



National Association of County & City Health Officials

*The National Connection for Local Public Health*

October 20, 2023

The Honorable Bill Cassidy  
Senate Committee on Health, Education, Labor and Pensions  
428 Dirksen Senate Office Building  
Washington, DC 20510

Dear Ranking Member Cassidy:

On behalf of the [National Association of County and City Health Officials](#) (NACCHO) and the 3,000 local health departments across the country, thank you for the opportunity to provide comment on your Request for Information regarding the Centers for Disease Control and Prevention (CDC). Local health departments are critical to keeping communities healthy and safe, and a strong CDC is necessary to achieve their mission.

As the nation's leading public health authority, it is vital that CDC is empowered and resourced to confront *all* of the threats and challenges facing our nation's health. Protecting the nation's health means protecting against a wide range of public health threats: preventable illness, unnecessary death and disability, and emergent and recurring health threats. Public health challenges are interconnected—a healthier community is better able to withstand a public health emergency and underlying health status often affects the severity and cost of care for other illnesses. CDC has unmatched expertise and experience tackling a broad array of public health threats and challenges and must continue to serve as the command center for the nation's public health system against emerging and reemerging infectious diseases, man-made and natural disasters, chronic disease and injury, and other public health emergencies. These are the same wide variety of threats that local health departments across the country confront—they need a similar comprehensive and multifaceted approach from CDC, as the public health leader at the federal level, to enable effective response in communities.

NACCHO has provided feedback on the RFI components that are most relevant to the work of our members and appreciates your inclusion of the local health department perspective in your work.

#### **Fostering Innovation and Collaboration**

Partnership across the public health system—federal, state, and local—is absolutely critical. CDC recognized that it could improve its operations to be a more responsive agency and undertook a comprehensive review and reorganization to better position the agency. NACCHO appreciates the Moving Forward initiative and encourages Congress to allow the agency time to implement it.

In particular, NACCHO appreciates that Moving Forward is emphasizing core capabilities of the public health system – workforce, laboratories, epidemiology, and data – that are integral to the entire governmental public health enterprise. These are key issues facing local health departments, and CDC expertise and resources are critical to help support their work at the local level to implement public health services and supports, particularly as it relates to federal public health goals. NACCHO looks forward to continued engagement and collaboration with the National Center for State, Tribal, Local,

and Territorial Public Health Infrastructure and Workforce, which streamlines coordination of state, local, tribal, territorial health departments, on these critical investments in the core infrastructure needs of local health departments.

NACCHO is encouraged by CDC's efforts to build out processes for input-gathering that take into account the views of stakeholders, particularly the other sectors of the governmental public health system (i.e., local and state health departments.) It is critical that the input and unique needs of local health departments of all sizes—who serve as both chief community health strategist *and* service provider—are included and incorporated into CDC decisions. Moreover, we appreciate that CDC has worked to encourage resources to flow to local health departments, and encourage Congress to further support these efforts, as access to federal public health funds varies significantly across the country, leading to disparities across local jurisdictions.

Additionally, the COVID-19 pandemic highlighted the need for clearer, more accessible communication with the public health field and American people. CDC's Clean Slate Project, which is currently underway, will overhaul its website to improve usability and promote plain language communication for both the public and practitioners. This project is another example of how the agency identified an area to improve, sought feedback from stakeholders, and is implementing evidence-based changes.

### **Making Data Work for Everyone**

NACCHO appreciates Congress's recent acknowledgement of and investments in modernizing the public health data and surveillance infrastructure. The public health system's data infrastructure at the local level is lacking, in part, because those needs have not consistently been accounted for in federal health information technology efforts. Recent investments in the CDC's Data Modernization Initiative, including in COVID-19 response legislation, have been valuable and should be maintained. However, to fully realize the potential of data modernization, public health systems at the local and state level must be modernized as well. NACCHO has joined with other public health partners to recommend at least \$7.84 billion over the next five years and sustained annual investments over the next decade to support data modernization throughout all levels of the public health system – federal, state, and local. As the front line of the governmental public health system, local health department needs for data modernization must be supported in order for complete and accurate data to flow and be operationalized in a timely manner. Such investment is needed to transform public health surveillance into a responsive, secure, and fully interoperable system. Further, this funding is essential to attract, train, and retain the diverse workforce needed across the public health enterprise to build, implement, and support a modern public health data infrastructure.

NACCHO also supports the reauthorization of the Pandemic and All-Hazards Preparedness Act (PAHPA)—which includes reauthorization of the Public Health Emergency Preparedness cooperative agreement at CDC, as well as critical provisions on wastewater surveillance, data modernization, and a pilot program that promotes coordination between federal agencies to share critical public health data used to prepare for and respond to public health emergencies. In addition, NACCHO supports the Improving DATA in Public Health Act (H.R. 3791), which would allow CDC to collect data directly from health care providers, laboratories, state and local public health departments, and other entities as necessary in order to promote coordination, standardize data collection, and to share critical public health data used to prepare for and respond to public health emergencies. Importantly, the *DATA Act* also recognizes the complexities of data sharing coordination and would establish an advisory committee called the Public Health Information Sharing and Availability Advisory Committee, which would serve to make recommendations to the CDC Director with respect to the implementation of

public health data and information reporting and sharing. Every effort must be made to strengthen public health data systems as an essential component of emergency preparedness.

The effectiveness of the nation's public health data system relies on efficient and bidirectional data flow from state and local public health authorities to the federal government. NACCHO supports CDC having the authority to require reporting of minimum necessary data to serve a range of public health and other mission-critical use cases. While data at the federal level are essential, it is important to emphasize that individual-level data are collected at the local and state level where immediate public health response happens. Local health departments need timely data to respond immediately, efficiently and effectively on the ground. However, often local health departments are unable to access the data for their communities in a timely way, let alone the regional data needed for effective and efficient public health activities. This is even more difficult for counties and cities located near state borders.

Updates to governmental public health data systems must bear in mind that local health departments are both contributors to and primary users of public health data. Without granular, real-time public health data, local health departments cannot properly prepare for and respond to public health challenges. With it, however, they can make data-driven decisions to target their efforts and do so in an efficient way. This will enable them to be more effective and efficient in leveraging their limited funding and resources. Local health departments of all sizes and levels of rurality must be engaged in this process for the results to be effective.

Efficient use of electronic health record (EHR) data is critical to data modernization efforts. For example, electronic case reporting is currently transforming the process in which data for potential cases of disease are detected and rapidly submitted to public health. The automated process mitigates the risk of duplicative data entry, transmission errors, or failures to report at all. Healthcare providers collect only the information that are already collected for patient care in the clinical encounter (no additional public health specific information needs to be collected) and no additional clinical care time is necessary to report the information housed in the EHR to public health. Most of these activities can be automated, but additional funding is needed to support local and state health department's capacity to be able to implement electronic case reporting with all providers in the jurisdiction and to ensure rapid delivery of the correct information to the national level. Federal investments in this would leverage the previous capacity built by Congress through the Health Information Technology for Economic and Clinical Health (HITECH) Act, which did not include public health departments when enacted in 2009.

### **Improving Upon What Works Well**

Local health departments – and many others – look to CDC to provide clear, easy-to-follow, evidence-based guidance on the best public health practices to inform local decision-making. It is critical that there is national guidance to inform relative consistency in public health practice within states and localities, and across the country. CDC's non-binding guidance and recommendations allow local health officials to understand the latest science and best practices and to use that information to inform and take action that makes the best sense for their communities. Because of CDC's important role as our nation's disease prevention and health protection leader, it is essential that guidance from the CDC be delivered in a transparent and balanced manner, based on the existing science. Further, communication of public health data and information should be tailored to the needs of various audiences including health officials, grassroots organizations, health care professionals, and the lay public.

Moreover, it is important that CDC be able to provide or update guidance in a timely way—especially in an emergency situation, whether that be a national or more localized emergency. Adding additional formal steps to the process could tie the hands of the agency to act to protect the American people in a timely way and lead to outdated recommendations that are inefficient and/or ineffective. Local health officials need to know the best evidence quickly to best protect their communities.

For example, the Morbidity and Mortality Weekly Reports (MMWRs) are a critical source of research and data that are routinely used by health officials and clinicians across the country but are just one mechanism through which data and research is disseminated. It is important to increase the timeliness with which MMWR findings are released and share the underlying data when possible. However, MMWRs were not meant to be a way to share emerging science and are not intended for a lay audience. NACCHO supports CDC's efforts through Moving Forward to distribute scientific information in a timelier fashion to support actionable decision-making at the local level. NACCHO also supports CDC's continued engagement with local health departments to improve data visualization and dissemination that meets the needs of local health officials and staff.

Additionally, a strong CDC workforce is critical to achieving public health goals. The best way to be prepared for an emergency is to have well-trained staff and systems in place before one happens. NACCHO appreciates Moving Forward including a focus on developing response-ready staff trained and prepared for an emergency and has been receiving updates from CDC on recent progress. Because emergencies impact different populations differently, it is important for staff outside of CDC's Office of Readiness and Response to be response-ready. For example, preparedness professionals at the local level must constantly work across departments to best inform their work. During an emergency, experts on disability or maternal child health services work closely with preparedness staff to inform response activities that uniquely impact those populations before, during, and after the emergency.

Finally, CDC has a strong history of working with and supporting states. It is also critical that CDC staff are trained on the critical role that local health departments at the county and city level play, particularly small and rural health departments, so they have a working knowledge of the local level workforce and understand how to best provide support, through funding, technical assistance, or other measure. This would better ensure that federal tax dollars go back to supporting individuals in their communities through efficient and effective grant-making, as well as better inform federal policies with on-the-ground realities.

### **Mechanisms to Modernize**

CDC programs have been consistently underfunded, meaning that sufficient resources have not made their way to all local communities in need. Strong, sustained, appropriations for CDC—at least \$11.58 billion in Fiscal Year 2024—and beyond are necessary to support CDC's activities and programs as well as local and state public health departments, all of which play an essential in protecting the public's health in communities. Over two-thirds of CDC dollars go to state, tribal, local, or territorial agencies, non-profits, and private organizations. Any cuts to CDC will impact the ability of these governmental and non-governmental public health partners to do their work. Robust funding is needed so that both CDC and its partners, including local health departments, can carry out vital public health programs—including chronic disease prevention and health promotion activities.

In addition to strong programmatic support, Congress should provide a sustained investment in disease-agnostic, flexible funding for core public health capabilities like surveillance, data modernization,

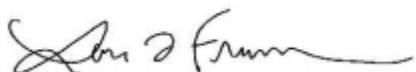
workforce development, evaluation, and technical assistance. Sustainable, predictable and disease-agnostic funding to support local public health infrastructure would allow local health departments to focus on certain skillsets that are critically necessary – like communication, outreach, data analysis, and digitalization – but that local health departments largely lack due to funding constraints that typically tie funding to specific disease states. The lack of disease-agnostic funding may prevent health departments from leveraging skillsets across the department’s efforts or being nimble to address emerging challenges.

Importantly, funding to support cross-cutting core public health functions should supplement, not supplant the disease-specific funding that currently supports many critical health department activities. Indeed, new capabilities supported by disease-agnostic funding would enhance the functionality of existing programs.

Congress must also support CDC in efforts to better ensure funding reaches the county and city health departments quickly and equitably. As most local health departments receive funding through their state, guidance to states is needed with specific language and instruction requiring that local communities receive an appropriate portion of the funds in a timely manner without additional requirements beyond the federal guidelines. In the past, despite federally allocated funds for local response, state channeled funds have been slow to arrive to the local health departments, which can significantly impact their ability to hire and train needed staff, as well as ramp up programs. Further, local leaders, not just states, should be able to request resources and staffing from federal agencies and partners when needed, including the CDC, directly.

Thank you again for the opportunity to provide feedback on behalf of our nation’s local health departments. For additional information, please contact Adriane Casalotti, NACCHO’s Chief of Government and Public Affairs, at [acasalotti@naccho.org](mailto:acasalotti@naccho.org). NACCHO looks forward to working with you to improve our nation’s public health.

Sincerely,



Lori Tremmel Freeman, MPA  
Chief Executive Officer

