



April 21, 2023

Representative Mariannette Miller-Meeks
U.S. House of Representatives
Washington, DC

Dear Representative Miller-Meeks,

RE: Request for Information on the Centers for Disease Control and Prevention

The National Rural Health Association (NRHA) appreciates the opportunity to provide formal comments on Representative Miller-Meeks request for information (RFI) regarding the Centers for Disease Control and Prevention (CDC).

NRHA is a national nonprofit membership organization with more than 21,000 members, and the association's mission is to improve the health of rural Americans and provide leadership on rural health issues through advocacy, communications, education, and research. NRHA membership consists of a diverse collection of individuals and organizations, all of whom share the common goal of protecting rural health.

Agencies such as the CDC are necessary to ensure that rural health care and public health infrastructures are prepared to combat the next pandemic. Historically, rural communities and their providers have faced obstacles to providing health care services. In recent years, CDC has acknowledged the health challenges and disparities routinely encountered by the 60 million Americans that call rural home. These obstacles have become increasingly evident as structural barriers to addressing rural health, and safety needs have become more apparent.

CDC Authorization:

Obstacles in the delivery of health care and public health to rural communities differ significantly from those in urban areas. Rural health providers continue to face enduring workforce shortages and socioeconomic hurdles, coupled with the hardships worsened by the COVID-19 pandemic. Further, rural America faces unique public health challenges, including increased rates of chronic disease, behavioral health conditions, and unintentional injury compared to their urban counterparts.

NRHA applauds Congress for appropriating 5 million dollars to stand up an Office of Rural Health (ORH) within the CDC in the Consolidated Appropriations Act of 2023. Prior to the passage of the Consolidated Appropriations Act of 2023, CDC did not have a dedicated voice to ensure rural communities are represented in their data collection and funding dissemination. A designated office gives CDC more discretion and resources to analyze, study, and address health disparities facing rural populations.

NRHA strongly encourages Congress to fully authorize the CDC Office of Rural Health. The ORH will serve as the primary point of contact in the CDC on matters of rural health by:

- Assisting the CDC Director in conducting, coordinating, promoting, and disseminating data and researching public health issues affecting rural populations;

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- Working across CDC to develop, refine, and promulgate policies, best practices, lessons learned, and coordinating successful programs to improve care, services, and social determinants of health for populations who reside in rural areas of the United States;
- Conducting, supporting, and disseminating rural health research, educational outreach, and evidence-based interventions to promote health behaviors, prevent death, disease, injury, and disability among rural populations;
- Identifying disparities in the availability and accessibility of health care and public health interventions for populations living in rural areas; and
- Administer grants, cooperative agreements, and contracts to provide technical assistance and other activities as necessary to support improved health and healthcare in rural areas.

We urge you to focus on the health and disparities faced by rural Americans by authorizing the CDC Office of Rural Health. The COVID-19 pandemic has shown starkly that public health support in rural populations is behind that of their urban counterparts. A sustained commitment will ultimately improve rural public health agencies' abilities to serve their communities and better the health outcomes moving forward.

State Block Grant Programs:

While rural needs are more acute, state block grant funding initiatives are often directed at high population areas to meet grant objectives for the numbers served directly through campaigns, education, services, access, or research for efficiency or lack of representation. These challenges are particularly relevant to federal funding streams that allocate dollars to states with the expectation that states will equitably distribute funding to local entities. While states often favor these funding sources due to their flexibility, resources are often distributed in an inequitable manner based on geography, population density and other factors. Research conducted on public health funding found that federal chronic disease funding from the CDC was often insufficient to distribute effectively to local and rural communities.

Ensuring that federal funding allocated to states is equitably distributed to address the needs of rural communities will ultimately help to reduce long-standing rural health disparities. A focus on rural communities needs to be included in federally funded state health programs to improve community-level health behaviors, access through workforce, technology, and financial resources. **Therefore, NRHA recommends Congress appropriate federal funds requiring a designated percentage, or “carve out” for rural residents in funding opportunities to ensure equitable distribution of resources regardless of geographic location.**

For further information on rural public health needs, please see NRHA's policy briefs: [Rural Carve-Out Funding](#) and [Rural Public Health](#).

Thank you for your consideration of this important issue.



Sincerely,

A handwritten signature in black ink, appearing to read "Alan Morgan", is written over a light gray, textured rectangular background.

Alan Morgan
Chief Executive Officer
National Rural Health Association