



National Association of County & City Health Officials

The National Connection for Local Public Health

September 29, 2021

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 Representative Scalise:

The National Association of County and City Health Officials (NACCHO), on behalf of all local health departments across the country, would like to thank you for holding the hearing, “Upgrading Public Health Infrastructure: The Need to Protect, Rebuild, and Strengthen, State and Local Health Departments.” Our nation’s nearly 3,000 local health departments have been and continue to lead on the front lines of the 2019 novel coronavirus pandemic response which has raged for over a year and a half. However, they do so despite great 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.

Local health departments have a strong role to play in preparing for and responding to disasters, convening community partners to develop and execute plans, communicating with the public, collecting and analyzing key data points, partnering with health care providers, and coordinating with their state and federal partners. They are the chief community health strategists in their community, understanding the hyper local needs of the many groups that make up a community. They live within the communities they serve and are very attune to the needs and opportunities in their area. While much attention has been paid to their role in crises such as this one, they are constantly working behind the scenes to prevent illness and make their community healthier.

During the pandemic, local health departments have been critical in all phases. They provide vaccinations, testing and contact tracing services. They monitor the health of those who may have been exposed to COVID-19 and support them to self-isolate. They use data derived from case investigations to identify trends and hot spots that inform local policies and actions related to the primary transmission routes in their communities. On top of this, they are working to keep their community members informed and answer their questions, especially in light of the mis- and dis-information that has spread and divided communities.

This work has been done despite years of underfunding, archaic data systems, reduced staff sizes, and increased polarization and politicization, making the largest public health challenge of our lifetimes even more difficult.

Public Health Infrastructure

For too long, the nation has neglected its basic public health capacity, and the nation's response to the pandemic reflects this chronic underfunding. NACCHO takes a census of local health departments every three years to describe the state of local public health in our NACCHO Profile. An examination of spending trends over time shows the disinvestment in public health leading up to the pandemic. Between the 2008 recession and 2019, per capita local health department spending has either held steady or declined after accounting for inflation and population changes, with small departments on average being flat funded, after accounting for inflation, while medium and large departments reported 14% and 22% declines in median per capita, respectively. However, as local health departments are being asked to do more, any increases have not been sufficient to keep up with need, especially as the U.S. population has increased and aged.¹ These resource constraints have had long-term impacts on the departments and their operations.

We appreciate that Congress has appropriated specific funding to support the COVID-19 response at local and state health departments, as well as the Centers for Disease Control and Prevention (CDC). However, the funding has had a variable reach into local public health agencies, and more must be done to ensure that those funds are reaching the local level. Moreover, those funds are specific to the pandemic response. They are certainly needed, but in order to support public health into the future, we must invest in it to build and sustain the public health infrastructure we need. Core funding, untethered to specific diseases, is needed to build out the cross-cutting capacities of health departments to serve the public both during and between crises. Therefore, **NACCHO strongly urges passage of S. 674, the Public Health Infrastructure Saves Lives Act, which would provide sustainable, predictable funding for core public health infrastructure.**

Workforce

The primary impact of budget constraints over time has been on the public health workforce. The public health workforce is the backbone of our nation's governmental public health system. These skilled professionals are the primary resource necessary to deliver public health programs and services: they lead efforts to ensure the tracking and surveillance of infectious disease outbreaks such as COVID-19, prepare for and respond to natural or man-made disasters, and ensure the safety of the air we breathe, the food we eat, and the water we drink. Local health departments employ full-time nurses, behavioral health staff, community health workers, environmental health workers, epidemiologists, health educators, nutritionists, lab workers and others who use their unique skill sets to do all they can to keep people in their communities healthy and safe.

Unfortunately, the budget reductions since 2008 have had a direct impact on the staffing levels of local health departments. At the beginning of the pandemic, local health departments were down 21% of their workforce capacity compared to 2008. On average the number of full-time equivalent employees dropped from 5.2 per 10,000 people in 2008 to 4.1 per 10,000 people in 2019. This deficiency is

¹ NACCHO's 2019 Profile Study: Changes in Local Health Department Workforce and Finance Capacity Since 2008. Retrieved September 27, 2021 from https://www.naccho.org/uploads/downloadable-resources/2019-ProfileWorkforceand-Finance-Capacity_final-May-2020.pdf



compounded by the age of the public health workforce — 55% of local public health professionals are over age 45, and almost a quarter of health department staff are eligible for retirement.² Between those who planned to retire or pursue jobs in the private sector, projections suggested that nearly half of the local and state health department workforce might leave in the years leading up to the pandemic.³ At the same time, competition with the private sector, low pay, and geographic challenges contribute to difficulty recruiting new talent with key public health skills and retaining experienced staff. Combined, these forces indicate a public health workforce crisis that must be addressed.

The pandemic has exacerbated these existing challenges. Preliminary findings from NACCHO's 2020 Forces of Change survey show that 80.5% of local health departments reassigned existing staff from their regular duties to the agency's COVID-19 response. In situations where staff were reassigned, 72.9% of local health departments reported that employees performed fewer of their regular duties, and nearly half (46.6%) indicated their regular duties were not performed at all. The programmatic areas most impacted by service reduction include Obesity prevention (74.7%); Maternal and child health services (60.1%); Tobacco, alcohol or other drug prevention (64.6%); and screening activities for blood lead (58.8%), high blood pressure (63.0%), and diabetes (66.0%). This highlights the importance of strong staffing levels not just to respond to the pandemic, but also to rebuild the many other health department priorities that have been impacted by the response.

While robust, sustained, and predictable public health infrastructure funding is needed to grow staff capacity at health departments, we also must act to recruit and retain top talent into the field whose skillsets are in even higher demand since the beginning of the pandemic. **NACCHO urges Congress to pass the bipartisan Public Health Workforce Loan Repayment Act (H.R. 3297)** to bring new talent into the governmental public health workforce. Modelled after the National Health Service Corps, this program would incentivize governmental public health careers and bring needed skillsets to health departments across the country. While we work to increase staffing and capacity at public health departments, we must also look to increase salaries and increase benefits to make these positions more competitive and offer those already in the pipeline a career ladder to stay in the field.

Data Modernization

Another area we see this underfunding play out in the pandemic is the availability—or lack thereof—of timely, comprehensive, and granular data. While the sophistication of local health department data systems vary, as a whole public health data systems are antiquated, with far too many still relying on faxes and manual entry. Data are often incomplete and not available until weeks, months, or even years after the fact. Every delay or missing data point impacts our ability to do our job quickly and effectively.

Investment is needed in public health data modernization at all levels of government (federal, state, and local) to ensure accurate and real-time data. Development and maintenance of a robust data system

² Robin N, Castrucci BC, McGinty M, Edmiston A, Bogaert K. Local Public Health Workforce Interests and Needs in 2017: A Nationally Representative Benchmark of the Local Governmental Public Health Workforce. JPHMP. 2019; 25:S16-S25.

³ Leider JP, Coronado F, Beck AJ, Harper E. Reconciling Supply and Demand for State and Local Public Health Staff in an Era of Retiring Baby Boomers. Am J Prev Med. 2018;54(3):334-340.



needs long-term investment. **Congress must provide a robust, sustained appropriation to build an enterprise approach to data exchange, interoperability between public health and health care systems, security to protect patient data, a workforce empowered to build and maintain the systems, and public/private partnerships to drive innovation.**

Politicization

While the pandemic has brought greater appreciation by many to the importance of public health and the people who work in it, it has also brought a new level of politicization, which has put the public—and public health workers—at risk.

Throughout the pandemic, health department leaders and their staff have experienced threats to their jobs, their safety, and their family members. They have been politically scapegoated by some elected officials and either fired or forced to leave their positions for standing up for the health of their communities. Others are simply burnt out and tired of working non-stop for over a year and a half on all fronts of the fight against the pandemic. Whatever the reason for leaving, these departures come at a time when they are hardest to backfill, leaving leadership gaps in communities across the country. At least 300 public health department leaders have left their posts since the pandemic began, impacting 20% of Americans.⁴ This does not include lower-level leaders or staff who have also left, but are more difficult to track.

Even those who have not been physically threatened have experienced mental health impacts from their work on this response. As reported in CDC’s Morbidity and Mortality Weekly (MMWR) report, over half of health department staff surveyed reported symptoms of at least one adverse mental health condition in the preceding 2 weeks, including symptoms of depression (32%), anxiety (30.3%), post-traumatic stress disorder (36.8%), and suicidal ideation (8.4%).⁵

Local health department leaders and staff need the support of their community members, but also of their elected officials. They need to know that they can make the tough or unpopular choices necessary to keep us all safe. However, what we have seen instead in far too many states is that some are actively working against public health and the authority they need to do their jobs. A report NACCHO did in conjunction with the National Network for Public Health Law found that at least 15 state legislatures passed or considered measures to limit severely the legal authority of public health agencies in the last legislative session, and we expect other states may consider such legislation in the future, hindering the ability of health departments to do their jobs and putting wide swaths of the public at risk.⁶ While debated in the context of COVID-19, these new laws cut at the fundamental ability for health

⁴ Weber L, Barry-Jester AM. Over Half of States Have Rolled Back Public Health Powers in Pandemic. (2021) <https://khn.org/news/article/over-half-of-states-have-rolled-back-public-health-powers-in-pandemic/>

⁵ Bryant-Genevier J, Rao CY, Lopes-Cardozo B, et al. Symptoms of Depression, Anxiety, Post-Traumatic Stress Disorder, and Suicidal Ideation Among State, Tribal, Local, and Territorial Public Health Workers During the COVID-19 Pandemic — United States, March–April 2021. MMWR Morb Mortal Wkly Rep 2021;70:947–952. DOI: <http://dx.doi.org/10.15585/mmwr.mm7026e1>

⁶ NACCHO and the Network for Public Health’s New Report Proposed Limits on Public Health Authority <https://www.naccho.org/blog/articles/naccho-and-the-network-for-public-healths-new-report-proposed-limits-on-public-health-authority-dangerous-for-public-health-highlights-proposed-state-laws-detrimental-to-public-health> 2021.



departments to do their jobs and will impact the routine operations of health departments long after the pandemic is over. The report concludes that such laws pose an immediate threat and may create unforeseen, serious risks to life and health. **We urge Congress to incentivize and strengthen public health authority laws at the state and local level.**

Thank you for your attention to these critical issues that have had a major impact on local public health and the COVID-19 response. NACCHO and public health professionals stand ready to work with you 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.

Sincerely,



Lori Tremmel Freeman, MBA
Chief Executive Officer

