NACCHO
National Association of County & City Health Officials
The National Connection for Local Public Health

03-03

STATEMENT OF POLICY

All-Hazards Preparedness

Policy

The National Association of County and City Health Officials (NACCHO) urges Congress and the Administration to restore and sustain funding to ensure all local health departments, including those that serve rural populations, can build, sustain, and improve their capacity and capability in order to protect their communities and mitigate all hazards.[1, 2, 3] Local health departments receive federal resources through the Centers for Disease Control and Prevention's (CDC's) Public Health Emergency Preparedness (PHEP) and Epidemiology and Laboratory Capacity (ELC) programs, and the Assistant Secretary of Preparedness and Response Hospital Preparedness Program (HPP), and other supplemental funding. NACCHO also recognizes that the use of local volunteers, such as those affiliated with the Medical Reserve Corps, may significantly expand the reach of LHD preparedness activities. NACCHO also supports the Pandemic and All-Hazards Preparedness Act (P.L. 109-417) and Pandemic and All-Hazards Preparedness Reauthorization Act (P.L. 113-5) that establish and authorize funding for these critical programs.

Preparedness is not an end state; it is a continuous process. NACCHO urges the federal government to recognize that local health departments bear a significant responsibility for ensuring their communities and the nation are prepared for, protected from, and resilient in the face of all health threats and hazards, including those resulting from infectious disease outbreaks, natural disasters, or human-caused incidents (chemical, biological, radiological, nuclear, and explosive events). In turn, NACCHO and local health departments acknowledge the importance of measuring progress toward increasing public health preparedness.

NACCHO encourages joint local-state decision-making (i.e., concurrence) as a means to effectively plan for the allocation and use of federal, state, and local preparedness resources. In addition, NACCHO encourages local health departments to maximize resources by working in partnership to do the following:[4]

- Engage local residents in public health preparedness planning and response, including diverse populations with unique needs.
- Serve as facilitators for collaborative preparedness planning throughout local health, medical, and emergency response systems, including cross-border and global partners to enhance national, international, and global health security.
- Build coalitions and increase community involvement by leveraging local partnerships.
- Build epidemiologic capacity to monitor and assess disease patterns and other health-related determinants and conditions prior to, during, and after a health incident or emergency.

- Prevent or mitigate the spread of disease and reduce incidence of illness and mortality.
- Ensure timely and effective communications of health threats and information.
- Enhance workforce development by planning, training, and using a continuous quality improvement process to maintain a proficient workforce in numbers sufficient to ensure health security.
- Mobilize resources, supplies, equipment, and volunteer assets during a response to health emergencies to increase surge capacity and meet unanticipated needs.
- Use innovative strategic approaches to obtain positive measureable outcomes.
- Maintain situation awareness of national health security.
- Strive to enhance community resiliency and recovery.

Justification

Nearly all disasters and emergencies have impacts on the health of impacted communities, requiring a public health response. Local health departments are emergency responders in health emergencies, playing a critical role in life-saving decisions and life-sustaining activities for emergency personnel, the general public, and vulnerable populations. While public health threats are a constant and increasing concern, federal funds, including, but not limited to, PHEP and HPP have steadily declined in recent years. In the first years of PHEP, the total funding to state and local health departments was close to $1 billion per year. In fiscal year (FY) 2016, the funding had declined by 31 percent to $651 million.[5] The HPP program has also seen more than a 50 percent cut in funding from $515 million in FY2004 to $255 million in FY2016. [6] Decreased funding for public health preparedness adversely affects local health departments by reducing, delaying, or eliminating their ability to develop and maintain plans, train, exercise, and validate capabilities, acquire and maintain equipment and supply chains, and ensure there is a sufficient workforce available with the requisite skills and level of proficiency to respond to a public health emergency or disaster. NACCHO's 2013 Profile of Local Health Departments found that 23 and 15 percent of local health departments reduced emergency preparedness programs and services in 2011 and 2012, and around 22 percent of local health departments have reported a decrease in preparedness staffing.[7,8] Public health preparedness requires the continued development and improvement of public health systems to ensure the capability of responding to all hazards. Ongoing progress must involve planning, training, and exercising the integration of emergency responders, hospitals, and private healthcare providers. Continued funding cuts will lead to negative impacts and severely compromise the progress accomplished over the last decade. When local public health preparedness is at risk, the nation is more vulnerable to public health emergencies and disasters, inhibiting the establishment of a healthier and more secure nation.

References

1. Centers for Disease Control and Prevention. (2011). Public Health Preparedness Capabilities: National Standards for State and Local Planning. Atlanta, GA: U.S. Government Printing Office.
2. Office of the Assistant Secretary for Preparedness and Response. (2012). Healthcare Preparedness Capabilities: National Guidance for Healthcare System Preparedness. Washington, DC: U.S. Government Printing Office.
3. Presidential Policy Directive 8: National Preparedness. Retrieved September 20, 2016 from https://www.dhs.gov/presidential-policy-directive-8-national-preparedness.
4. United States Department of Health and Human Services. (2016*National Health Security Strategy and Implementation Plan 2015-2018.* Retrieved September 20, 2016 from http://www.phe.gov/Preparedness/planning/authority/nhss/Documents/nhss-ip.pdf.

5. Trust for America's Health. (2016). Investing in America's Health: A State by State Look at Public Health Funding and Key Health Facts. Retrieved September 20, 2016, from http://www.healthyamericans.org/report/126/.
6. Ibid.
7. NACCHO (2013) Local Health Department Job Losses and Program Cuts: Findings from the 2013 Profile Study. Retrieved September 20, 2016 from http://archived.naccho.org/topics/infrastructure/lhdbudget/upload/Survey-Findings-Brief-8-13-13-3.pdf.
8. NACCHO (2016) The Public Health Emergency Preparedness Landscape Findings from the 2015 Preparedness Profile Survey. Retrieved on September 20, 2016, from http://www.naccho.org/uploads/downloadable-resources/Slide-Doc-Presentation-2015-Preparedness-Profile-Survey-Results-v2.5-pptx.pdf.

Record of Action

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