



National Association of County & City Health Officials

*The National Connection for Local Public Health*

## COMMENTS OF THE NATIONAL ASSOCIATION OF COUNTY AND CITY HEALTH OFFICIALS

On the Draft Vision, Goals, Strategic Directions, and Recommendations for the  
National Prevention and Health Promotion Strategy

January 13, 2011

The National Association of County and City Health Officials (NACCHO) is pleased to submit the following comments on the Draft Recommendations for the National Prevention and Health Promotion Strategy established by the National Prevention and Health Promotion Council.

NACCHO represents the nation's 2800 local health departments. These city, county, metropolitan, district and tribal departments work every day to ensure the conditions that promote health and equity, combat diseases, and improve the quality and length of all lives for all people in their communities through public health policies and services

NACCHO vigorously supports the vision of the strategy, which is consistent with our policy that a transformed 21<sup>st</sup> century health system for the United States must place its highest priority on prevention and focus on promoting health, while also mitigating sickness. The following comments concern Strategic Direction 3 - Prevention and Public Health Capacity. These comments will be amplified by NACCHO representatives participating in a January 13, 2011 small group forum of representatives of NACCHO and the Association of State and Territorial Health Officials (ASTHO) convened at the CDC Washington office to discuss the National Prevention Strategy.

NACCHO commends the inclusion of prevention and public health capacity as a cross-cutting strategic direction. We believe strongly, however, that local health departments should be identified explicitly and distinguished from other local entities, which may be understood to include non-governmental entities.

Local health departments have unique roles and responsibilities in the larger health system and within every community. They are the only local entities that focus on the health and well being of every person in their communities. They work from a population-wide perspective. They have statutory powers that enable their role and enshrine a duty to serve every person and household in their jurisdiction. Promoting wellness and effective prevention is their primary mission, and their approach is to use the classic public health functions of community-wide assessment, policy development and assurance in order to enable every person to benefit from activities in both public and private sectors that promote wellness and prevent disease, disability, and premature death, and to measure the population-wide outcomes of those activities.

Local health departments depend heavily on the commitment and energy of public and private partners in their communities to promote health, prevent disease, and prepare for and respond to public health emergencies. However, these partners may not participate in prevention and

preparedness in a consistent way; they may and do come and go. Local health departments, however, are a constant presence because prevention is their primary mission.

Local health departments are already engaged in activities that support the other strategic directions of the National Prevention Strategy. What is lacking is consistent, sustainable support to build and maintain the capacities listed in Strategic Direction 3, all of which are essential. Moreover, we believe that meaningful resources for prevention will be needed by, and should be provided to, the entire public health system, including local agencies other than health departments, and not just by the Department of Health and Human Services, but by the other federal agencies that will participate in the implementation of the strategy.

A realistic and necessary first step in providing new federal resources for Strategic Direction 3 is to include funding for local and state public health department capacities through the Prevention and Public Health Fund established by the Affordable Care Act. NACCHO urges that the FY10 allocation of \$50 million be expanded to \$75 million in FY11 and \$100 million in FY12, a rate of growth commensurate with the fund's growth. The current pattern of categorical federal funding for public health flies in the face of the purpose of cross-cutting prevention and public health capacity building. It would be a huge loss to public health if cross-cutting funds for public health capacity were to shrink or disappear. At a time of shrinking governmental budgets, it is not possible to increase capacity any other way.

It is critical that the National Prevention Strategy be accompanied by a detailed implementation plan that identifies roles and identifies the resources that will be available. Such a plan should be realistic in its scope and phased in its approach, because it is unlikely that any local agency – public or private – has the resources to devote to all the significant new activities that will be required to implement the strategy. NACCHO looks forward to continued input as the Council fleshes out its recommendations with the detail that will give them life.

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