



National Association of County & City Health Officials

The National Connection for Local Public Health

March 29, 2022

The Honorable James Clyburn
Chairman
Select Subcommittee on the Coronavirus Crisis
Washington, DC 20515

The Honorable Steve Scalise
Ranking Member
Select Subcommittee on the Coronavirus Crisis
Washington, DC 20515

Dear Chairman Clyburn and Ranking Member Scalise:

The National Association of County and City Health Officials (NACCHO), on behalf of the nearly 3,000 local health departments across the country, appreciates the Subcommittee holding the hearing, “Moving Beyond the Coronavirus Crisis: The Biden Administration’s Progress in Combating the Pandemic and Plan for the Next Phase.”

As the Subcommittee has noted, significant progress has been made in mitigating the health, social, and economic impacts of the coronavirus thanks to public health mitigation measures as well as innovations like vaccines, therapeutics, and tests. Local health departments have been integral to the deployment of these tools and will continue to be for the foreseeable future. Our members provide vaccinations and testing, educate their communities on quarantine and isolation recommendations, collect and analyze data to identify hot spots, and offer essential information and guidance to individuals and the community on how to respond to the evolving pandemic. They have also worked with health care and community providers to build out networks of testing, vaccination, and care for those infected—especially the un- and under-insured. This work has been done despite policy and funding challenges that have impacted their capacity and ability to scale up for future phases of the response and the next pandemic, extreme stress and strain, and increased politicization.

In the short term, the Biden Administration has made clear that it requires additional funding from Congress to continue current response activities and prepare for future variants domestically and internationally. Although the funding requested by the Administration would not directly support the work at local health departments, the consequences of continued inaction by Congress will be felt by all engaged in the COVID-19 response, including our members. Already, the Department of Health and Human Services has had to stop accepting claims for testing and treatment of uninsured individuals from health care providers through its Uninsured Program, and within days, will have to stop accepting vaccination claims as well. As these and other programs are scaled back or halted altogether, individuals will have less access to resources and care they need, and in many cases, our local health departments will be called upon to fill in the gaps left by the disappearance of care options.

As the Subcommittee considers the plan for the next phase of the COVID-19 response that may focus heavily on medical countermeasures, NACCHO hopes you will ensure local public health department voices are involved in policy planning, development, and deployment. During the COVID-19 response, there has often been 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, and treatments, but a lack of equal focus on the administration, communication, and consumer education meant that those resources could not be most effectively deployed.

This was particularly apparent in relation to COVID-19 vaccines. While there was a strong focus on developing vaccines and shipping logistics, there was not an equal focus on the in-community needs to get the vaccines from vial to the patient. 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 federal 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 on 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. As we look toward future pandemics, 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. Local health departments are perfectly positioned to lead these efforts, if given the chance by federal partners.

In the long term, Congress must invest in strengthening the nation's public health response capacity, which 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 future phases of the COVID-19 pandemic and other public health emergencies.

Sustainable, predictable, disease agnostic investments—such as federal public health infrastructure funding—are needed to 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. The recently enacted fiscal year 2022 omnibus appropriations bill took an important first step by providing \$200 million for public health infrastructure and capacity. Congress should build on that initial investment through additional mandatory public health infrastructure funding, such as through the Public Health Infrastructure Saves Lives Act (S. 674). All of these efforts must ensure that money reaches the local health departments efficiently and equitably across all states.

The local health department COVID-19 response has been limited by outdated systems. Public health needs a robust, modern, and secure public health information ecosystem capable of sustainment and surge that delivers real-time, accurate, and useful data to public health and policymakers at the local, state, and federal levels. Across the country, state and local public health departments operate a mismatched network of siloed public health information systems, most of which do not talk to each other nor to the health care delivery sector, and all of which are in urgent need of upgrade to prepare for and respond to public health challenges. Congress and the Biden Administration should consider

ways to invest in public health data modernization with a particular 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.

Perhaps most important to the ongoing and future pandemic response is our nation's public health workforce. Alarming, the public health workforce was facing a crisis that predates COVID-19 and it has worsened during the pandemic response. Federal investment is needed urgently to strengthen public health recruitment and retention to ensure we have the right people with the right skills in place to confront ongoing and future challenges. One way Congress can help is through the passage of H.R. 3297, the Public Health Workforce Loan Repayment Act of 2021, which would offer loan repayment to public health professionals in exchange for serving in a local, state, or tribal health department. Federal loan repayment for public health professionals would be an important tool for health departments to recruit and retain top talent and is of particular urgency now to keep skilled and experienced staff who have joined during the COVID-19 response in the field.

Congress and the Biden Administration should also address burnout in the public health workforce resulting from a stressful and unrelenting pandemic response that has only been made more challenging through the politicization of public health measures. Policymakers have rightly taken action to provide mental health and wellness support for *health care* providers; unfortunately, the same has not been provided for *public health* workers who have faced many of the same challenges as their colleagues in health care and other frontline sectors: increased workload, long hours, and threats to their personal health and safety.

The time to make these investments in public health infrastructure and workforce is now, before the next COVID-19 variant emerges or another crisis arises. The stronger our local health departments are before an emergency hits, the better they will be able to respond. Furthermore, investing in long-term public health capacity now will enable us to maintain systems that have been built out during the COVID-19 response and leverage them for future challenges.

Thank you for your continued attention to the COVID-19 pandemic response. NACCHO and public health professionals stand ready to work with the Subcommittee to take the lessons learned from the pandemic and support the important work of local health departments and their staff now and in the future so that all Americans can live in a community with a strong public health system to support them. Please contact Adriane Casalotti (acasalotti@naccho.org), NACCHO Chief of Government and Public Affairs, with any questions.

Sincerely,

A handwritten signature in black ink, appearing to read "Lori Tremmel Freeman". The signature is fluid and cursive, with a long horizontal flourish at the end.

Lori Tremmel Freeman, MBA
CEO