Congressional Briefing and National Webinar:

Beyond Emergency Funding: Sustaining Public Health Funding in the Post-COVID Landscape

June 22, 2022
1:30 – 2:30 PM Eastern Time

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 tfah.org  publichealthfunding.org
Closed Captioning

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Q&A Feature

1. At the bottom of your screen, click to open the Q&A panel

2. Type your question in the Q&A box

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Moderator

Mila Becker, JD
President
Coalition for Health Funding
Chief Policy Officer
Endocrine Society

publichealthfunding.org  endocrine.org
Agenda

Welcome and Overview

Presentations from Panelists

Questions and Answers

Closing
Welcome to Our Panelists

Michael Fraser, PhD, MS, CAE, FCPP
Chief Executive Officer
Association of State and Territorial Health Officials

Lisa Macon Harrison, MPH
Health Director
Granville-Vance Health Department, NC
Board President
National Association of County and City Health Officials

J. Nadine Gracia, MD, MSCE
President and CEO
Trust for America’s Health
Michael Fraser, PhD, MS, CAE, FCPP
Chief Executive Officer
Association of State and Territorial Health Officials
astho.org
Beyond Emergency Funding: Sustaining Public Health Funding in the Post-COVID Landscape.

Michael Fraser

June 2022
• “As I have told our own side, and, I think, the last year has illustrated to all of us, sometimes you need to spend billions to save trillions. And just look at the cost of what this pandemic has been...”

• $4.6 trillion in emergency assistance to people, businesses, state and local governments, health care systems (US)

1,000,000+ lives

Est. $16 trillion+ USD
How different would our public health response have been if public health agencies...

| Were fully resourced to carry out a complete range of infectious disease surveillance and monitoring that included global “signals” and trends |
| Had data systems that were fully integrated between health care and public health organizations at the local, state, and federal levels |
| Had the capacity needed to quickly scale/surge disease investigation and health communications workforce |
| Had the Infrastructure to quickly develop needed tests and supplies |
| Had adequate investments in community-based public health work focused on achieving health equity and optimal health for all |
Public Health Funding “Roller Coaster”

- Feast or famine, panic/neglect “boom and bust”
- H1N1
- Zika
- Ebola
- SARS-CoV-2/COVID-19
Sustainable Post-COVID Funding
Progress: A Down Payment on Modernization

- FY20: $50M
- FY21: $50M
- FY22: $100M

$1.2B appropriated thus far
## Future Investments Needed

**Healthcare Information and Management Systems Society (HIMSS) investment recommendation over the next decade:**

$37B proposed 10-year investment

<table>
<thead>
<tr>
<th>Electronic case reporting and contact tracing</th>
<th>Electronic laboratory results reporting</th>
<th>Establish a nimble rapid cycle learning health system</th>
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<tbody>
<tr>
<td>Syndromic disease surveillance</td>
<td>Immunization registry reporting and query</td>
<td>Interoperable platforms to facilitate broad-based data exchange</td>
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<td>Nationwide notifiable disease surveillance</td>
<td>Health IT innovations and workforce capacity</td>
<td>Ongoing licensing costs, software updates, hardware updates</td>
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<td>Vital records reporting</td>
<td>Trusted and secure access to multi-modal health data</td>
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$11B

Immediate STLT PH Data Infrastructure

$26B

Public Health Interoperability: Meaningful Use & Sustainability
COVID Funding “Cliff”
The Future – FY23 and Beyond
Lisa Macon Harrison, MPH
Health Director
Granville-Vance Health Department, NC
Board President
National Association of County and City Health Officials

gvph.org  naccho.org
LOCAL PUBLIC HEALTH

Working in Partnership for Healthier Communities

Lisa Macon Harrison, MPH
Granville Vance Public Health and NACCHO
lharrison@gvdhd.org
Public health works every day to promote and protect health and prevent disease.

Overall, Local Health Departments are the only community entities concerned with protecting the health of the entire community…advocating for and promoting health in its broadest form.
The Workforce Community by Community:
Our Most Significant Public Health Asset
About NACCHO

NACCHO is the **only** organization dedicated to serving every local health department in the nation.

NACCHO serves 3000 local health departments and is the leader in providing cutting-edge, **skill-building**, professional resources and programs, seeking **health equity**, and supporting **effective** local public health **practice and systems**.
What is the work that local public health should be doing right now?

What are the structures, investments and policies needed to get there?
Americans should expect basic health protections no matter where they live, but funding varies greatly across local health departments.

• So what exactly is the public health system made up of across the US and how is it currently funded?

10 Essential Services and 3 Core Functions

- Chief Health Strategist in the Community
- Foundational Capabilities:

Protecting the Public, Cultivating Leadership, Building New Models, Demonstrating Accountability, Mobilizing the Community, Forging Partnerships, Communicating with the Public, Using Integrated Data Sets, Assessment, Assurance, and Policy Development, Improved Surveillance, Epidemiology, Integrated Care, and Lab Capacity
Community Chief Health Strategists
Who are we and what do we do?

The Workforce:
- Nursing and Medicine
- Social Work / Care Managers
- Behavioral Health Specialists
- Management Support/Admin
- Environmental Health
- Nutrition
- Information Technology
- Health Education
- Laboratorians
- Policy Leaders
- Epidemiologist / Data Mgrs
- Chief Health Strategists
- Researchers

The Work:
- Health Promotion and Wellness
- Partnerships and Collective Impact
- Communicable Disease
- Maternal and Child Health
- WIC: Women, Infants, and Children
- Vital Records
- Laboratory Technology
- Management Support / Billing
- Environmental Health
- Family Planning
- Immunizations
- Care Management
- Grants Management
- Data Management
- Communications
- Health Equity
- Health Policy
- Clinics & Immunizations
- Family Planning
- Infection Control / STD
- Supports & Services
- Legal updates and protection
- Education and advocacy
- Project management & Quality Improvement
- Primary Care
- MAT / Behavioral Health / Integrated Care
- Dental Clinics
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<tr>
<th>Provide:</th>
<th>Provide/Assure/Contract/Certify:</th>
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<tr>
<td>Food, lodging &amp; institutional sanitation</td>
<td>Adult Health / Primary Care / Maternal Health / Child Health</td>
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<tr>
<td>Individual on-site water supply</td>
<td>Care management</td>
</tr>
<tr>
<td>Sanitary sewage collection, treatment &amp; disposal</td>
<td>Dental public health</td>
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<tr>
<td>Communicable disease control</td>
<td>HIV / STD</td>
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<tr>
<td>Vital records registration</td>
<td>WIC (Women, Infants &amp; Children)</td>
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<tr>
<td>Health Education &amp; Promotion</td>
<td>Family planning</td>
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<tr>
<td><strong>Community Health Assessment</strong></td>
<td>Public health laboratory</td>
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<td>Preparedness and Response</td>
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Change in Full-Time Equivalents (FTEs) per 10,000 people since 2008 by size of population served
Revenue sources
What to know about public health Funding:

- Funding sources vary tremendously from county to county: **Primary categories of revenue are: Local, State, Federal.**
- **Fees and ‘Other’ sources** (typically grants) fund the remaining balance of a local health department budget and staff.
- Approximately 25% of LHD operating budgets come from state/federal combined on average – lots of room to make up the difference county by county.
- Rural – Urban Continuum see incredible differences.
- Accountability is high to every dollar and reporting requirements are both variable and onerous across many different sources (in my LHD alone we have more than 85 different ‘banks’ of revenue and related reporting requirements).
A Resilient Public Health System is more than just the sum of its parts, but to date, in the US, we have funded mainly just parts.

“… the vast majority of government health spending in the United States is for individual illness care and treatment for disease; a far smaller and inadequate proportion is provided, ineffectively, to support governmental public health’s efforts to improve population health. The current financing system for health in the United States is profoundly misaligned.”

—National Academy of Sciences
Thank you for being thoughtful together about how we can build a stronger public health system and be more prepared for emerging diseases, and public health challenges.

There are so many important parts to consider.

“Every system is perfectly designed to get the results it gets.” – Batalden, Berwick, Deming
We have so much to celebrate ...and...

What has COVID exposed about our infrastructure?

What do we need to do our best work?
J. Nadine Gracia, MD, MSCE
President and CEO
Trust for America’s Health
tfah.org
Beyond Emergency Funding: Sustaining Public Health Funding in the Post-COVID Landscape

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Trust for America’s Health (TFAH)

Independent, non-partisan, public health, prevention and equity focus, including:

- Data/research for action
- Health-promoting policies
- Strong public health system
- Informed policymakers
Only a Fraction of Health Spending Goes to Public Health and Prevention

CY2019 National Health Expenditures
- Public Health and Prevention: 3%
- All other health services: 97%

CY2020 National Health Expenditures
- Public Health and Prevention: 5%
- All other health services: 95%

2019 Total: $3.8 trillion
2020 Total: $4.1 trillion

Source: TFAH analysis of CMS National Health Expenditures
CDC Program Funding, Adjusted for Inflation

<table>
<thead>
<tr>
<th>Fiscal Year</th>
<th>Other Program Funding</th>
<th>Prevention and Public Health Fund</th>
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<tbody>
<tr>
<td>FY 2013</td>
<td>$7.55</td>
<td>$0.55</td>
</tr>
<tr>
<td>FY 2014</td>
<td>$8.08</td>
<td>$0.98</td>
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<tr>
<td>FY 2015</td>
<td>$8.04</td>
<td>$1.04</td>
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<tr>
<td>FY 2016</td>
<td>$8.46</td>
<td>$1.03</td>
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<td>FY 2017</td>
<td>$8.15</td>
<td>$1.01</td>
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<tr>
<td>FY 2018</td>
<td>$9.19</td>
<td>$0.89</td>
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<tr>
<td>FY 2019</td>
<td>$7.93</td>
<td>$0.87</td>
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<tr>
<td>FY 2020</td>
<td>$8.51</td>
<td>$0.91</td>
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<tr>
<td>FY 2021</td>
<td>$8.26</td>
<td>$0.91</td>
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<tr>
<td>FY 2022</td>
<td>$8.40</td>
<td>$0.90</td>
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Preparedness Funding to States Has Declined
Boom and Bust Cycle of Public Health

1. **Underfunding**
   - Public health receives little funding because there is no emergent public health threat.

2. **Crisis**
   - Public health system faces an acute public health threat.

3. **Funding Increase**
   - Policymakers increase public health funding to respond to crisis.

4. **Crisis "Solved"**
   - Acute public health mitigated. Emergency funding disappears.
Federal Recommendations

• Increase overall CDC funding to $11 billion in FY2023
• Enable modernization of public health at federal, state, local, territorial, and tribal levels with funding for core public health infrastructure, data, and workforce
• Invest in the nation’s health security, including public health emergency preparedness and vaccine infrastructure
• Address health inequities and social determinants of health
• Ensure effective prevention programs can reach all states and territories
Submit Questions for Our Panelists

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Thank You to Our Moderator and Panelists

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Thank you!

@HealthyAmerica1  @HealthFunding  

The recording and slides will be available at tfah.org and publichealthfunding.org.