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RE: Management and Budget Office Request for Information on Methods and Leading Practices for Advancing Public Participation and Community Engagement With the Federal Government (Document Number: 2024-05882)

Associate Director Schulman & Associate Administrator Berger,

Thank you for the opportunity to submit comments on behalf of the National Association of County and City Health Officials. The National Association of County and City Health Officials (NACCHO) is the voice of the over 3,300 local health departments across the country. Every day, local health departments are visible in the community working to keep their region safe and healthy through essential services like screening and treatment for both chronic and communicable diseases; maternal and child health services; environmental health services; epidemiology and data monitoring; routine immunizations; primary prevention care; food service regulation, inspection, or licensing; and emergency preparedness and response. Currently, the United States spends $4.3 trillion on health, but only 4.4 percent of that money goes toward public health and prevention initiatives.¹ Federal investments in local public health are increasingly critical as our nation’s life expectancy rates work to recover from recent declines and health care costs rise.

We appreciate the Office of Management and Budget’s efforts to improve and advance public participation and community engagement with the federal government. As noted in the Request for Information, trust in government is low and this impacts trust in the governmental public health system. NACCHO also appreciates the emphasis on human-centered design as defined by putting people at the center of any process to solve challenging problems. We encourage OMB to continue finding opportunities to reduce barriers to engagement with the federal government for individuals, communities, and stakeholder organizations and to identify opportunities to reduce administrative and regulatory burdens that may impede federal agencies.

**Experience Participating in Federal Government Public Participation and Community Engagement Activities**

Effective public health response requires action across the governmental public health enterprise at the federal, state, local, and tribal levels. In addition to action throughout the governmental public health system, coordination is necessary across sectors including public health, emergency management, and health care. This is in addition to considering how to facilitate coordination between federal agencies on sharing responsibilities and ensuring program alignment across related federal programs (e.g., emergency preparedness programs like the Public Health Emergency Preparedness program (Centers for Disease Control and Prevention (CDC), Hospital Preparedness Program (Administration for Strategic Preparedness and Response (ASPR)), and Federal Emergency Management Agency (FEMA) grants). Improvements in the operationalization of such programs and services are critical to keeping our nation healthy and secure. Improving inter-agency communication and program alignment should be considered an important component of improving the public participation experience.

Specific to public health, one of the opportunities for action is to ensure that federal policy is developed in a way that recognizes and works within the complex nature of our governmental public health system. For example, our governmental public health system relies on data sharing that occurs in silos, often keeping critical data disconnected and burdening state, territorial, local and tribal (STLT) partners who collect, report, and utilize these data. These data and infrastructure systems have been underfunded and rely on a diverse set of funding streams that have different requirements. In addition, data are not always collected to the same standards, and there are challenges with data availability to inform public health activities. For example, every state has their own Immunization Information Systems, with different requirements for data reporting into the system and sharing across systems. This is also an issue with accessing federal immunization data from the Veterans Administration and TriCare, which are not shared back to the jurisdiction in which an individual lives. These silos make data difficult to compare across geographic regions and use in a timely manner to educate the public or plan access points for vaccines, undermining the public’s understanding and trust of the system. As OMB considers how to improve public engagement, it is important to acknowledge that timely, accessible data is important to STLT partners and the public. NACCHO appreciates CDC’s data modernization efforts to reduce the number of siloed and duplicative systems and improve access to common data analysis tools across the public health ecosystem. As federal agencies implement new programs and initiatives, they
should consider end users—including local health departments—and interoperability throughout the
design process to ensure compatibility with existing systems, prioritizing efficiency and optimal
outcomes.

Most public health operations and interventions are anchored at the local level, but mistrust and
distrust in government and scientific institutions may lead to confusion. It is critical local health
departments are included in decision making processes to help inform broader federal public health
strategy and so they have the information they need to be trusted messengers. As witnessed during the
COVID Public Health Emergency, inconsistent communication from federal or state agencies can present
challenges and confusion, impacting the operations and effectiveness of local health departments and
their cross-sectoral partners. NACCHO acknowledges that repairing trust in government is not just a
public health issue and will require a whole-of-government approach. The accumulated impact of the
various barriers or challenges the average American faces when interacting with different systems at
different levels of government makes rebuilding trust no small task. Local health departments, fulfilling
their role as Community2 or Chief Health Strategists3, as forwarded by the Public Health 3.0 framework,
are an integral link between local populations and state, tribal, and federal systems and should be part
of proposed solutions.

A Federal Framework for Public Participation and Community Engagement

In response to the January 2021 Executive Order, Advancing Racial Equity and Support for Underserved
Communities, federal agencies were required to develop equity actions plans. As part of that work, the
Department of Health and Human Services (HHS) focused on capacity building in its initial plan and
provided practical and hands-on guidance to HHS offices on identifying actions to ensure opportunity for
all, including resources for engaging communities and people with lived experience and requirements
and opportunities to improve access for people with disabilities. NACCHO encourages OMB to consider
expanding on that effort to institutionalize community engagement plans that are grounded in
principles of health equity and social justice across federal agencies and encourage federal agencies to
pursue new types of engagement activities to gain new and unique perspectives. OMB should establish
principles of authentic engagement and co-leadership that honor community voice to illuminate and
address root causes of inequities and cultivate meaningful participation. This could include the adoption
of some of the following frameworks and resources to inform OMB’s guidance to agencies, many of
which have been used successfully by local health departments and their community partners for
ensuring strong, authentic community engagement and trust.

2 A Call to Action to Create a 21st Century Public Health Infrastructure Public-Health-3.0-White-Paper.pdf
(naccho.org)
3 DeSalvo KB, Wang YC, Harris A, Auerbach J, Koo D, O’Carroll P. Public Health 3.0: A Call to Action for Public
Health to Meet the Challenges of the 21st Century. Prev Chronic Dis 2017;14:170017. DOI:
http://dx.doi.org/10.5888/pcd14.170017
BARHI Framework for Health Equity: Developed by the Bay Area Regional Health Inequities Initiative (BARHII), this nationally recognized framework is used by thousands of government and community leaders throughout the country to guide their equity transformations.

Mobilizing for Action through Planning and Partnerships (MAPP): One of the most widely used community health improvement frameworks at the local, tribal, US Territorial and State levels. Developed by NACCHO and revised in 2023, MAPP 2.0 includes tools and strategies for cultivating effective community partnerships, honoring community voice and power, with detailed guidance on how to collect and apply data to inform strategic planning and collective action. MAPP and related resources would effectively aid agencies in employing effective community engagement strategies that are community-relevant, data driven, and cultivate trust.

Roots of Health Inequity: A free, interactive web-based course developed by NACCHO and used by federal agencies, including CDC and HRSA, community coalitions, direct service providers, as well as schools of public health and social work to adopt a shared understanding of the principles of health equity to inform practice. This includes strategies on advancing health equity in partnership with communities. (Updated content expected July 2024)

NACCHO recommends OMB provide agencies with an objective that includes long-term relationship development with relevant underserved communities. In addition to investing in long-term relationships, agencies can demonstrate that community voices matter in the policy development process by responding to themes that emerge in public comments in final rules. To improve usability, final rules should be clear and concise when possible. Agencies should consider notifying the public before a final rule is published and widely disseminating the rule after. Supplemental materials, like Frequently Asked Questions, should also be considered when a rule is complex, or implementation has wide, cross-cutting implications.

Additionally, federal agencies should work with nationally representative organizations like NACCHO when pertinent to hold listening sessions to hear directly from communities and local leaders. Local health departments work on the ground in the community, often providing both direct service to individuals, but also utilizing data and evaluation to understand challenges and opportunities for public health and using those to inform future activities, policy, and strategy. Local health department staff, including community health workers, navigators, and public health nurses, also work directly in the community alongside community-based organizations, health care service providers, and other sectors who have directives to understand the needs and motivations of their populations and can provide essential insight into the public health and well-being of communities across the country. NACCHO recently began facilitating regular calls to facilitate discussion between federal officials and local health officials from across the country. Regularly facilitated communications allows for durable, two-way engagement between the public and federal agencies. NACCHO acknowledges this strategy does not allow agencies to reach the entire public, but it is a significant expansion of communication beyond the

4 Urban Institute, Fostering Partnerships for Community Engagement
traditional federal-state communication to include the local governmental public health level. Furthermore, this type of engagement expands the reach of federal agencies beyond a summit series that, while well-intentioned, requires in-person participation and limits the number of opportunities to participate. NACCHO is hopeful that these regular Local Health Official calls can be replicated with federal agencies and inform their work with boots-on-the-ground-intelligence.

We encourage OMB to consider the breadth of reach as an important metric of success. Outreach to all 50 states may not be sufficient to achieve the goals laid out in the Request for Information and diversity of communities engaged in dialogue will greatly influence overall outcomes. Over the course of the pandemic, public health announcements would be released to the public while federal agencies often relied on states to communicate to local public health departments. This meant local health leaders and the public learned of new guidance at the same time, often putting these local leaders in difficult positions. Public health agencies face the challenges of mistrust in institutions and declining levels of trust in science and scientists. 5 We encourage OMB to consider the unique needs of federal agencies that may face similar challenges when managing bidirectional communication related to public health or scientific policy and practice.

Finally, NACCHO would like to underscore the important role that public participation and community engagement activities have historically played in the context of stigmatized conditions, such as drug use, HIV, and sexually transmitted infections. These conditions are an example of unique considerations that require a flexible local response guided by federal government policy to meet the needs of the individuals impacted or most at risk. When federal agency officials have engaged directly with the community to understand what is happening on the ground for HIV response or an STI outbreak, the response to those infections has been more powerful because the federal government is able to identify and work within the local context and constraints within the communities. For example, CDC’s Let’s Stop HIV Together partners and related campaigns promote HIV awareness, prevention, and messaging beyond CDC’s reach.6 Additionally, CDC’s STD Outbreak Response Plan Guide is a framework that highlights establishing new partnerships with local clinical and community partners, as well as others in order to improve health, acknowledging that existing partner relationships may be of exceptional value and establishing new partners “prior to an outbreak will likely result in a more productive partnership than looking for partner assistance in the midst of a crisis.”7

Thank you for the opportunity to provide comments on the Request for Information on Methods and Leading Practices for Advancing Public Participation and Community Engagement with the Federal Government. NACCHO is glad to see the Administration’s efforts to more frequently, effectively, broadly, and meaningfully involve the public, including underserved communities, in government decision-making. Should you have any questions about this response or wish to engage in further

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5 Pew Research Center, Americans’ Trust in Scientists and Views of Science Decline in 2023
6 Centers for Disease Control and Prevention, Let’s Stop HIV Together – Why Are Partners Key?
7 Centers for Disease Control and Prevention, STD Outbreak Response Plan Guide
discussion, please reach out to Adriane Casalotti, NACCHO’s Chief of Government and Public Affairs, at acasalotti@naccho.org.

Sincerely,

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