

Proposal: Core Public Health Infrastructure Program

COVID-19 is a stark reminder of the importance of our public health infrastructure and workforce. Public health departments must respond quickly to emergencies while maintaining the day-to-day work they do to support healthy communities. But annual spending falls \$4.5 billion short of what is needed to ensure that all communities are served by health departments with comprehensive capabilities. The result is increased vulnerability to health emergencies like COVID-19, as well as to emerging and ongoing public health challenges like chronic diseases, weather related emergencies, and substance misuse.

Congress should establish a Core Public Health Infrastructure Program at the Centers for Disease Control and Prevention (CDC), awarding grants to state, local, tribal and territorial health departments to ensure they have the tools, highly trained workforce and systems in place to address existing and emerging health threats.

How will sustained investment in Public Health Infrastructure help COVID-19?

The chronic underfunding of public health has limited health departments' ability to modernize labs, surveillance systems, and informatics and to address the underlying health conditions that put so many Americans at heightened risk from COVID-19. The nation's response to COVID-19 would have been stronger with sufficient infrastructure and workforce in health departments. Such support would have resulted in greater capacity to identify cases, locate those who had been exposed, and quickly put policies in place that would reduce the need to shut down schools and workplaces.

Public health experts agree that a transition from the initial COVID-19 response phase will require **expanded testing, contact tracing, and upgraded public health data systems**. These steps require increasing our core public health infrastructure capabilities and hiring skilled public health workers. By investing in these necessary infrastructure upgrades now, we can help reduce the societal and economic burdens of COVID-19.

Proposal: A Core Public Health Infrastructure Program at CDC would help modernize public health at every level to ensure every American is served by a 21st century health department:

- State, tribal, territorial and local health departments would receive sustained funding to address the foundational capabilities of public health, a core [set of activities and measures](#) that ensure they have the tools, highly trained workforce and systems in place to address existing and emerging health threats.
- The program would award grants to all state and territorial health departments, and to local health departments serving over 500,000 people, based on a formula determined by factors including population size, burden of preventable disease and disability, and poverty rate.
- Additional competitive grants would be available based on core public health infrastructure needs to local and tribal health departments.
- Grantees would also be eligible for technical assistance from the CDC.
- Grant awards would supplement, and not supplant, existing public health department resources.

For more information, contact Dara Lieberman at dlieberman@tfah.org.

Foundational Capabilities of Public Health Include:



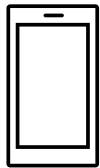
Assessment – disease surveillance, epidemiology and laboratory capacity



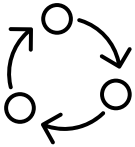
All Hazards Preparedness and Response – the capacity to respond to public health threats



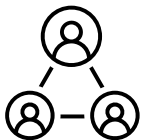
Policy Development & Support – the ability to serve as expert resource for public health policy



Communications – the ability to translate public health science to messaging for media, public, healthcare



Community Partnership – the ability to convene and build strategic partnerships across sectors



Leadership & Governance - the ability to lead internal and external stakeholders to consensus and action



Accountability – Performance management and quality improvement

Key Facts:

- Only 51 percent of Americans are served by a comprehensive public health system.
- Experts estimate a \$4.5 billion annual shortfall in building foundational capabilities, or \$13 per person.
- More than 56,000 local public health jobs were eliminated between 2008 and 2017—nearly one quarter of the workforce.
- Nearly 260 organizations have endorsed an increase of \$4.5 billion in annual funding for CDC, state, local, tribal and territorial core public health infrastructure.