

NACCHO Recommendations for Allocation of the Prevention and Public Health Fund Fiscal Years 2010-2011

The National Association of County and City Health Officials (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.

The following recommendations for spending in the first two years of the Prevention and Public Health Fund established by the Patient Protection and Affordable Care Act reflect the fact that the nation's governmental public health system underpins efforts to improve the nation's health. Local health departments in particular 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.

Local health departments organize community partnerships and facilitate community conversations to create the conditions in which people can be healthy. In partnership with the private and non-profit sectors in their localities, they devise, execute, and evaluate programs and policies to prevent disease, promote health, and address the causes of inequities in health status.

In order to fulfill these distinctive responsibilities effectively and achieve measurable improvements in people's health, local health departments need core capacity and resources – trained professionals and equipment-- working in efficient systems (no different than the military, fire fighters, or police). Among the trained professionals needed are epidemiologists, public health informaticians, administrators, health educators and communicators. In addition, people are needed who are skilled in the implementation and enforcement of state and local laws and regulations. These laws and regulations keep people healthy and safe and make health the default choice for personal decision making.

The Prevention and Public Health Fund provides an opportunity to build and sustain the core capacities of the governmental public health system. These capacities must be in place to monitor a community's health status and marshal the public and private resources of the community to practice population-based prevention. The essential building blocks for improving population-based public health and prevention are reflected in the five categories of funding identified in the House-passed analog of the Prevention and Public Health Fund. NACCHO recommends allocation of the initial resources of the Fund according to these categories. A table showing proposed funding amounts based on this approach is attached.

1. Core Public Health Infrastructure for State, Local and Tribal Health Departments.

NACCHO recommends a novel approach to beginning the process of improving core state and local public health infrastructure that will help fulfill both short-term and longer-term needs. The first objective should be to establish a national cadre of trained public health professionals working in health departments to support the national agenda for achieving better health outcomes through prevention. Such a cadre might be called a Public Health Extension Service. This approach recognizes the realities that population-based prevention is a labor-intensive activity and that, without new personnel, health departments lack the resources to take on added responsibilities to address important national priorities that the National Prevention Strategy will identify.

Each state, local and tribal health department should be funded to employ such persons, who would augment existing technical capabilities and would be charged to focus on the same high priority, such as obesity reduction or teen pregnancy prevention, with allowance for some flexibility based on the health status of the local population. These individuals would be convened regularly to receive consistent training, messaging, and technical and scientific support from the Centers for Disease Control and Prevention. Employed locally, they would be sensitive to local mores, cultures, priorities, and politics. Measuring outcomes would be a necessary component of their work. However, they would be permanently rooted in their respective communities so that they could leverage their local knowledge and partnerships to achieve a common national objective.

Funds to employ members of this cadre would be allocated among local and tribal health departments on the basis of population served. It would be expected that smaller health departments serving low-density populations would share a single employee. Funds could be available to the central offices of state health departments in a manner proportional to the size of their workforce, compared to the size of the local and tribal public health workforce in the state. The most expeditious of existing federal-state mechanisms to distribute funds should be used for this purpose.

2. Delivery of Community Preventive and Wellness Services.

The Communities Putting Prevention to Work (CPPW) program supported by Recovery Act funds is the best place to start in expanding community prevention. A portion of the Prevention and Public Health Fund should be allocated to continue and expand the program by funding additional unfunded but high-quality applications. In the future, the program should be amplified as contemplated by the Community Transformation Grant program authorized by the new law. As it grows, that program can be extended to rural and smaller jurisdictions than are now ineligible for CPPW in a way that encourages regional collaboration and sharing of resources.

3. Prevention Task Forces

NACCHO fully supports the work of the Clinical and Community Prevention Task Forces. Local health departments rely on their guidance concerning evidence-based practice. Continuing and strengthening their capabilities to assess preventive interventions will assure that science is the basis for expenditures.

4. Prevention and Wellness Research.

As the nation expands community-based and population-based prevention, it is essential to support and build the nascent field of public health systems and services research. NACCHO recommends that the top priority for funds allocated to such research should be to assess what resources, capacities, services, and systems are needed in order to assure that every person in the United States is served by a governmental health department that meets accreditation standards and continuously improves its operational capacities.

5. Core Public Health Infrastructure and Activities for CDC

The nation's local health departments are consistently challenged by new and unexpected health threats. Addressing newly recognized public health problems or threats requires them to stretch existing resources and sometimes to suspend more routine activities. When that occurs, they look directly to CDC to provide guidance based on the best available science and evidence. NACCHO believes that CDC also requires assured, sustainable new resources to support their state and local governmental public health partners. Initial funding should be used to enhance CDC's capacities to provide scientific and technical assistance to state and local health departments in the same areas of highest priority that are identified to guide the work of the new Public Health Extension Service professionals.

Recommended Initial Prevention and Public Health Fund Allocations

(in millions)

<u>Funding Category</u>	<u>FY2010</u>	<u>FY2011</u>	<u>Percent of total</u>
Core public health infrastructure for state, local and tribal health departments	\$190	\$281	38%
Community preventive and wellness services	\$222	\$332	44%
Prevention task forces	\$6	\$8	approx 1%
Prevention and wellness research	\$32	\$54	approx 7%
CDC infrastructure	\$50	\$75	10%
TOTAL	\$500	\$750	