

Statement of the

NATIONAL ASSOCIATION OF COUNTY AND CITY HEALTH OFFICIALS
Washington, DC

Submitted by Robert M. Pestronk, Executive Director
to the
Subcommittee on Labor, Health and Human Services, Education and Related Agencies
Committee on Appropriations
United States House of Representatives

FY 2010 Appropriations for Public Health Programs at the Centers for Disease Control and Prevention, Health Resources and Services Administration, Office of the Surgeon General and Office of the National Coordinator for Health Information Technology

March 18, 2009, 2 pm

Summary

NACCHO recommends essential support for the following programs:

- Preventive Health and Health Services Block Grant
- Healthy Communities
- Racial and Ethnic Approaches to Community Health
- Title V Maternal and Child Health Block Grant
- Public Health Emergency Preparedness Cooperative Agreement
- Advanced Practice Centers
- Medical Reserve Corps
- Public Health Workforce programs
- Health Information Technology programs for public health
- Environmental Public Health Tracking
- Climate Change



The National Association of County and City Health Officials (NACCHO) and the nation's local health departments (LHDs) are grateful to Chairman Obey and the Subcommittee for proposing and supporting prevention and wellness funding through the American Recovery and Reinvestment Act. These funds will help strengthen LHD efforts to reduce infectious disease through immunization and to promote wellness and prevention of chronic disease.

Background

NACCHO represents the nation's approximately 2,860 local health departments. These governmental agencies work every day in their communities to prevent disease, promote wellness, and protect health. They organize community partnerships and facilitate community conversations to create the conditions in which people can be healthy. The work of local health departments and NACCHO improves economic well-being, educational success, and nation-wide competitiveness community by community.

LHDs have a unique and distinctive role and set of responsibilities in the larger health system and within every community. The nation depends upon the capacity of local health departments to play this role well. A LHD is the only local governmental entity that works from a population-wide perspective. LHDs have statutory powers which enable their role and enshrine a duty to serve every person and household in their jurisdiction.

Funding to local health departments continues to be inadequate and many people in the United States suffer from conditions whose causes are preventable, whose costs for treatment are unsustainable into the future, and whose treatment is of erratic quality, effectiveness and efficiency. One clear, measured result is that the United States is not the healthiest nation in the world despite higher per capita expenditures than any other nation.

The nation's current recession further diminishes the ability of local health departments to measure population-wide illness and death, organize efforts to prevent disease and prolong quality of life, and to serve the public through organized programs not offered elsewhere. Repeated rounds of budget cuts and lay-offs in LHDs continue to erode capacity. Reductions in local and state tax bases further undermine these sources of support. A NACCHO survey found that in 2008, at least 7,000 LHD jobs were lost in 46 states across the country. Far more are expected this year and many LHDs are currently reporting budget cuts in the 20 to 40% range.

Protections people take for granted – from enforcement of rules requiring safe food in restaurants and schools to early identification of disease outbreaks to the expectation that their LHD will examine, discover, and take action – are disappearing. In economic hard times, people are more dependent than ever on their local health departments. Programs offered by LHDs serve as a safety net for people in communities where the numbers of unemployed, uninsured, and under-insured are growing daily, compounding the numbers of formerly working adults who need care.

NACCHO's recommendations focus on the Centers for Disease Control and Prevention (CDC), the Health Services and Resources Administration (HRSA), the Office of the National Coordinator for Health Information Technology (ONC) and the Office of the Surgeon General. Consistent funding with growth over time is needed. NACCHO recommends an overall funding level for CDC of \$8.6 billion not including funding for Vaccines for Children.

1) Chronic Disease Prevention and Health Promotion

Preventive Health and Health Services Block Grant: NACCHO recommends: Not less than FY05 funding of \$131 million

Local public health departments receive approximately 40% of the Preventive Health and Health Services block grant (PHHS) nationally. The proportion received by local health departments varies among states from less than five percent to almost 100 percent. Increasing the availability of flexible funds is particularly important as the gaps in public health protections grow.

PHHS funds enable states to address critical unmet public health needs. Improving chronic disease prevention through screening programs and programs that promote healthy nutrition and physical activity are prime examples of activities to which many jurisdictions devote PHHS funds. Population-based strategies which create the conditions in which people are more likely to be healthy are also supported with these funds. For example, in Brown County, Wisconsin, the local health department implemented science-based policy and environmental changes to improve the health status of the community and supported by PHHS funds. The LHD and the Brown County Walking and Bicycling Advisory Group facilitated the development of a walking and bicycling plan to be used in community design efforts. They have created greater access to walking trails for people with disabilities, and influenced county leaders to take a more balanced approach to transportation.

Flexible PHHS funds allow local priorities and unexpected problems to be addressed. West Nile virus, a fully preventable disease spread to humans by mosquitoes, is one good example. Finally, PHHS funds provide leverage for additional support from non-federal sources. For example, PHHS funds allowed the state of California to establish the Local Public Health and the Built Environment Project, which helps LHDs integrate the principles, findings and science of public health with community design, resulting in communities that are more walkable and conducive to promoting health.

NACCHO also recommends that the Subcommittee include language with the appropriations bill which would require concurrence of LHDs with state public health officials in the uses for and distribution of these funds. Such language has been instrumental in the effective use of preparedness funds, assuring that a reasonable proportion of funds help local communities.

Healthy Communities: NACCHO recommends: \$75 million

The Healthy Communities program successfully aligns local stakeholders in communities to address the growing problems of obesity and other chronic diseases. Healthy Communities produces personal, organizational, and governmental policy, systems, and environmental changes that facilitate personal decisions to be more physically active, eat a healthy diet, and refrain from using tobacco. The Healthy Communities program has reached 175 communities since its inception in FY2003 and needs to reach more. With longer time frames intentionally planned at the outset, communities funded by Healthy Communities have demonstrated science-based measurable actions and outcomes that reduce illness and death or the pre-conditions that would otherwise lead to illness and death. Community action has stimulated better personal and professional practice. Communities in this program have shown greater compliance by diabetic patients with routine screenings, a decrease in asthma to rates below the national average, and an increase in those who attempt quitting smoking.

Racial and Ethnic Approaches to Community Health (REACH): NACCHO recommends: \$60 million

REACH is an important cornerstone of CDC's efforts to eliminate racial and ethnic health disparities in the United States. By beginning to establish a national infrastructure to promote evidence- and practice-based public health programs, community-based participatory approaches, and the integration of systemic influences, REACH supports and disseminates programmatic activities that are successful in the elimination of racial and ethnic health disparities. REACH is a building block and template for this country's new emphasis on prevention and wellness. Through REACH, LHDs join with other community partners to reduce racial and ethnic health disparities.

Maternal and Child Health (MCH) Block Grant: NACCHO recommends: \$850 million

The Maternal and Child Health Block Grant authorized by Title V of the Social Security Act is the only federal program of its kind devoted solely to improving the health of all women and children. With these funds, many LHDs provide maternal and child health services when these funds are allocated to them by states. Unfortunately, these funds have not kept pace with the cost of these services and LHDs are beginning to eliminate or curtail services. Improvements in reducing infant mortality are stalled, low birth weight and preterm births are increasing, and the U.S. ranks 29th globally in infant mortality rates. Additionally, racial and ethnic disparities persist across several indicators, with the African-American infant mortality rate double the rate for European-Americans. Increased funding for the MCH Block Grant will help reverse these trends.

2) *Emergency Preparedness*

Public Health Emergency Preparedness Cooperative Agreement: NACCHO recommends: Not less than FY05 funding of \$919 million

Federal funding for improving state and local public health emergency preparedness has stalled for the past several years and is substantially down from \$919 million in FY05 to \$746 million in the FY09 omnibus appropriations bill. Last year more than 25% of LHDs reduced their preparedness activities, delayed completion of plans, and/or delayed acquisition of equipment and supplies as a result. Constant readiness for both new and emerging threats requires staff, plans, training and practice, all of which require financial support. The benefits to safety and well-being of local communities are clear when LHDs are prepared and work effectively with their communities to be prepared for all hazards. Reduction in federal financial support has reduced readiness and the capacity to respond to emergencies.

Advanced Practice Centers: NACCHO recommends: Level funding of \$5.3 million plus inflation adjustment

The Advanced Practice Center (APC) program funded through CDC provides funds to seven local health departments to develop innovative field-tested tools and models to help other LHDs meet emergency preparedness goals. The APCs are located in Santa Clara County, CA; Cambridge, MA; Montgomery County, MD; Twin Cities Metro, MN; Western New York Public Health Alliance; Tarrant County, TX and Public Health – Seattle and King County, WA. The 70 unique preparedness tools produced to date by the APCs have become essential instruments that LHDs nationwide routinely employ to assess their vulnerability, strengthen their response capacity, and enhance the resilience of their communities and workforce. The APC network

provides a national learning laboratory that creates tools, resources, and technical guidance that can be used for all LHDs and that align with public health preparedness priority areas.

Medical Reserve Corps: NACCHO recommends: Level funding of \$12.3 million plus inflation adjustment

The Medical Reserve Corps (MRC) improves the health and safety of communities across the country by organizing public health, medical and other volunteers to serve critical needs. MRC units build response capabilities and enhance capacity to perform daily public health activities in local communities.

For example, MRCs ensure that links with emergency responders are tested and reinforced to assure effectiveness in disasters; immunize vulnerable populations against infectious disease; help run clinics for low income residents, preventing costly and unnecessary hospitalizations; deliver health education to people who are at risk of preventable diseases; and help prepare community organizations, senior centers, schools and healthcare professionals for public health emergencies.

3) Public Health Workforce

Public Health Workforce: NACCHO recommends: \$10 million new funding

The shortages in the public health workforce have been well-documented, particularly in public health nursing, epidemiology, laboratory science, and environmental health. The nation's wellness depends on a continuing supply of people for this workforce. Additional funding and leadership is required to support a program of training, continuing education, and education for the full range of public health professions and community workers. Section 765 of the Public Health Service Act authorizes grants that would allow state and local health departments to provide training and trainee support. Funds have never been appropriated for this purpose.

Emergency Preparedness Workforce: NACCHO recommends: \$10 million new funding

Workforce shortages also exist in the area of public health preparedness. In 2006, the Pandemic and All-Hazards Preparedness Act created two new programs within the National Health Service Corps (NHSC) in the Health Resources and Services Administration (HRSA), yet no funding was appropriated for these programs. Funding would allow expansion of the NHSC on a trial basis to include loan repayment for individuals who complete their service in a state, local, or tribal health department that serves health professional shortage areas or areas at risk of a public health emergency. The second program establishes grants to states to create loan repayment programs. These programs are essential to ensure a workforce trained to carry out specialized tasks in preparedness.

4) Health Information Technology

Electronic Medical Records (EMR) and Health Information Exchanges (HIE) and access to health information technology (HIT) can transform public health practice and serve as one supply point for both future information needs and for information of direct value for both clinical and public health practitioners. Unfortunately, at the present time, the major motivation for development of EMR and HIE is often exclusively focused on reducing the cost of health care and improving processes in clinical medicine. Local, state, and federal public health officials rely increasingly on HIT and data systems to assess the health of entire communities

and populations, to provide or recommend focused preventive and treatment services, to evaluate the effectiveness of services and programs, and to identify resources for improving health. Often these needs are neglected.

Through the National Center for Public Health Informatics (NCPHI), CDC provides technical assistance and training to LHDs to strengthen their HIT efforts. Increased funding should be provided to NCPHI for local demonstration sites, which would include LHDs. These sites will demonstrate and assure the value, voice, and involvement of governmental public health officials in the development of HIT that serves multiple purposes and needs. Funding is also needed to increase training and technical assistance for local and state health department informaticians.

NACCHO is grateful that LHDs were included as eligible entities for grants to spur adoption of HIT and strengthen the health information infrastructure in the American Recovery and Reinvestment Act. However, there are many competing priorities for this limited funding. NACCHO recommends that the Subcommittee provide additional direct funding to LHDs through the Office of the National Coordinator for HIT (ONC). As HIT systems are being built, they should be intentionally designed to provide LHDs with the full range of data and reports needed to assess and act on threats to the public's health. ONC should also provide companion grants to LHDs to work directly with health care providers receiving HIT stimulus funding to assure that the software solutions implemented also work with and are connected to the governmental public health infrastructure. Health IT Regional Extension Centers should also receive additional funding with specific funds set aside for public health informatics implementation.

5) *Environmental Health:* NACCHO recommends that the National Center for Environmental Health (NCEH) at CDC receives increased funding to provide direct support and technical assistance to LHDs. Local health departments are involved not only with on-going efforts to assure safe air, safe food, and safe drinking water. LHDs play integral roles in assessment and mitigation of hazardous waste sites. Increased funding would allow NCEH to resume support for community environmental health assessments as well as collaborations between LHDs and local planning departments to improve community design and encourage healthy behaviors.

Environmental Public Health Tracking: NACCHO recommends: \$50 million

Enhanced measurement and tracking capabilities are necessary to develop a better understanding of, and track, the connection among the environment in which we live, changes in the environment over time, and human health. Through NCEH, CDC has supported collaboration among state and local partners involved in the Environmental Public Health Tracking Network. Most of the grantees of this program have been states, but local communities provide the data for this network and need increased technical capacity to utilize the Network to determine and, just as important, act on community health priorities.

Climate Change: NACCHO recommends: \$17.5 million

In FY09, for the first time, Congress passed a line item appropriation for a Climate Change program at CDC. As more is learned about the effects of climate change on human health, community members will turn to their LHDs for action. Funding to support technical assistance and education will help stimulate action to prevent or mitigate hazards.