

03-03

STATEMENT OF POLICY Local Public Health All-Hazards Preparedness

Policy

The National Association of County and City Health Officials (NACCHO) is committed to public health emergency preparedness (PHEP) and strongly supports sustained federal funding at levels no less than Congress appropriated in FY2005. Funding at these levels would enable local health departments (LHDs) to maintain and improve their preparedness to prevent and mitigate threats and emergencies and to restore operations in response to all hazards. To this end, NACCHO also supports an all-hazards approach where public health preparedness efforts are integrated into the public health infrastructure within epidemiology, nursing, community outreach, and education efforts. Furthermore, NACCHO supports the Pandemic and All-Hazards Preparedness Act (2006) requiring states to obtain public input on all-hazards public health preparedness and response plans and LHD concurrence with state plans for spending federal preparedness funds. This input is imperative for effective integration of federal, state, and local public health preparedness planning.

It is crucial that local health departments measure their progress toward increasing preparedness. As such, NACCHO supports the adoption of Project Public Health Ready (PPHR) criteria as national standards for local and regional public health preparedness. PPHR, developed by NACCHO members with funding from the Centers for Disease Control and Prevention (CDC), provides comprehensive benchmarks developed specifically to promote preparedness at local and regional public health departments. NACCHO also encourages the incorporation of the Homeland Security Exercise and Evaluation Program (HSEEP), required by the Department of Homeland Security, to reinforce a strategic approach to response capability assessment and promote realistic guidelines, cultural changes, and quality enhancement. Together, PPHR and HSEEP requirements support continuous quality improvement LHD preparedness planning, training, and exercising efforts and ensure progress and funding accountability.

Justification

LHDs are the nation's first responders to public health emergencies. Seventy-seven receive CDC preparedness cooperative agreement funds through state health agencies, but only four (large cities) receive CDC funds directly¹. Federal funding to improve state and local capacities in all-hazards public health preparedness was cut in FY06 and FY 07, adversely affecting LHDs by reducing staff time on preparedness; delaying preparedness plans, exercises, and drills; canceling

¹ NACCHO (2007). Federal Funding for Public Health Emergency Preparedness: Implications and Ongoing Issues for Local Health Departments. Retrieved October 1, 2007; <http://www.naccho.org/topics/emergency/PHPFundingSurvey.cfm>.



or disrupting equipment / supply acquisition, and hampering workforce training². Ongoing progress requires planning, training, and exercising integration of first responders, hospitals, and private healthcare providers. Continued funding cuts will severely compromise this ability.

Record of Action

Adopted by NACCHO Board of Directors September 9, 2003

Updated November 2007

Updated March 2009

² Ibid.