









As a result of these differences, how LHDs meet the standards—whether they directly provide a service, broker particular capacities, or otherwise ensure that the necessary work is being done—will vary. Regardless of its specific capacity, authority, and resources, and regardless of the particular local public health system, the LHD has a consistent responsibility to intentionally coordinate all public health activities and lead efforts to meet the standards.

The standards are a guide to the fundamental responsibilities of LHDs, allowing for varied structural characteristics of LHDs (e.g., governance, staffing patterns, size of the population served, etc.), and recognizing that each LHD may have other duties unique to meeting the public health needs of the community it serves. Several states have developed, or are in the process of developing, state-specific standards for LHDs, and the National Public Health Performance Standards Program (NPHPSP) includes standards for local public health systems. NACCHO analyses of several state initiatives and the NPHPSP have shown a high level of consistency between these efforts and NACCHO's nationally developed standards.

Currently, not all LHDs have the capacity to meet the standards. Many concerns have been raised regarding the costs of developing the capacity, and the implications for LHDs that do not meet the standards. It is difficult to anticipate costs, and it is equally important to understand that improvements in capacity can be made in the absence of new resources. NACCHO is committed to collecting and sharing models of LHDs and LHD arrangements to demonstrate various means to enhance local governmental public health capacity. Furthermore, NACCHO is currently participating in a national dialogue on whether to establish a voluntary national accreditation system for state and local health departments,<sup>5</sup> and is supportive of such an effort.<sup>6</sup> The results of this dialogue may generate implications for LHDs not meeting the standards.

NACCHO urges LHDs to embrace these standards both as a means of working with their state health departments, communities, and governing bodies to develop a more robust governmental public health capacity, and as a means of holding themselves uniformly accountable to the public they serve.

## 1 Monitor health status and understand health issues facing the community.

- a. Obtain and maintain data that provide information on the community's health (e.g., provider immunization rates; hospital discharge data; environmental health hazard, risk, and exposure data; community-specific data; number of uninsured; and indicators of health disparities such as high levels of poverty, lack of affordable housing, limited or no access to transportation, etc.).
- b. Develop relationships with local providers and others in the community who have information on reportable diseases and other conditions of public health interest and facilitate information exchange.
- c. Conduct or contribute expertise to periodic community health assessments.
- d. Integrate data with health assessment and data collection efforts conducted by others in the public health system.
- e. Analyze data to identify trends, health problems, environmental health hazards, and social and economic conditions that adversely affect the public's health.

## 2 Protect people from health problems and health hazards.

- a. Investigate health problems and environmental health hazards.
- b. Prevent, minimize, and contain adverse health events and conditions resulting from communicable diseases; food-, water-, and vector-borne outbreaks; chronic diseases; environmental hazards; injuries; and health disparities.
- c. Coordinate with other governmental agencies that investigate and respond to health problems, health disparities, or environmental health hazards.
- d. Lead public health emergency planning, exercises, and response activities in the community in accordance with the National Incident Management System, and coordinate with other local, state, and federal agencies.
- e. Fully participate in planning, exercises, and response activities for other emergencies in the community that have public health implications, within the context of state and regional plans and in a manner consistent with the community's best public health interest.
- f. Maintain access to laboratory and biostatistical expertise and capacity to help monitor community health status and diagnose and investigate public health problems and hazards.
- g. Maintain policies and technology required for urgent communications and electronic data exchange.















