2017

Compendium of NACCHO Policy Recommendations

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 be a leader, partner, catalyst, and voice with local health departments.

1201 Eye St, NW, Fourth Floor
Washington, DC 20005
202-783-5550
http://www.naccho.org

Table of Contents

Letter from NACCHO

September 2017

Dear Colleague:

The National Association of County and City Health Officials (NACCHO) strives to help you do your work every day as a local health professional. As the national voice for local health departments, NACCHO is a leader, partner, and catalyst to help make communities healthier and safer.

One of the ways NACCHO seeks to advance public health practice is by developing policy that can be replicated in the field and influence policymaking at the local, state, and federal levels. NACCHO is pleased to share the 2017 *Compendium of NACCHO Policy Recommendations*, covering topics such as chronic and infectious disease prevention, environmental health, health equity and social justice, emergency preparedness, access to care, and raising the visibility of local health departments.

The policy statements listed below are just a few that have been approved or updated in the past year:

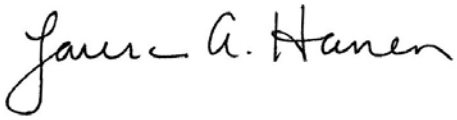
- Transportation and Health
- Public Health Emergency Response Fund
- Child Lead Poisoning
- Vaccine Safety
- Local Public Health Informatics

NACCHO's more than 125 policy statements are drafted, reviewed, and updated by NACCHO advisory groups every three years and approved by the Board of Directors. Complete policy statements can be found at http://www.naccho.org/advocacy/activities.

For more information about the *Compendium* or our policy development process, or to recommend a policy for consideration, please contact Eli Briggs, Senior Director of Government Affairs, at ebriggs@naccho.org.

Sincerely,

Umair A. Shah, MD, MPH
Executive Director, Harris County (TX) Public Health
President, NACCHO



Laura A. Hanen, MPP
Interim Executive Director & Chief of Government Affairs, NACCHO

Policy recommendations in each category are in order of approval by NACCHO Board of Directors.		
Access to Health Services		
17-03	March 2017 Approved	Comprehensive Adolescent Health The National Association of County and City Health Officials (NACCHO) supports national, state, and local public health approaches that protect and promote the health of all adolescents. NACCHO affirms the need for a comprehensive approach to health throughout life and recognizes the unique health needs of adolescents. NACCHO recommends that local, state, and federal public health agencies do the following: • Provide and advocate for comprehensive health services to meet the unique healthcare needs of adolescents regardless of age, race, ethnicity, gender identity, sexual orientation, disability, physically identifying characteristics, national origin, religion, language, or socio-economic background. • Provide adolescents access to timely confidential healthcare services without a requirement for parental/guardian consent or notification. • Build capacity for adolescents to manage their own health and healthcare needs. • Utilize positive youth development approaches to improve the health and well-being of adolescents by enhancing positive youth assets and resiliency.
03-05	January 2017 Updated	Medicaid NACCHO recognizes the importance of the Medicaid program in providing healthcare services to vulnerable low-income Americans and legal residents. Medicaid is unique because of the federal, state, and county partnership in its administration and financing. NACCHO encourages local health officials to remain aware of and contribute to the planning and discussion surrounding proposed changes to the Medicaid program in states and at the federal level. NACCHO supports Medicaid policy that does the following: • Promotes and ensures access to appropriate preventive services, medical, long-term and mental healthcare for low-income families, children, pregnant women, elderly, and people with disabilities in a manner that will increase positive health outcomes and improve the health status of these populations. • Requires states, in consultation with county and city governments, to set Medicaid reimbursement rates at levels that do not discourage providers from accepting Medicaid patients. • Enhances federal payments to states in times of severe economic strain that should be passed through to counties and cities commensurate with their contribution to the non-federal share.

		• Expands eligibility for Medicaid to individuals up to 138 percent of the federal poverty level and eliminates categorical eligibility requirements and pre-existing condition exclusions. NACCHO opposes legislative or administrative changes to Medicaid that would significantly diminish this important safety net program including the following: • Capping the amount of the federal contribution to Medicaid or converting Medicaid from an entitlement program to a per capita allotment or Block Grant program with reduced federal payments. • Instituting citizenship and identity documentation requirements for Medicaid eligibility that delay service delivery.
12-17	January 2017 Updated	Clinical Services NACCHO believes provision of clinical care services by health departments is a local decision. According to the NACCHO 2013 *National Profile of Local Health Departments*, approximately half of local health departments directly provided clinical care services to address the needs of underserved populations. With the implementation of the Affordable Care Act and changes in federal, state and local resources to support local health department programs, local health departments should determine in consultation with their community partners and governing boards what clinical care role makes sense for them. There is great variability across the country in terms of the clinical care services provided by local health departments, ranging from a full array of primary care services to population health based services such as immunization and communicable disease testing and treatment. Local health departments must be flexible and examine the services they provide with attention to the particular needs of their population and the environment they face locally. Regardless of whether health departments stay in or transition out of providing clinical services, local health departments must strengthen their relationships with the clinical care delivery system. Local health departments can play an important role in improving aspects of clinical care that are relevant to population health outcomes and to familiarize the public with the meaning of high-value care in the form of local performance reports on the appropriateness, quality, safety and efficiency of clinical care services delivered in their community. With the transformation in the health delivery system, those local health departments that provide clinical care services should consider engaging in the following activities, as appropriate in their communities: • Forge strong relationships with entities in their local health delivery system, including hospitals, federally qualified health clinics, accountable care organizations, large and small physician practices, and apply their unique knowledge and skill sets to improve their performance in addressing population health.

		• Increase outreach and enrollment activities and educate community residents and community-based organizations about the private and public insurance choices available. • Facilitate care coordination, navigation, and maintenance of individuals in care. • Enhance information technology capacity, including billing and reimbursement of third party payors and access to information from healthcare system electronic health records for meaningful use and population health purposes. • Convene partnerships for population-based prevention, including the engagement of new partners in policy development for communities. • Promote a framework for understanding and measuring health inequities in order to impact both the medical and social determinants of health. • Participate in the planning, development and implementation of health reform locally. • Evaluate changes in the health environment, on a local and regional basis. • Monitor health status of vulnerable populations, including uninsured and immigrant communities, and gaps in health insurance coverage. • Assess workforce needs for new roles as local health departments contemplate their future.
08-01	January 2017 Updated	United States Health System for the 21st Century NACCHO believes that the United States should become the healthiest nation in the world and is committed to building a transformed, twenty-first century health system in the United States that results in optimal health for all. Such a system will place its highest priority on prevention, provide access to healthcare for every person, eliminate inequities in health status, and protect people and communities from emerging health threats. A transformed U.S. health system will be based upon promoting good health, rather than mitigating sickness, and will address the known determinants of health. In order to do so, the system will connect and integrate the resources and knowledge of public health, healthcare delivery and research, and all private and public sector entities that influence health outcomes. Such a system will ensure that every community is served by a robust governmental public health system. A transformed U.S. health system will measure and improve outcomes continuously. This system will be accountable and transparent to the public and will benefit from a standardized, integrated health information system, a workforce of requisite size and competency, and flexible, sustainable financing for key health system capabilities. Ultimately, a twenty-first-century health system will require different commitments and investments from both government and the private sector than now exist. This paradigm shift is realistic but will take time to achieve. Progress in transforming the U.S. health system will have to take place incrementally.

		NACCHO supports implementation of the Patient Protection and Affordable Care Act (ACA), enacted in March 2010, to make steps toward a health system that promotes health for all. The ACA advances this goal in the following ways: • Provides expanded insurance coverage through Medicaid and private insurance to eligible Americans who are uninsured, including coverage of essential clinical preventive services with no cost-sharing. • Builds the national commitment to prevention and supports public health capacity through the Prevention and Public Health Fund, including enhanced support for individual and community-based interventions known to promote healthy behavior, create healthy environments, reduce health disparities and/or reduce the incidence of chronic and infectious diseases. • Promotes collaboration between providers of medical care, the public health system, and their partners in the private and public sectors to create healthier communities. • Creates partnership opportunities through the community health needs assessment requirement for nonprofit hospitals. At the federal level, NACCHO urges Congress to support the ACA, including its prevention and public health provisions. NACCHO supports and encourages the involvement of local health department leaders to mobilize the "health in all policies" initiatives of health system reform. Local health departments should engage in dialogue and become visible advocates to gain support and acceptance of public health and population-based health practice as a foundation of health system reform. This presents an opportunity to educate and engage stakeholders, political decision-makers, and other community partners to promote a comprehensive health agenda. Local health departments should continue to provide safety net services and/or perform an assurance role in their communities to ensure that the remaining uninsured population of undocumented immigrants and others continue to receive preventive and clinical healthcare services.
03-06	January 2017 Updated	Coverage of Preventive Services NACCHO supports the provision of comprehensive preventive coverage by all public and private health insurers and healthcare plans. These benefits include screening and counseling in primary care settings, prevention of dental caries in young children, and tobacco-cessation counseling. NACCHO urges the Centers for Medicare and Medicaid Services, state and local governments, and private insurance health plans to retain or increase preventive services consistent with the recommendations of the U.S. Preventive Services Task Force, Advisory Committee on Immunization Practices, Health Resources and Services Administration's (HRSA) Bright Futures Project, and the HRSA/National Academies Committee on Women's Preventive Services.

		NACCHO continues to support public and private initiatives at the federal, state, and local levels that aim to continue or increase preventive services offered, increase access to these services, and reduce disparities in access to and use of preventive services.
08-06	January 2017 Updated	Oral Health NACCHO supports oral health for all Americans. To this end, NACCHO encourages the following: • Collaboration among communities, policymakers, and healthcare providers to promote oral health as an important part of an individual's general health and well-being. • The promotion of effective prevention strategies to improve and maintain oral health, particularly the following: • Promoting daily oral hygiene; • Water fluoridation; • Dental sealants; • Smoking prevention and cessation programs; • Smokeless tobacco cessation programs; and • Topical fluoride. • The integration of oral health education and promotion into existing public health programs. • Universal oral health insurance coverage for the uninsured and underinsured. • Increased access to oral health services, particularly in underserved communities. • Increased Medicaid reimbursement for oral health service providers. • Increased state and federal support for innovative oral healthcare delivery models and the exchange of these models among oral health service providers.
16-04	May 2016 Approved	Integration of Services and Supports for Community Health NACCHO supports efforts to better connect and integrate public health, physical and behavioral health, and social services. NACCHO encourages all sectors and disciplines to work collaboratively to leverage their resources, authority, expertise, and shared interests in pursuit of achieving the Triple Aim of simultaneously improving population health outcomes, reducing per capita cost of healthcare, and improving patient satisfaction and quality of healthcare. NACCHO draws attention to the critical role local health departments play in developing integrated health systems, and encourages local health departments to engage with partners to plan, implement, and evaluate strategies to improve the health of their communities. NACCHO encourages the adoption of policies and practices at the local, state, and federal levels to facilitate integration by doing the following: • Supporting research on integrative systems of care, such as coordinated care organization models, primary care medical homes, community-based primary healthcare and regionally based health improvement collaboratives.

		• Encouraging collaboration and coordination between sectors (e.g., community health assessment/community health improvement plan; see NACCHO's statement of policy on Community Health Needs Assessments). • Encouraging clinical-community linkages that help connect healthcare and behavioral healthcare providers, community organizations, and public health agencies in order to improve access to prevention, early intervention, and chronic behavioral healthcare services. • Establishing public and private financing mechanisms that support the coordination and delivery of a range of integrated clinical, public health, and supportive services. • Creating interoperable health information exchange systems to support improved health outcomes for individuals and to inform community health planning and evaluation (see NACCHO's statement of policy on Local Public Health Informatics). • Offering incentives for integration through performance metrics that measure population health outcomes across all social levels (see NACCHO's statements of policy on Meaningful Use and Performance Standards and Measurement). Promoting the incorporation of principles of social justice into public health practice in order to improve health outcomes and equity for all people in their communities (see NACCHO's statement of policy on Health Equity and Social Justice).
07-12	July 2014 Updated	Children's Health Insurance Program NACCHO supports legislation that will provide federal funding for the Children's Health Insurance Program (CHIP) at levels sufficient to accomplish the following: • Maintain coverage for all current enrollees. • Identify and enroll children currently eligible for, but not enrolled in, CHIP and Medicaid.
07-13	July 2010 Updated	Nurse Home Visiting Programs NACCHO supports the implementation of evidence-based nurse home visitation programs (HVPs) in local health departments targeting pregnant and parenting mothers and children. NACCHO supports and encourages state, local, and federal policies that contribute to the development and maintenance of evidence-based nurse HVPs, including the Maternal, Infant, and Early Childhood Home Visiting Program created by the Affordable Care Act. NACCHO urges state and federal legislators to support policies that give states the capacity to establish nurse HVPs and to provide reimbursement for services delivered through these programs. NACCHO asks more specifically that Medicaid reimbursement be provided to practitioners delivering services through the Maternal, Infant, and Early Childhood Home Visiting Program.

Adolescent Health		
17-03	March 2017 Approved	Comprehensive Adolescent Health NACCHO supports national, state, and local public health approaches that protect and promote the health of all adolescents. NACCHO affirms the need for a comprehensive approach to health throughout life and recognizes the unique health needs of adolescents. NACCHO recommends that local, state, and federal public health agencies: • Provide and advocate for comprehensive health services to meet the unique healthcare needs of adolescents regardless of age, race, ethnicity, gender identity, sexual orientation, disability, physically identifying characteristics, national origin, religion, language, or socio-economic background. • Provide adolescents access to timely confidential healthcare services without a requirement for parental/guardian consent or notification. • Build capacity for adolescents to manage their own health and healthcare needs. Utilize positive youth development approaches to improve the health and wellbeing of adolescents by enhancing positive youth assets and resiliency.
04-09	March 2017 Updated	Graduated Driver Licensing NACCHO supports legislation in all states that supports and promotes comprehensive graduated driver licensing laws (GDL). GDL should be part of a comprehensive motor vehicle safety strategy that includes efforts to address distracted driving, primary seat belt use, and driving under the influence of alcohol or other drugs. NACCHO supports the robust GDL policies for all newly licensed drivers recommended by the American Association of Motor Vehicle Administrators and National Highway Safety Administration. These recommendations include: • Supervised learner permit period of at least six months that provides at least weekly opportunities for the novice driver to accumulate a minimum of 50 hours of supervised practice driving in a wide variety of increasingly challenging circumstances. • A requirement that the driver be accompanied by a supervising licensed driver, that is at least 21 years of age and who has been fully licensed for at least one year. • A requirement that the applicant pass a vision screening and knowledge test on general rules of the road, with parental consent if applicant is under the age of 18. • An intermediate stage of licensing with a minimum entry age of at least 16 years and 7 months, lasting 18 months or until at least 18 years of age. • A nighttime driving restriction for intermediate license holders, beginning no later than 10:00 pm. • Driving restriction allowing no more than one teenage passenger. • A minimum age of 18 years for full licensure. • A requirement for “conviction-free” driving in order to graduate to a full license.

		• Ongoing funding and research to test, refine, and redefine the best practices for the ideal state driver education and training program. • Inclusion, incorporation, or integration of driver education and training that meets or exceeds current nationally accepted content standards and benchmarks. • Driver education and training that requires core driver educational hours (a minimum of 45 hours of classroom/theory, a minimum of 10 hours of behind the wheel instruction; 10 hours in-car observation) that focus on the driving task and safe driving practices sufficient to meet the criteria established by the end-of-course examination. NACCHO draws attention to the important role local health departments play in working with law enforcement agencies, the medical community, the media, schools, parents/legal guardians, driving instructors, and other stakeholders to monitor teen motor vehicle safety data, to educate the public about GDL laws, and to support the enforcement of GDL and other motor vehicle safety laws.
09-07	January 2017 Updated	Access to School-Based Data NACCHO supports local health departments having access to health information from education records, by law or agreement, for the purpose of data collection for public health surveillance, outbreak investigations, and other programs. The U.S. Department of Education and the U.S. Department of Health and Human Services should develop a mechanism for state and local health departments to access school health data or Congress should amend the Family Education Rights Privacy Act to specifically authorize the disclosure of school health information to state and local health department officials. Electronic sharing of password-protected data allows multiple uses of data within a local health department while protecting privacy and security.
16-01	February 2016 Approved	School and Child Care Immunization Requirements NACCHO supports implementation of child care, school, and university immunization requirements based on recommendations of the Advisory Committee on Immunization Practices (ACIP). NACCHO supports requirements that only allow for medical exemptions due to allergy or medical contraindication to maintain high immunization rates and protect communities from vaccine-preventable diseases. To successfully enact effective school-entry and child care immunization requirements, NACCHO urges the following actions: • Implement requirements that follow the ACIP recommended vaccination schedule and require proof of immunization signed by a licensed medical professional. • Implement requirements that include children who attend public and private schools, and homeschooled children who participate in public or private school activities. • Make school vaccination and exemption rates publicly available. • Increase resources to conduct school record and medical office record reviews to monitor compliance with immunization and exemption documentation requirements.

		• Increase financial support to local health departments, school nurses, and/or state/local immunization coalitions to educate parents, guardians, and college and university students about the immunization requirements and the importance of vaccines. If immunization requirements that only allow for medical exemptions are not feasible, the following steps can be taken to limit non-medical exemptions: • Use exemption forms that require parents/guardians or students ≥ 18 years to acknowledge the risks involved in refusing vaccinations. • Use exemption forms that require parents/guardians or students ≥ 18 years to acknowledge that in the event of an exposure to a vaccine-preventable illness, the exposed individual would be excluded from school and all school-related activities for the appropriate two incubation periods beyond the date of onset of the last case, as per standard public health practice. • Notify parents, guardians, and college and university students of school and child care vaccination and exemption rates annually. • Evaluate exemption procedures annually. • Require that exemption forms be renewed annually. • For individuals requesting exemptions, (1) require documentation from a medical provider regarding the refusal to vaccinate and consultation pertaining to risks; (2) require consultation and signature by the local health department for non-medical exemptions; or (3) implement mandatory education sessions for parents, guardians, or student ≥ 18 years about the importance of immunization and the impact of refusing immunizations. School and child care entry requirements, as with other public health interventions, must be introduced, exercised, and implemented judiciously to preserve the health of communities and the rights of individuals, parents, and community members. The decision of when to add a vaccine to school requirements should be made strategically, taking into account the following factors: characteristics of the vaccine and community; ACIP recommendations; vaccine safety and effectiveness; vaccine coverage in the absence of a requirement; stable and adequate vaccine supply; disease burden, severity, communicability; and operational considerations such as cost and ability to effectively implement and monitor compliance.
12-06	October 2016 Updated	Healthy Fatherhood and Male Involvement NACCHO supports the strengthening and building of healthy families through programs and interventions that work with adolescent and adult males to optimize their level of familial involvement and capacity to make unique and irreplaceable contributions to the lives of children. NACCHO supports the following: • Development of federal, state, local, and community infrastructure that provides support and systems of services for men that will reduce barriers to male involvement and inclusion in the family unit. • Establishment of capacity within local health departments and communities to collaborate with men, their families, and their communities to change the

		systems and structures that prevent men from being active, involved parents, accessing needed resources, and making positive life choices. • Expansion of family planning programs beyond their traditional woman-focused approach to serve the needs of not only women, but men of all ages.
15-09	November 2015 Approved	Immunization Programs NACCHO recommends that the federal government provide sufficient funding through the Vaccines for Children (VFC) and Section 317 Program for vaccination of uninsured and underinsured children, adolescents, and adults. NACCHO supports strong coordination and collaboration of immunization programs for persons of all ages to increase vaccination coverage rates to protect individuals and communities from vaccine-preventable diseases. Comprehensive and sustainable immunization programs will incorporate the following strategies: • Reimbursing public and private immunizations providers adequately for vaccine products, vaccine storage and handling, staff and administration supplies for vaccines, and population and clinic activities using immunization information systems (IISs). • Implementing education, training, and clinical procedures designed to (1) increase demand for immunizations among patients and parents; (2) promote strong vaccine recommendations by clinicians to patients; (3) minimize missed opportunities for vaccinations; (4) ensure series completion; (5) train community vaccination champions; and (6) reach underserved populations. • Identifying and addressing immunization disparities by (1) monitoring and responding to gaps and trends in vaccination rates using information technology and analysis such as IISs and electronic health records with clinical decision support for immunizations; and (2) supporting local health department epidemiologists and other staff to continually measure the impact of policies and interventions on equity of outcomes in immunization rates. NACCHO supports an immunization program addressing all stages of life composed of the elements listed above, with the goal of increasing overall immunization rates and subsequently reducing morbidity and mortality from vaccine-preventable diseases nationwide. Support of comprehensive immunization programs would substantially improve the framework for delivering immunizations to children, adolescents, and adults to ultimately reach the Healthy People 2020 goals. Local health departments are uniquely positioned to improve the capacity of the healthcare system for delivering immunizations by strengthening the coordination between public, professional, and private sector stakeholders.
15-02	February 2015 Approved	Human Papillomavirus NACCHO supports strong coordination, collaboration, and communication among public health, healthcare providers, parents and caregivers, and community partners at the local, regional, state, and federal levels to increase

		human papillomavirus (HPV) vaccination coverage in both males and females according to the recommendations of the Advisory Committee on Immunization Practices. Local health departments should implement and adapt programs and policies to increase vaccination rates in their communities. NACCHO encourages local health departments to develop a comprehensive approach to increasing HPV vaccination rates that includes the following: • Encouraging providers to make strong and consistent HPV vaccine recommendations and educating them on the most effective way of communicating these recommendations. • Supporting communication campaigns to educate parents and caregivers about the importance of HPV vaccination for cancer prevention and encouraging parents and caregivers to vaccinate their children. • Educating adolescents directly about HPV and other adolescent health issues. • Developing relationships with non-traditional vaccine providers such as pharmacists and expanding their role in increasing HPV vaccination rates. • Developing relationships with adolescent health groups, hospital systems, healthcare and cancer coalitions, school systems, and provider groups to support HPV vaccination. • Developing, using, and sharing best practices to increase HPV vaccination rates and close the gap between male and female vaccination rates. • Reducing missed opportunities and increasing HPV vaccine series completion through assessment and system-based changes using tools such as AFIX, reminder/recall, standing orders, and Immunization Information Systems. • Implementing evaluation and data collection processes to demonstrate the impact of HPV vaccine promotion initiatives. • Seeking opportunities to address systemic barriers to vaccination such as health inequity and a lack of access to healthcare. • Establishing themselves as trusted sources of information about HPV and other vaccines in their community. Local health departments should consider developing or maintaining the capacity to bill third-party payers for the vaccine and administration to ensure long-term programmatic sustainability. NACCHO also encourages continued state and federal support of local health department efforts to establish HPV initiatives, sustain program activities, and collaborate with public health partners.
07-12	July 2014 Updated	Children's Health Insurance Program NACCHO supports legislation that will provide federal funding for the Children's Health Insurance Program (CHIP) at levels sufficient to accomplish the following: • Maintain coverage for all current enrollees. • Identify and enroll children currently eligible for, but not enrolled in, CHIP and Medicaid.

04-13	April 2014 Updated	Sexual Health Education NACCHO supports sexual health education programs that are comprehensive, medically accurate, consistent with scientific evidence, and tailored to students' context and cultural and linguistic needs. NACCHO supports local, state, and federal policies and funding that enable schools to provide comprehensive, evidence-based sexual health education programs that address the needs of all school-aged youth. Additionally, NACCHO calls for the elimination of prescriptive abstinence-only funding streams and supports policies at all levels that call for the elimination of requirements to utilize public funding for abstinence-only education. Furthermore, NACCHO encourages local health departments to work closely with education agencies to expand efforts to prevent HIV/sexually-transmitted infections and unintended pregnancy in the school setting; support the provision of and referral to sexual and reproductive health services for adolescents; and provide guidance in the identification, development, and implementation of medically accurate comprehensive sexual health curricula. NACCHO also encourages local health departments and education agencies to work with community members and partners to promote and support implementation of comprehensive sexual health education in school systems.
07-13	July 2010 Updated	Nurse Home Visiting Programs NACCHO supports the implementation of evidence-based nurse home visitation programs (HVPs) in local health departments targeting pregnant and parenting mothers and children. NACCHO supports and encourages state, local, and federal policies that contribute to the development and maintenance of evidence-based nurse HVPs, including the Maternal, Infant, and Early Childhood Home Visiting Program created by the Patient Protection and Affordable Care Act. NACCHO urges state and federal legislators to support policies that give states the capacity to establish nurse HVPs and to provide reimbursement for services delivered through these programs. NACCHO asks more specifically that Medicaid reimbursement be provided to practitioners delivering services through the Maternal, Infant, and Early Childhood Home Visiting Program.
Border/Immigrant Health		
99-02	February 2014 Updated	Immigrant Health NACCHO supports the incorporation and adoption of principles of social justice into social policy, public health curricula, workforce development initiatives, and the design of program evaluation measures as strategies to eliminate health inequities. Based on those principles, NACCHO encourages local health departments to act on race, ethnicity, class, gender, and other types of oppression as the significant root causes of health inequity among documented and undocumented immigrants.

		As part of that work, NACCHO supports the following: • The reform of federal and local immigration policy that unfairly discriminates against immigrants with respect to education, basic human rights, and social welfare, including the Affordable Care Act. These reforms should provide an accessible route to full citizenship status that leads to unified families and the protection of refugees. • The repeal and prevention of anti-immigrant local laws that discriminate and exclude on the basis of nationality and immigration status, including laws that deny access to the courts, impose indefinite and mandatory detention, sanction methods of enforcement of immigration laws by local law enforcement that violate human rights, and bar immigrants from schools, housing, and healthcare. • Federal, state and local policies and practices that restore, expand, or provide access to public benefits for all immigrants, including access to quality, affordable preventive care. • Labor standards and work protections that guard against the exploitation of immigrants. • Development of relationships between NACCHO and Immigration and Naturalization Service, the U.S. Border Patrol, and state and local health jurisdictions in order to develop surveillance of and prevention of loss of life and injury related to environmental exposures at U.S. international borders. NACCHO opposes the following: • Federal and state policy that would deny free education to immigrants because of their immigration status. • Federal policies on deportation that separate families.
07-02	August 2012 Updated	Immigrants, Refugees, and Asylees with Communicable Diseases NACCHO encourages the federal government to standardize and strengthen pre-screening processes and any necessary pre-departure treatment protocols of immigrants, refugees, and asylees for communicable diseases of public health significance. NACCHO supports: • Communication and mandatory follow-up by the federal government with local health departments (local health departments) regarding immigrants, refugees, and asylees who have been identified during screening as having either a communicable disease or a potentially communicable disease of public health significance (e.g., those persons classified as Class B-1 tuberculosis status) • Reimbursement from the federal government to local health departments for services provided to immigrants, refugees, and asylees with communicable diseases of public health significance that are currently not covered by other funding sources

Chronic Disease Prevention		
00-06	July 2017 Updated	Asthma Prevention NACCHO supports policies and programs that reduce and prevent poverty, substandard housing, air pollution, environmental tobacco smoke, and other detrimental conditions that can exacerbate asthma and other respiratory diseases and trigger asthma attacks. • NACCHO supports federal, state, and non-governmental assistance to local health departments and other local community partners to work collaboratively to reduce the impact of and prevent asthma in their communities, particularly through educational and social marketing efforts regarding root causes of asthma, elimination of conditions that exacerbate asthma, improved asthma surveillance, and formation of community-based coalitions for prevention. • NACCHO supports federal, state and local public health policies and activities such as community environmental health assessments that identify and define the characteristics and social conditions of communities that make them vulnerable to exacerbations of asthma. • NACCHO supports seeking the Center for Medicare and Medicaid (CMS) approval of the reimbursement for home screening for asthma triggers. • NACCHO supports federal, state, local, and non-governmental funding to local health departments and other local community partners to work collaboratively in developing comprehensive home based multi-trigger and multi component interventions with an environmental focus to reduce exposure to asthma triggers. • NACCHO supports public health policies that improve and promote access to affordable and high quality care of asthma treatment and management of asthma that also addresses the root causes of asthma to help improve the overall quality of life and productivity of individuals suffering from asthma. • NACCHO supports programs that educate people in communities about climate change as a plausible contributor to asthma through an increase in pollen exposure, an increase in ozone and particulate levels, an increase in the frequency of such occurrences and an understanding of the preventative approaches that increase opportunities for wellness. • NACCHO supports the development of a national surveillance system to track asthma incidence, prevalence, morbidity and mortality, and coordinate with other disease tracking efforts that not only assures consistent data on healthcare access, but also includes data by patients' race, ethnicity, occupation, socioeconomic status and primary language.[1] • NACCHO supports efforts by the U.S. Environmental Protection Agency to strengthen clean air standards and improve health. • NACCHO supports the continued funding for the Centers for Disease Control and Prevention National Environmental Public Health Tracking Network and National Asthma Control Program in states to make asthma related data more widely and uniformly available.

17-01	March 2017 Approved	Transportation and Health To help improve the health of people in their community, local health departments can become involved in regional and local transportation policies, programs, and projects by building partnerships with key stakeholders, educating and building the capacity of their staff, and actively participating in local planning activities. NACCHO recommends: Federal, state and local governments should: • Adopt "Health in All Policies" (HiAP) approaches in the transportation sector to ensure that transportation policies and projects have positive or neutral impacts on the determinants of health and that public health considerations are systematically and formally integrated into transportation planning, design, and decision-making processes. These approaches may additionally be used to develop health-related performance measures for transportation plans and projects. • Encourage shifts from individual automobile reliance to walking, biking, and public transportation use in order to increase opportunities for active transportation and improve air quality by reducing vehicle emissions of air pollutants. • Design and plan for transportation systems that provide reliable, energy-efficient, and affordable access to and connection between jobs, schools, healthcare services, healthy food options, and other vital destinations. • Improve access to public transportation for all users by accommodating older adults and people with disabilities. • Improve connectivity between multiple modes of transportation, such as biking, walking or rolling, and public transportation. • Ensure that the design of the entire roadway incorporates all users, including pedestrians of all ages and abilities, bicyclists, and public transportation vehicles and riders through increased representation of underrepresented groups on transportation boards and commissions. • Improve transportation quality by ensuring dependable public transportation service, and transportation safety through design such as traffic calming measures, improved lighting, and reduction in speed limits. • Encourage improved coordination of local land use decisions and transportation planning through comprehensive regional planning. Local health departments should: • Build partnerships with the transportation planning entities and other stakeholders around transportation design, use, and safety. • Build capacity to participate in local and regional transportation planning activities through the use of HiAP approaches, such as Health Impact Assessments, or other health lens analyses, and strategies to incorporate health considerations in public decisions. • Actively participate in transportation planning activities, such as Technical Advisory Committees, and ensure that health and equity perspectives are included in the development of transportation and land use plans and key projects.

		• Actively pursue financial support and/or funding to support the implementation of recommended strategies aimed at increasing the consideration of health in transportation-related decisions.
96-04	November 2016 Updated	Local Tobacco Control Regulations NACCHO advocates for the inclusion of language in all state legislation to preserve local government autonomy and eliminate potential conflicts regarding the following: • More restrictive tobacco and vaping control ordinances and regulations, including those governing smoke-free or vape-free indoor air. • Increasing tobacco product taxes. • Regulating the sales and retail environments to reduce use of tobacco and vaping products through product placement and elimination of advertising. • Increasing the minimum age for sale. NACCHO urges state legislatures to enact such legislation. NACCHO encourages local public health officials to work to see that all preemptive state tobacco/vaper control legislation be repealed.
12-03	October 2016 Updated	Hookah Smoking NACCHO supports legislation and programs to reduce and eliminate the harmful public health effects of hookah smoking. This includes any or all of the following possible measures: • Interdisciplinary educational initiatives addressing attitudes, knowledge, myths, and beliefs about hookah smoking and related outcomes to correct misperceptions, particularly among adolescents and young adults. • Legislation to ban or limit the establishment of hookah lounges in local communities • Legislation to create a moratorium on the establishment of additional hookah lounges until appropriate bans are in place. • Legislation to add health warning labels on hookah products and in hookah establishments, similar to those seen on tobacco products. • Revision of existing local smoke-free policy to include hookah lounges and establishments (e.g. through clarifying opinion or regulation/rule; opening up or amending the definitions of “smoke” and “smoking” to include hookah may jeopardize existing laws.) • Expansion of language in hookah lounge legislation and smoke-free policies to incorporate non-tobacco substances used in hookah pipes and tobacco alternatives, such as steam stones. • Opposition to any legislation at the local or state level which exempts hookah lounges and other hookah smoking establishments from current smoking ban policies and regulations. • Partnerships with other organizations and educational systems to educate and inform the public on the negative health effects associated with hookah smoking and lounges. • Partnerships with law enforcement to better enforce relevant laws related to hookah lounges, such as minor in possession laws to reduce youth access.

		• Education for public health and other enforcement staff in the types of products used for hookah smoking and how local legislation applies to the products and lounges. • Alignment between hookah legislation and marijuana legislation for jurisdictions with legalized marijuana use laws. • Additionally, NACCHO supports any initiatives that would increase the research and knowledge base surrounding hookah smoking and its health-related impact. NACCHO urges local health departments to support legislation to help hookah users quit, prevent youth from starting, and protect people from secondhand smoke from hookah use.
10-01	November 2016 Updated	Obesity Prevention Using a systems approach to addressing obesity prevention and reduction of resulting chronic diseases will require the following: policy and legislation systems-based reform, changes to the built and physical environment, sugar-sweetened beverage reduction and funding. NACCHO supports and recommends the following activities for the prevention of obesity and reduction of resulting chronic diseases: ● Local communities should increase community access to healthy foods by creating incentive programs to offer to current food retailers and to attract new retailers and farmers markets to underserved and food desert areas. ● Local communities should promote use of Farm-to-School and school garden programs. ● Local communities should reinforce compliance with the Food and Drug Administration (FDA) rule implementing Section 4205 of the Affordable Care Act, which requires menu labeling of local restaurants. ● Local communities should work with restaurants to ensure nutrition information is available in multiple formats and languages to create an inclusive approach to education. ● The FDA should commence regulatory action to sharply lower the added-sugar content and reduce container size in soft drinks and similar beverages; encourage the beverage industry to voluntarily reduce sugar levels, packaging size, and the marketing of other high-sugar foods; and mount, perhaps together with the Centers for Disease Control and Prevention and U.S. Department of Agriculture, a high-profile education campaign to encourage consumers to choose lower-sugar or unsweetened foods and beverages. ● Local communities should promote and collaborate with healthy eating and active living educational programs and policies, in accordance with the Dietary Guidelines for Americans and the Physical Activity Guidelines for Americans. ● Local governments should increase the number of potable water outlets in workplaces, schools, childcare facilities, public spaces, and vending areas. ● Local governments should address the marketing and placement of calorie-dense, nutrient-poor foods, including sugar-sweetened beverages, in supermarkets to reduce consumption of these items.

		● Local governments should promote the reduction of consumption of calorie-dense, nutrient-poor foods, including sugar-sweetened beverages, through portion control recommendations, retail marketing and placement, and limiting government procurement, and availability of sugar-sweetened beverages. ● Congress and/or local governments should mandate and implement strong nutrition standards limiting access to calorie-dense, nutrient-poor foods and beverages available in government-run or -regulated after-school programs, recreation centers, parks, and child care facilities. Local health departments should promote implementation of worksite wellness programs by employers to increase workforce knowledge about healthy eating and physical activity, offer programs to assist with behavior modification to adopt healthy habits, and create policies and environmental changes that make healthy choices easier. ● Local governments and planning agencies should integrate local public health considerations into community design processes, including community planning, regulations, and design of new development and redevelopment, to promote and protect the health of communities, including provisions for all ages and abilities. Health in All Policies strategies and Health Impact Assessments are methods that incorporate public health into the design process. ● Municipal planning should encourage bicycling and walking for transportation and recreation through improvements in the built environment, including sidewalks, parks, and trails, and making active transportation accessible to all ages and abilities. Particular attention should be given to ensuring bicycle lanes, signage and other strategies to support safety for bicyclists and pedestrians. ● Local governments should dedicate resources and integrate alternative transportation programs for their workforce. ● Local, state, and federal governments should dedicate resources to improve the capacity of local health departments to participate effectively in the community design process through training in strategies such as Health in All Policies, development of tools, technical assistance, conducting Health Impact Assessments, and other support. ● Local jurisdictions should promote policies that build physical activity into daily routines by requiring physical education in schools and child and adult care programs and by supporting programs such as Safe Routes to School that encourage walking and biking to school. ● Local jurisdictions should promote policies that build physical activity into daily routines at worksites, senior centers, and public spaces. ● Local health departments should conduct needs assessments and use County Health Rankings or other accurate data sources to reflect on areas of high obesity rates to help them develop plans to address obesity. ● Local health departments should advance local government policies to use healthy food vending standards in local government facilities and schools to reduce access to sugar-sweetened beverages and calorie-dense snacks and increase the availability of healthier beverage and snack options.

		• Local health departments should conduct needs assessments to determine the areas in their jurisdictions with the most prominent display and saturation of marketing and promotion for sugar-sweetened beverage. The resulting data can then be used to target healthy eating interventions in the communities of greatest need. • Local governments should consider creating local policies that limit the density of fast convenience food restaurants in communities with a high prominence of marketing and sales of calorie-dense, nutrient-poor foods. • Local health departments should collaborate with partners to develop and disseminate consistent, age-appropriate and culturally-appropriate messaging of health risks of sugar-sweetened beverage consumption. • Local health departments should screen for childhood obesity and prenatal obesity through the Women, Infant and Children (WIC) program (or encourage these activities where they are not provided by or through the local health department,) immunization, home visiting programs and well-baby visits and provide referral to nutritionists and trained providers for individual and/or group counseling. • Local health departments should coordinate with states, other municipal agencies, community-based organizations, healthcare agencies, such as federally-qualified healthcare centers, and local providers to implement community-based programs that support increased breastfeeding duration and exclusivity as a preventive measure for maternal and childhood obesity. • NACCHO encourages local health departments to use these policy strategies as the standard for development of comprehensive obesity and overweight prevention policies. *Role of Local Health Departments/Local Governments* Obesity prevention programs must be fully integrated and supported within state and local health departments to ensure implementation of the strategies supported by this policy statement. Funding systems need to align at the local, state, and federal level. Partnerships between governmental entities and voluntary or private organizations must also be strengthened to ensure the durability, effectiveness, and inclusiveness of obesity prevention initiatives within all communities. Local health officials and their community partners and stakeholders should take the lead on preventing obesity and overweight to protect the public's health. Strategies must remain flexible and adaptable so that each locality can respond to new scientific knowledge or changes in priority areas. None of these laws, policies, or actions stand alone; all are part of comprehensive strategies intended to protect the public from what is a leading contributor to preventable death and disease in the United States. Local health officials function as leaders, conveners, brokers, and key contributors to broad-based coalitions acting in concert to address obesity prevention issues.
13-04	November 2016 Updated	Healthy Food Access Many residents of urban and rural areas lack access to affordable healthy foods within their communities.

		Inadequate healthy food sources have perpetuated chronic diseases in low-income and vulnerable populations. Local health departments have developed initiatives that aim to reduce the availability of unhealthy foods in communities and increase the accessibility, affordability, and availability of healthy foods. Increasing access to healthy food and reducing the availability of unhealthy foods will require the following: ● Healthy food and beverage procurement practices. ● Food system design. ● Healthy community design. ● Local healthy food policies. NACCHO makes the following recommendations to enhance the accessibility, affordability, and availability of healthy foods as a means to prevent and reduce chronic diseases: • The Department of Agriculture (USDA) should allow and expand state/local projects designed to promote healthier food and beverage purchases by beneficiaries of the Supplemental Nutrition Assistance Program (SNAP) program. With its expressed authority, USDA should expand projects to evaluate innovative approaches to optimizing SNAP purchases and restrict the purchase of unhealthy foods or beverages with SNAP benefits. • Local communities should increase community access to healthy foods by enhancing incentive programs and policies to increase access to affordable healthy food options. • Local governments and planning agencies should integrate healthy food accessibility considerations into the community design process (land use planning, zoning, and the design of new community developments); communities should be designed to include fresh produce grocery stores, healthy corner stores, community/school/worksite gardens, food marts, and farmers' markets. • Local governments should implement food procurement policies that discourage the consumption of sugar sweetened beverages, increase healthy vending options, and include healthy eating guidelines. • Local health departments should collaborate with public and private programs that support small business development to promote providing incentives to retailers that promote produce and nutritious foods to SNAP beneficiaries. • Local governments and/or financial institutions should integrate healthy food accessibility considerations into micro-loan and/or enterprise zone policies.
09-11	November 2014 Updated	Restaurant Menu Labeling, Trans Fats, and Salt NACCHO supports local health department leadership in educating the public and bringing about new food policies and organizational practices that improve menu labeling and the reduction of trans fats and salt. • NACCHO urges the Food and Drug Administration (FDA) to make a final determination that partially hydrogenated oils are not generally recognized as safe, as proposed in November 2013. • NACCHO urges the FDA to release final menu labeling rules in accordance with the Affordable Care Act passed in March 2010 without delay.

		• NACCHO supports local and state regulations, ordinances, and statutes that would prohibit the use of artificial trans fats and similar artificial, unhealthy oils in prepared foods offered at chain restaurants. • NACCHO urges local health departments to support regulations, ordinances, and statutes requiring comprehensive menu labeling at the point of decision-making in chain restaurants. • NACCHO supports reducing the amount of salt in the food supply through health department-led initiatives that partner with the food and restaurant industry and institutional food service sectors to set targets that progressively lower sodium levels in prepared and processed foods. • NACCHO supports educational campaigns and programs that increase public and health provider awareness about sources of sodium intake and the health consequences associated with excess salt consumption. Programs should also increase health literacy by teaching consumers to properly read nutrition labels for the purpose of identifying low-sodium food choices and provide hypertension screening and control services. • NACCHO urges local health departments to join the National Sodium Reduction Initiative. • NACCHO supports local, state, and federal funding for local health departments to provide (1) public education about trans fats, salt, menu labeling, and fresh foods; (2) technical assistance to food establishments to support reformulation; and (3) adequate compliance and surveillance.
14-12	November 2014 Approved	Salt Reduction NACCHO supports local health department leadership in encouraging healthy eating practices in their communities. A healthy level of sodium consumption is a large component of healthy eating. NACCHO supports bringing about new food policies and organizational practices that reduce the sodium content of prepared and processed foods. These policies and practices include the following: • Reduction in the amount of salt in the food supply through health department-led initiatives that partner with the food and restaurant industry and institutional food service sectors to set targets aimed at progressively lowering sodium levels in prepared and processed foods. • Educational campaigns and programs that increase public and health-provider awareness about main sources of sodium intake and health consequences associated with excess salt consumption. Programs should also increase health literacy by teaching consumers to properly read nutrition labels for the purpose of identifying low-sodium food choices and provide hypertension screening and control services. • Requirements for restaurants to provide sodium nutritional information for food products on menus, menu boards, and brochures. Products and meals high in salt should be marked and accompanied by a warning notice. • Monitoring and evaluation of population salt intake, food industry reformulation and menu labeling efforts, and efficacy of consumer and health provider education and support programs. • Support of local and national regulations and educational campaigns for reduction of population salt consumption.

		NACCHO urges local health departments to join the National Sodium Reduction Initiative. NACCHO supports local, state, and federal funding for local health departments to provide (1) public and health provider education about salt; (2) technical assistance to food establishments to support reformulation; and (3) adequate compliance and surveillance.
13-05	April 2014 Updated	Smokeless and Emerging Tobacco Products NACCHO urges the Food and Drug Administration to enact more stringent regulations related to the manufacturing, distribution, advertising, and marketing of smokeless and emerging tobacco products (e.g., hookah, snus, dissolvables, and other nicotine delivery devices) and to conduct research on the health impact of smokeless and emerging tobacco products. Until then, NACCHO encourages local health departments to support state and local legislation that modifies existing law to include new and emerging tobacco products while safeguarding provisions of existing laws. NACCHO encourages local health departments to support state and local legislation that does any of the following: • Uses broad definitions to include all smokeless tobacco products in new tobacco control legislation. • Raises the excise tax on smokeless tobacco products to a level equivalent to that of cigarettes and other conventional tobacco products. • Prohibits the sale of smokeless tobacco and emerging products to minors. • Prohibits the sale and marketing of smokeless tobacco products containing flavors that may appeal to minors. • Prohibits the sale of dissolvable tobacco products not regulated by the FDA. • Bans the distribution of free samples of smokeless tobacco products, even in “qualified adult-only facilities.” • Imposes strict control on the sampling of emerging tobacco products. NACCHO also encourages local health departments to do the following: • Oppose legislation that exempts smokeless tobacco products from current tobacco control regulations. • Enforce state and local laws that aim to regulate the sales and marketing of smokeless tobacco products. • Work with tobacco control coalitions to educate the public on the negative health consequences of smokeless tobacco products.
12-04	April 2014 Updated	Electronic Cigarettes (E-Cigarettes) NACCHO urges the Food and Drug Administration (FDA) to enact strict regulations overseeing the sale, manufacture, distribution, and advertising of electronic cigarettes, or e-cigarettes, and to conduct research on their health impact. Until then, NACCHO encourages local health departments to support local legislation and regulations that include any or all of the following measures:

		• Use broadly-defined language to include e-cigarettes in new smoke-free legislation for indoor and outdoor environments. • Make clear that e-cigarettes are covered by existing smoke-free laws through clarifying opinion or regulation/rule. (Opening up or amending the definitions of "smoke" and "smoking" to include e-cigarettes and e-cigarette vapor or aerosol may jeopardize existing laws.) • Require tobacco retailer licenses to sell e-cigarettes, or add an additional fee for existing tobacco retailers to sell e-cigarettes. • Limit the number of retailers or locations where e-cigarettes can be sold. • Prohibit sales of e-cigarettes to minors. • Ban sales of e-cigarette components that may appeal to minors, such as flavored cartridges. • Raise excise tax on e-cigarettes to a level equivalent to cigarettes and other tobacco products. • Require disclosure of the chemicals included in electronic cigarette cartridges. NACCHO also encourages local health departments to support e-cigarette control policy efforts through any or all of the following: • Oppose legislation at the local or state level that exempts e-cigarettes from current smoking ban policies and regulations. • Advocate for state or federal regulation prohibiting sales of e-cigarettes on the Internet or through the mail, especially in the case of minors. • Work with businesses and public institutions, such as malls, to voluntarily prohibit e-cigarette sales on premises.
13-12	November 2013 Approved	Tobacco Prevention and Control NACCHO supports national, state, and local public health approaches that enhance local health department capacity to prevent tobacco use initiation, promote tobacco cessation, eliminate exposure to secondhand smoke, and identify and eliminate tobacco-related disparities. NACCHO supports policies and actions aligned with National Prevention Strategy strategic directions and priorities, recommendations from the Guide to Community Preventive Services recommendations, and the Centers for Disease Prevention and Control's (CDC's) Best Practices for Comprehensive Tobacco Programs, which include the following: • Federal, state, and non-governmental funding at or above levels recommended by the CDC to implement comprehensive local tobacco control programs. • Comprehensive local programming that includes community interventions; health communications interventions; cessation interventions; disease, sales, and use surveillance and evaluation; and program administration and management functions. • Proven programs and policies, such as those outlined in the Guide to Community Preventive Services, to prevent tobacco use and reduce exposure to secondhand smoke, including smoke-free workplaces, city and county buildings, and other public places.

		• Increases in the price of tobacco products through increased excise taxes, particularly if funds are used to enhance revenue for proven tobacco control and prevention programs. • Smoke-free and tobacco-free policies for indoor environments (e.g., restaurants, bars, casinos, multiunit housing) and outdoor environments (e.g., public parks, recreation areas, beaches). • Expansion of services to help smokers quit, including promotion of toll-free telephone quit lines, individual and group counseling, and greater use of cessation benefits available through many health plans. • Mass media campaigns to convey health risks of tobacco use, encourage smokers to quit, decrease social acceptability of tobacco use, and build public support for tobacco control policies. • Epidemiologic data collection and analysis to identify emerging issues in tobacco control. • Policies and programs that reduce youth access to tobacco products including raising the minimum age of sale to 21. • Policies and programs that promote health equity in tobacco prevention and control, including joint efforts with local anti-tobacco coalitions who represent communities most impacted and data collection inclusive of subpopulations. • Policies and programs that include and are accessible to people with disabilities to reduce and prevent smoking among people with disabilities. • Collaboration with the Food and Drug Administration (FDA) to ensure full implementation of the 2009 Family Smoking Prevention and Tobacco Control Act (Tobacco Control Act), the landmark law that for the first time grants the FDA authority to regulate the manufacture, distribution, and marketing of tobacco products. NACCHO encourages local health departments to enforce regulations established in the Tobacco Control Act at the local level and implement additional necessary regulations to address any gaps or shortcomings in the federal legislation. Specifically, NACCHO supports local health department efforts to address use of non-cigarette tobacco products, including electronic cigarettes, hookah, and smokeless and emerging tobacco products. (See NACCHO policy statements on Electronic Cigarettes (E-Cigarettes), Hookah Smoking, and Smokeless and Emerging Tobacco Products.) NACCHO encourages local health departments to support programs and policies to identify and eliminate tobacco-related disparities. NACCHO encourages local health departments to call upon the FDA to prohibit menthol as a characterizing flavor and, until then, take action at the local level to address menthol cigarettes, which despite their minty flavor, were exempted from the Tobacco Control Act's flavor prohibition.

Climate Change		
07-09	November 2014 Updated	Climate Change NACCHO strongly urges all levels of government to collaborate with community stakeholders on preparing for and responding to climate change. NACCHO urges the public health community to provide strong leadership in climate change mitigation and adaptation efforts. Local health departments should act to reduce the severity of climate change-related health impacts. Local health departments, in partnership with state and federal public health agencies, must immediately prepare for the impacts of climate change on public health. NACCHO urges public health departments to promote and participate in climate change mitigation efforts, which may include (1) the incorporation of adaptation planning into land use, housing, and transportation design; (2) preparing communities for extreme environmental events; and (3) coordinating with local governments on all-hazards disaster planning. Local health departments should aim to prepare communities to adapt to a changing climate. The impacts of climate change are likely to be complex, to vary geographically, and to affect specific populations differently. The 10 Essential Public Health Services provides a framework for understanding how local health departments can understand and act on climate change. NACCHO recommends that local health departments engage in the following activities to address the health impacts. Essential Public Health Service 1: Monitor health status to identify and solve community health problems. • Conduct risk and vulnerability assessments. Particular attention must be given to identifying the most vulnerable populations for different hazards (e.g., extreme weather events). • Conduct comprehensive surveillance during extreme events such as floods, heat waves, and wildfires. Essential Public Health Service 2: Diagnose and investigate health problems and health hazards in the community. • Conduct routine monitoring of environmental conditions alongside disease surveillance. • Enhance surveillance of climate sensitive diseases (e.g., vector-borne diseases, illnesses impacted by air quality). • Design and implement early warning systems related to climate impacts such as drought and vector-borne disease. Essential Public Health Service 3: Inform, educate, and empower people about health issues. • Institute continuous, science-based, and culturally competent education programs to inform policymakers, communities, and local health department staff on the health impacts of climate change. • Articulate the causal pathways by which climate change impacts health.

		• Identify health benefits of mitigation activities such as active transportation and local food production. Essential Public Health Service 4: Mobilize community partnerships and action to identify and solve health problems. • Advocate for policies, plans, programs, and resources to support climate change mitigation and adaptation, emphasizing scientific evidence and equity. • Build partnerships with key local stakeholders to engage and enlist them in the response to climate change. • Integrate climate change into emergency preparedness plans. Essential Public Health Service 5: Develop policies and plans that support individual and community health efforts. • Develop local climate change mitigation and adaptation plans that address the health impacts of climate change. • Design evidence-based intervention models that reduce negative health impacts and prepare jurisdictions for a changing climate. • Collaborate with local stakeholders to develop preparedness and response plans for extreme weather events. • Work with policymakers to introduce a public health perspective into public policy developed around climate change. Essential Public Health Service 6: Enforce laws and regulations that protect health and ensure safety. • Use environmental health regulatory activities and authorities to protect the public's health from climate change (e.g., limit outdoor activities when the heat index or smoke from wildfires pose significant risk to the public). Essential Public Health Service 7: Link people to needed personal health services and ensure the provision of healthcare when otherwise unavailable. • Plan for and ensure continuity of healthcare services during extreme events like flooding and wildfires. Essential Public Health Service 8: Assure competent public and personal healthcare workforce. • Provide opportunities to educate and train public health leadership and the public health workforce on the health effects of climate change. Essential Public Health Service 9: Evaluate effectiveness, accessibility, and quality of personal and population-based health services. • Contribute to the evidence base by evaluating mitigation and adaptation interventions. Essential Public Health Service 10: Research for new insights and innovative solutions to health problems. • Participate in scientifically based research programs related to climate change that readily translate to the practice of public health.

		• Support research on emerging health impacts related to climate change and public health best practice standards.
14-05	July 2014 Approved	Vector Borne Disease NACCHO urges the federal government to provide sufficient funds to maintain, strengthen, and expand the surveillance and research capacities necessary to track vector-borne diseases affected by climate change. In conjunction with existing positions regarding the local health department role in addressing climate change, NACCHO supports local public health activities to prevent, monitor, and control such diseases, including the following: • Providing local health department staff with training and continuing education opportunities on how to investigate outbreaks in humans and animals, collect vector samples, and perform abatement. • Collaborating with partners from multiple disciplines (e.g., medical entomology, environmental science, veterinary science) and other local, state, and national partners to identify the most appropriate disease and vector control and prevention measures to target vector-borne diseases. • Expanding laboratory capacity to identify new and emerging vector-borne pathogens in human, animal, and vector samples. • Improving data collection systems for tracking the incidence of vector-borne diseases in humans and animals. • Enhancing data-sharing systems to facilitate effective communication between jurisdictions at the local, state, and federal levels. • Participating in longitudinal monitoring programs for vectors and pathogens to study changes in vector distribution and abundance over time. • Developing predictive models on the effects of climate change on vector-borne disease risk and the projected distribution and abundance of major hosts and vectors. • Creating disease control and prevention plans targeted to reduce the impacts of vector-borne diseases on local communities, including vulnerable populations.
Environmental Health		
12-16	July 2017 Updated	Chemical Policy Reform NACCHO supports national, state, and local resources, policies, regulations, programs, and research that will enhance local health departments' abilities to ensure that the public's health is accounted for in the production, management, and disposal of chemicals in all communities. NACCHO supports the following policies and actions: Full implementation of the Frank R. Lautenberg Chemical Safety for the 21st Century Act which amended the Toxic Substances Control Act (TSCA). The new law, which received bipartisan support in both the U.S. House of Representatives and the Senate, includes much needed improvements such as: • Mandatory requirement for the Environmental Protection Agency (EPA) to evaluate existing chemicals with clear and enforceable deadlines.

		• New risk-based safety standard. • Increased public transparency for chemical information. • Consistent source of funding for EPA to carry out the responsibilities under the new law. • Congress should authorize and encourage greater oversight and involvement by the Agency for Toxic Substances and Disease Registry (ATSDR) and EPA to reduce chemical exposures and strengthen TSCA to reflect 21st century public health threats. • Congress should recognize the role of local health departments in protecting the public from chemical exposure and working to mitigate exposures to hazardous materials. • Congress should create a mechanism to collect data and categorize patterns of disproportionate exposure and associated negative outcomes and to consult with local health officials regarding patterns of exposure. • ATSDR and EPA should coordinate with local governments on an ongoing basis to share data, priorities, and training relating to the management of chemical substances. NACCHO also supports: • The implementation of the Action Agenda for the National Conversation on Public Health and Chemical Exposures, a public engagement initiative to help government agencies and other organizations strengthen their efforts to protect the public from harmful chemical exposures. • The development of legal requirements at the state and federal levels that require the generation, disclosure, and distribution by chemical producers of comprehensive chemical production, use, hazard, and exposure information in forms that are appropriate for use by the public, workers, industry, small businesses, and government. • State and federal support for assessments of chemicals in commerce to identify both those that pose potential or actual risks to human health and the environment and those that may serve as safer substitutes for chemicals posing risks to environmental public health. • Local, state, and federal efforts to efficiently assess the hazards of chemicals in commercial use and steadily reduce the production and use of chemicals of greatest concern to public health. • Local, state, and federal policies that prevent, mitigate, or eliminate environmental burdens that disproportionately affect the health of some populations over others. • Changes in TSCA that will remove chemical manufacturer's ability to shield information about their products claiming trade secrets, except in the most rigorous circumstances.
00-06	July 2017 Updated	Asthma Prevention NACCHO supports policies and programs that reduce and prevent poverty, substandard housing, air pollution, environmental tobacco smoke, and other detrimental conditions that can exacerbate asthma and other respiratory diseases and trigger asthma attacks.

		• NACCHO supports federal, state, and non-governmental assistance to local health departments and other local community partners to work collaboratively to reduce the impact of and prevent asthma in their communities, particularly through educational and social marketing efforts regarding root causes of asthma, elimination of conditions that exacerbate asthma, improved asthma surveillance, and formation of community-based coalitions for prevention. • NACCHO supports federal, state and local public health policies and activities such as community environmental health assessments that identify and define the characteristics and social conditions of communities that make them vulnerable to exacerbations of asthma. • NACCHO supports seeking the Center for Medicare and Medicaid (CMS) approval of the reimbursement for home screening for asthma triggers. • NACCHO supports federal, state, local, and non-governmental funding to local health departments and other local community partners to work collaboratively in developing comprehensive home based multi-trigger and multi component interventions with an environmental focus to reduce exposure to asthma triggers. • NACCHO supports public health policies that improve and promote access to affordable and high quality care of asthma treatment and management of asthma that also addresses the root causes of asthma to help improve the overall quality of life and productivity of individuals suffering from asthma. • NACCHO supports programs that educate people in communities about climate change as a plausible contributor to asthma through an increase in pollen exposure, an increase in ozone and particulate levels, an increase in the frequency of such occurrences and an understanding of the preventative approaches that increase opportunities for wellness. • NACCHO supports the development of a national surveillance system to track asthma incidence, prevalence, morbidity and mortality, and coordinate with other disease tracking efforts that not only assures consistent data on healthcare access, but also includes data by patients' race, ethnicity, occupation, socioeconomic status and primary language.[1] • NACCHO supports efforts by the U.S. Environmental Protection Agency to strengthen clean air standards and improve health. • NACCHO supports the continued funding for the Centers for Disease Control and Prevention National Environmental Public Health Tracking Network and National Asthma Control Program in states to make asthma related data more widely and uniformly available.
00-03	March 2017 Updated	Child Lead Poisoning NACCHO promotes primary prevention and advocates for the removal of lead sources from the environment prior to exposure, particularly in water and housing, in order to prevent the potential for adverse effects. Until this is accomplished, NACCHO supports the use of the Centers for Disease Control and Prevention reference level of 5 µg/dL to identify children with elevated blood lead via the following: • Continued federal, state, and local funding and implementation of cost-effective, community-specific preventive measures to prevent and mitigate

		health hazards that potentially cause lead exposure in the home and in other settings, such as schools, childcare centers, recreational facilities, and workplaces that may result in disease and illness in children. • Active local health department efforts to the development and expansion of community- oriented collaborative coalitions targeting efforts at children and their families who remain at risk for lead exposures and poisoning. • Aggressive efforts by localities to screen and identify lead-poisoned children, as well as services for these children and their families. • Healthcare providers and health plans that provide blood lead screening and diagnostic and treatment services for children enrolled in Medicaid, consistent with federal law, and refer children with elevated blood lead levels for environmental and public health follow-up services. • Efforts by local health departments to develop partnerships with local water utilities and other organizations to provide public education and outreach regarding drinking water quality, including lead content, toward the Healthy People 2020 goal of reducing childhood lead poisoning. • The continued identification by the Consumer Product Safety Commission of lead containing imported products from countries with lax, not enforced, or non-existent environmental lead regulations.
13-07	October 2016 Updated	Foodborne Disease Outbreak Response NACCHO supports building local health department foodborne disease surveillance, investigation, and control capacities to promote and improve evidence-based public health practice that reduces foodborne disease. *Foodborne Disease Outbreak Response* NACCHO supports the following: • Ongoing interaction and involvement among local health departments and state and federal agencies to respond rapidly and effectively to multi-jurisdictional and multi-state outbreaks and recalls. • A team approach to foodborne outbreak response that fully engages epidemiology, environmental health, laboratory, public health nursing, agriculture departments and other food regulatory agencies and allows for participation from emergency response and industry, as appropriate. • Enhanced local health department workforce training around surveillance, investigation, and response activities, including cross-training of staff. • Policies that enhance federal, state, and local laboratory capacity for testing clinical, food, and environmental specimens to identify and respond quickly to foodborne disease outbreaks. • Local health department representation on national food safety and response initiatives that enhance or impact the ability of local health departments to conduct food safety response activities, such as the Council to Improve Foodborne Outbreak Response, Conference for Food Protection, and the Partnership for Food Protection. • Training for public health students to fulfill surge capacity interviewing needs during an outbreak. • Policies and training that enhance healthcare providers' ability to properly diagnose and report incidents of foodborne disease.

		• A coordinated communication response for keeping the public well-informed and the message consistent in the event of a multijurisdictional outbreak. • Paid sick leave because it promotes health by encouraging sick employees to stay home and limit the spread of foodborne disease (see NACCHO's policy statement 11-07 Paid Sick Leave). • Preventive action along the farm-to-fork continuum aimed at improving the safety of the food system (see NACCHO's policy statement 99-08 Food System Safety). • Federal efforts to phase out the non-therapeutic use of critical antimicrobial drugs and growth hormones in food-producing animals (see NACCHO's policy statement 12-09 Antimicrobials in Animals). • Policies and training that support local and state health department reporting of data from outbreak investigations to CDC's foodborne illness outbreak surveillance systems (National Outbreak Reporting System; National Environmental Assessment Reporting System). *Foodborne Disease Response Funding* In funding for foodborne disease response, NACCHO: • Supports the development of methods for reimbursement from federal and state governments to local health departments for special requests and assistance during foodborne disease outbreaks and recalls. • Supports enhanced federal, state, and local funding for local health departments' food safety capacity and infrastructure and for routine public health activities related to foodborne-illness surveillance, investigation, and control. • Supports additional federal, state, and local funding to build and improve communication, coordination, and partnerships to improve foodborne disease outbreak response (for example federal agencies, state and local health departments, emergency preparedness programs, food industry, consumers, and public health professional organizations). • Urges Congress to appropriate funds authorized in the Food Safety Modernization Act for activities related to foodborne disease outbreak response. • Endorses the inspector/inspection ratio as described in the FDA Voluntary National Retail Food Regulatory Program Standards' (Retail Program Standards) Standard 8: Program Support and Resources.
99-08	October 2016 Updated	Food System Safety NACCHO supports the development of a science-based and fully funded food safety system. It should ensure local health department participation in all areas of food safety as a means to reduce foodborne illness with particular attention to challenges such as new and re-emerging foodborne pathogens, food safety and security issues associated with climate change retail food safety, cottage food industry, and changing demographics. *Safety in the Food System and the Role of Local Health Departments* NACCHO supports the following:

		• The critical role that local health departments play as the first line of defense in preventing foodborne illness at the local level. • Local health departments' role in working with retail food establishments at the local level to reduce foodborne illness through education efforts, inspections, licensing, training, and technical assistance. • Effective interaction among local health departments and their state and federal counterparts to enhance the food safety system. • Enhanced local health department workforce training to identify risks associated with purveying food to the public through active inspection and education programs. • Policies that enhance and improve education for consumers, food handlers, retail food establishments, and other sectors of the food industry at the local level to prevent foodborne illness. • Adoption of the most recent Food and Drug Administration (FDA) Model Food Code to promote best practices for the safety and protection of food served at retail and in food service. • Adoption and promotion of the use of the FDA Voluntary National Retail Food Regulatory Program Standards (Retail Program Standards) as a mechanism for continuous quality improvement for local food regulatory programs. • Local health department involvement on the Partnership for Food Protection, the Food Safety Modernization Act working groups, Conference for Food Protection, and other relevant federal advisory groups aimed at preventing foodborne disease outbreaks. • Initiatives to prepare for the food safety and security challenges associated with climate change. • Paid sick leave to promote health by encouraging sick employees to stay home and limit the spread of foodborne disease (see NACCHO's policy statement 11-07 Paid Sick Leave). • Recognition of the local health department role in foodborne illness outbreak response efforts (See NACCHO's policy statement 13-07 Foodborne Disease Outbreak Response). • Federal efforts to phase out the non-therapeutic use of critical antimicrobial drugs and growth hormones in food-producing animals (see NACCHO's policy statement 12-09 Antimicrobials in Animals). • Local and state health department reporting of data from outbreak investigations to CDC's foodborne illness outbreak surveillance systems (National Outbreak Reporting System; National Environmental Assessment Reporting System. *Funding Local Health Department Actions to Prevent Foodborne Disease* In funding for local health department actions to prevent foodborne disease, NACCHO: • Supports enhanced federal, state, and local funding for local health departments to meet the basic food safety capacity and infrastructure needs for routine public health activities related to food safety education and food retail and manufacturing inspection. • Urges Congress to appropriate funds to support activities authorized in the Food Safety Modernization Act.

		• Supports increased federal and state funding for foodborne-illness research, a student education subsidy, and training for the current and future local public health workforce as effective means to protect people from disease and enhance prevention of foodborne illnesses at the local level and throughout the larger food safety system. • Supports additional federal, state, and local funding to build and improve communications, coordination, and partnerships throughout the food safety system. • Supports the practice of fee-for-services to ensure continued local funding for retail food inspections and recognition that the retail food industry supports these activities. • Endorses the inspector/inspection ratio as described in the Retail Program Standard's Standard 8: Program Support and Resources.
04-15	October 2016 Updated	Environmental Public Health Tracking Environmental public health tracking (tracking) involves the ongoing and systematic collection, integration, analysis, interpretation, and dissemination of data from environmental hazard monitoring, human exposure surveillance, and health effects surveillance. NACCHO advocates for and supports: • Federal funding to all 50 states to ensure the most accurate and thorough data gathering and dissemination network possible under design guidelines of the National Environmental Health Tracking Program (Tracking Program). • Local health department involvement in the on-going development and improvement activities of the Centers for Disease Control and Prevention's (CDC's) National Environmental Public Health Tracking Program (e.g., state-funded grantees to collaborate with their local counterparts) to ensure the utility of the tracking network to local jurisdictions. • Active involvement from local health departments in the definition of data and functional requirements for state and national tracking and surveillance systems as data providers and users of such systems. State and federal public health agencies must ensure that local health departments have timely access to any data collected about their local community. • Public health policies and surveillance methods to address social injustices that contribute to the disproportionate burden of environmentally-related illnesses and conditions that generate inequity in the distribution of disease among underrepresented, low-income, and socially disadvantaged populations. Such support means monitoring the sources of environmental burdens in the communities of those populations, including new and innovative strategies to identify sources of data typically not captured in traditional surveillance systems. In addition, communities must be involved in the development of tracking systems in order to set priorities and determine appropriate indicators.

		• Local health departments to have near real-time and direct access to data collected in their jurisdictions for state and national tracking and surveillance systems to ensure timely and appropriate response to community concerns and inquiries. In addition, existing legal barriers to local access to data in some state statutes should be minimized or removed. • Enhancement and maintenance of local public health resources and infrastructure to ensure local health departments can create, access, and use data through national and state supported local mini-grants and local training opportunities. Sufficient information technology resources are necessary to receive and analyze data and these capabilities should be enhanced and made available for many LHDs that lack current capacity. Sufficient well-trained staff must be available to analyze, interpret and disseminate data. • Continued and increased funding by federal, state, and local governments for training, technical assistance, data development, and analysis for tracking at the local level. • Local health departments to use community health improvement planning and assessment tools (e.g. Mobilizing for Action through Planning and Partnerships, Protocol for Assessing Community Excellence in Environmental Health or Health Impact Assessment) in conjunction with national and state tracking and surveillance systems to assess local environmental public health needs.
07-10	July 2016 Updated	Mosquito Control Incorporating the vector management framework outlined by the World Health Organization, integrating "One Health" approaches to address environmental sources of emerging infectious diseases, and building on the work of its Mosquito Control Collaborative to disseminate recommendations for addressing funding and research needs for local mosquito control programs, NACCHO (1) supports the need for successful coordinated mosquito management programs at the local level through the provision of additional funds and research to create, integrate, and coordinate local mosquito control plans with existing district and state plans; and (2) urges Congress to enact, fully fund, and maintain sustained funding for mosquito control programs, policies, and education efforts. NACCHO supports federal, state, and local funding for local health departments and mosquito control agencies to provide technical assistance, education, and research to do the following: • Improve their capability to predict and avoid new vector-borne diseases. • Support emergency management actions for mosquito-borne disease outbreaks. • Address consumers' behavior and practices relating to mosquitoes. • Advocate for policies that address climate change, which contributes to the global change in mosquito distribution and the corresponding spread of mosquito-borne diseases.

		• Support integrated mosquito management programs designed to benefit or cause minimal harm to people, domestic animals, wildlife, and the environment. • Support the development of policies that address social injustices that contribute to the disproportionate burden of vector-borne or collateral disease on vulnerable populations. NACCHO and its members will continue to work with partners such as public works, mosquito control districts, Natural Resources, and other agencies to further enhance the effectiveness of mosquito and vector control activities.
04-08	January 2016 Updated	Ambient Air Quality NACCHO advocates for national, state, and local policies, regulations, research, and resources that will enhance local health departments' abilities to improve ambient air quality and protect public health. NACCHO supports the following policies and actions: • Federal, state, and local governments should support building capacity for local health departments to monitor the health effects of air pollution and to respond to the health impacts caused by poor ambient air quality and the emission of greenhouse gases. • The Environmental Protection Agency should use the best-available science to establish and support National Ambient Air Quality Standards that are sufficiently protective of the public's health, including sensitive sub-groups (e.g., people with cardio-pulmonary diseases, children, elderly). • Federal, state, and local governments should develop and adopt air quality standards that reduce greenhouse gas emissions per the 2015 Paris Agreement. • Federal, state, and local governments should develop policies and programs to promote environmental justice[1] in addressing exposure to poor air quality. • Federal, state, and local governments should support local health departments' involvement in land use and transportation planning and community design and development activities, as they relate to ambient air quality, to promote and protect the health of communities (e.g., integrating health concepts into the built environment, directing federally funded infrastructure projects to involve state and/or local health officials). • Federal, state, and local governments should support research on emerging health effects linked to air pollution. • Local health departments should educate the public about connections between individual lifestyle behaviors and exposure to and production of air pollutants, including the production of greenhouse gases. • Federal, state, and local governments should develop policies to minimize the public's exposure to and production of air pollutants, including the production of greenhouse gases.

		• Local health departments should connect and collaborate with state and local air agencies to broaden the public health preventive outreach and education to improve health outcomes. • The federal government should increase funding to directly support local ambient air quality monitoring programs.
98-06	November 2015 Updated	Brownfields NACCHO urges federal, state, and local governments and related agencies to engage policymakers, government agencies, non-government organizations, businesses, and communities to produce and support policies, legislation, regulation, programs, research, and resources that support the identification, remediation, and redevelopment of brownfield sites. NACCHO commits to the following activities to advance brownfield policies and practices: • Supporting local health departments to be actively involved in local, state, regional, and federal decision-making regarding pollution allowances, land-use planning, and other items impacting pollution prevention and mitigation. • Urging state agencies and local health departments to develop policies and programs to promote environmental justice, such as identifying and mitigating disproportionate exposures to environmental health hazards. These might include preventing and eliminating disproportionate siting of hazardous facilities, preventing the enactment of discriminatory (including unintentionally harmful) land use laws and policies, and ensuring nondiscriminatory compliance with all environmental, health, and safety laws. • Supporting state agencies and local health departments to encourage the inclusion of brownfields redevelopment in community land trust strategies. • Supporting federal and state agencies to incorporate comprehensive, formal, and systemic integration of local public health considerations into community design processes, including community planning, regulations, design of new development and redevelopment, and design of the public realm to promote and protect the health of communities. • Supporting federal agencies to ensure that contamination is cleaned to appropriate health standards and does not threaten public health and the environment. • Encouraging federal, state, and local governments to enact land use and development policies that prevent urban sprawl or the displacement of populations that leads to the decay and destabilization of communities and concomitant stresses that create health problems. • Supporting federal, state and local governments to ensure early, sustained, and effective participation by affected community residents in all stages of brownfields decision-making and that mechanisms are available to assist in making this possible (e.g., through implementation of the *Protocol for Assessing Community Excellence in Environmental Health* guidebooks). • Encouraging federal, state, and local governments to require the utilization of Health Impact Assessments (HIAs) for brownfields redevelopment.

		• Supporting federal agencies in building the capacity of local health departments to participate in the redevelopment process by providing technical assistance, training, advisory groups, and other support to ensure effective participation in brownfield redevelopment assessment and remediation processes. • Urging federal, state, and local governments to ensure that future uses of a property do not include facilities or activities that will lead to new health problems. • Urging state and local health departments to actively incorporate NACCHO's Public Health Principles and Guidance for Brownfields Policies and Practices in their everyday work. NACCHO recommends that local health departments conduct the following activities: • Engage community members affected by brownfields to empower them to participate in the redevelopment process through community engagement and education. • Partner with governmental and non-governmental agencies seeking to evaluate the health implications of brownfields and provide support for evidence-based interventions. • Utilize HIA resources and tools to facilitate brownfield redevelopment processes. • Collaborate with brownfield grantees to monitor the ongoing health impacts associated with previous use. • Apply for brownfields funding from the Environmental Protection Agency or work with a funded partner to provide health monitoring services, community engagement, and outreach to affected populations (up to 10% of the redevelopment funding can be devoted to this activity).
15-05	July 2015 Approved	Sustainable Water Use NACCHO urges state and local health departments and related agencies to engage policymakers, government agencies, non-governmental organizations, businesses, and communities to produce and support policies, legislation, regulations, programs, research, and resources to promote sustainable water use. NACCHO supports activities that foster sustainable water use, including the following: • Monitoring of water resources to ensure a secure, lasting water supply in light of a rapidly increasing global population. • Promoting sufficient funding allocations for national, state, and local environmental monitoring and protection of water resources. • Adopting progressive policies by local and state governments to adapt to decreasing water resources in light of climate change. • Researching and integration of knowledge regarding the threats to water supplies and how to mitigate them using innovative solutions, such as desalination.

		• Incorporating a holistic view of impacted water supplies and their immediate and long-term consequences, including food scarcity, lack of potable water, and land use planning issues. • Ensuring water quality and public health is given utmost priority in the discussion of land use and water resource planning and policy development. • Supporting collaboration between environmental partners and local health departments to proactively and effectively protect water resources. • Endorsing research on efficient irrigation practices and responsible agricultural water use. • Encouraging local and state governments to adopt regulations on gray and wastewater reuse and rain collection, allowing for water conservation at a local level. • Promoting and educating community members about the benefits of implementing water reuse practices in government buildings and throughout the community, including the use of low-flow appliances.
15-06	July 2015 Approved	Water Quality NACCHO urges state and local health departments and related agencies to engage policymakers, government agencies, non-governmental organizations, businesses, and communities to develop and support policies, legislation, regulations, programs, research, and resources to promote water quality and safety. NACCHO supports activities to maintain and increase water quality, including the following: • Acknowledging the need for a proactive approach to securing water quality by encouraging robust monitoring of water resources. • Safeguarding municipal water through source water protection while engaging in evidence-based treatment methods, including filtration and disinfection. • Educating community members about the proper disposal methods for pharmaceuticals. • Supporting policies to limit pollution capabilities of municipalities, businesses, and individuals. • Encouraging local monitoring of industrial and agricultural practices. • Increasing funding for research into the environmental and health effects of industrial and mining activity, specifically as they relate to water quality (e.g., wells, springs, or private individual water supply). • Improving the quality of unregulated drinking water by educating community members about proper testing methods and encouraging adherence to Environmental Protection Agency standards. • Improving and enhancing the performance and practices of safe water programs and practitioners based on 10 Essential Services of Environmental Public Health. • Promoting research to determine the incidence of waterborne diseases in the United States each year.

15-01	July 2015 Approved	Recreational Water Safety NACCHO urges national, state, and local health departments and related agencies to engage policymakers, government agencies, non-governmental organizations, businesses, and communities to produce and support policies, legislation, regulations, programs, research, and resources to promote healthy and safe swimming. NACCHO supports activities to increase recreational water safety, including the following: • Incorporating the Model Aquatic Health Code into local health department policies and practices to decrease instances of waterborne injury and illness, working toward a national set of guidelines. • Improving regulatory oversight of recreational waters, including pools, spas, interactive fountains, waterparks, lakes, rivers, and oceans and private pools and spas where possible. • Implementing standardized and uniform recreational water testing guidelines across health departments. • Increasing levels and sources of funding for local health departments to secure resources for conducting adequate surveillance of recreational water environments and investigating incidents such as outbreaks, pool chemical-associated events, and drowning. • Promoting communication between local health departments and pool owners and operators (including private and residential pools and spas), especially at facilities with high employee turnover, to ensure local regulations are followed and pool employees are properly educated. • Encouraging owners and operators of recreational water facilities to complete certification courses, such as Certified Pool/Spa Operator® or Aquatic Facilities Operator™ training, ensuring they are able to safely manage their facilities. • Supporting the use of educational materials to encourage hygienic and healthy best practices at pools and other recreational water facilities to limit recreational water illness. • Promoting community education regarding the importance of swimming skills, supervision, knowledge of swimming-focused emergency medical response, and use of life jackets. • Increasing use of predictive modeling to monitor public beaches in order to decrease community exposure to infectious and chemical pathogens and decrease the number of days beaches are closed unnecessarily. • Encouraging cooperation between public health officials, owners of recreational water facilities, and the community to promote healthy and safe swimming practices.
99-13	November 2014 Updated	Environmental Health and Public Health Practice NACCHO considers environmental public health to be an essential discipline of public health practice as it fulfills “society’s interest in assuring conditions in which people can be healthy.” With respect to environmental public health, NACCHO does the following: • Considers the term environmental public health to be the most

		appropriate term in describing this area of public health practice. • Advocates for resources, programs, policies, and legislation that promote the integration of environmental public health and the value of the environmental public health practitioner into all of public health practice. • Endorses the use of the core functions of public health and the 10 essential public health services for environmental public health practice. • Endorses the development and enhancement of coordinated training for the environmental public health workforce in public health sciences and practices such as epidemiology, toxicology, land use and community planning, the social and behavioral sciences, and emergency management and public health preparedness. • Endorses training for other public health workers in environmental sciences and practices, such as contaminant fate in the environment, food and water protection and safety, the 10 Essential Environmental Public Health Services, and Environmental Public Health Performance Standards. • Advocates that environmental public health practitioners collaborate across sectors to prevent disease and injury and promote health, recognizing that determinants of health are largely influenced by policies managed by non-health sectors. • Opposes the separation of environmental public health practice from other public health practices either physically, programmatically, or by leadership. • Advocates for the evolution of academic curricula that adapts to current and evolving environmental public health practices that better prepares the future environmental public health workforce. • Advocates for the inclusion of local environmental public health practice in the prevention provisions of the Affordable Care Act that assist other public health disciplines and healthcare organizations in reducing chronic diseases through community interventions and environmental assessments.
07-09	November 2014 Updated	Climate Change NACCHO strongly urges all levels of government to collaborate with community stakeholders on preparing for and responding to climate change. NACCHO urges the public health community to provide strong leadership in climate change mitigation and adaptation efforts. Local health departments should act to reduce the severity of climate change-related health impacts. Local health departments, in partnership with state and federal public health agencies, must immediately prepare for the impacts of climate change on public health.

		NACCHO urges public health departments to promote and participate in climate change mitigation efforts, which may include (1) the incorporation of adaptation planning into land use, housing, and transportation design; (2) preparing communities for extreme environmental events; and (3) coordinating with local governments on all-hazards disaster planning. Local health departments should aim to prepare communities to adapt to a changing climate. The impacts of climate change are likely to be complex, to vary geographically, and to affect specific populations differently. The 10 Essential Public Health Services provides a framework for understanding how local health departments can understand and act on climate change. NACCHO recommends that local health departments engage in the following activities to address the health impacts. Essential Public Health Service 1: Monitor health status to identify and solve community health problems. • Conduct risk and vulnerability assessments. Particular attention must be given to identifying the most vulnerable populations for different hazards (e.g., extreme weather events). • Conduct comprehensive surveillance during extreme events such as floods, heat waves, and wildfires. Essential Public Health Service 2: Diagnose and investigate health problems and health hazards in the community. • Conduct routine monitoring of environmental conditions alongside disease surveillance. • Enhance surveillance of climate sensitive diseases (e.g., vector-borne diseases, illnesses impacted by air quality). • Design and implement early warning systems related to climate impacts such as drought and vector-borne disease. Essential Public Health Service 3: Inform, educate, and empower people about health issues. • Institute continuous, science-based, and culturally competent education programs to inform policymakers, communities, and local health department staff on the health impacts of climate change. • Articulate the causal pathways by which climate change impacts health. • Identify health benefits of mitigation activities such as active transportation and local food production. Essential Public Health Service 4: Mobilize community partnerships and action to identify and solve health problems. • Advocate for policies, plans, programs, and resources to support climate change mitigation and adaptation, emphasizing scientific evidence and equity. • Build partnerships with key local stakeholders to engage and enlist them in the response to climate change. • Integrate climate change into emergency preparedness plans.

		Essential Public Health Service 5: Develop policies and plans that support individual and community health efforts. • Develop local climate change mitigation and adaptation plans that address the health impacts of climate change. • Design evidence-based intervention models that reduce negative health impacts and prepare jurisdictions for a changing climate. • Collaborate with local stakeholders to develop preparedness and response plans for extreme weather events. • Work with policymakers to introduce a public health perspective into public policy developed around climate change. Essential Public Health Service 6: Enforce laws and regulations that protect health and ensure safety. • Use environmental health regulatory activities and authorities to protect the public's health from climate change (e.g., limit outdoor activities when the heat index or smoke from wildfires pose significant risk to the public). Essential Public Health Service 7: Link people to needed personal health services and ensure the provision of healthcare when otherwise unavailable. • Plan for and ensure continuity of healthcare services during extreme events like flooding and wildfires. Essential Public Health Service 8: Assure competent public and personal healthcare workforce. • Provide opportunities to educate and train public health leadership and the public health workforce on the health effects of climate change. Essential Public Health Service 9: Evaluate effectiveness, accessibility, and quality of personal and population-based health services. • Contribute to the evidence base by evaluating mitigation and adaptation interventions. Essential Public Health Service 10: Research for new insights and innovative solutions to health problems. • Participate in scientifically based research programs related to climate change that readily translate to the practice of public health. Support research on emerging health impacts related to climate change and public health best practice standards.
00-07	October 2014 Updated	Environmental Justice NACCHO supports national, state, and local resources, policies, regulations, programs, and research that will enhance the ability of local health departments to promote safe, healthy, productive, and sustainable environments in all communities. NACCHO supports the following: • Local health departments capacity to support safe places for physical activity, access to fresh and healthy foods, clean air and water, healthy

		housing, adequate public transportation, and more thorough targeted interventions and community partnerships. • Local health departments efforts to identify and mitigate disproportionate exposures to environmental health hazards, including, preventing and eliminating disproportionate sitings of hazardous facilities, preventing the enactment of discriminatory (including unintentionally harmful) land use laws and policies, and ensuring nondiscriminatory compliance with all environmental, health, and safety laws. • Public and corporate policies that prevent, mitigate, or eliminate environmental burdens, which disproportionately affect the health of some populations over others. • Efforts to hold producers of hazardous waste and materials accountable for the contamination their actions produce and the detoxification and associated costs required to remediate that contamination. • The right of all people potentially affected by harmful environmental exposures to participate as equal partners in decision-making (including conducting Health Impact Assessments, need assessments, planning, implementation, enforcement, and evaluation) about the production, use, and disposal of hazardous materials. • Decision-making at the local, state, and national levels with public and transparent analysis of potential health impacts of policies and activities throughout the process so that they may be understood, minimized, and equitably distributed. • Policy-making at the local, state, and national levels that creates incentives for businesses and capital-seeking organizations to minimize health inequities. • Ethical, balanced, and responsible use of land, water, air, human resources, and capital resources in the interest of equitability in communities. • Local health department involvement in the identification and response to emerging environmental justice issues such as the inequitable distribution of health effects related to climate change including people of color, low-income populations, and transient populations that may be more vulnerable.
02-02	October 2014 Updated	Pollution Prevention NACCHO urges national, state, and local health departments and related agencies to engage policymakers, government agencies, non-governmental organizations, businesses, and communities to produce and support policies, legislation, regulations, programs, research, and resources that prevent or reduce pollution. NACCHO supports activities to prevent or reduce pollution, including the following: • Eliminating or reducing pollution at its source, including the emission of greenhouse gases. • Supporting renewable and least-polluting energy production. • Supporting energy efficiency and conservation. • Supporting the use of non-toxic or least-toxic materials.

		• Supporting material efficiency, conservation, and reuse. • Supporting accurate assessment and communication of the burdens of pollution on health, which include life cycle assessments that look at the continuum of cradle-to-grave use. • Supporting continued research on the health effects of emerging forms of pollution, which include greenhouse gases, pharmaceutical & personal care products, and hydraulic fracturing waste. • Integrating pollution prevention into initiatives enhancing local public health system capacities to monitor, detect, and respond to public health threats. • Supporting the implementation of Health in All Policies • Supporting improved environmental management systems for government agencies, businesses, non-governmental organizations, and communities. • Supporting the creation and maintenance of an adequately-trained public health workforce to support pollution prevention and control. • Promoting local health department involvement in local, state, regional, and federal decision-making regarding pollution allowances, land-use planning, and other items impacting pollution prevention.
04-10	October 2014 Updated	Healthy International Trade NACCHO supports trade agreements that give comparable consideration and priority to public health and safety issues as the agreements give to economic and financial interests. • NACCHO advocates for policies, programs, and communication strategies that ensure that the public's health is not compromised in the pursuit of economic interests. • NACCHO supports vital health and human products and services (such as personal health and public health services) and supports preservation of critical natural public resources (such as safe food and water, clean air, and clean energy) and supports avoiding compromise of these services and resources in all trade negotiations. • NACCHO supports an ongoing assessment of the impact on the public's health of the World Trade Organization Agreement, Free Trade Agreements, Trade and Investment Framework Agreements, Bilateral Investment Treaties and similar international trade agreements. Based on such assessments, NACCHO supports modifications ensuring that these agreements do not have an adverse impact on the public's health. • NACCHO supports transparency and full disclosure in trade negotiations and agreements to ensure accountability and to inform parties that may be affected by their measures. • NACCHO supports trade negotiations and agreements that include public health standards, with each party to the agreement accepting the most restrictive standards to minimize global risk to the public's health.

		• NACCHO supports the inclusion of appropriate public health representation in negotiations to ensure that regulatory protections and enforcement of standards (including international standards and standards of other treaty or agreement signers) regarding health, vital human services, and the environment are not compromised in trade agreements.
98-08	July 2014 Updated	Community Water Fluoridation NACCHO recognizes the public health benefits of community water fluoridation as a safe and cost-effective measure for preventing tooth decay and encourages communities to fluoridate water systems at levels optimal for protection against tooth decay. NACCHO supports the following policies and actions: • Increased federal, state, and local resources to support public health infrastructure to ensure safe and effective practices, training, monitoring, and technical assistance, and promotion to maintain and expand community water fluoridation programs. • Federal, state, local, and private support and efforts to adjust community water systems at the optimal fluoride level recommended by the U.S. Department of Health and Human Services (0.7 milligrams per liter). • Federal and private support for continued research on the benefits derived from fluoridation of community water systems and other measures to deliver fluoride to communities. • Dedicate federal, state, and local resources for local health departments to educate health professionals, policymakers, and communities about the safety, benefits, and cost-effectiveness of community water fluoridation. • Federal, state, and local policies that prevent, mitigate, or eliminate environmental burdens that disproportionately affect the health of some populations over others.
99-11	February 2014 Updated	Indoor Air Quality NACCHO supports national, state, and local resources, policies, regulations, programs, and research that will enhance local health departments' abilities to address indoor air quality (IAQ) and improvements that ensure a safe and healthy indoor environment through prevention and protection of the public from harmful exposures to environmental toxins and toxicants. NACCHO supports policies and actions, including the following: • Increased federal, state, and local resources to build capacity for local health departments to monitor and track asthma and other respiratory illnesses and promote policies and programs to eliminate IAQ-related health conditions. • Increased scientific understanding of the links of genetic, behavioral and environmental factors associated with the exacerbation of asthma and the development of strategies to better understand exposures, health effects, risk assessments, risk management and improved risk communication.

		• Adoption of Integrated Pest Management interventions to reduce the risks from environmental factors and chemicals associated with controlling cockroaches and other types of allergens, thus, improving indoor air quality and provision of educational opportunities to affected individuals and building managers. • Implementation of comprehensive and systemic indoor air quality prevention management programs (e.g., EPA's Tools for Schools toolkit and Schools Chemical Cleanout Campaign) in school and daycare facilities. • Increased collaboration among local health departments and community partners on awareness campaigns that educate the public, businesses, institutions, housing authorities, hotels, and food establishments on "smoke-free" policies and practices. • Increased public awareness of other harmful combustion-source pollutants in the home (e.g. incense-burning, candle soot, unvented cooking, and space heaters) and their impact on those with respiratory illnesses (e.g. asthma). • Increased use of proven green building methods and products that optimize the use of natural resources and strategies to minimize the negative environmental and human health impacts that support high quality indoor environments for building occupants. • Promotion of local health departments' involvement in radon monitoring, education, and mitigation. • Dedication of federal and private research resources to support efforts on emerging health effects linked to indoor air pollution. • Increased collaboration among local health departments, fire marshals, and fire departments to broaden the public health preventive outreach and education to reduce morbidities and mortalities associated with carbon monoxide. • Increased use of best practices such as preventive maintenance and cleaning, control of allergens, prevention and remediation of water-damage and mold growth, integrated pest management, and use of low or non-toxic chemicals, products, and materials in the office and home. • Increased funding and legislative resources for local implementation of enforcement, education, and awareness of IAQ programs. • Expansion of clean indoor air policies (e.g. for all workplaces, university campuses, primary and secondary school campuses, child care centers, and city landmarks).
99-12	November 2013 Updated	Children's Environmental Health NACCHO supports national, state, and local environmental health policies, regulations, programs, and research that will protect children's health and prevent children from harmful exposures to toxic substances to ensure that all children live, learn, and play in safe and healthy environments. NACCHO supports the following to promote safe and healthy environments for children:

		• Dedicated federal, state, local, tribal, and private funding to promote increased collaboration among federal environment and health agencies, state and local health departments, and pre-kindergarten through twelfth grade (PK-12) school officials and programs, including child care, preschool, and Head Start, to ensure the provision of an environmentally safe and healthy early care and other learning environments, including home schools. Specific priorities include the following: o Assisting in the development of food safety programs with healthy food options. o Increasing tobacco-free environments in schools and at school events. o Developing a safe chemicals management system that includes the consideration of safe chemical alternatives instead of the use of hazardous chemicals in schools and classrooms. o Ensuring that any repairs that disturb paint are conducted in compliance with the Environmental Protection Agency (EPA) lead safe work practices requirements. o Collaborating with school districts to develop and implement school siting policies consistent with EPA federal guidelines on school siting that facilitate safe travel to school, consider proximity to children served, and aim to avoid schools built on or adjacent to lands with toxic contamination or other hazards such as air pollution and noise. o Using site design techniques to minimize exposure where it exists. o Promoting programs and school activities designed to increase physical education for school children. o Educating school children, teachers, staff, and parents about potential hazardous exposures. • Dedicated federal, state, local, tribal, and private funding for the development of a new coordinated state, county, and city surveillance systems that can respond to, evaluate on site, and track and report on children at risk to suspected exposures in PK-12 schools and in early learning environments. The systems should include an increased presence for pediatric environmental health experts, new healthcare provider protocols for uncovering or assessing school-based exposures, and specialized informational and related services for families of children at risk or with exposures. • Dedicated federal, state, local, tribal, and private funding for research into environmental health risks to children and their exposures in schools. • Dedicated federal, state, local, tribal, and private funding to facilitate increased collaboration between local health departments and their community partners on education programs to help caregivers create healthy home environments for children. NACCHO has a particular interest in supporting education programs about reducing exposure to environmental hazards.

		• Federal, state, tribal, and private funding to support local health departments and community partners in promoting healthy neighborhoods, activities, and play environments for children, including access to parks, nature centers, and green spaces; safe routes for biking and walking; public transportation; and access to universal playgrounds designed to be accessible to all children (with and without disabilities). • Collaboration among local health departments and community partners to use tools, such as Community Health Needs Assessments and Health Impact Assessments, to evaluate the impact of the community's built and natural environment on children's health. • The existing effort to develop a chemical prioritization process that will enhance the regulation of and reduce children's exposure to toxic chemicals found in many consumer products. • Collaboration among local health departments and healthcare providers/payers to develop a supportive system that provides environmental interventions to ensure lead-safe housing, reduce asthma triggers in children's environments, and reduce return visits to emergency rooms or other healthcare centers. • Reforming the Toxic Substances Control Act to help protect the health of children from exposure to environmental hazards. • Cross-sector collaborations that address solutions to these complex problems and explore the social determinants of health—such as economic status, educational opportunities, structural racism and neighborhood characteristics—in an effort to ensure that all children are living in environments that support health.
13-03	February 2013 Approved	Hydraulic Fracturing NACCHO recommends action to address the environmental and health impacts of hydraulic fracturing, often referred to as "fracking," "a well stimulation process used to maximize the extraction of underground resources; including oil, natural gas, geothermal energy, and even water." To that end, NACCHO supports the following: • Federal, state, local, and tribal governments conducting Health Impact Assessments (HIAs) and health equity assessments prior to new hydraulic fracturing development projects and in regards to potential long-term environmental health impacts of hydraulic fracturing to the population as a whole and vulnerable populations. • The Environmental Protection Agency regulating companies involved in hydraulic fracturing in order to hold the industry accountable for monitoring, mitigating, and following up at hydraulic fracturing sites for a period of time for environmental contamination. • Industry funding training and education to local health departments in areas of active natural gas development. • Federal, state, local, and tribal governments sharing data and analyses of experiences from hydraulic fracturing, while accounting for known local differences and uncertainties resulting from variations in geography, etc.

		• Public health professionals from federal, state, and local governments being increasingly involved in policymaking, managing, and monitoring the natural gas industry. • The Department of Energy modeling and including long-term greenhouse gas emissions from hydraulic fracturing in national energy policies. • The natural gas development industry funding federally coordinated research on the environmental and social impacts of hydraulic fracturing that will lead to potential strategies to mitigate these impacts, particularly on vulnerable populations. • Federal and state governments closing "loopholes" that exempt natural gas activities in environmental regulations, mandating that drilling operations located within a set distance of each other be regulated as a single source under clean air act regulations, and basing emissions regulations on models of cumulative impacts on expected hydraulic fracturing development scenarios.
Epidemiology		
12-05	January 2016 Updated	Community Health Needs Assessment NACCHO encourages local health departments and nonprofit hospitals to collaboratively conduct community health needs assessments (CHNA) or community health assessments (CHA), pursuant to the statutory requirement of nonprofit hospitals to conduct a CHNA under the Patient Protection and Affordable Care Act (ACA), as well as accreditation requirements for local health departments under the Public Health Accreditation Board (PHAB). Local health departments should have every opportunity to play an important role in these processes. The level of collaboration between local health departments and nonprofit hospitals and hospital organizations may range from conducting a single, collaborative assessment that mutually benefits both parties' needs, to consulting with or providing reimbursed resources or technical assistance to conduct a CHNA. Potential local health department involvement may include the following: • Collaborating on a joint CHA/CHNA process that fulfills both local health department and nonprofit hospital requirements, which could include, but is not limited to, aligning timelines, pooling staff and financial resources, and coordinating buy-in for implementation. • Providing technical expertise to design and implement a CHNA, e.g. information on assessment models, health status indicators, public health programs, and community-based partners. • Sharing relevant local data resources for quantitative and qualitative health and social determinants information in hospital service areas. • Providing technical assistance in data collection, analysis, synthesis, and interpretation. • Giving input on strategies to improve community health through hospital services and public health prevention and health promotion programs. • Coordinating joint efforts by different hospitals to pool resources to gather data, analyze data, and/or generate a report for a CHNA.

		• Serving as a neutral facilitator to ensure a collaborative CHNA process; • Engaging community residents in a CHNA process. • Serving as a partner in implementing the hospital Implementation Plans (IPs) or Community Health Improvement Plans (CHIPs) that follow a community health (needs) assessment.
15-07	November 2015 Approved	Antimicrobial Stewardship and Resistance NACCHO recognizes that the development of antimicrobial resistance (AR) represents a growing threat to the health of the public. The World Health Organization, Centers for Disease Control and Prevention, and the White House have identified AR as a serious threat and called for urgent, coordinated action across all government sectors to address the issue. The active inclusion and support of local health departments is essential to successfully develop and implement AR prevention policies. NACCHO encourages federal and state partners to support and fund local health department participation and workforce training in the development and implementation of policies and strategies to address AR. NACCHO promotes local health department representation in stakeholder meetings, committees, and activities that establish and refine strategies that address AR at the national, state, and local levels. Examples of engagement include the following: • Ensuring local health department representation on state and federal antimicrobial stewardship policy advisory committees. • Facilitating review of state AR surveillance and action plans by as many local health officials as possible. • Encouraging local health departments' participation in state, regional, and national meetings that address AR and antimicrobial stewardship policy. • Expanding local health departments' access to antimicrobial susceptibility pattern information for their locality. • Supporting local health department staff training in infection control and antimicrobial stewardship (including infectious disease certification). • Establishing or strengthening existing relationships for AR prevention and reduction. • Educating policymakers, partners, and communities on the ramifications of AR. • Amending the National Healthcare Safety Network (NHSN) statement of purpose and confidentiality provisions to establish a system that allows any local health department to access, if desired, healthcare-associated infection (HAI) information collected within its jurisdiction or that relates to healthcare facilities in its jurisdiction reported via the NHSN.
04-11	June 2015 Updated	Local Epidemiology and Surveillance Public health surveillance and epidemiologic investigation are core functions of local health departments. NACCHO urges increased federal support for strengthening local health departments' epidemiology and surveillance capacities to promote and improve evidence based public health practice at local health departments.

		NACCHO strongly supports local health departments having dedicated resources for epidemiology staffing and the development of integrated surveillance systems and mechanisms to facilitate access, collection, analysis and dissemination of accurate local health data. Similarly, NACCHO urges that local- and state-reported data in such systems be equally accessible to local, state, and federal jurisdictions and that local health departments have access to other relevant datasets developed within their locale (e.g., healthcare associated infections data available from the national healthcare safety network from hospitals in their jurisdictions; school performance and attendance databases; and, community health needs assessment data from local public hospitals or other organizations).
06-02	Updated November 2014	Biosurveillance NACCHO urges increased and sustained federal support for local health departments for the purpose of gathering data to provide situational awareness to augment existing surveillance sources prior to and during a public health emergency. NACCHO supports the following: • Local health department involvement in the development and implementation of biosurveillance systems. • Support from the Centers for Disease Control and Prevention (CDC), the Office of the National Coordinator at the Department of Health and Human Services (HHS), and associated federal partners to create and sustain relationships among local health departments, hospitals, healthcare providers, and other data sources such as fire and police departments and emergency medical services to enhance and expand biosurveillance implementation efforts. • Federal and state governments support for local health department infrastructure, staff, and training for biosurveillance. • National and state initiatives that leverage existing local relationships and data collection efforts. • Biosurveillance systems that add value to an evolving public health practice. Clearly defined uses for biosurveillance data must guide the quantity and type of data collected. The intended uses for the data should be clearly defined prior to system implementation. • An all-hazards systematic approach to requirements definition for biosurveillance to ensure that the methods are supportive of multiple public health practice activities and do not limit data collection solely for preparedness needs. Local and state health departments should work together closely and with federal partners, such as the CDC, to define the best use cases of this data and determine what type of data is most useful. This support must enable local health departments to access useful data in a timely fashion to ensure appropriate response and on-going situational awareness during an event.

		• Cooperation to ensure that current initiatives at the local level are complementary to those at national and state levels. Local health department officials should work closely with their state counterparts and federal partners such as the CDC and HHS to ensure proper data collection. Several national committees, including the BioSense 2.0 Governance Group, exist to promote cooperation between state and local health officials regarding syndromic surveillance. National and state efforts to collect biosurveillance data must not disrupt successful local initiatives underway for biosurveillance, health information exchange, and regional health information organizations. • Protections that ensure the privacy, security, and confidentiality of health data. Stakeholders need to establish protections in dual-use agreements to balance access to important data sources while ensuring proper safeguards are in place to protect the rights of patients. A potential stakeholder relationship can include a hospital sharing line-level data with a local health department. In this situation, a legal document should be drafted and approved by both parties to ensure that the data is safe. Healthcare providers should follow evolving national standards on confidentiality and patient consent when sharing data with local health departments. • Collaboration among local health departments, federal partners, and lawmakers to draft data use agreements that address privacy and security concerns. Federal and state entities should continue to partner with local health departments on the creation of a model data-use agreement. • Federal support from the CDC and Congress to promote ongoing biosurveillance research and collaborative efforts among local health departments and their partners. Relevant partners include the CDC, the International Society for Disease Surveillance, the Council of State and Territorial Epidemiologists, the Association of State and Territorial Health Officials, and the National Biosurveillance Advisory Subcommittee. Coordination and collaboration among these partners is vital to the advancement of biosurveillance techniques.
14-06	July 2014 Approved	Enteric Disease Testing Knowledge of the clinical and epidemiologic features of acute gastroenteritis (AGE) such as salmonellosis, campylobacteriosis, and shiga-toxin-producing Escherichia coli (STEC) (e.g., E. coli 0157), has been developed through the study of culture-confirmed infections. These infections are mainly foodborne and therefore preventable. However, successful control of such illnesses may be at risk because AGE diagnostics are moving away from culture and are being replaced by non-culture methods. Retaining the capacity for culture-based diagnostic testing or its equivalent is very important in the medical care and public health sectors.

		NACCHO advocates that all positive results from non-culture assays used by clinical laboratories to detect foodborne disease pathogens of public health concern be confirmed through culture-based (or its equivalent) identification methods. Isolates should be fully characterized. To sustain the capacity for culture-based or equivalent testing for AGE, NACCHO urges the federal government to fund laboratories and implement policies and regulations that promote such testing.
14-05	July 2014 Approved	Vector Borne Disease NACCHO urges the federal government to provide sufficient funds to maintain, strengthen, and expand the surveillance and research capacities necessary to track vector-borne diseases affected by climate change. In conjunction with existing positions regarding the local health department role in addressing climate change, NACCHO supports local public health activities to prevent, monitor, and control such diseases, including the following: • Providing local health department staff with training and continuing education opportunities on how to investigate outbreaks in humans and animals, collect vector samples, and perform abatement. • Collaborating with partners from multiple disciplines (e.g., medical entomology, environmental science, veterinary science) and other local, state, and national partners to identify the most appropriate disease and vector control and prevention measures to target vector-borne diseases. • Expanding laboratory capacity to identify new and emerging vector-borne pathogens in human, animal, and vector samples. • Improving data collection systems for tracking the incidence of vector-borne diseases in humans and animals. • Enhancing data-sharing systems to facilitate effective communication between jurisdictions at the local, state, and federal levels. • Participating in longitudinal monitoring programs for vectors and pathogens to study changes in vector distribution and abundance over time. • Developing predictive models on the effects of climate change on vector-borne disease risk and the projected distribution and abundance of major hosts and vectors. • Creating disease control and prevention plans targeted to reduce the impacts of vector-borne diseases on local communities, including vulnerable populations.
14-07	July 2014 Approved	Arbovirus Surveillance, Prevention, and Control NACCHO strongly urges the federal government to restore funding to state and local health departments to enable rapid and early detection, and prevention and control, of existing or emerging arbovirus activities and disease.
13-02	February 2013 Approved	Applied Epidemiologists Competencies NACCHO strongly supports incorporating applied epidemiologist competencies into both the academic curricula used by schools of public health to train epidemiologists and particularly by governmental health departments for use in position descriptions and capacity assessment.

11-05	July 2011 Approved	Meaningful Use Electronic Health Record (EHR) data transmitted to public health will be used to identify and respond to disease patterns, contain the spread of infectious disease, and improve efforts to prevent threats to the health of the public. Throughout much of the United States, these activities will be performed by local health departments. It is important that these local health departments receive EHR data with the timeliness and content they need to effectively perform these activities. Therefore, NACCHO urges the following in order to ensure the successful use of meaningful use (MU) data: • Local health departments should be included throughout the development of public health-associated MU EHR information and processes and be provided with the resources for training, staffing, and software support to manage and use this information for protecting and improving population health. • NACCHO encourages the related efforts of the Office of the National Coordinator for health information technology (HIT) to ensure that public health standards are included in certified meaningful use HIT and EHRs. • NACCHO encourages the increasing collaboration between numerous stakeholders at the national, state and local levels involved in the enactment of MU, and intends to be an active participant in this collaboration on behalf of local health departments.
Food Safety		
99-08	October 2016 Updated	Food System Safety NACCHO supports the development of a science-based and fully funded food safety system. It should ensure local health department participation in all areas of food safety as a means to reduce foodborne illness with particular attention to challenges such as new and re-emerging foodborne pathogens, food safety and security issues associated with climate change retail food safety, cottage food industry, and changing demographics. *Safety in the Food System and the Role of Local Health Departments* NACCHO supports the following: • The critical role that local health departments play as the first line of defense in preventing foodborne illness at the local level. • Local health departments' role in working with retail food establishments at the local level to reduce foodborne illness through education efforts, inspections, licensing, training, and technical assistance. • Effective interaction among local health departments and their state and federal counterparts to enhance the food safety system. • Enhanced local health department workforce training to identify risks associated with purveying food to the public through active inspection and education programs. • Policies that enhance and improve education for consumers, food handlers, retail food establishments, and other sectors of the food industry at the local level to prevent foodborne illness.

		• Adoption of the most recent Food and Drug Administration (FDA) Model Food Code to promote best practices for the safety and protection of food served at retail and in food service. • Adoption and promotion of the use of the FDA Voluntary National Retail Food Regulatory Program Standards (Retail Program Standards) as a mechanism for continuous quality improvement for local food regulatory programs. • Local health department involvement on the Partnership for Food Protection, the Food Safety Modernization Act working groups, Conference for Food Protection, and other relevant federal advisory groups aimed at preventing foodborne disease outbreaks. • Initiatives to prepare for the food safety and security challenges associated with climate change. • Paid sick leave to promote health by encouraging sick employees to stay home and limit the spread of foodborne disease (see NACCHO's policy statement 11-07 Paid Sick Leave). • Recognition of the local health department role in foodborne illness outbreak response efforts (See NACCHO's policy statement 13-07 Foodborne Disease Outbreak Response). • Federal efforts to phase out the non-therapeutic use of critical antimicrobial drugs and growth hormones in food-producing animals (see NACCHO's policy statement 12-09 Antimicrobials in Animals). • Local and state health department reporting of data from outbreak investigations to CDC's foodborne illness outbreak surveillance systems (National Outbreak Reporting System; National Environmental Assessment Reporting System. *Funding Local Health Department Actions to Prevent Foodborne Disease* In funding for local health department actions to prevent foodborne disease, NACCHO: • Supports enhanced federal, state, and local funding for local health departments to meet the basic food safety capacity and infrastructure needs for routine public health activities related to food safety education and food retail and manufacturing inspection. • Urges Congress to appropriate funds to support activities authorized in the Food Safety Modernization Act. • Supports increased federal and state funding for foodborne-illness research, a student education subsidy, and training for the current and future local public health workforce as effective means to protect people from disease and enhance prevention of foodborne illnesses at the local level and throughout the larger food safety system. • Supports additional federal, state, and local funding to build and improve communications, coordination, and partnerships throughout the food safety system. • Supports the practice of fee-for-services to ensure continued local funding for retail food inspections and recognition that the retail food industry supports these activities. • Endorses the inspector/inspection ratio as described in the Retail Program Standard's Standard 8: Program Support and Resources.

13-07	October 2016 Updated	Foodborne Disease Outbreak Response NACCHO supports building local health department foodborne disease surveillance, investigation, and control capacities to promote and improve evidence-based public health practice that reduces foodborne disease. *Foodborne Disease Outbreak Response* NACCHO supports the following: • Ongoing interaction and involvement among local health departments and state and federal agencies to respond rapidly and effectively to multi-jurisdictional and multi-state outbreaks and recalls. • A team approach to foodborne outbreak response that fully engages epidemiology, environmental health, laboratory, public health nursing, agriculture departments and other food regulatory agencies and allows for participation from emergency response and industry, as appropriate. • Enhanced local health department workforce training around surveillance, investigation, and response activities, including cross-training of staff. • Policies that enhance federal, state, and local laboratory capacity for testing clinical, food, and environmental specimens to identify and respond quickly to foodborne disease outbreaks. • Local health department representation on national food safety and response initiatives that enhance or impact the ability of local health departments to conduct food safety response activities, such as the Council to Improve Foodborne Outbreak Response, Conference for Food Protection, and the Partnership for Food Protection. • Training for public health students to fulfill surge capacity interviewing needs during an outbreak. • Policies and training that enhance healthcare providers' ability to properly diagnose and report incidents of foodborne disease. • A coordinated communication response for keeping the public well-informed and the message consistent in the event of a multijurisdictional outbreak. • Paid sick leave because it promotes health by encouraging sick employees to stay home and limit the spread of foodborne disease (see NACCHO's policy statement 11-07 Paid Sick Leave). • Preventive action along the farm-to-fork continuum aimed at improving the safety of the food system (see NACCHO's policy statement 99-08 Food System Safety). • Federal efforts to phase out the non-therapeutic use of critical antimicrobial drugs and growth hormones in food-producing animals (see NACCHO's policy statement 12-09 Antimicrobials in Animals). • Policies and training that support local and state health department reporting of data from outbreak investigations to CDC's foodborne illness outbreak surveillance systems (National Outbreak Reporting System; National Environmental Assessment Reporting System). *Foodborne Disease Response Funding* In funding for foodborne disease response, NACCHO:

		• Supports the development of methods for reimbursement from federal and state governments to local health departments for special requests and assistance during foodborne disease outbreaks and recalls. • Supports enhanced federal, state, and local funding for local health departments' food safety capacity and infrastructure and for routine public health activities related to foodborne-illness surveillance, investigation, and control. • Supports additional federal, state, and local funding to build and improve communication, coordination, and partnerships to improve foodborne disease outbreak response (for example federal agencies, state and local health departments, emergency preparedness programs, food industry, consumers, and public health professional organizations). • Urges Congress to appropriate funds authorized in the Food Safety Modernization Act for activities related to foodborne disease outbreak response. • Endorses the inspector/inspection ratio as described in the FDA Voluntary National Retail Food Regulatory Program Standards' (Retail Program Standards) Standard 8: Program Support and Resources.
14-06	July 2014 Approved	Enteric Disease Testing Knowledge of the clinical and epidemiologic features of acute gastroenteritis (AGE) such as salmonellosis, campylobacteriosis, and shiga-toxin-producing Escherichia coli (STEC) (e.g., E. coli 0157), has been developed through the study of culture-confirmed infections. These infections are mainly foodborne and therefore preventable. However, successful control of such illnesses may be at risk because AGE diagnostics are moving away from culture and are being replaced by non-culture methods. Retaining the capacity for culture-based diagnostic testing or its equivalent is very important in the medical care and public health sectors. NACCHO advocates that all positive results from non-culture assays used by clinical laboratories to detect foodborne disease pathogens of public health concern be confirmed through culture-based (or its equivalent) identification methods. Isolates should be fully characterized. To sustain the capacity for culture-based or equivalent testing for AGE, NACCHO urges the federal government to fund laboratories and implement policies and regulations that promote such testing.
Health Equity and Social Justice		
16-05	July 2016 Approved	Mass Incarceration and Racism NACCHO acknowledges mass incarceration as a mental and physical public health crisis, severely impacting children, families, and whole communities, especially African American and Latino communities. NACCHO encourages local health departments to support efforts to end mass incarceration and related sanctions such as loss of voting rights and ineligibility for public funds, including welfare benefits and student loans, and to ensure that those returning to their communities from prison and jails have supports in place to thrive, including access to housing and employment.

		NACCHO encourages local health departments to support and educate the public about the following public policies, in collaboration with their partners: *Public Policies to End Mass Incarceration* • Support new model sentencing guidelines that reduce the length of prison terms to fit the crimes and end discriminatory practices that disproportionately sentence prisoners of color to longer terms for the same crime. • Support revision of disproportionate sentencing laws and mandatory sentencing. • Support the advancement of effective community-based alternatives to incarceration, including for those with mental illnesses and substance use disorders, including treatment and diversion. • Support ending the "school-to-prison pipeline" by opposing testing policies that lead to high drop-out rates, and providing greater resources for failing schools. • Support an end to excessive school discipline, suspension, and expulsion for minor infractions, which insert police and prison practices into school systems, especially regarding very young children. • Support efforts to eliminate the criminalization of inconsequential or victimless behavior. • Support policies that decriminalize minor drug offenses to reduce rates of incarceration and recidivism. • Support an end to discriminatory policing and enforcement of laws that target communities of color. *Public Policies to Enable Successful Re-Entry of Formerly Incarcerated People into the Community* • Support reforms that advance the health of prison/jail and post-prison/jail populations. • Promote removal of the check box on employment applications asking individuals whether they have been convicted of a crime. • Support criminal justice agencies' engagement in discharge planning efforts for offenders at the point of incarceration, including transitional housing and jobs. • Support programs that provide stable housing for returning citizens and connect returning citizens to medical homes and primary care providers in their communities. • Oppose probation policies that require reentering citizens to have stable housing and jobs to avoid jail. • Support policies that ensure rehabilitation (e.g., protecting health, real job training, and preparation for release) is a central feature of incarceration. • Support local, state, and national measures that remove barriers and increase access to services and benefits such as food subsidies, public housing, healthcare, and employment. • Support the repeal of laws that deny formerly incarcerated people the right to vote and guarantee voting rights more broadly.

		• Support eliminating the use of unpaid fines for low-level offenses that can lead to incarceration. *Data, Causes, and Health Consequences of Mass Incarceration* • Track the number of local residents in prison and jails, the rates of change in incarceration by race and ethnicity, and the number of family members for each resident, especially children. • Collect data from health records of inmates and share it with public health agencies. • Educate local leaders and the public on how mass incarceration is a public health crisis, particularly as it affects people of color and their families over the life course. • Disseminate information on the health effects of mass incarceration on whole communities. • Champion rehabilitation and promote community-based transformative justice. • Develop strategies to address stigmatization of formerly incarcerated people. • Publicize the root causes and history of mass incarceration, especially since the passage of the Voting Rights Act. This includes demonstrating with data the extraordinary increase in incarceration rates as an ongoing strategy throughout the criminal justice system to weaken the political power of communities of color.
02-03	February 2016 Updated	Women's Health NACCHO supports national, state, and local public health approaches that protect and promote the health of all women and address the social determinants of health through research and education. NACCHO affirms the need for a comprehensive approach to women's health throughout the lifespan and recommends that local, state, and federal public health agencies do the following: • Strengthen and provide support for women's health, family planning, and reproductive health services. • Ensure equal access to affordable, quality preventive services and healthcare regardless of age, race, ethnicity, gender identity, sexual orientation, education level, income, geography, immigration status, or language. • Guarantee women have access to information so they can make informed health and healthcare decisions and ensure that that information is not restricted by regulation, laws, or healthcare providers' beliefs. • Support efforts for paid family and medical leave for all workers.
08-02	November 2015 Updated	Health and Disability NACCHO affirms the fundamental role of local health departments in identifying and responding to health inequities by addressing the social determinants of health and barriers to full participation in society.

		NACCHO encourages county and city health departments to recognize that people with disabilities are a distinct population served by local health departments. NACCHO uses “people with disabilities” to describe the community of people of any age (including children, youth, adults, and seniors) with any type of disability. Consistent with a range of interdisciplinary skills and functions within local health departments, NACCHO supports workforce training in health and disability and provides technical assistance on the inclusion of people with disabilities in the health services, health promotion, health communication, and emergency preparedness activities of local health departments to better achieve health equity among people with disabilities. To address health disparities experienced by people with disabilities, local health departments should work to (1) understand and overcome the barriers faced by people with disabilities; and (2) apply the same frameworks and practices used with other health disparity populations. NACCHO advocates for the following: • Partnerships among local health departments, people with disabilities, and community-based organizations serving people with disabilities to improve the core public health functions of assessment, policy development, and assurance functions provided by local health departments. • The development and implementation of standards of accessible healthcare to achieve health equity for everyone, including people with disabilities. • Public and private sector financial support to increase the number of people with disabilities who possess appropriate knowledge, skills, and abilities to become employed as public health professionals and health researchers. • Public and private sector financial support for ongoing training for public health students, service providers, and other professionals to more holistically address issues faced by people with disabilities. Using a holistic approach in public health involves not only medical health but connections with and among physical, social, emotional, and spiritual health. Full and meaningful participation in society is an essential ingredient of achieving optimal health for people with disabilities. • Public and private sector financial support to build the capacity of local health departments to increase access to public health services for people with disabilities and to decrease health disparities in public health services for people with disabilities. • Increased funding for research on best practices to create healthy and supportive living environments, increased societal participation, and improved health and functional status of people with disabilities. NACCHO advocates for investments in community infrastructure that will ensure the feasibility of independent access for people with disabilities. The inclusion of people with disabilities in all programmatic areas offered by local health departments including areas such as reproductive health, obesity prevention, tobacco cessation, and other health promotion programming.

		• Full accessibility for, inclusion of, and participation by people with disabilities (as patients, stakeholders, employees, etc.) in local health departments. Meetings and websites should be fully accessible and people with disabilities should have equal access to public announcements, health promotion materials, and other forms of communication within public health programming. • Collaboration and communication by local health departments with community-based organizations and community stakeholders (businesses, employers, etc.) to increase the accessibility and coordination of resources and programs in order to improve the health of people with disabilities.
15-04	July 2015 Approved	Police Violence and Racism NACCHO has longstanding policy recognizing intentional injury, or violence, as a public health issue and calls on local health departments to work to protect and improve community safety in coordination and collaboration with local, state, and national efforts. NACCHO recognizes the inherent and valuable work overseen by partners in public safety to protect the health and well-being of local communities. With this in mind, NACCHO encourages local health departments to frame the prevalence of discriminatory police violence and the threat of violence in all communities as a public health issue associated with a legacy of social, economic, and racial injustice in urgent need of both a nationwide and local public health and community response. NACCHO further urges local health departments to engage in public dialogue and use their authority to highlight the health implications of this legacy and the long-term health effects of police violence where it occurs, particularly as it affects the health of children and their development, families, and communities. This work would include building strong relations with local law enforcement, social service, and other agencies of government, and community-based organizations to end the unjust and discriminatory burden of violence and threat of violence primarily against African-Americans, as well as people of color more generally. Local health departments should further support residents experiencing such violence in expressing their voice and building power to act on the processes and decisions that lead to permanent stress, deprivation, poor living conditions and unstable communities that may influence increased levels of crime. Local health departments should bring their experience with the conditions required for population health and well-being to address issues of structural racism, inequity and disproportionate levels of violence in certain neighborhoods and communities. NACCHO further encourages local health departments to: • Encourage the protection of the civil rights of all people and the necessary efforts by law enforcement officials to treat people in an equitable and unbiased manner. • Support the abolition of discriminatory law enforcement strategies such as racial profiling.

		• Support the modification or elimination of laws that may lead police to use force or arrest people for minor actions that rarely lead to prosecution. • Educate the public about the ways in which all forms of structural racism (processes creating disadvantage, which "come from a … network of mutually reinforcing economic and educational mechanisms … that make their combined negative effects [devastating]") threaten the public's health and increase the risk of physical and mental health disorders. • Explore and communicate how the anticipation and long-term effects of violence and daily intimidation increase toxic stress that severely harms health of families and whole communities. • Actively partner with federal, state and local law enforcement to obtain more complete information about death rates, firearm deaths, rates of arrest, and violence. • Track, analyze, and disseminate accurate data about death rates, firearm deaths, rates of arrest, and violence. • Document, in collaboration with local law enforcement, racial disparities in stops, arrests, killings, and complaints of the use of excessive force, and make this information publicly available. • Research the nature and public health implications of police violence. • Initiate and lead efforts to build ties between local government and communities focusing on health equity.
05-02	February 2015 Updated	Health Equity and Social Justice NACCHO supports the incorporation and adoption of principles of social justice into everyday public health practice in order to eliminate the root causes of health inequities. Based on those principles, NACCHO encourages local health departments to act directly, with allies, on structures of inequality associated with class, race, gender, and sexual orientation, as they are bound with imbalances in political power. As part of that work, NACCHO specifically encourages the transformation of public health practice to include the following: • Develop, track, and regularly present indicators that (a) measure social health and wellbeing, including inequities in population health status, similar to the national presentation of economic indicators; and (b) identify the institutional sources of decision-making cumulatively generating health inequities (e.g., investment in local infrastructure by neighborhood; distribution of city fiscal resources by neighborhood; bank loans, lending practices, and foreclosures by neighborhood; political influence). • Recruit a racially/ethnically diverse workforce. • Engage in anti-racism training for and dialogue with the public health workforce. • Support local policies that begin to address root causes, such as paid sick leave and living wage. • Support the use of Health Impact Assessments across all policy realms. • Develop long-term relationships with communities based on mutual trust and a recognition of each other's strengths, leadership capacities, and common interests in confronting the social inequalities at the root of health inequities and social injustice.

		• Support research that explores the generation of social and economic inequality and the power arrangements or mechanisms that increase social and economic inequality. • Establish a movement-building strategy by creating alliances with constituents, community organizers, and relevant institutions as a means toward changing the structures and processes that generate health inequities. • Develop a public narrative that articulates the relationship between health inequities and the underlying social inequalities.
11-07	December 2014 Updated	Paid Sick Leave NACCHO supports federal, state, and local legislation that would require employers to provide paid sick leave for their employees.
99-02	February 2014 Updated	Immigrant Health NACCHO supports the incorporation and adoption of principles of social justice into social policy, public health curricula, workforce development initiatives, and the design of program evaluation measures as strategies to eliminate health inequities. Based on those principles, NACCHO encourages local health departments to act on race, ethnicity, class, gender, and other types of oppression as the significant root causes of health inequity among documented and undocumented immigrants. As part of that work, NACCHO supports the following: • The reform of federal and local immigration policy that unfairly discriminates against immigrants with respect to education, basic human rights, and social welfare, including the Affordable Care Act. These reforms should provide an accessible route to full citizenship status that leads to unified families and the protection of refugees. • The repeal and prevention of anti-immigrant local laws that discriminate and exclude on the basis of nationality and immigration status, including laws that deny access to the courts, impose indefinite and mandatory detention, sanction methods of enforcement of immigration laws by local law enforcement that violate human rights, and bar immigrants from schools, housing, and healthcare. • Federal, state and local policies and practices that restore, expand, or provide access to public benefits for all immigrants, including access to quality, affordable preventive care. • Labor standards and work protections that guard against the exploitation of immigrants. • Development of relationships between NACCHO and Immigration and Naturalization Service, the U.S. Border Patrol, and state and local health jurisdictions in order to develop surveillance of and prevention of loss of life and injury related to environmental exposures at U.S. international borders. NACCHO opposes the following: • Federal and state policy that would deny free education to immigrants because of their immigration status.

		• Federal policies on deportation that separate families.
00-10	February 2014 Updated	LGBT Health NACCHO supports the incorporation and adoption of principles of social justice into social policy, public health curricula, workforce development initiatives, and the design of program evaluation measures as strategies to eliminate health inequities. Based on those principles, NACCHO encourages local health departments to act on the social injustices at the root of health inequities among lesbian, gay, bisexual, and transgender (LGBT) (including gender identity and gender expression) individuals, families, and communities. As part of that work, NACCHO specifically supports the following: • The development by the Department of Health and Human Services and other governmental agencies of an expanded research agenda on LGBT health, including (1) comprehensive training programs to build research capacity; (2) the identification and inclusion of LGBT individuals in local, state, and federal research efforts; and (3) research on how to reach inaccessible communities to improve prevention efforts and access to care. • The development, tracking, and regular presentation of indicators that measure social health and well-being of LGBT populations, including inequities in health status. • Strategies for and trainings on data collection for analysis of the health of LGBT individuals, families, and communities. • City and county policies and ordinances that are inclusive of sexual orientation and gender identity and expression and prohibit all discrimination on the basis of sexual orientation and gender identity and expression.
Healthy Community Design		
17-01	March 2017 Approved	Transportation and Health To help improve the health of people in their community, local health departments can become involved in regional and local transportation policies, programs, and projects by building partnerships with key stakeholders, educating and building the capacity of their staff, and actively participating in local planning activities. NACCHO recommends: Federal, state and local governments should: • Adopt "Health in All Policies" (HiAP) approaches in the transportation sector to ensure that transportation policies and projects have positive or neutral impacts on the determinants of health and that public health considerations are systematically and formally integrated into transportation planning, design, and decision-making processes. These approaches may additionally be used to develop health-related performance measures for transportation plans and projects.

		• Encourage shifts from individual automobile reliance to walking, biking, and public transportation use in order to increase opportunities for active transportation and improve air quality by reducing vehicle emissions of air pollutants. • Design and plan for transportation systems that provide reliable, energy-efficient, and affordable access to and connection between jobs, schools, healthcare services, healthy food options, and other vital destinations. • Improve access to public transportation for all users by accommodating older adults and people with disabilities. • Improve connectivity between multiple modes of transportation, such as biking, walking or rolling, and public transportation. • Ensure that the design of the entire roadway incorporates all users, including pedestrians of all ages and abilities, bicyclists, and public transportation vehicles and riders through increased representation of underrepresented groups on transportation boards and commissions. • Improve transportation quality by ensuring dependable public transportation service, and transportation safety through design such as traffic calming measures, improved lighting, and reduction in speed limits. • Encourage improved coordination of local land use decisions and transportation planning through comprehensive regional planning. Local health departments should: • Build partnerships with the transportation planning entities and other stakeholders around transportation design, use, and safety. • Build capacity to participate in local and regional transportation planning activities through the use of HiAP approaches, such as Health Impact Assessments, or other health lens analyses, and strategies to incorporate health considerations in public decisions. • Actively participate in transportation planning activities, such as Technical Advisory Committees, and ensure that health and equity perspectives are included in the development of transportation and land use plans and key projects. • Actively pursue financial support and/or funding to support the implementation of recommended strategies aimed at increasing the consideration of health in transportation-related decisions.
03-02	March 2017 Updated	Healthy Community Design NACCHO supports the following: • Comprehensive, formal, and systemic integration of public health considerations into community design processes, including community planning, regulations, design of new development and redevelopment, and design of public areas to promote and protect the health of communities. • Dedication of increased federal, state, and local resources to improve the capacity of local health departments to participate effectively in the community design process through training, development of tools, technical assistance, and other support. • Dedication of federal, state, and local resources for identification, rehabbing, and retrofitting existing housing into healthier environments

		(e.g., mold, lead, tobacco-related issues) for geographically targeted economic areas. • Federal and state transportation policy that supports local health department involvement in local transportation planning, design, and implementation. • From the early stages of decision-making, using a Health in All Policies approach to community design projects, programs, and policies by increasing collaboration among local health, planning, transportation, parks and recreation, public works departments, and community developers. • Early, sustained, and effective engagement of community members in all stages of community design related decision-making. Assessment tools such as the Protocol for Assessment in Community Excellence in Environmental Health or Health Impact Assessment can be used to enhance community engagement. • Community design processes and implementation that create an equitable (including economic) and healthy environment for those who work, live, learn, or play in the community and promote the fair distribution of benefits and burdens in community design process and implementation across all communities. • Promotion of land use and community development strategies that encourage people to walk to nearby destinations.
98-06	November 2015 Updated	Brownfields NACCHO urges federal, state, and local governments and related agencies to engage policymakers, government agencies, non-government organizations, businesses, and communities to produce and support policies, legislation, regulation, programs, research, and resources that support the identification, remediation, and redevelopment of brownfield sites. NACCHO commits to the following activities to advance brownfield policies and practices: • Supporting local health departments to be actively involved in local, state, regional, and federal decision-making regarding pollution allowances, land-use planning, and other items impacting pollution prevention and mitigation. • Urging state agencies and local health departments to develop policies and programs to promote environmental justice, such as identifying and mitigating disproportionate exposures to environmental health hazards. These might include preventing and eliminating disproportionate siting of hazardous facilities, preventing the enactment of discriminatory (including unintentionally harmful) land use laws and policies, and ensuring nondiscriminatory compliance with all environmental, health, and safety laws. • Supporting state agencies and local health departments to encourage the inclusion of brownfields redevelopment in community land trust strategies. • Supporting federal and state agencies to incorporate comprehensive, formal, and systemic integration of local public health considerations into community design processes, including community planning, regulations,

		design of new development and redevelopment, and design of the public realm to promote and protect the health of communities. • Supporting federal agencies to ensure that contamination is cleaned to appropriate health standards and does not threaten public health and the environment. • Encouraging federal, state, and local governments to enact land use and development policies that prevent urban sprawl or the displacement of populations that leads to the decay and destabilization of communities and concomitant stresses that create health problems. • Supporting federal, state and local governments to ensure early, sustained, and effective participation by affected community residents in all stages of brownfields decision-making and that mechanisms are available to assist in making this possible (e.g., through implementation of the *Protocol for Assessing Community Excellence in Environmental Health* guidebooks). • Encouraging federal, state, and local governments to require the utilization of Health Impact Assessments (HIAs) for brownfields redevelopment. • Supporting federal agencies in building the capacity of local health departments to participate in the redevelopment process by providing technical assistance, training, advisory groups, and other support to ensure effective participation in brownfield redevelopment assessment and remediation processes. • Urging federal, state, and local governments to ensure that future uses of a property do not include facilities or activities that will lead to new health problems. • Urging state and local health departments to actively incorporate NACCHO's Public Health Principles and Guidance for Brownfields Policies and Practices in their everyday work. NACCHO recommends that local health departments conduct the following activities: • Engage community members affected by brownfields to empower them to participate in the redevelopment process through community engagement and education. • Partner with governmental and non-governmental agencies seeking to evaluate the health implications of brownfields and provide support for evidence-based interventions. • Utilize HIA resources and tools to facilitate brownfield redevelopment processes. • Collaborate with brownfield grantees to monitor the ongoing health impacts associated with previous use. • Apply for brownfields funding from the Environmental Protection Agency or work with a funded partner to provide health monitoring services, community engagement, and outreach to affected populations (up to 10% of the redevelopment funding can be devoted to this activity).
12-01	November 2015 Updated	Health in All Policies Health in All Policies (HiAP) is a change in the systems that determine how policy decisions are made and implemented by local, state, and federal

		government agencies to ensure that policy decisions have beneficial or neutral impacts on the determinants of health. HiAP strategies are meant to ensure that all policies and services from all sectors have beneficial or neutral impacts on the determinants of health. NACCHO recommends distinct roles and responsibilities for different agencies to advance the use of HiAP. Federal, state, and local government agencies should conduct the following activities: • Adopt a HiAP approach in the policy-making process in order to ensure that policies made outside of the health sector have positive or neutral impacts on the determinants of health. • Provide funding, training, and technical assistance for local health departments to ensure that they can assume a leadership role implementing a HiAP approach at the local level and determine the best strategies for implementing HiAP locally. These investments should be made early in the process because time and funding are necessary to build the capacity to generate cross-agency collaboration before work begins on any program or project development. • Facilitate cross-sector partnerships through enhanced communication and collaboration between agency leadership. • Identify and showcase successful examples of cross-agency work, from within and across sectors, and provide models for collaboration. • Establish a consistent evaluation framework for local health departments to use to identify long-term goals and strategies and ascertain progress toward them over time. Local health departments should conduct the following activities: • Foster political will at the decision-maker level and work upstream and downstream to implement a HiAP approach. • Develop metrics of success to use in negotiating cross-agency collaborative processes and work to translate public health data and terminology for other sectors. • Take a leadership role to implement HiAP at the local level, including identifying the best strategies for implementing HiAP in the local health department jurisdiction. • Educate local, state, and federal policymakers about the value of HiAP. • Develop metrics and milestones to measure the effects of a HiAP approach or policy on health outcomes. Successful initiatives have been able to tie funding to a shared set of metrics for evaluating success. • Engage a wide variety of partners from the non-health sector whose work influences the social determinants to health to effect improvements in health outcomes through a collective impact model. • Participate in or lead health impact assessments (HIAs) as a way to influence non-health sector decisions that have health impacts. HIA can be used as a tool to implement a HiAP approach and to educate policymakers.

06-01	November 2015 Updated	Health Impact Assessment Health impact assessment (HIA) is commonly defined as "a combination of procedures, methods, and tools by which a policy, program, or project may be judged as to its potential effects on the health of a population, and the distribution of those effects within the population." The five principles and values of HIA are democracy, equity, sustainable development, scientific and robust practice, and a holistic approach to health. NACCHO recommends distinct roles and responsibilities for different agencies to further the practice of HIA. Federal, state, and local governments and agencies should conduct the following activities: • Promote the standardization of HIA practice, including rapid HIAs, for local health departments and local/regional planning and transportation agencies across the United States. • Support conducting HIAs on national and regional policies (e.g., Affordable Care Act or national food labeling laws). • Support the institutionalization of HIA through the provision of funding, training, technical assistance, data development, and collaboration between traditional and non-traditional partners. • Support HIA mentorship and peer learning among local health departments, planners, and local government agencies. • Encourage hospitals, where appropriate, to dedicate funds set aside for community health needs assessments as mandated by the Patient Protection and Affordable Care Act to also support HIAs. • Support the promotion of social justice and health equity within communities through the use of HIAs. Local health departments should conduct the following activities: • Support close collaborations between federal, state, and local government agencies and communities around HIAs on various community planning, regulations, and design of new development and redevelopment, including brownfields redevelopment. • Encourage local and regional planning and transportation agencies to incorporate HIAs into community design processes to promote and protect the health of communities. • Build capacity to conduct HIAs among their partners to bring health considerations to the fore in multiple sectors such as transportation, planning, housing, agriculture, and labor. • Use HIA tools and resources to facilitate the HIA process to promote a Health in All Policies approach to public decision-making. • Use the strategies within HIA to support public health accreditation documentation where appropriate.

HIV/STD Prevention		
04-11	June 2015 Updated	Local Epidemiology and Surveillance Public health surveillance and epidemiologic investigation are core functions of local health departments. NACCHO urges increased federal support for strengthening local health departments' epidemiology and surveillance capacities to promote and improve evidence based public health practice at local health departments. NACCHO strongly supports local health departments having dedicated resources for epidemiology staffing and the development of integrated surveillance systems and mechanisms to facilitate access, collection, analysis and dissemination of accurate local health data. Similarly, NACCHO urges that local- and state-reported data in such systems be equally accessible to local, state, and federal jurisdictions and that local health departments have access to other relevant datasets developed within their locale (e.g., healthcare associated infections data available from the national healthcare safety network from hospitals in their jurisdictions; school performance and attendance databases; and, community health needs assessment data from local public hospitals or other organizations).
05-09	June 2015 Updated	Syringe Services Programs NACCHO supports a comprehensive, evidence-based approach to syringe services programs, also known as syringe or needle exchange programs, in order to support the health of people who inject drugs and to curb transmission of HIV, viral hepatitis, and other blood-borne diseases. NACCHO urges state and local policy makers to do the following: • Support syringe services program development and operation in accordance with the peer-reviewed evidence base, best practices, and local health department and other expert recommendations. • Remove legal barriers to accessing and safely disposing sterile needles, syringes, and other injecting equipment. • Modify state and local statutes to permit over-the-counter pharmacy sales and purchase of syringes. • Revise paraphernalia laws to decriminalize syringe possession. • Increase the availability of drug treatment and overdose prevention, including Medication-Assisted Treatment and naloxone training and distribution. • Ensure education of law enforcement, criminal justice personnel, health department staff, healthcare providers, pharmacists, and other relevant professional and community partners regarding the benefit of syringe services programs, as well as other harm reduction strategies, and relevant laws, policies, and processes. • Assure adequate resources to support health department surveillance, program planning, and program evaluation capacity to assess disease and risk behavior trends and the impact of syringe services programs, as well as other disease prevention and health promotion interventions for persons who inject drugs, on local health outcomes.

		Furthermore, NACCHO urges Congress to remove the ban on the use of federal funds to support syringe services programs.
04-13	April 2014 Updated	Sexual Health Education NACCHO supports sexual health education programs that are comprehensive, medically accurate, consistent with scientific evidence, and tailored to students' context and cultural and linguistic needs. NACCHO supports local, state, and federal policies and funding that enable schools to provide comprehensive, evidence-based sexual health education programs that address the needs of all school-aged youth. Additionally, NACCHO calls for the elimination of prescriptive abstinence-only funding streams and supports policies at all levels that call for the elimination of requirements to utilize public funding for abstinence-only education. Furthermore, NACCHO encourages local health departments to work closely with education agencies to expand efforts to prevent HIV/sexually-transmitted infections and unintended pregnancy in the school setting; support the provision of and referral to sexual and reproductive health services for adolescents; and provide guidance in the identification, development, and implementation of medically accurate comprehensive sexual health curricula. NACCHO also encourages local health departments and education agencies to work with community members and partners to promote and support implementation of comprehensive sexual health education in school systems
13-11	November 2013 Approved	Stigma and Discrimination Against Persons with Communicable Diseases NACCHO encourages local, state, and federal governments to demonstrate political will and leadership in opposing stigmatizing and punitive measures against persons with communicable diseases, including HIV/AIDS, sexually transmitted infections, all forms of viral hepatitis, and tuberculosis. Local health departments should adopt and support approaches to reduce stigma and discrimination against individuals living with communicable diseases. The National HIV/AIDS Strategy, released by the White House in 2010, recommends actions to reduce stigma and discrimination experienced by people living with HIV. NACCHO urges local health departments to use the National HIV/AIDS Strategy to steer efforts to reduce stigma and discrimination against persons living with all communicable diseases. Actions recommended by the National HIV/AIDS Strategy that NACCHO supports include the following: • Engage communities to affirm support for people living with HIV*:* Faith communities, businesses, schools, community-based organizations, social gathering sites, and all types of media outlets should take responsibility for affirming nonjudgmental support for people living with HIV and high-risk communities.

		• Promote public leadership of people living with HIV: Governments and other institutions should work with people living with HIV/AIDS coalitions, HIV services organizations, and other institutions to actively promote public leadership by people living with HIV. Additionally, the National HIV/AIDS Strategy recommends that state legislatures review HIV-specific criminal statutes to ensure that they are consistent with current knowledge of HIV transmission and support public health approaches to preventing and treating HIV. Local health departments are encouraged to provide information to assist in this process. NACCHO recognizes the above elements of the National HIV/AIDS Strategy to be applicable to the reduction of stigma and discrimination experienced by persons with all communicable diseases and recommends that local health departments incorporate these actions into their work.
09-02	September 2012 Updated	Expedited Partner Therapy NACCHO supports: • Legalization of Expedited Partner Therapy (EPT) - the clinical practice of treating the sex partners of patients diagnosed with chlamydia or gonorrhea by providing prescriptions or medications to the patient to take to his/her partner without first being examined by a healthcare provider- in states, territories, and jurisdictions where it is illegal or where the legal status of EPT is unclear or ambiguous. • Implementation of EPT where permitted by law and in accordance with the Centers for Disease Control and Prevention's STD Treatment Guidelines and EPT guidance, which state that EPT should be considered for the treatment of chlamydia and gonorrhea in heterosexual partners when other partner management strategies are impractical, unsuccessful, or unavailable. • Development and dissemination of protocols, guidelines, and best practices for the implementation of EPT. • Additional research and evaluation to strengthen the evidence base for EPT and to determine the effectiveness of EPT among same-sex partners and for the treatment of trichomoniasis and syphilis. Additionally, NACCHO encourages local health departments to work with healthcare providers in their community to promote the implementation of EPT by increasing awareness of the practice and providing information and resources regarding its implementation and legality.
09-10	September 2012 Updated	Sexually Transmitted Infections To support and advance the essential role of local health departments in the prevention and control of sexually transmitted infections (STIs), including HIV, NACCHO encourages: • Increased funding from federal and state governments to support local STI prevention and control programs, activities, and services.

		Though implementation of the Patient Protection and Affordable Care Act will expand health insurance coverage for many people who are currently uninsured or underinsured and require that private insurers cover certain preventive services, including STI counseling and screening, the need for publicly-funded STI prevention and control programs provided through local health departments will remain essential. • Increased flexibility in the use of federal and state funds to improve local health departments' ability to provide and support locally-relevant and appropriate STI prevention and control efforts, including the ability to integrate STI activities, programs, and services with other disease-specific activities, programs, and services to best meet the needs of individuals and communities. • The Centers for Disease Control and Prevention to increase support and funding for workforce development through scholarships/fellowships, continuing education, and ongoing technical assistance to local health departments and their partners to ensure that the skills and expertise needed to prevent and control STIs at the local level (including clinical, epidemiologic, laboratory, and case/contact finding and care) are maintained and enhanced.
11-08	November 2011 Approved	Technology-Based STI/HIV Prevention NACCHO supports the use of the Internet and other technologies, such as mobile phones, for STI/HIV prevention and intervention activities. NACCHO urges local health departments to: • Work with local governments to amend or repeal existing structural barriers to using the Internet and other technologies for STI/HIV prevention and intervention activities. • Establish clearly written policies and procedures for the appropriate use of the Internet and other technologies for STI/HIV prevention and intervention activities, including standards to ensure confidentiality and compliance with state/local laws. • Provide appropriate training and resources to STI/HIV disease intervention staff, so that they may effectively and appropriately use the Internet and other technologies for STI/HIV prevention and intervention activities. • Develop and disseminate field-tested practices, policies, and guidelines for using the Internet and other technologies for STI/HIV prevention and intervention activities.
Immunization		
09-07	January 2017 Updated	Access to School-Based Data NACCHO supports local health departments having access to health information from education records, by law or agreement, for the purpose of data collection for public health surveillance, outbreak investigations, and other programs.

		The U.S. Department of Education and the U.S. Department of Health and Human Services should develop a mechanism for state and local health departments to access school health data or Congress should amend the Family Education Rights Privacy Act to specifically authorize the disclosure of school health information to state and local health department officials. Electronic sharing of password-protected data allows multiple uses of data within a local health department while protecting privacy and security.
12-14	January 2017 Updated	Influenza Vaccinations for Healthcare Personnel NACCHO urges healthcare employers and local health departments to require influenza vaccination for all staff as a condition of employment. This mandate is necessary to achieve the Healthy People 2020 annual goal of 90 percent influenza vaccine coverage for healthcare personnel (HCP). Healthcare personnel is defined as anyone who works or volunteers in a healthcare setting and/or local health department whose job may call for direct or indirect client contact. NACCHO stresses the importance of implementing prevention strategies that will reduce the spread of influenza infection among HCP and their clients to decrease the burden on the overall healthcare system. To further assure that influenza vaccination programs are efficient and effective, NACCHO asserts that all healthcare employers and local health departments should do the following: • Establish comprehensive influenza infection prevention programs as recommended by the Centers for Disease Control and Prevention (CDC). • Integrate influenza vaccination programs into existing infection prevention programs or occupational health programs. • Use standardized methodology to measure HCP influenza rates across settings linking vaccine coverage levels and quality improvement activities and implement incentives, penalties, or requirements that facilitate adoption of vaccine coverage.
01-05	January 2017 Updated	Vaccine Safety Confidence in the safety of vaccines is critical to assuring that the vaccines are used as widely, effectively and appropriately as possible to protect the residents and visitors of our nation. Assuring this safety, from the manufacturing to the administration stages, is a shared responsibility of all levels of public health, the medical community, and the private sector. In order to attain and sustain the necessary level of assurance, NACCHO urges the following: • Vigorous post-licensure safety monitoring and sharing of safety-related data with local health departments for all vaccines on the market. • Increased federal funding and support to help local health departments identify gaps in vaccine use patterns through vaccine use and disease incidence data. • Increased federal funding and support to local health departments to improve understanding of vaccine safety and hesitancy concerns among populations within their jurisdictions. • Increased federal funding and support to help local health departments translate research on vaccine hesitancy, develop effective messaging, and

		institute evidence-based interventions to counter vaccine hesitancy due to safety concerns. • Increased federal funding and support for locally-driven educational efforts geared towards physicians and other healthcare personnel regarding the safety of vaccines, true contraindications, the risks of delayed vaccine schedules, and the importance of and process for reporting adverse events. • Increased federal funding and support for local health departments to educate medical care providers as well as the public about safety monitoring systems, including how data is analyzed and disseminated. • Increased federal capacity to conduct standardized clinical evaluations of reports to Vaccine Adverse Event Reporting System, expand the Vaccine Safety Datalink beyond the current three percent of the U.S. population, increase opportunities for independent research studies involving vaccine risks by credible parties other than the Centers for Disease Control and Prevention, and create mechanisms by which local health departments can access the subsequent results.
16-01	February 2016 Approved	School and Child Care Immunization Requirements NACCHO supports implementation of child care, school, and university immunization requirements based on recommendations of the Advisory Committee on Immunization Practices (ACIP). NACCHO supports requirements that only allow for medical exemptions due to allergy or medical contraindication to maintain high immunization rates and protect communities from vaccine-preventable diseases. To successfully enact effective school-entry and child care immunization requirements, NACCHO urges the following actions: • Implement requirements that follow the ACIP recommended vaccination schedule and require proof of immunization signed by a licensed medical professional. • Implement requirements that include children who attend public and private schools, and homeschooled children who participate in public or private school activities. • Make school vaccination and exemption rates publicly available. • Increase resources to conduct school record and medical office record reviews to monitor compliance with immunization and exemption documentation requirements. • Increase financial support to local health departments, school nurses, and/or state/local immunization coalitions to educate parents, guardians, and college and university students about the immunization requirements and the importance of vaccines. If immunization requirements that only allow for medical exemptions are not feasible, the following steps can be taken to limit non-medical exemptions: • Use exemption forms that require parents/guardians or students ≥ 18 years to acknowledge the risks involved in refusing vaccinations. • Use exemption forms that require parents/guardians or students ≥ 18 years to acknowledge that in the event of an exposure to a vaccine-

		preventable illness, the exposed individual would be excluded from school and all school-related activities for the appropriate two incubation periods beyond the date of onset of the last case, as per standard public health practice. • Notify parents, guardians, and college and university students of school and child care vaccination and exemption rates annually. • Evaluate exemption procedures annually. • Require that exemption forms be renewed annually. • For individuals requesting exemptions, (1) require documentation from a medical provider regarding the refusal to vaccinate and consultation pertaining to risks; (2) require consultation and signature by the local health department for non-medical exemptions; or (3) implement mandatory education sessions for parents, guardians, or student ≥ 18 years about the importance of immunization and the impact of refusing immunizations. School and child care entry requirements, as with other public health interventions, must be introduced, exercised, and implemented judiciously to preserve the health of communities and the rights of individuals, parents, and community members. The decision of when to add a vaccine to school requirements should be made strategically, taking into account the following factors: characteristics of the vaccine and community; ACIP recommendations; vaccine safety and effectiveness; vaccine coverage in the absence of a requirement; stable and adequate vaccine supply; disease burden, severity, communicability; and operational considerations such as cost and ability to effectively implement and monitor compliance.
11-02	January 2016 Updated	Third-Party Billing for Immunization NACCHO supports increased federal funding for policy and technical support to enable state and local health departments to bill private insurers for immunization and other public health reimbursable services. NACCHO urges the Centers for Disease Control and Prevention to provide continued support to states and localities by distributing best practices, providing technical assistance to develop billing mechanisms, and educating insurers about local health departments' role in providing immunization services. NACCHO supports federal funding for activities necessary for state and local health departments to establish third-party billing systems including the following: • Building administrative capacity to bill third-party payers for administration fees and/or for vaccine. • Assessment for purchasing or developing systems that will be cost-effective according to the particular needs of the jurisdiction. • Training or peer technical assistance for local health departments to maximize the utility of such systems including disseminating billing best practices. • Coalition building to engage medical communities and key stakeholders to navigate potential concerns (i.e., competition with the medical home) and build support.

		• Training or peer technical assistance on the billing process and contracting with private insurance providers. • Educating private insurers about the role of local health departments in providing immunizations.
15-09	November 2015 Approved	Immunization Programs NACCHO recommends that the federal government provide sufficient funding through the Vaccines for Children (VFC) and Section 317 Program for vaccination of uninsured and underinsured children, adolescents, and adults. NACCHO supports strong coordination and collaboration of immunization programs for persons of all ages to increase vaccination coverage rates to protect individuals and communities from vaccine-preventable diseases. Comprehensive and sustainable immunization programs will incorporate the following strategies: • Reimbursing public and private immunizations providers adequately for vaccine products, vaccine storage and handling, staff and administration supplies for vaccines, and population and clinic activities using immunization information systems (IISs). • Implementing education, training, and clinical procedures designed to (1) increase demand for immunizations among patients and parents; (2) promote strong vaccine recommendations by clinicians to patients; (3) minimize missed opportunities for vaccinations; (4) ensure series completion; (5) train community vaccination champions; and (6) reach underserved populations. • Identifying and addressing immunization disparities by (1) monitoring and responding to gaps and trends in vaccination rates using information technology and analysis such as IISs and electronic health records with clinical decision support for immunizations; and (2) supporting local health department epidemiologists and other staff to continually measure the impact of policies and interventions on equity of outcomes in immunization rates. NACCHO supports an immunization program addressing all stages of life composed of the elements listed above, with the goal of increasing overall immunization rates and subsequently reducing morbidity and mortality from vaccine-preventable diseases nationwide. Support of comprehensive immunization programs would substantially improve the framework for delivering immunizations to children, adolescents, and adults to ultimately reach the Healthy People 2020 goals. Local health departments are uniquely positioned to improve the capacity of the healthcare system for delivering immunizations by strengthening the coordination between public, professional, and private sector stakeholders.
02-08	May 2015 Updated	Smallpox Response A strong local public health infrastructure is vital to prepare for and respond to a smallpox case or outbreak. To achieve that infrastructure, NACCHO asserts the following:

		• Federal and state policy development and planning processes related to smallpox must help support, solicit, and include the full participation of local health departments. Policies and planning must reflect the needs and realities of a response at the local level. • Public Health Emergency Preparedness (PHEP) funding that goes through the states must be directed at developing adequate local and sub-state regional infrastructure, including surge capacity and training specific to smallpox vaccine administration, as needed, to assure sufficient numbers of trained personnel necessary for response to smallpox. • Community partners and first responders must be included in developing local and sub-state regional preparedness plans. PHEP funding should include support for such plans to be tested and drilled in non-emergency situations. • Federal and state emergency preparedness program development and planning processes, including those for communications, must recognize that local health departments play an essential role in linking the community's medical/hospital resources with the emergency response system. PHEP funding should support the local public health infrastructure to assure such linkages and to make available training opportunities that are necessary to create, sustain, and strengthen them. • Law enforcement agencies, particularly those at the federal level, must be directed to fully involve local health departments in “crime scene investigations,” or forensic epidemiology, related to smallpox-caused outbreaks. PHEP funding should support opportunities for federal, state, and local law enforcement officials to train collaboratively with their public health, first responder, healthcare coalitions and medical counterparts to investigate such crimes. • Communications processes implemented by federal agencies during outbreaks must assure that state and local health officials are regularly and fully informed, and responding health agencies must have agreed-upon and practiced protocols for how communications will be directed by which officials and to which professional and population groups. • Federal, state, and local plans must address actions needed for preventing, controlling, and responding to outbreaks caused by smallpox. The protocol should also include surge considerations for the management of vaccine-associated adverse events, any systems developed to track and report vaccine-associated adverse events, and infection control strategies to prevent the continued spread of disease while mass dispensing smallpox medical countermeasures (including the use of social distancing, isolation and quarantine, and personal protective equipment recommendations for responders and the affected population). • Provisions must be made to immunize all appropriate local public health and other first responder and medical staff who are not pre-immunized pursuant to Advisory Committee on Immunization Practices (ACIP) recommendations as soon as possible after the first diagnosis of disease caused by smallpox. Consideration should also be given to procedures for rapid immunization of the household contacts of local public health, first responder, and medical staff as plans are developed.

		NACCHO concurs with the ACIP recommendations regarding smallpox vaccination in a pre-event setting, predicated on ACIP's assertion that the threat of a smallpox attack is low. If the threat assessment should change, these recommendations must be promptly reevaluated. NACCHO also concurs with the Centers for Disease Control and Prevention clinical guidance recommendations for the use of smallpox vaccine in a post-event setting, which includes recommendations for smallpox vaccine usage in consideration of the risk for smallpox infection, risk for an adverse event following vaccination, and potential benefit from vaccination. NACCHO asserts that there is still a need for smallpox medical countermeasure guidance to address the safe and appropriate use of smallpox antivirals that would be made available through the Strategic National Stockpile during a smallpox response.
15-02	February 2015 Approved	Human Papillomavirus NACCHO supports strong coordination, collaboration, and communication among public health, healthcare providers, parents and caregivers, and community partners at the local, regional, state, and federal levels to increase human papillomavirus (HPV) vaccination coverage in both males and females according to the recommendations of the Advisory Committee on Immunization Practices. Local health departments should implement and adapt programs and policies to increase vaccination rates in their communities. NACCHO encourages local health departments to develop a comprehensive approach to increasing HPV vaccination rates that includes the following: • Encouraging providers to make strong and consistent HPV vaccine recommendations and educating them on the most effective way of communicating these recommendations. • Supporting communication campaigns to educate parents and caregivers about the importance of HPV vaccination for cancer prevention and encouraging parents and caregivers to vaccinate their children. • Educating adolescents directly about HPV and other adolescent health issues; • Developing relationships with non-traditional vaccine providers such as pharmacists and expanding their role in increasing HPV vaccination rates. • Developing relationships with adolescent health groups, hospital systems, healthcare and cancer coalitions, school systems, and provider groups to support HPV vaccination. • Developing, using, and sharing best practices to increase HPV vaccination rates and close the gap between male and female vaccination rates. • Reducing missed opportunities and increasing HPV vaccine series completion through assessment and system-based changes using tools such as AFIX, reminder/recall, standing orders, and Immunization Information Systems. • Implementing evaluation and data collection processes to demonstrate the impact of HPV vaccine promotion initiatives.

		• Seeking opportunities to address systemic barriers to vaccination such as health inequity and a lack of access to healthcare. • Establishing themselves as trusted sources of information about HPV and other vaccines in their community. Local health departments should consider developing or maintaining the capacity to bill third-party payers for the vaccine and administration to ensure long-term programmatic sustainability. NACCHO also encourages continued state and federal support of local health department efforts to establish HPV initiatives, sustain program activities, and collaborate with public health partners.
11-01	June 2014 Updated	Immunization Information Systems Immunization has been one of the most successful and safest public health measures available to populations worldwide, with an unparalleled record of disease reduction and prevention. Successful public health immunization programs rely on having adequate data to manage the multiple components inherent to such a program. Immunization information systems (IIS or immunization registries), are a powerful tool for collecting, storing, analyzing, and acting upon data relevant to managing successful immunization programs. Immunization registries have become increasingly important to facilitate collaboration and communication between vaccinating providers in the new healthcare landscape resulting from the Patient Protection and Affordable Care Act. NACCHO supports the standardization and consistent use of IIS and requests that the federal government fund the expansion and linkage of this important tool. NACCHO strongly urges the federal government to: • Create an interoperable system allowing for information exchange between state- and local-level immunization registries and between all pertinent local users and the relevant IIS. • Encourage the negotiation of data exchange agreements to allow for interoperability between states or localities with immunization registries. • Ensure that the connections and capacities between local and state registries, and between local users and the relevant registries, meet all requirements of each stage of the definition of “meaningful use.” • Ensure local input when establishing uniform standards for the diverse array of existing registries. • Ensure local input when developing laws and policies to facilitate exchange of data not only across State and local lines but also across the country. • Assistance with policies and technological components to support future international information exchange. • Assistance with the development of laws and policies to facilitate data exchange between education, public health, and medical care providers and systems, including immunization coalitions as appropriate. • Assistance with policy and funds to enable exchange of data between IIS and electronic health records. • Financial support for the technology upgrades and technical maintenance necessary for continued local participation in IIS.

		At the local level, NACCHO urges federal and state governments to support the following: • The ability of local health departments to exchange information within and across state and local levels. • Appropriate technology for local health departments to receive, record, and transmit immunization data. • The ability of local health departments to employ staff with the technological skills required to manage registry operations locally, nationally and internationally. • The ability of local health departments to employ staff with the technical and epidemiologic skills required to effectively analyze data in order to formulate an appropriate local public health response. • The ability of local school and public health personnel to use immunization registries. • Use of IIS to include results of tuberculosis (TB) testing, where appropriate, especially in jurisdictions where school entry requirements include both immunization and TB test results.
02-10	November 2013 Updated	Vaccine Supply and Distribution NACCHO urges the federal government to develop an integrated set of policies that will assure an uninterrupted supply of vaccines needed for sustaining and improving the immunization rates of the population of this nation. NACCHO also urges recognition of and support for the unique role local health departments play in this endeavor. NACCHO urges that the federal government: • Embark on a bold, far-reaching examination of how the nation can ensure a reliable supply of essential vaccines through federal purchase and distribution. • Engage in a candid, public discussion about needed public-private collaboration and how that can protect against inequities in coverage due to unequal access to vaccines and vaccine administrators. • Encourage transparency in communications between the federal government and state and local health officials, including complete disclosure of what is known and not known about vaccine supply. • Promote flexibility in implementation so that local health departments can make decisions that best meet the needs of their varied communities. • Exchange information on new vaccines between the U.S. Food and Drug Administration and the Advisory Committee on Immunization Practices to enhance vaccine recommendations. NACCHO urges the federal government to develop a comprehensive set of federal policies to: • Minimize the likelihood of vaccine shortages from recurring and to prevent any future shortages through a standard evaluation of vaccine manufacturing interruptions. • Increase the supply and demand for vaccines. • Prevent and correct geographic maldistribution of vaccines.

		• Assure availability of vaccines to individuals at high risk when vaccine shortages cause limitations on usage. In addition, NACCHO urges on-going federal government support for local health departments to contribute to an assured and sustained vaccine supply by supporting their capacity to: • Monitor vaccine availability at the local level. • Assure that access to vaccines are equitable among all segments of the population • Intervene when necessary to correct mal-distribution, particularly during shortages and supply disruptions.
Infectious Disease		
07-03	July 2017 Updated	Tuberculosis Prevention and Control NACCHO strongly supports increasing categorical federal, state, and local funding for state and local health department programs to control active tuberculosis (TB) disease and prevent spread through detection and treatment of tuberculosis infection. NACCHO also encourages the adoption of federal and state guidelines and policies that improve access and reduce financial barriers to screening, testing, and treatment for TB infection. Such investments can lead to immediate benefits, accelerate declines in cases, yield long-term cost savings, and advance the goal of TB elimination in the United States.
10-02	May 2017 Updated	Healthcare-Associated Infections NACCHO recognizes that healthcare-associated infections (HAIs) are detrimental to the health of the public and that, because of the relationships local health departments have with healthcare facilities and their role in surveillance, active inclusion and support of local health departments is essential to successfully develop and implement HAI prevention policies. NACCHO urges federal and state partners to provide adequate support and funding for engaging local health departments in developing and implementing HAI prevention, surveillance, and reporting policies, including employee vaccination policies. NACCHO suggests the inclusion of local health department representation, as appropriate, in all aspects of HAI policy development, such as national, state, and local HAI stakeholder meetings, activities, and committees that establish, review, and refine national HAI surveillance and prevention strategies. NACCHO recommends state health departments engage and establish relationships with their local health departments, specifically in the area of HAIs. Examples of engagement include, but are not limited to the following: • Facilitating review of state HAI action plans by a majority of local health officials whose collective jurisdictions encompass a majority of the state's population. • Ensuring local health department representation on state HAI advisory committees.

		• Inviting local health department to participate in state-wide and region-wide meetings related to HAI prevention, surveillance, and response. • Assisting local health departments with access to HAI data, including information from the National Healthcare Safety Network. Effectively addressing HAIs will also require consideration of related topics covered in NACCHO's policy statements Antimicrobial Stewardship and Resistance, Influenza Vaccinations for Healthcare Personnel, National Healthcare Safety Network, and Multi-Drug Resistant Organisms.
12-09	May 2017 Updated	Antimicrobials in Animals NACCHO supports federal efforts to ensure judicious use of antimicrobial drugs, particularly those that are medically important, in food-producing animals to protect animal and public health and minimize antimicrobial resistance. NACCHO also supports efforts to promote judicious therapeutic use of antimicrobials in all animals, including efforts to expand the understanding of use patterns and promote antimicrobial stewardship among veterinarians, the livestock industry, and animal owners. To reduce the spread of antimicrobial resistance, while protecting the health of animals, NACCHO supports a multifaceted approach that includes voluntary adoption of recommendations, policy implementation, funding, and consideration of the strategies outlined below. • Limited Use of Medically Important Antimicrobials o Promote education, policies, and funding that: ▪ Encourage adherence to evidence-based guidelines for judicious use of medically important antimicrobials in animals, including guidance issued by the USDA and the FDA. ▪ Eliminate the use of medically important antimicrobials for growth promotion and improved feed efficiency in food-producing animals. ▪ Require veterinary oversight of the use of all medically important antimicrobials for food-producing animals, in the context of a veterinarian-client-patient relationship, including limiting prophylactic use to situations with a determined medical rational for use, targeted specific etiologic agent, and ensured appropriate timing of administration. ▪ Promote and incentivize judicious global use of medically important antimicrobials through multinational partnerships, agreements, and strong import standards. • Licensing and Availability of Medically Important Antimicrobials o Promote policies and funding that:

		▪ Support antimicrobial licensing guidelines that are based on the latest scientific evidence, maximize therapeutic efficacy, and minimize the potential for antimicrobial resistance and harm to humans. ▪ Accelerate the development of new antimicrobials and alternative prevention and treatment approaches for infectious diseases, and support through federal funding and/or incentives the continued production of medically important antimicrobials. ▪ Support the continued production of antimicrobials that are critical to treatment of veterinary diseases, such as through the creation of a veterinary orphan drug program. ▪ Enhance antimicrobial take-back programs to minimize potential household and environmental exposures. • Broad Educational Efforts o Support educational and training programs and public awareness campaigns that: ▪ Increase the adoption of antimicrobial stewardship best practices and evidence-based recommendations for judicious use by veterinarians, the livestock industry, and animal owners. ▪ Educate consumers and food retailers about the impact of antimicrobial use in animals and the potential to influence antimicrobial use practices through purchasing decisions. ▪ Support companies that provide food to the public (such as retailers, grocers, and restaurants) in selecting animal producers that adhere to policies and recommendations for the judicious use of antimicrobials in animals. • Research and Surveillance o Promote policies and funding that: ▪ Enhance laboratory capacity to support One Health surveillance (human and animal) including the availability of pulse-field gel electrophoresis and whole genome sequencing. ▪ Enhance surveillance and monitoring of antimicrobial use and resistance in animal populations. ▪ Integrate veterinary data with population and public health data to assess and monitor the impact of antimicrobial resistance in animals and humans. ▪ Enhance global capacity to detect, analyze, and report antimicrobial use and resistance.
08-03	March 2017 Updated	Notifiable Disease Reporting NACCHO supports continued evaluation and quality improvement efforts by the Centers for Disease Control and Prevention (CDC) in collaboration with state, tribal, local, and territorial (STLT) health departments, to improve nationally notifiable disease reporting and surveillance.

		The key outcomes of these efforts should be strategies that address identified gaps that staff trained in surveillance at STLT health departments can implement to improve notifiable disease reporting processes. NACCHO urges the convening of a panel of stakeholders, including healthcare providers and state, tribal, local, territorial, and federal surveillance practitioners to develop a strategic vision for nationally notifiable disease surveillance and ensure that the National Notifiable Disease Surveillance System is supported by the most current technologies and a skilled workforce. Increased federal funding will be necessary to support these continuous quality improvement efforts. Increased resources should support a review of and improvements to the capacities, operations, and processes of current notifiable disease reporting and surveillance systems to assure that the current systems support the mandates and missions of STLT health departments. Without additional resources, these systems become obsolete burdens on public health agencies. Such a review and support for action should do the following: • Describe the rationale for the information required and recommended to be collected. • Describe the current reporting processes and their rationale. • Describe the current surveillance processes and their rationale. • Describe the characteristics of electronic systems that support efficient and effective reporting of nationally notifiable diseases. • Describe the characteristics of electronic systems that support efficient and effective surveillance functions such as data collection and trend analysis. • Describe best practices when implementing electronic data transmission; • Identify the major challenges that interfere with efficient and effective reporting of nationally notifiable conditions. • Identify mechanisms enabling CDC and health departments to rapidly develop and exchange ad hoc data requests due to emergent situations. • Recommend and implement solutions to address these challenges. • Identify necessary workforce skills required to conduct efficient and effective national notifiable disease surveillance. • Ensure sustained funding for necessary technologies and workforce.
09-07	January 2017 Updated	Access to School-Based Data NACCHO supports local health departments having access to health information from education records, by law or agreement, for the purpose of data collection for public health surveillance, outbreak investigations, and other programs. The U.S. Department of Education and the U.S. Department of Health and Human Services should develop a mechanism for state and local health departments to access school health data or Congress should amend the Family Education Rights Privacy Act to specifically authorize the disclosure of school health information to state and local health department officials. Electronic sharing of password-protected data allows multiple uses of data within a local health department while protecting privacy and security.

12-14	January 2017 Updated	Influenza Vaccinations for Healthcare Personnel NACCHO urges healthcare employers and local health departments to require influenza vaccination for all staff as a condition of employment. This mandate is necessary to achieve the Healthy People 2020 annual goal of 90 percent influenza vaccine coverage for healthcare personnel (HCP). Healthcare personnel is defined as anyone who works or volunteers in a healthcare setting and/or local health department whose job may call for direct or indirect client contact. NACCHO stresses the importance of implementing prevention strategies that will reduce the spread of influenza infection among HCP and their clients to decrease the burden on the overall healthcare system. To further assure that influenza vaccination programs are efficient and effective, NACCHO asserts that all healthcare employers and local health departments should do the following: • Establish comprehensive influenza infection prevention programs as recommended by the Centers for Disease Control and Prevention (CDC). • Integrate influenza vaccination programs into existing infection prevention programs or occupational health programs. • Use standardized methodology to measure HCP influenza rates across settings linking vaccine coverage levels and quality improvement activities and implement incentives, penalties, or requirements that facilitate adoption of vaccine coverage.
07-01	December 2016 Updated	Collaboration in Infectious Disease Prevention and Control NACCHO) recognizes the Centers for Disease Control and Prevention's (CDC's) leadership in developing policies and guidance to protect the public from the spread of infectious diseases. NACCHO appreciates CDC's consideration of local health department roles in the successful implementation of national policies and guidance. NACCHO requests that CDC continue to acknowledge the critical role local health departments play in infectious disease prevention and response by collaborating with NACCHO to ensure local health department representation and perspectives are incorporated into all aspects of CDC policy and guidance development.
98-04	July 2016 Updated	Infectious Diseases in Correctional Facilities For the health of persons incarcerated in correctional facilities and for benefit of the public's health upon their release, NACCHO supports the implementation of the following measures by correctional facilities (e.g., jails, prisons, juvenile confinement facilities), in consultation and/or collaboration with their local health department as appropriate: *Healthcare in correctional facilities* • Provision of timely and proper medical care and treatment. • Provision of testing and treatment for tuberculosis. • Provision of counseling, testing, and referrals to limit the transmission of HIV/AIDS, Hepatitis B, and Hepatitis C. • Promotion of opt-out HIV testing and counseling upon entry and release and other times as appropriate.

		• Provision of appropriate vaccinations, including influenza and Hepatitis B vaccinations, to prevent outbreaks. • Provision of comprehensive substance abuse treatment programs. • Consideration of medical parole, also known as compassionate release, for all persons in accordance with local rules, regulations and laws. *Continuity of care upon release* • Provision of timely and proper linkages to medical care and treatment upon release and re-entry. • Development of discharge plans for persons with a communicable disease or other medical conditions requiring treatment to enhance linkages and follow-up care in the community. • Development of discharge plans and mechanisms for continuation of substance abuse treatment in therapeutic community-based treatment programs. *Infection prevention and control* • Consult with local health departments regarding the development and implementation of guidelines for the prevention, testing, and treatment of HIV/AIDS, viral hepatitis, tuberculosis, Methicillin-resistant *Staphylococcus aureus* (MRSA), and other infectious diseases. • Delivery of annual corrections staff education sessions covering principles of infectious disease transmission, infection control, HIV/AIDS, viral hepatitis, sexually transmitted diseases and tuberculosis. • Development of plans to quickly respond to outbreaks of vaccine-preventable diseases, such as chickenpox. • Development of plans and resources to safely care for patients with airborne diseases, including tuberculosis and chickenpox. • Establishment and/or strengthening of collaborative relationships between correctional facilities and local health departments for purposes of infectious disease control, prevention, and surveillance. • Accreditation by the National Commission on Correctional Healthcare. • Establishment and/or strengthening of mechanisms for correctional facilities to notify local health departments of unexpected discharges of persons with reportable diseases. • Inclusion of correctional representation (adult and juvenile facilities) on state and local HIV community planning bodies. • Provision of additional funding from government and private sources to support activities associated with the prevention and control of infectious diseases in correctional facilities.
16-01	February 2016 Approved	School and Child Care Immunization Requirements NACCHO supports implementation of child care, school, and university immunization requirements based on recommendations of the Advisory Committee on Immunization Practices (ACIP). NACCHO supports requirements that only allow for medical exemptions due to allergy or medical contraindication to maintain high immunization rates and protect communities from vaccine-preventable diseases.

		To successfully enact effective school-entry and child care immunization requirements, NACCHO urges the following actions: • Implement requirements that follow the ACIP recommended vaccination schedule and require proof of immunization signed by a licensed medical professional. • Implement requirements that include children who attend public and private schools, and homeschooled children who participate in public or private school activities. • Make school vaccination and exemption rates publicly available. • Increase resources to conduct school record and medical office record reviews to monitor compliance with immunization and exemption documentation requirements. • Increase financial support to local health departments, school nurses, and/or state/local immunization coalitions to educate parents, guardians, and college and university students about the immunization requirements and the importance of vaccines. If immunization requirements that only allow for medical exemptions are not feasible, the following steps can be taken to limit non-medical exemptions: • Use exemption forms that require parents/guardians or students ≥ 18 years to acknowledge the risks involved in refusing vaccinations. • Use exemption forms that require parents/guardians or students ≥ 18 years to acknowledge that in the event of an exposure to a vaccine-preventable illness, the exposed individual would be excluded from school and all school-related activities for the appropriate two incubation periods beyond the date of onset of the last case, as per standard public health practice. • Notify parents, guardians, and college and university students of school and child care vaccination and exemption rates annually. • Evaluate exemption procedures annually. • Require that exemption forms be renewed annually. • For individuals requesting exemptions, (1) require documentation from a medical provider regarding the refusal to vaccinate and consultation pertaining to risks; (2) require consultation and signature by the local health department for non-medical exemptions; or (3) implement mandatory education sessions for parents, guardians, or student ≥ 18 years about the importance of immunization and the impact of refusing immunizations. School and child care entry requirements, as with other public health interventions, must be introduced, exercised, and implemented judiciously to preserve the health of communities and the rights of individuals, parents, and community members. The decision of when to add a vaccine to school requirements should be made strategically, taking into account the following factors: characteristics of the vaccine and community; ACIP recommendations; vaccine safety and effectiveness; vaccine coverage in the absence of a requirement; stable and adequate vaccine supply; disease burden, severity, communicability; and operational considerations such as cost and ability to effectively implement and monitor compliance.

15-07	November 2015 Approved	Antimicrobial Stewardship and Resistance NACCHO recognizes that the development of antimicrobial resistance (AR) represents a growing threat to the health of the public. The World Health Organization, Centers for Disease Control and Prevention (CDC), and the White House have identified AR as a serious threat and called for urgent, coordinated action across all government sectors to address the issue. The active inclusion and support of local health departments is essential to successfully develop and implement AR prevention policies. NACCHO encourages federal and state partners to support and fund local health department participation and workforce training in the development and implementation of policies and strategies to address AR. NACCHO promotes local health department representation in stakeholder meetings, committees, and activities that establish and refine strategies that address AR at the national, state, and local levels. Examples of engagement include the following: • Ensuring local health department representation on state and federal antimicrobial stewardship policy advisory committees. • Facilitating review of state AR surveillance and action plans by as many local health officials as possible. • Encouraging local health departments' participation in state, regional, and national meetings that address AR and antimicrobial stewardship policy. • Expanding local health departments' access to antimicrobial susceptibility pattern information for their locality. • Supporting local health department staff training in infection control and antimicrobial stewardship (including infectious disease certification). • Establishing or strengthening existing relationships for AR prevention and reduction. • Educating policymakers, partners, and communities on the ramifications of AR. • Amending the National Healthcare Safety Network (NHSN) statement of purpose and confidentiality provisions to establish a system that allows any local health department to access, if desired, healthcare-associated infection (HAI) information collected within its jurisdiction or that relates to healthcare facilities in its jurisdiction reported via the NHSN.
10-03	November 2015 Updated	National Healthcare Safety Network NACCHO supports increased access for local health departments to National Healthcare Safety Network (NHSN) healthcare-associated infection (HAI) data. To facilitate access to HAI information collected by healthcare facilities, NACCHO requests that the Centers for Disease Control and Prevention and the Centers for Medicaid and Medicare Services undertake the following: • Modify the NHSN statement of purpose and confidentiality provisions to establish a system allowing any local health department to access HAI data from institutions within their jurisdictions. • Through increased federal funding, expand technical assistance, staffing, and resources for local health departments to access and use NHSN data.

		• Require healthcare facilities to disclose whether they share NHSN data with local health departments on the appropriate websites (e.g., Hospital Compare).
15-09	November 2015 Approved	Immunization Programs NACCHO recommends that the federal government provide sufficient funding through the Vaccines for Children (VFC) and Section 317 Program for vaccination of uninsured and underinsured children, adolescents, and adults. NACCHO supports strong coordination and collaboration of immunization programs for persons of all ages to increase vaccination coverage rates to protect individuals and communities from vaccine-preventable diseases. Comprehensive and sustainable immunization programs will incorporate the following strategies: • Reimbursing public and private immunizations providers adequately for vaccine products, vaccine storage and handling, staff and administration supplies for vaccines, and population and clinic activities using immunization information systems (IISs). • Implementing education, training, and clinical procedures designed to (1) increase demand for immunizations among patients and parents; (2) promote strong vaccine recommendations by clinicians to patients; (3) minimize missed opportunities for vaccinations; (4) ensure series completion; (5) train community vaccination champions; and (6) reach underserved populations. • Identifying and addressing immunization disparities by (1) monitoring and responding to gaps and trends in vaccination rates using information technology and analysis such as IISs and electronic health records with clinical decision support for immunizations; and (2) supporting local health department epidemiologists and other staff to continually measure the impact of policies and interventions on equity of outcomes in immunization rates. NACCHO supports an immunization program addressing all stages of life composed of the elements listed above, with the goal of increasing overall immunization rates and subsequently reducing morbidity and mortality from vaccine-preventable diseases nationwide. Support of comprehensive immunization programs would substantially improve the framework for delivering immunizations to children, adolescents, and adults to ultimately reach the Healthy People 2020 goals. Local health departments are uniquely positioned to improve the capacity of the healthcare system for delivering immunizations by strengthening the coordination between public, professional, and private sector stakeholders.
04-11	June 2015 Updated	Local Epidemiology and Surveillance Public health surveillance and epidemiologic investigation are core functions of local health departments. NACCHO urges increased federal support for strengthening local health departments' epidemiology and surveillance capacities to promote and improve evidence based public health practice at local health departments.

		NACCHO strongly supports local health departments having dedicated resources for epidemiology staffing and the development of integrated surveillance systems and mechanisms to facilitate access, collection, analysis and dissemination of accurate local health data. Similarly, NACCHO urges that local- and state-reported data in such systems be equally accessible to local, state, and federal jurisdictions and that local health departments have access to other relevant datasets developed within their locale (e.g., healthcare associated infections data available from the national healthcare safety network from hospitals in their jurisdictions; school performance and attendance databases; and, community health needs assessment data from local public hospitals or other organizations).
11-07	December 2014 Updated	Paid Sick Leave NACCHO supports federal, state, and local legislation that would require employers to provide paid sick leave for their employees.
14-05	July 2014 Approved	Vector Borne Disease NACCHO urges the federal government to provide sufficient funds to maintain, strengthen, and expand the surveillance and research capacities necessary to track vector-borne diseases affected by climate change. In conjunction with existing positions regarding the local health department role in addressing climate change, NACCHO supports local public health activities to prevent, monitor, and control such diseases, including the following: • Providing local health department staff with training and continuing education opportunities on how to investigate outbreaks in humans and animals, collect vector samples, and perform abatement. • Collaborating with partners from multiple disciplines (e.g., medical entomology, environmental science, veterinary science) and other local, state, and national partners to identify the most appropriate disease and vector control and prevention measures to target vector-borne diseases. • Expanding laboratory capacity to identify new and emerging vector-borne pathogens in human, animal, and vector samples. • Improving data collection systems for tracking the incidence of vector-borne diseases in humans and animals. • Enhancing data-sharing systems to facilitate effective communication between jurisdictions at the local, state, and federal levels. • Participating in longitudinal monitoring programs for vectors and pathogens to study changes in vector distribution and abundance over time. • Developing predictive models on the effects of climate change on vector-borne disease risk and the projected distribution and abundance of major hosts and vectors. • Creating disease control and prevention plans targeted to reduce the impacts of vector-borne diseases on local communities, including vulnerable populations.

14-06	July 2014 Approved	Enteric Disease Testing Knowledge of the clinical and epidemiologic features of acute gastroenteritis (AGE) such as salmonellosis, campylobacteriosis, and shiga-toxin-producing Escherichia coli (STEC) (e.g., E. coli 0157), has been developed through the study of culture-confirmed infections. These infections are mainly foodborne and therefore preventable. However, successful control of such illnesses may be at risk because AGE diagnostics are moving away from culture and are being replaced by non-culture methods. Retaining the capacity for culture-based diagnostic testing or its equivalent is very important in the medical care and public health sectors. NACCHO advocates that all positive results from non-culture assays used by clinical laboratories to detect foodborne disease pathogens of public health concern be confirmed through culture-based (or its equivalent) identification methods. Isolates should be fully characterized. To sustain the capacity for culture-based or equivalent testing for AGE, NACCHO urges the federal government to fund laboratories and implement policies and regulations that promote such testing.
14-07	July 2014 Approved	Arbovirus Surveillance, Prevention, and Control NACCHO strongly urges the federal government to restore funding to state and local health departments to enable rapid and early detection, and prevention and control, of existing or emerging arbovirus activities and disease.
11-03	July 2014 Updated	Viral Hepatitis NACCHO commends the Centers for Disease Control and Prevention (CDC) for funding Viral Hepatitis Prevention Coordinators in states and three large counties/cities. NACCHO encourages these hepatitis prevention coordinators to participate in local hepatitis coalitions and advisory groups to assist in developing local hepatitis prevention plans and meet with local health department representatives on their state hepatitis plans to ensure a reflection of local needs. Effective vaccinations exist to protect against hepatitis A and B. Effective treatment to prevent progression of hepatitis C disease has recently become available. However, hepatitis prevention, testing, and treatment remain significantly underfunded. NACCHO urges Congress to appropriate additional funds to the CDC to support state and local health departments to develop epidemiologic, planning, and evaluation capacities as well as the following core prevention activities: • Develop and implement local hepatitis prevention plans. • Conduct multi-faceted surveillance including expanding and developing new methods of data sharing and utilizing community-based data collection to assess the burden of disease and identify additional communities at risk.

		• Support screening and confirmatory testing of persons at risk for hepatitis B and C infection in high risk populations, including hepatitis C testing for all adults born from 1945 through 1965. • Disseminate public health hepatitis awareness campaign materials targeting the public, providers, and other healthcare workers to increase awareness of hepatitis infection, screening, and treatment. • Developing a national clearinghouse for appropriate models of testing, treatment, and education, including for those in rural areas. • Conduct outreach to improve hepatitis surveillance, education, testing, vaccination and treatment opportunities for high-risk populations in community settings serving at-risk adults, including STD clinics, drug treatment programs, and other settings serving high risk adults who may otherwise not access care. • Increase investment in the primary prevention of illegal intravenous drug use and risk reduction counseling for high-risk adults and adolescents. • Improve outreach to disproportionately affected racial and ethnic populations, particularly Asian Americans and Pacific Islanders, African-Americans, and Latinos. • Enhance electronic laboratory reporting processes to improve complete and timely reporting of acute hepatitis cases to local public health to assure rapid response to acute hepatitis A cases, consistent reporting in high-risk hepatitis B and C cases (including chronically infected pregnant women), and allow for a more complete picture of the viral hepatitis disease burden in communities. • Support timely and comprehensive hepatitis cluster investigations to help identify potential sources of infection and epidemiologic patterns for newly identified cases. • Strengthen relationships between state and local health departments and correctional facilities to increase surveillance, provide health education and preventive services in correctional settings, and support continuity of care for people returning from prisons and jails to the community. • Assure that vaccination and treatment options exist for those who remain uninsured after the Affordable Care Act implementation. • Develop partnerships with healthcare providers and relevant community groups to assure access to care and treatment for individuals chronically infected with hepatitis B and C, including outreach to rural and hard-to-reach communities through enhanced telemedicine and telehealth services. • Support increased public health laboratory hepatitis testing capacity in order to support all of the above initiatives.
13-11	November 2013 Approved	Stigma and Discrimination Against Persons with Communicable Diseases NACCHO encourages local, state, and federal governments to demonstrate political will and leadership in opposing stigmatizing and punitive measures against persons with communicable diseases, including HIV/AIDS, sexually transmitted infections, all forms of viral hepatitis, and tuberculosis.

		Local health departments should adopt and support approaches to reduce stigma and discrimination against individuals living with communicable diseases. The National HIV/AIDS Strategy, released by the White House in 2010, recommends actions to reduce stigma and discrimination experienced by people living with HIV. NACCHO urges local health departments to use the National HIV/AIDS Strategy to steer efforts to reduce stigma and discrimination against persons living with all communicable diseases. Actions recommended by the National HIV/AIDS Strategy that NACCHO supports include the following: • Engage communities to affirm support for people living with HIV*:* Faith communities, businesses, schools, community-based organizations, social gathering sites, and all types of media outlets should take responsibility for affirming nonjudgmental support for people living with HIV and high-risk communities. • Promote public leadership of people living with HIV: Governments and other institutions should work with people living with HIV/AIDS coalitions, HIV services organizations, and other institutions to actively promote public leadership by people living with HIV. Additionally, the National HIV/AIDS Strategy recommends that state legislatures review HIV-specific criminal statutes to ensure that they are consistent with current knowledge of HIV transmission and support public health approaches to preventing and treating HIV. Local health departments are encouraged to provide information to assist in this process. NACCHO recognizes the above elements of the National HIV/AIDS Strategy to be applicable to the reduction of stigma and discrimination experienced by persons with all communicable diseases and recommends that local health departments incorporate these actions into their work.
07-11	October 2013 Updated	Multi-Drug Resistant Organisms NACCHO supports increased federal funding and technical support to state and local health departments to monitor, prevent, and control multidrug-resistant organisms (MDROs). Increased federal funding and technical support will allow state and local health departments to do the following: • Prevent and treat infections caused by MDROs, in accordance with national guidelines. • Use rapid and accurate culture methods for diagnosis, including drug-susceptibility testing. • Improve case reporting. • Expand the capacity for outbreak detection and response. Technical support activities include providing training to, enhancing laboratory capacity of, and improving disease surveillance among health departments.

13-02	February 2013 Approved	Applied Epidemiologists Competencies NACCHO strongly supports incorporating applied epidemiologist competencies into both the academic curricula used by schools of public health to train epidemiologists and particularly by governmental health departments for use in position descriptions and capacity assessment.
07-02	August 2012 Updated	Immigrants, Refugees, and Asylees with Communicable Diseases NACCHO encourages the federal government to standardize and strengthen pre-screening processes and any necessary pre-departure treatment protocols of immigrants, refugees, and asylees for communicable diseases of public health significance. NACCHO supports: • Communication and mandatory follow-up by the federal government with local health departments (Local health departments) regarding immigrants, refugees, and asylees who have been identified during screening as having either a communicable disease or a potentially communicable disease of public health significance (e.g., those persons classified as Class B-1 tuberculosis status) • Reimbursement from the federal government to Local health departments for services provided to immigrants, refugees, and asylees with communicable diseases of public health significance that are currently not covered by other funding sources
11-05	July 2011 Approved	Meaningful Use Electronic Health Record (EHR) data transmitted to public health will be used to identify and respond to disease patterns, contain the spread of infectious disease, and improve efforts to prevent threats to the health of the public. Throughout much of the United States, these activities will be performed by local health departments. It is important that these local health departments receive EHR data with the timeliness and content they need to effectively perform these activities. Therefore, NACCHO urges the following in order to ensure the successful use of meaningful use (MU) data: • Local health departments should be included throughout the development of public health-associated MU EHR information and processes and be provided with the resources for training, staffing, and software support to manage and use this information for protecting and improving population health. • NACCHO encourages the related efforts of the Office of the National Coordinator (ONC) for health information technology (HIT) to ensure that public health standards are included in certified meaningful use HIT and EHRs. • NACCHO encourages the increasing collaboration between numerous stakeholders at the national, state and local levels involved in the enactment of MU, and intends to be an active participant in this collaboration on behalf of local health departments.

Informatics		
17-04	May 2017 Approved	Local Public Health Informatics NACCHO supports national, state, and local efforts to strengthen and sustain informatics capabilities at local health departments to provide efficient public health services and improve public health activities. These activities support the essential public health functions such as the prevention and control of communicable diseases (assessment); setting guidelines for transparent collection, storage, and sharing of data (policy development); and support for population-based health programs (assurance). NACCHO supports comprehensive and sustainable local health department informatics programs and services that ensure collection, analysis, and dissemination of complete, timely, and accurate information. This will drive public health programs to make better decisions that will ultimately improve population health. A sustained funding stream must come from Congress and the Office of the National Coordinator for Health Information Technology (ONC) for public health infrastructure and workforce development for local health departments to ensure sufficient technology and workforce capacity to engage in these efforts. To ensure successful local health department informatics programs, NACCHO recommends the following: *Infrastructure* • Interoperability o NACCHO supports local health department involvement with state and federal partners to improve interoperability across health information systems. Interoperability is the ability of two or more systems to exchange information effectively and to use the information that has been exchanged. o NACCHO encourages ONC and the Centers for Disease Control and Prevention (CDC) to support the development of interoperable information systems to support business processes of local health departments. ▪ Systems must support the improvement of population health. o NACCHO supports the development of information systems that support bi-directional communication with clinical care facilities and local health departments. • Privacy and Security o NACCHO recognizes the need to increase the capacity of local health departments to protect privacy and security. o NACCHO recognizes the need for secure use and exchange of health information for public health purposes. ▪ NACCHO supports local health departments' involvement in local, regional, state, and federal efforts that support health information exchanges (HIEs) to ensure the information exchanged is secure, private, and permits authorized use and access for public health purposes.

		o NACCHO recommends that state and federal officials make every attempt to harmonize laws that address health information and privacy, including accommodation of existing legal mandates for local health department access to identifiable health information to prevent disease and stop outbreaks. *Workforce Development* • NACCHO supports cross-sectional training of public health workers at all levels (local, state, and national) to become competent in informatics and recommends that at least half of informatics training be directed at staff actively working at local public health agencies. • Local health departments should partner with schools of public health to ensure that informatics is a part of the curricula for students pursuing Masters of Public Health and Doctorates of Public Health degrees. *Governance* • NACCHO supports local health departments working with state and national partners on creating and participating on governance structures regarding informatics initiatives such as electronic case reporting and electronic health record adoption and implementation. Governance structures can facilitate the creation of standards and the rapid dissemination of their use. • NACCHO encourages all local health departments to reach out to active and on-going informatics initiatives and programs and offer to sit on their existing governance committees to ensure that the local health department perspective is heard and understood.
14-10	November 2014 Approved	Social Media for Risk Communications NACCHO promotes the adoption of social media as an essential communications channel for public health emergency and risk communications. NACCHO encourages local health departments to allocate staff and expend resources on developing internal social media capabilities and capacity, which builds upon the foundation of NACCHO's policy statement on internet-based tools and mobile technology. To this end, NACCHO recommends the following: • Local health departments build their in-house capacity for using social media for emergency preparedness by designating and training staff to administer their social media platforms. Social media should be integrated into local health departments' emergency risk communication plans. During an emergency, local health departments can provide the public with situational awareness, dispel rumors, and establish themselves as the media's first point of contact by frequently posting timely, reliable, and transparent information to social media. Designated local health department employees should work with social media on a day-to-day basis, both to build an audience that will share messages, and to prepare for using social media during an emergency. In jurisdictions where communications are centralized across local agencies, the in-house capacity may be at the county level rather than the department level.

		• Local health departments' social media platforms be highly accessible and visible to the public. Local health departments should consider how best to reach a wide range of target audiences, including vulnerable and at-risk populations (e.g., young parents, non-English speakers, people with functional and access needs) and ensure that the public can easily search for and find local health departments' social media accounts.2 Local health departments should work with their partners, including other local health departments, to cross-promote social media campaigns and share best practices. • Local health departments develop social media strategies to plan for staff time and allocate resources prior to an emergency. Strategies should incorporate research about social media platforms best suited to reach target audiences and staff time for maintaining accounts, posting frequently, responding to audience comments, and monitoring analytics on reach and engagement to demonstrate the value of social media. • Local health departments work with partners to research and develop ways to use social media for more than communication purposes, including public health surveillance and public health emergency early alert systems. • The Department of Health and Human Services and other federal agencies provide guidance to local health departments regarding the applicability of federal laws to the use of social media during emergencies. Appropriate federal agencies should clarify how and when laws such as the Health Insurance Portability and Accountability Act and the Freedom of Information Act apply to social media use. Federal guidance should include legal resources that assist local health departments in navigating legal compliance. While local, state, and federal laws may all be applicable to social media, a better understanding of the potential impact of federal laws will be helpful in assisting local health departments to navigate the legal landscape. • The Centers for Disease Control and Prevention modify Public Health Emergency Preparedness (PHEP) Capability 4 to set expectations that social media should be used as a fundamental rather than an optional tool. Language within PHEP Capability 4 regarding social media should allow for increased staff time dedicated to social media within local health departments. Additionally, the PHEP capabilities should require use of social media not just for messaging, but also monitoring social media for rumors and incoming concerns and requests from the public. In order to ensure this capability can be met, sufficient funding to local health departments through PHEP should be made available to allow support for the public information function.
06-02	November 2014 Updated	Biosurveillance NACCHO urges increased and sustained federal support for local health departments for the purpose of gathering data to provide situational awareness to augment existing surveillance sources prior to and during a public health emergency.

		NACCHO supports the following: • Local health department involvement in the development and implementation of biosurveillance systems. • Support from the Centers for Disease Control and Prevention (CDC), the Office of the National Coordinator at the Department of Health and Human Services (HHS), and associated federal partners to create and sustain relationships among local health departments, hospitals, healthcare providers, and other data sources such as fire and police departments and emergency medical services to enhance and expand biosurveillance implementation efforts. • Federal and state governments support for local health department infrastructure, staff, and training for biosurveillance. • National and state initiatives that leverage existing local relationships and data collection efforts. • Biosurveillance systems that add value to an evolving public health practice. Clearly defined uses for biosurveillance data must guide the quantity and type of data collected. The intended uses for the data should be clearly defined prior to system implementation. • An all-hazards systematic approach to requirements definition for biosurveillance to ensure that the methods are supportive of multiple public health practice activities and do not limit data collection solely for preparedness needs. Local and state health departments should work together closely and with federal partners, such as the CDC, to define the best use cases of this data and determine what type of data is most useful. This support must enable local health departments to access useful data in a timely fashion to ensure appropriate response and on-going situational awareness during an event. • Cooperation to ensure that current initiatives at the local level are complementary to those at national and state levels. Local health department officials should work closely with their state counterparts and federal partners such as the CDC and HHS to ensure proper data collection. Several national committees, including the BioSense 2.0 Governance Group, exist to promote cooperation between state and local health officials regarding syndromic surveillance. National and state efforts to collect biosurveillance data must not disrupt successful local initiatives underway for biosurveillance, health information exchange, and regional health information organizations. • Protections that ensure the privacy, security, and confidentiality of health data. Stakeholders need to establish protections in dual-use agreements to balance access to important data sources while ensuring proper safeguards are in place to protect the rights of patients. A potential stakeholder relationship can include a hospital sharing line-level data with a local health department. In this situation, a legal document should be drafted and approved by both parties to ensure that the data is safe. Healthcare providers should follow evolving national standards on confidentiality and patient consent when sharing data with local health departments.

		• Collaboration among local health departments, federal partners, and lawmakers to draft data use agreements that address privacy and security concerns. Federal and state entities should continue to partner with local health departments on the creation of a model data-use agreement. • Federal support from the CDC and Congress to promote ongoing biosurveillance research and collaborative efforts among local health departments and their partners. Relevant partners include the CDC, the International Society for Disease Surveillance, the Council of State and Territorial Epidemiologists, the Association of State and Territorial Health Officials, and the National Biosurveillance Advisory Subcommittee. Coordination and collaboration among these partners is vital to the advancement of biosurveillance techniques.
13-01	February 2013 Approved	Internet-based Tools and Mobile Technology NACCHO supports the use of Internet-based tools (such as social media platforms, blogs, organization/agency websites, email, chat rooms, etc.) and mobile technologies (handheld devices used for texting or access to mobile and Web applications) by local health departments to achieve essential public health functions. These public health functions include the following: • Disease prevention and control through engagement of affected populations; • Education and outreach to the public; • Information collection about health concerns or disaster conditions in a particular jurisdiction. • Adoption of branding as a business practice to differentiate local health department services from other health providers, raise their visibility in the community, and increase their perceived value to the public, policymakers, funders, and other key stakeholders. NACCHO encourages local health departments to do the following: • Work with local governments to amend or repeal existing information technology systems and policy barriers that may prevent the use of Internet-based tools and mobile technologies. • Establish clearly written policies and procedures for the appropriate use of Internet-based tools and mobile technologies, including standards to ensure confidentiality and compliance with federal, state and local laws. • Provide appropriate training and resources to local health department staff so they can effectively and appropriately use Internet-based tools and mobile technologies. • Develop and disseminate field-tested, evidence-based practices, policies, and guidelines for using Internet-based tools and mobile technologies. In addition, the U.S. Department of Health and Human Services and appropriate federal agencies should encourage local health departments to use Internet-based tools and mobile technologies and provide resources and technical assistance to facilitate adoption of such technologies.

11-05	July 2011 Approved	Meaningful Use Electronic Health Record (EHR) data transmitted to public health will be used to identify and respond to disease patterns, contain the spread of infectious disease, and improve efforts to prevent threats to the health of the public. Throughout much of the United States, these activities will be performed by local health departments. It is important that these local health departments receive EHR data with the timeliness and content they need to effectively perform these activities. Therefore, NACCHO urges the following in order to ensure the successful use of meaningful use (MU) data: • Local health departments should be included throughout the development of public health-associated MU EHR information and processes and be provided with the resources for training, staffing, and software support to manage and use this information for protecting and improving population health; • NACCHO encourages the related efforts of the Office of the National Coordinator (ONC) for health information technology (HIT) to ensure that public health standards are included in certified meaningful use HIT and EHRs; and, • NACCHO encourages the increasing collaboration between numerous stakeholders at the national, state and local levels involved in the enactment of MU, and intends to be an active participant in this collaboration on behalf of local health departments.
11-04	May 2011 Approved	Workforce Development NACCHO represents local health departments that play a vital role in protecting many aspects of the public's health including instances of emerging infectious diseases, chronic diseases, bioterrorism, and natural disasters. As threats have increased and become more complex, the local health department role has expanded and demands new and different skills for its workforce. The public health workforce receives insufficient attention compared to its importance and value to the health of our nation's population. In order to have the capacity to address the roles of local health departments and the consequential workforce challenges to be public health ready, NACCHO supports the following: • Transformation of the U.S. health system that is focused on systems integration, prevention, and health maintenance that includes a strong population education and upstream health improvement component. • Ongoing training and support for public health leadership development. • Accountable baseline federal funding for all local health departments to have the workforce to provide essential services in public health. • A strategic system-wide effort to increase the production, recruitment, and retention of the public health workforce that is sufficient, competent, and diverse. o Increased federal funding for health professions training programs, such as the National Health Service Corps and Titles VII and VIII of the Public Health Service Act, and the Workforce Investment Act. o Enhanced scholarship and loan repayment programs.

		o Direct immediate funding to retain and bolster workforce capacity. o Targeted efforts to encourage minorities and other underrepresented populations (including people with disabilities) to enter the public health workforce. ▪ Investment in fellowships, internships, and other pathways for minorities, including people with disabilities. • Succession planning to support consistent and efficient delivery of local public health services necessary to ensure the public's health. • Enhanced competency through education and continuous training of public health workers. o Development of competency frameworks. o Creation of curricula and training courses with academic partners. ▪ Based on public health competencies. ▪ Relevant to the existing public health workforce at personal education milestones ranging from high school completion to graduate level degrees. ▪ In partnership with community colleges, schools of public health and other academic institutions (i.e., high schools, adult learning centers, etc.) in workforce development efforts. ▪ Development of academic health departments. o Delivery of training courses that are available and accessible to the local health department workforce in multiple platforms including online, self-study, traditional, and non-traditional classrooms toward either certificate or degree programs. • Strong evidence-based research of the public health workforce that will support these efforts; and o Enumeration of the local health department workforce; o Description of the local health department workforce; o Linkage of the work of academia to local health departments; and o Development of relationships between governmental research organizations (National Institutes of Health, Agency for Healthcare Research and Quality, Health Resources and Services Administration (HRSA), etc.) and local health departments. • Investment in a health information exchange network accessible to local health departments that provides real-time health information and outcomes data for quality improvement, analysis, and research. o Data exchange for all stakeholders in health including federal, state and local public health agencies, insurers, hospitals, private providers, and consumers; o Development of health information technology (HIT) workforce to maximize and optimize the return on investment on HIT infrastructure; and o Recognition that health information is a personal and community asset and must be able to be used for individual and population health improvement with appropriate privacy safeguards.

Injury and Violence Prevention		
04-09	March 2017 Updated	Graduated Driver Licensing NACCHO supports legislation in all states that supports and promotes comprehensive graduated driver licensing laws (GDL). GDL should be part of a comprehensive motor vehicle safety strategy that includes efforts to address distracted driving, primary seat belt use, and driving under the influence of alcohol or other drugs. NACCHO supports the robust GDL policies for all newly licensed drivers recommended by the American Association of Motor Vehicle Administrators and National Highway Safety Administration. These recommendations include: • Supervised learner permit period of at least six months that provides at least weekly opportunities for the novice driver to accumulate a minimum of 50 hours of supervised practice driving in a wide variety of increasingly challenging circumstances. • A requirement that the driver be accompanied by a supervising licensed driver, that is at least 21 years of age and who has been fully licensed for at least one year. • A requirement that the applicant pass a vision screening and knowledge test on general rules of the road, with parental consent if applicant is under the age of 18. • An intermediate stage of licensing with a minimum entry age of at least 16 years and 7 months, lasting 18 months or until at least 18 years of age. • A nighttime driving restriction for intermediate license holders, beginning no later than 10:00 pm. • Driving restriction allowing no more than one teenage passenger. • A minimum age of 18 years for full licensure. • A requirement for “conviction-free” driving in order to graduate to a full license. • Ongoing funding and research to test, refine, and redefine the best practices for the ideal state driver education and training program. • Inclusion, incorporation, or integration of driver education and training that meets or exceeds current nationally accepted content standards and benchmarks. • Driver education and training that requires core driver educational hours (a minimum of 45 hours of classroom/theory, a minimum of 10 hours of behind the wheel instruction; 10 hours in-car observation) that focus on the driving task and safe driving practices sufficient to meet the criteria established by the end-of-course examination. NACCHO draws attention to the important role local health departments play in working with law enforcement agencies, the medical community, the media, schools, parents/legal guardians, driving instructors, and other stakeholders to monitor teen motor vehicle safety data, to educate the public about GDL laws, and to support the enforcement of GDL and other motor vehicle safety laws.

99-03	March 2017 Updated	Firearm-Related Injury and Death Prevention NACCHO supports an individual's right to own and use firearms for legal purposes. Local, state, and federal public health agencies should support comprehensive strategies that support these rights and improve firearm safety to prevent injury and death. NACCHO recognizes the burden and impact of firearm-related injury and death as a national public health issue. NACCHO also recognizes the disproportionate burden of firearm-related injury and death on certain populations, and recommends addressing the root causes of these inequities, such as race, sexual orientation, and socioeconomic status. Local health departments play an important role in preventing intentional and unintentional firearm-related injury and death and, in coordination and collaboration with other local, state, and national efforts, should prepare for and respond to threats to individual and community safety. NACCHO supports the following strategies to prevent firearm-related injury and death: • Improved firearm legislation, regulation, or policies that: o Require universal background checks on all firearm purchases. These systems should support the restriction or the prohibition of the acquisition of firearms by high-risk persons (e.g., persons with a history of violent criminal behavior; unlawful users of or those addicted to controlled substances; those who have been found by a judge to be mentally incompetent, a danger to themselves or others as a result of mental illness, or been involuntarily committed to a mental institution; and youth under the age of 21). o Require firearm owners to have firearm safety certification, register all firearms in confidential registries, store firearms to prevent access to or use by children and other unauthorized users, and report the sale or transfer of firearms to the appropriate authority. o Ban the sale, transfer, importation, and manufacture of assault weapons and large- capacity ammunition magazines. o Make firearm trafficking a felony. • Investment in research and data collection from multiple sectors (e.g., public health, law enforcement, medical examiners, and social services) to: o Understand the evidence related to the causes of firearm-related injury and death and the effectiveness of prevention strategies. • Development of community-wide strategies, using multi-sectoral partnerships (e.g., public health, healthcare, education, law enforcement, justice, mental/behavioral health, social services, community leaders, businesses, and faith-based organizations), to identify or develop and evaluate strategies to increase firearm safety and prevent firearm injury and death.

		• Inclusion of active shooter response plans, along with effective training for first responders, within community-wide emergency and public health response plans, resources and capabilities that address preparation for, response to, and recovery from active shooter situations in schools, workplaces, places of worship, public gathering spaces, and other settings. In addition to these strategies, NACCHO recognizes that local health departments should also address the prevention and mitigation of children's exposure to neglect, abuse, trauma, toxic stress, and violence and promotion of safe, stable, nurturing relationships for children to reduce risk of future violence; conduct community-based outreach aimed at detecting and interrupting patterns of violence; and support efforts for early identification of mental illness and access to high-quality, culturally competent mental and behavioral health services and support.
96-01	January 2017 Updated	Motor Vehicle Safety Belts NACCHO) supports the adoption and enforcement of legislation and comprehensive prevention strategies to improve motor vehicle occupant safety through the use of safety belts. NACCHO supports implementation of the following state and local strategies: • State legislation, regulation, or policy that requires mandatory use of safety belts by all motor vehicle occupants. • State legislation, regulation, or policy that requires primary safety belt laws for all ages, which allow law enforcement officers to stop vehicles and issue citations when an officer observes an unbelted driver or passenger. • State legislation, regulation, or policy that increases penalties and/or fines for safety belt violations. • State and local targeted safety belt use education and enhanced enforcement, especially for high-risk populations. NACCHO urges local public health officials to work with local and state stakeholders, including law enforcement, fire and emergency medical services, healthcare providers, hospital systems, educational agencies, businesses, insurance agencies, and elected officials to increase awareness of the importance of safety belt use in reducing motor vehicle-related injuries and deaths.
02-01	January 2017 Updated	Motorcycle Crash-Related Injury and Death Prevention NACCHO supports the enactment of universal helmet laws, which require all motorcycle and moped drivers and passengers to wear helmets that meet Federal Motor Vehicle Safety Standard 218. In addition, NACCHO encourages the Department of Transportation (DOT) to reinstate incentives for states to enact universal motorcycle helmet laws in order to qualify for certain federal safety programs and highway construction funds. NACCHO urges local health departments to work collaboratively with local and state partners to develop and implement comprehensive strategies to

		reduce motorcycle crash-related injury and death. Also, public health education should be directed toward increasing awareness about the risks of head injury and death from riding without an approved helmet.
13-10	January 2017 Updated	Traumatic Brain Injury Prevention NACCHO supports legislation, research, surveillance, and strategies that prevent traumatic brain injury (TBI), minimize the effects of TBI, and improve the long-term management of TBI. NACCHO recognizes that TBI is a public health issue and draws attention to the critical role local health departments play in protecting and improving community health and safety in coordination and collaboration with local, state, and national efforts. NACCHO urges local, state, and federal governments to support the following strategies to address the prevention, treatment, and management of TBI: • Development of a standard definition for TBI. • Research, including longitudinal studies, related to prevention, treatment, and management of TBI. • Surveillance of TBI through the creation and maintenance of a national injury surveillance system. • Allocation of sufficient funding and resources to support TBI prevention, treatment, and management efforts at the local level. • Adaptation, implementation, evaluation, translation, and dissemination of practice- and evidence-based TBI intervention strategies, especially for high-risk populations. • Development of local, regional, and state trauma systems that are integrated with public health systems in order to provide the best level of care based on current evidence. • Comprehensive, integrated, and effective community strategies that ensure that TBI survivors minimize risk of further damage or re-injury and regain and maintain health and function. • Collaboration among federal agencies, state and local health departments, national and community-based organizations that serve at-risk populations, and the healthcare community (e.g., insurers, local trauma systems, and emergency medical services).
12-15	May 2016 Updated	Injury and Violence Prevention NACCHO supports legislation and comprehensive surveillance and prevention strategies that have the potential to (1) reduce the impact of unintentional injury and intentional injury (i.e., violence) and (2) address the root causes of health inequities that cause certain populations to bear a disproportionate burden of morbidity, disability, and mortality due to injury and violence. NACCHO recognizes that injury and violence are public health issues and draws attention to the critical role that local health departments play in protecting and improving community safety in coordination and collaboration with local, state, and national efforts. NACCHO supports the following strategies to address the causes of injury and violence across the lifespan (e.g., children, adolescents, older adults), especially for populations at increased risk for specific injuries and acts of

		violence based on gender, income, sexual orientation, age, disability, and race/ethnicity: • Development, implementation, and evaluation of evidence-based practices and innovative, promising, or model practices; • Collaborative efforts among local health departments, state, tribal, and federal public health agencies, and community partners, and stakeholders; • Increased local, state, and federal funding to develop and maintain local prevention strategies and infrastructure at all local health departments, including leadership, coalitions/partnerships, surveillance, communication, and evaluation; • Ongoing training and support to increase capacity of all local health departments to identify health disparities, address health inequities, monitor local data and trends, and assess impact of local prevention efforts; • Coordination and integration of injury and violence prevention into other related public health efforts (e.g., maternal and child health, chronic disease prevention, infectious disease prevention); • Education for all institutions, organizations, and policymakers to raise awareness of violence as a public health issue; and • Implementation of prevention strategies that address risk and protective factors for multiple forms of violence.
15-04	July 2015 Approved	Police Violence and Racism NACCHO has longstanding policy recognizing intentional injury, or violence, as a public health issue and calls on local health departments to work to protect and improve community safety in coordination and collaboration with local, state, and national efforts. NACCHO recognizes the inherent and valuable work overseen by partners in public safety to protect the health and well-being of local communities. With this in mind, NACCHO encourages local health departments to frame the prevalence of discriminatory police violence and the threat of violence in all communities as a public health issue associated with a legacy of social, economic, and racial injustice in urgent need of both a nationwide and local public health and community response. NACCHO further urges local health departments to engage in public dialogue and use their authority to highlight the health implications of this legacy and the long-term health effects of police violence where it occurs, particularly as it affects the health of children and their development, families, and communities. This work would include building strong relations with local law enforcement, social service, and other agencies of government, and community-based organizations to end the unjust and discriminatory burden of violence and threat of violence primarily against African-Americans, as well as people of color more generally. Local health departments should further support residents experiencing such violence in expressing their voice and building power to act on the processes and decisions that lead to permanent stress, deprivation, poor living conditions and unstable communities that may influence increased levels of crime. Local health departments should bring their experience with the conditions required for population health and well-being to address issues of

		structural racism, inequity and disproportionate levels of violence in certain neighborhoods and communities. NACCHO further encourages local health departments to: • Encourage the protection of the civil rights of all people and the necessary efforts by law enforcement officials to treat people in an equitable and unbiased manner. • Support the abolition of discriminatory law enforcement strategies such as racial profiling. • Support the modification or elimination of laws that may lead police to use force or arrest people for minor actions that rarely lead to prosecution. • Educate the public about the ways in which all forms of structural racism (processes creating disadvantage, which "come from a … network of mutually reinforcing economic and educational mechanisms … that make their combined negative effects [devastating]") threaten the public's health and increase the risk of physical and mental health disorders. • Explore and communicate how the anticipation and long-term effects of violence and daily intimidation increase toxic stress that severely harms health of families and whole communities. • Actively partner with federal, state and local law enforcement to obtain more complete information about death rates, firearm deaths, rates of arrest, and violence. • Track, analyze, and disseminate accurate data about death rates, firearm deaths, rates of arrest, and violence. • Document, in collaboration with local law enforcement, racial disparities in stops, arrests, killings, and complaints of the use of excessive force, and make this information publicly available. • Research the nature and public health implications of police violence. • Initiate and lead efforts to build ties between local government and communities focusing on health equity.

15-03	May 2015
	Approved
		Child Maltreatment Prevention
		NACCHO supports national, state, and local public health approaches that promote safe, stable, nurturing relationships and environments and prevent child maltreatment. In alignment with the Centers for Disease Control and Prevention's Essentials for Childhood and the Department of Health and Human Services' Administration for Children and Families, NACCHO recommends the following strategies:
		• Increased public awareness
		  o Raise awareness of and commit to promoting safe, stable, nurturing relationships and environments and preventing child maltreatment.
		• Data collection and analysis
		  o Collect and analyze local child maltreatment data, using vital statistics (e.g., child fatality review records), health data (e.g., hospital emergency department data), criminal justice data, child protection and welfare data, educational data, and demographic data.

		o Provide federal funding to state and local health departments to support data collection systems, including expansion of the National Violent Death Reporting System to all 50 states. o Partner with researchers and organizations that collect and analyze data and are in a position to make data-informed decisions about programs or other strategies. o Use local data to raise community awareness of child maltreatment and inform strategies. • Social norms change and prevention programs o Provide funding and support for parenting education programs and skills-based curricula for children's safety. o Implement effective evidence-based and promising home visitation programs for at-risk families with infants and young children. o Provide family support services to low-income families and other priority populations. o Deliver trauma-informed care for children and families affected by maltreatment to improve family communication and functioning. • Policies o Identify and assess which policies may positively impact the lives of children and families. o Provide decision-makers and community leaders with information on the benefits of evidence based strategies and rigorous evaluation. o Support legislation that promotes safe, stable, nurturing relationships and environments and prevents child maltreatment.
14-04	March 2015 Updated	Prescription Drug Abuse and Overdose Response NACCHO recognizes prescription drug abuse, misuse, and overdose as a public health issue and draws attention to the critical role that local health departments play in addressing this epidemic. NACCHO urges local jurisdictions, states, and the federal government to fund and support evidenced based strategies that utilize surveillance, cross-cutting partnerships, treatment and recovery, education, legislation, and research to prevent the misuse, abuse, and overdose of prescription medications or controlled substances. Specifically, NACCHO supports the following strategies: • Surveillance o Increased local and state surveillance of prescription drug overdose fatalities o Increased local and state surveillance to monitor the incidence of neonatal abstinence syndrome o Increased local and state monitoring of illicit drug use trends and examination of linkages with prescription drug abuse o Widespread use of operational state prescription drug monitoring programs (PDMPs) that track all prescriptions within states and across jurisdictions

		• Cross-Cutting Partnerships
		  o Creation of local task forces or coalitions comprised of members from multiple sectors (e.g., public health, law enforcement, medical examiners, treatment providers, judicial system, and social services)
		  o Development of local and state programs that identify and address improper patient use and abuse
		  o Increase multi-sector efforts to develop and implement “take back” programs that allow for safe disposal of unused prescription drugs
		• Treatment and Recovery
		  o Expand access to life saving rescue medications such as naloxone or similar drugs to reverse drug overdose to first responders, patients, and family members or caregivers of patients
		  o Increase access to effective substance-abuse treatment including drug replacement and maintenance therapy programs
		• Education
		  o Education for healthcare providers who prescribe prescription pain medication and the public about prescription drug abuse and overdose, including risk factors, prevention strategies, and prescription security
		  o Education for healthcare providers about screening and monitoring for substance abuse and mental health problems, prescribing medication only when other treatments have not been effective, and prescribing only the amount of medication needed based on expected length of pain
		  o Education for first responders, patients, family members, and other caregivers on how to recognize signs of overdose and to administer naloxone or similar drugs
		  o Education for healthcare providers regarding new treatment options for substance dependence disorders
		• Legislation
		  o Laws that require healthcare providers to physically exam patients before prescribing prescription drugs
		  o Laws mandating the use of tamper-resistant forms for all controlled substance prescriptions
		  o Regulations that require state oversight of pain management clinics or other specific requirements for registration, licensure, or ownership
		  o Laws that 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
		  o “Doctor shopping” laws that prohibit patients seeking drugs from withholding from one healthcare provider information regarding other or prior treatments, visits, or prescriptions from another provider
		  o Laws that require patients to provide identification prior to filling a prescription for a controlled substance

		o Laws that provide immunity from prosecution for possession of a controlled substance during the overdose incident for individuals seeking help or for those providing help for another person experiencing an overdose o Laws that increase pharmaceutical industry product stewardship initiatives that allow for safe disposal of unwanted prescription drugs that have significant potential for substance abuse and dependency o Laws that protect first responders and good Samaritans from liability associated with naloxone administration during a suspected drug overdose. • Funding and Research o Public health funding, research, and analysis to support and inform the development, evaluation, and promotion of programs and policies (e.g. PDMPs, health education, and legislation) to prevent drug abuse and overdose
11-07	December 2014 Updated	Paid Sick Leave NACCHO supports federal, state, and local legislation that would require employers to provide paid sick leave for their employees.
14-08	November 2014 Approved	Youth Violence Prevention NACCHO recognizes that youth violence is a national public health problem. NACCHO calls attention to the critical role that local health departments play in protecting and improving community health and safety by addressing factors that affect health in coordination and collaboration with other local, state, and national efforts. In alignment with the Centers for Disease Control and Prevention's Division of Violence Prevention initiative, Striving to Reduce Youth Violence Everywhere (STRYVE), NACCHO supports a public heath approach to prevent youth violence before it occurs. Local health departments are uniquely positioned to provide leadership and support in preventing youth violence. NACCHO urges local, state, and federal decision-makers to support and fund youth violence prevention assessment, legislation, regulation, policies, and practices across the following priority areas: • Capacity Building o Enhance the capacity and infrastructure of the public health community at federal, state, and local levels to address the ongoing public health crisis of youth violence. o Strengthen and expand collaboration across federal agencies to share information and build capacity for youth violence prevention through the National Forum on Youth Violence Prevention. o Increase training and education for state and local health departments about the role of public health in preventing youth violence and effective, evidence-based programs for youth violence prevention. o Increase training and education programs in public health graduate school curricula.

		o Increase funding for federal agencies and the sustaining of grants and programs that support state, local, and territorial injury and violence prevention programs. • Multi-Sector Partnerships o Support the development, implementation, and evaluation of comprehensive local youth violence prevention plans that include evidence-based programs and strategies that address all levels of prevention (e.g., primary, secondary, and tertiary). o Strengthen youth violence prevention efforts by engaging in multi-sector partnerships (e.g., public health, healthcare, education, law enforcement, juvenile justice, mental/behavioral health, social services, community leaders, businesses, faith-based organizations, and organizations that support youth, victims of violence, and their families). • Comprehensive Evidence-Based Prevention Strategies o Implement practice- and research-based strategies that address root causes of violence across individual, relationship, community, and societal levels; attend to people and places at greatest risk for youth violence; reduce the risk factors for violence among young people, their families, and communities; and promote protective factors that prevent violence among young people, their families, and communities. • Epidemiologic Surveillance and Research o Implement and support nationwide infrastructure for collecting data and monitoring trends in youth violence in order to inform local decision-making (e.g., the National Violent Death Reporting System, National Survey of Children's Exposure to Violence, Behavioral Risk Factor Survey, and the Youth Risk Behavior Surveillance Survey). o Include questions regarding storage of firearms in national assessments. o Expand the evidence base through research and evaluation related to the causes of youth violence and the effectiveness of prevention strategies across disciplines (e.g., public health, education, criminal justice, law enforcement, mental health). • Raise Awareness about Youth Violence o Increase universal public awareness that youth violence, in addition to being a public safety issue, is a public health issue and that prevention of youth violence has economic, social, and health benefits. o Increase awareness and integration of trauma-informed care across systems to ensure that all children and youth exposed to violence are identified, screened, assessed, and provided with appropriate care or services.

14-01	May 2014 Approved	Older Adult Fall Prevention NACCHO urges federal, state, and local decision- and policy-makers to sufficiently fund and support local communities to implement evidence-based falls prevention programs; provide health education amongst older adults and healthcare, housing, and other service providers; and implement environmental controls to prevent falls among older adults. NACCHO supports the following physical mobility, medications management, home safety, environmental safety, and cross-cutting goals, based on those outlined by the National Council on Aging in *Falls Free: Promoting a National Falls Prevention Action Plan*: • Physical mobility o All older adults and, as applicable, their caregivers, will have knowledge of, and access to, evidence-based programs and services that preserve or improve their physical mobility and lower the risk of falls o Healthcare and other service providers will be more aware of, and actively promote, strategies and community resources/programs designed to improve older adult physical mobility and lower the risk of falls • Medications management o All older adults and, as applicable, their caregivers, will become aware that falling is a common adverse effect of some prescription and nonprescription medications and will discuss these effects with their healthcare provider o All older adults and, as applicable, their caregivers, will become aware of the importance of disposing properly of all prescription medications that they no longer use and will discuss the risk of using a prescription other than prescribed with their healthcare provider o Healthcare providers will be aware that falling is a common adverse effect of some prescription and nonprescription medications, and therefore will adopt a standard of care that balances the benefits and harms of older adult medication use • Home safety o All older adults and, as applicable, their caregivers, will have knowledge of, and access to, home safety measures (including information, assessments, and home modification) that reduce home hazards, improve independent functioning, and lower the risk of falls o Healthcare, housing, and other service providers will become more aware of, and promote, home safety measures (including information, assessments, and adaptive equipment) that reduce home hazards, improve independent functioning, and lower the risk of falls • Environmental safety o All older adults will have access to community environments that lower the risk of falls and facilitate full participation, mobility, and independent functioning o Public officials, such as community and transportation planners, community service providers, and those responsible for maintenance and repairs, will be aware of and actively promote community environments that lower the risk of falls

		• Cross-cutting
		  o Link the community/aging service network and healthcare system
		  o Integrate interdisciplinary activities, such as risk assessments and interventions

05-01	July 2013 Updated	Suicide Prevention NACCHO recognizes the considerable burden and impact of suicide as a national public health problem. NACCHO supports policies and practices that support and promote the Surgeon General's National Strategy for Suicide Prevention (the National Strategy). In alignment with the National Strategy, NACCHO encourages local health departments to adopt suicide prevention policies and practices that do the following: • Encourage changes in systems, policies, and environments that promote healthy and empowered individuals, families, and communities and support prevention of suicide. • Provide enhanced clinical and community preventive services, including school-based services. • Address risk factors (e.g., barriers to healthcare, high conflict or violent relationships, family history of suicide, mental illness, substance abuse, aggression) and protective factors (e.g., safe and supportive school and community environments, social connectedness, coping and problem solving skills) for suicidal behaviors. • Ensure available, accessible, and timely treatment and support services. • Improve suicide-related surveillance, data collection, research, and evaluation. • Foster positive public dialogue, counter shame, prejudice, and silence, and build public support for suicide prevention. • Enable collaboration between diverse local, federal, state, and tribal agencies and community partners. • Promote suicide prevention efforts by reducing access by at-risk individuals to lethal means, including opiates and firearms. • Address the needs of vulnerable populations. • Apply the most up-to-date research on suicide prevention.
Maternal and Child Health		
00-06	July 2017 Updated	Asthma Prevention NACCHO supports policies and programs that reduce and prevent poverty, substandard housing, air pollution, environmental tobacco smoke, and other detrimental conditions that can exacerbate asthma and other respiratory diseases and trigger asthma attacks.

		• NACCHO supports federal, state, and non-governmental assistance to local health departments and other local community partners to work collaboratively to reduce the impact of and prevent asthma in their communities, particularly through educational and social marketing efforts regarding root causes of asthma, elimination of conditions that exacerbate asthma, improved asthma surveillance, and formation of community-based coalitions for prevention. • NACCHO supports federal, state and local public health policies and activities such as community environmental health assessments that identify and define the characteristics and social conditions of communities that make them vulnerable to exacerbations of asthma. • NACCHO supports seeking the Center for Medicare and Medicaid (CMS) approval of the reimbursement for home screening for asthma triggers. • NACCHO supports federal, state, local, and non-governmental funding to local health departments and other local community partners to work collaboratively in developing comprehensive home based multi-trigger and multi component interventions with an environmental focus to reduce exposure to asthma triggers. • NACCHO supports public health policies that improve and promote access to affordable and high quality care of asthma treatment and management of asthma that also addresses the root causes of asthma to help improve the overall quality of life and productivity of individuals suffering from asthma. • NACCHO supports programs that educate people in communities about climate change as a plausible contributor to asthma through an increase in pollen exposure, an increase in ozone and particulate levels, an increase in the frequency of such occurrences and an understanding of the preventative approaches that increase opportunities for wellness. • NACCHO supports the development of a national surveillance system to track asthma incidence, prevalence, morbidity and mortality, and coordinate with other disease tracking efforts that not only assures consistent data on healthcare access, but also includes data by patients' race, ethnicity, occupation, socioeconomic status and primary language.[1] • NACCHO supports efforts by the U.S. Environmental Protection Agency to strengthen clean air standards and improve health. NACCHO supports the continued funding for the Centers for Disease Control and Prevention National Environmental Public Health Tracking Network and National Asthma Control Program in states to make asthma related data more widely and uniformly available.
17-03	March 2017 Approved	Comprehensive Adolescent Health NACCHO supports national, state, and local public health approaches that protect and promote the health of all adolescents. NACCHO affirms the need for a comprehensive approach to health throughout life and recognizes the unique health needs of adolescents.

		NACCHO recommends that local, state, and federal public health agencies: • Provide and advocate for comprehensive health services to meet the unique healthcare needs of adolescents regardless of age, race, ethnicity, gender identity, sexual orientation, disability, physically identifying characteristics, national origin, religion, language, or socio-economic background. • Provide adolescents access to timely confidential healthcare services without a requirement for parental/guardian consent or notification. • Build capacity for adolescents to manage their own health and healthcare needs. • Utilize positive youth development approaches to improve the health and wellbeing of adolescents by enhancing positive youth assets and resiliency.
04-09	March 2017 Updated	Graduated Driver Licensing NACCHO supports legislation in all states that supports and promotes comprehensive graduated driver licensing laws (GDL). GDL should be part of a comprehensive motor vehicle safety strategy that includes efforts to address distracted driving, primary seat belt use, and driving under the influence of alcohol or other drugs. NACCHO supports the robust GDL policies for all newly licensed drivers recommended by the American Association of Motor Vehicle Administrators and National Highway Safety Administration. These recommendations include: • Supervised learner permit period of at least six months that provides at least weekly opportunities for the novice driver to accumulate a minimum of 50 hours of supervised practice driving in a wide variety of increasingly challenging circumstances. • A requirement that the driver be accompanied by a supervising licensed driver, that is at least 21 years of age and who has been fully licensed for at least one year. • A requirement that the applicant pass a vision screening and knowledge test on general rules of the road, with parental consent if applicant is under the age of 18. • An intermediate stage of licensing with a minimum entry age of at least 16 years and 7 months, lasting 18 months or until at least 18 years of age. • A nighttime driving restriction for intermediate license holders, beginning no later than 10:00 pm. • Driving restriction allowing no more than one teenage passenger. • A minimum age of 18 years for full licensure. • A requirement for “conviction-free” driving in order to graduate to a full license. • Ongoing funding and research to test, refine, and redefine the best practices for the ideal state driver education and training program. • Inclusion, incorporation, or integration of driver education and training that meets or exceeds current nationally accepted content standards and benchmarks.

		• Driver education and training that requires core driver educational hours (a minimum of 45 hours of classroom/theory, a minimum of 10 hours of behind the wheel instruction; 10 hours in-car observation) that focus on the driving task and safe driving practices sufficient to meet the criteria established by the end-of-course examination. NACCHO draws attention to the important role local health departments play in working with law enforcement agencies, the medical community, the media, schools, parents/legal guardians, driving instructors, and other stakeholders to monitor teen motor vehicle safety data, to educate the public about GDL laws, and to support the enforcement of GDL and other motor vehicle safety laws.
00-03	March 2017 Updated	Child Lead Poisoning NACCHO promotes primary prevention and advocates for the removal of lead sources from the environment prior to exposure, particularly in water and housing, in order to prevent the potential for adverse effects. Until this is accomplished, NACCHO supports the use of the Centers for Disease Control and Prevention reference level of 5 µg/dL to identify children with elevated blood lead via the following: • Continued federal, state, and local funding and implementation of cost-effective, community-specific preventive measures to prevent and mitigate health hazards that potentially cause lead exposure in the home and in other settings, such as schools, childcare centers, recreational facilities, and workplaces that may result in disease and illness in children. • Active local health department efforts to the development and expansion of community- oriented collaborative coalitions targeting efforts at children and their families who remain at risk for lead exposures and poisoning. • Aggressive efforts by localities to screen and identify lead-poisoned children, as well as services for these children and their families. • Healthcare providers and health plans that provide blood lead screening and diagnostic and treatment services for children enrolled in Medicaid, consistent with federal law, and refer children with elevated blood lead levels for environmental and public health follow-up services. • Efforts by local health departments to develop partnerships with local water utilities and other organizations to provide public education and outreach regarding drinking water quality, including lead content, toward the Healthy People 2020 goal of reducing childhood lead poisoning. • The continued identification by the Consumer Product Safety Commission of lead containing imported products from countries with lax, not enforced, or non-existent environmental lead regulations.
09-07	January 2017 Updated	Access to School-Based Data NACCHO supports local health departments having access to health information from education records, by law or agreement, for the purpose of data collection for public health surveillance, outbreak investigations, and other programs.

		The U.S. Department of Education and the U.S. Department of Health and Human Services should develop a mechanism for state and local health departments to access school health data or Congress should amend the Family Education Rights Privacy Act to specifically authorize the disclosure of school health information to state and local health department officials. Electronic sharing of password-protected data allows multiple uses of data within a local health department while protecting privacy and security.
08-06	January 2017 Updated	Oral Health NACCHO supports oral health for all Americans. To this end, NACCHO encourages the following: • Collaboration among communities, policymakers, and healthcare providers to promote oral health as an important part of an individual's general health and well-being. • The promotion of effective prevention strategies to improve and maintain oral health, particularly the following: o Promoting daily oral hygiene; o Water fluoridation; o Dental sealants; o Smoking prevention and cessation programs; o Smokeless tobacco cessation programs; and o Topical fluoride. • The integration of oral health education and promotion into existing public health programs. • Universal oral health insurance coverage for the uninsured and underinsured. • Increased access to oral health services, particularly in underserved communities. • Increased Medicaid reimbursement for oral health service providers. • Increased state and federal support for innovative oral healthcare delivery models and the exchange of these models among oral health service providers.
12-06	October 2016 Updated	Healthy Fatherhood and Male Involvement NACCHO supports the strengthening and building of healthy families through programs and interventions that work with adolescent and adult males to optimize their level of familial involvement and capacity to make unique and irreplaceable contributions to the lives of children. NACCHO supports the following: • Development of federal, state, local, and community infrastructure that provides support and systems of services for men that will reduce barriers to male involvement and inclusion in the family unit. • Establishment of capacity within local health departments and communities to collaborate with men, their families, and their communities to change the systems and structures that prevent men from being active, involved parents, accessing needed resources, and making positive life choices.

		• Expansion of family planning programs beyond their traditional woman-focused approach to serve the needs of not only women, but men of all ages.
16-01	February 2016 Approved	School and Child Care Immunization Requirements NACCHO supports implementation of child care, school, and university immunization requirements based on recommendations of the Advisory Committee on Immunization Practices (ACIP). NACCHO supports requirements that only allow for medical exemptions due to allergy or medical contraindication to maintain high immunization rates and protect communities from vaccine-preventable diseases. To successfully enact effective school-entry and child care immunization requirements, NACCHO urges the following actions: • Implement requirements that follow the ACIP recommended vaccination schedule and require proof of immunization signed by a licensed medical professional. • Implement requirements that include children who attend public and private schools, and homeschooled children who participate in public or private school activities. • Make school vaccination and exemption rates publicly available. • Increase resources to conduct school record and medical office record reviews to monitor compliance with immunization and exemption documentation requirements. • Increase financial support to local health departments, school nurses, and/or state/local immunization coalitions to educate parents, guardians, and college and university students about the immunization requirements and the importance of vaccines. If immunization requirements that only allow for medical exemptions are not feasible, the following steps can be taken to limit non-medical exemptions: • Use exemption forms that require parents/guardians or students ≥ 18 years to acknowledge the risks involved in refusing vaccinations. • Use exemption forms that require parents/guardians or students ≥ 18 years to acknowledge that in the event of an exposure to a vaccine-preventable illness, the exposed individual would be excluded from school and all school-related activities for the appropriate two incubation periods beyond the date of onset of the last case, as per standard public health practice. • Notify parents, guardians, and college and university students of school and child care vaccination and exemption rates annually. • Evaluate exemption procedures annually. • Require that exemption forms be renewed annually. • For individuals requesting exemptions, (1) require documentation from a medical provider regarding the refusal to vaccinate and consultation pertaining to risks; (2) require consultation and signature by the local health department for non-medical exemptions; or (3) implement mandatory education sessions for parents, guardians, or student ≥ 18

		years about the importance of immunization and the impact of refusing immunizations. School and child care entry requirements, as with other public health interventions, must be introduced, exercised, and implemented judiciously to preserve the health of communities and the rights of individuals, parents, and community members. The decision of when to add a vaccine to school requirements should be made strategically, taking into account the following factors: characteristics of the vaccine and community; ACIP recommendations; vaccine safety and effectiveness; vaccine coverage in the absence of a requirement; stable and adequate vaccine supply; disease burden, severity, communicability; and operational considerations such as cost and ability to effectively implement and monitor compliance.
02-03	February 2016 Updated	Women's Health NACCHO supports national, state, and local public health approaches that protect and promote the health of all women and address the social determinants of health through research and education. NACCHO affirms the need for a comprehensive approach to women's health throughout the lifespan and recommends that local, state, and federal public health agencies do the following: • Strengthen and provide support for women's health, family planning, and reproductive health services. • Ensure equal access to affordable, quality preventive services and healthcare regardless of age, race, ethnicity, gender identity, sexual orientation, education level, income, geography, immigration status, or language. • Guarantee women have access to information so they can make informed health and healthcare decisions and ensure that that information is not restricted by regulation, laws, or healthcare providers' beliefs. • Support efforts for paid family and medical leave for all workers.
15-09	November 2015 Approved	Immunization Programs NACCHO recommends that the federal government provide sufficient funding through the Vaccines for Children (VFC) and Section 317 Program for vaccination of uninsured and underinsured children, adolescents, and adults. NACCHO supports strong coordination and collaboration of immunization programs for persons of all ages to increase vaccination coverage rates to protect individuals and communities from vaccine-preventable diseases. Comprehensive and sustainable immunization programs will incorporate the following strategies: • Reimbursing public and private immunizations providers adequately for vaccine products, vaccine storage and handling, staff and administration supplies for vaccines, and population and clinic activities using immunization information systems (IISs). • Implementing education, training, and clinical procedures designed to (1) increase demand for immunizations among patients and parents; (2)

		promote strong vaccine recommendations by clinicians to patients; (3) minimize missed opportunities for vaccinations; (4) ensure series completion; (5) train community vaccination champions; and (6) reach underserved populations. • Identifying and addressing immunization disparities by (1) monitoring and responding to gaps and trends in vaccination rates using information technology and analysis such as IISs and electronic health records with clinical decision support for immunizations; and (2) supporting local health department epidemiologists and other staff to continually measure the impact of policies and interventions on equity of outcomes in immunization rates. NACCHO supports an immunization program addressing all stages of life composed of the elements listed above, with the goal of increasing overall immunization rates and subsequently reducing morbidity and mortality from vaccine-preventable diseases nationwide. Support of comprehensive immunization programs would substantially improve the framework for delivering immunizations to children, adolescents, and adults to ultimately reach the Healthy People 2020 goals. Local health departments are uniquely positioned to improve the capacity of the healthcare system for delivering immunizations by strengthening the coordination between public, professional, and private sector stakeholders.
15-03	May 2015 Approved	Child Maltreatment Prevention NACCHO supports national, state, and local public health approaches that promote safe, stable, nurturing relationships and environments and prevent child maltreatment. In alignment with the Centers for Disease Control and Prevention's Essentials for Childhood and the Department of Health and Human Services' Administration for Children and Families, NACCHO recommends the following strategies: • Increased public awareness o Raise awareness of and commit to promoting safe, stable, nurturing relationships and environments and preventing child maltreatment. • Data collection and analysis o Collect and analyze local child maltreatment data, using vital statistics (e.g., child fatality review records), health data (e.g., hospital emergency department data), criminal justice data, child protection and welfare data, educational data, and demographic data. o Provide federal funding to state and local health departments to support data collection systems, including expansion of the National Violent Death Reporting System to all 50 states. o Partner with researchers and organizations that collect and analyze data and are in a position to make data-informed decisions about programs or other strategies. o Use local data to raise community awareness of child maltreatment and inform strategies. • Social norms change and prevention programs o Provide funding and support for parenting education programs and skills-based curricula for children's safety.

		o Implement effective evidence-based and promising home visitation programs for at-risk families with infants and young children. o Provide family support services to low-income families and other priority populations. o Deliver trauma-informed care for children and families affected by maltreatment to improve family communication and functioning. • Policies o Identify and assess which policies may positively impact the lives of children and families. o Provide decision-makers and community leaders with information on the benefits of evidence based strategies and rigorous evaluation. o Support legislation that promotes safe, stable, nurturing relationships and environments and prevents child maltreatment.
14-08	November 2014 Approved	Youth Violence Prevention NACCHO recognizes that youth violence is a national public health problem. NACCHO calls attention to the critical role that local health departments play in protecting and improving community health and safety by addressing factors that affect health in coordination and collaboration with other local, state, and national efforts. In alignment with the Centers for Disease Control and Prevention's Division of Violence Prevention initiative, Striving to Reduce Youth Violence Everywhere (STRYVE), NACCHO supports a public heath approach to prevent youth violence before it occurs. Local health departments are uniquely positioned to provide leadership and support in preventing youth violence. NACCHO urges local, state, and federal decision-makers to support and fund youth violence prevention assessment, legislation, regulation, policies, and practices across the following priority areas: • Capacity Building o Enhance the capacity and infrastructure of the public health community at federal, state, and local levels to address the ongoing public health crisis of youth violence. o Strengthen and expand collaboration across federal agencies to share information and build capacity for youth violence prevention through the National Forum on Youth Violence Prevention. o Increase training and education for state and local health departments about the role of public health in preventing youth violence and effective, evidence-based programs for youth violence prevention. o Increase training and education programs in public health graduate school curricula. o Increase funding for federal agencies and the sustaining of grants and programs that support state, local, and territorial injury and violence prevention programs. • Multi-Sector Partnerships o Support the development, implementation, and evaluation of comprehensive local youth violence prevention plans that include evidence-based programs and strategies that address all levels of prevention (e.g., primary, secondary, and tertiary).

		o Strengthen youth violence prevention efforts by engaging in multi-sector partnerships (e.g., public health, healthcare, education, law enforcement, juvenile justice, mental/behavioral health, social services, community leaders, businesses, faith-based organizations, and organizations that support youth, victims of violence, and their families). • Comprehensive Evidence-Based Prevention Strategies o Implement practice- and research-based strategies that address root causes of violence across individual, relationship, community, and societal levels; attend to people and places at greatest risk for youth violence; reduce the risk factors for violence among young people, their families, and communities; and promote protective factors that prevent violence among young people, their families, and communities. • Epidemiologic Surveillance and Research o Implement and support nationwide infrastructure for collecting data and monitoring trends in youth violence in order to inform local decision-making (e.g., the National Violent Death Reporting System, National Survey of Children's Exposure to Violence, Behavioral Risk Factor Survey, and the Youth Risk Behavior Surveillance Survey). o Include questions regarding storage of firearms in national assessments. o Expand the evidence base through research and evaluation related to the causes of youth violence and the effectiveness of prevention strategies across disciplines (e.g., public health, education, criminal justice, law enforcement, mental health). • Raise Awareness about Youth Violence o Increase universal public awareness that youth violence, in addition to being a public safety issue, is a public health issue and that prevention of youth violence has economic, social, and health benefits. o Increase awareness and integration of trauma-informed care across systems to ensure that all children and youth exposed to violence are identified, screened, assessed, and provided with appropriate care or services.
07-12	July 2014 Updated	Children's Health Insurance Program NACCHO supports legislation that will provide federal funding for the Children's Health Insurance Program (CHIP) at levels sufficient to accomplish the following: • Maintain coverage for all current enrollees. • Identify and enroll children currently eligible for, but not enrolled in, CHIP and Medicaid.
04-13	April 2014 Updated	Sexual Health Education NACCHO supports sexual health education programs that are comprehensive, medically accurate, consistent with scientific evidence, and tailored to students' context and cultural and linguistic needs.

		NACCHO supports local, state, and federal policies and funding that enable schools to provide comprehensive, evidence-based sexual health education programs that address the needs of all school-aged youth. Additionally, NACCHO calls for the elimination of prescriptive abstinence-only funding streams and supports policies at all levels that call for the elimination of requirements to utilize public funding for abstinence-only education. Furthermore, NACCHO encourages local health departments to work closely with education agencies to expand efforts to prevent HIV/sexually-transmitted infections and unintended pregnancy in the school setting; support the provision of and referral to sexual and reproductive health services for adolescents; and provide guidance in the identification, development, and implementation of medically accurate comprehensive sexual health curricula. NACCHO also encourages local health departments and education agencies to work with community members and partners to promote and support implementation of comprehensive sexual health education in school systems.
99-02	February 2014 Updated	Immigrant Health NACCHO supports the incorporation and adoption of principles of social justice into social policy, public health curricula, workforce development initiatives, and the design of program evaluation measures as strategies to eliminate health inequities. Based on those principles, NACCHO encourages local health departments to act on race, ethnicity, class, gender, and other types of oppression as the significant root causes of health inequity among documented and undocumented immigrants. As part of that work, NACCHO supports the following: • The reform of federal and local immigration policy that unfairly discriminates against immigrants with respect to education, basic human rights, and social welfare, including the Affordable Care Act. These reforms should provide an accessible route to full citizenship status that leads to unified families and the protection of refugees. • The repeal and prevention of anti-immigrant local laws that discriminate and exclude on the basis of nationality and immigration status, including laws that deny access to the courts, impose indefinite and mandatory detention, sanction methods of enforcement of immigration laws by local law enforcement that violate human rights, and bar immigrants from schools, housing, and healthcare. • Federal, state and local policies and practices that restore, expand, or provide access to public benefits for all immigrants, including access to quality, affordable preventive care. • Labor standards and work protections that guard against the exploitation of immigrants. • Development of relationships between NACCHO and Immigration and Naturalization Service, the U.S. Border Patrol, and state and local health jurisdictions in order to develop surveillance of and prevention of loss of life and injury related to environmental exposures at U.S. international borders.

		NACCHO opposes the following: • Federal, state policy that would deny free education to immigrants because of their immigration status. • Federal policies on deportation that separate families.
00-10	February 2014 Updated	LGBT Health NACCHO supports the incorporation and adoption of principles of social justice into social policy, public health curricula, workforce development initiatives, and the design of program evaluation measures as strategies to eliminate health inequities. Based on those principles, NACCHO encourages local health departments to act on the social injustices at the root of health inequities among lesbian, gay, bisexual, and transgender (LGBT) (including gender identity and gender expression) individuals, families, and communities. As part of that work, NACCHO specifically supports the following: • The development by the Department of Health and Human Services and other governmental agencies of an expanded research agenda on LGBT health, including (1) comprehensive training programs to build research capacity; (2) the identification and inclusion of LGBT individuals in local, state, and federal research efforts; and (3) research on how to reach inaccessible communities to improve prevention efforts and access to care. • The development, tracking, and regular presentation of indicators that measure social health and well-being of LGBT populations, including inequities in health status. • Strategies for and trainings on data collection for analysis of the health of LGBT individuals, families, and communities. • City and county policies and ordinances that are inclusive of sexual orientation and gender identity and expression and prohibit all discrimination on the basis of sexual orientation and gender identity and expression.
99-12	November 2013 Updated	Children's Environmental Health NACCHO supports national, state, and local environmental health policies, regulations, programs, and research that will protect children's health and prevent children from harmful exposures to toxic substances to ensure that all children live, learn, and play in safe and healthy environments. NACCHO supports the following to promote safe and healthy environments for children: • Dedicated federal, state, local, tribal, and private funding to promote increased collaboration among federal environment and health agencies, state and local health departments, and pre-kindergarten through twelfth grade (PK-12) school officials and programs, including child care, preschool, and Head Start, to ensure the provision of an environmentally safe and healthy early care and other learning environments, including home schools. Specific priorities include the following:

		o Assisting in the development of food safety programs with healthy food options. o Increasing tobacco-free environments in schools and at school events. o Developing a safe chemicals management system that includes the consideration of safe chemical alternatives instead of the use of hazardous chemicals in schools and classrooms. o Ensuring that any repairs that disturb paint are conducted in compliance with the Environmental Protection Agency (EPA) lead safe work practices requirements. o Collaborating with school districts to develop and implement school siting policies consistent with EPA federal guidelines on school siting that facilitate safe travel to school, consider proximity to children served, and aim to avoid schools built on or adjacent to lands with toxic contamination or other hazards such as air pollution and noise. o Using site design techniques to minimize exposure where it exists. o Promoting programs and school activities designed to increase physical education for school children. o Educating school children, teachers, staff, and parents about potential hazardous exposures. • Dedicated federal, state, local, tribal, and private funding for the development of a new coordinated state, county, and city surveillance systems that can respond to, evaluate on site, and track and report on children at risk to suspected exposures in PK-12 schools and in early learning environments. The systems should include an increased presence for pediatric environmental health experts, new healthcare provider protocols for uncovering or assessing school-based exposures, and specialized informational and related services for families of children at risk or with exposures. • Dedicated federal, state, local, tribal, and private funding for research into environmental health risks to children and their exposures in schools. • Dedicated federal, state, local, tribal, and private funding to facilitate increased collaboration between local health departments and their community partners on education programs to help caregivers create healthy home environments for children. NACCHO has a particular interest in supporting education programs about reducing exposure to environmental hazards. • Federal, state, tribal, and private funding to support local health departments and community partners in promoting healthy neighborhoods, activities, and play environments for children, including access to parks, nature centers, and green spaces; safe routes for biking and walking; public transportation; and access to universal playgrounds designed to be accessible to all children (with and without disabilities). • Collaboration among local health departments and community partners to use tools, such as Community Health Needs Assessments and Health Impact Assessments, to evaluate the impact of the community's built and natural environment on children's health.

		• The existing effort to develop a chemical prioritization process that will enhance the regulation of and reduce children's exposure to toxic chemicals found in many consumer products. • Collaboration among local health departments and healthcare providers/payers to develop a supportive system that provides environmental interventions to ensure lead-safe housing, reduce asthma triggers in children's environments, and reduce return visits to emergency rooms or other healthcare centers. • Reforming the Toxic Substances Control Act to help protect the health of children from exposure to environmental hazards. • Cross-sector collaborations that address solutions to these complex problems and explore the social determinants of health – such as economic status, educational opportunities, structural racism and neighborhood characteristics – in an effort to ensure that all children are living in environments that support health.
00-03	January 2013 Updated	Child Lead Poisoning NACCHO supports the following: • Continued federal, state, and local funding and implementation of cost-effective, community specific preventive measures to prevent and mitigate the multiple safety and health hazards that potentially cause lead exposure in the home and in other settings, such as schools, day care centers, recreational facilities and workplaces that may result in disease and illness in children. • Local health department development and expansion of community oriented collaborative coalitions targeting efforts at children and their families who remain at risk for lead exposures and poisoning. • Aggressive efforts by localities to identify lead poisoned children, as well as services for these children and their families. • CDC's new reference level of 5 µg/dL to identify children with blood lead levels that are much higher than most children's levels. • Efforts by local health departments to work toward the Healthy People 2020 goal of reducing childhood lead poisoning.
07-13	July 2010 Updated	Nurse Home Visiting Programs NACCHO supports the implementation of evidence-based nurse home visitation programs (HVPs) in local health departments targeting pregnant and parenting mothers and children. NACCHO supports and encourages state, local, and federal policies that contribute to the development and maintenance of evidence-based nurse HVPs, including the Maternal, Infant, and Early Childhood Home Visiting Program created by the Affordable Care Act. NACCHO urges state and federal legislators to support policies that give states the capacity to establish nurse HVPs and to provide reimbursement for services delivered through these programs. NACCHO asks more specifically that Medicaid reimbursement be provided to practitioners delivering services through the Maternal, Infant, and Early Childhood Home Visiting Program.

Public Health Preparedness		
17-05	July 2017 Approved	Public Health Emergency Response Fund NACCHO supports a public health emergency response fund to help local public health agencies rapidly respond to public health emergencies. NACCHO urges Congress to provide sufficient funding to the fund to ensure local health departments have the resources needed to respond to and recover from public health emergencies. NACCHO also urges Congress and the Administration to maintain support for public health and medical system readiness through the Centers for Disease Control and Prevention's (CDC) Public Health Emergency Preparedness (PHEP) program and the Office of the Assistant Secretary for Preparedness and Response's (ASPR's) Hospital Preparedness Program (HPP). All emergencies are local. During national emergencies, local health departments respond side by side with other emergency responders and public safety officials to ensure the health and safety of community members. During these events, local public health is responsible for conducting outbreak investigations, coordinating mass care operations, establishing shelters and family reunification centers, distributing vaccines and life-saving medication, and sharing health and medical information with the public. The emergency fund will provide immediate resources to allow public health authorities to respond quickly and effectively without having to delay, discontinue, or divert from other critical public health activities (e.g., food-borne outbreak investigations, assuring access to safe drinking water, detection and mitigation of lead and other hazards, tuberculosis control). To effectively support local health departments' ability to protect the public's health and safety, the public health emergency fund should augment, not supplant, annually appropriated federal public health programs such as the CDC's PHEP and ASPR's HPP programs. PHEP and HPP enable local health departments to collaborate with community partners to build and maintain readiness for when the next emergency occurs. However, PHEP and HPP do not provide sufficient resources to support large-scale or long-term responses such as were necessary to combat Ebola and the Zika virus. The emergency fund would enable first responders, nurses, doctors, and response staff at local health departments to take life-saving action at the onset of an emergency. NACCHO recommends that the authorization and administration of a public health emergency fund be the following: • Sufficient – Funded through annual appropriations that are replenished by additional funding throughout the year as necessitated by emergencies; • Stable – Via "no-year" appropriations because infectious disease outbreaks, natural disasters, and other public health emergency responses can occur at any time and cross multiple budget years; • Flexible – By establishing requirements around appropriate use, reporting, and documentation that minimize administrative burden; and

		• Expeditious – Using established funding mechanisms (e.g., CDC's Public Health Emergency Response funding mechanism) to meet response needs and provide funding directly to local health departments in some cases. The emergency fund should maintain existing and provide new authorities that enable federal, state, and local health departments to quickly and effectively respond to all-hazards public health threats. This includes supporting flexible staffing mechanisms for state, local, and tribal personnel, as authorized under the Pandemic and All-Hazards Preparedness Reauthorization Act; updating administrative procedures for local federal employees that would allow them to respond during a local emergency; allowing extensions or waivers for data and reporting requirements associated with the fund; and permitting access by state and local governments to the General Services Administration federal supply schedule and vendors for response services—all which save time in an emergency. Additionally, federal, state, and local governments should collaboratively work together to improve administrative processes to ensure that funding is directed to the local level in the quickest, most efficient manner possible, while also ensuring accountability of funds. In summary, NACCHO and its members support a public health emergency response fund that provides a flexible funding mechanism to support local public health response.
14-03	July 2017 Updated	Pharmacy Partnerships for Emergency Response • To achieve more efficient, coordinated, and reliable public health emergency response, NACCHO encourages local health departments and pharmacy partners to engage and coordinate in emergency planning, preparedness, and response efforts. NACCHO recommends the following as key components for building and sustaining partnerships with the pharmacy community: • Local health departments should determine if there are existing partnerships between their state health department and community or retail pharmacies. They should then enhance such relationships, where they exist. • Local health departments should jointly coordinate with state health departments on outreach to state boards of pharmacy and state pharmacy associations. • Local health departments should work with the state to recruit those individuals and community entities (e.g., schools of pharmacy) that possess the expertise to serve in preparedness planning. Students and faculty from schools of pharmacy should be invited to participate in local health department preparedness and response activities that leverage their knowledge and skills. Additionally, local health departments should consider pharmacists who serve in the Medical Reserve Corps as a volunteer resource.

		• Local health departments should work with pharmacy leaders (e.g., state pharmacy associations, divisional leaders of chain pharmacies, drug wholesalers, independent pharmacy managers, pharmacy networks/franchises, etc.) to develop policies that identify pre-established roles, responsibilities, capabilities and expectations in a public health emergency. • Local health departments, state health departments, state boards of pharmacy, state government and legislative entities, and state pharmacy associations should take action to implement or expand their existing state and local legal frameworks that would allow pharmacists to participate in public health initiatives and emergency response to the full extent of their education and training. Where feasible, local and state health departments and pharmacies are advised to forge broad-based Collaborative Practice Agreements, which authorize pharmacists to administer vaccines, provide medical countermeasures, or provide patient care services for certain patients and populations. State government officials should craft template emergency orders to address scenarios that would optimize the scope of authorized activities to meet situational needs in the interim until state law can be modified to authorize pharmacists to provide services as part of their scope of practice. • Local and state health department staff should familiarize themselves with federal resources and legal frameworks that allow pharmacists to participate in public health initiatives and emergency response to the full extent of their education and training. The Emergency Prescription Assistance Program, a section of the Stafford Act, is one crucial legal framework that can be used in federally declared disasters to provide prescription medication and durable medical equipment for uninsured individuals within affected areas. Local health departments, in coordination with their state health department, should explore the benefits and processes required to partake in this federal program that was built to leverage the resources of the pharmacies for efficient medication distribution in emergencies. State and local health departments should also have discussions with health plans regarding provision of coverage for the dispensing and administration of medications and vaccines and the submission and tracking of claims submitted by providers. • State Immunization Information Systems (IIS) should accept data from pharmacies. Local health departments should advocate for pharmacies to have bi-directional access to IIS records during the vaccination process, including activities prior to administering vaccine. Local health departments, in coordination with their state health department, state board of pharmacy, and community and retail pharmacies, should develop protocols for sharing immunization data and other relevant surveillance data. Considerations must be made to reduce administrative burdens on pharmacy providers, especially those that service multiple jurisdictions within a state and regional geography.

12-02	July 2017 Updated	Anthrax Vaccine Response NACCHO recommends that the federal government, through the Centers for Disease Control and Prevention (CDC), provide local health departments with technical and financial assistance to enhance current plans to address the threat of an anthrax attack. To better assist local health departments with responding to such an event, NACCHO makes the following policy recommendations: • The CDC should support local public health agencies in preparing for this type of response. The CDC's Anthrax Prevention webpage states, "During an emergency the only people who should not get the vaccine after exposure are those who have had a serious allergic reaction to a previous dose of anthrax vaccine." In light of this statement, the 2013 guidance from CDC on Anthrax Vaccine Absorbed Post-Exposure Prioritization, and the current and projected reductions to local preparedness funding, the CDC should provide local public health agencies with assistance (both technical and financial) in developing the capabilities to address this threat. Additionally, the CDC should establish a mechanism, either through stockpiling or vendor agreements, for providing the needed vaccination ancillary supplies (including syringes for subcutaneous injection and needles for administration, bandages, cotton balls, and alcohol swabs) to local public health agencies to support the rapid establishment of operational capacity to administer vaccine to large populations. • The CDC has developed specific guidance on the prevention and treatment of anthrax in adults and pregnant and postpartum women. The CDC should further clarify the definition of a "true exposure" and provide more guidance on storage and handling of vaccine (cold chain management), administration, planning for concurrent administration of vaccine and dispensing of antibiotics, the management of adverse events associated with the anthrax vaccine, and on Investigational New Drug (IND) and Emergency Use Authorization requirements for the vaccine. Federal agencies should also incorporate efficiencies into the current IND requirements for a large-scale anthrax vaccination responses to make those requirements practical for the rapid administration to large populations. • Additionally, it is critical that local public health agencies continue to receive financial support for these federal programs. Without continued financial support to maintain a minimum level of preparedness capabilities, retain licensed and professional staff, and recruit medical volunteers that can help administer this vaccine, operational readiness for an anthrax event will be greatly diminished.
17-02	March 2017 Approved	Healthcare Coalition Structure NACCHO acknowledges that healthcare coalitions (HCCs) are important emergency planning and response networks that provide timely information and may support coordination during a public health emergency. Due to the

		varying size and needs of different communities and local health departments, the structure and membership of HCCs cannot be strictly prescribed. NACCHO recommends the following entities as essential agencies to participate in an HCC: • Emergency management department/organization • Emergency Medical Services (EMS) • Hospitals/hospital system • Public health HCCs can grow and evolve overtime to include necessary and appropriate membership to meet the demands of their communities. The following is a non-exhaustive list of partner organizations that may be included as members in a Coalition: <u>Emergency Management Sector:</u> • Offices of Emergency Management <u>Government Sector</u> • Local government • Federal entities (e.g., U.S. Department of Veterans Affairs) • State government <u>Healthcare Sector</u> • Behavioral health providers • Community Health Centers • EMS providers • Federally Qualified Health Centers/clinics • Healthcare providers o Primary care providers • Hospitals and health systems o Hospital emergency departments • Long-term care/skilled nursing/assisted living providers • Mental health providers • Pharmacies • Private entities associated with healthcare (e.g., hospital associations) o Specialty service providers (e.g., dialysis, pediatrics, urgent care, blood centers, hospice) • Surgical centers <u>Public Health Sector:</u> • Environmental health • Local/regional public health • Public health clinics • State public health department (including state labs) • Tribal public health <u>Support Services Sector</u> • Community-based organizations • Community Emergency Response Teams (CERT) • Faith-based organizations • Fatality management services • Fire services • Law enforcement • Medical examiner/coroner

		• Medical Reserve Corps • Non-governmental organizations (e.g., American Red Cross, Salvation Army) • Nonprofit organizations • Private organizations (e.g., businesses, durable medical equipment companies) • Public affairs/public information officers • State labs • Volunteer Medical Organizations Other Partners • Childcare facilities • Military • Schools/school districts • Tribal
08-04	November 2016 Updated	Pandemic Influenza Antivirals NACCHO is concerned with (1) the availability of oral influenza antivirals such as Oseltamivir for treatment and prophylaxis of first responders and critical infrastructure workers; (2) the engagement of private sector partners who stockpile antivirals; (3) the improvement of systems to distribute antivirals during a pandemic; (4) the improvement of timely access to antiviral treatment; and (5) the health risks of home stockpiling. The recommendations in this policy statement are framed around the Centers for Disease Control and Prevention (CDC) models for a severe pandemic influenza outbreak, which estimate 80 million individuals becoming ill and potentially needing treatment with antivirals nationwide. In 2014, the federal policy on stockpiling shifted from a joint federal and state stockpiling model to a federal only model due to unsustainable maintenance costs and other logistical challenges associated with state stockpiling. In a severe pandemic, the CDC is unlikely to permit the use of federally stockpiled oral antiviral medications for flu prevention, primarily due to constraints on the availability of such medications. Although both Tamiflu and Relenza are approved by the Food and Drug Administration (FDA) for use as prophylaxis, and CDC clinical guidance documents address the use of antivirals for prophylaxis, clinical guidance differs from usage policy. Clinical antiviral guidance (which supports use of federally stockpiled antivirals for prophylaxis) focuses on considerations for the individual patient, while drug usage policy (which highly restricts the use of federally stockpiled antivirals for prophylaxis) considers community-based circumstances and takes into account issues related to drug supply and other factors. Prophylaxis for influenza consumes very large quantities of antivirals per person as compared to their use in treatment; even though antivirals may be available during a pandemic through both government-purchased stockpiles and moment-of-need purchasing capability from private suppliers, there will only be a finite supply.

		Thus decisions will need to be made about the use and allocation of such supplies. The opportunities and challenges associated with antiviral distribution and dispensing will vary depending on the severity of a pandemic. Antiviral prophylaxis does have a place in mild to moderate pandemic scenarios and for seasonal influenza; however, the following policy recommendations are focused on severe influenza pandemics for which federally stockpiled antivirals are projected to be available for treatment only. NACCHO recommends the following with regard to stockpiling and distribution of oral antivirals for pandemics: • NACCHO supports the federal government's continued role as the primary stockpiler of antivirals for treatment purposes via the Strategic National Stockpile, and supports the CDC's efforts to acquire a sufficient quantity of medications to treat all individuals projected to become ill during a severe pandemic. NACCHO does not support state antiviral stockpiling for treatment of ill individuals as the Strategic National Stockpile should have sufficient supply for treatment during a severe pandemic. • Since federal stockpiles of antivirals will not be available for prophylaxis in a severe pandemic scenario, state and local agencies that wish to make medications available for prophylaxis of first responders and critical infrastructure should procure, maintain, and properly manage their own stockpiles for this purpose in accordance with manufacturer instructions. To assist with implementation of this directive, all state and local governmental public health departments and other public sector agencies should have access to the best pricing available for influenza antivirals, including prices negotiated by the federal government or public purchasing collectives. Federal policies such as the permissibility of using Public Health Emergency Preparedness funds to purchase antivirals should be continued. In addition, using CDC Emergency Use Instructions authority to communicate any applicable FDA extensions of antiviral expiration dating beyond a manufacturer's labeled expiration dating (e.g., under FDA's expiration dating extension authority) may be helpful in facilitating state and local stockpiling efforts. State and local governmental agencies currently holding stockpiles of oral antivirals should maintain such caches to the extent possible by replacing expiring medications with those with longer shelf lives. However, expired medications should be disposed of since there are currently no Emergency Use Authorizations in effect for oral antivirals.

		• Private-sector companies with the financial and occupational health capacity should stockpile influenza antivirals for essential employees who provide continuity of operations during an emergency and for those whose duties create a high risk of exposure to pandemic influenza. Private-sector stockpiling for prophylaxis would increase the availability of antivirals within a community during a pandemic; reduce the financial and logistical burdens on local health departments to stockpile and dispense large quantities of antivirals for the general public; and contribute to efforts to sustain first response services and critical infrastructure and maintain continuity of essential community services during a pandemic. It would also allow greater opportunity for local health departments to focus on distribution to vulnerable populations that do not have access to antivirals through their employers. Local health departments should seek information regarding medication types and quantities stockpiled by private-sector entities in their communities and provide technical assistance to these partners on distribution, tracking, and health education. • NACCHO supports increasing the speed at which CDC's Division of Strategic National Stockpile can deploy oral antivirals to state and local partners. NACCHO also supports state and local agencies developing the capability to effectively store and redistribute antivirals within their jurisdictions. Further reductions in the time required to deploy antivirals from federal stockpiles to the point of dispensing should expedite getting drugs into the hands of healthcare facilities and improve healthcare providers' ability to initiate treatment of ill individuals within the optimum timeframe. Pharmacies will also require access to these supplemental supplies of antivirals. Quantities and timeframes for delivery of resources shipped by CDC should be coordinated in the moment between CDC, pharmaceutical manufacturers and distributors, and receiving health departments. • NACCHO does not support state and local public health policies that encourage individual home stockpiling of antivirals due to concerns about safety, proper storage, and increased drug resistance.
03-03	October 2016 Updated	All-Hazards Preparedness NACCHO urges Congress and the Administration to restore and sustain funding to ensure all local health departments, including those that serve rural populations, can build, sustain, and improve their capacity and capability in order to protect their communities and mitigate all hazards. Local health departments receive federal resources through the Centers for Disease Control and Prevention's Public Health Emergency Preparedness and Epidemiology and Laboratory Capacity (ELC) programs, and the Assistant Secretary of Preparedness and Response Hospital Preparedness Program, and other supplemental funding. NACCHO also recognizes that the use of local volunteers, such as those affiliated with the Medical Reserve Corps, may significantly expand the reach of LHD preparedness activities. NACCHO also supports the Pandemic and All-Hazards Preparedness Act (P.L. 109-417) and Pandemic and All-Hazards Preparedness Reauthorization Act (P.L. 113-5) that establish and authorize funding for these critical programs.

		Preparedness is not an end state; it is a continuous process. NACCHO urges the federal government to recognize that local health departments bear a significant responsibility for ensuring their communities and the nation are prepared for, protected from, and resilient in the face of all health threats and hazards, including those resulting from infectious disease outbreaks, natural disasters, or human-caused incidents (chemical, biological, radiological, nuclear, and explosive events). In turn, NACCHO and local health departments acknowledge the importance of measuring progress toward increasing public health preparedness. NACCHO encourages joint local-state decision-making (i.e., concurrence) as a means to effectively plan for the allocation and use of federal, state, and local preparedness resources. In addition, NACCHO encourages local health departments to maximize resources by working in partnership to do the following: • Engage local residents in public health preparedness planning and response, including diverse populations with unique needs. • Serve as facilitators for collaborative preparedness planning throughout local health, medical, and emergency response systems, including cross-border and global partners to enhance national, international, and global health security. • Build coalitions and increase community involvement by leveraging local partnerships. • Build epidemiologic capacity to monitor and assess disease patterns and other health-related determinants and conditions prior to, during, and after a health incident or emergency. • Prevent or mitigate the spread of disease and reduce incidence of illness and mortality. • Ensure timely and effective communications of health threats and information. • Enhance workforce development by planning, training, and using a continuous quality improvement process to maintain a proficient workforce in numbers sufficient to ensure health security. • Mobilize resources, supplies, equipment, and volunteer assets during a response to health emergencies to increase surge capacity and meet unanticipated needs. • Use innovative strategic approaches to obtain positive measureable outcomes. • Maintain situation awareness of national health security. • Strive to enhance community resiliency and recovery.
13-06	June 2016 Updated	Medical Reserve Corps NACCHO supports the full integration of the Medical Reserve Corps (MRC) into local public health emergency readiness, response, and recovery activities to support community resiliency.

		This is in keeping with the National Health Security Strategy Implementation Plan 2015–2018 that recommends the integration of trained, competent, and skilled volunteers with local public health, healthcare, and emergency management systems to meet the increased requirements or demands during the mitigation, response, and recovery phases of an incident life cycle. NACCHO urges local health departments to sponsor or partner with an MRC unit, build their capacity, and integrate MRC in public health emergency readiness, response, and recovery planning efforts, as well as activities to support the day-to-day public health activities. Maintaining sufficient federal funding is necessary to continue this level of response capacity at the local level and build community resiliency.
16-03	May 2016 Approved	Local Radiation Preparedness NACCHO supports effective radiation emergency preparedness and response efforts at local health departments based on the recommendations of the NACCHO Radiation Workgroup and our partners in protecting the nation from radiation incidents. NACCHO is committed to enhancing readiness for radiation emergencies in order to mitigate potentially disastrous public health outcomes. In order to best prepare local health departments for a radiation emergency, including nuclear power plant incidents, radiological dispersal devices (RDDs), radiological exposure devices (REDs), improvised nuclear devices (INDs), and nuclear detonations, NACCHO urges the following actions: • Federal and state agencies should increase financial support to local health departments and other relevant local stakeholders to engage in radiation preparedness planning activities. • Federal, state, and local agencies should advance ongoing initiatives that provide guidance and resources to help establish viable radiation emergency response plans at all local health departments. These plans should be inclusive of the needs of the whole community and developed in coordination with relevant local, regional, state, and federal partners. • Federal, state, and local agencies should promote radiation preparedness training for local health department staff to maintain institutional knowledge where few resources exist. • State and local health departments should conduct regular radiation drills and exercises to demonstrate the ability to execute radiation preparedness plans and continuously improve and vet existing radiation preparedness plans. • Hospitals and local health departments should support and engage local medical reserve corps volunteers to prepare for radiation emergencies and to test deployment, communication, and coordinating capabilities. • Local health departments should be involved in federal and state radiation preparedness guidance and resource development related to public health, at all stages of development; these stages include needs assessment, priority setting, development, review, testing, implementation, promotion, and revision.

		• Federal agencies should expand promotional activities to ensure that state and local health departments are aware of new and updated radiation guidance and resources. • Local health departments should develop policies and programs to include radiation emergency training for all local health department staff and volunteers who will have a role in a radiation response. • Local health departments should include a radiation annex to their all-hazards preparedness plans, as is done with the National Response Framework (NRF). • Federal, state, and local agencies should coordinate radiation emergency preparedness planning efforts and exercises with local health departments to improve coordination during a radiation emergency. • Federal, state, and local agencies should continue to vet public messaging using radiation subject matter experts in advance of and during radiation emergencies.
15-08	November 2015 Approved	Risk Communication Capacity NACCHO supports building and enhancing risk communication capacity for local health departments. Risk communication protects the public's health in high-risk situations through a multidisciplinary, multidimensional approach. NACCHO endorses the training of communications staff, as well as allocation of time, resources, and staff to ensure risk communication capabilities and capacity are adequate to protect the health of all community members during public health emergencies. NACCHO recommends the following: • Local health departments should prioritize risk communications capacity. Local health departments should have the capacity for effective risk communications to best protect the communities they serve. Even when plagued by funding constraints, local health department leadership should develop sufficient capacity to sustain risk communications efforts. • Local health departments should have trained and experienced communications professionals on staff. Each local health department should have at least one designated communicator with training, such as the Crisis & Emergency Risk Communication training provided by the Centers for Disease Control and Prevention (CDC), and prior communications experience. Ideally, the designated communicator's sole responsibility would be communications to build sustained relationships with the community and the media. However, the size of a local health department's communications team should reflect the needs of the community. Therefore, in certain situations, local health departments may have a designated communicator who has responsibilities outside of his or her communications role. At a minimum, communications staff should have training and expertise in (1) knowledge of risk communication principles and best practices; (2) the ability to work with the media, both as a spokesperson and to train other staff to act as spokespersons; (3) knowledge of best practices in health marketing and health promotion to encourage adoption of healthy behaviors; and (4) the ability to use and develop messages for public communication channels such as websites, social media, triage hotlines, and more.

		• Local health departments should consider the CDC's Public Health Emergency Preparedness (PHEP) Capability 4: Emergency Public Information and Warning as a minimum standard for risk communication capacity. Local health departments should be able to perform the following functions designated by Capability 4: (1) activating an emergency public health information system; (2) determining the need for a joint public information system; (3) establishing and participating in information system operations; (4) establishing avenues for public interaction and information exchange; and (5) issuing public information, alerts, warnings, and notifications. • Local health departments should consult the CDC's Public Health Emergency Preparedness (PHEP) Capability 6: Information Sharing for fundamental internal communication competency to disseminate a unified message to the public. Coordination of responding agencies and partners is necessary to effective risk communication. Local health departments should be able to perform the following functions designated by Capability 6: (1) identify stakeholders to incorporate into information flow; (2) identify and develop rules and data elements for sharing; (3) exchange information to determine a common operating picture. • Local health departments should develop a streamlined, cohesive, and internally coordinated approach to communicating with the public. During public health emergencies, local health departments should identify a preexisting organizational structure for risk communications in which each staff member clearly understands their role in response efforts. Public communications should be delivered using cohesive and consistent messaging, format, and tone. An organizational structure to release coordinated and uniform communications to the public is essential to effectively conveying risk information, controlling rumors, and reducing public confusion. • Local health departments should take a whole community approach to risk communication. In order to ensure that local health departments are reaching all populations within their communities, including vulnerable populations, communications staff should be proficient in cultural competencies and specific protocols to reach a variety of populations.
02-08	May 2015 Updated	Smallpox Response A strong local public health infrastructure is vital to prepare for and respond to a smallpox case or outbreak. To achieve that infrastructure, NACCHO asserts the following: • Federal and state policy development and planning processes related to smallpox must help support, solicit, and include the full participation of local health departments. Policies and planning must reflect the needs and realities of a response at the local level. • Public Health Emergency Preparedness (PHEP) funding that goes through the states must be directed at developing adequate local and sub-state regional infrastructure, including surge capacity and training specific to smallpox vaccine administration, as needed, to assure sufficient numbers of trained personnel necessary for response to smallpox.

		• Community partners and first responders must be included in developing local and sub-state regional preparedness plans. PHEP funding should include support for such plans to be tested and drilled in non-emergency situations. • Federal and state emergency preparedness program development and planning processes, including those for communications, must recognize that local health departments play an essential role in linking the community's medical/hospital resources with the emergency response system. PHEP funding should support the local public health infrastructure to assure such linkages and to make available training opportunities that are necessary to create, sustain, and strengthen them. • Law enforcement agencies, particularly those at the federal level, must be directed to fully involve local health departments in "crime scene investigations," or forensic epidemiology, related to smallpox-caused outbreaks. PHEP funding should support opportunities for federal, state, and local law enforcement officials to train collaboratively with their public health, first responder, healthcare coalitions and medical counterparts to investigate such crimes. • Communications processes implemented by federal agencies during outbreaks must assure that state and local health officials are regularly and fully informed, and responding health agencies must have agreed-upon and practiced protocols for how communications will be directed by which officials and to which professional and population groups. • Federal, state, and local plans must address actions needed for preventing, controlling, and responding to outbreaks caused by smallpox. The protocol should also include surge considerations for the management of vaccine-associated adverse events, any systems developed to track and report vaccine-associated adverse events, and infection control strategies to prevent the continued spread of disease while mass dispensing smallpox medical countermeasures (including the use of social distancing, isolation and quarantine, and personal protective equipment recommendations for responders and the affected population). • Provisions must be made to immunize all appropriate local public health and other first responder and medical staff who are not pre-immunized pursuant to Advisory Committee on Immunization Practices (ACIP) recommendations as soon as possible after the first diagnosis of disease caused by smallpox. Consideration should also be given to procedures for rapid immunization of the household contacts of local public health, first responder, and medical staff as plans are developed. NACCHO concurs with the ACIP recommendations regarding smallpox vaccination in a pre-event setting predicated on ACIP's assertion that the threat of a smallpox attack is low. If the threat assessment should change, these recommendations must be promptly reevaluated.

		NACCHO also concurs with the Centers for Disease Control and Prevention clinical guidance recommendations for the use of smallpox vaccine in a post-event setting, which includes recommendations for smallpox vaccine usage in consideration of the risk for smallpox infection, risk for an adverse event following vaccination, and potential benefit from vaccination. NACCHO asserts that there is still a need for smallpox medical countermeasure guidance to address the safe and appropriate use of smallpox antivirals that would be made available through the Strategic National Stockpile during a smallpox response.
11-07	December 2014 Updated	Paid Sick Leave NACCHO supports federal, state, and local legislation that would require employers to provide paid sick leave for their employees.
14-10	November 2014 Approved	Social Media for Risk Communications NACCHO promotes the adoption of social media as an essential communications channel for public health emergency and risk communications. NACCHO encourages local health departments to allocate staff and expend resources on developing internal social media capabilities and capacity, which builds upon the foundation of NACCHO Statement of Policy 13-01: Internet-based Tools and Mobile Technology. To this end, NACCHO recommends the following: • Local health departments build their in-house capacity for using social media for emergency preparedness by designating and training staff to administer their social media platforms. Social media should be integrated into local health departments' emergency risk communication plans. During an emergency, local health departments can provide the public with situational awareness, dispel rumors, and establish themselves as the media's first point of contact by frequently posting timely, reliable, and transparent information to social media. Designated local health department employees should work with social media on a day-to-day basis, both to build an audience that will share messages, and to prepare for using social media during an emergency. In jurisdictions where communications are centralized across local agencies, the in-house capacity may be at the county level rather than the department level. • Local health departments' social media platforms be highly accessible and visible to the public. Local health departments should consider how best to reach a wide range of target audiences, including vulnerable and at-risk populations (e.g., young parents, non-English speakers, people with functional and access needs) and ensure that the public can easily search for and find local health departments' social media accounts. Local health departments should work with their partners, including other local health departments, to cross-promote social media campaigns and share best practices.

		• Local health departments develop social media strategies to plan for staff time and allocate resources prior to an emergency. Strategies should incorporate research about social media platforms best suited to reach target audiences and staff time for maintaining accounts, posting frequently, responding to audience comments, and monitoring analytics on reach and engagement to demonstrate the value of social media. • Local health departments work with partners to research and develop ways to use social media for more than communication purposes, including public health surveillance and public health emergency early alert systems. • The Department of Health and Human Services and other federal agencies provide guidance to local health departments regarding the applicability of federal laws to the use of social media during emergencies. Appropriate federal agencies should clarify how and when laws such as the Health Insurance Portability and Accountability Act and the Freedom of Information Act apply to social media use. Federal guidance should include legal resources that assist local health departments in navigating legal compliance. While local, state, and federal laws may all be applicable to social media, a better understanding of the potential impact of federal laws will be helpful in assisting local health departments to navigate the legal landscape. The Centers for Disease Control and Prevention modify Public Health Emergency Preparedness (PHEP) Capability 4 to set expectations that social media should be used as a fundamental rather than an optional tool. Language within PHEP Capability 4 regarding social media should allow for increased staff time dedicated to social media within local health departments. Additionally, the PHEP capabilities should require use of social media not just for messaging, but also monitoring social media for rumors and incoming concerns and requests from the public. In order to ensure this capability can be met, sufficient funding to local health departments through PHEP should be made available to allow support for the public information function.
14-09	November 2014 Approved	Community Resilience NACCHO urges local health departments to define and promote community resilience related to local public health and medical efforts. The following federal guidelines or national standards should be used to develop practices that expand and enhance current community-based activities and better align and integrate traditional public health and public health emergency preparedness: • The Centers for Disease Control and Prevention's Public Health Preparedness capabilities • The Federal Emergency Management Agency's Whole Community Initiative • The Assistant Secretary for Preparedness and Response's Healthcare Preparedness capabilities • The National Disaster Recovery Framework

		• National Health Security Strategy • The National Preparedness Goal • Pandemic and All-Hazards Preparedness Reauthorization Act In addition to these guidelines, NACCHO urges the federal government to determine metrics by which a local community can measure progress toward increased resiliency. NACCHO recommends that local health departments partner with traditional and non-traditional organizations and trusted local leaders to build relationships, leverage resources, and integrate diverse skills into health preparedness activities. NACCHO specifically recommends that local health departments do the following: • Engage with local fire and police departments, community-based organizations, faith-based organizations, tribal organizations, and other neighborhood-level organizations to build trust and connections within the community. • Identify and assess the unique risks facing vulnerable populations and integrate those needs into local preparedness planning and training. • Recruit volunteer community members to fill in gaps of service. They may form community emergency response teams and local Medical Reserve Corps units for additional support in public health and emergency preparedness activities. • Engage directly with citizens to promote a culture of self-preparedness in the community.
14-11	November 2014 Approved	Public Health Preparedness Planning NACCHO urges local health departments to conduct all-hazards preparedness, mitigation, and recovery planning in accordance with national policy and directives. NACCHO advocates for the integration of local health departments into preparedness, response, and recovery planning activities with other community organizations in order to facilitate the best use of available resources and improve public health outcomes. NACCHO calls for increased federal and state funding to support local health department staff and programs that contribute to quality plan development and maintenance.

		NACCHO urges local health departments to embrace the all-hazard preparedness planning requirements and funding opportunities available to support them, including the Centers for Disease Control and Prevention's Public Health Emergency Preparedness (PHEP) cooperative agreement. NACCHO encourages local health departments to leverage work with state health department colleagues on the PHEP cooperative agreement as an opportunity to identify preparedness gaps and priorities. This work should include completion of or collaboration on a jurisdictional risk assessment that can inform the local health departments' planning efforts. Local health departments should also ensure that their preparedness plans are appropriately maintained by reviewing and revising plans on an annual basis; and part of a continuous quality improvement process by incorporating revisions based on trainings, exercises, responses to real events, and stakeholder feedback. In addition, NACCHO encourages local health departments to identify and address emerging priorities through planning efforts in areas such as vulnerable populations; community recovery; mass fatalities; hospital/medical surge; and administrative, legal considerations, climate change, and newly emerging infections. NACCHO encourages participation in Project Public Health Ready as a means to accomplish this work. Local health departments need to be fully integrated into preparedness, mitigation, and recovery planning at every level. NACCHO supports a variety of strategies to give local health departments an active, equal voice in these activities, including the following: • Developing a positive, active working relationship with emergency management to ensure local health department participation in local and regional preparedness, response, and recovery planning efforts and participation in emergency exercises. • Developing a positive, active working relationship with state health departments to ensure local health departments' participation in statewide preparedness, response, and recovery planning efforts. • Leveraging relationships to ensure the integration of community organization representatives in local health department-sponsored preparedness, response, and recovery planning and exercises. • Effectively and efficiently sharing and using resources in planning, response, and recovery. • Fully engaging with local healthcare coalitions in response, mitigation, and recovery planning through the Hospital Preparedness Program.
06-02	November 2014 Updated	Biosurveillance NACCHO urges increased and sustained federal support for local health departments for the purpose of gathering data to provide situational awareness to augment existing surveillance sources prior to and during a public health emergency. NACCHO supports the following: • Local health department involvement in the development and implementation of biosurveillance systems.

		• Support from the Centers for Disease Control and Prevention (CDC), the Office of the National Coordinator at the Department of Health and Human Services, and associated federal partners to create and sustain relationships among local health departments, hospitals, healthcare providers, and other data sources such as fire and police departments and emergency medical services to enhance and expand biosurveillance implementation efforts. • Federal and state governments support for local health department infrastructure, staff, and training for biosurveillance. • National and state initiatives that leverage existing local relationships and data collection efforts. • Biosurveillance systems that add value to an evolving public health practice. Clearly defined uses for biosurveillance data must guide the quantity and type of data collected. The intended uses for the data should be clearly defined prior to system implementation. • An all-hazards systematic approach to requirements definition for biosurveillance to ensure that the methods are supportive of multiple public health practice activities and do not limit data collection solely for preparedness needs. Local and state health departments should work together closely and with federal partners, such as the CDC, to define the best use cases of this data and determine what type of data is most useful. This support must enable local health departments to access useful data in a timely fashion to ensure appropriate response and on-going situational awareness during an event. • Cooperation to ensure that current initiatives at the local level are complementary to those at national and state levels. Local health department officials should work closely with their state counterparts and federal partners such as the CDC and HHS to ensure proper data collection. Several national committees, including the BioSense 2.0 Governance Group, exist to promote cooperation between state and local health officials regarding syndromic surveillance. National and state efforts to collect biosurveillance data must not disrupt successful local initiatives underway for biosurveillance, health information exchange, and regional health information organizations. • Protections that ensure the privacy, security, and confidentiality of health data. Stakeholders need to establish protections in dual-use agreements to balance access to important data sources while ensuring proper safeguards are in place to protect the rights of patients. A potential stakeholder relationship can include a hospital sharing line-level data with a local health department. In this situation, a legal document should be drafted and approved by both parties to ensure that the data is safe. Healthcare providers should follow evolving national standards on confidentiality and patient consent when sharing data with local health departments. • Collaboration among local health departments, federal partners, and lawmakers to draft data use agreements that address privacy and security concerns. Federal and state entities should continue to partner with local health departments on the creation of a model data-use agreement.

		• Federal support from the CDC and Congress to promote ongoing biosurveillance research and collaborative efforts among local health departments and their partners. Relevant partners include the CDC, the International Society for Disease Surveillance, the Council of State and Territorial Epidemiologists, the Association of State and Territorial Health Officials, and the National Biosurveillance Advisory Subcommittee. Coordination and collaboration among these partners is vital to the advancement of biosurveillance techniques.
14-02	July 2014 Approved	Preparedness Workforce Development and Training NACCHO supports comprehensive, ongoing workforce development and training in emergency preparedness for local health department staff, volunteers, and their community partners. NACCHO encourages local and state governments and the federal government to support the provision of training and education at the local level to maintain the capability of local health departments to effectively plan for, respond to, and help the community recover from the effects of an emergency and to take steps to mitigate those effects before disaster strikes. In order to train a capable local health department emergency response workforce, NACCHO supports the following: • Funding and resources at the local, state, and federal levels to support local workforce development and training necessary for optimal emergency preparedness for public health workers and volunteers. • Training for all local health department staff and volunteers on national frameworks for emergency planning and response, including the following: o National Health Security Strategy o National Preparedness Goal o National Mitigation Framework o National Response Framework o National Disaster Recovery Framework • Capability-based emergency preparedness and response training for public health preparedness staff, grounded in the Centers for Disease Control and Prevention's (CDC) Public Health Preparedness capabilities and the Association of Schools of Public Health's Public Health Preparedness and Response Core Competency Model. • Baseline community-specific training in the National Incident Management System and Incident Command System and its applicability to public health response activities for all local health department staff, volunteers, and community partners. • Additional preparedness training for non-preparedness staff in subjects related to their areas of day-to-day public health expertise. • Use of up-to-date training and education resources from CDC Preparedness and Emergency Response Learning Centers, the Federal Emergency Management Agency, NACCHO, and state, county, and municipal subject matter experts.

		• Development and annual updating of workforce development plans for each local health department based on training needs assessments, jurisdictional risk assessments, emergency plans, and unique local features and demographics. • Conducting community-wide exercises to test, evaluate, and improve public health emergency response capabilities and inform workforce development needs at least once per year, including a full-scale exercise at least once every five years. • Consistent inclusion of volunteers in workforce development activities, in particular local Medical Reserve Corps volunteers. • Establishment of continuous quality improvement models that link workforce development and training to evaluations of response and recovery capabilities and all-hazards response planning. • Incorporation of emergency response and recovery training into the curricula of undergraduate and graduate-level public health programs and the certification and credentialing processes for public health workers.
Public Health Communications		
12-13	January 2016 Updated	Local Health Department Branding NACCHO recommends local health departments adopt the business practice of branding to raise the visibility, perceived value, and reputation of their organizations. Branding communicates what the health department stands for and what it provides the community that is unique and differentiated from other agencies and organizations. NACCHO encourages local health departments to: • Follow best practices for developing and implementing an effective brand strategy, as outlined in NACCHO guidance materials. The brand strategy should align with the health department's vision, mission, and values, and communicate the value of the department's practices, products, and services to internal and external audiences. • Ensure senior staff members have a foundational knowledge of organizational branding principles and practices. • Recognize branding as a highly collaborative process in which employees at all levels should contribute to the departmental brand strategy and serve as ambassadors of the local health department in the community. • Incorporate the local health department's brand into internal quality improvement activities, including the departmental strategic plan, voluntary accreditation, organizational development initiatives, staff member trainings, and new employee orientations. • Integrate the local health department's brand into departmental communication plans, communication channels (e.g., website, social media, listservs), written and visual communications (e.g., media releases, grant applications, annual reports, brochures, videos) and verbal communication (e.g., conversations with external audience members, presentations, speeches).

		• Recognize the essential role of public health communicators (e.g., public information officers, public health educators, media specialists, social marketers, government affairs specialists) in developing, promoting, and ensuring the integrity of the local health department brand. • Build local health department communications capacity by employing communication and marketing professionals, or ensuring that such experts are available to the local health department. • Consider using the National Identity for Public Health Departments (i.e., the public health logo) as a stand-alone logo or in conjunction with an organization's existing logo.
15-08	November 2015 Approved	Risk Communication Capacity NACCHO supports building and enhancing risk communication capacity for local health departments. Risk communication protects the public's health in high-risk situations through a multidisciplinary, multidimensional approach. NACCHO endorses the training of communications staff, as well as allocation of time, resources, and staff to ensure risk communication capabilities and capacity are adequate to protect the health of all community members during public health emergencies. NACCHO recommends the following: • Local health departments should prioritize risk communications capacity. Local health departments should have the capacity for effective risk communications to best protect the communities they serve. Even when plagued by funding constraints, local health department leadership should develop sufficient capacity to sustain risk communications efforts. • Local health departments should have trained and experienced communications professionals on staff. Each local health department should have at least one designated communicator with training, such as the Crisis & Emergency Risk Communication training provided by the Centers for Disease Control and Prevention (CDC), and prior communications experience. Ideally, the designated communicator's sole responsibility would be communications to build sustained relationships with the community and the media. However, the size of a local health department's communications team should reflect the needs of the community. Therefore, in certain situations, local health departments may have a designated communicator who has responsibilities outside of his or her communications role. At a minimum, communications staff should have training and expertise in (1) knowledge of risk communication principles and best practices; (2) the ability to work with the media, both as a spokesperson and to train other staff to act as spokespersons; (3) knowledge of best practices in health marketing and health promotion to encourage adoption of healthy behaviors; and (4) the ability to use and develop messages for public communication channels such as websites, social media, triage hotlines, and more. • Local health departments should consider the CDC's Public Health Emergency Preparedness (PHEP) Capability 4: Emergency Public Information and Warning as a minimum standard for risk communication capacity. Local health departments should be able to perform the following functions designated by Capability 4: (1) activating an

		emergency public health information system; (2) determining the need for a joint public information system; (3) establishing and participating in information system operations; (4) establishing avenues for public interaction and information exchange; and (5) issuing public information, alerts, warnings, and notifications. • Local health departments should consult the CDC's Public Health Emergency Preparedness (PHEP) Capability 6: Information Sharing for fundamental internal communication competency to disseminate a unified message to the public. Coordination of responding agencies and partners is necessary to effective risk communication. Local health departments should be able to perform the following functions designated by Capability 6: (1) identify stakeholders to incorporate into information flow; (2) identify and develop rules and data elements for sharing; (3) exchange information to determine a common operating picture. • Local health departments should develop a streamlined, cohesive, and internally coordinated approach to communicating with the public. During public health emergencies, local health departments should identify a preexisting organizational structure for risk communications in which each staff member clearly understands their role in response efforts. Public communications should be delivered using cohesive and consistent messaging, format, and tone. An organizational structure to release coordinated and uniform communications to the public is essential to effectively conveying risk information, controlling rumors, and reducing public confusion. • Local health departments should take a whole community approach to risk communication. In order to ensure that local health departments are reaching all populations within their communities, including vulnerable populations, communications staff should be proficient in cultural competencies and specific protocols to reach a variety of populations.
14-10	November 2014 Approved	Social Media for Risk Communications NACCHO promotes the adoption of social media as an essential communications channel for public health emergency and risk communications. NACCHO encourages local health departments to allocate staff and expend resources on developing internal social media capabilities and capacity, which builds upon the foundation of NACCHO Statement of Policy 13-01: Internet-based Tools and Mobile Technology. To this end, NACCHO recommends the following: • Local health departments build their in-house capacity for using social media for emergency preparedness by designating and training staff to administer their social media platforms. Social media should be integrated into local health departments' emergency risk communication plans. During an emergency, local health departments can provide the public with situational awareness, dispel rumors, and establish themselves as the media's first point of contact by frequently posting timely, reliable, and transparent information to social media. Designated local health department employees should work with social media on a day-to-day basis, both to build an audience that will share messages, and to prepare

		for using social media during an emergency. In jurisdictions where communications are centralized across local agencies, the in-house capacity may be at the county level rather than the department level. • Local health departments' social media platforms be highly accessible and visible to the public. Local health departments should consider how best to reach a wide range of target audiences, including vulnerable and at-risk populations (e.g., young parents, non-English speakers, people with functional and access needs) and ensure that the public can easily search for and find local health departments' social media accounts.2 Local health departments should work with their partners, including other local health departments, to cross-promote social media campaigns and share best practices. • Local health departments develop social media strategies to plan for staff time and allocate resources prior to an emergency. Strategies should incorporate research about social media platforms best suited to reach target audiences and staff time for maintaining accounts, posting frequently, responding to audience comments, and monitoring analytics on reach and engagement to demonstrate the value of social media. • Local health departments work with partners to research and develop ways to use social media for more than communication purposes, including public health surveillance and public health emergency early alert systems. • The Department of Health and Human Services and other federal agencies provide guidance to local health departments regarding the applicability of federal laws to the use of social media during emergencies. Appropriate federal agencies should clarify how and when laws such as the Health Insurance Portability and Accountability Act and the Freedom of Information Act apply to social media use. Federal guidance should include legal resources that assist local health departments in navigating legal compliance. While local, state, and federal laws may all be applicable to social media, a better understanding of the potential impact of federal laws will be helpful in assisting local health departments to navigate the legal landscape. • The Centers for Disease Control and Prevention modify Public Health Emergency Preparedness (PHEP) Capability 4 to set expectations that social media should be used as a fundamental rather than an optional tool. Language within PHEP Capability 4 regarding social media should allow for increased staff time dedicated to social media within local health departments. Additionally, the PHEP capabilities should require use of social media not just for messaging, but also monitoring social media for rumors and incoming concerns and requests from the public. In order to ensure this capability can be met, sufficient funding to local health departments through PHEP should be made available to allow support for the public information function.

Public Health Funding		
91-05	January 2017 Updated	Allocation of Federal Grants NACCHO urges federal executive branch departments and offices to: Require local health department review and comment on any health-related plans for state distribution of federal funds to local health departments and associated funding distributions to their jurisdiction; and, Inform local health departments of all federal funding related to public health going directly to community-based organizations or other service providers in their jurisdiction.
Quality Improvement		
16-04	May 2016 Approved	Integration of Services and Supports for Community Health NACCHO supports efforts to better connect and integrate public health, physical and behavioral health, and social services. NACCHO encourages all sectors and disciplines to work collaboratively to leverage their resources, authority, expertise, and shared interests in pursuit of achieving the Triple Aim of simultaneously improving population health outcomes, reducing per capita cost of healthcare, and improving patient satisfaction and quality of healthcare. NACCHO draws attention to the critical role local health departments play in developing integrated health systems, and encourages local health departments to engage with partners to plan, implement, and evaluate strategies to improve the health of their communities. NACCHO encourages the adoption of policies and practices at the local, state, and federal levels to facilitate integration by doing the following: • Supporting research on integrative systems of care, such as coordinated care organization models, primary care medical homes, community-based primary healthcare and regionally based health improvement collaboratives. • Encouraging collaboration and coordination between sectors (e.g., community health assessment/community health improvement plan; see NACCHO's statement of policy on Community Health Needs Assessment). • Encouraging clinical-community linkages that help connect healthcare and behavioral healthcare providers, community organizations, and public health agencies in order to improve access to prevention, early intervention, and chronic behavioral healthcare services. • Establishing public and private financing mechanisms that support the coordination and delivery of a range of integrated clinical, public health, and supportive services. • Creating interoperable health information exchange systems to support improved health outcomes for individuals and to inform community health planning and evaluation (see NACCHO's statement of policy on Electronic Health Records and Health Information Exchange).

		• Offering incentives for integration through performance metrics that measure population health outcomes across all social levels (see NACCHO's statements of policy on Meaningful Use and Performance Standards and Measurement). • Promoting the incorporation of principles of social justice into public health practice in order to improve health outcomes and equity for all people in their communities (see NACCHO's statement of policy on Health Equity and Social Justice).
16-02	February 2016 Approved	Community Health Strategist NACCHO is committed to building a transformed, 21st Century health system in the United States that results in optimal health for all and places its highest priority on health, equity, and security for all people. In this new and evolving health system, NACCHO encourages local health departments to take on the role of the community's chief health strategist. As the community chief health strategist in their communities, local health departments acquire new functions and advance current roles to prevent death, disease, and disability; address emerging threats to health, security, and equity; and eliminate the social and structural injustices that result in health disparities. NACCHO supports local health departments in adopting the role of the community chief health strategist to address the growing gap between the expansion of healthcare services and the achievement of health among individuals and communities. The adoption of this role underscores the need for new and sustained leadership at the community level to bring together community stakeholders to prioritize the needs of the community and to leverage resources to build integrated systems to achieve health equity. Local health departments are uniquely positioned to fill this role through their experience in providing essential services and leadership, engaging communities to identify and support policy solutions, and collecting, analyzing, and sharing data. In alignment with the Foundational Public Health Services, NACCHO encourages local health departments to adopt the role of community chief health strategist to fulfill the foundational capabilities, including the following: • Combatting the leading causes of illness and disability and assessing emerging health needs to improve community health. • Monitoring and addressing the needs of priority populations in the community. • Enhancing information technology capacity to gather, analyze, and share real-time data sources. • Assessing workforce needs in order to equip personnel with new and relevant skills. • Leveraging public and private financing mechanisms to diversify the funding base.

		• Integrating the resources and expertise of public health, healthcare, mental/behavioral health, social services, and all private and public sector entities that influence health outcomes. • Assessing the need for the provision of clinical care services in consultation with their community partners and governing boards, and adapting clinical services with attention to the particular needs of the community and the local environment. • Participating in the planning, development, and implementation of health reform locally.
12-18	February 2016 Updated	Foundational Public Health Services NACCHO recognizes the importance of an evidence- and experience-based minimum package of essential governmental public health services and capacities and endorses the Foundational Public Health Services. The Foundational Public Health Services model consists of foundational capabilities and foundational areas essential to all health departments, and should be used by local health departments and their governing boards to plan and set priorities and as a framework for accountability and performance measurement, quality assurance and improvement and as the basis for standard setting by the Public Health Accreditation Board (PHAB). This basic package of capabilities and programs should be augmented by additional ones important to the department's community and given priority as a result of the community health needs assessment and health improvement plan. The Foundational Public Health Services establish a threshold and a consistent basis for investments in governmental public health activity. NACCHO believes it is essential that the costs associated with adequately delivering the Foundational Public Health Services are also developed so that policy-makers have a clear understanding of the financial, technological, and human resources necessary to assure the presence of these capabilities and programs for every community. The costs should be scaled to a jurisdiction's population size and capacity needed. Local health departments will require financial resources to provide these services. In addition, resources will be required for services provided through formal partnerships with neighboring local health departments and in arrangements with other community organizations or their state. Without those resources, local health departments cannot be expected to assure the delivery of the foundational capabilities. NACCHO places a high priority on the development, definition, and funding of the Foundational Public Health Service and on the definition of the exclusive work for local health departments.

01-02	January 2016 Updated	Performance Standards and Measurement NACCHO supports performance standards for local public health systems as a means for advancing the overall quality and accountability of local public health practice. NACCHO supports National Public Health Performance Standards local instrument as a tool for measuring system capacity and informing quality improvement efforts at the system level. Further, NACCHO supports the use of Mobilizing for Action through Planning and Partnerships (MAPP) as a strategic community health improvement planning process that uses the data from the NPHPS local instrument for public health system performance improvement.
04-06	January 2016 Updated	Health Department Accreditation NACCHO: • Supports the Public Health Accreditation Board (PHAB) voluntary national accreditation program as a means to continuously improve the performance of local health departments. • Encourages all local health departments to engage in accreditation preparation activities as part of their performance improvement efforts. • Supports ongoing research to determine whether PHAB's structure and processes drive continuous improvement in the performance of local health departments and to investigate the link between accredited health departments, greater efficiencies, and improved health outcomes. • Supports an accreditation program that holds every local health department, regardless of size, structure, or governance, to the same standards and review process. • Supports affordable accreditation fees for local health departments. • Encourages PHAB to revise all aspects of the accreditation program, when appropriate, as part of its own ongoing continuous quality improvement process, including continued dialogue with stakeholders and sharing of research findings. • Promotes increased, sustained, and sufficient financial and other investments in local health departments as a means to build capacity, workforce, and agency infrastructure. • Promotes the development and provision of incentives to encourage application to PHAB, efforts to align with and meet PHAB standards, and benefits to accredited health departments without penalty to non-accredited health departments. • Encourages the continued support of national partner organizations to provide technical support and assistance to health departments.
12-12	January 2016 Updated	Mobilizing for Action through Planning and Partnerships NACCHO recognizes the Mobilizing for Action through Planning and Partnerships (MAPP) process as an optimal framework for community health assessment and improvement planning. NACCHO recognizes that there are many community health assessment and improvement planning models and that MAPP is one of these models. NACCHO recommends that local, state, and national public health system partners work together to increase the knowledge and understanding of the utility of MAPP and develop the capacity of all communities to implement MAPP.

12-05	January 2016 Updated	Community Health Needs Assessment NACCHO encourages local health departments and nonprofit hospitals to collaboratively conduct community health needs assessments (CHNA) or community health assessments (CHA), pursuant to the statutory requirement of nonprofit hospitals to conduct a CHNA under the Patient Protection and Affordable Care Act (ACA), as well as accreditation requirements for local health departments under the Public Health Accreditation Board (PHAB). Local health departments should have every opportunity to play an important role in these processes. The level of collaboration between local health departments and nonprofit hospitals and hospital organizations may range from conducting a single, collaborative assessment that mutually benefits both parties' needs, to consulting with or providing reimbursed resources or technical assistance to conduct a CHNA. Potential local health department involvement may include the following: • Collaborating on a joint CHA/CHNA process that fulfills both local health department and nonprofit hospital requirements, which could include, but is not limited to, aligning timelines, pooling staff and financial resources, and coordinating buy-in for implementation. • Providing technical expertise to design and implement a CHNA, e.g. information on assessment models, health status indicators, public health programs, and community-based partners. • Sharing relevant local data resources for quantitative and qualitative health and social determinants information in hospital service areas. • Providing technical assistance in data collection, analysis, synthesis, and interpretation. • Giving input on strategies to improve community health through hospital services and public health prevention and health promotion programs. • Coordinating joint efforts by different hospitals to pool resources to gather data, analyze data, and/or generate a report for a CHNA. • Serving as a neutral facilitator to ensure a collaborative CHNA process; • Engaging community residents in a CHNA process. • Serving as a partner in implementing the hospital Implementation Plans (IPs) or Community Health Improvement Plans (CHIPs) that follow a community health (needs) assessment.
00-12	March 2015 Updated	Evidence-Based Public Health NACCHO supports evidence-based public health practice* including the following recommendations for local health departments: • Use analytical tools and methods for evaluating evidence to determine the effectiveness and feasibility of population-based interventions. • Translate data to help educate communities and inform public policy. • Conduct assessments to identify public health problems and identify what type of public health action is needed. • Research scientific literature and practice recommendations to identify interventions that have been implemented before and their effectiveness. • Rigorously evaluate new practices when research is unavailable to further inform the evidence base.

		• Distribute newly recommended population-based interventions with evidence of effectiveness.
		• Promote utilization of public health surveillance: the ongoing systematic collection, analysis, and interpretation of specific health data, closely integrated with the timely dissemination of these data to those responsible for preventing and controlling disease or injury.
		• Promote integration of HIA (Health Impact Assessment): a method that seeks to estimate the probable impact of a policy or intervention in non-health sectors such as agriculture, transportation, and economic development, on the health of the population.
		  • Increase use of participatory approaches that actively involve community members in research and intervention projects.
		  • Use participatory approaches to conduct sound evaluation and disseminating what is learned to key in all other stakeholders and decision makers.
		  • Make decisions using the best available peer-reviewed evidence (both qualitative and quantitative research).
		
		* Evidence-based practice is defined as "the development, implementation, and evaluation of effective programs and policies in public health through application of principles of scientific reasoning including systematic uses of data and program planning models" in Brownson, Ross C., Gurney, James G., and Land, Garland H. Evidence-Based Decision Making in Public Health. Journal of Public Health Management Practice. 1999; 5(5): 86-9.

Tobacco		
96-04	November 2016 Updated	Local Tobacco Control Regulations NACCHO advocates for the inclusion of language in all state legislation to preserve local government autonomy and eliminate potential conflicts regarding the following: • More restrictive tobacco and vaping control ordinances and regulations, including those governing smoke-free or vape-free indoor air. • Increasing tobacco product taxes. • Regulating the sales and retail environments to reduce use of tobacco and vaping products through product placement and elimination of advertising. • Increasing the minimum age for sale. NACCHO urges state legislatures to enact such legislation. NACCHO encourages local public health officials to work to see that all preemptive state tobacco/vaper control legislation be repealed.
12-03	October 2016 Updated	Hookah Smoking NACCHO supports legislation and programs to reduce and eliminate the harmful public health effects of hookah smoking. This includes any or all of the following possible measures: • Interdisciplinary educational initiatives addressing attitudes, knowledge, myths, and beliefs about hookah smoking and related outcomes to correct misperceptions, particularly among adolescents and young adults.

		• Legislation to ban or limit the establishment of hookah lounges in local communities • Legislation to create a moratorium on the establishment of additional hookah lounges until appropriate bans are in place. • Legislation to add health warning labels on hookah products and in hookah establishments, similar to those seen on tobacco products. • Revision of existing local smoke-free policy to include hookah lounges and establishments (e.g. through clarifying opinion or regulation/rule; opening up or amending the definitions of "smoke" and "smoking" to include hookah may jeopardize existing laws.) • Expansion of language in hookah lounge legislation and smoke-free policies to incorporate non-tobacco substances used in hookah pipes and tobacco alternatives, such as steam stones. • Opposition to any legislation at the local or state level which exempts hookah lounges and other hookah smoking establishments from current smoking ban policies and regulations. • Partnerships with other organizations and educational systems to educate and inform the public on the negative health effects associated with hookah smoking and lounges. • Partnerships with law enforcement to better enforce relevant laws related to hookah lounges, such as minor in possession laws to reduce youth access. • Education for public health and other enforcement staff in the types of products used for hookah smoking and how local legislation applies to the products and lounges. • Alignment between hookah legislation and marijuana legislation for jurisdictions with legalized marijuana use laws. • Additionally, NACCHO supports any initiatives that would increase the research and knowledge base surrounding hookah smoking and its health-related impact. NACCHO urges local health departments to support legislation to help hookah users quit, prevent youth from starting, and protect people from secondhand smoke from hookah use.
13-05	April 2014 Updated	Smokeless and Emerging Tobacco Products NACCHO urges the Food and Drug Administration to enact more stringent regulations related to the manufacturing, distribution, advertising, and marketing of smokeless and emerging tobacco products (e.g., hookah, snus, dissolvables, and other nicotine delivery devices) and to conduct research on the health impact of smokeless and emerging tobacco products. Until then, NACCHO encourages local health departments to support state and local legislation that modifies existing law to include new and emerging tobacco products while safeguarding provisions of existing laws. NACCHO encourages local health departments to support state and local legislation that does any of the following: • Uses broad definitions to include all smokeless tobacco products in new tobacco control legislation.

		• Raises the excise tax on smokeless tobacco products to a level equivalent to that of cigarettes and other conventional tobacco products. • Prohibits the sale of smokeless tobacco and emerging products to minors. • Prohibits the sale and marketing of smokeless tobacco products containing flavors that may appeal to minors. • Prohibits the sale of dissolvable tobacco products not regulated by the FDA. • Bans the distribution of free samples of smokeless tobacco products, even in "qualified adult-only facilities." • Imposes strict control on the sampling of emerging tobacco products. NACCHO also encourages local health departments to do the following: • Oppose legislation that exempts smokeless tobacco products from current tobacco control regulations. • Enforce state and local laws that aim to regulate the sales and marketing of smokeless tobacco products. • Work with tobacco control coalitions to educate the public on the negative health consequences of smokeless tobacco products.
12-04	April 2014 Updated	Electronic Cigarettes (E-Cigarettes) NACCHO urges the Food and Drug Administration (FDA) to enact strict regulations overseeing the sale, manufacture, distribution, and advertising of electronic cigarettes, or e-cigarettes, and to conduct research on their health impact. Until then, NACCHO encourages local health departments to support local legislation and regulations that include any or all of the following measures: • Use broadly-defined language to include e-cigarettes in new smoke-free legislation for indoor and outdoor environments. • Make clear that e-cigarettes are covered by existing smoke-free laws through clarifying opinion or regulation/rule. (Opening up or amending the definitions of "smoke" and "smoking" to include e-cigarettes and e-cigarette vapor or aerosol may jeopardize existing laws.) • Require tobacco retailer licenses to sell e-cigarettes, or add an additional fee for existing tobacco retailers to sell e-cigarettes. • Limit the number of retailers or locations where e-cigarettes can be sold. • Prohibit sales of e-cigarettes to minors. • Ban sales of e-cigarette components that may appeal to minors, such as flavored cartridges. Raise excise tax on e-cigarettes to a level equivalent to cigarettes and other tobacco products. • Require disclosure of the chemicals included in electronic cigarette cartridges. NACCHO also encourages local health departments to support e-cigarette control policy efforts through any or all of the following: • Oppose legislation at the local or state level that exempts e-cigarettes from current smoking ban policies and regulations.

		• Advocate for state or federal regulation prohibiting sales of e-cigarettes on the Internet or through the mail, especially in the case of minors. • Work with businesses and public institutions, such as malls, to voluntarily prohibit e-cigarette sales on premises.
13-12	November 2013 Approved	Tobacco Prevention and Control NACCHO supports national, state, and local public health approaches that enhance local health department capacity to prevent tobacco use initiation, promote tobacco cessation, eliminate exposure to secondhand smoke, and identify and eliminate tobacco-related disparities. NACCHO supports policies and actions aligned with National Prevention Strategy strategic directions and priorities, recommendations from the Guide to Community Preventive Services recommendations, and the Centers for Disease Prevention and Control's (CDC's) Best Practices for Comprehensive Tobacco Programs, which include the following: • Federal, state, and non-governmental funding at or above levels recommended by the CDC to implement comprehensive local tobacco control programs. • Comprehensive local programming that includes community interventions; health communications interventions; cessation interventions; disease, sales, and use surveillance and evaluation; and program administration and management functions. • Proven programs and policies, such as those outlined in the Guide to Community Preventive Services, to prevent tobacco use and reduce exposure to secondhand smoke, including smoke-free workplaces, city and county buildings, and other public places. • Increases in the price of tobacco products through increased excise taxes, particularly if funds are used to enhance revenue for proven tobacco control and prevention programs. • Smoke-free and tobacco-free policies for indoor environments (e.g., restaurants, bars, casinos, multiunit housing) and outdoor environments (e.g., public parks, recreation areas, beaches). • Expansion of services to help smokers quit, including promotion of toll-free telephone quit lines, individual and group counseling, and greater use of cessation benefits available through many health plans. • Mass media campaigns to convey health risks of tobacco use, encourage smokers to quit, decrease social acceptability of tobacco use, and build public support for tobacco control policies. • Epidemiologic data collection and analysis to identify emerging issues in tobacco control. • Policies and programs that reduce youth access to tobacco products including raising the minimum age of sale to 21. • Policies and programs that promote health equity in tobacco prevention and control, including joint efforts with local anti-tobacco coalitions who represent communities most impacted and data collection inclusive of subpopulations. • Policies and programs that include and are accessible to people with disabilities to reduce and prevent smoking among people with disabilities.

		• Collaboration with the Food and Drug Administration (FDA) to ensure full implementation of the 2009 Family Smoking Prevention and Tobacco Control Act (Tobacco Control Act), the landmark law that for the first time grants the FDA authority to regulate the manufacture, distribution, and marketing of tobacco products. NACCHO encourages local health departments to enforce regulations established in the Tobacco Control Act at the local level and implement additional necessary regulations to address any gaps or shortcomings in the federal legislation. Specifically, NACCHO supports local health department efforts to address use of non-cigarette tobacco products, including electronic cigarettes, hookah, and smokeless and emerging tobacco products. (See NACCHO policy statements on Electronic Cigarettes, Hookah Smoking, and Smokeless and Emerging Tobacco Products.) NACCHO encourages local health departments to support programs and policies to identify and eliminate tobacco-related disparities. NACCHO encourages local health departments to call upon the FDA to prohibit menthol as a characterizing flavor and, until then, take action at the local level to address menthol cigarettes, which despite their minty flavor, were exempted from the Tobacco Control Act's flavor prohibition.
Workforce		
17-04	May 2017 Approved	Local Public Health Informatics NACCHO supports national, state, and local efforts to strengthen and sustain informatics capabilities at local health departments to provide efficient public health services and improve public health activities. These activities support the essential public health functions such as the prevention and control of communicable diseases (assessment); setting guidelines for transparent collection, storage, and sharing of data (policy development); and support for population-based health programs (assurance). NACCHO supports comprehensive and sustainable local health department informatics programs and services that ensure collection, analysis, and dissemination of complete, timely, and accurate information. This will drive public health programs to make better decisions that will ultimately improve population health. A sustained funding stream must come from Congress and the Office of the National Coordinator for Health Information Technology (ONC) for public health infrastructure and workforce development for local health departments to ensure sufficient technology and workforce capacity to engage in these efforts. To ensure successful local health department informatics programs, NACCHO recommends the following: *Infrastructure* • Interoperability o NACCHO supports local health department involvement with state and federal partners to improve interoperability across health information systems.

		Interoperability is the ability of two or more systems to exchange information effectively and to use the information that has been exchanged. o NACCHO encourages ONC and the Centers for Disease Control and Prevention (CDC) to support the development of interoperable information systems to support business processes of local health departments. ▪ Systems must support the improvement of population health. o NACCHO supports the development of information systems that support bi-directional communication with clinical care facilities and local health departments. • Privacy and Security o NACCHO recognizes the need to increase the capacity of local health departments to protect privacy and security. o NACCHO recognizes the need for secure use and exchange of health information for public health purposes. ▪ NACCHO supports local health departments' involvement in local, regional, state, and federal efforts that support health information exchanges (HIEs) to ensure the information exchanged is secure, private, and permits authorized use and access for public health purposes. o NACCHO recommends that state and federal officials make every attempt to harmonize laws that address health information and privacy, including accommodation of existing legal mandates for local health department access to identifiable health information to prevent disease and stop outbreaks. *Workforce Development* • NACCHO supports cross-sectional training of public health workers at all levels (local, state, and national) to become competent in informatics and recommends that at least half of informatics training be directed at staff actively working at local public health agencies. • Local health departments should partner with schools of public health to ensure that informatics is a part of the curricula for students pursuing Masters of Public Health and Doctorates of Public Health degrees. *Governance* • NACCHO supports local health departments working with state and national partners on creating and participating on governance structures regarding informatics initiatives such as electronic case reporting and electronic health record adoption and implementation. Governance structures can facilitate the creation of standards and the rapid dissemination of their use. • NACCHO encourages all local health departments to reach out to active and on-going informatics initiatives and programs and offer to sit on their existing governance committees to ensure that the local health department perspective is heard and understood.

03-04	May 2016 Updated	Public Health Ethics NACCHO supports the Principles of the Ethical Practice of Public Health1 developed by the Public Health Leadership Society. NACCHO urges all local health departments to adopt these principles and to consider them consistently and thoughtfully in their work.
09-01	May 2016 Updated	Public Health Certification NACCHO recognizes that the National Board of Public Health Examiners (NBPHE) has developed a professional certification examination focused on measuring public health academic competencies. Furthermore, NACCHO recognizes that the eligibility for the Certification in Public Health (CPH) has been expanded to allow for public health professionals with five years of relevant work experience to sit for the exam. NACCHO also recognizes that the CPH, offered by NBPHE, is an academic credential and is not a pre-requisite for working in a governmental local public health agency and that the CPH credential is associated with individuals who are a subset of the public health workforce. NACCHO recognizes that the NBPHE has developed a Maintenance of Certification process for individuals with the CPH credential. NACCHO agrees to participate in the Maintenance of Certification administered by NBPHE and recommends its participation involve the designation and provision of continuing education activities and credits, where possible. Additionally, NACCHO agrees to participate in the review process for determining applicant eligibility to sit for the exam.
16-02	February 2016 Approved	Community Health Strategist NACCHO is committed to building a transformed, 21st Century health system in the United States that results in optimal health for all and places its highest priority on health, equity, and security for all people. In this new and evolving health system, NACCHO encourages local health departments to take on the role of the community's chief health strategist. As the community chief health strategist in their communities, local health departments acquire new functions and advance current roles to prevent death, disease, and disability; address emerging threats to health, security, and equity; and eliminate the social and structural injustices that result in health disparities. NACCHO supports local health departments in adopting the role of the community chief health strategist to address the growing gap between the expansion of healthcare services and the achievement of health among individuals and communities. The adoption of this role underscores the need for new and sustained leadership at the community level to bring together community stakeholders to prioritize the needs of the community and to leverage resources to build integrated systems to achieve health equity. Local health departments are uniquely positioned to fill this role through their experience in providing essential services and leadership, engaging communities to identify and support policy solutions, and collecting, analyzing, and sharing data.

		In alignment with the Foundational Public Health Services, NACCHO encourages local health departments to adopt the role of community chief health strategist to fulfill the foundational capabilities, including the following: • Combatting the leading causes of illness and disability and assessing emerging health needs to improve community health. • Monitoring and addressing the needs of priority populations in the community. • Enhancing information technology capacity to gather, analyze, and share real-time data sources. • Assessing workforce needs in order to equip personnel with new and relevant skills. • Leveraging public and private financing mechanisms to diversify the funding base. • Integrating the resources and expertise of public health, healthcare, mental/behavioral health, social services, and all private and public sector entities that influence health outcomes. • Assessing the need for the provision of clinical care services in consultation with their community partners and governing boards, and adapting clinical services with attention to the particular needs of the community and the local environment. • Participating in the planning, development, and implementation of health reform locally.
05-08	July 2015 Updated	Public Health Nurses NACCHO recognizes the importance of the Public Health Nurse as a part of public health interprofessional practice. NACCHO also recognizes the challenges related to recruiting and retaining qualified public health nurses while also facing significant cuts in funding from the federal, state, and local government. Public health agencies have experienced a reduction in their workforce capacity, including public health nurses. In 2013, the estimated size of the workforce of registered nurses at local health departments was 27,700, whereas the estimate for the same workforce in 2008 had been 32,900. This decrease negatively impacts existing public health services, and impairs effective response to emerging public health priorities such as infectious and chronic diseases and improving population health outcomes. NACCHO supports the following: • Enhancing scholarship and loan repayment programs to mitigate the public health workforce shortage. • Increased federal funding for health professions training programs such as the National Health Service Corps and Titles VII and VIII of the Public Health Service Act. • Increased federal funding to programs encouraging minorities and persons from underserved areas to enter into the health and nursing professions; • Reducing the debt burden for underrepresented individuals through loan forgiveness programs and tuition reimbursement strategies.

		• Increased federal funding for traineeships that support Advanced Public Health Nursing education. • Integrating public health nursing rotations, including population-based clinical experiences, into nursing school curricula. • Increased access to online training and degree programs. • Promoting public health nursing as a professional option, not simply a component of nursing curricula. • Funding for current Diploma and Associate Degree public health nurses to return to school for completion of Bachelor of Science in Nursing, allowing them to increase their knowledge and skills in social determinants of health, leadership, and public health nursing practice. • Pilot testing nurse residency programs to help with recruitment and retention of public health nurses. • The Health Resources and Services Administration, the Centers for Disease Control and Prevention, state health departments, and universities increasing the availability of continuing education and professional development for public health nurses as a means of retaining and strengthening the Local Health Department workforce through mechanisms such as online training, webcasts, and scholarships. • Increased funding opportunities for evidence-based and outcomes research related to public health nursing practice and interventions. • Encouraging students with an existing college degree to pursue nursing as a second degree. • Parity in salaries for public health nurses and nurses in other areas of clinical practice. NACCHO encourages local health departments to do the following: • Provide nursing internship opportunities. • Increase public health training opportunities for nursing professionals. • Increase the availability of supplemental education for public health nurses as a means of retaining and strengthening the local health department workforce; • Insist public health nurses practice to full scope of their license. • Partner with schools of nursing for student clinical experience, public health nursing staff continuing education, dissemination of evidence-based practice interventions for public health nurses, and joint research and evaluation projects to enhance the evidence base for public health nursing practice. NACCHO will seek partnerships with local health departments and nursing organizations, such as the Association of Public Health Nursing, the Association of Community Health Nursing Educators or the Quad Council for Public Health Nursing in order to enhance the visibility of public health nursing and enhance public health nursing educational opportunities for practicing nurses and students.

14-02	July 2014 Approved	Preparedness Workforce Development and Training NACCHO supports comprehensive, ongoing workforce development and training in emergency preparedness for local health department staff, volunteers, and their community partners. NACCHO encourages local and state governments and the federal government to support the provision of training and education at the local level to maintain the capability of local health departments to effectively plan for, respond to, and help the community recover from the effects of an emergency and to take steps to mitigate those effects before disaster strikes. In order to train a capable local health department emergency response workforce, NACCHO supports the following: • Funding and resources at the local, state, and federal levels to support local workforce development and training necessary for optimal emergency preparedness for public health workers and volunteers. • Training for all local health department staff and volunteers on national frameworks for emergency planning and response, including the following: o National Health Security Strategy o National Preparedness Goal o National Mitigation Framework o National Response Framework o National Disaster Recovery Framework • Capability-based emergency preparedness and response training for public health preparedness staff, grounded in the Centers for Disease Control and Prevention's (CDC) Public Health Preparedness capabilities and the Association of Schools of Public Health's Public Health Preparedness and Response Core Competency Model. • Baseline community-specific training in the National Incident Management System and Incident Command System and its applicability to public health response activities for all local health department staff, volunteers, and community partners. • Additional preparedness training for non-preparedness staff in subjects related to their areas of day-to-day public health expertise. • Use of up-to-date training and education resources from CDC Preparedness and Emergency Response Learning Centers, the Federal Emergency Management Agency, NACCHO, and state, county, and municipal subject matter experts. • Development and annual updating of workforce development plans for each local health department based on training needs assessments, jurisdictional risk assessments, emergency plans, and unique local features and demographics. • Conducting community-wide exercises to test, evaluate, and improve public health emergency response capabilities and inform workforce development needs at least once per year, including a full-scale exercise at least once every five years. • Consistent inclusion of volunteers in workforce development activities, in particular local Medical Reserve Corps volunteers.

		• Establishment of continuous quality improvement models that link workforce development and training to evaluations of response and recovery capabilities and all-hazards response planning. • Incorporation of emergency response and recovery training into the curricula of undergraduate and graduate-level public health programs and the certification and credentialing processes for public health workers.
13-02	February 2013 Approved	Applied Epidemiologists Competencies NACCHO strongly supports incorporating applied epidemiologist competencies into both the academic curricula used by schools of public health to train epidemiologists and particularly by governmental health departments for use in position descriptions and capacity assessment.
11-04	May 2011 Approved	Workforce Development NACCHO represents local health departments that play a vital role in protecting many aspects of the public's health including instances of emerging infectious diseases, chronic diseases, bioterrorism, and natural disasters. As threats have increased and become more complex, the local health department role has expanded and demands new and different skills for its workforce. The public health workforce receives insufficient attention compared to its importance and value to the health of our nation's population. In order to have the capacity to address the roles of local health departments and the consequential workforce challenges to be public health ready, NACCHO supports the following: • Transformation of the U.S. health system that is focused on systems integration, prevention, and health maintenance that includes a strong population education and upstream health improvement component. • Ongoing training and support for public health leadership development. • Accountable baseline federal funding for all local health departments to have the workforce to provide essential services in public health. • A strategic system-wide effort to increase the production, recruitment, and retention of the public health workforce that is sufficient, competent, and diverse. o Increased federal funding for health professions training programs, such as the National Health Service Corps and Titles VII and VIII of the Public Health Service Act, and the Workforce Investment Act. o Enhanced scholarship and loan repayment programs. o Direct immediate funding to retain and bolster workforce capacity. o Targeted efforts to encourage minorities and other underrepresented populations (including people with disabilities) to enter the public health workforce. ▪ Investment in fellowships, internships, and other pathways for minorities, including people with disabilities. • Succession planning to support consistent and efficient delivery of local public health services necessary to ensure the public's health. • Enhanced competency through education and continuous training of public health workers. o Development of competency frameworks.

		o Creation of curricula and training courses with academic partners. ▪ Based on public health competencies. ▪ Relevant to the existing public health workforce at personal education milestones ranging from high school completion to graduate level degrees. ▪ In partnership with community colleges, schools of public health and other academic institutions (i.e., high schools, adult learning centers, etc.) in workforce development efforts. ▪ Development of academic health departments. o Delivery of training courses that are available and accessible to the local health department workforce in multiple platforms including online, self-study, traditional, and non-traditional classrooms toward either certificate or degree programs. • Strong evidence-based research of the public health workforce that will support these efforts; and o Enumeration of the local health department workforce; o Description of the local health department workforce; o Linkage of the work of academia to local health departments; and o Development of relationships between governmental research organizations (National Institutes of Health, Agency for Healthcare Research and Quality, Health Resources and Services Administration (HRSA), etc.) and local health departments. • Investment in a health information exchange network accessible to local health departments that provides real-time health information and outcomes data for quality improvement, analysis, and research. o Data exchange for all stakeholders in health including federal, state and local public health agencies, insurers, hospitals, private providers, and consumers; o Development of health information technology (HIT) workforce to maximize and optimize the return on investment on HIT infrastructure; and o Recognition that health information is a personal and community asset and must be able to be used for individual and population health improvement with appropriate privacy safeguards.