

THE NATIONAL VOICE OF LOCAL PUBLIC HEALTH

2003



Annual Report



NATIONAL
ASSOCIATION OF
COUNTY & CITY
HEALTH OFFICIALS

Vision

NACCHO is the national voice of local public health.

Mission

NACCHO is the national organization representing local public health agencies. NACCHO works to support efforts that protect and improve the health of all people and all communities by promoting national policy, developing resources and programs, seeking health equity and supporting effective local public health practice and systems.

Values

Effective local governmental presence for public health

Collaboration and participation

Leadership throughout the organization

Social justice

Unity in diversity

Science based

Innovation

Excellence

Optimal health for all

Integrity

Accountability

www.naccho.org



Outgoing President

Patrick Lenihan, PhD

A proverb often attributed to the Chinese says, “May you live in interesting times.” It is fair to say that for public health officials, this proverb has applied during the past year. Preparedness for the threat of bioterrorism and smallpox inoculation efforts gave way to concerns for severe acute respiratory syndrome (SARS), renewed efforts to stem the spread of West Nile Virus, and the most recently emerging disease, Monkeypox. All of these threats received widespread media coverage, propelling public health officials into the spotlight as the public sought assurance that communities across the country were protected.

Even with this media attention and heightened public expectations, local public health agencies found their budgets under attack as state and local governments struggled with declining revenues resulting from the current economic recession. The disconnect between resources and expectations was masked by infusions of bioterrorism preparedness funding received by all states and a handful of locals during the year.

The dual use nature of infrastructure improvements was actualized as local public health agencies (LPHAs) reported that capacities built and strengthened with bioterrorism funds were called upon to combat SARS. Despite this demonstration that a strengthened public health infrastructure was the most cost effective way to protect local communities from a host of threats including bioterrorism, our elected leaders at the state and national level are still enamored with an a-la-carte approach that in effect, “Robs Peter to pay Paul.” Communities across the country have reported increases in tuberculosis, sexually transmitted diseases, and falling immunization rates as LPHAs shifted resources to smallpox inoculation. As a nation we may be better protected against the improbable, but the routine continues to silently take its toll.

Closing the gap between resources and expectations is perhaps the top challenge facing local public health today, and NACCHO continues to vigorously press the case at the national level with legislative advocacy and policy analysis. NACCHO generated the first reliable local cost estimates of the smallpox inoculation program that was influential in persuading the Bush administration and Congress to appropriate supplemental funding. NACCHO also documented the extent to which bioterrorism preparedness funding was not reaching local communities and used that information to advocate for strengthened congressional language. NACCHO has also joined forces with mayors and county officials from across the country in an effort to call for more direct funding of LPHAs as the most cost effective way to build local capacity.

NACCHO’s primary task as the national voice of local public health is to create a loud and resonant chorus of local voices. So please lend your voice, especially when called upon to report your local situation in any of NACCHO’s surveys that drive its advocacy efforts. It has been said that facts are stubborn things. One stubborn fact that NACCHO will continue to advance is that local public health capacity cannot be built without a real investment in local public health infrastructure.

Incoming President

Jody Hershey, MD, MPH



In September, NACCHO and ASTHO will convene a joint annual conference with the theme “Leveraging the Forces Shaping Public Health.” This theme focuses on the confluence of circumstances facing public health officials around the country. Unprecedented recognition and challenges following September 11, 2001, emerging infectious diseases, and some of the most serious fiscal threats that public health agencies have faced in decades compel us to be proactive, creative thinkers and to look beyond a reliance on traditional local, state, and federal public health partnerships and approaches.

For public health officials, *leveraging* includes, but is not limited to, programmatic prioritization to maintain core functions, the pursuit of foundation funding and third party reimbursement to supplant and supplement resources, working persistently with elected officials and key policy leaders to secure protection against further cuts, and utilizing tools that guide decision making. Recent events underscore our ability to leverage resources through linkages with fire, police, emergency medical personnel, and mental health providers, as well as through the identification of new sources to fund planning and preparatory efforts that increase state and local emergency preparedness. Ongoing emphasis on emergency preparedness brings significant attention and recognition to the vital importance of public health and the need for improving public health capacity. It continues to serve as an opportunity to highlight the critical role of public health in protecting the country.

Public health leaders recognize that opportunities to capitalize on public health’s revitalization, in ways not directed to emergency preparedness, are within reach. How do we best utilize this opportunity to step back from our categorical program perspectives and examine alternate models of public health service delivery? Emphasis on emergency preparedness serves as a catalyst for opening doors to new partners in order to build capacity in other areas. This opportunity and process is a dynamic circle that stimulates broad and systematic public health thinking and gives us an opportunity to institutionalize the leveraging concept at a systems level.

During the next year, I envision NACCHO effectively leveraging forces while expanding and developing its system and process of identifying partners suitable for collaborative projects. Leveraging is a primary strategy that focuses on public health aims and targets areas that are mutually beneficial. It involves some degree of uncertainty or risk, but this should not become an excuse for ignoring potential collaboration. Leveraging will require a deliberate effort on the part of NACCHO to focus on building effective partnerships through planning, development, administrative flexibility, and understanding the motivations of our potential partners.

To its credit, NACCHO continues to provide its members with support to get through the bad as well as the good times. At this year’s annual conference, NACCHO members will find a carefully planned and targeted program that will provide them with much needed opportunities so they can recharge their batteries and rebound with a renewed sense of possibilities—even when their plate is full and their cupboard relatively empty.



Executive Director

Patrick M. Libbey

A line from Charles Dickens, “It was the best of times; it was the worst of times,” in many ways mirrors the experiences of local public health and NACCHO over the past year. Within the local and national news, governmental public health has been center stage. Awareness of the vulnerability of the public’s health to intentional and natural threats has been dramatically heightened. With this awareness comes an increased expectation on the part of many for the public health system to be able to protect them and their communities. Unfortunately, this increased expectation isn’t always matched with increased understanding of and commitment to support what it takes for LPHAs to be able to provide that protection.

In the midst of increased attention and expectations, LPHAs throughout the country are facing serious fiscal problems, many with drastic reductions in funding and staffing. NACCHO, too, has had to undergo a serious realignment of its organization and budget in order to ensure its ongoing viability. Increased federal resources intended to improve public health’s ability to protect the health of communities are not uniformly making their way to the front line: the local public health agency. Much of NACCHO’s efforts this past year have been aimed at increasing those resources and making sure their distribution better reflects the needs and priorities of public health at the local level.

Local public health’s performance this year in addressing the more dramatic health issues and threats such as smallpox and SARS has been outstanding. Communities have been well served by their LPHA’s efforts. NACCHO has worked hard to support local public health in these efforts through advocacy, involvement in national policy, and by providing useful and timely information. Just as these experiences have resulted in newly formed or strengthened partnerships with a range of different organizations, NACCHO has been stretching out and building relationships with a range of new partners. And while these more dramatic issues have increased awareness of public health, there is a growing concern that placing too narrow a focus on these issues will distort a broader understanding as to what public health is and what it does for a community. NACCHO surveys over the past year have shown that tending to these specific issues has been at some cost to other public health work.

Reflecting on the past year and thinking of our 2003 conference theme, “Leveraging the Forces Shaping Public Health,” I am encouraged—and challenged—by the opportunities we face. The combination of increased public expectation, solid accomplishment and performance, and demonstrated quantifiable resource needs is the fulcrum from which we can leverage to the benefit of local public health. In doing so, we will realize NACCHO’s vision to be the national voice of local public health.

The past year has been eventful for the field of public health

and the National Association of County and City Health Officials (NACCHO). Amid growing concerns regarding bioterrorism and the threat of smallpox, protection of the public's health reached new proportions in the media and within the nation's political agenda. Local public health agencies (LPHAs) enjoyed unprecedented public support, as evidenced through media coverage and public policy decisions. Yet we also were challenged to protect communities from bioterrorism threats and naturally occurring diseases, while at the same time rendering routine public health services—all in the face of reduced income sources and budget cuts.

NACCHO has continued to enhance the capacity of LPHAs by promoting national advocacy, developing resources and programs, and supporting the development of effective local public health practice and systems that protect and improve the health of communities. With the continued support of our members and funders, we are committed to being the national voice of local public health. Following are program highlights reflecting

strategic directions developed by NACCHO's Board of Directors, from July 1, 2002 through June 30, 2003.

<< strategic direction >>

Support local public health agencies to ensure the development of local public health systems that have the capacity to perform all essential services.

NACCHO released four resources this year to assist LPHAs in planning for bioterrorism and emergency response activities: *The National Pharmaceutical Stockpile (NPS): A Reference for Local*

Planners, a brief guide to help local health officials and their partners develop a distribution and dispensing plan for their communities; *The Local Centers for Public Health Preparedness: A Resource Catalog for Bioterrorism Preparedness and Response*; a guide and CD-ROM entitled, *Bt PREP: A Bioterrorism Response Plan for Local Public Health Systems* in conjunction with Scientific Technologies Corporation (STC), that includes templates, checklists and planning pointers to assist LPHAs





in creating a thorough bioterrorism and emergency response plan, as well as the capacity to plan responses for a variety of public health threats and emergencies; and an interactive CD-ROM entitled *Bt CREATE: A Customizable Bioterrorism Tabletop Exercise Builder*, in collaboration with the DeKalb County (GA) Board of Health's Center for Public Health Preparedness.

I found the Local Centers for Public Health Preparedness: A Resource Catalog for

Bioterrorism & Emergency Preparedness to be very helpful. I was able to get useful information sent to me by just calling one place.

—Patricia Welch, Former Environmental Health Director
Tazewell County (IL) Health Department

Six trainings on *Mobilizing for Action through Planning and Partnerships (MAPP)*, a community-wide strategic planning tool for improving community health, were held in various sites across the country, reaching more than 400 participants from local and state health departments and other community partner organizations. A MAPP list

service was created to share experiences, comments, and questions about the tool.



NACCHO produced several important health promotion publications. *Health Departments Take Action: Case Studies of State and Local Models Addressing Racial and Ethnic Disparities in Health* is a compendium of seven local and state case studies

featuring public health programs that addresses racial and ethnic disparities in health. Jointly produced with the Association of State and Territorial Health Officials (ASTHO), the case studies supplement *Health Departments Take Action: A Compendium of State and Local Models Addressing Racial and Ethnic Disparities in Health*.

Building Healthier Communities: Local Nutrition and Physical Activity Programs highlights 11 communities that have developed and implemented unique programs to combat issues of nutrition and physical inactivity. This compendium examines policy and

environmental changes, and also highlights how the programs addressed disparities in their communities.

Making Strategic Decisions About Service Delivery: An Action Tool for Assessment and Transitioning is a workbook designed to assist





LPHAs in examining changes in the healthcare environment and assessing their appropriate role in the community related to service provision. Seventy-five LPHAs and their community partners attended trainings based on the workbook in Kentucky, Michigan, Missouri, and Ohio.

NACCHO has participated in numerous immunization policy activities to address the influenza vaccine supply and safety, smallpox vaccination guidelines, and other immunization-related issues. We convened a series of monthly conference calls for LPHAs and the Centers for Disease Control and Prevention (CDC) National Immunization Program (NIP) staff, represented NACCHO at a host of immunization-related national meetings, and tracked and informed members of relevant issues through e-mails and publications.

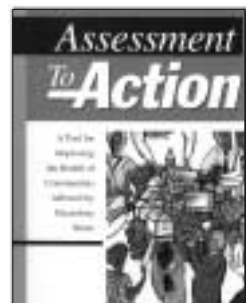
NACCHO's immunization project has been very helpful to LPHAs, especially the NIP/NACCHO conference calls, adding the local perspectives on federal immunization recommendations/policies/practices, and hearing about model practices throughout the nation at the local level.

—Denise Tracy, PHN, Disease Prevention & Control Coordinator and NACCHO's Immunization Subcommittee Chair
Wright County (MN) Public Health

Ten LPHAs were funded to develop viral hepatitis prevention training workshops in their communities through cooperative agreements with the Hepatitis Division at CDC. We also provided members with a comprehensive listing of educational program resources developed by former NACCHO Hepatitis grantees.

Eight LPHAs were competitively selected to receive \$20,000 each as a *Protocol for Assessing Excellence in Environmental Health (PACE EH)* demonstration site. NACCHO supported these sites by convening orientation and implementation meetings for coordinators and local public health officials, and also implemented a peer assistance network.

Assessment to Action: A Tool for Improving the Health of Communities Affected by Hazardous Waste, a tool that facilitates collaboration between LPHAs and communities in decision making throughout an environmental health assessment process, was recently revised to provide steps and methods that assess community needs and



concerns related to hazardous waste sites, and formulate action steps for addressing environmental health concerns.

A joint NACCHO-CityMatCH survey collected information on services provided to women, children, and families. Issue briefs, along with Maternal and Child Health and Primary Care list services, were developed on women's health, racial and ethnic disparities, data capacity, and epidemiology.

Over the past year, five LPHAs received funding for the NACCHO Impaired Driving Prevention Grant. By working with area schools, local bars, and local law enforcement officials, the LPHAs are using the \$10,000 to develop and implement educational programs to address impaired driving in their communities.

Twelve LPHAs were also awarded between \$3,000-\$50,000 each to enhance and develop their local food safety programs capacity in the areas of infrastructure, training, marketing, and assessment. NACCHO developed a peer assistance network to provide these sites and other food safety programs with technical assistance and expert resources. NACCHO conducted three forums to investigate strategies for effective collaboration between school personnel, local public health officials, and additional local stakeholders to ensure school-based food safety.

NACCHO is at the forefront of research conducted on behalf of LPHAs. Our work has informed federal policymakers at critical times and assured that the concerns of LPHAs are addressed. We created a Sentinel Health Department process that identified 26 local health officials from different states to monitor implementation of the Guidance for Fiscal Year 2003 (FY03) Supplemental Funds for Public Health Preparedness and Response for Bioterrorism. Issue briefs were developed on LPHAs' ability to respond to bioterrorism and other public health threats and emergencies since September 11, 2001, and the challenges that lie ahead, as well as the degree to which federal funding for bioterrorism preparedness is meeting local needs. Other pertinent data were collected in two Web-based surveys of LPHAs, including information on LPHAs' experiences with the smallpox vaccination program.

Research that highlights the local needs and realities of LPHAs has been instrumental in NACCHO's successful national advocacy. On Capitol Hill, our documentation of the costs of smallpox vaccination





A record 45 exhibitors from across the United States showcased their innovative programs, services, products, and technology during NACCHO Annual 2002 in New Orleans.

“NACCHO’s conferences are by far the best I have attended. They are informative, inspiring, and motivating. They allow for great access to current and innovative ideas and programs. They provide a venue for networking and relate specifically to local health agencies and our roles in public health. Thank you.”

—Kevin G. Sumner, Health Officer/Director
Middle-Brook (NJ) Regional Health Commission

The blend of emergency preparedness and workforce development became the theme of NACCHO Annual 2002, “Working in a Changed World—Strengthening Public Health Preparedness.” Held in New Orleans, the conference attracted a record 579 attendees and also focused on collaboration and local systems development in the context of the two central themes.

enabled us to advocate successfully for a FY03 supplemental appropriation of \$100 million to defray costs incurred by state and local public health agencies in conducting the smallpox vaccination program. We testified before the Senate Appropriations Committee about smallpox vaccination and before the House Subcommittee on National Security at a hearing on public health surveillance. We also presented the LPHA perspective at a Hill briefing, “Public-Private Partnerships: Using Information Technology to Protect the Public’s Health.” These and other efforts were influential in the appropriation of funds for building public health capacity with requirements for LPHAs’ full participation in state bioterrorism preparedness planning.



Enhance the effectiveness of local public health agencies' capacity to improve health status and quality of life, and to create health equity through social justice.

NACCHO'S Board of Directors now requires that a health equity impact statement accompany each proposed new resolution. A draft working paper, *Creating Health Equity Through Social Justice*, developed in conjunction with NACCHO's Health and Social Justice Committee, establishes a framework that guides local and national

practice. From trainings incorporating health equity issues into community-based environmental health assessments to the winter edition of *NACCHO Exchange* focusing on advancing health equity in public health practice, NACCHO is developing collaborative strategies to address the root causes of health inequities.



A presentation on the role of local public health in eliminating health inequities was made to a multi-disciplinary faculty group at Columbia University, and NACCHO member Adewale Troutman, MD, MPH, director of the Fulton County (GA) Health Department, testified before the Institute of Medicine on "The Creation of an Annual Report on Health Disparities." NACCHO,

as part of the Health and Social Justice Partnership, which consists of the Center for the Advancement of Health, America's Health Together, and The Praxis Project, met in San Francisco with the Public Media Center to explore strategies for communicating the connections between social and economic equality and health equity to the public and LPHAs.

NACCHO secured new funding to provide LPHAs, drinking water utilities, and medical communities with a framework for developing an ongoing, collegial relationship resulting in cooperative, informed decisions, and effective use of communication strategies related to existing, emerging, and emergency water quality issues. We also received funding to implement a program that links LPHAs with religious leaders and organizations in order to create culturally appropriate outreach and education programs addressing cultural uses of mercury.

With the support of the W.K. Kellogg Foundation, NACCHO awarded three grants totaling \$120,000 to rural Turning Point communities in Arizona, Montana, and North Carolina to support and advance their efforts to achieve health equity by addressing the social determinants of health in rural America.

<< strategic direction >>

Serve as a visible and effective advocate for local public health.

Advocacy and grassroots efforts for local public health recorded its most successful year. NACCHO disseminated nine action alerts on topics including: FY03 and FY04 appropriations for state and local public health capacities and the Health Alert Network (HAN);

“NACCHO’s efforts to include strong language on local health concurrence in the CDC-Bioterrorism grant guidance was invaluable to Connecticut Association of Directors of Health in ensuring increased resources for local health departments.”

—Jennifer Kertanis, Executive Director
Connecticut Association of Directors of Health, Inc.

funding for the smallpox vaccination program and the Department of Homeland Security; FY03 funding for programs related to the West Nile Virus; and Food and Drug Administration (FDA) regulation of tobacco products. More than 2,600 letters reached lawmakers as a result of NACCHO’s action alerts, resulting in a 50 percent increase over the previous year.

In addition, 100 percent of strategically targeted members of Congress received letters from NACCHO members opposing the transfer of CDC’s grant program to build state and local public health capacities at the new Department of Homeland Security. NACCHO also developed a targeted HAN funding grassroots campaign that led to 100 percent participation by its members in one critical district. These activities were central to legislative successes achieved by NACCHO and its partners in keeping bioterrorism preparedness programs at CDC, garnering \$100 million in additional funding to cover the costs of the smallpox vaccination program, and sustaining the HAN program.

NACCHO also works to strengthen its collaborative policy-making with federal, state, local, and tribal public health agencies. Some major achievements included participation on the Advisory Committee on Immunization Practices (ACIP) and in daily CDC-convened smallpox vaccination program conference calls.



NACCHO participated in a joint press conference with the National Association of Counties (NACo) in January to announce survey results on public health agencies' preparedness one year after anthrax. The findings were covered on CNN, National Public Radio and other media outlets. Pictured from L-R: Patrick M. Libbey, NACCHO executive director; Ken Mayfield, NACo president; and Larry Naake, NACo executive director.

Moreover, we convened the Costs-Estimates Working Group with CDC, ASTHO, Association of Public Health Laboratories, and the Council of State and Territorial Epidemiologists to inform the U.S. Department of Health and Human Services and Congress of the actual operational costs involved in implementing various components of the smallpox vaccination program.

« strategic direction »

Strengthen the capacity of local public health agencies to obtain and manage information and knowledge to assure the essential services.

NACCHO funded nine LPHAs' participation in the Public Health Information Network Conference that focused on current health information networks, as well as cutting-edge technologies and best practices to assist public health decisionmakers. We also partnered with the Public Health Informatics Institute to strengthen LPHAs' ability to use information technology. Thirteen agencies were selected to receive \$1,000 to participate in monthly surveys on topics exploring agencies' governance, leadership, organization, decision making, resources, strategies, and funding. Results of the individual surveys will be available on www.naccho.org.

In an effort to strengthen LPHAs' knowledge management capacity in public health practice, training, education and communication, NACCHO worked with Pfizer to arrange the second round of computer donations to 50 local public health agencies serving populations of less than 100,000 people. Furthermore, Environmental Systems Research Institute, Inc. (ESRI) partnered with the program to donate ArcView software, which will enhance agencies' disease surveillance and early identification of potential

outbreaks in their respective communities. The 50 refurbished Microsoft Windows '98 computers were loaded with the geographic information system (GIS) software, and ESRI provided regionally accessible hands-on training to the selected LPHAs.

<< strategic direction >>

Enhance the nation's public health workforce.



The Workforce and Leadership Development Advisory Committee was established to help guide NACCHO's workforce development. Project Public Health Ready, a collaboration between NACCHO, CDC, and Columbia

University, was developed to ensure that the nation's public health workforce is ready to respond to emergencies. One major component of the program is a bioterrorism preparedness certification program for LPHAs nationwide. We kicked off 12 "Public Health Ready" pilot project sites that are working with their state public health agencies, Academic Centers for Public Health Preparedness, and other partners to develop core public health preparedness competencies.



Chris Lindley and Dr. Don Sutton of Denver Health (Denver, CO) train Colorado local public health officials on the role of LPHAs in the Incident Command System.

NACCHO also developed an Incident Command System (ICS) Training Course curriculum, a collaborative project with NACCHO, the Federal Emergency Management Agency, CDC, and members of the local Centers for Public Health Preparedness. These partners hosted five trainings to orient LPHA staff on their role in the integrated emergency management system and to build workers' competencies in emergency preparedness. More than 500 public health workers have been trained in ICS and/or core competencies of emergency preparedness since this initiative was launched.

We worked with ASTHO, Association of Schools of Public Health, and other national partners on the Public Health Workforce Collaborative to identify "Public Health 101" orientation courses and to discuss the possibility of a "certificate of completion" program for new public health workers who take such courses.

Recruit and retain active members.

Over the past year, NACCHO has continued the “0% drop campaign” in an effort to retain all active NACCHO members. We have developed new membership agreements with the Connecticut Association of Directors of Health, the Kentucky Health

NACCHO is more than a great resource for public health information, guidance and support. Membership in NACCHO provides an opportunity for individuals in local public health leadership roles to interact with other local public health leaders to improve the quality of life for all Americans. As a member of NACCHO you become part of the voice of public health on the national level.

—Joel Lucia, RS, MPH, Health Commissioner
Lake County (OH) Health District
and NACCHO Membership Advisory Committee Chair

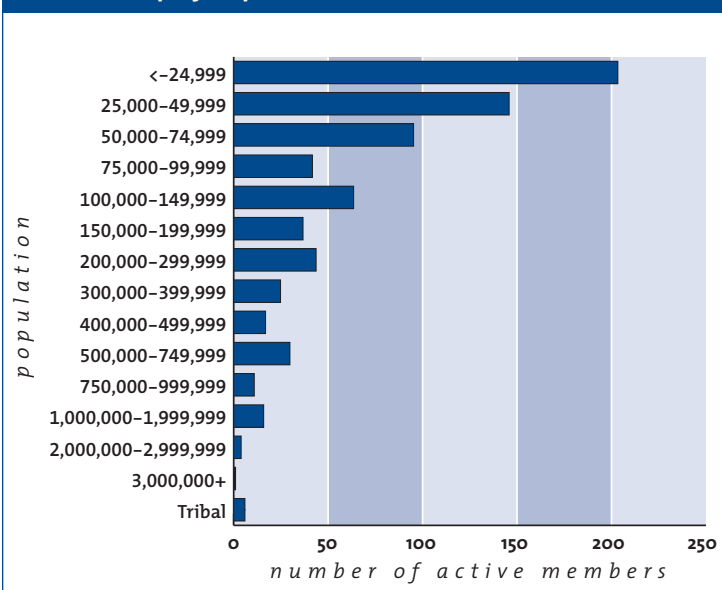


Departments Association, the Massachusetts Health Officers Association, and the Oklahoma State Department of Health. In addition, membership agreements were renewed with the Colorado Association of Local Public Health Leaders, the Maryland Association of County Health Officers, the Missouri Association of Local Public Health Agencies, the New Jersey Health Officers Association, the New Mexico State Department of Health, the New York State Association of County Health Officials, the North Carolina Association of Local Health Directors, Tennessee State

Department of Health, and the Washington State Association of Local Public Health Officials.

In total, NACCHO represents and serves nearly 3,000 LPHAs throughout the U.S. Members receive a host of tools and resources, including *NACCHO Exchange*, a quarterly publication that shares effective programs to aid LPHAs in protecting their communities, and *Public Health Dispatch*, a monthly newsletter distributed to active members.

Membership by Population



Enhance NACCHO's infrastructure to achieve its mission.

Working to ensure diversity in its leadership has been a priority for NACCHO, with emphasis placed on geography, size of jurisdiction, gender, ethnicity and other considerations—all reflections of the populations served by LPHAs. Similarly, recruitment and selection of staff reflects NACCHO's commitment to diversity.

Considerable time and energy has been given to improving NACCHO's financial base and management. Establishing a sustainable operating base budget, coupled with systematically improving NACCHO's accounting, grants management, and financial reporting procedures, have been ongoing efforts throughout the year. Efforts to diversify the sources of funding both within public funding streams as well as to secure other sources of revenue have been successfully undertaken by NACCHO.

As an organization, NACCHO took a number of steps to improve and upgrade its information technology, Web site and member database in order to better communicate with and serve our members, partners, and other organizations working to improve the public's health.

During the annual leadership meeting in March, NACCHO's Board of Directors, with the Executive Committee and President's guidance, completed a major updating of the organization's strategic plan. This was done after an in-depth examination of four critical emerging issues that have the potential to greatly influence the practice of local public health: connecting land use and environmental health at a more fundamental level; moving beyond managing information technology to addressing knowledge management within public health practice; driving the construct of social justice more deeply into the whole fabric of local public health; and, developing a shared definition of what constitutes a truly functional local public health agency.

To learn more about NACCHO's work to improve the health of communities—via the organization's myriad of tools and resources, as well as its most recent advocacy efforts—please visit us at www.naccho.org.

Staff List

Angela Ablorh-Odjija	Program Associate	MCH/Traffic Safety
Zarnaaz Bashir	Program Manager	Bioterrorism
Anissa Bradby	Office Manager	
Carol Brown	Senior Advisor	Grants Management
Donna Brown	Government Affairs Counsel	
Natalie Burke	Program Manager	Turning Point
Janet Carr	Administration Assistant	Bioterrorism
Cheryl Connelly	Senior Advisor	Environmental Health
Xiaoya Du	Webmaster	
Librada Estrada	Program Associate	Bioterrorism
David Faison	Senior Accountant	
Scott Fisher	Program Manager	MAPP
Michael Fraser	Deputy Executive Director	Public Health Ready
Grace Gorenflo	Senior Analyst	Rural Health
Emma Green	Program Manager	Tobacco Use Prevention/Chronic Disease Prevention
Richard Hofrichter	Senior Analyst	Health Equity
Grace Ibang	Program Assistant	Environmental Health/Food Safety
Gea Jackson	Program Assistant	Environmental Health/Food Safety
Tracy Johnson	Administrative Assistant	Environmental Health
Suela Kaba	Program Associate	Bioterrorism
Vincent Lafronza	Senior Advisor	Turning Point
Carolyn Leep	Program Manager	Research & Evaluation
Jennifer Li	Senior Analyst	Environmental Health
Patrick Libbey	Executive Director	
Leigh Lipson	Program Manager	Infectious Disease/Hepatitis C/ Traffic Safety/Injury Prevention
Abigail Long	Program Associate	MAPP/Informatics
Sarah Manwell	Database Development Specialist	
Charles Matiella	Senior Technology Manager	
Kevin Mischka	Membership Marketing Manager	
Debbie Mitchell	Executive Assistant	
Julie Nelson-Ingoglia	Program Associate	Primary Care/Chronic Disease Prevention
Allison Peterson	Program Assistant	Food Safety
Cindy Phillips	Senior Advisor	Community Health
Danielle Poux	Senior Advisor	Human Resources
Larry Raine	Senior Analyst	Bioterrorism
Radha Rajan	Program Assistant	MAPP/Bioterrorism
Terry Randall	Senior Government Affairs Specialist	
James Ransom	Senior Analyst	Immunizations/Informatics
Charisse Raysor	Administrative Specialist	Membership/Research & Evaluation
Valerie Rogers	Program Associate	Environmental Health
Karen Roof	Program Manager	Environmental Health
Francienne Saucedo	Conference Manager	
Katherine Schaff	Program Associate	Tobacco Use Prevention/Infectious Disease
Jonathan Schwartz	Senior Analyst	Environmental Health
Genevia Scott-Corbin	Bookkeeper	
Brenna Shankman	Publications Manager	
Rebecca Shapack	Program Manager	Food Safety
Harminder Singh	Accountant	
Iris Skinner	Communications Manager	Turning Point
Heidi Urquhart	Program Associate	Environmental Health

A Special Thank You to Our Funders!

NACCHO Membership

Public Health Informatics Institute

www.phii.org

Robert Wood Johnson Foundation

www.rwjf.org

U.S. Department of Health and Human Services

Agency for Toxic Substances and Disease Registry

www.atsdr.cdc.gov/

Centers for Disease Control and Prevention

Division of Adolescent and School Health

www.cdc.gov/nccdphp/dash

National Center for Environmental Health

www.cdc.gov/nceh/default.htm

National Pharmaceutical Stockpile Program

www.bt.cdc.gov/stockpile/index.asp

National Center for Infectious Diseases

Division of Viral Hepatitis

www.cdc.gov/ncidod/diseases/hepatitis/index.htm

Division of Bacterial and Mycotic Diseases

www.cdc.gov/ncidod/dbmd/

Food Safety Office

www.cdc.gov/foodsafety

Bioterrorism Preparedness and Response Program

www.bt.cdc.gov

National Center for Injury Prevention and Control

www.cdc.gov/ncipc

National Immunization Program

www.cdc.gov/nip/

Office on Smoking and Health

National Center for Chronic Disease Prevention and Health Promotion

www.cdc.gov/tobacco

Public Health Practice Program Office

www.phppo.cdc.gov/

Health Resources and Services Administration

www.hrsa.gov

Bureau of Primary Health Care

www.bphc.hrsa.gov

Federal Office of Rural Health Policy

www.ruralhealth.hrsa.gov

Maternal and Child Health Bureau

www.mchb.hrsa.gov

National Institutes of Health

National Library of Medicine

www.nlm.nih.gov

The California Endowment

www.calendow.org

U.S. Environmental Protection Agency

Indoor Environments Division

www.epa.gov/iaq

U.S. Department of Transportation

National Highway Traffic Safety Administration

www.nhtsa.gov

W.K. Kellogg Foundation

www.wkcf.org

Leadership 2002–2003

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Strategic Plan 2003–2006

1 Support local public health agencies to ensure the development of local public health systems that have the capacity to perform all essential services.

- 1.1 Identify, develop, and share practice models, resources, and tools.
- 1.2 Expand public health practice to include land use planning.
- 1.3 Support the integration of environmental health with other public health practices.
- 1.4 Research and analyze local public health agency and system structure, function, and capacity and disseminate findings.
- 1.5 Facilitate communication and share information on significant emerging issues and trends among local, state, federal, and tribal agencies, and other organizations.
- 1.6 **Develop and promote an operational definition of a local public health agency.
- 1.7 **Advocate for sufficient, flexible, and sustainable funding for local public health agencies.

2 Enhance the effectiveness of local public health agencies' capacity to improve health status and quality of life, and to create health equity through social justice.

- 2.1 Continuously integrate the concept of social determinants of health as a means of assuring health equity and social justice into NACCHO's programs, practices, and policies.
- 2.2 Establish relationships with disciplines and systems (e.g., education, social work, land use, transportation, economic planning, criminal justice, civil and human rights organizations, etc.) to develop collaborative strategies to improve quality of life.

- 2.3 **Develop a framework and tools informed by the concept of social determinants of health to realize health equity.
- 2.4 Support local public health agency efforts to ensure that grassroots communities are the driving force of improvements in health status and quality of life.
- 2.5 Develop a framework to guide national policy in creating health equity through social justice.
- 2.6 Foster public support and engage the public and relevant agencies in addressing health inequities through social justice.

3 Serve as a visible and effective advocate for local public health.

- 3.1 Sustain and improve NACCHO's engagement of local public health agencies in advocacy.
- 3.2 Maintain and implement a relevant public policy agenda.
- 3.3 **Strengthen the public relations and media capacity that supports NACCHO and local public health agencies.
- 3.4 Strengthen collaborative policy-making with federal, state, local, and tribal public health agencies.

4 Strengthen the capacity of local public health agencies to obtain and manage information and knowledge to assure the essential services.

- 4.1 Facilitate and represent local public health agency interests in state and national information and knowledge management initiatives.
- 4.2 Assist local public health agencies to strengthen knowledge management capacity in public health practice, training, education, and communication.

- 4.3 Track knowledge management utilization by local public health agencies to gain an understanding of local capacity, strengths, and needs.
- 4.4 Facilitate and promote knowledge management collaboration among public health agencies.
- 5 Enhance the nation's public health workforce.**
- 5.1 Increase the number of qualified applications for local public health agency employment.
- 5.2 **Build competencies of the local public health agency workforce.
- 7.7 Develop and maintain information technology and knowledge management systems that enable NACCHO to achieve its strategic directions.
- 7.8 Support the creation and development of state associations of county and city health officials (SACCHOs) including tribal public health agencies within SACCHOs.
- 7.9 Ensure that the NACCHO strategic plan remains current and relevant.

Notes:

*The term "active" refers to dues-paying members.

**Denotes an objective to receive priority implementation and resources in 2003-2004.

6 Recruit and retain active* members.

- 6.1 Recruit new active members with special attention to underrepresented membership categories.
- 6.2 Retain 100 percent of the active local public health agencies with emphasis on local public health agencies serving the largest population jurisdictions.

7 Enhance NACCHO's infrastructure to achieve its mission.

- 7.1 Recruit and retain a high-performing and diverse staff at all levels.
- 7.2 Achieve a workplace culture that fully realizes the potential of staff.
- 7.3 Achieve and maintain highly effective and diverse board, forum and committee leadership.
- 7.4 Achieve an enhanced forum structure and meetings to optimally serve their purpose.
- 7.5 **Develop and maintain a sound, diversified financial base that includes funding to support implementation of the strategic plan.
- 7.6 Enhance NACCHO's capacities to anticipate and respond to emerging issues and trends.

PRIORITY OBJECTIVES IN RANK ORDER

As prioritized by the Board and Committee Leadership at the 2003 Leadership Conference

- Advocate for sufficient, flexible and sustainable funding for local public health agencies. (1.7)
- Develop and promote an operational definition of a local public health agency. (1.6)
- Develop and maintain a sound, diversified financial base that includes funding to support implementation of the strategic plan. (7.5)
- Build competencies of the local public health agency workforce. (5.2)
- Develop a framework and tools informed by the concept of social determinants of health to realize health equity. (2.3)
- Strengthen the public relations and media capacity that supports NACCHO and local public health agencies. (3.3)



NATIONAL
ASSOCIATION OF
COUNTY & CITY
HEALTH OFFICIALS

1100 17th Street, NW, Second Floor
Washington, DC 20036

(202) 783-5550

(202) 783-1583 FAX

www.naccho.org

