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

December 20, 2019

The Honorable Alex Azar
200 Independence Ave., SW
Washington, DC 20500

Re: PreventionX Request for Information

Dear Secretary Azar:

On behalf of the nearly 3,000 local health departments across the country, thank you for the opportunity to comment on the Department of Health and Human Services (HHS) PreventionX Request for Information.

The National Association of County and City Health Officials (NACCHO) represents county, city, metropolitan, district, and tribal health departments that work every day to protect and promote health and well-being for all people in their communities. NACCHO supports local health departments as they build their capacity to implement, evaluate, and sustain evidence- and practice-based chronic disease prevention activities by using a three-pronged approach: policy, practice, and partnerships.

NACCHO provides the following comments based upon its capacity-building work with local health departments and its state, national, and federal partners to address chronic disease prevention and treatment. These comments reflect input from NACCHO members and provide insight to better understand the barriers to effective chronic disease prevention at the local level and highlight local chronic disease prevention strategies and innovative partnerships.

Strengthen and foster cross-sectoral and innovative partnerships
Partnerships are key for health departments to work collaboratively with community-based organizations, academic institutions, and health systems to identify, develop, and implement policy and environmental strategies that support reduction in chronic disease. While many local health departments indicate working with key partners including community-based organizations, there is an opportunity for public health agencies to broaden, strengthen, and sustain their chronic disease prevention activities by collaborating with other non-traditional partners such as private business, insurers, and media outlets. Additional support for local health department coordination and communication with state chronic disease prevention efforts is also essential to successfully expand evidence-based strategies at the local level. Moreover, it is important that federal support reaches local communities for this important work, but historically this has been a challenge. Federal funding for chronic disease programs provided by the Centers for Disease Control and Prevention (CDC) to state health departments should include a requirement that a significant amount of funding is made available to local health departments to perform ground-level interventions to prevent chronic disease and achieve our shared goals.

Local health departments are forging innovative partnerships to create programs that address needs in their communities. NACCHO collects and catalogues health department successes in chronic disease prevention by developing Stories from the Field and Model Practices, which are awarded to local health departments across the country for implementing programs that demonstrate exemplary and replicable outcomes in response to an identified public health need. Below are two examples of how local health departments use policy and partnerships to create programs that address chronic disease in their communities.

The Philadelphia Department of Public Health serves a community with some of the highest rates of chronic conditions, including obesity, diabetes, hypertension, and premature heart disease. The Division of Chronic Disease and Injury Prevention works with partners across the city to create policy, systems, and environmental changes that promote health by working with local restaurant owners and bakeries to reduce the sodium in take-out food and hoagie rolls; creating walking groups in parks around the city; implementing policy approaches such as a density cap on tobacco permits and tobacco-free zones around schools; and collaborating with local Federally Qualified Health Centers and hospitals to improve hypertension and cholesterol control.

The Boston Public Health Commission (BPHC) developed the Healthy Hearts Barbershop Initiative to build capacity within the black community to prevent and control high-blood pressure and heart disease. The initiative leveraged the strength of the relationships that barbers have with their patrons to initiate conversations about serious health topics during their normal interactions. During this pilot, BPHC partnered with Barbers for Health, a local nonprofit that enables barbershops to engage in active health programming; two barbershops, Blue Hill Barbers and Shears of Boston; and the Harvard Street Neighborhood Health Center.

These examples of partnerships emphasize the need for cross-sectoral engagement, with public health professionals reaching across boundaries to develop new methods to improve the public's health and make "the healthy choice the easy choice."

Honoring Community Voice

Community and State Health Assessment and Improvement Planning activities (C/SHAs-C/SHIPs) are fundamental practices of local and state health departments, hospital systems (see IRS Section 990 Schedule H, regarding community benefit), and Federally Qualified Health Centers (see IRS Section 330, regarding conducting needs assessments) to collaboratively identify the health needs and priorities of the populations they serve and develop and implement effective strategies to protect and improve community health. These processes must be based on data, science, and an authentic understanding and inclusion of the communities' needs and priorities (i.e., "community voice"), which involves direct community participation throughout the C/SHA-C/SHIP process, including people with lived experiences, such as those who suffer from preventable chronic diseases. In order to best ensure that local, tribal, state, and territorial health departments and their clinical and nonclinical partners devote their expertise and resources to improve chronic disease prevention, its essential to educate those stakeholders on the importance of including goals and objectives in their CHIPs that address social and economic structures that impact health.

Similarly, public health practitioners must become aware of and receive support in learning how to adopt more best/promising practices and innovative policy, systems, and environmental approaches to improving the prevention of chronic diseases, such as the Centers for Disease Control and Prevention's 6-18 and HI-5 (Health Impact in Five Years) initiatives, as well as the Harvard T.H. Chan School of Public Health's Childhood Obesity Intervention Cost-Effectiveness Study (CHOICES) Project.

Addressing the Social and Structural Determinants of Health and Increasing Health Equity

While clinical prevention intervention and services (Buckets 1 and 2) are important and critical, far less focus and investment has been made in community-wide prevention approaches (Bucket 3) that address the structural determinants of health (SDoH) that generate health inequities and, in turn, the resulting social determinants of health that result in poor health. In addition to population health programs that focus primarily at the individual and interpersonal behavior change levels (e.g., through prediabetes classes, healthy eating, and active living/anti-obesity initiatives), systemic, community-level generators of poor health must also be addressed through policy, systems, and environmental approaches. This includes addressing the SDoH indicators in Healthy People 2020: economic stability, education, social and community context, health and healthcare, and neighborhood and built environment, and adopting state and local policies that address inequities, such as those recommended in the recent Trust for America's Health report, *Promoting Health and Cost Control: How States Can Improve Community Health and Well-Being Through Policy Change*.

This can be accomplished by collaborating with partners from "non-health" sectors through a Health in All Policies (HiAP) approach that infuses health considerations into policy, planning, and program decisions. NACCHO defines HiAP as a change in the systems that determine how decisions are made and implemented by local, state, and federal governments to ensure that policy decisions have neutral or beneficial impacts on health determinants. HiAP emphasizes the need to collaborate across sectors and break down "silos" to achieve common health goals; in this case, to prevent chronic diseases. It is an innovative approach to the processes through which policies, plans, and programs are created and implemented, but does not require that health be at the center of every policy, plan, or program.

Further, without increased focus on the structural determinants of health, including racism, gender inequity, heterosexism, and others, it is unlikely prevention efforts will ultimately succeed, particularly among socially disadvantaged populations who have the highest rates of preventable chronic diseases. Models such as the Bay Area Regional Health Inequities Initiative's (BARHII) framework illustrate the connection between social inequalities and health, and focus attention on measures that have not characteristically been within the scope of public health. In this sense, in addition to chronic disease services that benefit individuals and family members, targeting the living conditions, institutional inequities, and social inequities would have the greatest, most sustainable impact and would overcome the most significant barrier to more effective prevention and delayed progression of chronic health conditions in the U.S.

Workforce and Leadership

As previously outlined by HHS, Public Health 3.0 recognizes a new era of public health practice that requires local health department leaders to serve as community health strategists to partner across multiple sectors, access data, and leverage innovative funding models to address the social and structural conditions that affect health. In this role as neutral conveners of stakeholders and facilitators

of collective strategic action, local health officers (LHOs) have an established history of engaging partners within the health system to protect and improve community health. NACCHO supports LHOs in forming and leveraging effective partnerships with the public and private sectors and welcomes opportunities to maximize these relationships that strengthen the communities' approaches to chronic disease prevention.

In order to effectively address population health, a trained workforce must be in place with the key skills to tackle these challenging issues. Despite a 300% increase in public health graduates since 1992, only about 14% of the governmental public health workforce has formal training in public health.[i] This may affect work in chronic disease through a lack of expertise in core public health models, such as the social ecological model and the public health preventive framework, to understand approaches to prevention. In addition to core skills, there is a need for cross-cutting skills, including systems thinking, communication, and policy development; topics not traditionally addressed in public health curriculums. NACCHO encourages efforts to support the ongoing development of the local health department workforce by including these strategic skills in order to effectively adopt the community health strategist role.

Unfortunately, local and state health departments have lost nearly a quarter (23%) of their workforce since 2008, shedding over 50,000 jobs across the country.[ii] This deficiency is compounded by the age of the public health workforce – 55% of local public health professionals are over age 45,[iii] and almost a quarter of health department staff are eligible for retirement. Between those who plan to retire or pursue jobs in the private sector, projections suggest that nearly half of the local and state health department workforce might leave in coming years.[iv] This means fewer qualified individuals are working to address public health challenges on any given day. NACCHO calls on HHS to support programs that seek to bolster the public health workforce in communities and invest in the skills needed to address growing rates of chronic disease across the U.S.

Sharing and Use of Data

Decisions and actions that improve the health of our communities are driven by timely information. Local health departments have increasingly used data and information technology to enhance collaborations and drive efforts with local, state, and federal government partners, along with other strategic partners in the local public health enterprise. The 2016 NACCHO Profile of Local Health Departments showed that over 50% of local health department respondents had implemented or were in the process of implementing information technology systems, including immunization registries, electronic disease reporting systems, electronic lab reporting, and electronic health records. However, that percentage was lower for local health departments implementing health information exchanges. Furthermore, the percentages of local health departments implementing a particular system varied widely by type of system and size of population served by the local health department. As such, increasing local health department capacity to access, analyze, and use actionable data remains critical for delivering essential public health services and implementing strategies and activities to improve population health in partnership with stakeholders. There is tremendous potential to continue accessing and connecting distinct electronic data sources in a safe, secure, and interoperable matter to more comprehensively characterize how a variety of factors, including the social determinants of health, are affecting health outcomes at the local level. Yet, leveraging these opportunities remains challenging, as

local health departments lack sufficient staff time, skills, and abilities necessary to foster the relationships to modernize, govern, and apply data and its systems for public health.

Need for Flexible, Coordinated, and Sustained Funding

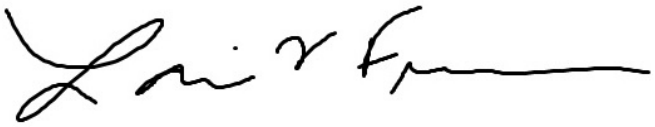
In order to implement effective and scalable chronic disease interventions across prevention levels (individual to community), communities need flexible and sustained funding, including those from federal sources. Often, communities are challenged to make meaningful and lasting progress due to funding requirements that do not allow for locally driven, place-based approaches. As recommended by the "Public Health 3.0 Call to Action," innovative funding models are needed, including the blending of funds from multiple sources, to ensure a continuity of efforts that have greater, long-lasting impact. Equally important is ensuring that funding reaches communities — particularly in small and rural jurisdictions — with the fewest number of resources and the highest burden of preventable non-communicable diseases.

Although robust efforts are being made to build and sustain an upstream channel of information on "what works" for local public health and prevention to national leadership, including lawmakers, researchers, and national funders, silos exist among local, state, and federal public health. For many local health departments, chronic disease programs mainly rely on grant funding from federal sources that is passed through the states. As mentioned above, in many cases, the funding received to tackle chronic disease issues has historically been inadequate by the time it reaches the local health department level. In localities where there is little state investment in chronic disease prevention, local health departments rely on grant funding to implement chronic disease programs, yet often have to compete for funding against entities that are public health's natural partners, such as local nonprofits and hospitals. NACCHO continues to advocate for public health funding to flow from the federal level to states and local communities, where appropriate, to most effectively support the community-level programs needed to improve the public's health. Local health departments report that direct funding to their communities through grant programs like Partnerships to Improve Community Health, Communities Putting Prevention to Work and Community Transformation Grants provided them the resources to meaningfully impact chronic disease. The federal government should explore opportunities to directly fund local health departments, as it currently does with the Racial and Ethnic Approaches to Community Health program and Opioid Prevention funding at CDC.

Additionally, the length of project funding for chronic disease programs is not always adequate to show success. Chronic disease prevention programs often require several years before results can be assessed and reported. Given the short timelines of many federally funded programs, funding may not be available for a local health department to see the project through to the end, evaluate results, and demonstrate impact.

NACCHO appreciates the opportunity to provide input to the PreventionX Request for Information. As an essential governmental public health partner, NACCHO looks forward to continuing to work with HHS to realize its goals. Please contact Eli Briggs, Senior Director of Government Affairs, for further information at 202-507-4194 or ebriggs@naccho.org.

Sincerely,



Lori Tremmel Freeman, MBA
Chief Executive Officer

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[i] Public Health Workforce Interests and Needs Survey 2017. Retrieved on December 12, 2019 from https://www.debeaumont.org/ph-wins/.

[ii] Robin N, Leep CJ. NACCHO's National Profile of Local Health Departments Study: Looking at Trends in Local Public Health Departments. *J Public Health Manag Pract.* 2017;23(2):198-201.

[iii] Robin N, Castrucci BC, McGinty M, Edmiston A, Bogaert K. Local Public Health Workforce Interests and Needs in 2017: A Nationally Representative Benchmark of the Local Governmental Public Health Workforce. *JPHMP.* 2019; 25:S16-S25.

[iv] Leider JP, Coronado F, Beck AJ, Harper E. Reconciling Supply and Demand for State and Local Public Health Staff in an Era of Retiring Baby Boomers. *Am J Prev Med.* 2018;54(3):334-340.