



House Committee on Appropriations Subcommittee on Labor, Health and Human Services, Education, and Related Agencies

Ready or Not: U.S. Public Health Infrastructure

February 24, 2021

10:00am, Cisco Webex

Purpose

The purpose of the hearing is to discuss the country's public health infrastructure, its strengths and weaknesses, the impact of COVID-19, and how to better equip public health for the future.

Members Present

Chairman Rose DeLauro, Ranking Member Cole, Representatives Roybal-Allard, Harris, Lee, Fleischmann, Pocan, Cline, Frankel, Herrera Beutler, Bustos, Harder, Clark.

Witnesses

Dr. Marilyn Bibbs-Freeman, Deputy Director, Division of Consolidated Laboratory Services, Office of the Secretary of Administration, Commonwealth of Virginia

Jennifer Kertanis, Director of Health, Farmington Valley Health District, Connecticut

Dr. Umair Shah, Secretary of Health, State of Washington

Dr. Kathryn Turner, Deputy State Epidemiologist and Chief, Bureau of Communicable Disease Prevention, Idaho Division of Public Health

Opening Statements

Chairman Rosa DeLauro (D-CT) said the nation was not readily prepared to meet the needs that came with Covid-19. The public health data modernization initiative provides improvements to data modernization but was just getting off the ground when the pandemic began. In order to target the nation's response to Covid-19, and future public health emergencies, the country needs to have access to data on vulnerable populations. For example, having knowledge on how the virus affects pregnant women would require having access to reliable data on that population which there is a lack of currently. Additionally, the public health workforce needs to be strengthened. The pandemic has shown that public health departments are understaffed, where a quarter of the workforce is eligible to retire and another quarter are leaving due to reasons outside of retirement. A new public health workforce needs to consider diversity and equity, needs to incentivize and hire younger generations, and the country needs to do it now. Lastly, there are 110 public health laboratories across the country but only 3% were capable of performing the advanced molecular tests required to combat Covid-19, which is another issue area that needs consistent annual funding. This pandemic is occurring alongside other public health crises such as youth vaping, a growing anti-vaxxer movement, and a rise in food challenges from the the past administration's deregulation efforts. Congress plans to reintroduce the Public Health Emergency Fund to ensure adequate funding is provided to the country's public health infrastructure.

Ranking Member Cole (R-OK) said that the slogan ‘spend billions to save trillions’ is greatly applicable to the needed efforts to fix the country’s public health infrastructure. In order to address the needs of rising chronic diseases, the country’s public health infrastructure must be robust and be supported. During the pandemic, the country has encountered many challenges with technology, collaboration, basic access to supplies to adequately address the virus. One of the efforts completed by Committee was the creation of the Infectious Disease Reserve fund, which allowed the committee to disburse funds prior to relief legislation being passed. Congress must work to make sure funding is available in the future so the country is ready for the next threat, not just winning the current war.

Testimony

Dr. Kathryn Turner said it is public health departments’ job to investigate outbreaks, identify cause, the people who are at risk, and how to control the spread. COVID-19 is just the latest threat to the country’s vulnerable public health system. The country must consistently invest in a strong surveillance systems that allows a reliable data flow to occur between providers and state and local public health officials. When a patient goes to a lab for testing, the results are sent to a doctor electronically but they are then faxed to a public health department lacking pertinent data such as addresses, phone numbers, and risk factors including but not limited to pregnancies. States need to share de-identifiable data to the national government in an interoperable and seamless way in order to target public health efforts. The Council of State and Territorial Epidemiologists have addressed five pillars in public health data modernization that will help protect the country from future public health emergencies: a national notifiable disease surveillance system, an electronic case reporting system (eCR), a syndromic surveillance system, an electronic vital records system, and an electronic laboratory information system. In addition to data modernization, more support needs to be provided for a skilled workforce. The country doesn’t have a science problem, it has a resource problem. The suggested annual funding to strengthen the country’s data modernization efforts is a minimum of \$100 million.

Dr. Marilyn Bibbs-Freeman said COVID-19 exacerbated issues public health leaders already knew existed. One of the main priorities for public health should be high skilled personnel, which is the most valuable and the most costly public health variable. However, because of minimum or no salary increases over time, much of the workforce leaves their positions for private industries as the compensation is higher. Additionally, it is estimated that 41% of the public health laboratory workforce is reaching retirement, while 31% plan to leave in next five years. A suggested solution to this issue is to create a pipeline for laboratory science in undergraduate programs and to consistently fund educational systems supporting these programs. There is also a lack of diversity, which increases turnover. A suggested solution for this issue is to change grant application requirements to include diversity requirements and to require each government public health entity to have a diversity staff member on site. With data management, there are issues such as outdated software and legacy software where upgrades are extremely difficult. The industry greatly needs cloud based computing wider storage options. Additionally, health information should be easy to exchange between one agency to another.

Jennifer Kertanis said funding before an emergency best positions the country to respond, not funding only during an emergency. For the future, investments in the public health systems must be a national priority, and the country needs to address outdated systems in technology and its

lack of resources. In order to strengthen the public health workforce, efforts to increase personnel and skillset diversity need to be strengthened. Many local health departments lacked the critical staffing needed to meet the demands of COVID-19 testing and vaccinating, which is why the country is experiencing many of the current barriers in its COVID-19 response. In addition to addressing COVID-19, increased and consistent public health funding needs to be supported to respond to the country's other public health crises such as obesity. For example, a CDC study reported the three quarters of young people are not eligible to join the military because of being overweight or obese. Chronic health issues have astronomical costs, especially for vulnerable communities. Public health funding strengthens national security, creates a healthier workforce, and improved quality of life.

Dr. Umair Shah said investing in public health infrastructure matters greatly. In the last 40 years, the country has experienced an increase of costs for personal health care and but a fall in costs for public health all the while life expectancy has decreased. The pandemic provides an opportunity to build back better. Inequities have existed in the country for some time but the pandemic further exacerbated them. Vulnerable communities have experienced disproportionate deaths and cases. As it is appreciated that Congress approved various relief bills, it is time for to approve an additional \$4.5 billion towards the country's public health infrastructure. For the public health workforce, there needs to be increased funding for public health staff. Currently public health staff across the country are mentally and physically exhausted and are leaving the field. There needs to be an additional 100,000 hired positions for the public health workforce to be adequately prepared. For data systems, a lack of investment in all levels of government has strained the country's response. Given advancements in technology, there is no excuse for data systems not to be strengthened, which will require a minimum of \$1 billion in annual funding.

Questions and Answers

Chairman Rosa DeLauro asked how the CDC data modernization initiative will move beyond just reporting information and what agencies are using modernized systems. **Dr. Turner** said the CDC used \$50 million for states to receive funds via grants, which they used immediately, to improve their information systems however since the initiative began in the beginning of the pandemic. However it has been difficult to build out. **Chairman Rosa DeLauro** asked what should be done to make the workforce more sustainable. **Ms. Kertanis** said Congress needs to incentivize young people to go into the public health field, invest in competitive salaries, and invest in a workforce that supports functions of local health departments, regardless of what the issue at hand is. **Chairman Rosa DeLauro** asked if loan workforce development programs have been utilized. **Ms. Kertanis** said there is a workforce development bill modeled after the National Health Service Corps currently in play. **Chairman Rosa DeLauro** asked about the mechanics of the data modernization initiative. **Dr. Turner** said the data modernization initiative is disease agnostic where the system would work for any infectious and chronic disease.

Ranking Member Cole asked what has worked best in the country's public health care system and where are the biggest shortcomings. **Dr. Turner** said the successes include electronic case reporting, where 68,000 more health systems have come online to send records to public health departments. This effort that has merged well with electronic lab reporting. The weakness is that data needed to identify vulnerable populations hasn't been as robust as it needs to be due to not getting information from clinical visits but the data modernization initiative would help this. **Dr.**

Freeman said one success is the ability to offer a wide breadth of training in a flexible format. Moving forward, the country should apply what it has learned in a virtual setting to increase training efforts. The weaknesses are due to a lack of data modernization where some systems need upgrading. **Dr. Shah** added that another challenges how the national strategy required states to work on their own. In contrast, the miracle of the speed of creating the vaccine has been a success. **Ms. Kertanis** said that while it is appreciated that congress released funds quickly, they need to make sure funds are allocated more equitably. She expressed concern that the national plan was not informed by local and state expertise.

Rep. Roybal-Allard (D-CA) asked how public health programs should be prioritized and what level of investment is needed to train public health workforce adequately. **Ms. Kertanis** said there is a proposal of \$4.5 billion in annual funds to build up the public health workforce. **Rep. Roybal-Allard** asked how the newborn screening program in Virginia has been impacted by covid-19 due to shortage availabilities of plastic materials required for the screening. **Dr. Freeman** said shortage availabilities have been felt by all levels of public health in Virginia.

Rep. Harris (R-MD) asked if the Workforce Loan Repayment Act was a one-size-fits all repayment structure and where the distribution of need is in public health departments. **Dr. Shah** said in all levels of the health care workforce, there are varying exposures to public health, which is its own specialty. It is very difficult to get physicians to be interested in public health efforts. Additionally, there is a need to ensure that the workforce is supported to pay back their loans adequately. **Rep Harris** asked how difficult is it to recruit physicians in the public health field. **Dr. Shah** there isn't a value proposition or exposure during medical training so it is extremely difficult.

Rep. Lee (D-CA) asked how to racism should be addressed in public health. **Dr. Shah** said people from those communities that are experiencing hardships need to be supported to work directly in those same communities. **Dr. Freeman** said in order to move towards being as diverse as possible, public laboratories need to understand its current environment. The diversity task force she works on is trying to assess this via surveys, toolkits, and is focusing on inclusion practices. Community members want to see employees that look like them.

Rep. Fleischmann (R-TN) asked several questions, including offline avenues that can be used to make sure vulnerable populations have access to vaccines; how essential workers can access the vaccine since their schedule is not the normal 9-5 periods; and how to assist rural vaccine distribution. **Dr. Turner** said targeting efforts require data. Systems need to be interoperable but that will require efforts outside of the data modernization initiative. **Dr. Freeman** said partnerships with community leaders need to be reassessed to increase trust for vulnerable populations. For rural communities, mobile vaccines plans should be implemented. **Ms. Kertanis** said that at the local level, leaders are able to build partnerships with vulnerable populations and they have connections with essential workers to assist them directly. **Dr. Shah** said there are two initiatives in Washington state that have addressed these concerns; the VAX initiative (vaccine action coordination system) focuses on numbers and the VIX initiative (vaccine implementation collaboration) focuses on equity. Both initiatives prioritize public health and working with local partners that have knowledge and resources that public health infrastructure frequently lacks.

Rep. Pocan (D-WI) asked if there had been policy or personnel changes in contract tracing, as his own state has found it difficult to attract and retain tracers. **Dr. Turner** said phone numbers are missing in over half of laboratory reports, so contract tracers have an incredibly difficult job to even find out how to contact the person, let alone to get the person to talk to the tracer. That's why it's important that the country has interoperable data systems that are secure. **Rep Pocan** asked if disinformation has become a problem for vaccination efforts. **Dr. Shah** said yes, misinformation and disinformation is widespread, even amongst health care workers.

Rep. Cline (R-VA) asked why Virginia has had delays in getting initial groups the vaccine. **Dr. Freeman** said there have been a number of issues regarding registration and preregistration; since there are multiple systems made available for the public to register themselves, there is widespread confusion. The current system registers individuals more seamlessly but contacting individuals after registration has been very slow. The state needs to advertise that there is a supply issue so community members have a better understanding of why the process is slow. **Rep. Cline** asked what would be necessary for mobile vaccination opportunities to be a reality. **Dr. Freeman** said there needs to be a mobile fleet system, storage resources need to be strengthened and increased, and there needs to be reliable support for people to coordinate and run the mobile systems.

Rep. Frankel (D-FL) asked if it is the witnesses' responsibility to get the vaccine registrant websites up and running well. **Ms. Kertanis** said there needs to be a federal monitoring system that tracks all doses, but the end user hasn't been taken into account for creating registration systems. In Connecticut, the state changed the system just so vulnerable populations could simply call a number and register for the vaccine. However, there are other issues that still are active such as a lack of billing options to administer the vaccine. **Rep. Frankel** asked what the salary of a public health nurse versus a nurse in the private sector. **Ms. Kertanis** said public health nurses earn anywhere between \$65,000 to \$70,000 per year depending on the state. Historically, low salaries were offset by good benefits but that is no longer the case. In the private sector, nurses can earn anywhere from \$10,000 to \$20,000 more. **Dr. Shah** said it is important to also know that epidemiologists often get recruited by hospitals, which pay higher in the private sector; the concern of public to private transitions is not just for nursing roles.

Rep. Herrera Beutler (R-WA) asked what the public health department in Washington is doing to make sure all counties receive adequate amounts of vaccines **Dr. Shah** said there has been a challenge to calculate which entities have equity practices in place and adequate storage requirements, but the state needs to do a better job at making sure it works with its local partners.

Rep. Bustos (D-IL) asked if there are other practices that would work for rural communities outside of mobile units. **Ms. Kertanis** said the National Association of County Health Officials (NACCHO) has best practices lined up for rural communities and will get back to the committee. **Dr. Shah** echoed Ms. Kertanis' remarks, saying that the Association of State and Territorial Public Health Officials (ASTHO) will get back to the committee. Outside of mobile units, the use of pharmacies to distribute vaccines and the use of the Johnson and Johnson vaccine one dose requirement could be useful.

Rep. Harder (D-CA) asked what needs to be done to restore confidence and trust in the public health system. **Dr. Shah** said collaboration between all entities, federal, local and state public health officials could be successful. **Ms. Kertanis** said the partnerships that have been built and strengthened as a cause of the pandemic should continue in the future, such as building relationships between schools, business partners, and hospitals. **Dr. Freeman** said that the country needs to make sure messaging is culturally relevant.

Rep. Clark (D-MA) asked how new coronavirus variants could be tracked. **Dr. Turner** said new variants are via contact tracing. The data modernization initiative will assist with data sharing between provider and public health officials to allow the individual who contracted the new variant to be traced easier. Additionally, building a system that shares data directly with the CDC will help with mitigation efforts. **Dr. Freeman** said coronavirus testing is not very sophisticated but analyses of those results requires a that commands a higher salary, which many departments cannot afford. **From a data modernization standpoint, there is a need for upgraded servers and cloud storage since the data is large.** In Virginia, they have established private and public networks to get the amount of sequencing done that they need.

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