STATEMENT OF POLICY

Local Health Department Preparedness

Policy

The National Association of County and City Health Officials (NACCHO) urges local health departments to conduct all-hazards preparedness planning in accordance with national policy and directives.[1] NACCHO advocates for the integration of local health departments into preparedness, response, and recovery planning activities with other community and partner 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 public health preparedness programs and staff that contribute to quality plan development and maintenance, in order to protect their communities and mitigate all hazards.

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 (e.g., cyber-attacks, chemical, biological, radiological, nuclear, and explosive events), whether accidental or intentional. NACCHO urges the federal government to recognize local health departments as key players in all-hazards preparedness planning, and to increase and sustain sufficient funding to support local health departments in preparedness planning and emergency response, including the Centers for Disease Control and Prevention's (CDC) Public Health Emergency Preparedness (PHEP), Epidemiology and Laboratory Capacity (ELC), and Public Health Crisis Response (Crisis NOFO) cooperative agreements, the Assistant Secretary of Preparedness and Response (ASPR) Hospital Preparedness Program (HPP), and relevant supplemental funding.

NACCHO encourages joint local-state decision-making when planning and allocating the use of federal, state, and local resources. NACCHO encourages state and local health departments to pursue a concurrence process based on the principles of clarity, equity, transparency, and collaboration among stakeholders.

NACCHO recommends local health departments review and revise their all-hazards emergency operations plan annually as part of a continuous quality improvement process. As part of this process, NACCHO encourages local health departments to consider their jurisdiction's ability to fulfill their responsibilities for each of the fifteen PHEP capabilities.[2] Local health departments should focus on the following when developing all-hazards plans:

- Hazard Identification and Prioritization: Collaborating with partners on a jurisdictional risk assessment (JRA) that informs the local health departments' planning efforts.

- Integrated All-Hazards Planning: Using the results of the JRA to ensure prioritization of preparedness planning for locally relevant threats including, but not limited to, natural hazards, infectious disease outbreaks, terrorist threats, cyber-attacks, climate change/adaptation, and active shooter incidents.
- Multi-disciplinary, Multi-jurisdictional Engagement: Facilitating collaborative preparedness planning with local health, medical, and emergency response systems, including emergency management, law enforcement, cross-jurisdictional partners, and global partners to enhance national and global health security.
- Healthcare Coalition Engagement: Building and engaging local healthcare coalitions through the Hospital Preparedness Program[3] and increasing community involvement with stakeholders, including residents and local partners, in public health preparedness planning and response.
- Disease Surveillance and Community Wellness: Building epidemiologic capacity to monitor and assess disease patterns and other health-related determinants and conditions prior to, during, and after an emergency.
- Special Populations: Planning and accounting for those disproportionately at-risk for negative impacts of health-related emergencies based on certain characteristics including, but not limited to, access and functional needs or other special characteristics (i.e., pregnant women, children, medication dependent individuals, etc.).
- Continuous Quality Improvement: Enhancing workforce development by planning, training, and exercising using a continuous quality improvement process to maintain a proficient workforce in numbers sufficient to ensure health security.

Local health departments need to be fully integrated into preparedness planning processes in order to prevent or mitigate the spread of diseases, ensure timely and effective communications of health information, and to mobilize resources, supplies, equipment, and volunteer assets during a response to health emergencies to increase surge capacity and meet unanticipated needs. NACCHO encourages use of the Project Public Health Ready (PPHR) criteria and best practices, which build training and preparedness planning capacity through a continuous quality improvement model to accomplish this work.[4]

Justification
Nearly all disasters and emergencies affect the health of impacted communities, requiring a public health response. The goal of an all-hazards approach to preparedness is to be able to plan for, respond to, and recover from any threat that poses a risk to public health, whether it is routine, predicted, or emergent. Risk-informed, capabilities-based planning within an all-hazards context is supported in the National Health Security Strategy (NHSS),[5] the Pandemic and All-Hazards Preparedness & Advancing Innovation Act (PAHPAIA),[6] the CDC PHEP capabilities,[2] Federal Emergency Management Agency's National Preparedness Goal and National Response Framework (NRF),[7,1] and Presidential Policy Directive 8 – National Preparedness.[7] Local health departments play a critical role in life-saving decisions and life-sustaining activities for emergency personnel and the general public. Collaboration and community involvement are key components of a successful all-hazards planning and response effort. The NRF, revised in 2016, provides a "whole community" approach for preparedness and

recovery planning, and within that framework, Emergency Support Function #8, Public Health and Medical Response, puts significant responsibility in the hands of local public health services. Public health is integral to many emergency support functions, and adequate planning, community engagement, staffing, and funding is needed to fully support those functions.

Decreased funding for public health preparedness adversely affects local health departments by reducing, delaying, or eliminating their ability to develop and maintain plans; train, exercise, and validate capabilities; acquire and maintain equipment and supply chains; and ensure there is a sufficient workforce available with the requisite skills and level of proficiency to respond to a public health emergency or disaster. In fiscal year (FY) 2019 funding for the PHEP cooperative agreements was $675 million; however, this is still far below the program's funding high of nearly $1 billion.[8,9] In FY2019, the HPP program received $265 million, down from a high of $514 million in FY2003.[10] These programs have continued to see near-stagnant levels of funding, which will lead to negative health impacts and severely compromise the progress accomplished over the last decade. NACCHO's 2016 *Profile of Local Health Departments* found that 17% of local health departments expanded emergency preparedness services, while 19% indicated lower budgets for emergency preparedness activities, illustrating the continuing trend of asking local health departments to do more with less.[11] While most local health departments have developed or updated a written emergency plan,[11] NACCHO's 2018 Preparedness Profile Assessment indicates opportunities for local health departments to increase all-hazards preparedness capabilities by incorporating planning for additional priority areas including terrorist threats, cybersecurity, climate change/adaptation, and active shooter incidents.[12] Public health preparedness requires the continued development and improvement of public health systems to ensure the capability of responding to all hazards. Maintaining stable funding streams for public health preparedness and response activities has a significant positive impact on the effectiveness and the expediency of local response.

References

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Record of Action

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