NACCHO’s mission is to improve the health of communities by strengthening and advocating for local health departments. The Federal Legislative and Policy Agenda guides NACCHO’s work in its interactions with federal agencies and Congress. The Agenda is informed by local health department input and approved annually by the Board of Directors.

In 2021, NACCHO and local health departments continued to lead in the nationwide response to COVID-19. The pandemic has brought to the fore the critical role of governmental public health — especially local health departments — in all aspects of daily life and exposed the consequences of years of underinvestment in our public health system.

In 2022, NACCHO will continue to advocate on behalf of all aspects of the local health department response to and recovery from COVID-19, including for meaningful inclusion of local health department expertise in response planning and implementation, as well as designated federal funding for local health departments.

The pandemic has also placed a spotlight on the importance of local public health infrastructure, data, and workforce. Therefore, NACCHO will continue efforts to push for robust investment in core public health functions (including sustainable, flexible, disease-agnostic funding for public health infrastructure and data modernization investments), strengthen the public health workforce, and work to address the many public health challenges that local health departments face every day in partnership and coalition with other stakeholders.

Policy decisions both within and outside the traditional health sphere impact health status. To better address population health and wellbeing, NACCHO seeks opportunities to promote collaboration between and integration of the public health and health care sectors and advocates a health in all policies approach. NACCHO also supports the incorporation and adoption of principles of social justice into public health practice in order to eliminate the root causes of health inequities.

NACCHO 2022 Legislative Priorities

- Strengthen and support the public health workforce
- Bolster and improve access to federal public health funding, including resources to support public health infrastructure and data modernization at the local health department level
- Address wide range of public health concerns through work in coalition with partners
- Ensure federal public health funding flows from the federal level to local health departments quickly and equitably
Public Health Workforce

The public health workforce – the backbone of our nation’s governmental public health system – is facing a crisis that predates COVID-19 but has worsened during the pandemic response. Public health departments were hit hard by the 2008 recession and despite some progress between 2016 and 2019, local health departments have lost 21% of workforce capacity since 2008, with the number of full-time equivalent local health department workers dropping from 5.2 per 10,000 people in 2008 to 4.1 per 10,000 people in 2019.¹

Workforce losses are compounded by the older age of the local health department workforce relative to the general population – 62% are over age 50 and almost a quarter of health department staff are eligible for retirement.² Between those who planned to retire or pursue jobs in the private sector, projections suggest that prior to the pandemic over a third of the local workforce might leave in coming years.³

The COVID-19 pandemic may hasten workforce shifts. Staff are burnt out after serving on the front lines of the pandemic response for nearly two years. The politicization of the COVID-19 response has also taken a toll on the public health workforce and its leaders.

Combined, these forces create an urgency to addressing our public health workforce crisis. Therefore, in 2022, NACCHO will continue a campaign to invest in the public health workforce, by enacting and implementing a federal loan repayment program for public health professionals who agree to serve three years in a local, state, or tribal health department as envisioned in the Public Health Workforce Loan Repayment Act. Such a program is particularly important now to retain staff and volunteers who have been brought into the field for the COVID-19 response, so their experience is harnessed and available to address current as well as future public health challenges.

NACCHO will also continue to support the vital role of public health officials, staff, and authority in the face of increased politicization. Public health officials around the country have been harassed, threatened, fired, or retired early because of political disputes over public health measures in response to COVID-19. In 2021, at least 26 states passed laws limiting public health authorities needed to protect communities.⁴ NACCHO calls on policymakers at the local, state, and federal level to support local health officials, so they are empowered to implement evidence-based policies and recommendations. Moreover, federal public health guidance needs to be clear, consistent, and science-based to support these public servants at the local level.
Public Health Funding

Federal public health funding is critical to the work of local health departments, and NACCHO will continue its efforts to ensure strong federal investments in public health programs and that those investments efficiently and equitably make it to local health departments at the community level.

- **Rebuild and sustain the governmental public health system:** COVID-19 has reinforced the need for sustained investment in local health departments to enable them to address existing public health challenges and be prepared to respond to future public health emergencies. **NACCHO calls for sustainable, disease-agnostic, mandatory funding to support local public health infrastructure, including data modernization and workforce development.**

- **Maintain the strength of Centers for Disease Control and Prevention (CDC):** CDC has unmatched expertise and experience in tackling a broad array of public health issues, including new and emerging challenges. NACCHO will continue to advocate for robust funding for CDC so the agency can effectively support programs to address federal, state, and local public health priorities.

- **Other appropriations:** NACCHO will continue to advocate for strong appropriations in FY2022 and FY2023 for public health programs within the CDC, Food and Drug Administration, Health Resources and Services Administration, and Office of the Assistant Secretary for Preparedness and Response. NACCHO also opposes cuts to the authorization levels of the Prevention and Public Health Fund.

- **Ensure funding reaches local health departments:** It is important that all entities throughout the continuum of governmental public health are empowered and resourced to work together to support our shared mission. Unfortunately, federal funding intended by Congress to support all levels of the governmental public health enterprise continues to have variable reach (e.g., in amount, timeliness, and requirements) to local public health agencies. Therefore, NACCHO will continue to advocate for substantial additional investments in the governmental public health system at all levels (federal, state, local, tribal, and territorial), as well as funding designated specifically for local health departments so that they can continue to lead on the COVID-19 response in the short term and across other public health priorities in the future. NACCHO also supports public tracking of disbursement of federal public health funds down to the local health department level to identify best practices and address challenges. Such transparency and accountability should be accompanied by greater local health department involvement and consensus in state public health decision-making concerning the distribution and uses of federal funds at the local level.
Supporting Public Health through Coalitions and Partnerships

NACCHO will continue to work in coalition with partners to address broad public health challenges including:

- **Access to healthcare**, including Affordable Care Act programs and Medicaid
- **Behavioral and mental health services**
- **Chronic disease prevention**, including active living, nutrition, and food security
- **Informatics**, including interoperable data exchange between public health and healthcare providers
- **Emergency preparedness**
- **Environmental health**, including climate, food and water safety, and vector borne disease prevention and control
- **HIV, STI, and viral hepatitis prevention**
- **Infectious disease prevention**, including vaccines and antimicrobial resistance
- **Injury and violence prevention**, including gun violence
- **Maternal and child health** promotion
- **Reproductive health** and family planning services
- **Substance use disorder** prevention and treatment
- **Tobacco control and prevention**, including e-cigarettes

References

1. NACCHO, 2019 National Profile of Local Health Departments, [https://www.naccho.org/uploads/download-able-resources/Programs/Public-Health-Infrastructure/NACCHO_2019_Profile_final.pdf](https://www.naccho.org/uploads/download-able-resources/Programs/Public-Health-Infrastructure/NACCHO_2019_Profile_final.pdf)
2. de Beaumont Foundation, Public Health Workforce Interests and Needs Survey, [https://www.debeaumont.org/phwins-findings/](https://www.debeaumont.org/phwins-findings/)

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