

## NACCHO Preparedness Priority Areas (2010–2011)



### 1) **Strengthen Local Public Health Preparedness Infrastructure**

Many local health departments rely on preparedness funding from the CDC Public Health Emergency Preparedness (PHEP) grant administered through their state health department. This funding is restricted to single year funding and does not allow for mid- and long-term strategic planning. Reductions in this funding over the past few years has significantly reduced the size of the public health preparedness workforce resulting in an overall diminished capacity for local public health planning, response, and recovery. NACCHO supports the development of a mechanism that allows for multi-year funding at a level commensurate with the capacity to provide key human and material systems and resources that will enhance local public health preparedness and resiliency in the event of a disaster or other public health emergency. NACCHO also supports expanding federal grant programs to allow local health departments to apply for such funding.

### 2) **Develop Evidence-based Performance Metrics for Public Health Preparedness**

Local health departments are expected to measure their public health preparedness capabilities and capacities to justify the funding they receive from state and federal sources. Performance metrics associated with these funding streams are often poorly defined, do not reflect local capabilities and capacities, and most importantly, require significant human and technological resources to collect, analyze, and report the data. NACCHO supports the development of evidence-based performance metrics that are relevant to local public health preparedness and are reflective of local public health input. NACCHO also supports the provision of adequate funding to collect, analyze, and report these performance metrics.

### 3) **Promote All Hazards Preparedness**

An approach to funding and planning separately for one threat at a time results in inefficiencies and duplication from overlapping requirements, and causes discontinuity and disruption when capacities built for a single threat must be dismantled because funding associated with that threat ceases. NACCHO strongly supports an all-hazards approach to preparedness, whereby preparedness efforts are integrated into the 10 essential public health services<sup>1</sup> of local health departments.

<sup>1</sup> <http://www.apha.org/programs/standards/performancestandardsprogram/resexentialservices.htm>



4) **Strengthen Public Health Preparedness Workforce Development**

The serious shortage of trained public health professionals adversely affects the capacity of local health departments to adequately prepare for, respond to, and recovery from disasters and other public health emergencies. It is essential to provide additional support and incentives for needed professionals to receive the appropriate training and serve in governmental public health agencies. NACCHO supports all efforts to adequately recruit, build, train, and sustain a robust local public health workforce. NACCHO also supports training all public health personnel in the Incident Command System and the National Incident Management System.

5) **Build and Strengthen Community Resilience**

NACCHO supports the National Health Security Strategy and especially those efforts to build and strengthen preparedness initiatives at the community level to ensure that all individuals understand the importance of personal and family preparedness and have equal access to information and resources that help protect their safety, health, and welfare in the event of a disaster or other emergency. Local health departments must also be aware of populations within their community that may be disenfranchised or at particular public health risk during times of disaster and work together with local, state, and federal agencies and organizations to provide these populations with the necessary resources and services to enhance individual and family resilience.

**FOR MORE INFORMATION**

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