

Local Health Departments Rely on Federal Funding Streams

Most federal funding for public health programs is categorical and targeted to particular issues or diseases (e.g., emergency preparedness, diabetes prevention.) The primary federal agencies that fund public health are the Centers for Disease Control and Prevention (CDC), the Office of the Assistant Secretary for Preparedness and Response (ASPR), and the Health Resources and Services Administration (HRSA).

NACCHO supports the 22 x 22 coalition request to increase CDC funding 22% by 2022

NACCHO supports the CDC Coalition request for \$7.8 billion for CDC in FY2020

	Programs (\$ in millions)	FY2019	NACCHO Request
Emergency Preparedness			
CDC	Public Health Emergency Preparedness Cooperative Agreements	\$675	\$824
ASPR	Hospital Preparedness Program	\$265	\$474
ASPR	Medical Reserve Corps	\$6	\$11
Infectious Disease Prevention			
CDC	Section 317 Immunization Program (PPHF)	\$611 (\$324)	\$711
CDC	Core Infectious Disease [Antibiotic Resistance]	\$425 [\$168]	\$457 [\$200]
CDC	Epidemiology and Lab Capacity Grants (PPHF)	\$195 (\$40)	\$195 (\$40)
CDC	New Initiative for Infectious Diseases Related to IV Drug Use	–	\$58
Environmental Health			
CDC	Childhood Lead Poisoning Prevention (PPHF)	\$35 (\$17)	\$50
CDC	Vector Control	\$39	\$129
CDC	Food Safety	\$60	\$66
Public Health Capacity			
CDC	Public Health Workforce Development	\$51	\$57
CDC	Preventive Health & Health Services Block Grant (PPHF)	\$160 (\$160)	\$170
Injury Prevention			
CDC	Opioid Overdose Prevention & Surveillance	\$476	\$650
Chronic Disease Prevention			
CDC	Racial & Ethnic Approaches to Community Health	\$56	\$77*
CDC	Tobacco (PPHF)	\$80 (\$130)	\$310

*Includes \$21 million for tribal communities

Funding Streams in Brief

The **Public Health Emergency Preparedness (PHEP) Program** at CDC strengthens local and state public health department capacity to effectively plan for, respond to, and recover from public health emergencies.

The **Hospital Preparedness Program (HPP)** at ASPR enhances health care system planning and response at the state, local, regional, and territorial levels.

The **Medical Reserve Corps** at ASPR supports medical, public health, and other volunteers to address local health and preparedness needs.

The **Section 317 Immunization Program** at CDC supports vaccine purchase for at-need populations and immunization program operations, including support for implementing billing systems for immunization services at public health clinics to sustain high levels of vaccine coverage. More than half of the funding comes from the Prevention and Public Health Fund (see below).

The **Core Infectious Diseases Program** at CDC identifies and monitors the occurrence of known infectious diseases, identifies newly emerging infectious diseases, and identifies and responds to outbreaks, including vector-borne diseases.

Epidemiology and Lab Capacity Grants at CDC strengthen local and state capacity to perform critical epidemiology and laboratory work by detecting, tracking, and responding to known infectious disease threats and maintaining core capacity to be the nation's eyes and ears on the ground to detect new threats as they emerge.

The **Childhood Lead Poisoning Prevention Program** at CDC provides funds to identify families with harmful exposure to lead, track incidence and causes, inspect homes and remove environmental threats, connect children with appropriate services, and educate the public and health care providers.

The **Preventive Health and Health Services (PHHS) Block Grant** at CDC gives states the autonomy and flexibility to solve state problems and provide similar support to local communities, while still being held accountable for demonstrating the local, state, and national impact of this investment.

The **Public Health Workforce Program** at CDC supports fellowship and training programs that fill critical gaps in the public health workforce, provide on-the-job training, and provide continuing education and training for the public health workforce.

The **Opioid Prescription Drug Overdose Prevention Program** at CDC funds prescription drug abuse and overdose prevention

programs in hardest hit communities to enhance prescription drug monitoring programs (PDMPs), implement insurer and health system interventions to improve opioid prescribing practices, and foster collaboration with a variety of state entities, including law enforcement.

Food Safety: CDC funds 57 state and local health departments to enhance national surveillance, outbreak detection and response, and food safety prevention efforts. CDC provides technology, expert advice, guidance, and training to help local health departments more quickly identify and stop outbreaks of foodborne disease.

The **REACH program** is aimed at reducing racial and ethnic inequities in health status. REACH funds state and local health departments, tribes, universities, and community-based organizations. REACH uses community-based, participatory approaches to identify, develop, and disseminate effective strategies for addressing health disparities across a wide range of priority areas such as cardiovascular disease, diabetes, obesity, asthma, and immunization.

The **National Tobacco Control Program** provides funding and technical support to state health departments, tribes, and national networks. The program's primary goals are to eliminate secondhand smoke exposure, promote quitting tobacco use, prevent initiation, and eliminate disparities.

New Initiative for Infectious Diseases Related to IV Drug Use: In 2018, Congress authorized \$40 million to address infectious diseases like HIV and Hepatitis A, B and C that are related to the epidemic of intravenous drug use.

Vector Control: Local health departments are on the front lines to protect the public from diseases spread by mosquitoes (e.g., Zika, West Nile Virus) and ticks (e.g., Lyme Disease, Rocky Mountain spotted fever). CDC's Division of Vector-Borne Diseases implements disease diagnostics, surveillance, control, and prevention programs.

The **Prevention and Public Health Fund (PPHF)** is a dedicated funding stream for investments in governmental public health programs created by the Affordable Care Act to insure investments in prevention, not just clinical care. The PPHF supports immunizations, lead poisoning prevention, early and rapid detection of diseases and injury, and chronic disease grants to all states and some communities. Since FY2010, the federal government has invested nearly \$6.25 billion in core public health programs and new innovative programs. The funding is available to state and local health departments mainly through the CDC. In FY2016, the PPHF made up 12% of CDC's budget.

About NACCHO

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22% by 2022

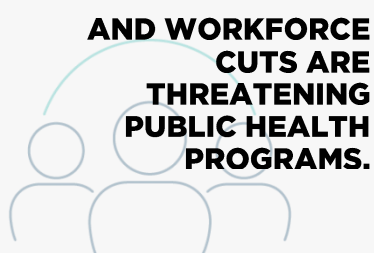
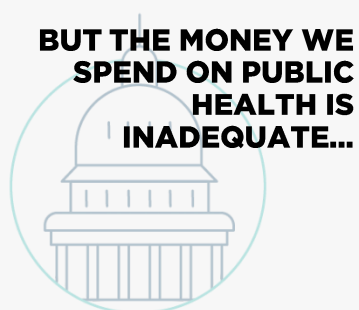
A strong CDC is critical to a strong America.

Congress Must Act to Increase Funding for CDC **22% by 2022**

22 by 22 is a campaign urging Congress to increase funding for the Centers for Disease Control and Prevention (CDC) 22 percent by fiscal year 2022 (FY22). CDC and its state and local public health partners saves lives every day by promoting optimal health for all, protecting against disease, and helping to prevent other crises. With all the health threats and challenges our nation faces today, now is the time to adequately fund CDC.

Increasing CDC's budget is the only way to ensure our nation's health is protected from communicable and non-communicable disease threats.

Why 22 by 22?



American life expectancy has declined, largely due to heart disease, stroke, diabetes, suicides, and drug overdoses. CDC funds state and local public health efforts to prevent these diseases—and more, not less, is needed.

Federal investment in public health has not kept pace with inflation nor the considerable challenges posed by infectious disease outbreaks, extreme weather events, and other emergencies, such as the Flint water crisis. According to a 2017 report by the Trust for America's Health, of the \$3.5 trillion spent annually on healthcare, only three percent of all health spending is directed to public health, which includes federal, state, and local resources. That equates to an average of \$280 per person. By contrast, total healthcare spending is \$10,739 per person.

Reductions in the public health workforce strain the ability of state and local public health departments to protect and promote population health. From 2012-2016, the estimated number of full-time health agency employees decreased by three percent. By 2020, the percentage of health agency employees who are eligible for retirement will reach 25 percent.

The public health community requests that Congress provide \$7.8 billion in FY20—an increase of \$500 million in discretionary funding from FY19—to return CDC’s total funding back to a predictable, sustained, and increased funding pattern needed to address several public health priorities.

Fiscal Year	Funding Recommendation
2020	\$7.8 billion
2021	\$8.3 billion
2022	\$8.8 billion

A \$1.5 billion total funding increase over three years will allow CDC to better implement effective programs to address, federal, state, and local public health priorities, such as:

PREVENTING DRUG OVERDOSES

More than 130 Americans die every day from opioid-related drug overdoses. Increased investment in prevention is needed to curb this dangerous trend.

SAVING LIVES AND CURBING COSTS THROUGH CHRONIC DISEASE PREVENTION

Seven out of every 10 deaths each year are caused by chronic diseases. Preventable illnesses and injuries from smoking, lack of physical activity, inadequate nutrition, and harmful environmental exposures are literally killing Americans every day.

ENHANCING DISASTER PREPAREDNESS, RESPONSE, AND RECOVERY

In 2017, the cost for weather-related disasters exceeded \$300 billion. Public health, in coordination with emergency preparedness, plays a critical role in disaster prevention, response, and recovery—and more is needed.

COMBATING INFECTIOUS DISEASES

Communicable disease control is a core function of CDC and other governmental public health entities. The United States is experiencing daily infectious disease outbreaks and sexually transmitted diseases are rising at alarming rates. In 2017, reported cases of gonorrhea, syphilis, and chlamydia increased for the fourth consecutive year. These diseases, in addition to emerging infectious outbreaks, such as Zika, Ebola, and MERS, drain resources and challenge an already fragile public health infrastructure.

PREVENTING AND REMEDIATING ENVIRONMENTAL HEALTH HAZARDS

Complex emergencies associated with drinking water, sanitation, and hygiene trigger immediate responses due to the potential for community-wide harm and significant economic loss. Public health plays a role in preventing and responding to these crises.

For more information about the 22x22 campaign, contact:

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The 22x22 campaign is supported by:

Academy of Nutrition and Dietetics
AcademyHealth
Adult Congenital Heart Association
Advocates for Better Children's Diets
American Academy of Family Physicians
American Association for Dental Research
American Association for the Study of Liver Diseases
American Association of Colleges of Pharmacy
American Association of Poison Control Centers
American College of Preventive Medicine
American Diabetes Association
American Heart Association
American Lung Association
American Public Health Association
American School Health Association
American Sexual Health Association
American Society for Microbiology
American Society of Hematology
Asian and Pacific Islander American Health Forum
Association of Women's Health, Obstetric and Neonatal Nurses
Association for Professionals in Infection Control and Epidemiology
Association of Maternal & Child Health Programs
Association of Public Health Laboratories
Association of State and Territorial Dental Directors
Association of State and Territorial Health Officials
Association of University Centers on Disabilities (AUCD)
Big Cities Health Coalition
Campaign for Tobacco-Free Kids
Children's Hospital Colorado
ClearWay Minnesota
Colorado Association of Local Public Health Officials
Cooley's Anemia Foundation
Council of State and Territorial Epidemiologists
Counter Tools
Epilepsy Foundation
GlaxoSmithKline Consumer Healthcare
Health Resources in Action
Healthy Schools Network
Hogg Foundation for Mental Health
Immunize Nevada
Impetus - Let's Get Started LLC
Intermountain Public Health Consulting, LLC
Infectious Diseases Society of America
Jeffrey Modell Foundation
Kymm Ballard Consulting & Asst. Professor at Campbell University
LIVESTRONG
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National Association of County and City Health Officials
National Association of Epilepsy Centers
National Association of School Nurses
National Coalition of STD Directors
National Hemophilia Foundation
North American Association of Central Cancer Registries (NAACCR)
Pitkin County Public Health
Prevent Blindness
Prevention Institute
Public Health Institute
Redstone Global Center for Prevention and Wellness
Sage Transformations
SAS
Society for Public Health Education
Society of State Leaders of Health and Physical Education
Stewards of Change
The AIDS Institute
The Ayuda Foundation/Island Girl Power GUAM
The Institute for Family Health/Bronx Health REACH
The National REACH Coalition
Tobacco Control Network
Triage Cancer
Trust for America's Health
WomenHeart
YMCA of the USA



Local Health Departments Promote Healthy and Safe Environments

Local health departments protect people from environmental hazards that can be present in the air we breathe, the water we drink, and the communities in which we live. Local health departments are involved in a wide array of environmental health activities including tracking and preventing vector-borne disease, protecting groundwater, safeguarding the food supply, preventing pollution, and monitoring hazardous waste disposal.

According to the World Health Organization, nearly 25% of all diseases are caused by exposures to the environment.

NACCHO Recommendations

To increase the ability of local health departments to protect people from environmental hazards, the National Association of County and City Health Officials (NACCHO) recommends the following in fiscal year (FY) 2020:

Centers for Disease Control and Prevention (CDC)

National Center for Emerging and Zoonotic Infectious Diseases

FOOD SAFETY

FY19: \$60 million

President's FY20 Budget: \$54 million

FY20 NACCHO Request: \$66 million

CDC funds 57 state and local health departments to enhance national surveillance, outbreak detection and response, and food safety prevention efforts. CDC provides technology, expert advice, guidance, and training to help local health departments more quickly identify and stop outbreaks of foodborne disease.

VECTOR CONTROL

FY19: \$39 million

President's FY20 Budget: \$51 million

FY20 NACCHO Request: \$129 million

Local health departments are on the front lines to protect the public from diseases spread by mosquitoes (e.g., Zika, West Nile Virus) and ticks (e.g., Lyme Disease, Rocky Mountain spotted fever). CDC's Division of Vector Borne Diseases' goals include implementing disease diagnostics, surveillance, control, and prevention programs. CDC funds 5 Regional Centers of Excellence in Vector-Borne Diseases to help prevent and rapidly respond to emerging vector-borne diseases across the United States.

National Center for Environmental Health

CLIMATE AND HEALTH

FY19: \$10 million

President's FY20 Budget: Eliminated

FY20 NACCHO Request: \$10 million

Local health departments are charged with addressing the health effects of a changing climate. CDC's Climate and Health program funds 16 state and two city health departments (New York City and San Francisco) to create and implement climate and health adaptation plans. CDC funding improves the readiness of communities to respond to extreme weather events, floods, droughts, and increases in climate-related infectious diseases that affect public health. These successful projects can provide models for others to adapt for their needs.

CHILDHOOD LEAD POISONING PREVENTION

FY19: \$35 million (\$17 million from Prevention and Public Health Fund (PPHF))

President's FY20 Budget: \$17 million

FY20 NACCHO Request: \$50 million

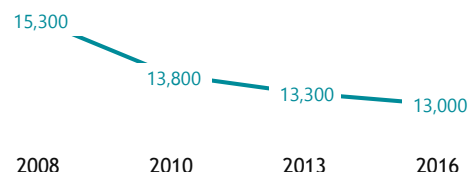
Lead poisoning still is a major public health threat in the United States today. Over half a million children have blood lead levels high enough to threaten their health. CDC funds 29 state and five city health departments (Chicago, Philadelphia, Washington, DC, Houston, and New York City) to identify families with harmful exposure to lead, track incidence and causes, inspect homes and remove environmental threats, connect children with appropriate services, and educate the public and healthcare providers.

Local Health Departments Educate the Public and Protect the Environment

Some of the most common environmental health services provided by local health departments are food safety education, control of animals and insects that carry disease (vector control), and measures to promote clean air. Environmental health services provided may vary by local health department and size of population served.

Years of stagnant or decreased budgets have taken a toll on environmental health services provided by local health departments. The Zika virus outbreak in 2016 highlighted the need for more seamless protection across the United States from diseases that are carried by mosquitoes. Increases in temperatures have also produced more hospitable habitats for ticks, leading to increased Lyme and other tick-borne diseases. NACCHO research has found that budget pressures have in some cases caused a slowdown in the provision of environmental health services and reduced the level of public health protection.

The number of environmental health full-time equivalents in local health departments has **decreased since 2008**



Common environmental health services **provided directly by LHDs** include the following:



Epidemiology & surveillance



Food safety education & inspection



Schools & daycare inspections



Recreational water inspection



Septic systems inspection



Private drinking water inspection



Lead inspection



Vector control

Source: NACCHO Profile Study: Environmental Health, 2016

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Local Health Departments Prevent Disease through Immunization

Vaccines are one of the most successful and cost-effective ways to prevent disease and death. Local health departments are the backbone of the vaccine infrastructure in the United States. These local agencies work with public- and private-sector health care providers to assure effective immunization practices, including proper storage and delivery of vaccines. Immunization is one of the most successful and safest public health measures available to populations worldwide, with an unparalleled

record of disease reduction and prevention. Each year, vaccine-preventable diseases cause long-term illness, hospitalization, and death. In 2019, five measles outbreaks have been reported in New York, Texas and Washington with individual cases in 11 states. While pediatric vaccination remain consistently high nationally, access barriers in some communities and a lag in adolescent and adult vaccination rates remain a threat to public health.

NACCHO Recommendations

To save lives and money, the National Association of County and City Health Officials (NACCHO) recommends the following in fiscal year (FY) 2020:

Centers for Disease Control and Prevention (CDC)

SECTION 317 IMMUNIZATION PROGRAM

FY19: \$611 million (\$324 million from Prevention and Public Health Fund (PPHF))

President's FY20 Budget: \$532 million (\$153 million from PPHF)

FY20 NACCHO Request: \$711 million

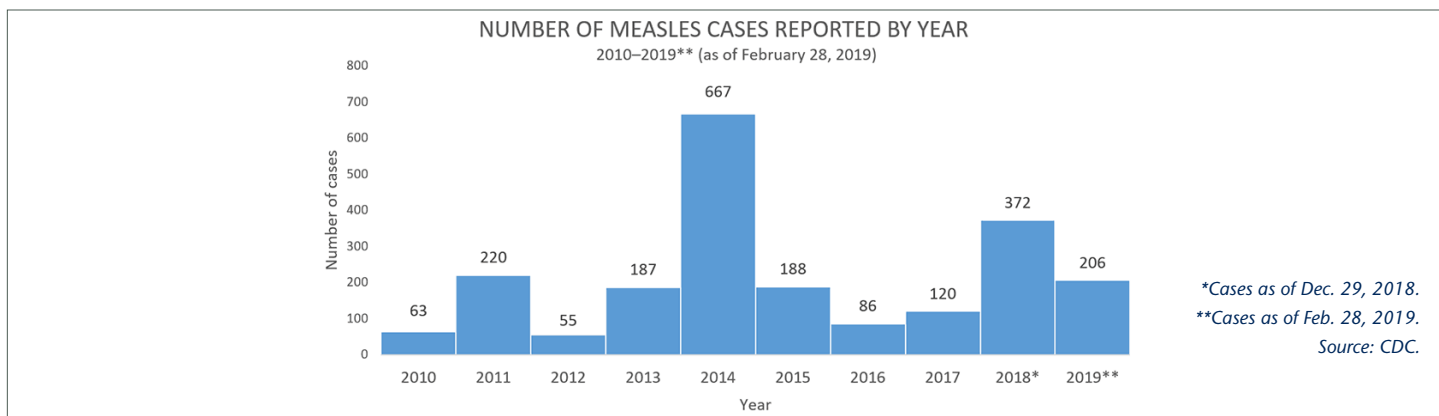
NACCHO urges continued support for the Section 317 Immunization Program. This core public health program provides funding for the federal purchase of vaccines to protect children, adolescents, and adults from infectious disease. Childhood vaccines save more than \$10 for every \$1 invested. Over its 50 year history, the program has addressed the needs of priority populations including underinsured children not eligible for the mandatory Vaccines for Children (VFC) program and uninsured adults.

The 317 Program is also critical to the federal, state, and local support structure that ensures effective, safe,

and timely vaccination. This discretionary program provides the essential infrastructure to deliver the VFC program, provide vaccines purchased with 317 funding, and respond to disease outbreaks. This support is critical to ensure high vaccination coverage levels and minimize vaccine-preventable disease.

The Program provides grants to local health departments in 50 states, eight U.S. territories, and six cities (Chicago, Houston, New York City, Philadelphia, San Antonio, and Washington, DC) to purchase vaccine for 17 vaccine-preventable diseases and support infrastructure and operations at the local, state, and national levels.

There has been a significant increase in requirements on immunization programs in recent years without additional resources to effectively carry them out – including efforts to update immunization information systems, support meaningful use, on-board providers, move to electronic ordering and inventory, increase the number of provider site visits for VFC accountability, and increase monitoring of storage and handling and fraud and abuse. Increased demands are being made on local health departments to investigate and control outbreaks of vaccine-preventable diseases such as measles and mumps.



Role of Local and State Health Departments in Immunization

The Section 317 Immunization Program provides funding for immunization operations/infrastructure and vaccine purchase. Operations and infrastructure funding supports the following:

- Conducting disease surveillance and reporting to the CDC
- Overseeing outbreak control and response
- Coordinating efforts among healthcare facilities, private providers, and community partners
- Leading risk communication efforts among healthcare providers and media
- Educating communities and healthcare providers, and holding vaccination clinics
- Maintaining immunization registries and information systems
- Implementing third-party billing for reimbursement
- Enforcing school and daycare requirements
- Developing strategies to improve coverage rates in adolescents and adults
- Executing program oversight, assuring quality and accountability, and evaluating effectiveness

A Health Affairs study about the economic burden of vaccine-preventable diseases among U.S. adults examined ten vaccines recommended for adults 19 years and older. The study estimated the economic burden at approximately \$9 billion (2015), and nearly 80% (\$7.1 billion) of those costs are attributable to treating unvaccinated persons.



Source: <http://content.healthaffairs.org/content/early/2016/10/07/hlthaff.2016.0462>

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Local Health Departments Prevent Opioid Abuse and Overdose

Local health departments are on the front lines of the prescription drug and heroin abuse epidemic, as well as the rise in substance use disorders. They work to increase community access to prescription drug abuse treatment and prevention and for accessibility to medications that reverse overdoses and save lives.

A comprehensive federal response is still needed. Overdoses caused by opioids, both prescription drugs and heroin, take more than 115 lives a day. Death rates from opioid overdose have never been higher. In the United States, one in 10 people misusing prescription drugs will switch to heroin, and over 591,000 Americans reported using heroin in 2016.

Opioid Policy Priorities

To address the opioid epidemic, Congress must ensure sustained appropriations for increased opioid surveillance and prevention measures at state and local health departments. NACCHO also recommends that Congress address the following:

- Increase federal investment in local health department capacity by ensuring that any authorizing or appropriation legislation specifies both state and local health departments as eligible recipients for opioid grant dollars.
- Encourage local health departments to implement syringe service programs to reduce harm from injection drug use and opioid use disorder, including the spread of human immunodeficiency virus (HIV) and viral hepatitis by lifting the federal ban on syringe purchase.
- Set limits on prescribing or dispensing controlled substances, with allowances for specialty clinics and pharmacies with documented expertise in the management of substance dependency and chronic pain.
- Protect first responders and good Samaritans from liability associated with naloxone administration during a suspected drug overdose.

NACCHO Recommendations

To protect health and safety, NACCHO recommends the following in fiscal year (FY) 2020:

Centers for Disease Control and Prevention (CDC)

OPIOID PRESCRIPTION AND DRUG OVERDOSE PREVENTION

FY19: \$476 million

FY20 President's Budget: \$476 million

FY20 NACCHO Request: \$650 million

In FY2019, CDC will fund all 50 states for Prescription Drug Overdose Prevention to provide state health departments with resources and support to advance interventions for prevention prescription drug

overdoses. For the first time, Congress included language in FY2019 directing CDC to ensure that local health departments are also eligible for funding, along with states.

ELIMINATING OPIOID-RELATED INFECTIOUS DISEASES ACT OF 2018

FY19: N/A

FY20 President's Budget: \$58 million

FY20 NACCHO Request: \$58 million

In 2018 Congress authorized CDC to spearhead an initiative aimed at curbing the rise in incidences of HIV, Hepatitis A, B and C and other infectious diseases related to intravenous drug use.

NACCHO also supports the following programs which help to address the opioid epidemic:

- Health Resources and Services Administration: Rural Communities Opioid Response Program
- Substance Abuse and Mental Health Services

Administration (SAMHSA):

- Medication-Assisted Treatment for Prescription Drug and Opioid Addiction and
- State Targeted Response to the Opioid Crisis Grants
- U.S. Department of Agriculture, Rural Development Grants

Local Health Departments Protect the Community

Local health departments work to reduce the toll of opioid abuse and overdose through the following:

- **Surveillance** - Monitoring both local and state data to analyze opioid and heroin use, overdose, drug use-related infections, and mortality trends.
- **Education** - Educating healthcare providers on proper opioid prescribing practices and encouraging use of prescription drug monitoring programs.
- **Training** - Teaching first responders and community members to use lifesaving overdose reversal medications, such as naloxone; and helping local health care providers adopt CDC best practices on opioid prescribing.
- **Treatment and Recovery** - Promoting substance abuse treatment programs including those that use medication-assisted treatment.
- **Cross-Cutting Partnerships** - Creating local task forces to develop and implement “take back” programs that allow for safe disposal of unused prescription drugs.

NACCHO LOOPR Sites

With financial support from the CDC, NACCHO’s Local Opioid Overdose Prevention and Response (LOOPR) project increases the capacity of local health departments to respond effectively to the opioid epidemic by working more closely with state and local partners (e.g., law enforcement, healthcare providers, local/state health departments) and implementing evidence-based strategies at the local level.

NACCHO will provide support and technical assistance to local health departments for exploring, planning, and implementing innovative and collaborative approaches to support efforts to combat the opioid crisis within their communities. LOOPR sites are tasked with creating a Community Action Plan that identifies their unique strategies to reduce fatal and non-fatal opioid overdoses, and build local capacity to enhance prevention, harm reduction, and linkages to care.

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Local Health Departments Prepare for and Respond to Emergencies

Local health departments are the “boots on the ground” in preparing for, responding to, and recovering from public health emergencies such as disease outbreaks, natural and human-caused disasters, and terrorist attacks. Recent years have seen increased levels of severe weather, including hurricanes, extreme flooding, and damaging wildfires. People in communities across the nation want to know that in an emergency, the public health and health care sectors are ready to respond. The federal government provides support through the Public

Health Emergency Preparedness (PHEP) program and Hospital Preparedness Program (HPP). These complementary programs serve different purposes. PHEP supports local health departments’ response to public health threats and helps to build resilient communities. HPP enables health care systems to save lives during emergencies that exceed day-to-day capacity of health and emergency response systems. Local health departments play a role in convening partners through healthcare coalitions.

NACCHO Recommendations

To save lives and money, the National Association of County and City Health Officials (NACCHO) recommends the following in fiscal year (FY) 2020:

Centers for Disease Control and Prevention (CDC)

PUBLIC HEALTH EMERGENCY PREPAREDNESS GRANTS

FY19: \$675 million

President’s FY20 Budget: N/A

FY20 NACCHO Request: \$675 million

PHEP grants strengthen local and state public health departments’ capacity and capability to effectively respond to public health emergencies such as terrorist threats; infectious disease outbreaks; natural disasters; and biological, chemical, nuclear, and radiological emergencies. PHEP grants are awarded to 50 state, four city (Chicago, Los Angeles County, New York City, and Washington, DC), and eight territorial health departments. More than 55% of local health departments rely solely on federal funding for emergency preparedness.

Assistant Secretary for Preparedness and Response, HHS

HOSPITAL PREPAREDNESS PROGRAM

FY19: \$265 million

President’s FY20 Budget: \$258 million

FY20 NACCHO Request: \$474 million

HPP provides funding to 50 state, four city (Chicago, Los Angeles County, New York City, and Washington, DC), and eight territorial health departments to enhance healthcare system planning and response at the state, local, regional, and territorial levels. HPP supports 476 health care coalitions (HCCs), which are formal collaborations among health care and public health focused on strengthening the ability of the health care system to respond in an emergency. As the only source of federal funding that supports regional health care system preparedness, HPP promotes a sustained national focus to improve patient outcomes, minimize the need for supplemental state and federal resources during emergencies, and enable rapid recovery.

MEDICAL RESERVE CORPS

FY19: \$6 million

President’s FY20 Budget: \$4 million

FY20 NACCHO Request: \$11 million

The Medical Reserve Corps (MRC) was created in 2002 after the 9/11 terrorist attacks. These highly skilled volunteer health professionals fill a critical role in increasing local health departments’ capacity to respond to emergencies. Two-thirds of the nation’s 1,000 MRC units are housed in local health departments. MRC has been cut by 45% since FY2013.

Local Health Departments Protect the Public

Local health departments are the chief health strategists of their communities, often serving as the key convener of multiple health care and public sectors to ensure that all systems are prepared and coordinated to respond when disaster strikes. Local health departments perform the following functions to ensure the safety and well-being of America's communities in the face of potential public health emergencies:

Mitigation

- Conduct research on best ways to reduce the risk to life and property.
- Issue guidance to the public on risks and ways they can stay safe.

Preparedness

- Develop comprehensive disaster plans in collaboration with community partners.

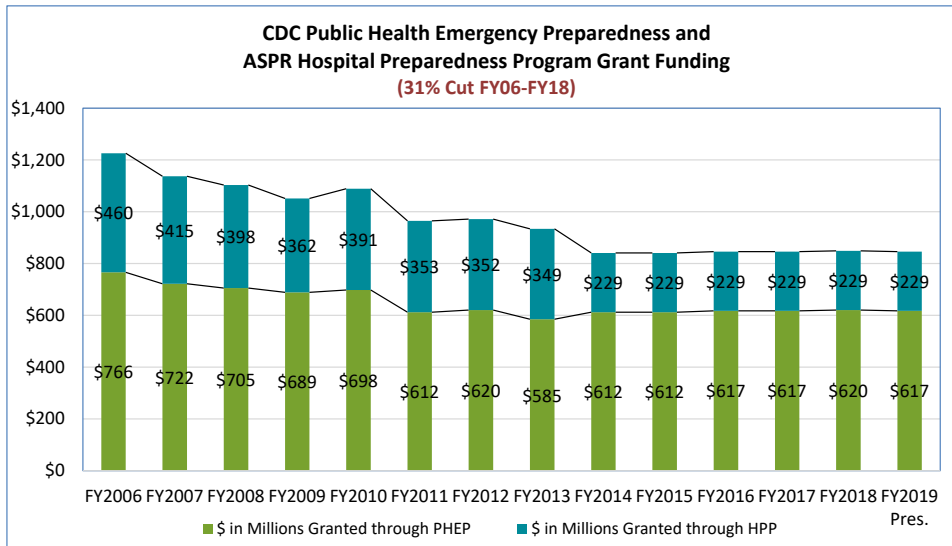
- Conduct trainings and exercises to improve emergency response capacity.
- Ready healthcare providers for medical surges.

Response

- Evacuate the public during disasters.
- Mobilize and coordinate volunteer public health and healthcare professionals to limit injury and death.
- Provide immunizations to limit spread of infectious disease.
- Coordinate shelters and monitor health conditions.
- Reunite families who may be disconnected in an emergency.

Recovery

- Rebuild critical public health infrastructure and services.
- Provide public health and mental/behavioral health services to assist community recovery efforts.
- Learn from emergencies and revise emergency plans.



About NACCHO

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Local Health Departments Prevent Costly Chronic Diseases

Chronic diseases such as cancer, diabetes, lung disease, and heart disease are the leading cause of death and disability in the United States. Much of what keeps people healthy happens outside of the doctor's office, in the places where people live, work, play, learn, and worship. Local health departments lay the groundwork for people to lead healthier and longer lives by encouraging healthy choices that prevent disease, promote resilient families, and strengthen the U.S. workforce.

Local health departments work with a wide range of multi-sector community partners to create conditions and policies that help people make healthy choices. For example, local health departments help people avoid tobacco use, become more physically active, and access healthier food. They help identify people with chronic diseases and connect them to appropriate services. These proactive measures contribute to the prevention of chronic diseases, saving money in the healthcare system and increasing productivity.

The President's FY20 budget, as in previous budgets, proposed to eliminate the current mechanism through which chronic disease programs are funded at the Centers for Disease Control and Prevention (CDC). The proposal would merge funding for CDC chronic disease programs, such as heart disease and stroke prevention, diabetes prevention, and tobacco prevention and control, into the America's Health Block Grant. Cutting and merging funding for the chronic disease programs would harm local health departments' ability to effectively address chronic disease issues in their communities by squeezing state budgets and weakening transparency and accountability with federal agencies. NACCHO supports maintaining the existing funding mechanism and providing state and local health departments with sustained resources to adequately address the nation's leading causes of death and disability.

NACCHO Recommendations

To promote healthy living and prevent disease, the National Association of County and City Health Officials (NACCHO) recommends the following in fiscal year (FY) 2020:

Centers for Disease Control and Prevention (CDC)

The President's FY20 Budget proposes consolidating the following programs in the America's Health Block Grant:

TOBACCO PREVENTION AND CONTROL

FY19: \$210 million

FY20 NACCHO Request: \$310 million

Tobacco use is the leading cause of preventable death and disease in the United States. The National Tobacco Control Program provides funding and technical support to state health departments, tribes, and national networks. The program's primary goals are to eliminate secondhand smoke exposure, promote quitting tobacco use, prevent initiation, and eliminate disparities. Local health departments collaborate with national, state, and local partners to reduce tobacco use among adults and youth in their communities.

continued on next page

RACIAL AND ETHNIC APPROACHES TO COMMUNITY HEALTH (REACH)

FY19: \$56 million (including \$21 million for tribal communities)

President's FY20 Budget: Eliminated

FY20 NACCHO Request: \$77 million (including \$21 million for tribal communities)

The REACH program is aimed at reducing racial and ethnic inequities in health status. REACH funds state and local health departments, tribes, universities, and community-based organizations. REACH uses community-based, participatory approaches to identify, develop, and disseminate effective strategies for addressing health disparities across a wide range of priority areas such as cardiovascular disease, diabetes, obesity, asthma, and immunization. In many REACH communities, local health departments serve as central coordinating organizations because of their success in community-based public health outreach.

Local health departments and their partners play a critical role in population-based tobacco prevention and cessation efforts. According to the 2016 National Profile of Local Health Departments 74% of local health departments provide population-based primary prevention services for tobacco and 38% of local health departments regulate, inspect, or license tobacco retailers in their communities.

With CDC support, NACCHO provided subgrants to local health departments to partner with health care providers on tobacco cessation through the CDC's Tips From Former Smokers ® Campaign.

Subgrantees included the following:

- East Central District Health Department, NE;
- Franklin County Health Department, KY;
- Huron County Public Health, OH;
- Lawrence-Douglas County Health Department, KS;
- Macon-Bibb County Health Department, GA;
- Tazewell County Health Department, IL; and
- Utah County Government on behalf of Utah County Health Department, UT.

Tobacco prevention and control is one of the “best buys” in public health. States with strong tobacco control programs see a \$55 return on every \$1 investment, mostly from avoiding costs to treat smoking-related illness. (Source: CDC)



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Local Health Departments Build Strong Communities

People across the United States live better lives because of the work of local health departments and their staff. Local health departments lay the groundwork for the kinds of healthy choices that keep people from getting sick in the first place. Public health professionals work in communities every day in ways that the public may not notice: providing immunizations to school kids, helping moms and babies get a healthy start and monitoring disease trends to prevent outbreaks. These public health professionals come from a wide variety of

disciplines, including: nursing, nutrition, health education and epidemiology. Local health departments vary in size, from rural health departments relying on a handful of staff to large urban departments with thousands of staff.

Since 2008, local health departments have eliminated approximately 56,630 skilled professional jobs. Federal funding is essential to sustaining the capacity and capabilities of local health departments.

NACCHO Recommendations

To protect health and safety, the National Association of County and City Health Officials (NACCHO) recommends the following in fiscal year (FY) 2020:

Centers for Disease Control and Prevention (CDC)

PREVENTIVE HEALTH & HEALTH SERVICES BLOCK GRANT

FY19: \$160 million from the Prevention and Public Health Fund (PPHF)

President's FY20 Budget: 0

FY20 NACCHO Request: \$170 million

The Preventive Health and Health Services Block Grant is a vital source of funding for state and local health departments. This unique funding gives states the autonomy and flexibility to solve their unique problems and provide similar support to local communities, while still making states accountable for demonstrating the local, state, and national impact of this investment. NACCHO opposes the Administration's elimination of this program.

PUBLIC HEALTH WORKFORCE DEVELOPMENT

FY19: \$51 million

President's FY20 Budget: \$45 million

FY20 NACCHO Request: \$57 million

These funds support the CDC's fellowship and training programs that fill critical gaps in the public health workforce, provide on-the-job training, and provide continuing education and training for the public health workforce. The Public Health Associate Program also places CDC-trained staff in the field and strengthens local and state health department capacity and capabilities. These funds also support the Epidemic Intelligence Service, the CDC's disease detectives.

EPIDEMIOLOGY AND LAB CAPACITY (ELC) GRANT PROGRAM

FY19: \$195 million (\$40 million from the Prevention and Public Health Fund (PPHF))

President's FY20 Budget: \$200 million

FY20 NACCHO Request: \$195 million

The ELC grant program is a single grant vehicle for multiple programmatic initiatives that go to 50 state health departments, six large cities (Chicago, Houston, Los Angeles County, New York City, Philadelphia, and Washington, DC), Puerto Rico, and the Republic of Palau.

The ELC grants strengthen local and state capacity to perform critical epidemiology and laboratory work by detecting, tracking and responding to known infectious disease threats and maintaining core capacity to be the nation's eyes and ears on the ground to detect new threats as they emerge.

Local Health Departments Respond to Community Needs

Local health department staff provide a wide range of public health services. Public health threats and opportunities in the 21st century require a broad skill set within infectious and chronic disease prevention, emergency preparedness, public health information technology, and environmental health.

"CDC and public health departments cannot predict what new challenges we will face tomorrow or in the coming years. We know from experience how important it is for America to have highly trained, dedicated professionals ready to meet the next challenge."

—Dr. Patricia Simone, CDC Director of Division of Scientific
Education and Professional Development

The top areas of training needs are budgeting and financial management, systems and strategic thinking, change management, and developing a vision for a healthy community.

(Public Health Workforce Interests and
Needs Survey, The de Beaumont Foundation,
NACCHO, and ASTHO)



Is the workforce sustainable?

TURNOVER:

Health departments face a high rate of turnover. Nearly half of the workforce is considering leaving their organization in the next five years.



NEARLY HALF

of the workforce is considering leaving
their organization in the next five years



22%
plan to retire in
the next five years

25%
plan to leave in the next year for
reasons other than retirement



Since 2014,
there has been a
41%
increase in
those planning
to leave their
organization

(Source: Public Health Workforce Interests
and Needs Survey, the de Beaumont
Foundation, NACCHO, and ASTHO)

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Local Health Departments Promote Healthy and Safe Environments

Local health departments protect people from environmental hazards that can be present in the air we breathe, the water we drink, and the communities in which we live. Local health departments are involved in a wide array of environmental health activities including tracking and preventing vector-borne disease, protecting groundwater, safeguarding the food supply, preventing pollution, and monitoring hazardous waste disposal.

According to the World Health Organization, nearly 25% of all diseases are caused by exposures to the environment.

NACCHO Recommendations

To increase the ability of local health departments to protect people from environmental hazards, the National Association of County and City Health Officials (NACCHO) recommends the following in fiscal year (FY) 2020:

Centers for Disease Control and Prevention (CDC)

National Center for Emerging and Zoonotic Infectious Diseases

FOOD SAFETY

FY19: \$60 million

President's FY20 Budget: \$54 million

FY20 NACCHO Request: \$66 million

CDC funds 57 state and local health departments to enhance national surveillance, outbreak detection and response, and food safety prevention efforts. CDC provides technology, expert advice, guidance, and training to help local health departments more quickly identify and stop outbreaks of foodborne disease.

VECTOR CONTROL

FY19: \$39 million

President's FY20 Budget: \$51 million

FY20 NACCHO Request: \$129 million

Local health departments are on the front lines to protect the public from diseases spread by mosquitoes (e.g., Zika, West Nile Virus) and ticks (e.g., Lyme Disease, Rocky Mountain spotted fever). CDC's Division of Vector Borne Diseases' goals include implementing disease diagnostics, surveillance, control, and prevention programs. CDC funds 5 Regional Centers of Excellence in Vector-Borne Diseases to help prevent and rapidly respond to emerging vector-borne diseases across the United States.

National Center for Environmental Health

CLIMATE AND HEALTH

FY19: \$10 million

President's FY20 Budget: Eliminated

FY20 NACCHO Request: \$10 million

Local health departments are charged with addressing the health effects of a changing climate. CDC's Climate and Health program funds 16 state and two city health departments (New York City and San Francisco) to create and implement climate and health adaptation plans. CDC funding improves the readiness of communities to respond to extreme weather events, floods, droughts, and increases in climate-related infectious diseases that affect public health. These successful projects can provide models for others to adapt for their needs.

CHILDHOOD LEAD POISONING PREVENTION

FY19: \$35 million (\$17 million from Prevention and Public Health Fund (PPHF))

President's FY20 Budget: \$17 million

FY20 NACCHO Request: \$50 million

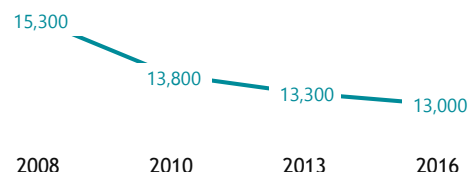
Lead poisoning still is a major public health threat in the United States today. Over half a million children have blood lead levels high enough to threaten their health. CDC funds 29 state and five city health departments (Chicago, Philadelphia, Washington, DC, Houston, and New York City) to identify families with harmful exposure to lead, track incidence and causes, inspect homes and remove environmental threats, connect children with appropriate services, and educate the public and healthcare providers.

Local Health Departments Educate the Public and Protect the Environment

Some of the most common environmental health services provided by local health departments are food safety education, control of animals and insects that carry disease (vector control), and measures to promote clean air. Environmental health services provided may vary by local health department and size of population served.

Years of stagnant or decreased budgets have taken a toll on environmental health services provided by local health departments. The Zika virus outbreak in 2016 highlighted the need for more seamless protection across the United States from diseases that are carried by mosquitoes. Increases in temperatures have also produced more hospitable habitats for ticks, leading to increased Lyme and other tick-borne diseases. NACCHO research has found that budget pressures have in some cases caused a slowdown in the provision of environmental health services and reduced the level of public health protection.

The number of environmental health full-time equivalents in local health departments has **decreased since 2008**



Common environmental health services **provided directly by LHDs** include the following:



Epidemiology & surveillance



Food safety education & inspection



Schools & daycare inspections



Recreational water inspection



Septic systems inspection



Private drinking water inspection



Lead inspection



Vector control

Source: NACCHO Profile Study: Environmental Health, 2016

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Local Health Departments Prevent Disease through Immunization

Vaccines are one of the most successful and cost-effective ways to prevent disease and death. Local health departments are the backbone of the vaccine infrastructure in the United States. These local agencies work with public- and private-sector health care providers to assure effective immunization practices, including proper storage and delivery of vaccines. Immunization is one of the most successful and safest public health measures available to populations worldwide, with an unparalleled

record of disease reduction and prevention. Each year, vaccine-preventable diseases cause long-term illness, hospitalization, and death. In 2019, five measles outbreaks have been reported in New York, Texas and Washington with individual cases in 11 states. While pediatric vaccination remain consistently high nationally, access barriers in some communities and a lag in adolescent and adult vaccination rates remain a threat to public health.

NACCHO Recommendations

To save lives and money, the National Association of County and City Health Officials (NACCHO) recommends the following in fiscal year (FY) 2020:

Centers for Disease Control and Prevention (CDC)

SECTION 317 IMMUNIZATION PROGRAM

FY19: \$611 million (\$324 million from Prevention and Public Health Fund (PPHF))

President's FY20 Budget: \$532 million (\$153 million from PPHF)

FY20 NACCHO Request: \$711 million

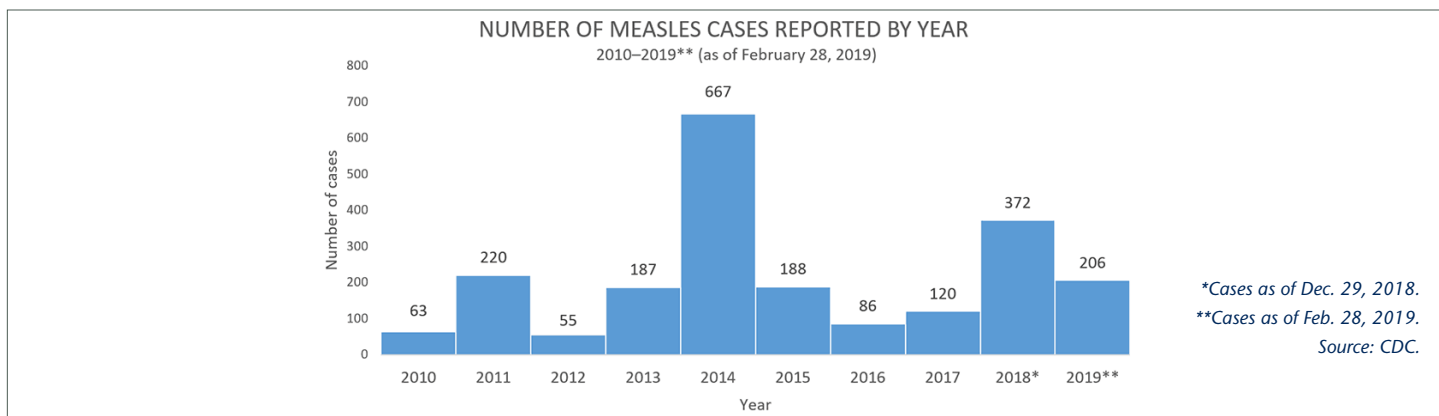
NACCHO urges continued support for the Section 317 Immunization Program. This core public health program provides funding for the federal purchase of vaccines to protect children, adolescents, and adults from infectious disease. Childhood vaccines save more than \$10 for every \$1 invested. Over its 50 year history, the program has addressed the needs of priority populations including underinsured children not eligible for the mandatory Vaccines for Children (VFC) program and uninsured adults.

The 317 Program is also critical to the federal, state, and local support structure that ensures effective, safe,

and timely vaccination. This discretionary program provides the essential infrastructure to deliver the VFC program, provide vaccines purchased with 317 funding, and respond to disease outbreaks. This support is critical to ensure high vaccination coverage levels and minimize vaccine-preventable disease.

The Program provides grants to local health departments in 50 states, eight U.S. territories, and six cities (Chicago, Houston, New York City, Philadelphia, San Antonio, and Washington, DC) to purchase vaccine for 17 vaccine-preventable diseases and support infrastructure and operations at the local, state, and national levels.

There has been a significant increase in requirements on immunization programs in recent years without additional resources to effectively carry them out – including efforts to update immunization information systems, support meaningful use, on-board providers, move to electronic ordering and inventory, increase the number of provider site visits for VFC accountability, and increase monitoring of storage and handling and fraud and abuse. Increased demands are being made on local health departments to investigate and control outbreaks of vaccine-preventable diseases such as measles and mumps.



Role of Local and State Health Departments in Immunization

The Section 317 Immunization Program provides funding for immunization operations/ infrastructure and vaccine purchase. Operations and infrastructure funding supports the following:

- Conducting disease surveillance and reporting to the CDC
- Overseeing outbreak control and response
- Coordinating efforts among healthcare facilities, private providers, and community partners
- Leading risk communication efforts among healthcare providers and media
- Educating communities and healthcare providers, and holding vaccination clinics
- Maintaining immunization registries and information systems
- Implementing third-party billing for reimbursement
- Enforcing school and daycare requirements
- Developing strategies to improve coverage rates in adolescents and adults
- Executing program oversight, assuring quality and accountability, and evaluating effectiveness

A Health Affairs study about the economic burden of vaccine-preventable diseases among U.S. adults examined ten vaccines recommended for adults 19 years and older. The study estimated the economic burden at approximately \$9 billion (2015), and nearly 80% (\$7.1 billion) of those costs are attributable to treating unvaccinated persons.



Source: <http://content.healthaffairs.org/content/early/2016/10/07/hlthaff.2016.0462>

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Local Health Departments Prevent Opioid Abuse and Overdose

Local health departments are on the front lines of the prescription drug and heroin abuse epidemic, as well as the rise in substance use disorders. They work to increase community access to prescription drug abuse treatment and prevention and for accessibility to medications that reverse overdoses and save lives.

A comprehensive federal response is still needed. Overdoses caused by opioids, both prescription drugs and heroin, take more than 115 lives a day. Death rates from opioid overdose have never been higher. In the United States, one in 10 people misusing prescription drugs will switch to heroin, and over 591,000 Americans reported using heroin in 2016.

Opioid Policy Priorities

To address the opioid epidemic, Congress must ensure sustained appropriations for increased opioid surveillance and prevention measures at state and local health departments. NACCHO also recommends that Congress address the following:

- Increase federal investment in local health department capacity by ensuring that any authorizing or appropriation legislation specifies both state and local health departments as eligible recipients for opioid grant dollars.
- Encourage local health departments to implement syringe service programs to reduce harm from injection drug use and opioid use disorder, including the spread of human immunodeficiency virus (HIV) and viral hepatitis by lifting the federal ban on syringe purchase.
- Set limits on prescribing or dispensing controlled substances, with allowances for specialty clinics and pharmacies with documented expertise in the management of substance dependency and chronic pain.
- Protect first responders and good Samaritans from liability associated with naloxone administration during a suspected drug overdose.

NACCHO Recommendations

To protect health and safety, NACCHO recommends the following in fiscal year (FY) 2020:

Centers for Disease Control and Prevention (CDC)

OPIOID PRESCRIPTION AND DRUG OVERDOSE PREVENTION

FY19: \$476 million

FY20 President's Budget: \$476 million

FY20 NACCHO Request: \$650 million

In FY2019, CDC will fund all 50 states for Prescription Drug Overdose Prevention to provide state health departments with resources and support to advance interventions for prevention prescription drug

overdoses. For the first time, Congress included language in FY2019 directing CDC to ensure that local health departments are also eligible for funding, along with states.

ELIMINATING OPIOID-RELATED INFECTIOUS DISEASES ACT OF 2018

FY19: N/A

FY20 President's Budget: \$58 million

FY20 NACCHO Request: \$58 million

In 2018 Congress authorized CDC to spearhead an initiative aimed at curbing the rise in incidences of HIV, Hepatitis A, B and C and other infectious diseases related to intravenous drug use.

NACCHO also supports the following programs which help to address the opioid epidemic:

- Health Resources and Services Administration: Rural Communities Opioid Response Program
- Substance Abuse and Mental Health Services

Administration (SAMHSA):

- Medication-Assisted Treatment for Prescription Drug and Opioid Addiction and
- State Targeted Response to the Opioid Crisis Grants
- U.S. Department of Agriculture, Rural Development Grants

Local Health Departments Protect the Community

Local health departments work to reduce the toll of opioid abuse and overdose through the following:

- **Surveillance** - Monitoring both local and state data to analyze opioid and heroin use, overdose, drug use-related infections, and mortality trends.
- **Education** - Educating healthcare providers on proper opioid prescribing practices and encouraging use of prescription drug monitoring programs.
- **Training** - Teaching first responders and community members to use lifesaving overdose reversal medications, such as naloxone; and helping local health care providers adopt CDC best practices on opioid prescribing.
- **Treatment and Recovery** - Promoting substance abuse treatment programs including those that use medication-assisted treatment.
- **Cross-Cutting Partnerships** - Creating local task forces to develop and implement “take back” programs that allow for safe disposal of unused prescription drugs.

NACCHO LOOPR Sites

With financial support from the CDC, NACCHO’s Local Opioid Overdose Prevention and Response (LOOPR) project increases the capacity of local health departments to respond effectively to the opioid epidemic by working more closely with state and local partners (e.g., law enforcement, healthcare providers, local/state health departments) and implementing evidence-based strategies at the local level.

NACCHO will provide support and technical assistance to local health departments for exploring, planning, and implementing innovative and collaborative approaches to support efforts to combat the opioid crisis within their communities. LOOPR sites are tasked with creating a Community Action Plan that identifies their unique strategies to reduce fatal and non-fatal opioid overdoses, and build local capacity to enhance prevention, harm reduction, and linkages to care.

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Local Health Departments Prepare for and Respond to Emergencies

Local health departments are the “boots on the ground” in preparing for, responding to, and recovering from public health emergencies such as disease outbreaks, natural and human-caused disasters, and terrorist attacks. Recent years have seen increased levels of severe weather, including hurricanes, extreme flooding, and damaging wildfires. People in communities across the nation want to know that in an emergency, the public health and health care sectors are ready to respond. The federal government provides support through the Public

Health Emergency Preparedness (PHEP) program and Hospital Preparedness Program (HPP). These complementary programs serve different purposes. PHEP supports local health departments’ response to public health threats and helps to build resilient communities. HPP enables health care systems to save lives during emergencies that exceed day-to-day capacity of health and emergency response systems. Local health departments play a role in convening partners through healthcare coalitions.

NACCHO Recommendations

To save lives and money, the National Association of County and City Health Officials (NACCHO) recommends the following in fiscal year (FY) 2020:

Centers for Disease Control and Prevention (CDC)

PUBLIC HEALTH EMERGENCY PREPAREDNESS GRANTS

FY19: \$675 million

President’s FY20 Budget: N/A

FY20 NACCHO Request: \$675 million

PHEP grants strengthen local and state public health departments’ capacity and capability to effectively respond to public health emergencies such as terrorist threats; infectious disease outbreaks; natural disasters; and biological, chemical, nuclear, and radiological emergencies. PHEP grants are awarded to 50 state, four city (Chicago, Los Angeles County, New York City, and Washington, DC), and eight territorial health departments. More than 55% of local health departments rely solely on federal funding for emergency preparedness.

Assistant Secretary for Preparedness and Response, HHS

HOSPITAL PREPAREDNESS PROGRAM

FY19: \$265 million

President’s FY20 Budget: \$258 million

FY20 NACCHO Request: \$474 million

HPP provides funding to 50 state, four city (Chicago, Los Angeles County, New York City, and Washington, DC), and eight territorial health departments to enhance healthcare system planning and response at the state, local, regional, and territorial levels. HPP supports 476 health care coalitions (HCCs), which are formal collaborations among health care and public health focused on strengthening the ability of the health care system to respond in an emergency. As the only source of federal funding that supports regional health care system preparedness, HPP promotes a sustained national focus to improve patient outcomes, minimize the need for supplemental state and federal resources during emergencies, and enable rapid recovery.

MEDICAL RESERVE CORPS

FY19: \$6 million

President’s FY20 Budget: \$4 million

FY20 NACCHO Request: \$11 million

The Medical Reserve Corps (MRC) was created in 2002 after the 9/11 terrorist attacks. These highly skilled volunteer health professionals fill a critical role in increasing local health departments’ capacity to respond to emergencies. Two-thirds of the nation’s 1,000 MRC units are housed in local health departments. MRC has been cut by 45% since FY2013.

Local Health Departments Protect the Public

Local health departments are the chief health strategists of their communities, often serving as the key convener of multiple health care and public sectors to ensure that all systems are prepared and coordinated to respond when disaster strikes. Local health departments perform the following functions to ensure the safety and well-being of America's communities in the face of potential public health emergencies:

Mitigation

- Conduct research on best ways to reduce the risk to life and property.
- Issue guidance to the public on risks and ways they can stay safe.

Preparedness

- Develop comprehensive disaster plans in collaboration with community partners.

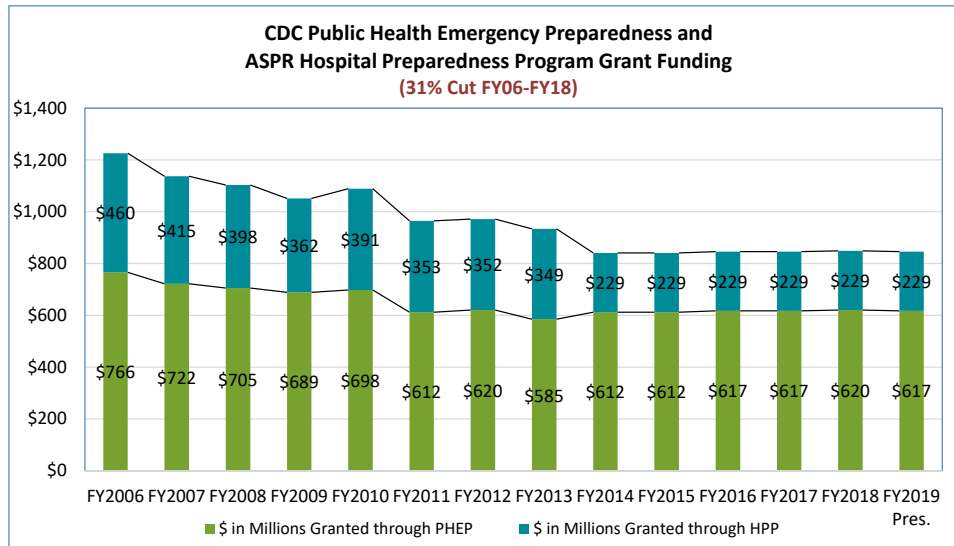
- Conduct trainings and exercises to improve emergency response capacity.
- Ready healthcare providers for medical surges.

Response

- Evacuate the public during disasters.
- Mobilize and coordinate volunteer public health and healthcare professionals to limit injury and death.
- Provide immunizations to limit spread of infectious disease.
- Coordinate shelters and monitor health conditions.
- Reunite families who may be disconnected in an emergency.

Recovery

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- Provide public health and mental/behavioral health services to assist community recovery efforts.
- Learn from emergencies and revise emergency plans.



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Local Health Departments Prevent Costly Chronic Diseases

Chronic diseases such as cancer, diabetes, lung disease, and heart disease are the leading cause of death and disability in the United States. Much of what keeps people healthy happens outside of the doctor's office, in the places where people live, work, play, learn, and worship. Local health departments lay the groundwork for people to lead healthier and longer lives by encouraging healthy choices that prevent disease, promote resilient families, and strengthen the U.S. workforce.

Local health departments work with a wide range of multi-sector community partners to create conditions and policies that help people make healthy choices. For example, local health departments help people avoid tobacco use, become more physically active, and access healthier food. They help identify people with chronic diseases and connect them to appropriate services. These proactive measures contribute to the prevention of chronic diseases, saving money in the healthcare system and increasing productivity.

The President's FY20 budget, as in previous budgets, proposed to eliminate the current mechanism through which chronic disease programs are funded at the Centers for Disease Control and Prevention (CDC). The proposal would merge funding for CDC chronic disease programs, such as heart disease and stroke prevention, diabetes prevention, and tobacco prevention and control, into the America's Health Block Grant. Cutting and merging funding for the chronic disease programs would harm local health departments' ability to effectively address chronic disease issues in their communities by squeezing state budgets and weakening transparency and accountability with federal agencies. NACCHO supports maintaining the existing funding mechanism and providing state and local health departments with sustained resources to adequately address the nation's leading causes of death and disability.

NACCHO Recommendations

To promote healthy living and prevent disease, the National Association of County and City Health Officials (NACCHO) recommends the following in fiscal year (FY) 2020:

Centers for Disease Control and Prevention (CDC)

The President's FY20 Budget proposes consolidating the following programs in the America's Health Block Grant:

TOBACCO PREVENTION AND CONTROL

FY19: \$210 million

FY20 NACCHO Request: \$310 million

Tobacco use is the leading cause of preventable death and disease in the United States. The National Tobacco Control Program provides funding and technical support to state health departments, tribes, and national networks. The program's primary goals are to eliminate secondhand smoke exposure, promote quitting tobacco use, prevent initiation, and eliminate disparities. Local health departments collaborate with national, state, and local partners to reduce tobacco use among adults and youth in their communities.

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RACIAL AND ETHNIC APPROACHES TO COMMUNITY HEALTH (REACH)

FY19: \$56 million (including \$21 million for tribal communities)

President's FY20 Budget: Eliminated

FY20 NACCHO Request: \$77 million (including \$21 million for tribal communities)

The REACH program is aimed at reducing racial and ethnic inequities in health status. REACH funds state and local health departments, tribes, universities, and community-based organizations. REACH uses community-based, participatory approaches to identify, develop, and disseminate effective strategies for addressing health disparities across a wide range of priority areas such as cardiovascular disease, diabetes, obesity, asthma, and immunization. In many REACH communities, local health departments serve as central coordinating organizations because of their success in community-based public health outreach.

Local health departments and their partners play a critical role in population-based tobacco prevention and cessation efforts. According to the 2016 National Profile of Local Health Departments 74% of local health departments provide population-based primary prevention services for tobacco and 38% of local health departments regulate, inspect, or license tobacco retailers in their communities.

With CDC support, NACCHO provided subgrants to local health departments to partner with health care providers on tobacco cessation through the CDC's Tips From Former Smokers® Campaign.

Subgrantees included the following:

- East Central District Health Department, NE;
- Franklin County Health Department, KY;
- Huron County Public Health, OH;
- Lawrence-Douglas County Health Department, KS;
- Macon-Bibb County Health Department, GA;
- Tazewell County Health Department, IL; and
- Utah County Government on behalf of Utah County Health Department, UT.

Tobacco prevention and control is one of the “best buys” in public health. States with strong tobacco control programs see a \$55 return on every \$1 investment, mostly from avoiding costs to treat smoking-related illness. (Source: CDC)



About NACCHO

The National Association of County and City Health Officials is the voice of nearly 3,000 local health departments across the country. These city, county, metropolitan, district, and tribal departments work every day to ensure the safety of the water we drink, the food we eat, and the air we breathe.

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NACCHO

National Association of County & City Health Officials

The National Connection for Local Public Health



Public Health
Prevent. Promote. Protect.

The mission of the National Association of County and City Health Officials (NACCHO) is to improve the health of communities by strengthening and advocating for local health departments.

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Local Health Departments Build Strong Communities

People across the United States live better lives because of the work of local health departments and their staff. Local health departments lay the groundwork for the kinds of healthy choices that keep people from getting sick in the first place. Public health professionals work in communities every day in ways that the public may not notice: providing immunizations to school kids, helping moms and babies get a healthy start and monitoring disease trends to prevent outbreaks. These public health professionals come from a wide variety of

disciplines, including: nursing, nutrition, health education and epidemiology. Local health departments vary in size, from rural health departments relying on a handful of staff to large urban departments with thousands of staff.

Since 2008, local health departments have eliminated approximately 56,630 skilled professional jobs. Federal funding is essential to sustaining the capacity and capabilities of local health departments.

NACCHO Recommendations

To protect health and safety, the National Association of County and City Health Officials (NACCHO) recommends the following in fiscal year (FY) 2020:

Centers for Disease Control and Prevention (CDC)

PREVENTIVE HEALTH & HEALTH SERVICES BLOCK GRANT

FY19: \$160 million from the Prevention and Public Health Fund (PPHF)

President's FY20 Budget: 0

FY20 NACCHO Request: \$170 million

The Preventive Health and Health Services Block Grant is a vital source of funding for state and local health departments. This unique funding gives states the autonomy and flexibility to solve their unique problems and provide similar support to local communities, while still making states accountable for demonstrating the local, state, and national impact of this investment. NACCHO opposes the Administration's elimination of this program.

PUBLIC HEALTH WORKFORCE DEVELOPMENT

FY19: \$51 million

President's FY20 Budget: \$45 million

FY20 NACCHO Request: \$57 million

These funds support the CDC's fellowship and training programs that fill critical gaps in the public health workforce, provide on-the-job training, and provide continuing education and training for the public health workforce. The Public Health Associate Program also places CDC-trained staff in the field and strengthens local and state health department capacity and capabilities. These funds also support the Epidemic Intelligence Service, the CDC's disease detectives.

EPIDEMIOLOGY AND LAB CAPACITY (ELC) GRANT PROGRAM

FY19: \$195 million (\$40 million from the Prevention and Public Health Fund (PPHF))

President's FY20 Budget: \$200 million

FY20 NACCHO Request: \$195 million

The ELC grant program is a single grant vehicle for multiple programmatic initiatives that go to 50 state health departments, six large cities (Chicago, Houston, Los Angeles County, New York City, Philadelphia, and Washington, DC), Puerto Rico, and the Republic of Palau.

The ELC grants strengthen local and state capacity to perform critical epidemiology and laboratory work by detecting, tracking and responding to known infectious disease threats and maintaining core capacity to be the nation's eyes and ears on the ground to detect new threats as they emerge.

Local Health Departments Respond to Community Needs

Local health department staff provide a wide range of public health services. Public health threats and opportunities in the 21st century require a broad skill set within infectious and chronic disease prevention, emergency preparedness, public health information technology, and environmental health.

"CDC and public health departments cannot predict what new challenges we will face tomorrow or in the coming years. We know from experience how important it is for America to have highly trained, dedicated professionals ready to meet the next challenge."

—Dr. Patricia Simone, CDC Director of Division of Scientific
Education and Professional Development

The top areas of training needs are budgeting and financial management, systems and strategic thinking, change management, and developing a vision for a healthy community.

(Public Health Workforce Interests and
Needs Survey, The de Beaumont Foundation,
NACCHO, and ASTHO)



Is the workforce sustainable?

TURNOVER:

Health departments face a high rate of turnover. Nearly half of the workforce is considering leaving their organization in the next five years.



NEARLY HALF

of the workforce is considering leaving
their organization in the next five years



22%
plan to retire in
the next five years

25%
plan to leave in the next year for
reasons other than retirement



Since 2014,
there has been a
41%
increase in
those planning
to leave their
organization

(Source: Public Health Workforce Interests
and Needs Survey, the de Beaumont
Foundation, NACCHO, and ASTHO)

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NACCHO is the Voice of Local Health Departments



As community chief health strategists, local health departments make it easier for people to be healthy and safe. They collaborate with community and private-sector partners to ensure the safety of the water we drink, the food we eat, and the air we breathe. Local health departments are a critical part of every community's first response to disease outbreaks, emergencies, and acts of terrorism. They educate the public and combat the rising cost of healthcare due to ailments like diabetes and heart disease. They promote immunizations to reduce infectious diseases like measles and work with community partners to address the opioid epidemic. These government agencies report to a mayor, city council, county board of health, or county commission.

What is NACCHO?

The National Association of County and City Health Officials (NACCHO) represents the country's nearly 3,000 local health departments including city, county, metropolitan, district, and tribal agencies across the country. NACCHO subject matter expertise and resources help local health department leaders to develop public health policies, programs, and services to ensure that people in their communities are protected from disease and disaster.

NACCHO's nearly 40 advisory groups, comprising experts from the field, provide on-the-ground perspectives on public health practice issues in the areas of community health, environmental health, emergency preparedness, and public health infrastructure and systems.

FAST FACT: NACCHO is the national non-profit association representing the nearly 3,000 local health departments in the United States, including city, county, metro, district, and tribal agencies.

NACCHO Provides Expertise in Public Health Programs

NACCHO provides leadership, up-to-date information, subject matter expertise, stories from the field, spokespeople, and other resources on the issues listed below.



COMMUNITY HEALTH

Chronic and infectious disease prevention; maternal, child, and adolescent health; immunization; injury prevention; disability; tobacco control; and building healthier communities



ENVIRONMENTAL HEALTH

Clean air and water; food safety and defense; public health effects of climate change; lead poisoning prevention; vector-borne disease detection and surveillance; environmental public health tracking; and land use planning



PUBLIC HEALTH INFRASTRUCTURE AND SYSTEMS

Workforce, health information technology; public health law; infrastructure; accreditation and quality improvement; and public health capacity building



PUBLIC HEALTH PREPAREDNESS

Planning and readiness for natural disasters; pandemics; terrorist attacks; and infectious disease outbreaks

National Leader in Public Health Policy

NACCHO has more than 120 policy statements on an array of important public health topics. Position statements are developed by local health officials, peer reviewed, and approved by NACCHO's board of directors. NACCHO and local health departments use these policy statements to educate key stakeholders and urge action by federal officials, state public health officials, elected officials at all levels, partner organizations, the media, and the public.

Authoritative Source for Local Health Department Data

NACCHO has a robust research and evaluation function that provides important understanding of the work of local health departments and the issues facing local communities. NACCHO regularly conducts a national survey of all local health departments. The National Profile of Local Health Departments (Profile) study is the only national source of critical information on local health department infrastructure and public health practices at the local level. Profile offers a wealth of data about local health department activities that address community-based public health issues, including governance, financing, workforce, emergency preparedness and response, chronic disease, environmental health, performance and quality improvement, and health information technology.

Since 2008, NACCHO has also been a source of firsthand data from local health departments about budget cuts and job losses. During this time, more than 51,000 state and local jobs have been lost. This represents nearly 19% of the total state and local health department workforce.

NACCHO's Work in the Field

- NACCHO's [Vector Control Collaborative](#) pilot program, a peer mentorship program funded by the CDC, which improves public health capacity to respond to mosquito-borne disease.
- NACCHO's [Juvenile Justice Emergency Operations Planning Project](#), funded by the U.S. Department of Justice, which helps community partners develop and implement a comprehensive emergency operations plan to strengthen readiness to respond to and recover from public health threats and emergencies related to illicit drug abuse, overdose, and infectious disease outbreaks.

- NACCHO's [Community Response Planning for Outbreaks of Hepatitis and HIV Among People who Inject Drugs Project](#), funded by the CDC, which helps local communities establish and implement comprehensive community response plans for an outbreak of HIV or viral hepatitis among this at-risk population.
- NACCHO's [Reducing Disparities in Breastfeeding through Peer and Professional Lactation Support Project](#), funded by the CDC, which is helping communities in over 30 states increase breastfeeding rates among African American and underserved families.

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