

NACCHO

National Association of County & City Health Officials

The National Connection for Local Public Health

NACCHO Press Kit

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For more information about NACCHO Media and Public Affairs, please contact Alisa Blum at (202) 507-4277 or ablum@naccho.org.

To schedule an interview with an expert on local public health, please contact Becky Wexler, Burness Communications, at (301) 652-1558 or bwexler@burnesscommunications.com.



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WHO WE ARE

The National Association of County and City Health Officials (NACCHO) represents the nation's 2,800 local governmental public health departments. These city, county, metropolitan, district and tribal departments work every day to protect and promote health and well-being for all people in their communities.

- **Mission:** The mission of NACCHO is to be a leader, partner, catalyst, and voice for local health departments in order to ensure the conditions that promote health and equity, combat disease, and improve the quality and length of all lives.
- **The Team:** Since its inception, NACCHO's five-person staff has grown and currently includes nearly 120 people. A 27-member board of directors, comprising active local public health officials from diverse communities across the nation, governs NACCHO. In 2008, Robert M. Pestronk became NACCHO's executive director.

WHAT WE DO

- **Tools and Resources:** NACCHO tools and publications provide practical assistance for local public health departments working to protect and improve the health of their communities. NACCHO champions effective approaches to strengthening local health department performance. We help departments keep up-to-date on a wide range of local public health practice issues, from immunization to bioterrorism preparedness, chronic disease prevention, and the environment. We also convene regional and national training courses and meetings, including the NACCHO Annual Conference, and help local health departments connect and learn from one another.
- **Communications:** Through press releases, newsletters and reports, NACCHO communicates the work of local public health departments to its members, the media, and the public.
 - **Public Policy:** As the principal source of authoritative national data and information on local governmental public health departments, NACCHO—with member guidance and involvement and in conjunction with other public health partners—successfully works to help Congress, federal officials, and federal departments improve public health. We monitor regularly the issues and problems faced by local public health departments and help them address the needs of their communities.

For more information, please visit www.naccho.org



What's New at NACCHO?

Updated July 16, 2010

Local health department leaders and NACCHO staff are in the news and on Capitol Hill all the time, talking about the need for new public health priorities and commenting on issues including funding for public health and emergency preparedness, disease outbreaks, chronic disease prevention, health reform, and food safety. Here are a few highlights from recent press releases, advocacy, Congressional testimony, and media coverage.

Local Health Departments Lose 15 Percent of Workforce; 46 Percent of Local Health Departments Lost Skilled Workers in the Last Half of 2009

In May, NACCHO released its latest survey findings on local health department budget cuts and job losses, which showed that between January 2008 and December 2009, local health departments lost 23,000 jobs, or 15 percent of its workforce, due to layoffs and attrition. “Continued cuts to local health department budgets threaten Americans’ safety and health,” said NACCHO Executive Director Robert M. Pestronk in NACCHO’s press release about the survey. “Although local health departments will continue to do the best job they can with the resources available to them, the cumulative effects of these budget cuts and job losses have taken a major toll on the ability of health officials to respond not only to large-scale emergencies and disease outbreaks like H1N1 influenza, but to the everyday situations for which the health department is the first line of defense.”

The survey continues to be cited in the media as evidence of the continuing loss of local health department jobs and an underfunded public health system. Highlights include mentions in local papers across the country such as the *News-Times* (CT), the *Bradenton Herald* (FL), and the *News-Gazette* (IL).

Modern Healthcare magazine invited Robert Pestronk to submit an editorial on the topic ([next section](#)) and he was quoted in several outlets including the *New York Times*, *United Press International*, the *Columbia Daily Tribune* (MO), the *Herald Journal* (UT), the *Enid News and Eagle* (OK), and the *Columbus Dispatch* (OH).

NACCHO Launches Local Health Department News Database

In May, NACCHO unveiled what may be the first-ever, ongoing, publicly-available, comprehensive collection of media coverage of local health departments. This year, the media has focused on the tough decisions that local health departments have had to make in these lean budget times—from eliminating jobs to cutting vital health services. Local and national reporters have also featured many of the innovative ways that local health departments coped during the



peak of the H1N1 influenza outbreak. NACCHO's database features clips on budget cuts and job losses, best health department practices, H1N1, good news, and NACCHO in the news.

Visit the database at www.naccho.org/newsmap.

NACCHO Awards Grants to Reverse Childhood Obesity Epidemic

In March, NACCHO received a \$300,000 grant from the Robert Wood Johnson Foundation (RWJF) to mobilize local health department teams across the Southeast to support local level policy changes that promote healthy eating and active living to reduce the burden of childhood obesity. One of seven grants awarded by RWJF through its Leadership for Healthy Communities national program, the awards came one week after First Lady Michelle Obama called on all Americans, including policy-makers at all levels, to join her *Let's Move!* campaign to reverse the childhood obesity epidemic.

NACCHO selected the following five local health departments in the Southeast whose health directors have shown leadership in healthy eating and active living to participate in the initiative:

- Ashland-Boyd County (KY) Health Department
- Davidson County (NC) Health Department
- Franklin County (KY) Health Department
- Kanawha-Charleston County (WV) Health Department
- Wilkes County (NC) Health Department

These communities will focus on system, policy, and environmental changes to promote healthy eating and active living. This two-year initiative aims to diffuse these innovations throughout the state and the south in general.

NACCHO Commends the Release of the *County Health Rankings*

In February, the University of Wisconsin's Population Health Institute and the Robert Wood Johnson Foundation released the first set of reports to rank the overall health of every county in all 50 states. The reports ranked each county within its state on how healthy people are and how long they live. Counties were also ranked on key factors that affect health such as: smoking, obesity, binge drinking, access to primary care providers, rates of high school graduation, rates of violent crime, air pollution levels, liquor store density, unemployment rates and number of children living in poverty. NACCHO issued a statement on the *Rankings* and has been cataloging news coverage of how local health departments and others are making changes to improve health in their communities following the release of the reports.

"The good work that local health departments do notwithstanding, no organization can improve



the health of the community it serves singlehandedly," said NACCHO Executive Director Robert M. Pestronk in a statement. "Whether at the top of the list or the bottom, groups of people in any county are not as healthy as they could be."

The *County Health Rankings* illustrate the impact that factors such as access to education and income have on the public's health. They underscore the need for effective partnerships between local health departments and other sectors of the community.

ADVOCACY HIGHLIGHTS

Health Reform Law Brings Changes for Local Health Departments

NACCHO worked tirelessly with other public health partners to advocate that the health reform law include the Prevention and Public Health Fund, strong public health workforce provisions and other provisions that have the potential to improve health. NACCHO will continue to track implementation of the law and implications for local health departments and public health practice.

As attention turns to implementation of the law, NACCHO has communicated with the White House and U.S. Department of Health and Human Services (HHS) on various aspects of health reform implementation, including recommendations for the allocation of the Prevention and Public Health Fund in FY10-11 and the need to include a local health official on the Advisory Group to the National Prevention Council.

On June 18, HHS announced the following allocation of \$250 million from the Prevention and Public Health Fund:

- *Community and Clinical Prevention:* \$126 million will support federal, state and community prevention initiatives; the integration of primary care services into publicly funded community-based behavioral health settings; obesity prevention and fitness; and tobacco cessation
- *Public Health Infrastructure:* \$70 million will support state, local, and tribal public health infrastructure and build state and local capacity to prevent, detect, and respond to infectious disease outbreaks
- *Research and Tracking:* \$31 million for data collection and analysis; to strengthen CDC's Community Guide by supporting the Task Force on Community Preventive Services; and to improve transparency and public involvement in the Clinical Preventive Services Task Force
- *Public Health Training:* \$23 million to expand CDC's public health workforce programs and public health training centers



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NACCHO Highlights Local Health Department Job Losses

On June 30, NACCHO held a briefing with Representative Robert Andrews (D-NJ), Chairman of the Health, Employment, Labor, and Pensions Subcommittee of the U.S. House Committee on Education and Labor, and public health leaders on the need to save local health department jobs.

At the briefing, local health officers Peter Beilenson, MD (Howard County, MD) and Terry Allan (Cuyahoga County, OH) described the toll that job losses and budget cuts have taken in their communities. Georges Benjamin, MD, executive director of the American Public Health Association, presented a picture of the nationwide impact of these cuts. Jurisdictions serving 73% of the U.S. population suffered cuts in the last six months of 2009.

NACCHO continues to advocate for a legislative solution to address the impact of these cuts. The Local Jobs for America Act, authored by Representative George Miller (D-CA), Chairman of the U.S. House Committee on Education and Labor, would provide \$75 billion over 2 years for local governments to forestall future job cuts.

NACCHO Arranges Senator Grassley Visit to H1N1 Mass Vaccination Clinic in Iowa

In January, Curtis W. Dickson, MEd, health director of Linn County Public Health (IA), welcomed U.S. Senator Chuck Grassley (R-IA) to an H1N1 mass vaccination clinic in Cedar Rapids. Grassley said, "Events like these allow me to have an open and honest dialogue that provides greater input directly from Iowans so I can better serve them in the U.S. Senate."

For more information on scheduling a visit by your member of Congress, contact Eli Briggs, NACCHO's senior government affairs specialist.

Visit NACCHO's Press Room at www.naccho.org/press for many other resources.

Read more about NACCHO'S advocacy efforts at www.naccho.org/advocacy.

For more information about NACCHO Media and Public Affairs, please contact Alisa Blum at ablum@naccho.org.

To set up an interview with NACCHO leadership or a local public health official, contact Becky Wexler at bwexler@burnesscommunications.com.



Modern Healthcare

Prevention defense

Service providers must pitch in to help cash-strapped local health departments

By Robert Pestronk
June 7, 2010

<http://www.modernhealthcare.com/apps/pbcs.dll/article?AID=/20100607/MAGAZINE/306079976> (subscription required; reprint below courtesy of *Modern Healthcare* magazine)



Pestronk

Basic health and safety protections that people take for granted are seriously threatened by the current adverse economic conditions.

Budget cuts and job losses in industry have been big news for more than a year, but local health departments have been hard hit, too.

A survey of National Association of County and City Health Officials, or NACCHO, members reveals that, during 2008 and 2009, local health departments lost 15% of their employees—23,000 people nationally—to layoffs or attrition. Mandatory furloughs and reduced hours in the second half of 2009 affected an additional 13,000 employees. These proportionately large workforce losses are escalating in 2010, as local and state governments continue to make budget cuts necessitated by losses in revenue.

The nation's 2,800 local health departments serve people in ways both visible and invisible. Local health departments are the only organizations that focus solely on the health and well-being of every person in their communities. The leadership and staff of these agencies are prepared to address sudden threats to health, such as outbreaks of communicable diseases or food-borne illnesses. They help organize activity to address the longer-term threats of chronic disease by creating and maintaining conditions not only by encouraging healthier choices, but also by creating through law the conditions that make health the default choice. The tobacco smoke-free air many of us now take for granted, the knowledge we have about health and disease in our communities, the clean drinking water from our wells, and the safety of our private sewage systems and our restaurants all result from the work of local health departments.

Half of all local health departments cut at least one program area in 2009. More than a quarter (28%) made cuts affecting three or more program areas. The result is a clear and troubling trend away from cost-effective primary and secondary prevention. As one local health official told me, "To stop infectious disease, we do contact tracing rather than education and screening. To stop waterborne illness, we respond to bad water tests rather than work to make all wells safe. We respond to Child Protective Services referrals rather than run parenting classes."



Cuts to local health department programs also affect the safety net for uninsured or medically underserved populations. Many uninsured people will not receive access to insurance coverage even with the passage of the Patient Protection and Affordable Care Act until 2014, or possibly later. Meanwhile, local health departments that provide primary-care services are uniquely positioned to continue filling this gap. However, funding cuts are compromising their ability to provide these much-needed services. Last year, 21% of local health departments reduced clinical services and 18% cut back on screening and treatment programs for chronic diseases.

What do these cutbacks look like? One local health official, forced to cut his agency's cervical cancer screening program by two-thirds, thought of the 162 women identified in 2009 with early stages of cancerous growth and predicted, "With (budget) reductions that will be felt fully in 2010, we expect some residents will not have the option for early detection of cancer. This will cause a localized decrease in the survivability of cancer."

Even with a reduced workforce, local health departments still managed to respond effectively to the recent H1N1 pandemic, aided by federal funds that enabled some to hire temporary personnel. That funding, however, will end July 30. When the next epidemic occurs, the systems that enabled this work to take place will have been dismantled, and there will be fewer staff to respond.

We are all hopeful that the nation's economic troubles will end soon, but in the meantime, NACCHO's members have shown us that innovation can mitigate the damage to prevention and public health. For instance, the Multnomah County (Oregon) Health Department established a system to monitor tuberculosis patients' compliance with their treatment via video rather than in person, a practice that saved time and money for the agency and the patients.

Local health departments promote evidence-based prevention, ultimately reducing demand for more costly medical care. Successful strategies to encourage healthy behaviors, such as reducing tobacco use, or preventing the spread of infectious diseases require many partners—including those in healthcare, business, education and faith communities. Reach out to your local health department and explore ways to collaborate on prevention. The health of the public ultimately is everyone's responsibility.

Robert Pestronk is executive director of the National Association of County and City Health Officials, Washington, which represents 2,800 local governmental health departments.





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**NATIONAL ASSOCIATION OF COUNTY AND CITY HEALTH OFFICIALS
EXECUTIVE COMMITTEE AND BOARD OF DIRECTORS**

2010 - 2011

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2010 - 2011

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San Diego, CA

*Term expires in July 2011

Updated: June 17, 2010



BIOGRAPHY

Robert Pestronk, Executive Director

As Executive Director for the National Association of County and City Health Officials (NACCHO) in Washington, D.C. since November 2008, Robert M. (Bobby) Pestronk represents our nation's local health departments and their staff who protect and promote health, prevent disease, and seek to establish the social foundations for wellness in nearly every community across the United States. Mr. Pestronk received the M.P.H. from the University of Michigan School of Public Health with concentrations in human nutrition and health planning and administration. He received the A.B. in politics from Princeton University.

Prior to his position at NACCHO, he served as Health Officer in Genesee County, Michigan for 22 years where, among other accomplishments, he was recognized for: *establishing* the 26,000 member Genesee Health Plan, some of Michigan's earliest public and work place tobacco control regulations, and Genesee County's Public Health week conference; *introducing* a culture of efficacy, efficiency, accountability and quality improvement within his Department; *reducing* infant mortality rates and the racial disparity among those rates; *increasing* foundation and federal funding for the Department's work; *involving* local residents and his Board in three five-year cycles of successful Departmental strategic planning; and, *creating* productive relationships with university and community-based organizations. His Health Department was fully accredited by the State of Michigan.

Mr. Pestronk is a member of the Board of Directors for the Ruth Mott Foundation. He is a past Board member of NARSAD, the Mental Health Research Association, the Michigan Health Officers Association (of which he is a past President) and of the Michigan Association for Local Public Health. He is a Primary Care Policy Fellow through the United States Department of Health and Human Services and trained as a Scholar through the Public Health Leadership Institute. He is Past President of the Primary Care Fellowship Society and Past President of the Public Health Leadership Society Council. He was a member of the Institute of Medicine Public Health Roundtable and of the National Advisory Committee for Turning Point: Collaborating for a New Century of Public Health. He was the first President of the Public Health Law Association. He served on the Board of the Greater Flint Health Coalition, the Rotary Club of Flint (Michigan), Priority Children, and Temple Bethel.

The University of Michigan School of Public Health honored him as a Distinguished Alumnus and he was the first recipient of the John H Romani Award from the Department of Health Management and Policy at the School of Public Health. The American Lung Association, Genesee Valley, has honored him as Professional of the Year and subsequently as Health Advocate of the Year.

Pestronk's published work includes articles in the *Journal of Public Health Management and Practice*, the *Journal of Law, Medicine & Ethics*, the *Journal of the American Public Health Association*, *Health Education and Behavior*, *Public Health Reports*, and the *Journal of the American Academy of Nurse Practitioners*. Chapters in books include those published by the American Public Health Association and Oxford University Press.



BIOGRAPHY

Carol Moehrle, President

Carol Moehrle is the President of the National Association of County and City Health Officials (NACCHO). For the past 17 years, Moehrle has served as the district director for a five-county Public Health District in North Central Idaho, which encompasses a population of approximately 110,000.

She has been active with NACCHO since 1992, having served as the County Forum Chair for two terms, the Executive Board, and Board of Directors as well as contributing to several NACCHO committees addressing a variety of public health topics. Moehrle also serves on the Public Health Accreditation Board (PHAB), as well as the Board of the National Association of Counties (NACo) where she is chair of NACo's Public Health and Environment Subcommittee, and represents county public health on several NACo committees.

Locally she has served on numerous public, private and nonprofit boards, as well as local, state and national professional organizations and advisory boards.



BIOGRAPHY

Lillian Shirley, President-Elect

Lillian Shirley, RN, MPH, MPA, is President-Elect of the National Association of County and City Health Officials (NACCHO). As director of the Multnomah County Health Department in Portland, OR, Shirley provides public health leadership in collaboration with community partners to address the county's health needs and offers health policy leadership on both a county and state level.

Early in her career, Shirley served as the executive director for Medical Aid for Indochina, a non-profit medical relief organization. After receiving a nursing degree, Shirley worked for the City of Boston Division of Public Health, serving as director of joint maternity programs for Boston University Medical Center and the City of Boston's Department of Health and Hospitals. As director of public health in Boston, Shirley was responsible for all preventive and community-based health services. Following the merger of Boston's public hospital with Boston University's medical center, Shirley became the interim Commissioner of the newly formed Boston Public Health Commission. In this role, she had executive responsibility for the establishment, design, and organization of the new public health authority in Boston.

Shirley received a master's in public health from Boston University School of Medicine and a master's in public administration from the John F. Kennedy School of Government at Harvard University. Community and professional activities include membership on the Board of Care Oregon, involvement in the Managed Care Medicaid Plan for Oregon, Community Health Partnerships, Center for Women's Health, the Public Health Foundation, North by Northeast Community and the Portland Multnomah County Sustainable Development Committee. She is an adjunct faculty member at the Oregon Health & Science University (OHSU) School of Medicine and the OHSU School of Nursing.



BIOGRAPHY

John Wiesman, Vice President

John Wiesman, MPH, CPH is Vice President of the National Association of County and City Health Officials (NACCHO). John has served as the Director of Clark County Public Health in Vancouver, Washington, since July 2004. In that role he provides policy, budget, and organizational leadership in a health jurisdiction serving over 430,000 people. He is most proud of his Board of Health authorizing the development of a health chapter in the 2014 Comprehensive Growth Management Plan.

Mr. Wiesman began his public health career in 1986 as a member of the first group of people trained to perform HIV counseling and testing services in CT. He did HIV work with the Greenwich Department of Health, Greenwich, CT until he moved to Washington State in 1989. At that time he worked at the University of Washington, Seattle, WA as a project director of a large back pain outcomes research project. Following his heart back to local public health work, he worked at both Public Health—Seattle & King County and Tacoma-Pierce County Health Department, Tacoma WA between 1993 and 2004. He variously managed HIV/AIDS, clinical services, and multiple community-based prevention programs during those years.

John received a Bachelor of Arts in Biology from Lawrence University (WI) and a Master of Public Health in Chronic Disease Epidemiology from Yale University (CT). He is currently a full-time doctoral student (executive DrPH program) in Health Leadership at the University of North Carolina-Chapel Hill. John's dissertation topic is focused on succession planning in local health jurisdictions. John also passed the Certified in Public Health exam in 2009.

