

FUNDING PRIORITIES TO PROTECT THE PUBLIC'S HEALTH

The National Association of County and City Health Officials (NACCHO) calls on Congress to appropriate FY09 funds at the following levels to protect the health of America's communities:

\$919 million (FY05 level) – Public Health Preparedness: State and Local Capacity-Building

President's FY09 Budget: \$609 million

\$350 million – (FY06 first supplemental level) - State and Local Pandemic Influenza Preparedness

President's FY09 Budget: \$0

\$131 million (FY05 level) – Preventive Health and Health Services Block Grant

President's FY09 Budget: \$0

\$10 million (new) - Public Health Workforce

President's FY09 Budget: \$0

Public Health Preparedness: State and Local Capacity-Building

State and Local Pandemic Influenza Preparedness

Federal funds for improving state and local public health preparedness have declined from \$919 million in FY05 to \$746 million in FY08. In a 2007 NACCHO survey, three-quarters of local health departments (LHDs) reported that they had made improvements in preparedness but more improvement is needed. LHD's experienced an average 20% funding reduction in 2007 and further reductions are expected when HHS distributes FY08 funds. Many jurisdictions continue to invest in emergency preparedness with county, city or state funds. However, federal cuts have compelled many local health departments to reduce their work in preparing for public health emergencies caused by disease outbreaks, fires, hurricanes, tornadoes, earthquakes, or a terrorist attack.

The safety and well-being of America's communities is dependent on the capacity of their health departments to respond in any emergency that threatens human health. In order for LHDs to sustain and continue improving their preparedness and response capabilities, they need consistent funding. Every community now has a public health emergency plan in place, but plans must be supported by public health responders who engage in continuous training and exercising. The nation cannot afford to backslide or lose its investment by failing to sustain federal funding that helps health departments continue their progress and address new and emerging threats.

Media attention to the threat of pandemic flu may have waned, but experts say that it remains a real threat. A flu pandemic will likely break out at multiple sites simultaneously and could go on for months, in a series of waves across the country. The effect could be disruption of businesses, schools and delivery of services throughout communities. Preparation at the local level is the surest way to respond to such an event and to forestall panic. The Centers for Disease Control and Prevention (CDC) has stated, "The local level is where the effects will be felt and where the response needs to occur." Development of a vaccine for pandemic influenza can take six months or more. Therefore, public education and engagement in preventing the spread of disease and local response to early cases will be vital to controlling a pandemic. Emergency supplemental funds in the amount of \$600 million appropriated in FY06 for pandemic influenza preparedness have been distributed and ongoing funding is needed to make sure that the enormous job of preparing every community continues.



Preventive Health and Health Services Block Grant

Prevention of disease and disability should be a cornerstone of our nation's health system, but federal discretionary funding to help state and local governments take measures to prevent disease in entire populations, not just in individuals, has diminished. Chronic diseases like diabetes and associated conditions such as obesity are skyrocketing in communities across the country, reducing years of productive and quality life for millions of Americans. Unanticipated new threats, such as antibiotic-resistant bacterial infections (like MRSA or multi-drug resistant tuberculosis) require prompt local action. Preventing these conditions reduces medical costs and preserves the health of the nation's public.

The Preventive Health and Health Services Block Grant is one of the few sources of funding that addresses chronic disease at the local level and the only federal source of flexible funding to state and local health departments to respond to pressing local health problems. In addition, this program helps to leverage funds for local public health from other sources and allows LHDs to respond to unexpected public health needs.

Public Health Workforce

The aging public health workforce, and the challenge of competing with the private sector for recruiting and retaining qualified health professionals, particularly in such shortage areas as nursing and epidemiology, have combined to create a serious governmental public health workforce shortage. Public health professionals also require ongoing training to effectively carry out new responsibilities in the area of emergency preparedness and respond to other emerging health threats.

In the Pandemic and All-Hazards Preparedness Act (S. 3678), passed in December 2006, Congress authorized the creation of demonstration projects to help produce a sustainable public health workforce. This law authorizes expansion of the National Health Service Corps on a trial basis to include loan repayment for individuals who complete their service in a state, local, or tribal health department that provides services to health professional shortage areas or areas at risk of a public health emergency. It also establishes grants to states to create loan repayment programs. These two demonstration programs are a good first step towards a critically necessary, sustained national effort to build the public health workforce.