



## **FY2024 Written Testimony for the Record – Big Cities Health Coalition**

### **Labor, Health and Human Services, Education, and Related Agencies**

**March 23, 2023**

On behalf of the Big Cities Health Coalition (BCHC), we respectfully request that the Subcommittee provide the highest possible funding for the U.S. Centers for Disease Control and Prevention (CDC), central to protecting the public's health, for Fiscal Year 2024. Our key CDC programmatic priorities include those most critical to our members: immunization, epidemiology and laboratory capacity, public health data modernization, workforce, infrastructure and capacity, disease modeling and analytics, opioid overdose prevention, violence prevention, public health preparedness, and the social determinants of health.

[BCHC](#) is comprised of [health officials](#) leading 35 of the nation's largest metropolitan health departments, who together serve more than 61 million, or about one in five, Americans. We thank you for your continued leadership and support for our nation's public health workforce and systems. As the Subcommittee members recognize, sustained annual funding is necessary to build public health capacity for the next pandemic, as well as the everyday work that helps keep communities as healthy and safe as possible.

**CDC-Wide Activities - Local Health Departments:** BCHC respectfully requests the continued inclusion of report language directing CDC to work with states to ensure federal resources go to local communities and to track how funds are passed on to local health departments (LHDs).

**National Immunization Program:** We respectfully request \$1.1 billion in FY2024 for the National Immunization Program. The CDC Immunization Program funds vaccine purchase and immunization program operations. Increased and sustained investment is needed to modernize immunization information systems (IIS), establish state-to-state IIS data sharing, increase and sustain a network of adult immunization providers reporting data into IIS, and engage with communities to build confidence and minimize disparities among people of color and those at heightened risk for acute outcomes from vaccine-preventable diseases.

**Adult Vaccine Program:** BCHC also supports the creation of a Vaccines for Adults program that is essential to further build and sustain a long-term network of adult immunization providers, reduce vaccination coverage disparities, improve outbreak control, and enhance and maintain vaccine infrastructure.

**Epidemiology and Lab Capacity:** We respectfully request \$720 million in FY2024 for the Epidemiology and Lab Capacity (ELC) program. ELC provides critical support to and for epidemiologists and laboratory scientists who are instrumental in addressing various food, water, and vector-borne outbreaks, as well as funding improvements in health informatics. Despite ELC's vital role in responding to the pandemic, annual funding levels are not adequate to maintain public health preparedness or address routine challenges, particularly at the city or county level. An increase to ELC would enable increased support to LHDs to provide for their jurisdiction-specific needs, which should be sent to large, urban jurisdictions directly. Further, ELC dollars sent to the states should be better tracked through CDC reporting structures and shared publicly to contribute to transparency.

**Public Health Data Modernization Initiative (DMI):** We respectfully request \$340 million in FY2024 for the DMI that is working to create modern, interoperable, and real-time public health data and surveillance systems at the state, local, tribal, and territorial levels. These efforts will ensure health officials across the country are prepared to address routine and emerging threats to their communities. COVID-19 exposed the gaps in our data systems, which Congress began to address by funding DMI through the CARES Act and American Rescue Plan Act. These dollars have been critical, and we are so appreciative of the support. The system, however, still requires long-term, sustained investment, not just to build capacity at the federal and state level, but also in local jurisdictions, particularly our nation's largest metro areas. Access to timely, accurate data at all levels is perhaps our most enduring public health challenge and additional investment is needed to continue to move this work forward.

**Public Health Workforce:** We respectfully request \$106 million in FY2024 for CDC's public health workforce and career development programs. These funds support CDC's fellowship and training programs including the Public Health Associate Program and Epidemic Intelligence Service that extend the capacity of local and state health departments. Investments must be made to build and develop the public health workforce, as well as attract and retain diverse candidates with varied skill sets.

**Public Health Infrastructure and Capacity:** We respectfully request \$1 billion in FY2024 to support an investment in public health infrastructure and capacity. Because public health is largely funded by condition, there has been little investment in cross-cutting capabilities that are critical for effective prevention and response infrastructure, such as policy development, communications, community engagement, and other organizational competencies. BCHC is

grateful for the inclusion of funding in the FY2023 Omnibus, and we urge an ongoing investment to strengthen the public health system to avoid a funding cliff when the American Rescue Plan supplemental funding ends.

**Center for Forecasting Epidemics and Outbreak Analytics:** We respectfully request \$100 million in FY2024 for the Forecasting Center to facilitate the use of data, modeling, and analytics to improve pandemic preparedness and response. With additional resources, CFA will also be able to enhance local and state capacity, enabling stakeholders at multiple levels to make more and better-informed decisions.

**Opioid Overdose Prevention and Surveillance:** We respectfully request \$713 million in FY2024 for Opioid Overdose Prevention and Surveillance. Overdoses (ODs) are increasing across the nation, erasing gains of recent years. CDC's funding to health departments through the Overdose Data to Action (OD2A) program is a critical resource for prevention of opioid and polysubstance use. Prevention efforts include harm reduction and linkage to care initiatives with a focus on highly impacted communities and reducing stigma. Increases in funding will allow CDC to fund more local communities, in addition to states, to address ODs in communities most at risk. Preventing ODs is a particularly local response that demands federal resources, and we are so appreciative of those that have already been appropriated. LHDs also need to be able to use federal funds to purchase Naloxone to prevent additional OD deaths.

**Gun Violence Prevention Research:** We respectfully request \$35 million in FY2024 for Gun Violence Prevention Research. Firearm violence impacts the health and safety of all Americans and continues to be an acute issue in our nation's largest cities. Significant gaps remain in our knowledge about how best to prevent gun violence.

**Community and Youth Violence Prevention’s Community Violence Intervention Initiative:** We respectfully request \$250 million in FY2024 for a Community Violence Intervention initiative to implement evidence-based community violence interventions locally. BCHC whole-heartedly supports an increased investment to scale up this initiative from \$3 million and believes it is critically important to have CDC engaged in this effort in concert with the Department of Justice. Such an increase would allow the CDC to support actionable, proven community-driven public health strategies that can prevent and reduce violence in communities facing the highest burden of violence. Importantly, community violence is preventable, not inevitable, when we invest in a robust public health approach. A public health approach is highly collaborative and driven by local needs, bringing together community members most impacted by violence with different sectors—including health care, public health, schools, parks, housing, law enforcement, local businesses, faith-based institutions, and others—to collectively implement locally-informed strategies.

**Public Health Emergency Preparedness Cooperative Agreements:** We respectfully request \$1 billion in FY2024 for the public health emergency preparedness (PHEP) grant program. PHEP provides funding to strengthen public health departments’ capacity and capability to effectively respond to public health emergencies. PHEP funding awards have been cut by nearly 30% in the last two decades. Our public health preparedness systems are stretched to the brink and will need increased, predictable base funding for years to rebuild and improve. Finally, we encourage the committee to include directive language to ensure these dollars reach the local level and to oppose combining CDC’s three preparedness lines into one.

We thank the committee for the opportunity to provide this written testimony.