

Strengthening America's Health and Safety by Partnering with Local Health Departments

Recommendations for the Next President
and the 115th U.S. Congress



Public Health
Prevent. Promote. Protect.

NACCHO

National Association of County & City Health Officials



Introduction

The National Association of County and City Health Officials (NACCHO) represents the nation's nearly 3,000 local public health departments. These are the governmental agencies that work every day in their communities to prevent disease, promote wellness, and protect health. They organize community partnerships and facilitate important conversations with a number of stakeholders about how to create the conditions in which all people can be healthy.

NACCHO provides resources, develops programs, and promotes national policies that support effective public health practice in local communities across America. The work of local health departments and NACCHO improves economic well-being, educational success, and nation-wide competitiveness community by community.

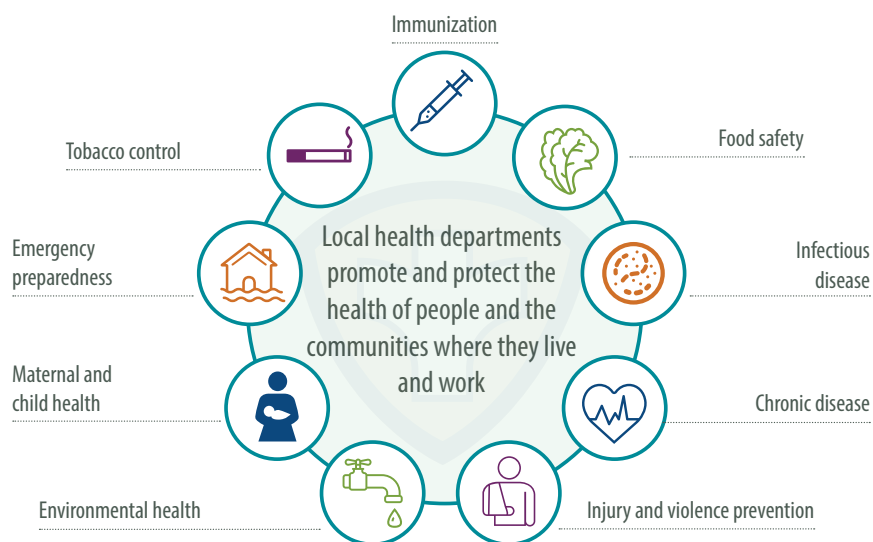
NACCHO's recommendations for the next President are designed to protect and improve health and well-being in our nation's communities. These recommendations provide the incoming Trump Administration with a list of essential, short-term priorities to improve local infrastructure as well as promote the longer-term success of healthy and thriving communities by strengthening our national capacities in disease prevention and public health.

NACCHO's four overarching goals with respect to national health policy are to do the following:

1. Strengthen and modernize the governmental public health system, so that federal public health agencies and state and local governmental public health departments work effectively together, using the unique and complementary powers and capacities at each level of government to provide a seamless, efficient, and accountable system that protects health and improves overall quality of life.
2. Prepare and quickly respond to ever-present public health emergencies and threats by ensuring robust and sustained funding for public health

"NACCHO and the nearly 3,000 local health departments in the United States work every day to keep people healthy. Healthier people are more productive, have better quality of life, and are more likely to survive a disaster and bounce back faster."
—LaMar Hasbrouck, MD,
MPH, Executive Director,
NACCHO

Figure 1. Local health departments impact our lives every day



emergency preparedness activities as well as surge funding to support an immediate response. While disease outbreaks and other public health incidents are inevitable, if addressed early, many adverse consequences can be prevented. Funding and support delivered at the right time can and has saved lives.

3. Transition the health care system to focus on population health improvement that results in optimal health for all residents and moves the United States towards being the healthiest nation. Such a system will place its highest priority on prevention and eliminate inequities in health status, in part through providing access to health care for every person.
4. Improve health for all Americans by recognizing and acting on the knowledge that many of the factors that influence health status are outside the traditional health care system. Research has shown that health care alone only accounts for 10–15% of health status.¹ Education, race, socioeconomic status, housing, transportation, and many aspects of the physical environment in a community exert powerful influences on an individual's health and the choices an individual can make, collectively referred to as the social determinants of health. (See **Appendix A.**)

Why focus on public health?

Public health is the science of protecting and improving the health of families and communities through promotion of healthy lifestyles, research for disease and injury prevention and detection, and control of infectious diseases. Overall, public health is concerned with protecting the health of entire populations. These populations can be as small as a local neighborhood, or as big as an entire country or region of the world.

A focus on public health can improve health outcomes across the board, including for groups that have historically had decreased opportunities for good health (racial/ethnic minorities, people living in poverty, immigrants.) Local health departments, working with state and federal partners, impact the leading causes of injury, illness, disability, and death for Americans, reducing needless suffering as well as health care costs. By leveraging evidence-based public health knowledge and tools, the governmental public health system can make a difference in people's lives and make the United States a stronger nation.

By addressing the underlying causes of disease, public health can save money and strengthen the overall physical and economic health of our nation. Public health professionals have implemented programs working with community partners that prove a prevention approach can work to save money and improve lives.



Role of local health departments in keeping communities healthy and safe

Local health departments are on the front lines of public health. Communities may not always see the work they do, but we are all safer and healthier because of it. Local health departments are the unit of local government responsible for safeguarding the public on a number of fronts. They have the power to quarantine people who are sick and pose a danger to others, inspect the food supply, close unsafe restaurants, and coordinate community partners to respond in emergencies.

Most local health departments provide services that reduce the impact of infectious disease in their communities. They also monitor environmental threats to air, food, and water. (See **Appendix A.**)

Recommendations

1

Strengthen and Modernize the Governmental Public Health System

Support Local Health Departments as the “Chief Community Health Strategist”

In 2014, the Robert Wood Johnson Foundation’s Public Health Leadership Forum issued *The High Achieving Governmental Health Department in 2020 as the Community Chief Health Strategist*.² The paper calls on governmental public health to take on the role of the community’s chief health strategist and to acquire new skills and tasks in order to fulfill key public health functions while evolving in light of the nation’s changing health landscape. It highlights the necessity for governmental health to adapt in an evolving health system, which includes changes in health care needs and demographic shifts. The paper also details key roles for governmental public health to adapt as chief community health strategists, such as promoting health and wellness for all people in the community, collecting and sharing large data related to the health of the community, assessing workforce needs, and collaborating with a range of partners to build an integrated and effective system that leads to healthier communities.

“For Public Health 3.0 to succeed, local and state public health leaders must step up to serve as Chief Health Strategists for their communities, mobilizing community action to strengthen infrastructure and form strategic partnerships across sectors and jurisdictions.” —Karen DeSalvo, MD, MPH, Acting Assistant Secretary for Health, Department of Health and Human Services



Key takeaways include the following:

- Local health departments are rooted in the community and have expertise to share. They know how to keep people healthy, which can lead to lower health care costs.
- Local health departments are already conveners in their communities and need additional capacity to further expand this role.
- Federal dollars should support and facilitate this role in communities across the nation. Congress and the new Administration need to work to break down funding silos, including more direct, flexible funding opportunities that are specifically designed for local health departments.
- Local health departments need support to continue to modernize governmental public health; in particular, they need support in building local data collection systems. In the way that private health care data investments have been subsidized, public health systems are also worthy of such federal investment.

Support HHS's Public Health 3.0

Developed over the past year through a number of public meetings and stakeholder outreach, Public Health 3.0 (PH3) sets out a framework for a “major

upgrade in public health practice to emphasize cross-sectoral environmental, policy, and systems-level actions that directly affect the social determinants of health and advance health equity.”³

In October of 2016, the Department of Health and Human Services (HHS) produced a white paper with a number of recommendations regarding public health practices across a number of relevant fields, not just traditional, government public health constituencies. To that end, PH3 embraces the chief health strategist framework, but goes a step further to emphasize that to truly address the social determinants of health, which is necessary to achieve a healthier nation, governmental public health cannot work alone and must partner across sectors.

The five overarching PH3 recommendations are that public health leaders:

1. Play the role of chief health strategist for their respective communities;
2. Engage with stakeholders to partner across sectors (e.g., transportation, housing, social services);
3. Achieve “enhanced” accreditation so as to require PH3 activities;
4. Ensure timely, accurate, granular public health data that are available and accessible; and
5. Have access to enhanced, more flexible funding.

Fund Governmental Public Health Infrastructure and Programs

Most federal funding for public health programs is categorical and targeted to particular issues or diseases (e.g., emergency preparedness, diabetes prevention.) The primary federal agencies that fund public health are the Centers for Disease Control and Prevention (CDC), the Office of the Assistant Secretary for Preparedness and Response (ASPR), and the Health Resources and Services Administration (HRSA). The Prevention and Public Health Fund provides 13% of CDC's funding in FY2016.

The majority of federal funding for public health goes to state health departments. The federal government also directly funds a few large urban health departments. State health departments allocate funding to local health departments with great variability around the country.

Key NACCHO priorities are to build core public health infrastructure and public health program capacity at the CDC and ASPR. Most local health departments provide services that reduce the impact of infectious disease in their communities. They also monitor environmental threats to air, food, and water and, with community partners, address chronic diseases like diabetes and heart disease, the major drivers of health care costs in the United States.

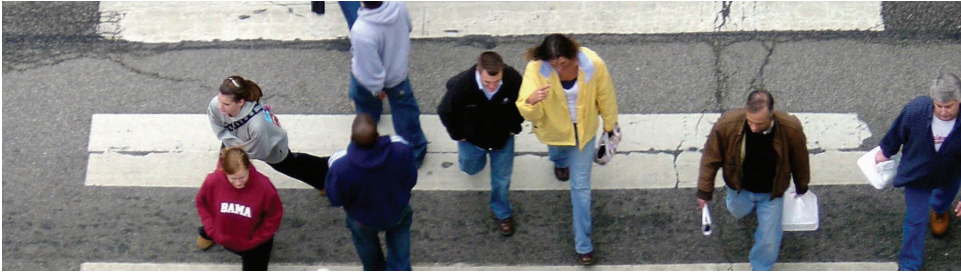
Local health departments act quickly and efficiently to protect people in their communities during emergencies because of ongoing public health preparedness activities. They develop emergency plans, purchase the equipment and supplies necessary to execute these strategies, train their workforce and conduct exercises to test their emergency procedures, and use lessons learned from the trainings and exercises to improve preparedness. More than half of all local health departments rely solely on federal funding for their emergency preparedness efforts.

Local health departments also protect the public through provision of safe, cost-effective immunization services. These local agencies are the backbone of the vaccination infrastructure in the United States, working with public- and private-sector physicians to assure effective immunization practices, including proper storage and delivery of vaccines.

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. Each year, vaccine-preventable diseases cause long-term illness, hospitalization, and death. While pediatric vaccination rates remain consistently high throughout the nation, adolescent and adult vaccination rates lag behind. (See **Appendix C.**)

Support Funding for Health Information Technology for Public Health Departments

Federal government programs provide incentives to health care providers such as hospitals and physicians' offices to adopt and use electronic health records (EHR) and exchange data, and send data to public health departments for analysis. In order to receive incentive payments, health care providers must demonstrate meaningful use of certified electronic health



records (EHR) technology. Unfortunately, federal requirements do not provide the same incentives to support local health departments' ability to receive and analyze the data. The interoperable exchange of data between health care providers and local health departments is critical to the ability of local health departments to monitor surveillance of health trends, administer preventive health services, respond to disasters, engage in clinical care, and identify health hazards. As was demonstrated clearly in the case of imported Ebola in 2014, information that is shared in a health care context must be available in a timely fashion to local and state health departments to prevent the spread of disease, with life or death consequences.

Health information technology (IT) increases the capacity of local health departments to improve health. An effective and efficient health IT system enables a local health department to do the following:

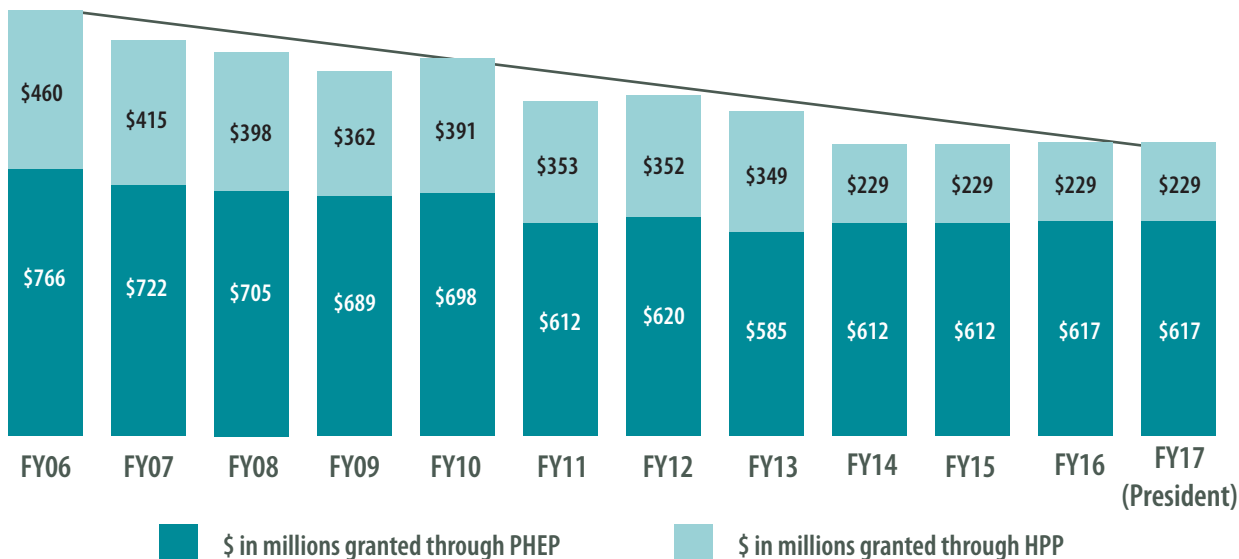
- Monitor chronic diseases such as childhood asthma or diabetes and outbreaks of infectious diseases, such as E. coli.
- Communicate important health information and notify the public about local emergencies.
- Evaluate programs and services to ensure they are aligned with the community's needs.
- Limit dangerous and costly prescribing errors.
- Communicate with physicians about practice patterns and disease management.

Without access to data generated from health care providers with appropriate safeguards, state and local health departments are limited in their ability to efficiently and effectively improve and protect the public's health. Access to timely information is especially critical in a public health emergency, as seen in the recent examples of Ebola and Zika. (See **Appendix D.**)

Support Funding for Public Health Loan Repayment Programs

In order to encourage recent graduates to embark on a career in governmental public health, Congress authorized a public health loan repayment program but funds have never been appropriated. The law authorized up to \$35,000 per year in loan repayment for public health professionals who work for a minimum of three years at a federal, state, local, or tribal public health agency. These funds would make a difference in providing a public health workforce for the future, ready to serve communities and states across the country.

Figure 2. CDC Public Health Emergency Preparedness and ASPR Hospital Preparedness Program Grant Funding (31% Cut FY06–FY16)



2

Prepare and Respond Quickly to Ever-Present Public Health Emergencies and Threats

In recent years, the nation has faced a myriad of emerging infectious diseases, including Zika, Ebola, H1N1 flu, severe acute respiratory syndrome (SARS), and Middle East Respiratory Syndrome (MERS), in addition to multiple large-scale, multi-state food-borne illness outbreaks.

Since all disasters strike locally, local health departments are a critical part of any community's first response to disease outbreaks, emergencies, and acts of terrorism. Local health departments are the “boots on the ground” responding to and recovering from public health emergencies, such as disease outbreaks, natural and human-caused disasters, and terrorist attacks. Local health departments regularly host trainings and exercises to prepare staff and health care coalition partners for public health emergencies, to build consistent and ongoing communication between partners, clearly define roles during an emergency, and anticipate challenges before an emergency occurs.

Ensure Sustainable Funding for Core Public Health Programs, the Backbone of Public Health Preparedness and Response

Federal funding streams that support governmental public health's ability to detect, protect, prepare, and respond to public health emergencies include CDC's Public Health Emergency Preparedness Program, Epidemiology and Laboratory Capacity, Core Infectious Disease Program, and Environmental Health Program as well as ASPR's Hospital Preparedness Program and the Medical Reserve Corps. Unfortunately, these programs have been flat-funded or significantly cut over the last decade. (See Figure 2.) Without sustained funding, governmental public health struggles to find the resources to address larger scale emergencies and must seek supplemental funding from Congress. (See **Appendix E.**)

Support a Public Health Emergency Fund

The Public Health Emergency Fund was actually created in 1983, but it is almost empty, with only \$57,000 remaining. There are no concrete plans to replenish it, such as annual appropriation.

National health security is a state in which the nation and its people are prepared for, protected from, and resilient in the face of incidents with health consequences. Local health departments play a key role in achieving national health security by preparing their communities for disasters, responding when emergencies occur, and lending support through the recovery process. To ensure that federal, state, and local governmental public health can effectively prepare and respond to emerging infectious diseases and other natural and man-made disasters, NACCHO supports a strong, sustained Public Health Emergency Fund. This fund would provide surge funding to support an immediate response to a health emergency and prevent the incident from becoming more deadly and costly. Given the challenges and significant time it took Congress to pass supplemental funding to address Ebola and then Zika, an emergency fund could enable the expeditious deployment of resources to the federal government and out into the field.

Along with additional funding, experts need to be given additional authority to act in an emergency. According to CDC, only \$2.5 million of their budget is designated to respond to emergencies, leaving the agency waiting for Congress to grant them permission to shift funds or to grant them new funds to respond to an emergency, such as a disease outbreak. This lack of authority stands in stark contrast to the Federal Emergency Management Agency (FEMA), which has \$13 billion at its discretion to respond to natural disasters.

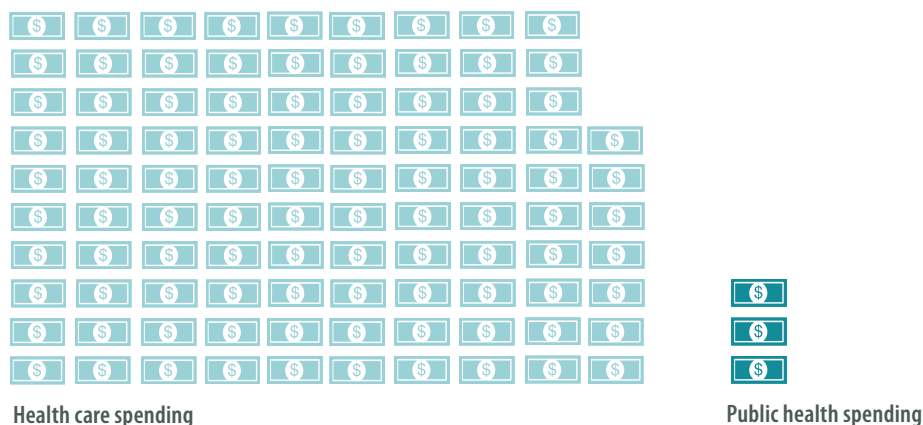
If a Public Health Emergency Fund were appropriately supported and accessible, local health departments would be better able to respond to public health disasters that demand quick action, without partisan politics getting in the way. This pool of dollars would likely not be large enough to fund an entire response to every event, but it could give health departments a running start with quicker access to emergency dollars. Congress would still have oversight by demanding accounting and reporting—and deciding whether to allocate additional dollars to the effort in the months and years to come.

“CDC remains committed to saving lives 24/7 by supporting state and local health departments and using resources to achieve the greatest benefit.”

*—Stephen C. Redd, MD,
Director, Office of Public
Health Preparedness and
Response, Centers for Disease
Control and Prevention*



Figure 3. Governmental Public Health Spending Accounts for Only 3% of the \$2.9 Trillion Spent on Health Care in the United States



3

Transition the Health Care System to Focus on Population Health Improvement

The United States spends a tremendous amount of money treating diseases and conditions that can be prevented by community-level public health interventions. As a nation, we spend at least twice as much on health care per person than any other industrialized country, but health outcomes are much poorer than our peers.¹⁰ Conditions like diabetes and heart disease can be prevented or lessened in severity by changes in diet and exercise, in some cases eliminating the need for more costly health care interventions. According to the National Health Expenditure Accounts report from the Centers for Medicare and Medicaid Services (CMS), in 2013 governmental public health activities accounted for only 3% of the \$2.9 trillion spent in the United States on health care. (See Figure 3.) The United States' low global health status ranking and the inferior return on investment of health care dollars are compelling reasons to rethink and rework our approach to health care.

Ensure Payment and Delivery Reform of the Health System Includes a Focus on Improving Population Health

Health reform has established a spectrum of payment models that generate opportunities for enhanced value with greater accountability for achieving improvements

in outcomes and reductions in costs. Several funding mechanisms, including Medicaid and Medicare, now have ways to pay for population health outcomes. NACCHO also supports innovation in the delivery of services by non-clinical providers who focus on upstream factors that impact health.

Examples include the following:

- States using the Medicaid Section 1115 waiver mechanism as a funding source for transforming the payment and delivery system to improve population health that address the social determinants of health.
- CMS State Innovation Model Grants supports health care system transformation by providing financial and technical support to states for the development and testing of state-led, multi-payer health care payment and service delivery models to improve health system performance, increase quality of care, and decrease costs for Medicare, Medicaid and Children's Health Insurance Program (CHIP) beneficiaries. Several states are testing Accountable Communities for Health (ACH) models to advance their goals and address the full range of clinical and non-clinical factors that influence health. ACHs are bringing together partners from health, social service, and other sectors to improve population health and clinical-community linkages within a specific geographic area.

- CMS is supporting reimbursement models through Medicare for Accountable Care Organizations (ACOs) that bring together groups of doctors, hospitals, and other health care providers voluntarily to give coordinated high-quality care to their Medicare patients. The goal of coordinated care is to ensure that patients, especially the chronically ill, get the right care at the right time, while avoiding an unnecessary duplication of services and preventing medical errors. Addressing non-clinical factors is critical to achieving health outcomes and cost savings.
- The Medicare Access and CHIP Reauthorization Act of 2015 (MACRA) has created two paths to shift physician payment based on quality of care. While this sea change is occurring in the clinical care system, it is critical that there continue to be a focus on improving population health through the use of financial incentives and not just the health of individual patients.
- In January 2014, a ruling by CMS allowed greater latitude in service provision for Medicaid and CHIP beneficiaries. This rule change, in combination with existing flexibility for states through the Medicaid State Plan and demonstration waivers, allows for reimbursement of nontraditional providers in nonclinical settings as long as the service was initially recommended by a physician or other licensed practitioner.

Ensure Hospital Community Benefit Resources Are Focused on the Needs of the Community

Nonprofit hospitals must provide benefits to the communities they serve to maintain their tax-exempt status. Historically, hospitals' community benefit activities have focused on providing charity care and other forms of uncompensated care. The ACA establishes standard requirements for nonprofit hospitals concerning community benefit reporting, community health needs assessments, and strategies to improve the health of the communities they serve. Internal Revenue Service figures show that in 2011, hospitals allocated slightly less than \$2.7 billion out of nearly \$62.5 billion in community benefit spending to community health improvement. NACCHO seeks to ensure that community benefit activities by nonprofit hospitals are responsive to the most pressing health needs of the people they serve. These are significant resources that should be utilized to achieve population health outcomes in the communities in which the hospital serves.

4

Improve Health for All

Support Cross-Sector Interventions to Address Health

In order to improve health for people in all communities, multiple sectors need to come together. These include schools, businesses, faith organizations, community non-profits and elected officials, in addition to public health and health care leaders.

"Local health departments are on the front lines protecting people in communities across this nation. Keeping people healthy is critical to bring down the unsustainable rise in health care costs."

*—Claude-Alix Jacob, MPH,
NACCHO President and
Chief Public Health Officer,
Cambridge (MA) Public
Health Department*

Since 2010, the Office of the Surgeon General has convened the National Prevention Council, a cross-agency body comprised of 20 federal departments, agencies, and offices. In addition, a Prevention Advisory Group made up of health care and public health stakeholders was convened to meet regularly and provide recommendations to the Prevention Council and the Surgeon General.

The National Prevention Council works to advance the goals and vision of the National Prevention Strategy, released June 16, 2011. The Prevention Strategy aims to guide the United States in the most effective and achievable means for improving health and well-being. It prioritizes prevention by integrating recommendations and actions across multiple settings to improve health and save lives. The coming together of these federal departments across the government has been unprecedented and provides the impetus for changes that can have an exponential effect on population health.

As a result of cross-sector collaboration throughout the federal government, real strides have been taken:

- The number of babies born in hospitals that provide optimal support for mothers to breastfeed more than tripled between 2008 and 2013.⁹
- From 2008 to 2013, Supplemental Nutrition Assistance Program benefit redemptions at U.S. farmers markets increased 672%, increasing access to healthier food choices.⁹
- Between 2012 and 2013, the number of Tobacco-Free College Campuses increased by almost 70%, from 774 to 1,343, reducing likelihood of exposure to tobacco smoke among undergraduate and graduate students.⁹
- By the end of 2013, over 6,500 U.S. schools had received a HealthierUS School Challenge certification for their efforts to promote nutrition and physical activity.⁹

“Building healthy communities requires strategic collaboration across all sectors. When we build a complete infrastructure of healthy communities, we can begin to close the gaps in health due to factors such as race, ethnicity, gender identity, sexual orientation, zip code and income.” –Surgeon General Vivek Murthy, MD, MPH

Address the Social Determinants of Health

High-quality health care can treat individual health conditions, but to solve the fundamental challenges of population health, the public health system must address the full range of factors that influence overall health and well-being. The social determinants of health are the conditions in which people are born, live, work, and age. These factors include quality education; safe environments; affordable, safe housing; accessible transportation options; economic opportunity; access to healthy foods and more.

In communities that are disadvantaged, due to factors such as a lack of economic opportunity, or persistent racial or ethnic prejudice, an absence of the building blocks that add up to good health can create inequity. With support from the public health system to cultivate a healthier community, demonstrated gaps in health due to race or ethnicity, gender identity or sexual orientation, and zip code or income can begin to close.

Take a Public Health Approach to Addressing Violence

Everyone deserves an equal chance to be healthy. Communities across the country are suffering from violence, especially in often economically depressed inner cities. Violence leads to widening health disparities and is the overall leading cause of injury, disability, and premature death, and is often disproportionately experienced by racial and ethnic minority groups.⁴ Community trauma also leads to poor economic mobility, health, and educational outcomes.⁵

Violence and trauma can be prevented at the community level using a public health approach. Local health departments leading on this issue include Boston,⁶ Kansas City,⁷ and Minneapolis.⁸ While each uses different and inherently local methods and approaches to successfully reduce violence in the community, they are each seeing positive results. Across the spectrum of activities, some solutions being implemented include the following:

- Using a trauma-informed approach, which is care grounded in and directed by a thorough understanding of the neurological, biological, psychological, and social effects of trauma and the prevalence of these experiences in persons who seek and receive mental health services.
- Integrating mental health into other key areas of practice, such as addiction counseling.
- Implicit bias training for various city staff, which helps them become aware of stereotypes they may hold, and how to address them while doing their jobs.

Unfortunately, few local health departments have dedicated resources to focus on violence in their community. Funding is needed for timelier, more accurate local data.

Conclusion

NACCHO's recommendations for the next President and a new Congress are designed to protect and improve the health and well-being of our nation's communities. These recommendations provide a short list of essential, near-term priorities to improve local health infrastructure as well as promote the longer-term success of healthy and thriving communities by strengthening our national capacities in disease prevention and public health, consequently creating healthier environments in which to live.

NACCHO and our nearly 3,000 local health departments seek to find impactful solutions to some of our nation's most challenging problems. We stand ready to work collaboratively with the Trump Administration to lead the way in creating a safer and healthier nation.

The United States currently devotes a tremendous amount of money to treating diseases, instead of preventing them altogether through community-level public health interventions. The American people are spending far more on health care per person than residents of any other industrialized nation, yet these investments do not create better health or a higher life expectancy. NACCHO would like to partner with the Trump Administration and Congress to seize the opportunity to change these stark facts. It is time to improve the return on investment America receives from its health care expenditures and redesign our approach to cultivating good health for the 21st Century.

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Local Health Departments Impact Our Lives Every Day



Local health departments at the city and county level are on the front lines in ensuring the health of the public. The public may not always see the work they do, but communities are safer and healthier because of it.

Emergency Preparedness

(Federal Agencies: CDC/ASPR)

Local health departments are on-call 24 hours a day, seven days a week to protect their communities quickly and efficiently from all types of public health emergencies. They develop emergency plans, train their workforce and conduct exercises to test plans, and use lessons learned from trainings and exercises to improve those plans. Local health departments secure life-saving medicines and resources including shelter supplies, vaccinations, and first-aid equipment. They know how to quickly respond and deploy these resources during public health emergencies as the result of preparedness planning, training, and exercises.

Immunization

(Federal Agencies: CDC/CMS)

Local health departments vaccinate people in their communities, providing one of the most successful and cost-effective services to prevent disease and death. Most local health departments provide direct immunization services and promote the importance of immunizations through education and policy. Local health departments use immunization information registries to record and track vaccine administration, provide immunization outreach, and educate providers within their communities.

Infectious Disease Prevention

(Federal Agencies: CDC/HRSA)

Despite the extraordinary successes generated by immunizations, pharmaceuticals, and evidence-based public health interventions, the spread of infectious diseases remains a critical issue. Sexually transmitted infections, vaccine-preventable diseases, and emerging threats like Ebola and Zika all demonstrate the need for strong infectious disease prevention and control programs. When a disease outbreak occurs in a community, local health departments conduct investigations and collect and analyze data to track and

prevent the spread of infectious diseases. Local health departments rely on surveillance and monitoring to detect outbreaks to prevent more people from being infected.

Chronic Disease Prevention

(Federal Agency: CDC)

Local health departments work with a wide range of community partners to create conditions and policies that help people make healthy choices, such as avoiding tobacco use and eating healthier foods. Local health department staff work to advance policy changes at the local level, such as bans on trans-fats in food served by restaurants, and to sponsor and host screenings to identify people with chronic diseases, such as diabetes and heart disease, and connect them with services and tools to help them manage their diseases. Proactive measures like these ensure there are safe spaces to exercise and play, and contribute to the prevention of chronic diseases and risk factors like obesity, diabetes, and heart disease.

Environmental Health

(Federal Agency: CDC/EPA)

Local health departments create disease control and prevention plans targeted to reduce bacterial and viral diseases transmitted by mosquitoes, ticks, rodents, and other emerging vectors. Local health departments ensure communities have clean water and air and educate residents about air pollution. This is especially important for citizens with chronic diseases, as well as healthy adults who exercise or work outdoors, and people with limited economic resources without access to medical care. Local health departments investigate, plan for, respond to, and educate the community and key partners about water-, food-, and insect-borne diseases.

Food Safety

(Federal Agencies: CDC/FDA)

Local health departments are an essential part of the process to ensure that food is safe to eat at home, at community events, in restaurants, and in schools. They work with state, local, and national partners to prevent, identify, and respond to outbreaks of food-borne illness. They inspect restaurants, grocery stores, daycare facilities, hospitals, schools, and some food manufacturing plants to ensure safe food handling practices and sanitary conditions. When necessary, a

local health department will take action to ensure that a food establishment complies with sanitation standards.

Injury and Violence Prevention

(Federal Agency: CDC/SAMHSA)

Local health departments have an important position in coordinating the broader public health system's efforts to address the causes of injury and violence. They implement and support key interventions to prevent prescription drug misuse and overdose, motor-vehicle related injuries, violence against children and youth, and falls among older adults. Local health departments develop and implement policies to prevent prescription drug misuse and overdose. Local health departments are key partners for states as they are responsible for ensuring the health of communities and serve on the front lines of the opioid epidemic. Local health departments look to curb the epidemic by increased prescription drug monitoring and access to life-saving Naloxone or Naltrexone.

Maternal and Child Health

(Federal Agency: HRSA/CDC)

Local health departments protect and promote the health, safety, and security of women, children, youth, and families. They act as safety-net providers and connect family members to support programs that provide parenting support; home visiting services; newborn screening; lead screening and assessment; supplemental nutrition for women, infants, and children; injury and violence prevention; and intimate partner violence screening as well as services such as HIV/STI testing and screening, immunizations, and oral health screening.

Tobacco Control

(Federal Agency: CDC/FDA)

Tobacco use is the leading cause of preventable death and disease in the United States. Local health departments institute policies to raise the minimum age of tobacco sales to minors, implement smoke-free multiunit housing, and restrict use of electronic cigarettes and other new products. Local health departments communicate with the public through anti-smoking advertising campaigns to decrease smoking and target high-risk groups. They provide or refer people for counseling and medications and educate health care providers about available local resources that support tobacco cessation.

Local Health Departments Are the Chief Community Health Strategists

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

Background

In 2014, the Robert Wood Johnson Foundation's Public Health Leadership Forum issued *The High Achieving Governmental Health Department in 2020 as the Community Chief Health Strategist*.¹ The paper calls on governmental public health to take on the role of the community's chief health strategist, and to acquire new skills and tasks in order to fulfill key public health functions while evolving in light of the nation's changing health landscape. It highlights the necessity for governmental health to adapt in an evolving health system, including changes in health care needs and demographic shifts. The paper also details key roles for governmental public health officials to adapt as chief community health strategists, such as promoting health and wellness for all people in the community,

collecting and sharing large data related to the health of the community, assessing workforce needs, and collaborating with a range of partners to build an integrated and effective system that leads to healthier communities.

Role of the Local Health Department

Health is influenced by a range of interconnected factors such as individual health behaviors, social characteristics, and physical environment. Local health departments as "chief community health strategists" play an important role in addressing the broader influences of health to promote wellness, eliminate disparities, and promote equity among all individuals in their communities.

Local health departments are truly the community's chief health strategist and in many cases have already been playing this role. Others may need to evolve to fit this frame. Some local health departments will need to acquire new functions, while some will simply need to advance their current roles in the community to prevent death, disease, and disability; address emerging



Key Takeaways and Recommendations to Federal Policymakers

- Local health departments are rooted in the community and have expertise to share. They know how to keep people healthy, which can lead to lower health care costs.
- Local health departments are already conveners in their communities and need additional capacity to further expand this role.
- Federal dollars should support and facilitate this role in communities across the nation. Congress and the new Administration need to work to break down funding silos, including more flexible, more direct funding opportunities for local health departments. For example, important federal dollars need to support CMS demo programs and also pay for prevention, not just care after someone is already ill. Community benefit dollars are also key to this, and hospitals need to further incentivized to invest such dollars in prevention and in the local health department's role as the chief health strategist.
- Finally, local health departments need support to continue to modernize governmental public health, in particular local data collection and systems to support them. In the way that health care data investments have been subsidized, public health systems must also reap such federal dollars.

threats to health, security, and equity; and eliminate the social and structural injustices that result in health disparities

Owning this role underscores the need for new and sustained leadership at the local level to bring together stakeholders to prioritize the needs of the community and to leverage resources to build integrated systems to achieve health equity.

References

- i. Resolve. (2014). *The High Achieving Health Department in 2020 as the Community Chief Health Strategist*. Retrieved from <http://bit.ly/2g4hRqU>

Read NACCHO's Policy Statement on Community Health Strategist at <http://bit.ly/2f1uSeS>.

Local Health Departments Rely on Federal Funds

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

	Programs	FY2016 (\$ in millions)	NACCHO Request (\$ in millions)
HHS	<i>Prevention and Public Health Fund (PPHF)</i>	\$932	\$1,000
Emergency Preparedness			
CDC	Public Health Emergency Preparedness Cooperative Agreements	\$660	\$675
ASPR	Hospital Preparedness Program	\$255	\$300
ASPR	Medical Reserve Corps	\$6	\$11
Infectious Disease Prevention			
CDC	Section 317 Immunization Program (<i>PPHF</i>)	\$611 (\$324)	\$650
CDC	Core Infectious Disease [Antibiotic Resistance]	\$393 [\$160]	\$428 [\$200]
CDC	Epidemiology and Lab Capacity Grants (<i>PPHF</i>)	\$110 (\$40)	\$110
Environmental Health			
CDC	Childhood Lead Poisoning Prevention (<i>PPHF</i>)	\$17 (\$17)	\$35
Public Health Capacity			
CDC	Preventive Health & Health Services Block Grant (<i>PPHF</i>)	\$160 (\$160)	\$170
CDC	Public Health Workforce Development (<i>PPHF</i>)	\$52	\$57
Injury Prevention			
CDC	Opioid Prescription Drug Overdose Prevention	\$70	\$80
Chronic Disease Prevention			
CDC	Heart Disease and Stroke Prevention (<i>PPHF</i>)	\$160 (\$73)	\$160
CDC	Diabetes Prevention (<i>PPHF</i>)	\$170 (\$73)	\$170

Funding Streams in Brief

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

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

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

The **Section 317 Immunization Program** at CDC supports vaccine purchase for at-need populations and immunization program operations, including support for implementing billing systems for immunization services at public health clinics to sustain high levels of vaccine coverage.

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

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

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

The **Preventive Health and Health Services (PHHS) Block Grant** at CDC gives states the autonomy and

flexibility to solve state problems and provide similar support to local communities, while still being held accountable for demonstrating the local, state, and national impact of this investment.

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

The **Opioid Prescription Drug Overdose Prevention Program** at CDC funds prescription drug abuse and overdose prevention programs in hardest hit communities to enhance prescription drug monitoring programs (PDMPs), implement insurer and health system interventions to improve opioid prescribing practices, and foster collaboration with a variety of state entities, including law enforcement.

The **Heart Disease and Stroke Prevention Program** at CDC supports evidence-based state heart disease and stroke prevention programs and select local health departments to address at risk populations in their communities.

The **Diabetes Prevention** at CDC funds state diabetes prevention and control activities which support diabetes self-management education and diabetes prevention lifestyle change.

The **Prevention and Public Health Fund (PPHF)** is a dedicated funding stream for investments in governmental public health programs created by the Affordable Care Act to insure investments in prevention, not just clinical care. The PPHF supports immunizations, lead poisoning prevention, early and rapid detection of diseases and injury, and chronic disease grants to all states and some communities. Since FY2010, the federal government has invested nearly \$6.25 billion in core public health programs and new innovative programs. The funding is available to state and local health departments mainly through the CDC. In FY2016, the PPHF made up 13% of CDC's budget.

Local Health Departments Seek Level Playing Field on Health Information Technology

Comprehensive and sustainable local health department informatics programs and activities can ensure collection, analysis, and dissemination of timely, accurate, and high-quality data information informing public health programs to improve individual, community, and population health.

Since the passage of the Health Information Technology for Economic and Clinical Health (HITECH) Act in 2009, the landscape of health care has changed with the federal government providing incentive payments to health care providers who implement electronic health records (EHR), leading to increased access to data on health conditions. Public health departments have sought to gain access to this and other data in order to gather meaningful and actionable knowledge to track health status and target limited resources to health needs.

Health IT Helps Protect the Public

Health information technology (health IT) increases the capacity of local health departments to improve health. While health IT does not change people's health status, an effective and efficient system enables a local health department to do the following:

- Monitor chronic diseases such as childhood asthma or diabetes and outbreaks of infectious diseases, including E. coli and Zika virus.
- Communicate important health information and notify the public about local emergencies.
- Evaluate programs and services to ensure they are aligned with the community's needs.
- Limit dangerous and costly prescribing errors.
- Communicate with physicians about practice patterns and disease management.



Federal government programs provide incentives to health care providers such as hospitals and physicians' offices to adopt and use electronic health records and exchange data, and send data to public health departments for analysis. To receive incentive payments, health care providers must demonstrate meaningful use of certified EHR technology. Unfortunately, federal requirements do not address local health departments' ability to receive and analyze the data, as they do not receive the same incentives.

NACCHO is very supportive of adoption of EHRs and investments in the nation's health IT capacity, including development of health information exchanges (HIEs). NACCHO and local health departments applaud the federal government's efforts to establish a strong foundation of electronic health information and provide a basis for improved decision-making through rapid, efficient information exchange.

This information can substantially improve efforts to protect the public's health, but only if public health departments have the resources and ability to leverage the data. NACCHO and local health departments across the country have previously raised concerns about the potential lost opportunity to improve and protect the

public's health if data generated from health care providers is not accessible to state and local health departments with appropriate safeguards.

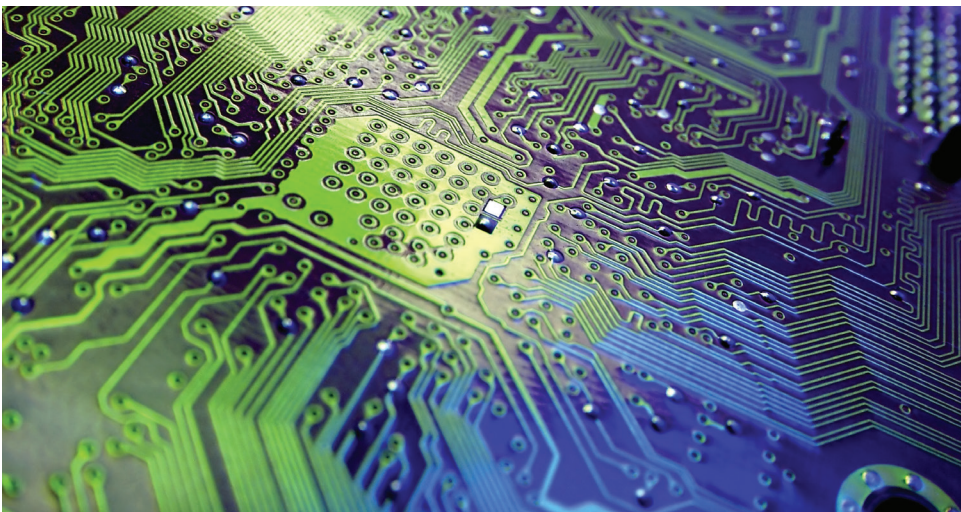
Interoperability is almost certainly the greatest challenge in changing our health care system so that the right information gets to the right person at the right time. The interoperable exchange of data is critical to the ability of local health departments to monitor surveillance of health trends, administer preventive health services, respond to disasters, engage in clinical care, and identify health hazards. As was demonstrated clearly in the case of imported Ebola in 2014, information that is shared in a health care context must be available in a timely fashion to local and state health departments to prevent the spread of disease, with life or death consequences.

Public and private efforts to build an information ecosystem must advance toward the learning health system (LHS) to maximize public health benefits. That data flow among health care and health-related service settings to generate population-level insights is fundamental for a LHS. NACCHO applauds actions that prioritize the development of interoperability building blocks for public health purposes.

Public health surveillance relies on health care providers reporting conditions to public health agencies to detect and prevent outbreaks that may impact communities. Electronic case reporting, whereby providers and hospitals report possible cases to public health departments via EHRs, holds the potential for enhancing timeliness, quality, and effectiveness of public health surveillance. Ensuring successful electronic case reporting implementation requires commitment of state and local public health departments, EHR developers, and health care providers.

Access to Timely Data

To protect the public's health with timely access to accurate data, local health departments need the ability to develop data sharing agreements across agencies and with community partners at all levels. In addition, more data needs to be available at the local level at least at the sub-county level, if not street level, ranging from cities to census track. Traditional public health



Examples

In order to combat the rising tide of prescription drug abuse in the United States, national surveillance is integral to tracking the epidemic and identifying “hot spots.” Prescription drug monitoring programs (PDMPs) are uneven across the states and need to have the capability to provide actionable information to health care providers and public health professionals to address drug-seeking behavior. PDMPs also aid professional licensing boards in identifying clinicians with patterns of inappropriate prescribing and dispensing. Only 16 states require mandatory use of PDMPs.

Immunization information systems (IISs) are a key example of successful implementation of interoperability and the flow of data from hospitals and physicians’ offices to public health departments. State and local health departments are able to pinpoint areas where immunization rates are strong and where they can improve, targeting outreach to neighborhoods and populations that need it most. However, IISs still struggle with attaining data from health care providers, specifically pharmacies and adult providers of vaccinations.

data also takes too long to gather, process, and release. The answer should not just be turning to other sources (such as electronic health records), but also improving upon existing sources of public health data and supporting infrastructure to allow public health agencies at all levels of government to collect necessary data.

The Department of Health and Human Services’ Public Health 3.0 (PH3.0) initiative includes the following goal “Timely, reliable, granular (i.e., sub-county), and actionable data should be made accessible to communities throughout the country, and clear metrics to document success in public health practice should be developed in order to guide, focus, and assess the impact of prevention initiatives, including those targeting the social determinants of health and enhancing equity.”

A needs assessment conducted by NACCHO in 2015 found that only two in five (40%) of local health departments would rate their information technology infrastructure as good or excellent. Nearly 40% of small health departments (serving less than 50,000 people) were still using paper records for clinical services.

CDC Efforts to Modernize Health Information Technology

NACCHO applauds the surveillance strategy undertaken by the Centers for Disease Control and Prevention (CDC). Four initiatives are underway to achieve the goals of the CDC Surveillance Strategy:

- Accelerating Standardization of Health Data and Data Exchange Systems;
- Enhancing Use of EHR Systems;



- Accelerating Electronic Lab Reporting (ELR); and
- Modernizing Mortality Surveillance Systems.

Modernization of the national surveillance system and, thereby, the public health system at large, is an essential step towards ensuring high-quality, timely, and actionable public health surveillance data to all levels of public health.

Recommendations

Local health departments continue to show a need for increased infrastructure, leadership support, and workforce development to improve their informatics programs and reach their full potential in ensuring healthy and safe communities.

NACCHO supports the following:

- Sustainable funding for state, local, and territorial public health informatics systems and programs including infrastructure for interoperable systems including Electronic Health Record (EHR) systems and Health Information Exchanges (HIEs) and workforce development.
- Local health department participation in the development of state and national initiatives to standardize interoperability, security, and privacy.
- Federal inclusion of public health-related standards and data exchange criteria in requirements for EHR and health IT certifying bodies and provider incentive programs (e.g., meaningful use and MACRA).
- Harmonization of federal and state laws that address health information and privacy, including accommodation of existing legal mandates for local health department access to identifiable health information.
- Development of information systems that support bi-directional communication with clinical care and public health.
- State and local governance supporting EHR adoption and implementation.
- Funding supporting IT infrastructure to support the implementation of EHRs.

Local Health Departments Need Flexible Funding to Prevent, Prepare for, Respond to, and Recover from Emergencies

Nearly all disasters and emergencies have impacts on the health of impacted communities, requiring a public health response. Local health departments are emergency responders in health emergencies, playing a critical role in life-saving decisions and life-sustaining activities for emergency personnel, the general public, and vulnerable populations. While public health threats are a constant and increasing concern, federal funds such as the Centers for Disease Control and Prevention's (CDC's) Public Health Emergency Preparedness Program and the Hospital Preparedness Program have steadily declined in recent years.

To ensure that federal, state, and local governmental public health can effectively prepare and respond to emerging infectious diseases and other natural and man-made disasters, NACCHO supports a Public Health Emergency Fund to provide surge funding to support immediate response and to prevent incidents from becoming more deadly and costly. Given the challenges and significant time it took Congress to

pass supplemental funding to address Ebola and then Zika, an emergency fund could enable the expeditious deployment of resources to the federal government and out into the field.

While a Public Health Emergency Fund exists in Section 319 of the Public Health Service Act, Congress has not funded it in decades. Under current statute, upon declaration of a public health emergency by the Secretary of Health and Human Services (HHS), resources can be disbursed. The Secretary's authority includes the making of grants, providing award for expenses, entering into contracts, and conducting supporting investigations into the cause, treatment, or prevention of the infectious disease.

With the increase in public health threats posed by severe weather events, emerging and re-emerging infectious diseases, environmental disasters, and the continued threat from bioterrorism, funding for public health emergencies should be fast, flexible, sufficient, routine, and stable. To that end, we recommend that the HHS Secretary, as part of a public health emergency declaration, explicitly exercise provisions under §319 of the Public Health Service to do the following:

- Access "no-year" funds appropriated to the Public Health Emergency Fund for state and local response and minimize local reporting requirements on emergency response activities.
- Grant extensions or waivers on data or reporting requirements, notify Congress, and publish Federal Register notices promptly after granting an extension or waiver as required.
- Allow state and local governments to access the General Services Administration federal supply schedule and vendors for response services.
- Allow state and local governments to temporarily





reassign public health department or agency personnel who are funded through programs authorized under the Public Health Service Act to immediately respond to a public health emergency.

As part of a reinvigorated Public Health Emergency Fund, NACCHO supports a portion of the funding going directly to CDC directly while ensuring preparedness and response funds are kept separate. All resources and activities would need to be closely coordinated with the Assistant Secretary for Preparedness and Response (ASPR); as the determination of emergency would come via the HHS Secretary, HHS is the lead agency for the National Response Framework Emergency Support Function (ESPF) 8, and the HHS Secretary delegates to the ASPR the leadership role for all health and medical services support functions in a health emergency or public health event.

Public health emergencies are increasing in frequency. In 2009, 2014, and 2016, the Administration requested emergency supplemental appropriations to respond to public health emergencies for H1N1, Ebola, and Zika. Each time, local public health departments responded despite cumbersome processes for accessing funding. In the midst of an emergency, it is hard to apply for funding and adhere to administrative requirements that often come with supplemental disbursements. A response fund should reduce the administrative burden and streamline requests that come on an as-needed basis (rather than require a funding opportunity announcement after the fact). If administrative burden remains high, it may not be practicable to access the funds.

Unlike other kinds of emergency funding, public health emergency funding offers the potential to avert disaster. While disease outbreaks and other public health incidents are inevitable, if addressed early, many consequences can be prevented. Funding and support delivered at the right time can and has saved lives.

About NACCHO

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

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