

## **NATIONAL ASSOCIATION OF COUNTY AND CITY HEALTH OFFICIALS**

To the House Appropriations Committee

Subcommittee on Labor, Health and Human Services, Education and Related Agencies

### ***FY2024 Appropriations for Programs at the Department of Health and Human Services***

Submitted by Margaret Jahn, MS, MPH, President of NACCHO and Director of the Freehold Area

Health Department in Freehold, New Jersey

The National Association of County and City Health Officials (NACCHO) is the voice of the nearly 3,000 local health departments across the nation. Every day, local health departments are working to keep their communities safe and healthy through essential services like screening and treatment for both chronic and communicable diseases; maternal and child health services; environmental health services; epidemiology and surveillance; routine immunizations; primary prevention services; regulation, inspection, or licensing; and emergency preparedness and response. To enable local health departments to support federal public health priorities and effectively lead in their communities, NACCHO requests the following funding:

- \$100 million for the Public Health Workforce Loan Repayment Program at the Health Resources and Services Administration (HRSA);
- Report language to ensure funding from the Centers for Disease Control and Prevention (CDC) to states makes it to the local level as intended; and
- \$1 billion for the CDC Public Health Infrastructure and Capacity Program

## **Public Health Workforce Loan Repayment Program**

The workforce is the backbone of the nation's governmental public health system but is facing a crisis. In the decade prior to the pandemic, state and local health departments lost 15 percent of essential staff and 80,000 more full-time equivalents – an increase of nearly 80 percent – are needed to provide a minimum package of public health services.<sup>1</sup> While all health departments need additional staff, the most acute need is in small local health departments which often serve rural communities. Without sufficient staff, health departments may not be able to carry out essential services, leaving their communities underserved, more susceptible to public health threats, and at increased risk of negative health outcomes.

Last year, Congress recognized the need to bolster the public health workforce and included in the Consolidated Appropriations Act of 2023 bipartisan legislation authorizing the Public Health Workforce Loan Repayment Program, a commonsense incentive to promote the recruitment and retention of public health professionals at local, state, and Tribal public health agencies. NACCHO respectfully urges Congress to now follow through on this commitment and fully fund the program at its authorization level, **by providing \$100 million to HRSA in FY 2024 to implement the Public Health Workforce Loan Repayment Program.**

In my home state of New Jersey, state and local health departments struggle to hire professionals because government salaries are less competitive and new public health graduates are burdened with student loans. Prospective candidates prefer higher paying jobs in the private industry and government public health is consistently challenged with attracting employees. Student loan repayment assistance is a critical financial benefit to attract new

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<sup>1</sup> <https://debeaumont.org/staffing-up/>

employees and will provide my department a means to entice and hire young talent. More importantly, the three-year commitment required by the program would be a tremendous benefit to our being able to retain staff. Public health professionals are passionate about their work and most employees who work for three years in governmental public health become “lifers.” The repayment program will attract candidates to my department and the three-year commitment will help us keep them.

### **Congressional Direction and Oversight to Ensure Federal Funds Reach the Local Level**

Unfortunately, federal funding intended for both state and local health departments continues to have variable reach to local public health agencies. In New Jersey, the majority of financial support is from local tax dollars; local health departments receive no money from the state and a paltry amount of federal funding via pass-through. Health department budgets are poorly supported with local dollars and must compete for funding with other local needs that are often more visible, such as paving roads and removing snow. The true value of local health departments is often unknown – when we are doing our jobs right, people don’t see us – so limited tax dollars are used to make other, more visible investments.

With the recent influx of federal funding in response to the COVID-19 pandemic, my health department’s infrastructure increased by twenty percent. We are doing more now for the communities that we serve than ever before and are finally able to provide appropriate needed services like homebound vaccinations and substance abuse prevention services.

However, without a sustained flow of federal funding, health departments in New Jersey may not be able to maintain these services and will again be under-prepared to handle the next public health emergency. Congress has acknowledged this issue and included report language

in the FY2022 Consolidated Appropriations Act to ensure federal funding reaches the local level equitably and efficiently. **NACCHO requests similar language be included in FY2024 appropriations for CDC-wide activities and program support** that encourages CDC to require states to fund local health departments when programmatically appropriate and urges CDC to publicly track and report how funds provided to state health departments are passed through to local health departments, including amount, per grant award, by local jurisdiction. This Congressional direction and oversight will provide vital transparency to the flow of federal public health funds and help to identify best practices.

### **Public Health Infrastructure and Capacity**

Local health departments operate on limited and unpredictable budgets that do not allow for long-term investments in necessary infrastructure and cross-cutting needs. Federal public health funding has traditionally followed a boom-and-bust cycle in response to crises, and funds are often limiting (for example, tied to a specific disease state or programmatic function) making it difficult to invest in or sustain critical health department functions. Local health departments need sustainable, disease-agnostic, predictable funding to support local public health infrastructure and focus on certain skillsets that are critically necessary – like communication, outreach, data analysis, and digitalization – but that are largely lacking due to current funding constraints, hindering efforts to support federal public health objectives. NACCHO is grateful that Congress established the Public Health Infrastructure and Capacity program in FY2022 and continued to bolster the program in FY2023, which helped support \$3.2 billion in awards from CDC to local, state, and territorial jurisdictions for public health workforce and infrastructure. Those awards were an important down payment, but a sustained

investment is needed to rebuild our long under-funded governmental public health system. NACCHO respectfully urges the Committee to continue to invest in the Public Health Infrastructure and Capacity program by providing **\$1 billion in FY2024**. Importantly, CDC included with those awards explicit guidance that 40 percent of a state's funds should go to local health departments within one year, without additional administrative barriers, and expanded directly-funded local health departments from five to 48 localities. Unfortunately, the State Department of Health in New Jersey opted to keep all of the workforce dollars at the state level and will hire regional employees to assist local health departments with hiring and training new employees. Truthfully, that does not provide financial support to improve my department's infrastructure. Potential candidates may be well-trained, but if my health department does not have the money to hire them, their training and expertise cannot be harnessed. Hence, I wish to reiterate how important it is for Congress to exercise oversight over how funds are flowing to ensure they are being used as intended. Local health departments are the trench workers and the first to respond, but often the last to receive funds, which in this case could have been used for foundational needs like hiring and retaining staff, addressing staff wellness, providing training and professional development opportunities, and improving systems and capacity related to workforce development and management.

Thank you for the opportunity to provide testimony on the FY 2024 appropriations priorities for local health departments. NACCHO looks forward to working with your Subcommittee to ensure local health departments are adequately supported in their mission to protect the health and safety of communities across the nation.