

March 20, 2023

The Honorable Bernard Sanders
Chair
Committee on Health, Education, Labor and
Pensions
United States Senate
Washington, DC 20510

The Honorable Bill Cassidy
Ranking Member
Committee on Health, Education, Labor and
Pensions
United States Senate
Washington, DC 20510

Dear Chair Sanders and Ranking Member Cassidy:

On behalf of the National Association of County and City Health Officials (NACCHO) and the nearly 3,000 local health departments across the country, thank you for the opportunity to provide input on the challenges facing the governmental public workforce and possible solutions. NACCHO appreciates your Committee's thoughtful, bipartisan efforts to ensure the country has the workforce it needs to ensure the health of all Americans.

The governmental public health workforce – the backbone of our nation's public health system – is facing a crisis that predates COVID-19 but has worsened during the pandemic response. In the decade prior to COVID-19, 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.¹ While all health departments need additional staff, the most acute needs are in small local health departments which often serve rural communities. The need to expand the governmental public health workforce is compounded by pressures that may lead existing workers to leave the field. A 2022 analysis found that nearly one-third of state and local public health employees is considering leaving their organization in the next year, and 44 percent within the next five years.²

The underlying causes of the governmental public health workforce shortages are multifaceted. Last year, workers who were planning to leave for reasons other than retirement cited pay, work overload and burnout, lack of opportunities for advancement, stress, and organizational climate and culture.³ Some health departments cite a lack of sufficient office space a barrier to hiring more staff. Likewise, for many smaller communities, there is not enough housing to attract out of town workers or interns.

The COVID-19 pandemic has exacerbated governmental public health staff recruitment and retention. Among those who said they were considering leaving their agency, nearly 40 percent said the pandemic made them more likely to leave.⁴ In a study by the Centers for Disease Control and Prevention (CDC), self-rated mental health among governmental public health workers decreased as work hours during the

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

² <https://debeaumont.org/phwins/2021-%20findings/>

³ <https://debeaumont.org/phwins/2021-%20findings/>

⁴ <https://debeaumont.org/phwins/2021-%20findings/>



pandemic and time spent staffing the response increased.⁵ Politicization of public health measures and associated bullying and harassment exacerbated the mental health toll of the past several years. More than 15 percent of local health department staff experienced harassment during the pandemic, which is associated with poorer mental or emotional health and an increased risk of intent to leave their agency.⁶ CDC surveys found that the percentage of state, tribal, local, and territorial public health workers who reported being bullied, threatened or harassed because of work increased from 2021 to 2022, and those workers reported some of the highest prevalence of symptoms of mental health conditions and suicidal ideation.⁷

Without sufficient staff, health departments may not be able to carry out 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. A robust public health system helps to keep people healthy, in turn reducing burden on the health care system and its workforce, and lowering health care spending.

Promisingly, schools of public health have observed an increase in public health degrees in recent years.⁸ Unfortunately, so far that has not translated to a boost in employment at health departments. Now is the time to strengthen the pipeline into governmental public health and provide resources and supports for the current workforce. NACCHO respectfully offers the following policy suggestions.

Fully fund the Public Health Workforce Loan Repayment Program

NACCHO is grateful to your Committee for recognizing the challenges facing the governmental public health workforce and including in the PREVENT Pandemics Act a reauthorization of the bipartisan Public Health Workforce Loan Repayment Program, which was ultimately passed in the Consolidated Appropriations Act of 2023. Once operationalized, this program will provide a vital recruitment and retention tool to governmental public health agencies by offering up to \$50,000 in loan repayment to professionals who agree to serve three years at a local, state, or Tribal public health department. The interest in this program is immense, and NACCHO respectfully urges you to work with your colleagues on the Appropriations Committee to ensure the Public Health Workforce Loan Repayment Program is fully funded at its authorization level of \$100 million in Fiscal Year 2024.

Provide long-term, sustainable, disease-agnostic public health funding

Several challenges facing the governmental public health workforce could be improved through long-term, sustainable, disease-agnostic public health funding, for example as envisioned in the Public Health Infrastructure Saves Lives Act in the 117th Congress. Such funding could enable local and state health

⁵ Bryant-Genevieve 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(26):947.

⁶ McCall, Timothy C. PhD, et al. The Role of Harassment in the Mental Well-being of Local Public Health Professionals and Its Relationship With an Intent to Leave Their Organization During the COVID-19 Pandemic. https://journals.lww.com/jphmp/Fulltext/2023/01001/The_Role_of_Harassment_in_the_Mental_Well_being_of.9.aspx

⁷ Koné A, Horter L, Thomas I, et al. Symptoms of Mental Health Conditions and Suicidal Ideation Among State, Tribal, Local, and Territorial Public Health Workers — United States, March 14–25, 2022. *MMWR Morb Mortal Wkly Rep* 2022;71:925–930. DOI: <http://dx.doi.org/10.15585/mmwr.mm7129a4>

⁸ <https://aspph.org/undergraduate-public-health-degrees-rise-in-popularity-but-employment-in-government-workforce-lags/>

departments to offer financial incentives to help to counteract challenges associated with civil service pay and structure, invest in needed improvements and expansions to physical infrastructure, and enable investment in underlying capabilities that can help to improve organizational capacity, such as communications, and make working at a public health agency a more attractive option for workers. These investments can assure health departments can better serve the health, wellness, and safety of their communities and achieve meeting foundational capabilities of public health.

Strengthen the pipeline to governmental public health

As your Committee considers programs, incentives, and other tools to strengthen the pipeline of health care workers to under-served areas, NACCHO encourages you to incorporate public health agencies into those programs to the greatest extent possible. Health departments, especially in small and rural communities, face many of the same challenges hiring and retaining staff as do similarly situated health care settings. Many health departments provide direct clinical services necessary to the health and wellness of their communities, and particularly in small and rural areas serve as the provider of last resort. People are a health department's primary resource and without sufficiently supported staff, will not be able to fully serve their communities. Programs, such as those offered by the CDC and universities, that place interns, fellows, and volunteers within local health departments can act as both a workforce supplement as well as increase awareness and interest in pursuing employment in governmental public health. However, there are operational challenges for local health departments that affect their ability to host these positions. For example, many smaller local health departments are currently unable to produce competitive applications for fellows because of requirements to identify specific projects or goals over the course of one to two years, as is required to apply as a host site for the Public Health Associate Program. Any additional support the federal government can provide health departments in facilitating hosting interns and fellows at public health agencies through new and existing programs, could also provide an important tool to expose young professional to the field. Support may include allowing for greater flexibility in application requirements for public health agencies, offering resources to complete applications, and providing ongoing training, onboarding and support to supervisors who will oversee the placement experience.

Address mental health, bullying, and harassment of public health officials

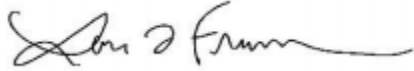
The governmental public health workforce cannot afford to continue to lose staff and NACCHO urges your Committee to consider measures to meaningfully address the mental health needs of workers including through grants, trainings, and other supports. Furthermore, public health workers need to feel safe from harassment and threats, and NACCHO asks you to direct the Department of Health and Human Services to work with the Department of Justice to establish federal protections in response to harassment and threats. CDC surveys from 2021 to 2022 found an increase in the percentage of state, Tribal, local, and territorial public health workers who reported experiencing harassment and job-related threats due to work.⁹ Finally, NACCHO urges you as the leaders of this important Committee to impress upon the rest of your colleagues the importance of depoliticizing public health measures, so that public health officers around the country feel empowered to make science and evidence-based decisions to protect the health and safety of their communities.

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

⁹ Koné A, Horter L, Thomas I, et al. Symptoms of Mental Health Conditions and Suicidal Ideation Among State, Tribal, Local, and Territorial Public Health Workers — United States, March 14–25, 2022. *MMWR Morb Mortal Wkly Rep* 2022;71:925–930. DOI: <http://dx.doi.org/10.15585/mmwr.mm7129a4>

Government and Public Affairs, at acasalotti@naccho.org. NACCHO looks forward to working with you on strengthening our governmental public health workforce.

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
Chief Executive Officer
National Association of County and City Health Officials (NACCHO)