



March 9, 2020

Dr. Robert Redfield
Director, U.S. Centers for Disease Control and Prevention
Via Email

Dear Dr. Redfield,

On behalf of our nation's local governmental public health system, we write to highlight the need for emergency supplemental dollars for the COVID-19 response to reach local communities as quickly as possible, through direct funding streams, where at all possible, or through states as necessary without conditions or delays. It is critical that a wide range of strategies be employed to ensure that funding reach the local level of the response without delay or additional barriers.

The National Association of County and City Health Officials (NACCHO) and the Big Cities Health Coalition (BCHC) represent the nation's nearly 3,000 local health departments and 30 of the country's largest, most urban departments, respectively. These local public health departments work every day in their communities to prevent disease, promote wellness, and protect health. Health departments across the country are leading the way on this response, and dollars need to reach the ground level now.

In communities across the country, health departments are working with city and county governments to purchase buildings to house people, hire dozens of staff immediately, and consider mass media buys to educate the public. Our member health departments have been doing an amazing job with limited resources and changing facts and guidance. Seattle-King County, LA County, and Santa Clara County, in particular, have helped pave the way for the national response, but as domestic transmission continues to grow, no community is immune to a potential outbreak. Now that federal support is available, it needs to reach affected communities without delay in order to minimize illness and loss of life.

We appreciate that Public Law No: 116-123, the Coronavirus Preparedness and Response Supplemental Appropriations Act, includes funds designated to support localities and states to address the coronavirus response, and that one-half of those funds must be sent out of the federal government within 30 days. However, there is no directive in the law to ensure that funds get to the front lines of the response—namely local health departments—within any particular timeframe. We must ensure that those resources make it to the community level as quickly as possible. Relying solely on the traditional mechanisms of near-total state-focused funding streams may cause unnecessary and debilitating delays to community-level response.

Many historic innovations in addressing public health concerns—from HIV and tuberculosis to sexually transmitted infections and emergency preparedness—have resulted from direct funding

and partnership between large local jurisdictions and the CDC. Because of this, CDC has a history of, when appropriate, providing timely and direct support to the nation's large counties and cities, particularly amidst pressing public health crises. As such, it is critically important that any funding mechanism(s) expedite dollars into these communities. For example, six local jurisdictions are pre-approved for direct funding through CDC's Public Health Crisis Response NOFO: Chicago, Houston, LA County, New York City, Philadelphia, and Washington, D.C.

Additionally, using "outside the box" thinking to reach those areas that have not been eligible to date for this type of direct funding is also important.¹ For those localities that do not want or have the ability to contract directly with the federal government, it is important that states receive instruction to ensure sufficient funding² is passed down to localities, quickly, and without additional grant/reimbursement requirements or conditions. Finally, it is critical that CDC ensure a sufficient accountability structure so that the agency and stakeholders can track the flow and speed of federal funds getting to the local response.

We appreciate your leadership and the continuous efforts by your staff to collaborate with city and county partners on the COVID-19 response and stand ready to work with you to help ensure that local health departments are appropriately resourced for this response. Ensuring that funds flow into local communities, either through direct funding or by working with states to make sure that local health departments get the resources they need quickly through their state, is of paramount importance to protecting the public's health as the system as a whole responds to COVID-19.

Please do not hesitate to reach out to Chrissie Juliano (juliano@bigcitieshealth.org) or Adriane Casalotti (acasalotti@naccho.org) with any questions. Thank you for your attention to this matter and we look forward to continuing to work with you to jointly support local health departments and address this ongoing crisis.

Sincerely,



Chrissie Juliano, MPP
Executive Director
Big Cities Health Coalition



Lori Tremmel Freeman, MBA
Chief Executive Officer
NACCHO

CC Jose Montero, Director, CSTLTS
Sherri Berger, Chief Operating Officer

¹ For example, when emergency opioids dollars became available a few years ago, money from CDC went to the CDC Foundation (CDCF) through their crisis cooperative agreement to reach communities. Under such a scenario, dollars could go out directly to city/county health departments from the CDCF, or CDCF could hire field staff and/or handle contracting or procurement for local jurisdictions.

² The recent Overdose Data to Action grants to address drug overdose contain a requirement that a specific percentage of the funding per state should reach local communities. A similar requirement included in grant guidance would be helpful to ensure that each state has a plan for how the COVID-19 response will reach into communities that need it.