

Compendium of NACCHO Policy Statements



August 2011

NACCHO

National Association of County & City Health Officials

The National Connection for Local Public Health



Public Health
Prevent. Promote. Protect.

Table of Contents

Access to Care.....	1
Adolescent Health.....	6
Border/Immigrant Health.....	8
Climate Change.....	9
Environmental Health.....	10
Epidemiology.....	20
Food Safety.....	21
Health Equity and Social Justice.....	22
HIV/STD Prevention.....	26
Immunization.....	28
Infectious Disease.....	35
Injury Prevention.....	40
Other Public Health Issues.....	42
Public Health Infrastructure and Workforce.....	44
Public Health Preparedness.....	52
Tobacco and Chronic Disease Prevention.....	56

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Access to Care

03-05¹ July 2011 Updated [Changes to the Medicaid Program](#)
NACCHO recognizes the importance of the Medicaid program in providing healthcare services to vulnerable low-income Americans and legal residents. Medicaid is unique because of the federal, state, and county partnership in its administration and financing. NACCHO encourages local health officials to remain aware of and contribute to the planning and discussion surrounding proposed changes to the Medicaid program in states and at the federal level.

NACCHO supports Medicaid policy that does the following:

1. Promotes and ensures access to appropriate preventive services, medical, long-term and mental healthcare for low-income families, children, pregnant women, elderly, and people with disabilities in a manner that will increase positive health outcomes and improve the health status of these populations;
2. Requires states, in consultation with county and city governments, to set Medicaid reimbursement rates at levels that do not discourage providers from accepting Medicaid patients; (i.e. parity with Medicare payment levels in 2013-2014 for primary care physicians as enacted in the Patient Protection and Affordable Care Act (ACA))
3. Enhances federal payments to states in times of severe economic strain that should be passed through to counties and cities commensurate with their contribution to the non-federal share; and
4. Expands eligibility for Medicaid to individuals up to 133 percent of the poverty level and eliminates categorical eligibility requirements and pre-existing condition exclusions.

NACCHO opposes legislative or administrative changes to Medicaid that would significantly diminish this important safety net program including the following:

1. Capping the amount of the federal contribution to Medicaid or converting Medicaid from an entitlement program to a fixed federal payment (or Block Grant) program with reduced federal payments;
2. Eliminating state Maintenance of Effort requirements; and
3. Instituting citizenship and identity documentation requirements for Medicaid eligibility that delay service delivery.

03-06 January 2008 Updated [Coverage for Preventive Services](#)
NACCHO supports the provision of comprehensive preventive coverage by all public and private health insurers and healthcare plans. These benefits include screening and counseling in primary care settings, prevention of dental caries in young children, and tobacco-cessation counseling. NACCHO urges the Centers for Medicare and Medicaid Services, state and local governments, and private insurance health plans to retain or increase preventive services consistent with the recommendations of the U.S. Preventive Services Task Force (USPSTF). NACCHO supports the addition

¹ Numbers refer to the year in which statements were originally approved and the sequence in which they were approved.

by Congress of the word “prevention” into the Medicare-enabling legislation so that it would authorize coverage of items or services that are “reasonable and necessary for the *prevention*, diagnosis, or treatment of illness or injury.” NACCHO continues to support public and private initiatives at the federal, state, and local levels that aim to continue or increase preventive services offered, increase access to these services, and reduce disparities in access to and use of preventive services.

07-13 July
2010
Updated

[Nurse Home Visitation Programs](#)

NACCHO supports the implementation of evidence-based nurse home visitation programs (HVPs) in local health departments targeting pregnant and parenting mothers and children. NACCHO supports and encourages state, local, and federal policies that contribute to the development and maintenance of evidence-based nurse HVPs, including the Maternal, Infant, and Early Childhood Home Visiting Program created by the Patient Protection and Affordable Care Act. NACCHO urges state and federal legislators to support policies that give states the capacity to establish nurse HVPs and to provide reimbursement for services delivered through these programs. NACCHO asks more specifically that Medicaid reimbursement be provided to practitioners delivering services through the Maternal, Infant, and Early Childhood Home Visiting Program.

08-06 November
2008
Approved

[Oral Health](#)

NACCHO supports oral health for all Americans. To this end, NACCHO encourages the following:

- Collaboration among communities, policymakers, and healthcare providers to promote oral health as an important part of an individual’s general health and well-being;
- The promotion of effective prevention strategies to improve and maintain oral health, particularly the following:
 - Promoting daily oral hygiene;
 - Water fluoridation;
 - Dental sealants;
 - Smoking prevention and cessation programs;
 - Smokeless tobacco cessation programs; and
 - Topical fluoride;
- The integration of oral health education and promotion into existing public health programs;
- Universal oral health insurance coverage for the uninsured and underinsured;
- Increased access to oral health services, particularly in underserved communities;
- Increased Medicaid reimbursement for oral health service providers; and
- Increased state and federal support for innovative oral healthcare delivery models and the exchange of these models among oral health service providers.

09-08 November
2009
Approved

[Patient-Centered Medical Homes](#)

NACCHO is cognizant of the need to restructure the delivery of healthcare in the United States. A patient-centered medical home is among the first steps to improve the health of patients and the healthcare delivery system. NACCHO supports the following:

- A patient-centered medical home approach that provides comprehensive primary care, including prevention and wellness services, in a setting that facilitates partnerships between individual patients, their providers, and, when appropriate, the patient’s family. This may occur in a traditional clinical setting or in a local health department (LHD) that is serving in a safety net capacity.

- A whole person orientation to healthcare, including integration of mental, behavioral, and oral health services. This means ensuring that a patient’s primary provider takes responsibility for appropriately arranging care with other qualified professionals to provide acute care, chronic care, preventive and wellness services, and end of life care. If the patient does not have a primary provider and is receiving safety net services, every attempt should be made to coordinate appropriate care.
- Coordinated and/or integrated care that reaches across all elements of the complex healthcare and public health system and the patient’s community, ensuring that patients receive the indicated prevention and care when and where they need and want it in a culturally and linguistically appropriate manner.
- Clinical practices, prevention and wellness services, and safety net services that advocate for the patients to support the attainment of optimal, patient-centered outcomes.
- Enhanced access to care through systems such as open scheduling and expanded hours.

NACCHO encourages LHDs to do the following:

- Engage in dialogue with community health centers and other clinical practices (both private and public), and specialty organizations in their communities about how to ensure the application of this model.
- Use this topic to open discussion and share resources with providers in their community, particularly related to medical safety nets.
- Participate in community activities and engage with community groups supporting patient-centered medical homes.

NACCHO also encourages private medical providers and community health centers to work with LHDs.

99-05	March 2009 Updated	<p>Provider-Patient Relationship</p> <p>NACCHO supports provider-patient communication that is not directed, defined or restricted by regulation or laws that restrict a patient's right to information about legal medical procedures and not limited by the healthcare provider’s religious or personal beliefs.</p>
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07-12	November 2007 Approved	<p>State Children’s Health Insurance Program</p> <p>NACCHO supports legislation that will provide federal funding for the State Children’s Health Insurance Program (SCHIP) at levels sufficient to accomplish the following:</p> <ul style="list-style-type: none"> • Maintain coverage for all current enrollees; • Identify and enroll children currently eligible for, but not enrolled in, SCHIP and Medicaid; and • Encourage the expansion of the program and the health services provided to parents of enrolled children where other coverage is not available or accessible. <p>NACCHO also supports SCHIP legislation that would not penalize a state’s federal matching assistance percentage (FMAP) based on contributions corporations make to pension funds or other benefit programs for their employees.</p>
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08-01	July 2011 Updated	<p>A United States Health System for the 21st Century</p> <p>NACCHO believes that the United States should become the healthiest nation in the world and is committed to building a transformed, twenty-first-century health system</p>

in the United States that results in optimal health for all. Such a system will place its highest priority on prevention, provide access to health care for every person, eliminate inequities in health status, and protect people and communities from emerging health threats.

A transformed U.S. health system will be based upon promoting good health, rather than mitigating sickness, and will address the known determinants of health. In order to do so, the system will connect and integrate the resources and knowledge of public health, healthcare delivery and research, and all private and public sector entities that influence health outcomes. Such a system will ensure that every community is served by a robust governmental public health system.

A transformed U.S. health system will measure and improve outcomes continuously. This system will be accountable and transparent to the public and will benefit from a standardized, integrated health information system, a workforce of requisite size and competency, and flexible, sustainable financing for key health system capabilities.

Ultimately, a twenty-first-century health system will require different commitments and investments from both government and the private sector than now exist. This paradigm shift is realistic but will take time to achieve. Progress in transforming the U.S. health system will have to take place incrementally.

NACCHO supports implementation of the Patient Protection and Affordable Care Act (ACA), enacted in March 2010, to make steps toward a health system that promotes health for all. The ACA advances this goal in the following ways:

1. Provides expanded insurance coverage by 2019 through Medicaid and private insurance to 32 million Americans who are currently uninsured, including coverage of essential clinical preventive services with no cost-sharing in new insurance plans and Medicare. The federal government will start providing an incentive for states to cover preventive services through Medicaid starting in 2013;
2. Builds the national commitment to prevention and supports public health capacity through the establishment of the Prevention and Public Health Fund, including enhanced support for individual and community-based interventions known to promote healthy behavior, create healthy environments, reduce health disparities and/or reduce the incidence of chronic and infectious diseases;
3. Promotes collaboration between providers of medical care, the public health system, and their partners in the private and public sectors to create healthier communities; and
4. Creates partnership opportunities through the community health needs assessment requirement for non-profit hospitals.

At the federal level, NACCHO urges Congress to provide continued support of the ACA, including its prevention and public health provisions.

To achieve successful implementation of the ACA in communities throughout the United States, NACCHO supports and encourages the involvement of local health department (LHD) leaders to mobilize the “health in all policies” initiatives of health reform. LHD leaders should be active participants in building community and state support for the ACA. Implementation will only be successful if coordinated among the federal, state, and local levels.

LHDs should engage in dialogue and become visible advocates to gain support and acceptance of public health and population-based health practice as a foundation of health reform. The implementation process presents an opportunity to educate and engage stakeholders, political decision-makers, and other community partners to promote a comprehensive health agenda.

LHDs should continue to provide safety net services and/or perform an assurance role in their communities to ensure that the remaining uninsured population of undocumented immigrants and others continue to receive preventive and clinical healthcare services.

Adolescent Health

07-07	July 2007 Adopted	<p>Adolescent Health Platform</p> <p>NACCHO supports the development and implementation of an adolescent health care platform.</p> <p>NACCHO supports comprehensive preventive services to meet the health care needs of adolescents. These comprehensive services should address issues such as depression, youth suicide, homicide, sexually transmitted infections, unintended pregnancy, access to contraception, prevention of sexual abuse and injury prevention, and tobacco and other substance use and abuse. Because school-based and primary care health services offer only part of the solution to help combat these health concerns, implementation of an adolescent health care platform should take place in multiple traditional and non-traditional health care settings.</p> <p>Development of such a platform should begin by addressing the basic unmet preventive care needs of adolescents such as effective harm-reduction interventions, age-indicated immunizations, health care screenings and testing, injury prevention, and obesity prevention and weight management. Comprehensive care and standardized health care screenings and development of adolescent health visits will help adolescents overcome the barriers that keep them from receiving the full spectrum of preventive services and will help providers overcome the operational barriers that prevent delivery of these critical services.</p>
04-13	July 2010 Updated	<p>Comprehensive Sexual Health Promotion and Education</p> <p>NACCHO supports the use of science-based, medically accurate, comprehensive sexual health education and promotion programs. More specifically, NACCHO supports and encourages local, state, and federal policies and funding mechanisms that enable local health departments (LHDs), school districts and other youth-serving agencies and organizations to provide multifaceted, culturally, linguistically, and age-appropriate science-based sexual health education programs designed to address the needs of all youth. NACCHO urges local, state, and federal legislators to support policies that help LHDs, school districts and other youth-serving organizations strengthen their capacity to provide and sustain comprehensive sexual health education for youth in their respective communities. Additionally, NACCHO supports policies at all levels that call for the elimination of requirements to use public funding for abstinence-only education.</p>
04-14	November 2008 Updated	<p>Coordinated School Health Programs</p> <p>NACCHO supports Coordinated School Health Programs (CSHPs) to facilitate collaboration among local health departments (LHDs), local education agencies, and communities to address the health education and health service needs of children in school settings.</p> <p>NACCHO encourages the following:</p> <ul style="list-style-type: none">• The development of state and local infrastructure to help create safe, healthy, and nurturing schools that reduce barriers to learning;• Increased communication among LHDs, local education agencies, and the community regarding the health of children and young people;• Leveraging existing and identifying new resources for LHDs, local education agencies, and communities to support CSHPs;

- The availability of grants to promote collaboration among LHDs, local education agencies, and communities to implement CSHPs; and
- Ongoing research to identify best practices and ensure the efficacy of CSHPs.

98-01	July 2010 Updated	<p>Minors' Access to Confidential Health Services</p> <p>NACCHO urges organizations to do the following:</p> <ul style="list-style-type: none"> • Provide adolescents access to timely confidential healthcare services, including counseling, testing, and treatment for sexually transmitted infection (STI)-related immunizations; STIs and other communicable diseases; reproductive health (including abstinence education, contraception, and pregnancy); mental and behavioral health (including alcohol, tobacco, and substance use); sexual and physical abuse; and other health issues important to protecting adolescent and community health, without a requirement for parental/guardian consent or notification; and • Ensure that information documenting the delivery of health services (e.g., healthcare insurance explanation of benefits, health services billing statements, immunization records, etc.) of the type outlined above be kept confidential following completion of such services. • Organizations serving adolescents and/or families should facilitate the development of open communication between adolescents and their families about adolescent healthcare decisions.
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09-05	July 2009 Approved	<p>Positive Youth Development Approaches in Adolescent Health Programs</p> <p>NACCHO urges the use of positive youth development (PYD) approaches in programs that seek to improve the health and well-being of adolescents. Specifically, NACCHO supports initiatives and programs that seek to develop youth assets by both enhancing connections between adolescents and caring adults, including parents/guardians and other positive community role models, and engaging youth in various aspects of programming (i.e. design, planning, implementation, evaluation). NACCHO urges local, state, and federal legislators to enact policies and funding streams that enable local health departments (LHDs) to establish and maintain initiatives that focus on improving the health of adolescents by enhancing positive youth assets and resiliency versus solely focus on decreasing the occurrence of youth problem behavior.</p>
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09-07	July 2009 Approved	<p>Protecting Student Health through Access to School-Based Data</p> <p>Local health departments (LHDs) should be allowed access to health information from education records, by law or agreement, for the purpose of data collection for public health surveillance and other programs. The U.S. Department of Education and the U.S. Department of Health and Human Services should develop a mechanism for state and local health departments to access school health data or Congress should amend the Family Education Rights Privacy Act (FERPA) to specifically authorize the disclosure of school health information to state and local health department officials. Electronic sharing of password-protected data allows multiple uses of data within an LHD while protecting privacy and security.</p>

Border/Immigrant Health

- 99-07 July 1999 Adopted [Health of Individuals Crossing International Borders](#)
WHEREAS, it has become increasingly apparent in recent years that there is significant loss of life and injury related to environmental exposures in people coming into the United States across international borders; and
- WHEREAS, surveillance is inadequate to determine both the numbers of individuals crossing borders and the degree to which they need help:
- THEREFORE, BE IT RESOLVED that NACCHO develop relationships with the INS, the U.S. Border Patrol, and state and local health jurisdictions, especially in the border regions where loss of life occurs; and
- BE IT FURTHER RESOLVED that surveillance and rescue efforts be developed in those areas of high risk; and
- BE IT FURTHER RESOLVED that NACCHO, ASTHO, human rights organizations, and other concerned constituencies reassess national immigration and border policies.
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- 99-02 March 2009 Updated [Immigrant Health](#)
NACCHO supports the removal of barriers to appropriate care and improved access to health services for immigrants, refugees, asylees, and their families. NACCHO advocates that services be offered in a respectful, culturally sensitive, and confidential manner to assess and assure participation of eligible persons. NACCHO supports the idea of providing public health protection for all persons regardless of immigration status.

Climate Change

07-09 November 2010 Updated [Local Health Department Role in Addressing Climate Change](#)
NACCHO strongly urges national, state and local health departments (LHDs) and related agencies to engage policymakers, government agencies, non-governmental organizations, businesses, communities and their own staff to prepare for and respond to climate change to reduce the severity of climate change-related health impacts.

Adaptation: LHDs, in partnership with state and federal public health agencies, must immediately prepare for climate changes impacting public health. NACCHO urges the public health community to provide strong leadership for necessary climate change adaptation efforts. This includes preparing communities for extreme environmental events that accompany climate change and coordinating with local governments on all-hazards disaster planning.

Mitigation: NACCHO supports strong and immediate international, federal, state, and local action to mitigate climate change. NACCHO urges the public health community to promote and participate in climate change mitigation efforts, including efforts to reduce greenhouse gas emissions caused by energy production and use, land use, housing, and transportation.

NACCHO supports local public health activities to address climate change, including the following:

- Instituting strong, continuous, science-based, and culturally competent education programs to inform policymakers, communities, and LHD staff on the health impacts of climate change and on issues and opportunities regarding mitigation of climate change and adaptation to climate change.
- Developing local climate change mitigation plans and adaptation plans that address the health impacts of climate change.
- Participating in scientifically-based research programs related to climate change that readily translates to the practice of public health.
- Supporting research on emerging health impacts related to climate change and public health best practice standards.
- Conducting ongoing health monitoring of climate change impacts on local communities, including conducting vulnerability assessments and environmental studies and using the best available tools (e.g., geographic information system mapping) and sciences (e.g., ecology, climatology, geography) to better understand the impacts of climate change on public health. Particular attention must be given to the most vulnerable populations.
- Advocating for policies, plans, programs, and resources to support climate change mitigation and adaptation. Mitigation and adaptation activities should be health-based, science-based, equitable, and sustainable.
- Building partnerships with key local stakeholders to engage and enlist them in the response to climate change.
- Providing opportunities to educate and train public health leadership and the public health workforce to assure the capacity of LHDs to respond to the health effects of climate change.
- Using environmental health regulatory activities and authorities to protect the public's health from climate change.

Environmental Health

04-08	July 2010 Updated	<p>Ambient Air Quality and Public Health</p> <p>NACCHO advocates for national, state, and local policies, regulations, research, and resources that will enhance local health departments' (LHDs') abilities to improve ambient air quality and protect public health. NACCHO supports the following policies and actions:</p> <ul style="list-style-type: none">• Federal, state, and local governments should support building capacity for LHDs to monitor the health effects of air pollution and to respond to the health impacts caused by poor ambient air quality and the emission of greenhouse gases;• The Environmental Protection Agency (EPA) should use the best-available science to establish and support National Ambient Air Quality Standards (NAAQS) that are sufficiently protective of the public's health, including sensitive sub-groups (e.g., people with cardio-pulmonary diseases, children, elderly);• Federal, state, and local governments should develop and adopt air quality standards that reduce greenhouse gas emissions;• Federal, state, and local governments should develop policies and programs to promote environmental justice¹ in addressing exposure to poor air quality;• Federal, state, and local governments should support LHDs' involvement in land use and transportation planning and community design and development activities to promote and protect the health of communities (e.g., integrating health concepts into the built environment, directing federally funded infrastructure projects to involve state and/or local health officials);• Federal, state, and local governments should support research on emerging health effects linked to air pollution;• LHDs should educate the public about connections between individual lifestyle behaviors and exposure to and production of air pollutants, including the production of greenhouse gases;• Federal, state, and local governments should develop policies to minimize the public's exposure to and production of air pollutants, including the production of greenhouse gases; and• LHDs should connect and collaborate with state and local air agencies to broaden the public health preventive outreach and education to improve health outcomes.
00-06	July 2009 Updated	<p>Asthma Prevention</p> <p>NACCHO supports policies and programs that reduce and prevent poverty, substandard housing, air pollution, environmental tobacco smoke (ETS), and other degraded conditions that can trigger asthma attacks and other respiratory diseases.</p> <ul style="list-style-type: none">• NACCHO supports federal, state, and non-governmental assistance to local health departments to prevent asthma in their communities, particularly through educational and social marketing efforts regarding root causes of asthma, elimination of conditions that exacerbate asthma, improved asthma surveillance, and formation of community-based coalitions for prevention.• NACCHO supports federal, state, and non-governmental funding to local health departments and others for comprehensive approaches to asthma that include proper diagnosis, treatment, and management of asthma and also address the root causes of asthma in different environments (e.g., home, workplace, daycare, school, outdoor) in order to prevent future cases.• NACCHO supports public health policies whose intent is to reduce or eliminate the social conditions that exacerbate asthma, such as poor housing, ETS, and air

pollution.

- NACCHO supports public health policies that improve and promote access to affordable and high quality care of asthma treatment and management.
- NACCHO supports programs that educate people in communities about climate change as a plausible contributor to asthma through an increase in pollen quantity, longer pollen seasons, increase in ozone and particulate levels, and the frequency of such occurrences.

00-03 July 2007 Updated [Child Lead Poisoning Elimination](#)
NACCHO supports continued funding and implementation of cost-effective, community specific preventive measures to correct the multiple safety and health hazards that potentially cause lead exposure in the home and in other settings, such as day care and recreational facilities that may result in disease and illness in children. In addition, NACCHO encourages local health departments to continue lead testing efforts targeted to children who remain at elevated risk for lead exposure and urges localities to support aggressive efforts to identify lead poisoned children, as well as services for these children and their families. NACCHO also supports the needed advocacy to finance the elimination of childhood lead poisoning by 2010 as a goal for the United States.

99-12 July 2010 Updated [Children's Environmental Health](#)
NACCHO supports national, state, and local environmental health resources, policies, regulations, programs, and research that will protect children's health, prevent harmful exposures to environmental toxicants, and ensure that all children live in a safe and healthy environment.

- NACCHO supports dedication of federal, state, local, and private funding to support increased collaboration between local health departments (LHDs) and school officials to ensure the provision of a safe school environment. Specific priorities include assisting in the development of food safety programs with healthy food options; reducing and eliminating or considering the use of safe chemical alternatives instead of the use of hazardous chemicals in the school and classroom (e.g., pesticides, cleaning supplies); and providing education to students, teachers, and staff about potential chemical exposures.
- NACCHO supports dedication of federal, state, local, and private funding to support increased collaboration between LHDs and their community partners to ensure that programs focused on educating parents and other family members in creating a healthy home environment for children, especially pertaining to the reduced exposure to environmental hazards (e.g. pesticides, toxic products, especially those containing lead) exist.
- LHDs, in collaboration with federal, state, and community partners, should have an active role in promoting healthy activities and play environments for children, including access to parks, nature centers, and green spaces; safe routes for biking and walking; and access to universal playgrounds designed to be accessible to both disabled and able-bodied children.

98-08	July 2009 Updated	<p>Community Water Fluoridation</p> <p>NACCHO recognizes the public health benefits of community water fluoridation for preventing dental decay and encourages communities to fluoridate water supplies to levels optimal for protection against tooth decay.</p> <p>NACCHO supports the development of policies that address social injustices that contribute to the disproportionate burden of disease among underrepresented, low-income, and socially disadvantaged populations.</p>
06-01	January 2006 Adopted	<p>Creating Healthier Communities Through Health Impact Assessment</p> <p>Health impact assessment (HIA) is commonly defined as “a combination of procedures, methods, and tools by which a policy, program, or project may be judged as to its potential effects on the health of a population, and the distribution of those effects within the population.” After years of practice and evaluation in Europe, HIA continues to be hailed as one of the most important new processes in public health, given its aim to influence decision making processes in an open, multidisciplinary and structured way. There is a burgeoning interest in applying HIA to land use/community design projects and policies in the U.S, which are primarily made at the local level. HIA has substantial potential to improve public health by bringing to the attention of decision makers, such as members of city councils and zoning commissions (who typically have little background in health), the health consequences of their actions.</p> <p>In order to increase application of HIA and to help build broader support for HIA, NACCHO supports and urges the following capacity building measures to advance utilization of HIA among local health departments:</p> <ul style="list-style-type: none"> • <i>Allocation of local, state, and federal funding</i> to provide local public health officials and planners with more resources to initiate or enhance implementation of HIA projects at the local level and to support a US based HIA research agenda. • <i>Training and technical assistance</i> to assist local health officials gain an understanding of the scope and uses of HIA and to implement it into their work duties related to community planning. This also includes training or awareness building for the nonpublic health stakeholders who may be an integral part of the process. • <i>Development of the necessary local quantitative and qualitative data</i> by collaborating with university partners, planners and community based health organizations to provide weighted evidence to inform HIA and land use/community design policy decisions. The collection and dispersal of data is fundamental in helping health officials gain support for this work. • <i>Collaboration with traditional and nontraditional partners</i> to elicit broad based support of HIA, particularly elected officials and developers, whose support can advance work in preventing or mitigating negative health outcomes of planning decisions and further the process of institutionalizing HIA as a common practice. • <i>Promotion of social justice and health equity</i> through utilization of HIA. HIA can be an appropriate tool to link the social determinants of health to land use policies, as well as through the development review process.
00-07	November 2000 Adopted	<p>Environmental Justice</p> <p>WHEREAS, throughout the nation there is an overrepresentation of toxic waste sites and contaminated properties in communities of color and low-income communities, and race is the most significant variable that has been associated with the siting of hazardous waste facilities, even after controlling for urbanization, regional differences and socio-economic status; and</p>

WHEREAS, penalties imposed under hazardous waste laws at sites having the greatest white population were about 500 percent higher than penalties imposed at sites with the greatest people of color population; and

WHEREAS, serious health concerns and exposures have resulted from the siting of toxic waste and other contaminated facilities in communities of color and low income communities, adding to other threats posed by poor quality housing, absence of mass transit, unhealthy working conditions, poverty, and high levels of pollution production; and

WHEREAS urban sprawl and discriminatory land use decisions create economic and racial polarization, segregated neighborhoods and deteriorating neighborhoods in people of color and low-income communities, thereby increasing health and safety risks, health disparities, air and water pollution, poor quality housing, unstable neighborhoods, unsustainable ecosystems, and poor quality of life

THEREFORE, BE IT RESOLVED that NACCHO supports the fundamental right to political, economic, cultural and environmental self-determination of all peoples, and the right to be free from ecological destruction; and affirms the need for urban and rural ecological policies to clean up and rebuild our cities and rural areas in balance with nature while assuring healthy communities; and

BE IT FURTHER RESOLVED that NACCHO facilitates local public health agency efforts to ensure that no communities suffer from disproportional exposures to environmental health hazards; and

BE IT FURTHER RESOLVED, that NACCHO actively supports programs, policies, and activities that build the capacity to identify disproportionate sitings of facilities, discriminatory land use and zoning laws, and to assure nondiscriminatory compliance with all environmental, health and safety laws in order to assure equal protection of the public health; and

BE IT FURTHER RESOLVED that NACCHO supports public and corporate policy based on mutual respect and justice for all peoples, free from any form of discrimination or bias; and

BE IT FURTHER RESOLVED that NACCHO supports universal protection from unnecessary radiation exposure resulting from nuclear testing, extraction, production and disposal of toxic/hazardous wastes and poisons that threatens the fundamental right to clean air, land, water, and food; and

BE IT FURTHER RESOLVED that NACCHO supports the principle that producers of hazardous waste and materials be held strictly accountable to the people and responsible for containment and detoxification; and

BE IT FURTHER RESOLVED that NACCHO supports the right of all people potentially affected to participate as equal partners at every level of decision making about hazardous waste and materials, including needs assessment, planning, implementation, enforcement and evaluation; and

BE IT FURTHER RESOLVED that NACCHO recognizes a special legal and ethical

relationship of the federal, state, and local governments and Native Peoples through treaties, agreements, compacts, and covenants affirming sovereignty and self-determination; and

BE IT FURTHER RESOLVED that NACCHO affirms the right of all workers to a safe and healthy work environment; and

BE IT FURTHER RESOLVED that NACCHO calls for the education of present and future generations which emphasizes social and environmental issues, based on our experience, our concern for health, and an appreciation of our diverse cultural perspectives; and

BE IT FURTHER RESOLVED that NACCHO supports the right to ethical, balanced, and responsible uses of land and renewable resources.

04-15

June

2007

Updated

[Environmental Public Health Tracking](#)

Environmental public health tracking involves the ongoing and systematic collection, integration, analysis, interpretation, and dissemination of data from environmental hazard monitoring, human exposure surveillance, and health effects surveillance.

- NACCHO advocates for local public health department involvement in planning, development, and implementation activities of the Centers for Disease Control and Prevention's (CDC's) National Environmental Public Health Tracking Program (e.g., state-funded grantees to collaborate with their local counterparts) to ensure the utility of the tracking network to local jurisdictions.
- NACCHO advocates for local health departments' (LHDs)' active involvement in the definition of data and functional requirements for tracking and surveillance systems as data providers and users of such systems. State and federal public health agencies must ensure that LHDs have timely access to any data collected about their local community.
- NACCHO advocates for public health policies and surveillance methods to address social injustices that contribute to the disproportionate burden of environmentally-related illnesses and conditions that generate inequity in the distribution of disease among underrepresented, low-income, and socially disadvantaged populations. Such support means monitoring the sources of environmental burdens in the communities of those populations, including new and innovative strategies to identify sources of data typically not captured in traditional surveillance systems. In addition, communities must be involved in the development of tracking systems in order to set priorities and determine appropriate indicators.
- NACCHO advocates for LHDs to have near real-time and direct access to data collected in their jurisdictions to ensure timely and appropriate response to community concerns and inquiries, as implementation plans for statewide and nationwide activities are launched. In addition, existing legal barriers to local access to data in some state statutes should be minimized or removed.
- NACCHO advocates for the enhancement of local public health resources and infrastructure to ensure LHDs can create, access, and use data. Sufficient information technology resources are necessary to receive and analyze data and these capabilities should be enhanced and made available for many LHDs that lack current capacity. Sufficient well-trained staff must be available to analyze, interpret and disseminate data.

03-02	November 2009 Updated	<p data-bbox="488 109 797 142">Healthy Community Design</p> <p data-bbox="488 142 854 176">NACCHO supports the following:</p> <ul data-bbox="488 176 1455 625" style="list-style-type: none"> <li data-bbox="488 176 1455 302">• Comprehensive, formal, and systemic integration of local public health considerations into community design processes, including community planning, regulations, and design of new development and redevelopment, and design of the public realm to promote and protect the health of communities. <li data-bbox="488 302 1455 466">• Dedication of increased federal, state, and local resources to improve the capacity of local health departments (LHDs) to participate effectively in the community design process through training, development of tools, technical assistance, and other support. In addition, federal transportation policy should support LHD involvement in local transportation planning. <li data-bbox="488 466 1455 558">• Increased collaboration between local health, planning, transportation, and public works departments from the early stages of community design decision-making. <li data-bbox="488 558 1455 625">• Early, sustained, and effective participation by affected community members in all stages of community design decision-making.
99-11	November 2010 Updated	<p data-bbox="488 659 911 693">Indoor Air Quality and Public Health</p> <p data-bbox="488 693 1455 848">NACCHO supports national, state, and local resources, policies, regulations, programs, and research that will enhance local health departments' (LHDs') abilities to address indoor air quality (IAQ) and improvements that ensure a safe and healthy indoor environment through prevention and protection of the public from harmful exposures to environmental toxicants.</p> <p data-bbox="488 882 1211 915">NACCHO supports policies and actions, including the following:</p> <ul data-bbox="488 915 1455 1785" style="list-style-type: none"> <li data-bbox="488 915 1455 1008">• Dedication of increased federal, state, and local resources to build capacity for LHDs to monitor and track asthma and other respiratory illnesses and promote policies and programs to eliminate IAQ-related health conditions; <li data-bbox="488 1008 1455 1142">• Continued efforts to increase scientific understanding of the links of genetic and environmental factors associated with the exacerbation of asthma and the development of strategies to better understand exposures, health effects, risk assessments, and risk management; <li data-bbox="488 1142 1455 1268">• Adoption of Integrated Pest Management interventions to reduce the risks from environmental factors and chemicals associated with controlling cockroaches and other types of allergens, thus, improving indoor air quality and provision of educational opportunities to affected individuals and building managers; <li data-bbox="488 1268 1455 1360">• Comprehensive and systemic implementation of indoor air quality prevention management programs (e.g., EPA's <i>Tools for Schools</i> toolkit and Schools Chemical Cleanout Campaign) in school and daycare facilities; <li data-bbox="488 1360 1455 1453">• Increased collaboration among LHDs and community partners on awareness campaigns that educate the public, housing authorities, hotels, and food establishments on "smoke-free" policies and practices; <li data-bbox="488 1453 1455 1545">• Increased public awareness of other harmful combustion-source pollutants in the home (e.g. incense-burning, candle soot, unvented cooking) and their impact on those with respiratory illnesses (e.g. asthma). <li data-bbox="488 1545 1455 1680">• Increased use of proven green building methods and products that optimize the use of natural resources and strategies to minimize the negative environmental and human health impacts that support high quality indoor environments for building occupants; <li data-bbox="488 1680 1455 1747">• Promotion of LHDs' involvement in radon monitoring, education, and mitigation; <li data-bbox="488 1747 1455 1785">• Research efforts on emerging health effects linked to indoor air pollution;

- Increased collaboration among LHDs, fire marshals, and fire departments to broaden the public health preventive outreach and education to reduce morbidities and mortalities associated with carbon monoxide;
- Increased use of best practices such as preventive maintenance and cleaning, control of allergens, prevention and remediation of water-damage and mold growth, integrated pest management, and use of low or non-toxic chemicals, products, and materials in the office and home; and
- Increased funding and legislative resources for local implementation of enforcement, education, and awareness of IAQ programs.

99-13	July 2009 Updated	<p><u>Integration of Environmental Health and Public Health Practice</u></p> <p>NACCHO considers environmental health practice to be an essential discipline of public health practice as it complies with the Institute of Medicine (IOM) definition of Public Health as “fulfilling society’s interest in assuring conditions in which people can be healthy.”</p> <ul style="list-style-type: none"> • NACCHO considers the term environmental public health practice to be the most appropriate term in describing this area of public health practice. • NACCHO advocates for resources, programs, policies, and legislation that promote the integration of environmental public health into public health practice. • NACCHO endorses the use of the ten essential public health services for environmental public health practice. • NACCHO endorses the development and/or enhancement of coordinated training for the environmental public health workforce in public health sciences such as epidemiology, land use planning, and the social and behavioral sciences and similar training for other public health workers in environmental sciences, such as contaminant fate in the environment and food and water biology. • NACCHO does not support the separation of environmental public health practice from other public health practices either physically or by leadership.
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07-10	July 2007 Adopted	<p><u>Mosquito Control</u></p> <p>Building on its work with the Mosquito Control Collaborative to disseminate the recommendations for addressing local needs in developing, maintaining, and funding sustainable mosquito control programs as well as research new ideas that help support the recommendations, NACCHO:</p> <ul style="list-style-type: none"> • Supports the need for successful coordinated mosquito management programs at the local level, through the provision of additional funds; and research to create, integrate, and coordinate local mosquito control plans with existing district and state plans. • Urges Congress to fully fund and maintain funding for the Mosquito Abatement for Safety and Health (MASH) Act. <p>NACCHO supports federal, state, and local funding for local health departments and mosquito control agencies to provide technical assistance, education and research to:</p> <ul style="list-style-type: none"> • Improve their capability to predict and avoid new vector borne diseases, address consumers’ behavior and practices relating to mosquitoes, and • Support the development of policies that address social injustices which contribute to the disproportionate burden of vector borne disease on vulnerable populations, the elderly, and people with compromised immune systems. • NACCHO also will continue to work with partners such as public works,
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mosquito control districts and other agencies to further enhance the effectiveness of mosquito and vector control activities.

02-02 February
2002
Adopted

[Pollution Prevention](#)

WHEREAS, the goal of "Pollution Prevention" encompasses environmental protection and disease prevention, and is defined as "source reduction" and other practices that reduce or eliminate the creation of pollutants through increased efficiency in the use of raw materials, energy, water, or other resources, or protection of natural resources by conservation; and

WHEREAS, "source reduction" is defined as any practice which:

- Reduces the amount of any hazardous substance, pollutant or contaminant entering any waste stream or otherwise released into the environment (including fugitive emissions) prior to recycling, treatment or disposal; and
- Reduces the hazards to public health and the environment associated with the release of such substances, pollutants or contaminants; and

WHEREAS, pollution prevention strengthens economic growth through more efficient manufacturing and raw material use; and

WHEREAS, pollution prevention enhances the health and safety of communities by reducing hazard exposure risks to workers and communities; and

WHEREAS, preventing pollution at the source can help break cycles of repeated degradation and injustice in communities;

THEREFORE, BE IT RESOLVED that NACCHO supports and advocates for national, state and local pollution prevention resources, policies, regulations, programs and research that prevent or reduce pollution; and

BE IT FURTHER RESOLVED that NACCHO integrate pollution prevention approaches into initiatives enhancing local public health system capacities to monitor, detect and respond to public health threats; and

BE IT FURTHER RESOLVED that NACCHO include pollution prevention as an underlying principle in efforts to enhance local public health system's capacities to: 1) ensure fair treatment for all individuals in the community; 2) reduce differences in who bears environmental risks; 3) ensure collaboration with affected communities in decisions that affect their lives; and 4) reduce pollution in communities that face exposure to multiple pollutants and hazards; and

BE IT FURTHER RESOLVED that NACCHO continue efforts to assist local public health agencies in preventing and reducing pollution through policies, programs, conferences, and publications.

98-06
October
2004
Updated

[Public Health Principles and Guidance for Brownfields Policies and Practices](#)

WHEREAS, communities across the country, with the support of all levels of government, are moving rapidly to redevelop abandoned or underused properties (brownfields), which may be contaminated by toxic or hazardous substances; and

WHEREAS, the Environmental Protection Agency has identified over 600,000 such sites (which contribute to urban decay as eyesores and nuisances, sites for potential dumping and future health risks, and lower quality of life) nationally, most located in economically distressed urban areas¹ and approximately 30 percent of these properties are contaminated; and

WHEREAS, appropriate attention is not being given to assuring that health risks are being addressed as part of the development process and

WHEREAS, the health of the public is intimately linked to economic prosperity and economic development, and such development may potentially affects public health, positively or negatively, and

WHEREAS, the precautionary principle states, "When an activity raises threats of harm to human health or the environment, precautionary measures should be taken, even if some cause and effect relationships are not fully established scientifically. In this context, the proponent of an activity, rather than the public, should bear the burden of proof.....The process of applying [this principle] must be open, informed and democratic and must include potentially affected parties. It must involve an examination of the full range of alternatives, including no action."

THEREFORE, BE IT RESOLVED that NACCHO encourages the development of a permanent process for integrating the work of public health, into zoning, land use and other activities related to redevelopment in coordination with relevant agencies; and

BE IT FURTHER RESOLVED that NACCHO supports the development of policies that address social injustices, which contribute to the disproportionate burden of disease, such as unjust zoning and land use laws and practices; and

BE IT FURTHER RESOLVED that NACCHO supports land use and development policies that do not lead to urban sprawl or the displacement of populations that leads to the decay and destabilization of communities and concomitant stresses that create health problems; and

BE IT FURTHER RESOLVED that NACCHO advocates that health and planning agencies ensure affected community residents early, sustained, and effective participation in all stages of brownfields decision-making and that mechanisms are available to assist in making this possible (e.g., through implementation of its *Assessment to Action* and/or *Protocol for Assessing Community Excellence in Environmental Health* guidebooks); and

BE IT FURTHER RESOLVED that local health agency leadership should build the capacity of the community to participate by providing technical assistance, training, advisory groups and other support to ensure effective participation; and

BE IT FURTHER RESOLVED that local public health agencies ensure that contamination is cleaned to appropriate health standards and does not threaten public health; and

BE IT FURTHER RESOLVED that the future uses of a property do not include facilities or activities that will lead to new health problems.

BE IT FURTHER RESOLVED that local public health agencies actively incorporate NACCHO's Public Health Principles and Guidance for Brownfields Policies and Practices in their everyday work.

Epidemiology

11-05	July 2011 Approved	<p>LHD Involvement in Meaningful Use Preparation</p> <p>Electronic Health Record (EHR) data transmitted to public health will be used to identify and respond to disease patterns, contain the spread of infectious disease, and improve efforts to prevent threats to the health of the public. Throughout much of the United States, these activities will be performed by local health departments (LHDs). It is important that these LHDs receive EHR data with the timeliness and content they need to effectively perform these activities. Therefore, NACCHO urges the following in order to ensure the successful use of meaningful use (MU) data:</p> <ul style="list-style-type: none">• Local health departments should be included throughout the development of public health-associated MU EHR information and processes and be provided with the resources for training, staffing, and software support to manage and use this information for protecting and improving population health;• NACCHO encourages the related efforts of the Office of the National Coordinator (ONC) for health information technology (HIT) to ensure that public health standards are included in certified meaningful use HIT and EHRs; and,• NACCHO encourages the increasing collaboration between numerous stakeholders at the national, state and local levels involved in the enactment of MU, and intends to be an active participant in this collaboration on behalf of LHDs.
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04-11	October 2010 Updated	<p>Strengthening LHD Epidemiology and Surveillance Capacities</p> <p>NACCHO supports the development of local health department (LHD) epidemiology and surveillance capacities to promote and improve evidence-based public health practice at the local health department level.</p> <p>NACCHO strongly supports the development of integrated surveillance systems and mechanisms to allow for collecting, analyzing and disseminating accurate local data, including but not limited to levels of census tract, zip code, county, city, and region. Data files should reside in electronic form at the LHD whenever local capacity permits and be designed to permit analysis of data elements by local staff to address local circumstances. In addition, NACCHO urges that local- and state-reported data in such systems be equally accessible to local, state, and federal jurisdictions and that LHDs have access to other locally developed datasets.</p>
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Food Safety

99-08 March
2008
Updated

[Food Safety](#)

NACCHO supports the development of a science-based food safety system that assures local public health department participation in all areas of food safety as a means to reduce foodborne illness with particular attention to challenges such as imported food supply, new and re-emerging foodborne pathogens, changing demographics, and intentional contamination.

Food Safety Policy

- NACCHO supports the ongoing interaction of local health departments (LHDs) with state and federal agencies to enhance the food safety system.
- NACCHO supports local public health workforce training to identify risks associated with purveying of food to the public through active inspection and surveillance programs.
- NACCHO supports policies that enhance laboratory capacity for testing to identify foodborne illness outbreaks and respond quickly.
- NACCHO supports legislation that includes education for consumers, food handlers, retail food establishments, and other sectors of the food industry at the local level to enhance foodborne-illness prevention and reporting to public health officials.
- NACCHO supports legislation that enhances the ability of LHDs to identify and address the overarching and interrelated economic and health equity issues that influence the burden of foodborne illness.
- NACCHO supports the development of methods for compensation or reimbursement from the federal government to LHDs for special requests and assistance during food safety recalls or foodborne-illness outbreaks.

Food Safety Funding

- NACCHO supports policies that provide increased federal and state funding for foodborne-illness research, student education subsidy, and training for the current local public health workforce as effective means to protect people from disease and enhance prevention and control of foodborne illnesses at the local level and throughout the larger food safety system.
- NACCHO supports enhanced federal and state funding for LHDs' food safety capacity and infrastructure for routine public health activities including food safety education, food retail and manufacturing inspection, and foodborne-illness surveillance, investigation, and control.
- NACCHO supports additional federal, state, and local funding to build and improve communications, coordination, and partnerships throughout the food safety system, including federal agencies, state and local health departments, emergency preparedness programs, food industry, consumers, and public health professional organizations.

Health Equity and Social Justice

- 08-02 November [Health and Disability](#)
2009
Updated
- NACCHO affirms the fundamental role of local health departments (LHDs) in identifying and responding to health inequities by addressing the social determinants of health and barriers to full participation in society. In order to improve the health of people with disabilities, it is important for LHDs to apply the same frameworks and practices used with other communities, such as recognizing individuals with disabilities as a distinct community of focus and collecting data on the health status and health-related needs and experiences of this population.
- NACCHO advocates for partnerships among LHDs, individuals with disabilities, and community-based organizations serving individuals living with disabilities to improve the assessment, policy development, and assurance functions provided by LHDs.
 - NACCHO supports the development of minimum standards of healthcare to achieve health equity for everyone, including individuals living with disabilities.
 - NACCHO advocates for public and private sector financial support to increase the number of people with disabilities and the appropriate knowledge, skills, and abilities who are employed as public health professionals and health researchers.
 - NACCHO advocates for public and private sector financial support for ongoing training for public health students, service providers, and other professionals to more holistically address issues faced by individuals living with disabilities. A holistic approach in public health and disabilities is an approach involving not only medical health, but connections with and among physical, social, emotional, and spiritual health and considering full and meaningful participation in society as an essential ingredient of that health.
 - NACCHO advocates for public and private sector financial support to build the capacity of LHDs to increase access to public health services for individuals living with disabilities and to decrease health disparities in public health services for individuals living with disabilities.
 - NACCHO advocates for increased funding for research on best practices to create healthy environments, increased societal participation, and improved health and functional status of individuals living with disabilities.
 - NACCHO advocates for full accessibility for, participation by, and inclusion of people with disabilities (as patients, stakeholders, employees, etc.) in LHDs. This means that meetings and Web sites should be fully accessible, and people with disabilities should have equal access to public announcements, health promotion materials, and other forms of communication within public health programming.
 - NACCHO advocates for collaboration and communication by LHDs with community-based organizations and community stakeholders (businesses, employers, etc.) to increase the coordination of resources and programs in order to improve the health of people with disabilities.

05-02 March
2005
Adopted

Health Equity

WHEREAS, according to the Ottawa charter of the World Health Organization, “The fundamental conditions and resources for health are peace, shelter, education, food, income, a stable ecosystem, sustainable resources, social justice and equity. Improvement in health requires a secure foundation in these basic prerequisites.” and

WHEREAS, multiple UN Human Rights documents and charters establish the linkage between equity, social justice, human rights, and health and specifically Article 25 of the Universal Declaration of Human Rights, adopted by the United Nations General Assembly in 1948, states “Everyone has the right to a standard of living adequate for the health and well-being of himself and of his/her family, including food, clothing, housing, and medical care;” and

WHEREAS, with regard to almost every disease and chronic illness, socioeconomic disadvantage causes or contributes to early death and preventable disease and principal causes of socioeconomic disadvantage are classism, racism, and sexism; and

WHEREAS, social justice is a core value of public health, and the birth of public health was rooted in the principles of social justice; and

WHEREAS, inequities in the fundamental resources and conditions needed for health are avoidable; and

WHEREAS, health inequities harm the entire society, wasting human potential and financial resources; and

WHEREAS, the disadvantages producing inequitable outcomes in health status are interconnected, cumulative, intergenerational;

THEREFORE, BE IT RESOLVED THAT NACCHO supports the incorporation and adoption of principles of equity, social justice, and human rights into social policy, public health curricula, workforce development initiatives, and in the design of program evaluation measures, as strategies to maximize health outcomes and minimize health inequities; and

BE IT FURTHER RESOLVED that NACCHO supports the transformation of public health practice to include: a) training in the principles and practice of equity, social justice, and human rights, b) inclusion of the principles of equity, social justice, and human rights in public policy and c) the development and regular application of social indicators that measure the nation’s social health and well being, including inequities in health status, on a regular basis, similar to the way the nation uses economic indicators; and

BE IT FURTHER RESOLVED that NACCHO will collaborate with partner organizations, government agencies, and community groups in the promotion of equity, social justice and human rights as a critical strategy to improve health outcomes and decrease health inequities worldwide.

00-10 November 2000 Adopted [Health of Lesbian, Gay, Bisexual, and Transgender \(LGBT\) People](#)
WHEREAS, Lesbian, Gay, Bisexual, and Transgender (LGBT) people and their families are a part of every community served by county and city health departments; and

WHEREAS, LGBT people have particular health needs, and in many cases experience health disparities rooted in social stigma, discrimination, and stress, including basic barriers to care for reasons such as provider bias and lack of domestic partner health insurance and other benefits; and

WHEREAS, several cities have developed initiatives to address and improve the access to care and health of LGBT residents through activities such as:

- Training department staff and community providers to offer LGBT competent care;
- Increasing data-collection efforts on LGBT health;
- Launching health communication campaigns targeted to LGBT residents;
- Designating a portion of Medicaid waiver program to support LGBT health centers;
- Advocating for state and city domestic partner benefits as an access-to-care issue; and
- Holding high level summits on LGBT health issues;

THEREFORE, BE IT RESOLVED that NACCHO supports these initiatives to serve the health needs of LGBT people and encourages other counties and cities to assess the needs of LGBT residents and implement programs to protect and promote the health of this population.

00-08 September 2003 Updated [Indian Health Care Improvement Act](#)
WHEREAS, the Indian Health Care Improvement Act has since 1976 provided a detailed structure for addressing the health care needs of Indian people in a manner consistent with the federal responsibility and the authorization for appropriations in the Act expired on September 30, 2000; and

WHEREAS, the bill developed by the National Tribal Steering Committee for the reauthorization of the Indian Health Care Improvement Act was introduced in the House of Representatives as H.R. 2440 and (with some modifications) in the Senate as S. 556 in the 108th Congress; and

WHEREAS, the National Tribal Steering Committee bill is intended to (1) increase the number of Indians in health professions; (2) improve the delivery of health services and increase the tribal consultation requirements relevant to health services delivery; (3) identify the total health facility deficiency in Indian country and authorize innovative approaches to health facility construction financing without waiving the federal responsibility to provide health services under existing federal law; (4) increase access to Medicare, Medicaid and other third party reimbursements for health services to Indians and Alaska Natives; (5) increase access to health services for urban Indian people without reducing federal support for health care to tribal Indians and Alaska Natives; (6) establish the Indian Health Service as an agency of the Public Health Service; (7) integrate substance abuse, mental health and social services for Indians and Alaska Natives in a comprehensive behavioral health program; and (8) establish a commission to study the issue of how the federal government's obligation to provide health care to Indians and Alaska Natives should

be maintained as an entitlement and to provide for negotiated rulemaking on critical health care issues; and

WHEREAS, reauthorization of the Indian Health Care Improvement Act is essential to maintain the federal policy of raising the health status of Indians and Alaska Natives to the highest possible level and the Steering Committee bill removes barriers to improvements in such status as identified above; and

WHEREAS, the National Tribal Steering Committee bill takes account of the development of the federal policy of tribal self-determination and self-governance, which has developed since the original Indian Health Care Improvement Act was enacted and seeks to assure that health programs reflect tribal and urban Indian decision-making to the maximum feasible extent;

THEREFORE BE IT RESOLVED, that NACCHO supports the enactment of the National Tribal Steering Committee bill and urges the Congress to approve the bill without changes.

03-01	January 2006 Updated	Men's Health NACCHO encourages government involvement in men's health activities so that existing government health networks can be utilized to increase the health and wellbeing of men and boys. NACCHO will support and encourage national, state and local efforts to secure access and remove barriers to health care for men and their family members and to seek to fill gaps where resources are lacking. NACCHO will also advocate for more prevention research, especially as it relates to the etiology of men's health issues, with a particular focus on racial, ethnic and socioeconomic disparities in health outcomes.
02-03	July 2009 Updated	Women's Health NACCHO supports: <ul style="list-style-type: none">• Efforts that address social determinants of health to improve women's health through research, education, and access to quality healthcare and• A life course perspective on women's health.
09-09	November 2009 Approved	World Health Organization Commission on Social Determinants of Health Report: Closing the Gap in a Generation: Health Equity through Action on the Social Determinants of Health NACCHO supports the recommendations of the World Health Organization Commission on Social Determinants of Health report <i>Closing the Gap in a Generation: Health Equity through Action on the Social Determinants of Health</i> and their implementation.

HIV/STD Prevention

05-03	May 2011 Updated	<p>Comprehensive HIV Testing</p> <p>NACCHO supports the following elements of a comprehensive approach to HIV testing:</p> <ul style="list-style-type: none">• Confidential name-based testing to encourage testing of those at risk for infection;• Support of LHDs to determine how to appropriately allocate testing resources based on local HIV prevalence;• Collaborative efforts to improve systems and make appropriate healthcare and support service linkages for persons newly diagnosed with HIV/AIDS;• Use of rapid-test technology, particularly in non-medical settings, such as social network tracking and partner counseling and referral services; and• Establishment of reimbursement mechanisms that allow HIV testing providers to receive timely and adequate payment for this service. <p>NACCHO also urges LHDs to do the following:</p> <ul style="list-style-type: none">• On their own and through partnerships with key members in their community, encourage individuals to learn their HIV serostatus through traditional and non-traditional mechanisms;• Identify and address client- and provider-level barriers to the availability of HIV testing in jurisdictions with low HIV prevalence; and• Foster and support the integration of HIV testing conducted by healthcare providers in public health settings in areas of higher HIV morbidity.
01-13	October 2010 Updated	<p>Discrimination of HIV Infected Persons</p> <p>NACCHO calls for the political will and leadership at the local, state, and national levels to oppose stigmatizing and punitive measures against HIV infected persons. These include discriminatory practices—such as denial of employment, housing or public accommodations, isolation of inmates from the general population—social prejudice, moral judgments about sexuality and sexual orientation, and violence.</p>
09-02	March 2009 Approved	<p>Expedited Partner Therapy</p> <p>NACCHO supports:</p> <ul style="list-style-type: none">• Legislation that allows medical practitioners licensed to prescribe and dispense prescription medication to prescribe antibiotic therapy for the partners of persons infected with <i>Chlamydia trachomatis</i> or <i>Neisseria gonorrhoeae</i> without examination, a practice known as expedited partner therapy (EPT);• The consideration of EPT as an option for partner management of heterosexual male or female patients with chlamydia and/or gonorrhea when other partner management strategies with in-person evaluation are impractical or unsuccessful;• The public health community leading the implementation of EPT in both the public and private sector, encouraging medical practitioners licensed to prescribe antibiotic therapy to support EPT to limit the spread of disease and thus prevent re-infection, pelvic inflammatory disease, ectopic pregnancy, and other serious potential outcomes of untreated chlamydia and gonorrhea infections; and• Additional research to determine the effectiveness of EPT among men who have sex with men (MSM) and other vulnerable populations.

09-03 March 2009 Approved [National Alliance of State and Territorial AIDS Directors' *The Blueprint: Ending HIV/AIDS Epidemic through the Power of Prevention*](#)
NACCHO supports the HIV prevention strategies outlined in the National Alliance of State and Territorial AIDS Directors' (NASTAD) *The Blueprint: Ending the HIV/AIDS Epidemic through the Power of Prevention* and in *The Policy Agenda: An Action Plan to Support the HIV Prevention Blueprint*.

09-10 November 2009 Approved [Prevention and Control of Sexually Transmitted Infections](#)
NACCHO encourages the following:

- Federal and state governments should recognize and invest in the important contribution of local health departments (LHDs) in the prevention and control of sexually transmitted infections (STIs), including HIV.
- Federal, state, and local governments should recognize that efforts resulting in universal health coverage or increased health insurance coverage for uninsured or underinsured persons do not reduce the need for public STI prevention and control programs provided through LHDs.
- The Centers for Disease Control and Prevention (CDC) and state health departments should increase funding to LHDs for STI prevention and be flexible in the use of funds available to improve LHDs' ability to provide directly or assure locally-relevant and appropriate STI prevention and control activities and to integrate programs and services as needed to meet the needs of the communities and clients they serve.
- The CDC should increase support for STI prevention, control, and funding to improve workforce development to ensure that the expertise to prevent and control STIs at the local level is maintained and enhanced through the provision of scholarships and/or fellowships for study and training of STI prevention and control, tailored continuing education trainings, and ongoing technical assistance to LHDs and their partners.

05-09 July 2010 Updated [Syringe Access Programs](#)
In order to curb the transmission of HIV, viral hepatitis, and other bloodborne infections related to injection drug use, NACCHO urges state and local decision-makers to do the following:

- Refine and establish new and existing syringe access programs (SAPs) and follow relevant local health department (LHD) recommendations in doing so;
- Take swift action to remove legal and social barriers to clean needles, syringes, and other injecting equipment access; increase the availability of drug treatment services; and support continuing study of SAPs;
- Ensure education of law enforcement, criminal justice personnel, public health and other medical providers, pharmacists, and other critical local groups regarding the benefit of SAPs and associated processes that occur within jurisdictions with SAPs; and
- Modify state and local statutes, where needed, to permit the sale, purchase, and possession of sterile injection equipment.

NACCHO endorses a comprehensive approach based on best practices for SAPs such as described in the Academy for Educational Development publication, funded by the Centers for Disease Control and Prevention (CDC), *A Comprehensive Approach: Preventing Blood-Borne Infections Among Injection Drug Users*.

Immunization

11-06	July 2011 Approved	<p>Eliminating Personal Belief Exemptions from Immunization Requirements for Child Care and School Attendance</p> <p>While supporting the continued availability of medical and religious exemptions to school immunization requirements, NACCHO urges that personal belief exemptions be removed from state immunization laws and regulations. To reduce the incidence of vaccine-preventable diseases, protect those who cannot receive vaccine due to age or medical condition, and protect those at greater risk of severe complications if they do become infected and ill, NACCHO encourages eliminating personal belief exemptions. As a way to move toward this goal, NACCHO encourages state and local health departments to limit the casual use of personal belief exemptions to the greatest degree possible.</p> <p>NACCHO acknowledges that there are states that may not be in a position to eliminate personal belief exemptions immediately. States that easily permit personal belief exemptions to immunizations have significantly higher rates of exemption than states that have more complex procedures. These states should begin a process to limit the availability of personal belief exemptions to the greatest degree possible. An initial step might be to review the process of applying for and receiving exemptions: the more educational and demanding the process, the lower will be the rate of exemptions. There should be more involved in the application process than simply signing a form.</p> <p>To discourage casual use of personal belief exemptions, NACCHO supports the following courses of action:</p> <ul style="list-style-type: none">• Federal support and guidance to assist in developing exemption procedures that encourage parents to comply with vaccination requirements rather than claim exemption as a means of convenience.• Federal support and guidance regarding effective ways to implement procedures and administrative controls that limit nonmedical, nonreligious exemptions.• Federal support to primary care providers, local health departments, school nurses, and/or the state/local immunization coalition to conduct mandatory sessions that provide education about immunizations' impact on public and personal health and integrate information about the responsibilities associated with exercising the parental right to a personal belief exemption.• School systems and childcare facilities (where appropriate) should use an exemption application form that requires a parental signature acknowledging their understanding that their decision not to immunize places their child and other children at risk for diseases and ensuing complications. The form should also state that in the event of an exposure to a vaccine-preventable illness, their child would be removed from school and all school-related activities for the appropriate two incubation periods beyond the date of onset of the last case, which is standard public health.
11-01	March 2011 Approved	<p>Immunization Information Systems</p> <p>Immunization has been one of the most successful and safest public health measures available to populations worldwide, with an unparalleled record of disease reduction and prevention. Successful public health immunization programs rely on having adequate data to manage the multiple components inherent to such a program. Immunization information systems (IIS or immunization registries), are a</p>

powerful tool for collecting, storing, analyzing, and acting upon data relevant to managing successful immunization programs. NACCHO supports the standardization and consistent use of IIS and requests that the federal government fund the expansion and linkage of this important tool.

NACCHO strongly urges the federal government to support the following:

- An interoperable system allowing for information exchange between state- and local-level immunization registries and between all pertinent local users and the relevant IIS;
- Ensure that the connections and capacities between local and state registries, and between local users and the relevant registries, meet all requirements of each stage of the definition of “meaningful use;”
- Ensure local input when establishing uniform standards for the diverse array of existing registries;
- Ensure local input when developing laws and policies to facilitate exchange of data not only across State and local lines but also across the nation;
- Assistance with policies and technological components to support future international information exchange;
- Assistance with development of laws and policies to facilitate data exchange between education, public health, and medical care providers and systems, including immunization coalitions as appropriate;
- Assistance with policy and funds to enable exchange of data between IIS and electronic health records; and,
- Financial support for the technology upgrades and technical maintenance necessary for continued local participation in IIS.

At the local level, NACCHO urges federal and state governments to support the following:

- The ability of local health departments (LHDs) to exchange information within and across state and local levels;
- Appropriate technology for LHDs to receive, record, and transmit immunization data;
- The ability of LHDs to employ staff with the technological skills required to manage registry operations locally, nationally and internationally;
- The ability of LHDs to employ staff with the technological skills required to effectively analyze data and in order to formulate an appropriate local public health response; and,
- The ability of local school and public health personnel to use immunization registries; and
- Use of IIS to include results of tuberculosis (TB) testing, where appropriate, especially in jurisdictions where school entry requirements include both immunization and TB test results.

00-05	October 2010 Updated	Immunization Infrastructure Funding NACCHO supports increases in federal funding to local and state health departments for immunization programs, including additional funding for the Section 317 Immunization Grant Program and expansion of the Vaccines for Children (VFC) program. Furthermore, a local concurrence policy similar to the one in place for preparedness funds should be established within the Centers for Disease Control and Prevention (CDC) requirements for state immunization grants.
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11-02	March 2011 Approved	<p>Local Health Department Capacity to Conduct Third-Party Billing for Immunization</p> <p>NACCHO supports increases in federal funding for policy and technical support to enable state and local health departments (LHDs) to bill private insurers for immunization services. A successful third-party billing program can provide (1) more comprehensive/universal dispersal of recommended childhood vaccination; (2) increased funding for programs targeting vulnerable populations; (3) a reduced burden for primary care providers not equipped to administer widespread immunization; and (4) improved access to covered immunizations.</p> <p>NACCHO supports federal funding for activities necessary for state and local health departments to establish third-party billing systems including the following:</p> <ul style="list-style-type: none"> • Assessment for purchasing or developing systems that will be cost-effective according to the particular needs of the jurisdiction; • Training or peer technical assistance for LHDs to maximize the utility of such systems; • Coalition building: Engaging medical communities in order to navigate potential concerns (i.e., competition with the medical home) and build support; • Training or peer technical assistance on the process of contracting with private insurance providers; and • Training on billing processes.
02-09	January 2011 Revised	<p>Pandemic Influenza Vaccine Procurement and Distribution</p> <p>NACCHO strongly supports federal purchase and distribution of influenza vaccine to state and local health departments (LHDs) during a pandemic. The intent of the policy is to support creation of a more coordinated and equitable system of vaccine distribution by giving state and local health departments a clear authority over the distribution of pandemic influenza vaccine. This approach would best address the problem of lag time between pandemic strain alert and vaccine availability, and help ensure more timely vaccination and optimal vaccine accountability.</p>
05-04	October 2010 Updated	<p>Racial and Ethnic Inequity in Immunization Coverage Rates</p> <p>NACCHO urges increased federal commitment of resources to eliminate inequity in immunization rates among low income, racial and ethnic populations across the lifespan, including the following:</p> <ul style="list-style-type: none"> • Additional support to local health departments (LHDs) to collect, assess, and disseminate local-level data to document inequities in immunization rates and their causes; • Increased funding to enhance LHD capacity for outreach and education to populations with disproportionately low immunization rates and to the health care providers who serve them; • Additional support to help LHDs identify and address the connections between social determinants of health inequity and immunization inequity; • Increased support to identify and disseminate best practices to address immunization inequity, including those which address access to care, improved surveying and surveillance techniques, expanded use of immunization registries, and creating strategic and sustainable community health coalitions; and • Enhanced support for LHDs to explore and institute strategies to better capture local-level immunization rates.
01-04	March 2010 Revised	<p>Routinely Recommended Immunizations</p> <p>NACCHO recommends the following:</p> <ul style="list-style-type: none"> • Increased federal funding of local health department (LHD) efforts to ensure that

immunization stakeholders and parents/caregivers understand the importance of children and adults receiving all routinely recommended immunizations according to the schedule established by the Advisory Committee on Immunization Practices (ACIP). The increased support will also allow LHDs, in coordination with medical providers, to support the efforts of childcare centers, schools, and workplaces that require certain immunizations for their students and employees according to the recommended schedules;

- Support to help LHDs promote vaccine administration according to recommended schedules and to discourage providing immunizations according to unproven, untested altered schedules, as these can be a contributing factor to disproportionate disease incidence among sub-groups in the population;
- Investment in strategies to overcome disparities in immunization caused by delayed or altered immunization schedules. This will also help diminish other associated health disparities in the early health and healthcare of our children;
- Increased resources at the local level to enhance public health surveillance efforts to define disease burden, identify pockets of people with delayed or missed vaccinations, monitor vaccine impact, and improve tracking, sharing, and record-keeping among immunization providers; and
- Additional federal support to help LHDs address the pressing demand for ongoing education across the spectrum of providers due to a rapidly changing and increasingly complex routine immunization schedule.

07-08 October
2010
Updated

[School-Entry Immunization Mandates](#)

NACCHO supports implementation of school-entry immunization mandates that protect children and the wider community from vaccine-preventable diseases as well as improving community-wide immunization completion rates.

NACCHO supports state and local health departments (LHDs) as they balance the interests and concerns of a multitude of constituents and stakeholders—children, parents, school systems, the community at large, healthcare providers and public health practitioners—while developing specific, evidence-based, and standardized public health criteria to guide decisions regarding school-entry mandates. NACCHO supports the use of mandates that require proof of immunization for entry to school. Exemptions should be available for documented medical contraindications and religious reasons under certain circumstances. The process for obtaining such exemptions should be revisited and evaluated annually.

“Immediate” mandates upon vaccine licensure or recommendation by the Advisory Committee on Immunization Practices (ACIP) are not generally recommended. School mandates, as with other public health interventions, must be introduced, exercised, and executed judiciously to preserve the health of school communities and the rights of minors, parents, and others. The decision to implement school entry mandates should be made strategically and locally on a case-by-case basis, taking into account the following factors: characteristics of the vaccine; ACIP recommendations; vaccine safety and effectiveness; vaccine coverage in the absence of a mandate (significant uptake in the recommended population to reduce the burden on the school system of enforcing compliance); stable and adequate vaccine supply; vaccine financing including coverage of the vaccine by private health insurance plans; disease burden, severity, communicability; and operational considerations such as cost and ability to effectively implement and monitor compliance. Acceptability of the vaccine to healthcare providers and the community should also be considered.

02-08	November 2010 Updated	<p>Smallpox and Other Bio-Agent Vaccination</p> <p>NACCHO asserts that local health departments should be involved in determining the appropriate smallpox vaccination program for their communities. This involvement should occur within the planning and training activities at the federal, state and local levels of government.</p>
01-05	October 2010 Updated	<p>Vaccine Safety</p> <p>Confidence in the safety of the vaccines used to protect the residents of our nation is critical to assuring that the vaccines are used as widely, effectively and appropriately as possible. Assuring this safety, from the manufacturing to the administration stages, is a shared responsibility of all levels of public health and the private sector. In order to attain and sustain the necessary level of assurance, NACCHO urges the following:</p> <ul style="list-style-type: none"> • Vigorous post-licensure safety monitoring and subsequent sharing of safety-related data with local health departments (LHDs) for all vaccines currently on the market; • Increased federal support to help LHDs identify gaps in vaccine use patterns through vaccine use and disease incidence data; • Increased federal support to LHDs to improve understanding of vaccine safety and hesitancy concerns among populations within their jurisdictions; • Increased federal support to LHDs to translate research on responding to vaccine hesitancy and instituting evidence-based interventions to counter vaccine hesitancy due to safety concerns; • Increased federal support for locally-driven educational efforts geared towards physicians and other health care workers regarding the safety of vaccines, true contraindications, and the importance of and process for reporting adverse events; • Increased federal support for LHDs to describe to medical care providers as well as the public what safety monitoring systems are in place, how data is analyzed, and how results are disseminated; and • Increased federal capacity to conduct standardized clinical evaluations of reports to Vaccine Adverse Event Reporting System (VAERS), expand the Vaccine Safety Datalink (VSD) beyond the current three percent of the U.S. population, increase opportunities for independent research studies involving vaccine risks by credible parties other than the Centers for Disease Control and Prevention (CDC), and create mechanisms by which LHDs can access the subsequent results.
02-10	October 2010 Revised	<p>Vaccine Supply and Distribution System</p> <p>NACCHO urges the federal government to develop an integrated set of policies that will assure an uninterrupted supply of vaccines needed for sustaining and improving the immunization rates of the population of this nation. NACCHO also urges recognition of and support for the unique role local health departments play in this endeavor.</p> <p>NACCHO urges that the federal government:</p> <ul style="list-style-type: none"> • Embark on a bold, far-reaching examination of how the nation can ensure a reliable supply of essential vaccines through federal purchase and distribution. • Engage in a candid public discussion about needed public-private collaboration and how that can protect against inequities in coverage due to unequal access to vaccines and vaccine administrators; • Encourage transparency in communications between the federal government

and state and local health officials, including complete disclosure of what is known and not known about vaccine supply; and

- Promote flexibility in implementation so that local health departments can make decisions that best meet the needs of their varied communities;

NACCHO urges the federal government to develop a comprehensive set of federal policies to:

- Minimize the likelihood of vaccine shortages from recurring and to prevent any future shortages;
- Increase the supply and demand for vaccines;
- Prevent and correct geographic maldistribution of vaccines; and
- Assure availability of vaccines to individuals at high risk when vaccine shortages cause limitations on usage.

In addition, NACCHO urges on-going federal government support for local health departments to contribute to an assured and sustained vaccine supply as only they can by supporting their capacity to:

- Monitor vaccine availability at the local level;
- Assure that access to vaccines are equitable among all segments of the population; and
- Intervene when necessary to correct mal-distribution, particularly during shortages and supply disruptions.

11-06 July
2011
Approved

[Eliminating Personal Belief Exemptions from Immunization Requirements for Child Care and School Attendance](#)

While supporting the continued availability of medical and religious exemptions to school immunization requirements, NACCHO urges that personal belief exemptions be removed from state immunization laws and regulations. To reduce the incidence of vaccine-preventable diseases, protect those who cannot receive vaccine due to age or medical condition, and protect those at greater risk of severe complications if they do become infected and ill, NACCHO encourages eliminating personal belief exemptions. As a way to move toward this goal, NACCHO encourages state and local health departments to limit the casual use of personal belief exemptions to the greatest degree possible.

NACCHO acknowledges that there are states that may not be in a position to eliminate personal belief exemptions immediately. States that easily permit personal belief exemptions to immunizations have significantly higher rates of exemption than states that have more complex procedures.⁸ These states should begin a process to limit the availability of personal belief exemptions to the greatest degree possible. An initial step might be to review the process of applying for and receiving exemptions: the more educational and demanding the process, the lower will be the rate of exemptions. There should be more involved in the application process than simply signing a form.

To discourage casual use of personal belief exemptions, NACCHO supports the following courses of action:

- Federal support and guidance to assist in developing exemption procedures that encourage parents to comply with vaccination

- requirements rather than claim exemption as a means of convenience.
- Federal support and guidance regarding effective ways to implement procedures and administrative controls that limit nonmedical, nonreligious exemptions.
 - Federal support to primary care providers, local health departments, school nurses, and/or the state/local immunization coalition to conduct mandatory sessions that provide education about immunizations' impact on public and personal health and integrate information about the responsibilities associated with exercising the parental right to a personal belief exemption.
 - School systems and childcare facilities (where appropriate) should use an exemption application form that requires a parental signature acknowledging their understanding that their decision not to immunize places their child and other children at risk for diseases and ensuing complications. The form should also state that in the event of an exposure to a vaccine-preventable illness, their child would be removed from school and all school-related activities for the appropriate two incubation periods beyond the date of onset of the last case, which is standard public health.

Infectious Disease

07-11	November 2007 Approved	Capacity of Local Health Departments to Monitor, Prevent, and Control Emerging Multi-Drug Resistant Organisms NACCHO supports increases in federal funding to state and local health departments (LHDs) to monitor, prevent, and control multi-drug resistant organisms (MDROs.)
10-03	November 2010 Approved	Centers for Disease Control and Prevention National Healthcare Safety Network: Process for Sharing Healthcare-Associated Infection Data with Local Health Departments NACCHO requests that the Centers for Disease Control and Prevention (CDC) modify the National Healthcare Safety Network (NHSN) statement of purpose and confidentiality provisions to establish a system that allows any local health department (LHD) to access, if desired, healthcare-associated infection (HAI) information collected within its jurisdiction or that relates to healthcare facilities in its jurisdiction and reported via the NHSN.
07-01	June 2010 Updated	Collaboration Between CDC and Local Health Departments in Infectious Disease Prevention and Control NACCHO recognizes the Centers for Disease Control and Prevention's (CDC) leadership role in developing policies to protect the public from the spread of infectious diseases. Since such national policies must be implemented by local health departments, NACCHO requests the continued inclusion of appropriate NACCHO representation in all aspects of such policy development.
10-02	July 2010 Approved	Federal, State, and Local Partnership in Addressing Healthcare-associated Infections NACCHO recognizes that healthcare-acquired infections (HAIs) are detrimental to the health of the public and that active inclusion and support of local health departments (LHDs) is essential to successfully develop and implement HAI policies. NACCHO encourages federal and state partners to provide adequate support and funding for engaging LHDs in developing and implementing HAI surveillance and reporting policies. At the national level, NACCHO requests the inclusion of appropriate local health department representation in all aspects of such policy development. NACCHO also encourages state health departments to establish relationships with their LHDs in the area of HAIs. NACCHO also requests that state plans are reviewed by a majority of local health officials whose collective jurisdictions encompass a majority of the state's population prior to being awarded HAI designated federal funds.
11-03	March 2011 Approved	Hepatitis Virus Infection Prevention NACCHO commends the Centers for Disease Control and Prevention (CDC) for funding the establishment of state (and some city) adult viral hepatitis coordinators. NACCHO encourages these viral hepatitis coordinators to participate in local viral hepatitis coalitions and advisory groups to assist in the development of a local viral hepatitis prevention plan, where appropriate or for local representatives to amend their state viral hepatitis plan to meet local needs. However, viral hepatitis prevention, testing, and treatment remains significantly underfunded and NACCHO encourages Congress to appropriate new funds,

including health reform funding, and CDC and other public health partners to allocate sufficient and sustained resources in budgets for the development of state and local capacities, with financial and technical support to help to do the following:

- Develop local viral hepatitis prevention plans;
- Identify, evaluate, and create a national clearinghouse for appropriate models of testing, treatment, and education, including those in rural areas;
- Develop and implement a national awareness campaign targeting the public, providers, and other healthcare workers to increase awareness of hepatitis infection, screening, and treatment;
- Improve relationships between local health departments (LHDs) and correctional facilities to increase collaboration and coordinated service delivery in order to better understand prevalence of disease;
- Adequately vaccinate high-risk populations against hepatitis A virus (HAV) and hepatitis B virus (HBV) through outreach and other innovative methods including vaccination in STD clinics and correctional facilities and identify additional funds to vaccinate people who may otherwise not have access to these services;
- Continue recommended HAV and HBV vaccination for all children;
- Support public health lab capacity for viral hepatitis testing; and
- Screen for hepatitis B and hepatitis C infections for those at high risk.

11-05	July 2011 Approved	<p>Local Health Department Involvement in Meaningful Use Preparation</p> <p>Electronic Health Record (EHR) data transmitted to public health will be used to identify and respond to disease patterns, contain the spread of infectious disease, and improve efforts to prevent threats to the health of the public. Throughout much of the United States, these activities will be performed by local health departments (LHDs). It is important that these LHDs receive EHR data with the timeliness and content they need to effectively perform these activities. Therefore, NACCHO urges the following in order to ensure the successful use of meaningful use (MU) data:</p> <ul style="list-style-type: none">• Local health departments should be included throughout the development of public health-associated MU EHR information and processes and be provided with the resources for training, staffing, and software support to manage and use this information for protecting and improving population health;• NACCHO encourages the related efforts of the Office of the National Coordinator (ONC) for health information technology (HIT) to ensure that public health standards are included in certified meaningful use HIT and EHRs; and,• NACCHO encourages the increasing collaboration between numerous stakeholders at the national, state and local levels involved in the enactment of MU, and intends to be an active participant in this collaboration on behalf of LHDs.
98-04	November 2007 Updated	<p>Management of Infectious Disease in Correctional Facilities</p> <p>For the health of persons held in correctional facilities and for benefit of the public's health upon their release, NACCHO supports the following measures to be implemented by correctional facilities, in consultation and/or collaboration with their local health department (LHD) as appropriate:</p> <ul style="list-style-type: none">• Consultation with local health departments (LHDs) regarding the development and implementation of guidelines for the prevention, control and treatment of HIV/AIDS, viral hepatitis, tuberculosis, Methicillinresistant <i>Staphylococcus aureus</i> (MRSA), and other infectious disease correctional facilities

- Delivery of mandatory annual corrections staff education sessions, covering such infectious diseases as HIV/AIDS, viral hepatitis, sexually transmitted disease (STD), and tuberculosis at correctional facilities
- Delivery of culturally appropriate and scientifically accurate education regarding the transmission, prevention, and treatment of infectious diseases to all individuals held in correctional facilities
- Provision of testing and treatment for tuberculosis to all HIV-positive inmates
- Provision of counseling and interventions to limit the transmission of HIV and hepatitis B and C.
- Promotion of voluntary HIV testing and counseling upon entry and release and other times as appropriate during an inmate's incarceration
- Provision of timely and proper medical care and treatment within correctional facilities, and appropriate linkages to care for individuals re-entering society
- Development of post-release health care plans for all inmates with either a communicable disease requiring treatment (e.g., infectious pulmonary tuberculosis) or a medical condition requiring post-release care as early as practicable so that they can be implemented upon an unexpected release from custody
- Establishment and/or strengthening of collaborative relationships between correctional facilities and LHDs for purposes of infectious disease control, prevention and ongoing surveillance
- Accreditation by a nationally recognized accrediting body of all correctional facilities' medical units
- Provision of comprehensive substance abuse treatment programs including plans and mechanisms for continuation of treatment in therapeutic community-based treatment programs after release
- Assurance that mechanisms are in place through which correctional facilities routinely notify the local health department of unexpected discharges of inmates with reportable diseases
- Consideration of medical parole, also known as compassionate release, for all inmates in accordance with local rules, regulations and laws
- Inclusion of correctional representation (adult and juvenile facilities) on state and local HIV community planning bodies
- Provision of additional funding from government and private sources to support activities associated with the prevention and control of infectious diseases in correctional facilities

08-03	June 2008 Approved	<p>Notifiable Disease Reporting</p> <p>NACCHO supports an evaluation by the Centers for Disease Control and Prevention (CDC), in collaboration with state and local health departments, to improve the notifiable disease reporting process. A notifiable disease is one that physicians and other mandated reporters are legally required by state or local statute to report to an appropriate public health authority. NACCHO recommends that CDC allocate sufficient categorical funding to conduct a comprehensive evaluation of the notifiable disease reporting process. The key outcome of this evaluation should be specific rules and regulations that can be implemented by state and local health departments to improve the notifiable disease reporting process.</p>
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07-02	May 2007 Approved	<p>Screening, Follow-Up, and Reimbursement for Immigrants, Refugees and Asylees with Communicable Diseases of Public Health Significance</p> <p>NACCHO supports the federal government’s efforts to standardize, improve and strengthen pre-entry screening of immigrants, refugees and asylees for communicable diseases of public health significance.</p> <p>In addition, NACCHO supports communication and mandatory follow-up with local health departments regarding immigrants, refugees and asylees who have been identified during screening as having either a communicable disease or a potentially communicable disease (e.g., those persons classified as Class B1 tuberculosis status) of public health significance.</p> <p>NACCHO supports reimbursement from the federal government to local health departments for all unreimbursed services provided on behalf of immigrants, refugees and asylees with communicable diseases of public health significance.</p>
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09-04	July 2009 Approved	<p>Tuberculosis Control and Elimination Research Priorities</p> <p>NACCHO endorses a long-term international research strategy as a critical element for reduction of tuberculosis (TB) morbidity and mortality in the United States and recommends that national and global entities, such as the United States federal government, National Institutes of Health, Centers for Disease Control and Prevention (CDC), international counterparts to CDC, World Health Organization (WHO), and other agencies, non-governmental organizations, and foundations, such as the Global Fund to Fight AIDS, TB, and Malaria, provide policy and financial support for such a strategy.</p> <p>Local health departments (LHDs) are an essential component of local, national, and global TB control. LHDs conduct TB screening, investigate suspected cases, provide treatment to patients diagnosed with TB to reduce disease transmission, and lead efforts to manage infectious individuals who do not comply with treatment as assigned by their medical provider. Without local infrastructure in place, research components, however useful, will not be able to become operational. Therefore, if funding is not sufficient to support all needed programmatic and research activities, then funding should be prioritized to support and maintain or expand program and infrastructure to control TB.</p> <p>TB incidence in the United States is being driven largely by importation from countries with high incidence of disease and prevalence of infection. Particularly alarming is the increasing incidence of Multi-drug Resistant TB (MDR TB) and Extensively Drug-resistant TB (XDR TB) in this population. For this reason, NACCHO encourages coordinated worldwide research efforts to mitigate, control, and eventually eliminate TB and supports funding, workforce development, and expertise for the following initiatives:</p> <ul style="list-style-type: none"> • Translational and operational research projects that evaluate cost effectiveness and enumerate “best practices” of TB programs in order to transfer knowledge and skills needed to incorporate current and emerging technologies into practice and are replicable in a wide range of field settings • Development and deployment of safe and more effective TB vaccines that do the following: <ul style="list-style-type: none"> ○ Prevent infection in infants; ○ Prevent progression of latent infections to active disease, directed primarily to adults;

- Are priced in a tiered fashion so they are affordable in the poorest settings;
- Can be manufactured in developing countries given appropriate technology;
- Can be systematically deployed and administered in the field using strategies similar to those that eradicated smallpox; and
- Assist in the treatment of active disease (i.e., immunotherapeutic vaccines)
- Development and delivery of new and effective antibiotics
- Development and delivery of new, easily accessible, and dependable diagnostic tests for TB infection and disease and for rapid antibiotic drug sensitivity testing
- Epidemiological studies that clarify the following:
 - Patterns of drug resistance;
 - The role of visa and/or visa status in the transmission/spread of TB across international borders;
 - The role of labor migration in global transmission/spread of TB;
 - The basic science of TB interacting within human hosts that triggers progression of TB infection to disease;
 - The role of genomics in the virulence and transmissibility of TB;
 - Characterization of the development of TB disease in especially high risk populations; and
 - The implications of the worldwide rise in the incidence of diabetes as an accelerant in the progression of TB infection to disease in the developing and developed world
- Clinical studies and post-licensure surveillance to fully assess the safety and efficacy of new pharmaceuticals, vaccines, and the use and interpretation of new diagnostics

07-03 May [Tuberculosis Prevention and Control Funding](#)
 2007 Approved NACCHO strongly opposes any reduction in categorical federal funding for the tuberculosis control activities of state and local health departments and supports increasing categorical federal funding for the tuberculosis control activities of state and local health departments.

Injury Prevention

02-05	July 2007 Adopted	Bicycle Helmet Laws NACCHO supports legislation that at a minimum requires individuals to wear a helmet when in-line skating, riding a bicycle, skateboard, scooter, or other recreational vehicle. NACCHO urges local health departments to address this issue by working with state legislatures to enact such legislation. Furthermore, NACCHO encourages local health departments to work with law enforcement agencies, the medical community, the media and others to educate the community about the benefits of helmet use laws and to urge the enforcement of state laws.
99-03	July 2007 Adopted	Firearm Control NACCHO urges the enactment and aggressive enforcement of federal, state and local policies that reduce illegal purchase, possession, sale, or use of firearms; promote firearm licensing and registration; reduce the availability of firearms to children and adolescents; reduce the incidence of inappropriately stored firearms and promote child access regulations; and that contain strict penalties for illegal possession or use of firearms.
04-09	April 2007 Updated	Graduated Driver Licensing NACCHO supports legislation in all states that supports and promotes graduated driver's licensing laws. NACCHO urges state legislatures to enact such legislation. NACCHO encourages local public health officials to work with law enforcement agencies, the medical community, the media and others to educate the community about the benefits of graduated driver's licensing laws and to urge the enforcement of state laws.
02-01	July 2007 Revision Adopted	Motorcycle Helmet Laws NACCHO supports legislation requiring all motorcycle operators and passengers to wear a helmet while riding a motorcycle. NACCHO urges local health officials to support this issue by working with state legislatures to enact such legislation. Furthermore, NACCHO encourages the U.S. Department of Transportation to reinstate the requirement that states enact motorcycle helmet laws in order to receive U.S. Transportation road construction money.
04-04	April 2007 Updated	Prevention and Control of Injuries NACCHO recognizes the considerable burden and impact of injuries and violence as a national public health problem and supports legislation that addresses social injustices that contribute to the disproportionate burden of injury among underrepresented, low-income, and socially disadvantaged populations. NACCHO encourages local public health officials to work with federal, state, and tribal public health agencies, and appropriate community partners to address injury and violence prevention in a manner commensurate with the size of the injury and violence problem.
96-01	January 2006 Updated	Promote Passenger Safety Restraints NACCHO supports legislation in all states that makes seat belt use laws subject to primary enforcement, which allow police to stop vehicles solely for seatbelt law violations. NACCHO urges state legislatures to enact such legislation. NACCHO

encourages local public health officials to work with law enforcement agencies, the medical community, and others to educate the public about the benefits of seatbelts.

05-01 November 2007 Updated [Suicide Prevention](#)
NACCHO recognizes the considerable burden and impact of suicide as a national public health problem. NACCHO supports the development and expansion of systems, such as the National Violent Death Reporting System, to provide data that support an enhanced understanding of suicide and its causes.

NACCHO encourages local health officials to support and promote the Department of Health and Human Services' National Strategy for Suicide Prevention (NSSP). The NSSP represents a collaborative effort of several national organizations, advocates, clinicians, researchers and survivors around the nation. It lays out a framework for action to prevent suicide and guides development of an array of services and programs that must be developed. It is designed to be a catalyst for social change with the power to transform attitudes, policies, and services. NACCHO encourages collaboration between local, federal, state, and tribal public health agencies, and appropriate community partners to prevent suicide.

02-06 May 2007 Updated [Violence Prevention](#)
NACCHO urges local health departments to address epidemics of violence in their communities and contributing factors such as alcohol and substance abuse and mental health issues, and to engage in doing so with community partners. NACCHO will work to increase awareness as well as change providers' attitudes and practices with regard to recognizing and reporting cases of intimate partner violence and referring survivors (e.g. women, children, elderly) to counseling and other support services. NACCHO supports:

- Development and improvement of local, state, and national surveillance systems for both non-fatal and fatal violence and abuse events;
- Development of programs, coalitions/partnerships, and other initiatives to prevent and reduce violence and abuse;
- Increases in local, state, and national resources to support promising violence and abuse prevention and treatment programs; and
- Increases in resources to address the underlying social determinants of violence and abuse, such as poverty, discrimination, lack of education, and lack of employment opportunities.

Other Public Health Issues

04-12	May 2007 Updated	Collaboration Between Medicine and Public Health NACCHO supports the collaboration between public health and medicine to fulfill the core functions of Public Health. NACCHO encourages the integration of the knowledge base and resources of public health and prevention into medical practice, so that we will be able to achieve health objectives, provide access to care to all in our communities, decrease health disparities and impact the rising cost of health and health care in our country.
91-05	September 2008 Updated	Ensuring the Role of Local Health Departments in the Allocation of Federal Grant Monies NACCHO urges federal executive branch departments and offices to: <ul style="list-style-type: none">• Require local health department (LHD) review and comment on any health-related plans for state distribution of federal funds to LHDs and associated funding distributions to their jurisdiction; and,• Inform LHDs of all federal funding related to public health going directly to community-based organizations or other service providers in their jurisdiction.
00-12	October 2010 Updated	Evidence-Based Public Health NACCHO supports evidence-based public health practice, including the following: <ul style="list-style-type: none">• The use of analytical tools and methods for evaluating evidence to determine the effectiveness and feasibility of population-based interventions.• The translation of data to help educate communities and to inform public policy.• Where data does not exist, community assessment and research into public health prevention and intervention strategies to determine when and what type of public health action is recommended and evaluation, based on the condition's magnitude, severity, and preventability, of the effectiveness of such action to inform future practice.• Broad distribution of newly recommended population-based interventions with evidence of effectiveness.• Emerging best practices that the community has found to be legitimate and effective, which often serve as precursors to the development of evidence-based practices.
04-10	November 2004 Adopted	Healthy International Trade Policy WHEREAS, the GATS (General Agreement on Trade Services), the North American Free Trade Agreement (NAFTA) and similar trade agreements have placed economic and financial interests above health and have preempted a wide range of US laws, rules, policies and programs that protect or enhance the public's health and safety; including those related to tobacco control, the environment, food safety, and occupational safety and health; the affordability of vital human services, and the integrity of the ecosystem ¹ ; and WHEREAS, the process for negotiations for these agreements (including the current Free Trade Area of the Americas (FTAA) and others under negotiation) does not clearly prioritize the public's health and fails to include input from the public health and environmental community; and

WHEREAS, the World Trade Organization, based on these trade agreements, has overturned government decisions that protect the environment and public health but conflict with a nation's trade interests; and

WHEREAS, such actions resulting from these trade agreements can have a direct impact on public health services and the ability to protect and improve the public's health at the local level;

THEREFORE, BE IT RESOLVED that NACCHO advocate for policies, programs, and communication strategies that ensure that the public's health is not compromised in the pursuit of economic interests; and

BE IT FURTHER RESOLVED that NACCHO supports an assessment of the impact of GATS, the FTAA and similar agreements on the public's health, and, based on such assessments, supports modifications ensuring that these agreements do not have an adverse impact on the public's health; and

BE IT FURTHER RESOLVED that NACCHO supports the exclusion of vital health and human services, such as personal health and public health services, and the exclusion of critical natural public resources such as safe food and water, clean air, and reliable energy, from trade negotiations and challenge under these agreements; and

BE IT FURTHER RESOLVED that NACCHO supports beneficial trade controls on toxic chemicals and substances, and other trade policies designed to minimize environmental risk; and

BE IT FURTHER RESOLVED that NACCHO supports the inclusion of public health representatives in the negotiating process as well as transparency and accountability at all levels of trade negotiations. Specifically, NACCHO supports appropriate representation on appointed trade tribunals and in all trade negotiations to ensure that regulatory protections and the enforcement of standards regarding health, vital human services, and the environment enacted by Congress, state, regional, or local health authority, are not compromised.

Public Health Infrastructure and Workforce

09-01 March 2009 Adopted [Certification in Public Health and Maintenance of Certification](#)
NACCHO recognizes that the National Board of Public Health Examiners has developed a professional certification examination focused on measuring public health academic competencies. Furthermore, NACCHO recognizes that the Certification in Public Health (CPH) offered by NBPHE is not a pre-requisite for working in a governmental local public health agency and that the CPH credential is related to individuals who are a subset of the public health workforce. NACCHO recognizes that the NBPHE is developing a Maintenance of Certification process for individuals with the CPH credential. NACCHO agrees to participate in the Maintenance of Certification administered by NBPHE and recommends its participation involve the designation and provision of continuing education activities and credits.

NACCHO urges the development of practice-based competencies in public health.

03-04 July 2010 Updated [Code of Ethics](#)
NACCHO supports the Principles of the Ethical Practice of Public Health developed by the Public Health Leadership Society.

NACCHO urges all local health departments to adopt these principles and to consider them consistently and thoughtfully in their work.

05-08 March 2009 Updated [Education and Recruitment of Public Health Nurses](#)
NACCHO recognizes the nationwide nursing shortage as an important challenge facing local health departments (LHDs).

NACCHO supports:

- Increased federal funding to programs encouraging minorities and persons from underserved areas to enter into the health and nursing professions;
- Reducing the debt burden for underrepresented individuals through loan forgiveness programs and tuition reimbursement strategies;
- Enhancing scholarship and loan repayment program to help eliminate the public health workforce shortage.
- Increased federal funding for health professions training programs such as the National Health Service
- Corps and Titles VII and VIII of the Public Health Service Act;
- Integrating public health nursing rotations into nursing school curricula;
- Creating programs to encourage school-aged children to enter public health nursing careers and support for students as they progress through college and nursing school;
- The Health Resources and Services Administration, the Centers for Disease Control and Prevention, state health departments, and universities increasing the availability of supplemental education for public health nurses as a means of retaining and strengthening the LHD workforce, through mechanisms such as online training, webcasts, and scholarships;
- Increased access to online training and degree programs; and
- Parity in salaries for public health nurses and nurses in clinical practice.

NACCHO encourages LHDs to:

- Provide nursing internship opportunities;
- Increase public health training opportunities for nursing professionals while augmenting nursing shortages across the nation; and
- Increase the availability of supplemental education for public health nurses as a means of retaining and strengthening the LHD workforce.

NACCHO will seek partnerships with LHDs and nursing organizations in order to enhance the visibility of public health nursing and enhance public health nursing educational opportunities for practicing nurses and students.

07-05 November 2009 Updated

[Electronic Health Records, Health Information Exchange, and Interoperability for Local Health Departments](#)

NACCHO supports health information exchange (HIE) to improve the ability of local health departments (LHDs) to work with their communities; members of local, state, and national HIE efforts; clinical care providers; and state and federal agencies, private sector partners, and standards development organizations to provide efficient public health services and improve public health activities. These activities may include, but are not limited to, the prevention and control of communicable diseases, including diseases legally required to be reported to public health authorities; bio-surveillance efforts; public health policy development; and support for population-based health programs.

NACCHO supports LHD involvement in the following areas to improve interoperability across health information systems:

Standards

NACCHO supports LHD involvement in developing standards to support HIE. These standards should improve the quality and performance of public health activities, such as surveillance, treatment follow-up, preventive services, clinical care, and response measures, across all levels of government.

NACCHO urges the Office of the National Coordinator for Health Information Technology (ONC) to include public health-related standards and data exchange criteria in their requirements and for all certifying bodies to adapt their electronic health records (EHR) certification criteria to include them.

NACCHO will collaborate with other public health leaders to initiate HIT/HIE standards that are specific to the overarching mission of public health.

Security and Privacy

NACCHO supports LHD involvement in local, regional, state and federal efforts towards HIE that ensures information is securely exchanged, protects privacy, and permits authorized use and access for public health purposes. Notably, NACCHO supports the privacy and security measures in the Department of Health and Human Services' December 2008 Framework, Health Insurance Portability and Accountability Act-related protections, and new privacy and security measures in the Health Information Technology for Economic and Clinical Health (HITECH) Act, part of the American Recovery and Reinvestment Act.

Interoperable Public Health Information Systems

NACCHO supports the development of interoperable information systems that support the business processes of LHDs. Such systems must be able to appropriately exchange, process, and analyze data in a timely and efficient way. These systems should also add value to HIE and support efforts to improve population health outcomes.

NACCHO encourages the ONC and the Centers for Disease Control and Prevention (CDC) to establish a streamlined national public health alerting, reporting, and surveillance system and requires all states receiving HIE funding to work with LHDs to develop interoperable information systems across categorical boundaries.

Funding to Public Health Agencies to Ensure Participation in HIE

NACCHO supports sustained funding for public health information infrastructure and workforce development to ensure that public health agencies have sufficient technology and workforce capacity to fully participate in local, regional, state and federal HIE efforts. Non-categorical funding for public health informatics will allow LHDs to improve informatics infrastructure, including workforce capacity to advance informatics practice across public health programs.

To better enable full adoption of the meaningful use of EHRs, NACCHO urges Congress and the ONC to support HIT capacity and infrastructure investments specifically for local public health.

Where applicable, the ONC should mandate states and other entities who receive HITECH funding to consult with LHDs on an ongoing basis to ensure that LHD needs are considered.

09-06 July 2009
Approved

[Health Information Technology Privacy and Security](#)

NACCHO recognizes the need for the secure use and exchange of health information for public health purposes. Data standards and regulations should allow for an interoperable exchange of information among entities responsible for collecting public health information such as clinical settings, governmental public health agencies, and academic and research institutions through a secure health information exchange network.

NACCHO also supports the efforts of national health information technology (HIT) stakeholders to develop appropriate privacy and security standards and policies that sustain and improve local health departments' (LHDs) capacity to exchange information securely and to participate in research and policy development.

NACCHO recommends the following:

- Federal and state laws that address health information and privacy should be harmonized and updated to recognize the reality of health information technology. They should also accommodate existing legal mandates that allow for LHDs to have access to identifiable health information, for example through the provisions in the Health Insurance Portability and Accountability Act (HIPAA) regulations.
- LHDs should participate in the development of state and national initiatives to standardize privacy and security policies, principles, procedures, and protections for information access for population health purposes.

- The Department of Health and Human Services and other relevant federal agencies should provide financial support to do the following:
 - Facilitate LHD participation in the development of resources and educational opportunities, particularly those focusing on standards, health information exchange (HIE) integration, research, and requirements associated with LHD accreditation; and
 - Enable LHDs to utilize the resources and education opportunities that are developed.
- All stakeholders should adhere to the principles outlined in the Office of the National Coordinator for Health Information Technology's (ONC) *Nationwide Privacy and Security Framework for Electronic Exchange of Individually Identifiable Health Information*.
- Privacy rules should support the use of HIT in carrying out essential public health functions, such as conducting public health surveillance and producing public health intelligence, and should prevent impediments to public health emergency responses.

04-11 October
2010
Updated

[Local Health Department Epidemiology and Surveillance Capacities](#)

NACCHO supports the development of local health department (LHD) epidemiology and surveillance capacities to promote and improve evidence-based public health practice at the local health department level.

NACCHO strongly supports the development of integrated surveillance systems and mechanisms to allow for collecting, analyzing and disseminating accurate local data, including but not limited to levels of census tract, zip code, county, city, and region. Data files should reside in electronic form at the LHD whenever local capacity permits and be designed to permit analysis of data elements by local staff to address local circumstances. In addition, NACCHO urges that local- and state-reported data in such systems be equally accessible to local, state, and federal jurisdictions and that LHDs have access to other locally-developed datasets.

11-05 July
2011
Approved

[Local Health Department Involvement in Meaningful Use Preparation](#)

Electronic Health Record (EHR) data transmitted to public health will be used to identify and respond to disease patterns, contain the spread of infectious disease, and improve efforts to prevent threats to the health of the public. Throughout much of the United States, these activities will be performed by local health departments (LHDs). It is important that these LHDs receive EHR data with the timeliness and content they need to effectively perform these activities. Therefore, NACCHO urges the following in order to ensure the successful use of meaningful use (MU) data:

- Local health departments should be included throughout the development of public health-associated MU EHR information and processes and be provided with the resources for training, staffing, and software support to manage and use this information for protecting and improving population health;
- NACCHO encourages the related efforts of the Office of the National Coordinator (ONC) for health information technology (HIT) to ensure that public health standards are included in certified meaningful use HIT and EHRs; and,
- NACCHO encourages the increasing collaboration between numerous stakeholders at the national, state and local levels involved in the enactment of MU, and intends to be an active participant in this collaboration on behalf of LHDs.

11-04 May
2011
Adopted

Local Public Health Workforce Development

NACCHO represents local health departments (LHDs) that play a vital role in protecting many aspects of the public's health including instances of emerging infectious diseases, chronic diseases, bioterrorism, and natural disasters. As threats have increased and become more complex, the LHD role has expanded and demands new and different skills for its workforce. The public health workforce receives insufficient attention compared to its importance and value to the health of our nation's population. In order to have the capacity to address the roles of LHDs and the consequential workforce challenges to be public health ready, NACCHO supports the following:

- Transformation of the U.S. health system that is focused on systems integration, prevention, and health maintenance that includes a strong population education and upstream health improvement component;
- Ongoing training and support for public health leadership development;
- Accountable baseline federal funding for all LHDs to have the workforce to provide essential services in public health;
- A strategic system-wide effort to increase the production, recruitment, and retention of the public health workforce that is sufficient, competent, and diverse;
 - Increased federal funding for health professions training programs, such as the National Health Service Corps and Titles VII and VIII of the Public Health Service Act, and the Workforce Investment Act;
 - Enhanced scholarship and loan repayment programs;
 - Direct immediate funding to retain and bolster workforce capacity; and
 - Targeted efforts to encourage minorities and other underrepresented populations (including people with disabilities) to enter the public health workforce.
 - Investment in fellowships, internships, and other pathways for minorities, including people with disabilities.
- Succession planning to support consistent and efficient delivery of local public health services necessary to ensure the public's health;
- Enhanced competency through education and continuous training of public health workers;
 - Development of competency frameworks;
 - Creation of curricula and training courses with academic partners;
 - Based on public health competencies;
 - Relevant to the existing public health workforce at personal education milestones ranging from high school completion to graduate level degrees; and
 - In partnership with community colleges, schools of public health and other academic institutions (i.e., high schools, adult learning centers, etc.) in workforce development efforts.
 - Development of academic health departments; and
 - Delivery of training courses that are available and accessible to the LHD workforce in multiple platforms including online, self-study, traditional, and non-traditional classrooms toward either certificate or degree programs.
- Strong evidence-based research of the public health workforce that will support these efforts; and
 - Enumeration of the local health department workforce;
 - Description of the local health department workforce;
 - Linkage of the work of academia to local health departments; and

- Development of relationships between governmental research organizations (National Institutes of Health, Agency for Healthcare Research and Quality, Health Resources and Services Administration (HRSA), etc.) and LHDs.
- Investment in a health information exchange network accessible to LHDs that provides real-time health information and outcomes data for quality improvement, analysis, and research.
 - Data exchange for all stakeholders in health including federal, state and local public health agencies, insurers, hospitals, private providers, and consumers;
 - Development of health information technology (HIT) workforce to maximize and optimize the return on investment on HIT infrastructure; and
 - Recognition that health information is a personal and community asset and must be able to be used for individual and population health improvement with appropriate privacy safeguards.

01-02 November 2009 Updated [Performance Standards and Performance Measurement](#)
 NACCHO supports performance standards for local public health systems as a means for advancing the overall quality and accountability of local public health practice. NACCHO supports the National Public Health Performance Standards Program (NPHPSP) local instrument as a tool for measuring system capacity and informing quality improvement at the system level. Further, NACCHO supports the use of Mobilizing for Action through Planning and Partnerships (MAPP) as a strategic planning process that utilizes the data from the NPHPSP local instrument for performance improvement.

07-06 July 2007 Adopted [Public Health Informatics Workforce](#)
 NACCHO supports training public health workers to become competent in public health informatics. Informatics is defined as the systematic application of information and computer science and technology to public health practice, research, and learning. NACCHO also supports recruitment and retention initiatives to obtain skilled professionals to improve the efficiency of public health information capacities and capitalize on the value of data collected to promote public health activities.

NACCHO encourages local health departments to collaborate with state, federal, academic and other public health entities to develop appropriate training courses that train a knowledgeable and skilled public health workforce, consistent with public health informatics competencies.

NACCHO supports expanding and strengthening public health informatics training for future workforce capacity through accredited and non-accredited schools and programs of public health, competency-based continuing education programs, and distance learning. NACCHO also supports improving specialty training through degree and certificate programs, research and fellowship opportunities to better equip public health professionals with skills to perform public health informatics in practical settings.

99-15 November 1999 Adopted [Public Health Infrastructure](#)
 WHEREAS, the mission of local public health in the United States is to assure the optimal health of communities by engaging in a wide range of activities that include:

- Preventing epidemics and the spread of disease
- Protecting against environmental hazards
- Preventing injuries
- Promoting healthy behaviors
- Responding to disasters and assisting communities in recovery
- Ensuring the quality and accessibility of health services; and

WHEREAS, fulfillment of this mission requires a strong underlying foundation that supports the planning, delivery and evaluation of essential public health services; and

WHEREAS, this foundation is a strong infrastructure that includes a skilled workforce, integrated electronic information and communication systems, effective organization and management, adequate resources and research; and

WHEREAS, this public health infrastructure includes all governmental and nongovernmental entities engaged in providing essential public health services;

THEREFORE, BE IT RESOLVED that the National Association of County and City Health Officials (NACCHO) strongly urges local, state and federal policymakers to assign high priority to the development and support of an effective public health infrastructure and to allocate resources explicitly to this objective; and

BE IT FURTHER RESOLVED that NACCHO supports active partnership in communities among community members, health providers, public health officials, and other public and private organizations concerned with health, to build the public health infrastructure; and

BE IT FURTHER RESOLVED that all community health planning and evaluation include the use of measures of public health infrastructure capacity.

04-06 July
2009
Updated

[Voluntary Accreditation of Local Health Departments](#)

National accreditation has the potential to improve the quality and performance of public health agencies and to publicly hold local health departments (LHDs) accountable to their governing bodies, policymakers, and the communities they serve. In light of this potential, NACCHO:

- Supports the development of Public Health Accreditation Board's (PHAB's) voluntary national accreditation program for state, local, territorial, and tribal health departments;
- Supports PHAB, whose process, standards and criteria are continuously improved, evidence-based and nurturing a culture of quality improvement within those departments seeking voluntary accreditation;
- Supports voluntary accreditation standards based on NACCHO's Operational Definition of a Local Health Department;
- Supports a voluntary accreditation process which is affordable to those LHDs seeking voluntary accreditation;
- Encourages each governmental entity responsible for public health at the local level to participate in accreditation; and
- Supports a systems development-based approach to the PHAB accreditation program that includes the provision of expertise, tools, incentives, and other resources to health departments.

04-07 March
2009
Updated

[Workforce Certification and Credentialing](#)

NACCHO recommends prudence in the establishment of new programs to certify or credential public health workers. NACCHO recommends that these programs possess the following attributes:

- The terms certification, credentialing, public health worker, and public health workforce are clearly defined;
- The element or subset of the workforce that requires certification or credentialing is clearly specified;
- The program is based on evaluations of the value that certification and/or credentialing programs have in those states where such programs are already adopted;
- Certification and/or credentialing processes are developed following agreement on core competencies for those working in governmental public health agencies at the local, state, and federal levels through role delineation studies or other similar methodologies; alternatively, professional certification and/or credentialing processes could be accepted without this agreement as long as they are not a prerequisite for working in a local health department;
- Resources are made available to support participation, are accessible to all members of the subset of the workforce possessing the certification, and positive incentives are in place to encourage both workforce and local public health agency participation and support;
- The outcomes of participation in the program demonstrate value to local practice and to the public good, and the credentialing and certification of public health workers is based upon the identification and subsequent development of knowledge, skills, and abilities that result in competencies useful in actual local public health practice;
- State and national systems are compatible, non-duplicative, and coordinated with degree programs offered through schools of public health, other academic venues where the public health workforce is prepared, and with other credentialing processes and programs where the workforce is also prepared;
- Credentials and/or certificates are recognized nationally;
- Credentialing and/or certification of members of the public health workforce is grounded in contemporary public health practice and advised by an expert committee that includes substantial representation from leaders and practitioners of local public health; alternatively, professional credentialing and/or certification of a subset of the public health workforce is acceptable if it is grounded in professional academic competencies and as long as the certification is not a prerequisite for working in a local health department;
- Practice-based credentialing and/or certification systems value and recognize competent performance and experience of those currently in the public health workforce and give such information at least as much weight as evidence from completing education or training programs or passing a written test; for some professional workforce staff, academic-based credentialing and/or certification systems recognize achievement of academic competencies in their chosen profession;
- Certification and/or credentialing systems attest to an individual's basic familiarity with the multidisciplinary nature of a public health approach;
- Continuing education is required to maintain the certification and/or credentials; in addition to professional development, the maintenance of the certification process provides an opportunity to recognize the acquisition of practice-based competencies.

Public Health Preparedness

06-02 July 2006
Adopted

Biosurveillance

Public health surveillance is the ongoing, systematic collection, analysis and interpretation of health-related data essential to the planning, implementation and evaluation of public health practice. Surveillance is closely integrated with the timely dissemination of these data to those responsible for prevention and control.

While there is no commonly accepted definition of biosurveillance, it typically refers to automated monitoring of existing health data sources to identify trends that may indicate naturally occurring or intentional disease outbreaks. Such data may supplement traditional surveillance and disease reporting methods. The Centers for Disease Control and Prevention and many local and state public health departments are also gathering data to provide situational awareness to augment existing surveillance sources during a public health emergency.

- *Local health department (LHD) involvement in biosurveillance systems development and implementation is critical.* LHDs are the traditional entry point for routine disease surveillance and investigation, and function as first responders in a public health emergency. As such, LHDs are keenly aware of the information needed to monitor for public health emergencies and mount response and mitigation activities. LHDs must be actively involved in the definition of data and functional requirements for biosurveillance systems and in the local implementation of such systems. State and federal public health agencies must ensure that LHDs have timely access to any data collected about their local community.
- *Existing relationships between LHDs and local hospitals and providers should be leveraged* for biosurveillance implementation efforts. LHDs have established relationships with hospitals, physicians and other healthcare providers in their communities for disease reporting and preparedness planning and response. As most responses to emergencies are locally managed, it is critical that these existing relationships are maintained and strengthened to ensure rapid response to public health threats. These relationships remain essential even when a state health agency or the CDC initiates the data collection effort, such as with the CDC's implementation of BioSense. Additionally, over-reliance on biosurveillance data as the only indicator of a public health emergency must be avoided. Electronic biosurveillance systems will not replace astute clinicians and LHD relationships with their clinical communities to detect, monitor and control public health emergencies.
- *Biosurveillance systems must add value to public health practice.* Clearly defined uses for biosurveillance data must guide the quantity and type of data collected. The intended uses for the data should be clearly defined prior to system implementation. A systems approach to requirements definition for biosurveillance should be undertaken to assure that the methods are supportive of multiple public health practice activities and not limit data collection solely for preparedness needs.
- *Access to timely and useful data* for the local health department is essential. Local health department staff are the first responders for disease investigation and other response to any public health emergency. Implementation plans for nationwide biosurveillance activities must ensure that LHDs have near real-time, direct access to data collected in their communities to ensure timely and appropriate response and on-going situational awareness during an event. Existing legal barriers to local access to biosurveillance data in some state

statutes should be minimized or removed.

- *Local public health resources and infrastructure* must be enhanced to ensure LHDs can both access and use biosurveillance data. Sufficient information technology resources are necessary to receive and analyze data and these capabilities should be enhanced and made available for many LHDs without current capacity. Sufficient well-trained staff must be available to analyze data and respond to potential disease outbreaks.
- *Complementing current initiatives at the local level* is essential. National efforts to collect biosurveillance data must not disrupt successful local initiatives underway for biosurveillance, health information exchange (HIE), and regional health information organizations (RHIOs). State and local health departments are at various stages of development and implementation in these areas. Redundant data requests for biosurveillance data could jeopardize or divide activities and resources for these important efforts. National initiatives should leverage existing local relationships and data collection efforts.
- *Privacy, security and confidentiality of the data* must be ensured at all times. Only the minimum necessary data required to meet public health needs should be collected. Protections must be in place to balance access to important data sources while ensuring proper safeguards are in place to protect the rights of patients. Data sent to public health from health care providers should be anonymized, with identifying information made available to public health only when necessary for public health investigations.
- *National standards for biosurveillance and ongoing research* on the value of biosurveillance should continue and be enhanced. The potential value of biosurveillance for outbreak detection and situational awareness is powerful, but yet relatively unproven. To ensure meaningful results, data collection and evaluation standards must be determined prior to widespread implementation of a national biosurveillance program. Baseline data that account for regional differences in endemic diseases and disease rates must be established to ensure that biosurveillance systems detect true aberrations from the norm.

03-03 March 2009
Updated

[Local Public Health All-Hazards Preparedness](#)

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.

08-04 September
2008
Approved

[Stockpiling and Distribution of Antivirals for Pandemic Influenza](#)

Antiviral stockpiling is a significant preparedness tool for mitigation and response to pandemic influenza. NACCHO is concerned about equity of access to antivirals, the logistical barriers to distributing antivirals during a pandemic, the limited extent of private-sector involvement in stockpiling antivirals, and the implications of individual home stockpiling.

NACCHO makes the following specific recommendations with regard to antiviral stockpiling:

- The federal government should assume full financial responsibility for stockpiling and managing an adequate amount of influenza antivirals for treatment of the ill and prophylaxis of critical public and private sector healthcare workers and first responders. Federal preparedness funding to state and local health departments has declined in recent years, and there are an increasing number of competing priorities for this funding. All of the remaining priorities cannot be supported with existing funding. For some states and localities, stockpiling antivirals is not a cost-effective use of funds. The federal government should stockpile countermeasures for pandemic influenza to protect the entire U.S. population in the same manner that it has stockpiled countermeasures against smallpox and anthrax under the auspices of the Strategic National Stockpile.
- All state and local governmental public health departments and other public-sector agencies should have access to reduced purchase costs for influenza antivirals negotiated by the federal government. Barriers to the use of federal preparedness funds for the purchase and stockpiling of antivirals by governmental agencies should be removed.
- Private-sector companies with the financial and occupational health capacity should stockpile influenza antivirals for essential employees providing continuity of operations during an emergency who would have a high risk of exposure to pandemic influenza, as indicated by the Occupational Safety and Health Administration's Guidance on Preparing Workplaces for an Influenza Pandemic. Private-sector stockpiling would increase the availability of antivirals within a community during a pandemic and would reduce the financial and logistical burdens on local health departments to stockpile and dispense large quantities of antivirals for the general public. Private-sector stockpiling would contribute to efforts to protect critical infrastructure and maintain continuity of essential community services during a pandemic. It would also allow greater opportunity for local health departments to focus on the distribution of antivirals to vulnerable populations that do not have access to antivirals through their employers.
- Impediments to private-sector stockpiling should be removed or reduced whenever possible. NACCHO supports memoranda of understanding among governmental agencies and private-sector entities that would provide assurance that private-sector stockpiles of antivirals would not be seized by those

governmental agencies for redistribution during a pandemic. Private-sector entities must communicate with local health departments and share plans for antiviral stockpiling, distribution, tracking, and employee education; a reduction in antiviral stockpiling barriers would strengthen these collaborations.

- NACCHO supports additional pharmaceutical industry and federal government research on the utility and practicality of a Medkit approved by the Food and Drug Administration for individual home stockpiling of antivirals. Presently, there is no consensus among local health officials on individual home stockpiling. Additional research and evidence would provide an informed platform on which NACCHO could support or reject a public health policy on home stockpiling of antivirals for pandemic flu preparedness.

Tobacco and Chronic Disease Prevention

10-01 March 2010
Approved

[Comprehensive Obesity Prevention](#)

Addressing obesity prevention and reduction of resulting chronic diseases will require the following:

- Policy and legislation
- Systems-based reform
- Changes to the built and physical environment
- Nutritional equity
- Funding

NACCHO supports activities such as those listed below and makes the following recommendations to lead to the prevention of obesity and reduction of resulting chronic diseases:

- Local communities should increase community access to healthy foods by creating incentive programs to attract food retailers to underserved areas.
- Congress and/or local governments should require comprehensive menu labeling at the point of decision-making in chain restaurants. Menu labeling is comprehensive when it includes nutrition information, such as calories, fats (including trans fats), carbohydrates, and sodium, most critical to people with chronic diseases. Such nutrition information should be displayed or made available in a clear, non-confusing, uniform way across restaurants. Menu labels, menu boards, and menu tags should at least display calorie content with additional language referencing a standard 2,000 calorie diet. The information should be available in Spanish and other languages prevalent in the chain restaurant's community.
- Congress and/or local governments should mandate and implement strong nutrition standards for foods and beverages available in government-run or regulated after-school programs, recreation centers, parks, and child care facilities (which include limiting access to calorie-dense, nutrient-poor foods).
- Local governments and recreation facilities should increase access to safe, free drinking water in public places to encourage consumption of water instead of sugar-sweetened beverages.
- Local governments and planning agencies should integrate local public health considerations into community design processes, including community planning, regulations, and design of new development and redevelopment, and design of the public realm to promote and protect the health of communities.
- Municipal planning should encourage bicycling and walking for transportation and recreation through improvements in the built environment.
- Local, state and federal governments should dedicate resources to improve the capacity of local health departments (LHDs) to participate effectively in the community design process through training, development of tools, technical assistance, and other support.
- Local jurisdictions should promote policies that build physical activity into daily routines by requiring physical education in schools and child care programs and supporting programs such as Safe Routes to School that encourage walking to school.

- NACCHO encourages LHDs to use these policy strategies as the standard for development of comprehensive obesity and overweight prevention policies.

These recommendations are supported by evidence and policy recommendations contained in the following three documents:

Centers for Disease Control and Prevention (CDC) Recommended Community Strategies and Measurements to Prevent Obesity: This report identifies 24 local government strategies and suggests measurements for each strategy related to promoting the availability and affordability of healthy foods and beverages, supporting healthy food and beverage choices, encouraging breastfeeding, encouraging physical activity, limiting sedentary behavior, creating safe communities, and organizing for change.

Institute of Medicine (IOM) Local Government Actions to Prevent Childhood Obesity: This report identifies action steps that local governments can take to improve access to and consumption of safe, healthy, affordable foods and reduce access to and consumption of calorie-dense, nutrient-poor foods, encourage physical activity and reduce sedentary behavior, and raise awareness about the importance of healthy eating and physical activity.

The Leadership for Healthy Communities Action Strategies Toolkit: This toolkit contains 10 action strategies and several policy options that state, local, and school-district policymakers can use to increase opportunities for physical activity and access to healthy foods in communities and schools. Examples of state and local success stories are included in the document.

03-02	November 2009 Updated	<p>Healthy Community Design</p> <p>NACCHO supports the following:</p> <ul style="list-style-type: none"> • Comprehensive, formal, and systemic integration of local public health considerations into community design processes, including community planning, regulations, and design of new development and redevelopment, and design of the public realm to promote and protect the health of communities. • Dedication of increased federal, state, and local resources to improve the capacity of local health departments (LHDs) to participate effectively in the community design process through training, development of tools, technical assistance, and other support. In addition, federal transportation policy should support LHD involvement in local transportation planning. • Increased collaboration between local health, planning, transportation, and public works departments from the early stages of community design decision-making. • Early, sustained, and effective participation by affected community members in all stages of community design decision-making.
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09-11	November 2009 Approved	<p>Menu Labeling, Trans Fats, and Salt</p> <p>NACCHO supports local health department (LHD) leadership in bringing about new food policies and organizational practices that improve the nutrition content of prepared and processed foods. These policies include the following:</p> <ul style="list-style-type: none"> • Local and state regulations, ordinances, and statutes that would prohibit the use of artificial trans fats and similar artificial, unhealthy oils

in prepared foods offered at chain restaurants.

- The steady reduction in the amount of salt in prepared and processed foods through health department-led surveillance and targeted food industry and restaurant salt reductions, such as the New York City-sponsored National Sodium Reduction Initiative. NACCHO recommends that LHDs become partners in this initiative.
- Regulations, ordinances, and statutes requiring comprehensive menu labeling at the point of decision-making in chain restaurants. Menu labeling is comprehensive when it includes nutrition information, such as calories, fats (including trans fats), carbohydrates, and sodium, most critical to people with chronic diseases. Such nutrition information should be displayed or made available in a clear, non-confusing, uniform way across restaurants. Menu labels, menu boards, and menu tags should at least display calorie content with additional language referencing a standard 2,000 calorie diet. The information should be available in Spanish and other languages prevalent in the chain restaurant's community.

NACCHO supports local, state, and federal funding for LHDs to provide (1) public education about trans fats, salt, menu labeling, and fresh foods; (2) technical assistance to food establishments to support reformulation; and (3) adequate compliance and surveillance.

96-04	November 2010 Updated	Preemption of Local Tobacco Control Regulations NACCHO advocates for the inclusion of language in all state legislation to preserve local government autonomy for more restrictive tobacco control ordinances and regulations. NACCHO urges state legislatures to enact such legislation. NACCHO encourages local public health officials to work to see that all state tobacco control preemptive legislation be repealed.
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