

24-02

STATEMENT OF POLICY

Public Health Authority

Policy

The National Association of County and City Health Officials (NACCHO) understands the vital role that public health plays in protecting the lives of individuals and communities. By improving the [underlying conditions](#) in which we all live, public policies and public health services enhance each person's ability to pursue happiness and well-being. NACCHO supports policies that aim to ensure that public health officials can continue to protect the health of everyone living in the United States. NACCHO supports legislation that affirms public health authority is granted to public health officials with experience, expertise, and institutional knowledge.

- NACCHO believes that public health authority allows for preparedness in the face of public health crisis.
- NACCHO believes that public health authority allows public health officials to reduce preventable deaths.
- NACCHO believes that public health authority enhances access and equity in healthcare.
- NACCHO believes local health officials should have the ability to perform their roles without fear of harassment and other unwarranted ramifications.
- NACCHO believes that public health decisions should be evidence-informed, based on public health practice, and free from political pressures.

Justification

The powers provided to public health officials are essential to grant them the ability to help enhance the health of their communities and protect people from disease. Public health authority refers to the laws and regulations that empower governmental public health organizations to enhance the wellbeing of their communities. Under the Tenth Amendment of the United States Constitution, states have been granted police powers which allow them to protect the health of their communities. The public health responsibilities resulting from this grant of powers allow state and local public health agencies to lead activities pursuant to protecting the public's health, including gaining samples, obtaining health data, and enforcing various control measures such as vaccination and quarantine¹. Likewise, under the commerce clause, the federal government can take measures to stop the spread of communicable diseases into the United States².

In recent years, there have been efforts to undermine the legal authority of public health officials at the state & local level. Laws have been proposed and enacted in Indiana, Kansas, and Montana that restrict the ability of public health officials to perform their duties³. State and local



legislation proposed and enacted to undermine public health authority is informed by a backlash to the response to the COVID-19 pandemic and will have dire consequences for the nation's ability to prepare for future pandemics and the power to act quickly and decisively in times of crisis. Public health measures like mask mandates and restrictions on in-person dining, made possible by public health authority, reduced COVID-19 transmission and prevented unnecessary COVID-19 related death⁴. This supports other research that finds that imposing fewer limits on emergency public health authority of state and local health officials is associated with better COVID-19 outcomes⁵. The authority of public health leaders was also essential during the 2009 H1N1 pandemic, when the coordinated public health emergency response was able to prevent around 5-10 million cases and 30,000 hospitalizations⁶. It allowed them to have the resources to utilize laboratory tests, have a system of distributing protective equipment, and aid in the development and distribution of the vaccine⁶. This response was only possible because public health officials were empowered to act quickly and decisively. Restrictions to public health authority, combined with insufficient investment in the longevity of public health systems⁷ and a shrinking workforce⁸, will make it harder for public health officials to organize such an effective response and will likely be detrimental to their ability to respond to another pandemic.

The authority granted to public health entities by law have led to significant reductions in preventable deaths in the United States. The age adjusted death rate in the United States has continued to decline since the early twentieth century because of technological and public health advancements. From 1999 to 2009, it declined from 881.9 per 100,000 population to 741.0 which was a record low⁶. The progress seen over the years can be attributed to the public health achievements of vaccinations, controlling infectious diseases, tobacco control, maternal and infant health, motor vehicle safety, cardiovascular disease prevention, occupational safety, cancer prevention, childhood lead poisoning prevention, and advancements in public health response⁶. These advances are not equally distributed across states. Some states have severely limited local authority which has led to different health outcomes and life expectancy between comparable populations⁹. Limiting public health authority is likely to widen these gaps.

Limiting public health authority puts vulnerable communities at risk, by undermining public health officials' ability to increase health equity and access to healthcare and potentially limiting the access to emergency funding intended to mitigate the effects of public health emergencies¹. Health departments play an important role in the enforcement of public health regulations like the comprehensive lead poisoning prevention law, where they contributed to a significant decrease in the chance of lead poisoning, which disproportionately affects black children and people living in poverty⁶. Public health is also empowered to increase equitable access to healthcare for rural, marginalized, and low-income populations, where there are often barriers to, or a lack of healthcare providers and facilities^{10,11,12,13}. Health People 2030, which sets data-driven national objectives to improve health and well-being, has noted increasing equitable access to care as one of the focus areas of public health¹⁴. However, without the authority to implement programs to increase access, many vulnerable people will be left without healthcare, leading to increased disparities.

Public Health Professionals from State, Local, Tribal and Territorial jurisdictions are best positioned to make decisions in the best interest of their communities' public health. Yet the public challenge to public health authority has changed the climate that they work in. Since the

start of the COVID-19 pandemic, many public health leaders have resigned, retired, or been fired¹⁵. The remaining workforce faces many personal threats and other harassment experiences^{16, 17}. Public health professionals should be able to work in an environment where they can perform their roles without fear of unjust consequences. Public health authority is essential to empower them and should be promoted and protected.

References

- ¹ Holt, J., Black, J., & Navalkar Ghosh, S. (2018). *Legal considerations*. Retrieved March 23, 2023, from <https://www.cdc.gov/eis/field-epi-manual/chapters/Legal.html>
- ² Centers for Disease Control and Prevention. (2021). *Legal authorities for isolation and quarantine*. Retrieved February 22nd, 2023, from <https://www.cdc.gov/quarantine/aboutlawsregulationsquarantineisolation.html>
- ³ National Association of County and City Health officials. (2021). *Proposed limit on public health authority: Dangerous for Public Health*. Retrieved February 22nd, 2023, from <https://www.naccho.org/blog/articles/new-report-public-health-authority-dangerous-for-public-health>
- ⁴ Guy Jr, G.P., Lee, F.P., Sunshine G., McCord, R., Howard-Williams, M., Kompaniyets, L., et al. (2020). Association of state-issued mask mandates and allowing on-premises restaurant dining with county-level COVID-19 case and death growth rates – United States, March 1 – December 31, 2020. *MMWR Morbidity and Mortality Weekly Report*, 70, 350-354. Retrieved January 22nd, 2024, from <http://dx.doi.org/10.15585/mmwr.mm7010e3>
- ⁵ Zhang, X., Warner, M.E., Meredith, E., (2023). Factors limiting US public health emergency authority during COVID-19. *Internal Journal Health Planning Management*, 38(5), 1569-1582. Retrieved December 14th, 2023, from <https://doi.org/10.1002/hpm.3694>
- ⁶ Centers for Disease Control and Prevention. (2011) Ten great public health achievements - United States, 2001-2010. *MMWR*, 60(19), 619-623. Retrieved February 22nd, 2023, from <https://www.cdc.gov/mmwr/preview/mmwrhtml/mm6019a5.htm>
- ⁷ Baker, M., & Ivory, D. (2021, October 20). Why public health faces a crisis across the U.S. *The New York Times*. Retrieved December 14th, 2023, from <https://www.nytimes.com/2021/10/18/us/coronavirus-public-health.html>
- ⁸ Leider, J.P., Castrucci, B.C., Robins, M., Hare Bork, R., Fraser, M.R., Savoia, E. (2023). The exodus of state and local public health employees: Separations started before and continued throughout COVID-19. *Health Affairs*, 42(3), 338-348. Retrieved December 14th, 2023, from <https://doi.org/10.1377/hlthaff.2022.01251>
- ⁹ Montez, J.K., Beckfield, J., Kemp Cooney, J., Grumbach, J.M., Hayward, M.D., Zeyd Koytak H., et al. (2020) US state policies, politics, and life expectancy. *The Milbank Quarterly*, 98(3), 668-699. Retrieved December 14th, 2023, from <https://doi.org/10.1111/1468-0009.12469>
- ¹⁰ Melvin, S.C., Wiggins, C., Burse, N., Thompson, E., Monger, M. (2020). The role of public health in COVID-19 emergency response efforts from a rural health perspective. *Preventing Chronic Disease*, 17. Retrieved February 22nd, 2023, from <https://www.cdc.gov/pcd/issues/2020/20>
- ¹¹ Martínez, A. (2021, March 18). Addressing racial divides in health care seen as key to boosting black vaccination. *NPR*. Retrieved February 22nd, 2023, from <https://www.npr.org/sections/coronavirus-live-updates/2021/03/18/978609955/addressing-racial-divides-in-health-care-seen-as-key-to-boosting-black-vaccination>
- ¹² Centers for Disease Control and Prevention National Center for Health Statistics (2023). *Access to health care*. Retrieved February 22nd, 2023, from <https://www.cdc.gov/nchs/fastats/access-to-health-care.htm>
- ¹³ Centers for Disease Control and Prevention (2023). *What is health equity?* Retrieved February 22nd, 2023, from <https://www.cdc.gov/healthequity/whatis/index.html#:~:text=Community-%20and%20faith-based%20organizations%2C%20employers%2C%20healthcare%20systems%20and>
- ¹⁴ U.S. Department of Health and Human Services/OASH. (n.d.) *Health equity in Healthy People 2030 - Healthy People 2030*. Retrieved February 22nd, 2023, from <https://health.gov/healthypeople/priority-areas/health-equity-healthy-people-2030>

- ¹⁵ Smith M.R., Weber, L. (2020) Health Officials are quitting or getting fired amid outbreak. *AP*. Retrieved on December 14th, 2023, from <https://apnews.com/article/virus-outbreak-u-s-news-ap-top-news-ok-state-wire-ca-state-wire-8ea3b3669bccf8a637b81f8261f1cd78>
- ¹⁶ Horney J.A., Harjivan A., Stone K.W., Jagger M.A., Kintziger K.W. (2023) Threats to public health workers. *Public Health in Practice*, 6. Retrieved January 4, 2024, from <https://doi.org/10.1016/j.puhip.2023.100435>
- ¹⁷ Ward, J.A., Stone, E.M., Mui, P., Resnick, B. (2022) Pandemic-related violence and its impact on public health officials, March 2020-January 2021. *American Journal of Public Health*, 112(5), 736:746. Retrieved December 14th, 2023, from <https://doi.org/10.2105/AJPH.2021.306649>

Record of Action

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