

16-02

## STATEMENT OF POLICY

### Community Health Strategist

#### **Policy**

The National Association of County and City Health Officials (NACCHO) is committed to building a transformed, 21<sup>st</sup> 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<sup>1</sup>:

- 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.

### **Justification**

The United States is one of the least healthy developed nations in the world, and spends at least twice as much on healthcare per person than other industrialized countries.<sup>2</sup> Health outcomes are much poorer than should be expected for the money invested. The low global health status rankings and the inferior return on investment of healthcare dollars in the United States are compelling reasons to transform our approach to healthcare. The United States experiences a separation between the medical care system, which primarily cares for sick individuals, and the public health system, which is concerned primarily with disease prevention and health promotion. The former has grown ever costlier, while the latter has eroded due to lack of public financing and support.

In March 2010, the Patient Protection and Affordable Care Act (ACA) was signed into law. The law authorizes significant expansion of healthcare coverage through private and public insurance mechanisms. The ACA has already led to improvements in insurance coverage and improved access to care; estimates show that nearly 23 million people have become newly insured since the enactment of the ACA.<sup>3</sup> The passage of the ACA presents an opportunity to transform the U.S. health system from one that provides only “healthcare” to one that creates “health” itself, thereby improving the well-being of every individual. In addition, the ACA presents an opportunity for local health departments to be part of the development of a consistent national public health and healthcare strategy.

In 2014, RESOLVE published a report, *The High Achieving Governmental Health Department in 2020 as the Community Chief Health Strategist*.<sup>1</sup> This report 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. The report highlights the necessity for governmental health to adapt in an evolving health system, including changes in healthcare needs, demographic shifts, and implementation of the ACA. The report also details key roles for governmental public health to adapt as community chief 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,<sup>4</sup> assessing workforce needs,<sup>5</sup> and collaborating with a range of partners to build an integrated and effective system that leads to healthier communities.

The ACA presents both challenges and opportunities for local health departments in providing clinical care services. According to NACCHO’s *2013 National Profile of Local Health Departments*,<sup>6</sup> nearly half of local health departments directly provided clinical care services to address the needs of underserved populations. The provision of clinical care services is not one of the CDC’s 10 Essential Public Health Services.<sup>7</sup> However, some local health departments have dedicated clinical systems that are successful in achieving positive health outcomes and are cost-efficient. Clinical services are also an important source of revenue for some local health departments. With the implementation of the ACA and changes in federal, state, and local

resources, local health departments should determine what clinical care role makes sense for them. Some local health departments are adapting by reducing clinical care services, expanding population-based prevention services, or exploring alternative billing and reimbursement methods for clinical services.<sup>8</sup> Local health departments must be flexible and examine the services they provide with attention to the particular needs of their community and the environment they face locally.

Health is influenced by a range of interconnected factors such as individual health behaviors, social characteristics and physical environment. Local health departments as community chief health strategists play an important role in addressing the broader influences of health to promote health, eliminate health disparities, and promote health equity among all individuals in their communities.<sup>9</sup>

### **References**

1. RESOLVE. (2014). *The High Achieving Governmental Health Department in 2020 as the Community Chief Health Strategist*. Washington, DC: RESOLVE.
2. National Research Council & Institute of Medicine. (2013). *U.S. Health in International Perspective: Shorter Lives, Poorer Health*. Washington, DC: National Academies Press.
3. Carman, K. G., Eibner, C., & Paddock S. M. (2015). Trends in Health Insurance Enrollment, 2013-15. *Health Affairs*, 34(6).
4. National Association of County and City Health Officials. (2012). Statement of Policy: [Electronic Health Records, Health Information Exchange, and Interoperability for Local Health Departments](#)
5. National Association of County and City Health Officials. (2014). Statement of Policy: [Local Public Health Workforce Development](#)
6. National Association of County and City Health Officials. (2014). *2013 National Profile of Local Health Departments*. Washington, DC: National Association of County and City Health Officials.
7. Centers for Disease Control and Prevention. (2014). *The Public Health System and the 10 Essential Public Health Services*. Atlanta, GA; Centers for Disease Control and Prevention.
8. National Association of County and City Health Officials. (2014). *The Changing Public Health Landscape: Findings from the 2015 Forces of Change Survey*. Washington, DC: National Association of County and City Health Officials.
9. National Association of County and City Health Officials. (2015). Statement of Policy: [Health Equity and Social Justice](#).

### **Record of Action**

*Proposed by NACCHO Public Health Transformation Workgroup  
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