorporated to inform planning at the state and federal level.

Regularly scheduled office hours and informational webinars hosted by federal agencies such as ASPR and the Centers for Disease Control and Prevention have been critical over the past few years. ASPR has offered calls directed towards the healthcare industry, as well as state and local health departments. Its therapeutics call model has been an effective platform to share new guidance and address supply chain challenges. CDC has offered calls directed towards state, tribal, local, and territorial partners as well as vaccine awardees to ensure direct communication between these groups. Expanding this practice to inform stakeholders about the Strategic National Stockpile and continued supply chain challenges should be capitalized on over the next couple of years. Increase attention in bi-directional information sharing should be prioritized so that information is not just communicated out, but also collected to inform federal planning and efforts in a pre-decisional capacity.

Thank you again for the opportunity to provide feedback on behalf of our nation's local health departments. If you have additional questions, please contact Adriane Casalotti, NACCHO's Chief of Government and Public Affairs, acasalotti@naccho.org.

Sincerely,

Lori Tremmel Freeman, MBA
CEO

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