

The background of the entire page is a photograph of the U.S. Capitol building in Washington, D.C., taken from a low angle. The building's iconic dome is the central focus, with its intricate architectural details and the Statue of Freedom on top. The sky is a mix of soft orange and blue, suggesting a sunset or sunrise. An American flag is visible on a tall pole to the left of the building. The overall tone is professional and patriotic.

# Public Health is Local: NACCHO's Recommendations for the Next President & 119<sup>th</sup> U.S. Congress

*OCTOBER 2024*

**NACCHO**<sup>SM</sup>

National Association of County & City Health Officials

# Introduction

The National Association of County and City Health Officials (NACCHO) is the voice of the over 3,300 local health departments across the country. Local health departments work to ensure the safety of the food we eat, the air we breathe, and the water we drink. While the public health system gains the most attention during emergency responses, this system of dedicated health professionals is hard at work every day in communities, identifying and addressing the needs of their residents while working toward improving the nation's overall health.

The incoming Presidential Administration and 119th Congress have a unique opportunity to strengthen the public health system, improving the health and well-being of Americans for generations. NACCHO's recommendations for the next President and the 119th U.S. Congress are designed to provide key federal policymakers with public health priorities and clear actions that, if taken, will improve the nation's health and resiliency.

## About NACCHO

For over 30 years, NACCHO has been a trusted partner of local public health departments and other stakeholders. NACCHO's mission is to improve the health of communities by strengthening and advocating for local health departments. To do this, NACCHO provides resources, develops programs, and promotes national policies that support effective public health practice in local communities across America.

NACCHO is the only organization dedicated to serving the over 3,300 local health departments and the local public health workforce across the country, no matter the size of the population they serve, their geographic location, or the governance structure they work within. NACCHO works to strengthen all local health departments, with a strong understanding of their existing capacity and the types of support needed to help them thrive.

NACCHO has unparalleled access to local health officials and their staff through our monthly all-local health official virtual convenings, multiple communications channels, robust national conferences, and diverse subject matter expert workgroups. To connect with your local health department or NACCHO's public health subject matter experts, please contact [govtaffairs@naccho.org](mailto:govtaffairs@naccho.org).



**NACCHO's overarching recommendations for policymakers with respect to national public health policy are to:**

- **Strengthen and modernize the governmental public health system by improving the public health workforce, infrastructure, and data modernization**
- **Improve health for all Americans through investments in prevention and upstream interventions**
- **Maintain innovations and prepare for future public health emergencies**
- **Ensure local public health expertise informs federal priorities**

## Why focus on public health? Public health saves lives.

Public health is [defined](#) as “the science and art of preventing disease, prolonging life, and promoting health through the organized efforts and informed choices of society, organizations, public and private communities, and individuals.”<sup>i</sup> As a field, it works to improve the health, safety, security, and wellness of families and communities through a wide variety of educational activities, disease tracking, efforts to identify and address emerging health threats, data collection and analysis, policy, and public communications. These programs and activities are important to support individual health, to ensure communities are resilient in the face of natural and man-made disasters, and to identify and control infectious diseases.

Public health is a critical—but distinct—partner with the health care sector in our nation's health landscape. Overall, public health is concerned with protecting the health of entire populations with a focus on preventing illness or injury, reducing needless suffering, as well as lowering future health care costs. The health care sector, which includes hospitals, health clinics, and community health centers, focuses primarily on treating individuals after they become sick or injured.

A focus on public health can improve a wide range of health outcomes, including for groups that have historically been marginalized or faced structural discrimination. Local health departments, working with state and federal partners, impact the leading causes of injury, illness, disability, and death for Americans. Leveraging evidence-based public health research and tools, the governmental public health system (i.e., local health departments, state health departments, public health laboratories; and federal public health agencies) improves people's lives every day and makes the United States a stronger, more resilient nation.

By addressing the underlying causes of disease, [public health can save money](#) and strengthen the overall physical and economic health of the nation.<sup>ii</sup> The work of public health ensures that all people have the freedom to live without fear of the many health challenges that could impact them.

## Why Local Health Departments? Public health is local.

Local health departments are on the front lines of public health and play a unique role in the nation's governmental public health system. Among their many responsibilities, local public health departments work to keep their region safe and healthy by identifying emerging public health challenges and providing a wide range of essential services like screening and treatment for both chronic and infectious diseases; maternal and child health services; environmental health services; epidemiology and data collection, analysis, and monitoring; routine immunizations; primary prevention care; food service regulation, inspection, or licensing; and emergency preparedness and response.

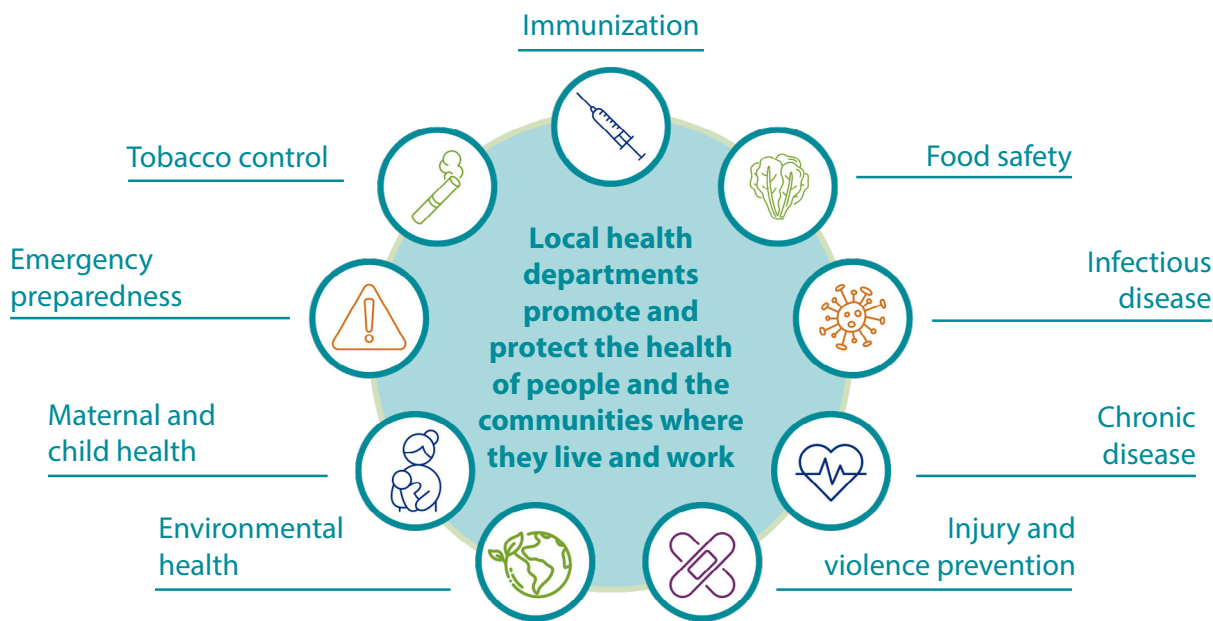
Each day, they serve as both the chief community health strategist in their communities—analyzing, communicating, and applying data, convening partners, setting direction—as well as a direct provider of health programs and needed [clinical care](#), particularly in rural areas.<sup>iii</sup>

Local health departments provide sustained leadership at the community level to bring together important stakeholders to prioritize the public health needs of residents. They are uniquely positioned to fill this role through their experience in providing essential services and leadership; engaging communities to identify and support policy solutions; and collecting, analyzing, and sharing data that keep communities healthier and safer. They also field the first line of questions from families, local decision makers, and health care providers, allowing them keen insight into the concerns of the community and emerging issues. This community engagement expertise is critical to ensuring that national and state policies can be successful.

[According to NACCHO's regularly conducted census](#), local health departments range in size and geographic location, governance [autonomy](#) (i.e., the level of independence the local health department has from the state health department), and available financial resources, but all have the shared goal of protecting and promoting the public health of their communities.<sup>iv</sup> Given these variations, our nation's public policy must work within different contexts to ensure the health of all Americans, no matter where they live.

Local health departments are the backbone of the national public health infrastructure. Their work at the community level is essential to achieving federal health goals. The incoming Administration should leverage their expertise and on-the-ground knowledge. To support them and their work, NACCHO recommends the following policies and actions for the next Administration and the 119th Congress.

## Local Health Departments Impact Our Lives Every Day



## Recommendations:

# 1

## Strengthen and Modernize the Governmental Public Health System

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The strength of the public health system varies greatly by community. Local health departments often serve as the safety net of the safety net, providing needed care and services when others cannot. To achieve the nation's public health goals, local health departments must be strong and well-resourced to tackle a wide range of issues. To best support the work of local health departments, the next Administration and Congress should prioritize policies to strengthen and modernize the governmental public health system.

### Workforce

Local public health success requires a dedicated and supported workforce that displays strong leadership, subject matter expertise, and meaningful relationships. Unfortunately, the governmental public health workforce – the backbone of the nation's public health system – is facing a crisis. In the decade prior to the pandemic, local health departments [lost over 20 percent](#) of their workforce capacity, and it is estimated that [80,000 more full-time equivalents](#) – an increase of nearly 80 percent – are needed to provide a minimum package of public health services. <sup>vi</sup> While all health departments need additional staff, the most acute needs are in small local health departments, which often serve rural communities.

The need to expand the governmental public health workforce is compounded by pressures that may lead existing workers to leave the field. [A 2022 analysis](#) found that nearly one-third of state and local public health employees are considering leaving their organization in the next year, and 44 percent within the next five years. <sup>vii</sup> The underlying causes of these workforce shortages are multifaceted. Workers who were planning to leave for reasons other than retirement [cited](#) pay, work overload and burnout, lack of opportunities for advancement, stress, and organizational climate and culture. <sup>viii</sup>

While some local health departments have been able to strengthen their workforce temporarily with [emergency supplemental funds](#), more must be done to shore up the workforce for the long term. <sup>ix</sup> Policymakers must prioritize sustained funding to expand the governmental public health workforce, create mechanisms to recruit top talent, and support the well-being and development of the current workforce to retain them.

[After significant advocacy by NACCHO](#), its members, and nearly 100 public health coalition partners, Congress updated and reauthorized the Public Health Workforce Loan Repayment Program, representing an important step toward building meaningful recruitment incentives to working in local, state, or Tribal health departments. <sup>x</sup> However, funding is still needed to support and sustain this program for public health professionals who agree to serve three years in a local, state, or Tribal health department. ***NACCHO urges the next Administration to prioritize the Public Health Workforce Loan Repayment Program in its budget request at \$100 million, and Congress to appropriate full funding for the program.***

Notably, local health department staff are facing multiple pressures to leave the field, with burnout, stress, and symptoms of post-traumatic stress disorder impacting many of them. In fact, a Centers for

Disease Control and Prevention (CDC) [Morbidity and Mortality Weekly Report](#) found that the percentage of state, Tribal, local, and territorial public health workers who reported being bullied, threatened, or harassed because of work increased from 2021 to 2022, and those workers reported some of the highest prevalence of symptoms of mental health conditions and suicidal ideation.<sup>xi</sup> [In another survey](#), more than half of current public health workers reported symptoms of post-traumatic stress disorder and found that many are struggling with their mental health.<sup>xii</sup>

Our nation's health is dependent on maintaining a strong governmental public health workforce. NACCHO urges policymakers to consider measures to meaningfully address the mental health needs of governmental public health workers to complement the existing focus on the mental health of the clinical health care workforce. ***As the Administration and Congress consider support for health sector workers, NACCHO encourages Health Resources and Services Administration (HRSA) and other federal agencies to ensure that public health workers are eligible for available mental health support.*** NACCHO encourages federal agencies to ensure that governmental public health workers are made aware of existing and new supports including grants, training, and other services.

## Infrastructure

Local health departments operate on limited and unpredictable budgets that do not allow for investments in necessary infrastructure, that is the people, skillsets, services, and systems that promote and protect health. Their funding streams are traditionally limited to a specific disease or program, which makes it difficult to invest in or sustain critical health department cross-cutting functions. To utilize disease-specific funds most efficiently, local health departments need a strong foundation, supported by sustainable, disease-agnostic, predictable funding to support local public health infrastructure. Such funding allows local health departments to focus on certain skillsets that are critically necessary like communication, outreach, data analysis, and digitalization, but that they largely lack due to funding constraints. The lack of resources at the local level hinders efforts to support federal public health objectives.

NACCHO is grateful that Congress recognized this need and established the Public Health Infrastructure and Capacity appropriations line within the CDC in FY22. With a stronger, sustained investment in local public health infrastructure, local health departments can ensure they have the professionals, systems, and essential skillsets needed to be most efficient and effective in their work. ***NACCHO recommends the next Administration and Congress increase investments in the Public Health Infrastructure Grant (PHIG) program.*** The PHIG program lets health department recipients invest in the people, services, and systems that can address their communities' most pressing needs.

***Unfortunately, many local health departments have not yet benefited from these federal investments. In addition to prioritizing funding for this program, NACCHO also recommends that Congress use appropriations language which local health departments are receiving these funds and that the next Administration provide updated funding guidance to require a dedicated percentage of these funds go to local health departments to ensure that these investments reach the local level.***

Moreover, NACCHO recommends that the next Administration review opportunities to improve the ability for local health departments to blend and braid funding streams and better align reporting requirements across federal departments and agencies to tackle cross-cutting health issues more efficiently.

## Data Modernization

Timely, accurate public health data are essential during an emergency response. It is also necessary in non-emergency situations, to rapidly identify, track, and respond to daily public health challenges of all types—acute, chronic, and emerging. As technology evolves and becomes an important tool to support and maintain health, public health data systems will continue to need updates, software patches, security vulnerability protection, and upgrades. The staff supporting these critical systems will need ongoing training to leverage the outputs most effectively. Public health workers and agencies are essential for protecting and improving the health of communities, but they cannot do their work without adequate funding and access to key data systems in a timely manner. Consistent annual funding for programs, including the Data Modernization Initiative, is necessary to maintain improvements and make ongoing investments as technology advances. Similarly, access to federal data systems, (e.g., the Tiberius supply chain platform and the DCIPHER cloud-based CDC data platform) are often limited to the state level, or available only to local health departments on a one-by-one basis; however, these systems include important, actionable data that local health departments need to best plan and prioritize their activities. As the front-line professionals of the governmental public health system, it is critical that local health departments be included in the planning and usage of these key systems.

A modern public health data system must work for all types of agencies—across federal agencies and throughout the public health system to the local level. Federal agencies should carefully consider the challenges local health departments face when updating guidance or regulations that may place undue burdens on local public health agencies. ***NACCHO recommends that the next Administration and Congress increase investments in the Data Modernization Initiative and ensure that local health department needs are specifically incorporated into federal data modernization plans and investments. NACCHO also recommends that the Administration include local health departments as core users of new and existing federal data systems, so that they have access to the data they need to effectively protect their communities.***

## 2 Improve Health for all Americans through investments in prevention and upstream interventions

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In 2022, the United States spent [\\$4.5 trillion on health, but only 4.7 percent](#) of that money went toward public health and prevention initiatives.<sup>xiii</sup> Federal investments in local public health departments are increasingly critical as the nation's life expectancy rates work to recover from recent declines and health care costs rise. Unfortunately, funding for public health initiatives has not kept track with need, and due to years of underfunding, many of the nation's most effective prevention programs are not reaching all communities.

***NACCHO encourages the next Administration and Congress to prioritize public health funding, including its overall support of the CDC, through the annual President's Budget request and appropriations cycle.***

NACCHO also encourages strong increases to the following key programs that broadly impact the work of local health departments:

- Public Health Infrastructure Grants (CDC)
- 317 Vaccination Program (CDC)
- Public Health Data Modernization (CDC)
- Public Health Emergency Preparedness Program (CDC)

- Medical Reserve Corps (ASPR)
- Public Health Workforce Loan Repayment Program (HRSA)

Federal funding appropriated by Congress has [variable reach to local public health agencies](#), and more must be done to ensure that sufficient funds reach the local level in a timely manner. <sup>xiv</sup> ***The next Administration must ensure that federal public health funds intended to support local and state health departments make it to the local health department level. This can be accomplished through specific inclusion of language in funding guidance to a) include local health department in state planning for funding, b) require states to provide a certain percentage of the funds to local health departments, and c) track those funds to ensure compliance.*** Moreover, Congress should continue to push CDC to direct states to provide a significant amount of the federal funding they receive to local health departments, and to track and publicly report the flow of these federal funds to ensure that the communities served by local health departments benefit from federal investments. These activities can help identify successful models to ensure that federal public health investments reach the local health department level.

The Prevention and Public Health Fund was established by the Affordable Care Act to provide a dedicated funding stream for prevention and public health activities. This fund has been directed by Congress to support crucial investments in the nation's public health including expanding vaccine access, building laboratory capacity, and preventing chronic diseases. The Prevention and Public Health Fund is an essential tool for supporting evidence-based interventions that promote health, reduce health disparities, and reduce healthcare costs. Unfortunately, the fund has been repeatedly cut, used as a pay-for for unrelated activities, and diverted to other purposes. ***The next Administration and Congress must protect the integrity of the Prevention and Public Health Public Fund and should restore the cuts that have been made to the fund.***

Unfortunately, local health departments have been impacted by federal rescissions, and funding intended for their work has [fallen victim](#) to recently negotiated budget deals to raise the debt ceiling. <sup>xv</sup> These rescissions have taken needed dollars public health departments planned to spend in their communities out of the system. For example, [rescissions of funding](#) set to support disease intervention specialists have led to reductions in local health department workforce and services that identify and interrupt the transmission of sexually transmitted infections. <sup>xvi</sup> Similarly, rescissions to pandemic funds have left many local health departments [without COVID-19 vaccines for uninsured individuals](#) who want to get vaccinated but cannot afford it. <sup>xvii</sup> ***NACCHO strongly opposes future rescissions of public health funds in budget negotiations.***

In addition to funding shortfalls caused by rescissions, delays or shortfalls in supplemental emergency funding can significantly hamper the local health department response to emerging threats. ***NACCHO urges the Administration to engage with NACCHO and local health departments to ensure that the needs of local communities are included in public health supplemental funding requests and that Congress quickly consider and approve pending emergency supplemental requests.***





# 3

## Maintain Public Health Innovations & Prepare for Future Public Health Emergencies

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Local health departments are on-call 24 hours a day, seven days a week to protect their communities from all types of public health emergencies. They develop emergency plans, train their workforce, conduct exercises to test plans, and use lessons learned from [trainings and exercises](#) to improve their readiness to respond to a wide range of disasters. In the event of a national public health emergency like the COVID-19 pandemic, natural disasters like Hurricanes Helene and Milton, or accidents like the East Palestine train derailment, local health departments are on the frontlines of protecting communities and coordinating with state and federal partners on emergency response. In an emergency, local health departments secure life-saving medicines and resources including shelter supplies, vaccinations, and first aid equipment. They know how to quickly respond and deploy these resources during public health emergencies as the result of preparedness planning, training, and exercises. Recent emergencies have highlighted important innovations that should be maintained or built upon by policymakers.

### Preparedness

***NACCHO strongly supports the reauthorization of the Pandemic All Hazards Preparedness Act (PAHPA), which grants critical authority to the Department of Health and Human Services to focus on public health emergency preparedness and response and urges Congress to prioritize its reauthorization.*** PAHPA includes two grant programs focused on supporting local and state public health and medical emergency response capacity: CDC's Public Health Emergency Preparedness cooperative agreement and the Administration for Strategic Preparedness and Response's (ASPR's) Hospital Preparedness Program. PAHPA also historically included related authorities that have allowed for temporary assignment of some state and local personnel during public health emergencies. While traditionally reauthorized every 5 years, this law expired and is pending reauthorization.

***NACCHO urges the next Administration to ensure that the nation's preparedness planning and response includes representation from the local health department level and recognizes the importance of having the public health, health care, and emergency management sectors as equal partners.*** There is a need to improve the coordination across all levels of response partners to develop strategies both before and during responses. Each sector and level of government brings unique expertise and insight that is needed to successfully address the wide range of potential threats. The resource needs of local health departments must be visible to all levels of coordinating partners to ensure the local level can be responsive and nimble in a rapidly evolving response environment. The needs of communities vary, and representation of their unique needs should be included in decision making, implementation, and evaluation of any planning and response efforts. NACCHO also advocates for the reduction of administrative and other barriers with the goal of improving local health departments' access to federal funds either directly or via the state during emergencies so they can address community-specific needs.

Another key innovation to support moving forward is wastewater surveillance, an innovative, non-invasive, and cost-efficient approach to monitor community-level disease trends. Before the pandemic, wastewater surveillance was already being used in a limited way to help some communities track diseases and health indicators, like opioid use and polio. With the onset of the pandemic, increased interest in this surveillance tool has shown its potential to transform the landscape of localized health data collection. Wastewater surveillance can bridge the gaps in data collection resulting from asymptomatic infections, independent health-seeking behavior, and testing access, and provides local leaders with key information

to inform local decisions and prevent further spread of infections. Today, many communities across the country are using wastewater surveillance in some capacity on a wide range of diseases; however, this system has been built using emergency supplemental funds and is unsustainable without regular appropriations. Therefore, ***NACCHO advocates for the codification of the National Wastewater Surveillance program, adequate annual appropriations, and additional research, as included in section 106 of S. 2333 (118th), to enhance and improve important wastewater surveillance activities.***

Finally, cyber-related disruptions remain on the rise, leading to the need for a more fortified, comprehensive, and strategic approach. Maintaining a strong cybersecurity infrastructure is essential for the vital work conducted each day by local health departments of all sizes. Strengthening systems against bad actors includes ongoing efforts of planning, training, having appropriate hardware, software, and access to expertise to ensure proper configuration and maintenance. Cyberattacks continue to disrupt critical infrastructure and put patient privacy and safety at risk. An attack of this nature coinciding with a public health emergency or disaster would further complicate response efforts. ***NACCHO urges the next Administration and Congress to ensure that public health is fully included in the nation's cybersecurity preparedness framework.***

## Immunization Infrastructure

Furthermore, the United States spends \$26.5 billion each year treating adults for diseases that could have easily been prevented through vaccination.<sup>xviii</sup> This is expected to grow as the American population ages. Moreover, an April 2024 study found that adult vaccines can return up to 19 times their initial investment, and that vaccine coverage leads to substantial productivity gains and economic benefits for society.<sup>xix</sup> As a core public health intervention, nearly all local health departments provide vaccinations at their health departments or in the community, and all are involved in important immunization education and communications.<sup>xx</sup>

While vaccination offers the best protection against a wide range of diseases, not all Americans have access to them due to location, cost, and information barriers. COVID-19 emergency funding helped reduce barriers to vaccines due to cost and demonstrated that when vaccines are affordable and available, access barriers can be significantly reduced. However, these no-wrong-door vaccine access efforts have ended, and many local health departments struggle to afford, stock, and provide the full range of vaccines recommended for all age groups, particularly adults. A program to ensure access to Vaccines for under- and uninsured adults, modeled off the highly successful Vaccines for Children program, would ensure that local health departments, private providers, and other access points could purchase vaccines and provide access to vaccines for up to 24 million uninsured adults (ages 19-64). According to CDC, only 20% of adults have received all recommended vaccines.<sup>xxi</sup>

Addressing vaccine uptake is also an important step to addressing health equity. Low vaccination rates among adults in racial and ethnic minority groups are even lower for those without insurance, putting those individuals at greater risk of negative outcomes and less likely to seek health care services when they need them. ***Therefore, NACCHO urges the next Administration and Congress to formally create a program that ensures access to Vaccines for un- and under-insured adults, in line with how the nation already supports this access for children.***

Additionally, NACCHO calls for increased investment, communications, and coordination in addressing vaccine mis-, dis-, and mal-information. A 2023 survey conducted by NACCHO found that over 80% of local health departments reported experiencing challenges with patient/parent vaccine hesitancy.<sup>xxii</sup> Additionally, over 30% reported vaccine hesitancy among healthcare providers. These rates increased compared to a similar survey NACCHO conducted in 2017, before the pandemic. A coordinated response is needed across levels of government, but also in collaboration with health care providers, trusted messengers, and civil society to ensure all Americans have access to factual and reliable information about the importance of vaccines.

NACCHO recommends vaccine data collection and sharing be prioritized by the next Administration and Congress. Local health departments continue to struggle with a lack of access to data from state-run Immunization Information Systems outside their state. This is particularly challenging for counties and cities that border neighboring states; however, it is also a challenge between federal systems and the states. For example, it is difficult to track and provide services or education to veterans in a county, as records held by federal entities, including, the Veterans Administration, the Department of Defense, and the Department of Homeland Security are not shared with the state-based systems. This can cause stress to the individual whose records are not accessible, and can hinder the work of local health departments, as it is harder to see real gaps in coverage to target their services to those in need. The next Administration and Congress should prioritize working to remove barriers to access of these records, while maintaining strong patient protections and data security.

The Department of Health and Human Services (HHS) is responsible for managing data collection activities to support public health preparedness and response during public health emergencies, such as the COVID-19 pandemic. In 2024, GAO released a report with recommendations for HHS to improve data on critical response resources and medical care capacity.<sup>xxiii</sup> ***NACCHO encourages the next Administration and Congress to improve the nation's preparedness and supports the recommendation that agencies proactively and consistently identify and track the funding sources and costs dedicated to operating and maintaining all their systems supporting pandemic public health preparedness and response.*** Similarly, multiple federal data systems have been developed without including local health departments as users even though they need timely access to properly fulfill their mission to the community. This has led to inefficiencies and hindered necessary coordination. As federal agencies prepare for future emergencies, the next Administration and Congress should work to ensure that federal agencies seek feedback from local health departments on their needs and plans, as they are often the first line of defense and among the first responders.

# 4

## Ensure Local Health Department Expertise Informs Federal Public Health Policy and Action

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The health of an individual is impacted by many factors beyond just their access to clinical care. Because of the interlocking nature of policies and practices in sectors such as environmental health, transportation, land use, and housing, collaboration is key to improving the health of all people, particularly those that are most impacted by health inequities and environmental injustices. ***NACCHO encourages the next Administration and Congress to consider all the factors that impact health and work to ensure that local governmental public health is at the table in addressing them.*** Similarly, policymakers should consider ways to ensure policies are aligned across sectors to foster better health outcomes and break down funding silos across between agencies for better coordination. Policymakers should adopt a Health in All Policies approach in order to build a governmental public health system that promotes health, prevents disease, and protects the well-being of all people, empowering individuals to pursue a prosperous future.<sup>xxiv</sup>

Finally, the role of local health departments is unique from that of state and federal levels. They have unique insight into the many assets and challenges facing their community, they have relationships with key decision makers and trusted leaders, and they can quickly mobilize local partners into action. This expertise is necessary to ensure that federal and state policies and programs are workable on the ground. This expertise is also important so federal data systems are built to properly include local health departments as key users, allowing important information to flow quickly to the workforce on the ground. While CDC, HHS, and others at the federal level have increased the opportunity for local health departments to get information directly, there is still more to be done to ensure that local health departments that do not receive direct funding from

the federal level are at the table to help inform the direction of the work. ***The next Administration should ensure that federal grants and funding announcements include direction to involve local health department expertise and perspective in state-level grantee policy and budget planning.*** Furthermore, local health departments should be included in direct communications from CDC whenever possible to ensure timely, clear sharing of information. NACCHO also advocates for local health officials to be informed of and consulted with when federal public health activities are happening within their jurisdictional borders.

***NACCHO urges that the next Administration and Congress work to ensure meaningful inclusion of local health department leaders and expertise in developing policy plans, actions, and guidance and implementation of federal programs.*** Individuals with local public health department experience should also be included as part of key decision-making and advisory bodies, including the Presidential Transition Teams and relevant advisory boards. ***Local health department experience should also be prioritized for key Administration appointees, including for the incoming CDC Director.*** In addition, this expertise would also be valuable across federal agencies including throughout departments at HHS, the Department of Homeland Security, and the Department of Agriculture, among others.

## Conclusion

**NACCHO's recommendations for the next President and 119th Congress are designed to protect and improve the health and well-being of the nation's communities. These recommendations provide a short list of essential priorities to improve local health infrastructure and promote the longer-term success of healthy and thriving communities. By strengthening national capacities in disease prevention and public health, policymakers will help create healthier environments in which to live.**

**NACCHO and the nation's over 3,300 local health departments seek to find impactful solutions to some of the most challenging problems. NACCHO stands ready to be a partner to the next Administration and 119th Congress to improve public health so all Americans can thrive.**



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- <sup>iii</sup>National Association of County and City Health Officials. "2022 National Profile of Local Health Departments." <https://www.naccho.org/uploads/downloadable-resources/NACCHO-2022-Profile-Report.pdf>. Accessed October 16, 2024.
- <sup>iv</sup>Ibid.
- <sup>v</sup>Ibid, iii.
- <sup>vi</sup>de Beaumont. "Staffing Up: Investing in the public health workforce." <https://debeaumont.org/staffing-up/>. Accessed October 16, 2024.
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