THE COUNTY ROLE IN PUBLIC HEALTH

FEBRUARY 2024

TABLE *of* CONTENTS

INTRODUCTION

Counties play a critical role in promoting and protecting the health of people and the communities in which they live, learn, work and play. As administrators and operators of the local health safety net, county agencies employ a wide range of public health services that protect resident health and well-being through the prevention of illness, injury and other adverse health outcomes.

A robust public health system centers equity and actively promotes policies, systems and overall community conditions that drive optimal health.[1]

Public health is an intersectional field that works to address the underlying causes of health outcomes. This work requires both intergovernmental collaboration between federal, state and local governments, as well as multisectoral partnerships across local government agencies.

This brief provides an overview of how counties provide integral public health services for all Americans, describes their public health authority, their role in preparedness and response efforts, and local public health efforts to address social determinants of health (SDOH) in our communities. The brief will also outline key federal policy recommendations for our federal partners to safeguard funding and authority for local public health services and programs.

10 Essential Public Health Services[1]

1. Assess and monitor population health status, factors that influence health and community needs and assets

2. Investigate, diagnose and address health problems and hazards affecting the population

3. Communicate effectively to inform and educate people about health, factors that influence it and how to improve it

4. Strengthen, support and mobilize communities and partnerships to improve health

5. Create, champion and implement policies, plans and laws that impact health

6. Utilize legal and regulatory actions designed to improve and protect the public's health

7. Assure an effective system that enables equitable access to the individual services and care needed to be healthy

8. Build and support a diverse and skilled public health workforce

9. Improve and innovate public health functions through ongoing evaluation, research and continuous quality improvement

10. Build and maintain a strong organizational infrastructure for public health

COUNTY PUBLIC HEALTH INFRASTRUCTURE

Core functions of the Local Health Department [2,3]

Immunization

Food safety

Infectious disease

Chronic disease

Injury and violence prevention

Environmental health

Maternal and child health

Emergency preparedness

Tobacco control

Local health departments promote and protect the health of people and the communities where they live and work

Local Health Departments

Since the U.S. has a largely decentralized public health system, much of the responsibility for disease control and prevention falls on state and local health departments (LHD). Counties support the majority of America's approximately 2,800 local health departments and protect our residents' health, safety and quality of life.

SOCIAL DETERMINANTS OF HEALTH

Healthy People 2030 defines the social determinants of health (SDOH) as the conditions in which we are born, live, work and play that both directly and indirectly impact overall health and well-being. This framework also highlights five domains to organize the social determinants of health, including economic stability, education access and quality, health care access and quality, neighborhood and built environment and social and community context.

Approximately 70 percent of all local health departments are county-based, and another eight percent that serve multiple counties. Sixty-one percent of LHDs serve rural counties, or those with a population of less than 50,000 residents.[2]

With a shortage of rural health care providers and the closure of many rural health care facilities, LHDs are becoming an increasingly critical resource in these communities, providing essential health care services.

Additional Partners in the Local Public Health System

Local health departments are not doing this work alone, but in partnership with many other agency partners that make up the county public health system. **More than 95 percent of LHDs work with external partners like emergency responders, school systems, hospitals and others.**[2]

**KEY COUNTY PARTNERS IN LOCAL PUBLIC HEALTH AND THEIR RESPECTIVE ROLES:**

PARTNERS	PARTNERSHIP ROLE AND IMPORTANCE
Emergency Management Services (EMS)	EMS and first responders provide emergency medical care, promote public safety and security, and prevent real time death and injury during emergency situations.[4] EMS collaboration with LHDs is essential to get accurate data on emergencies, resident health and social determinants, and more. EMS is also an important partner for non-emergent care like vaccines, testing, planning responses to potential threats and acquiring the necessary resources to respond, such as PPE.[4]
K-12 Schools and Universities	K-12 schools assist LHDs by facilitation outreach to youth and families regarding available public health resources and interventions. Universities partner with LHDs and public health officials as thought leaders, providing resources to conduct research on public health issues impacting systems and populations and help to develop targeted solutions.
Local Government Partners	LHDs partner with many other sectors of local government to reach different populations and extend the reach of public health services to the jurisdiction. A common partner is the county human services department (if it is a separate entity), justice and public safety, parks and recreation, environment and natural resources, planning and development, transportation, and more. LHDs work collaboratively with all sectors of the local government and often serve as conveners of these systems to discuss the intersections of health and the respective field, as well as targeted solutions for the community.[5]
Hospitals	LHDs and hospitals have an important partnership, as they can collaborate and share their data on the local jurisdiction and patient populations to track risk factors, social determinants, chronic and infectious disease prevalence, and more. These relationships are also critical in times of crisis or large disease outbreaks when resources need to be coordinated to meet the need.
Community Health Centers	Partnerships with Federally Qualified Health Centers (FQHCs), Certified Community Behavioral Health Clinics (CCBHCs) and other community-based health centers are crucial for expanding access to shared resources, knowledge and data, and opportunities to collaborate on research like community health and needs assessments. These partnerships allow for greater capacity to assist residents in need and increase access to basic health and human services.[6]
Mental Health and Substance Use Providers	Mental health and substance use providers providers work with those with lived experience and can advocate on their behalf when making policy and programmatic decisions. They help to enhance connection to resources and services, while also bringing diverse perspectives to inform solutions, emergency preparedness planning, new initiatives, funding choices, etc.[7]
Community Health Workers (CHWs)	CHWs are trusted community members that work to connect people to culturally appropriate care, give informal counseling and guidance on health behaviors and facilitate communication between patients and health care providers. In some counties, CHWs can be known as promotores de salud, community health advisors, outreach workers, patient navigators and peer counselors.[8] CHWs are sometimes contracted through the LHD, while others are independent contractors.[9]

Counties support the majority of America's approximately 2,800 local health departments and protect our residents' health, safety and quality of life.

ROLE OF PUBLIC HEALTH AUTHORITY

Type of LHD Governance by State[2]
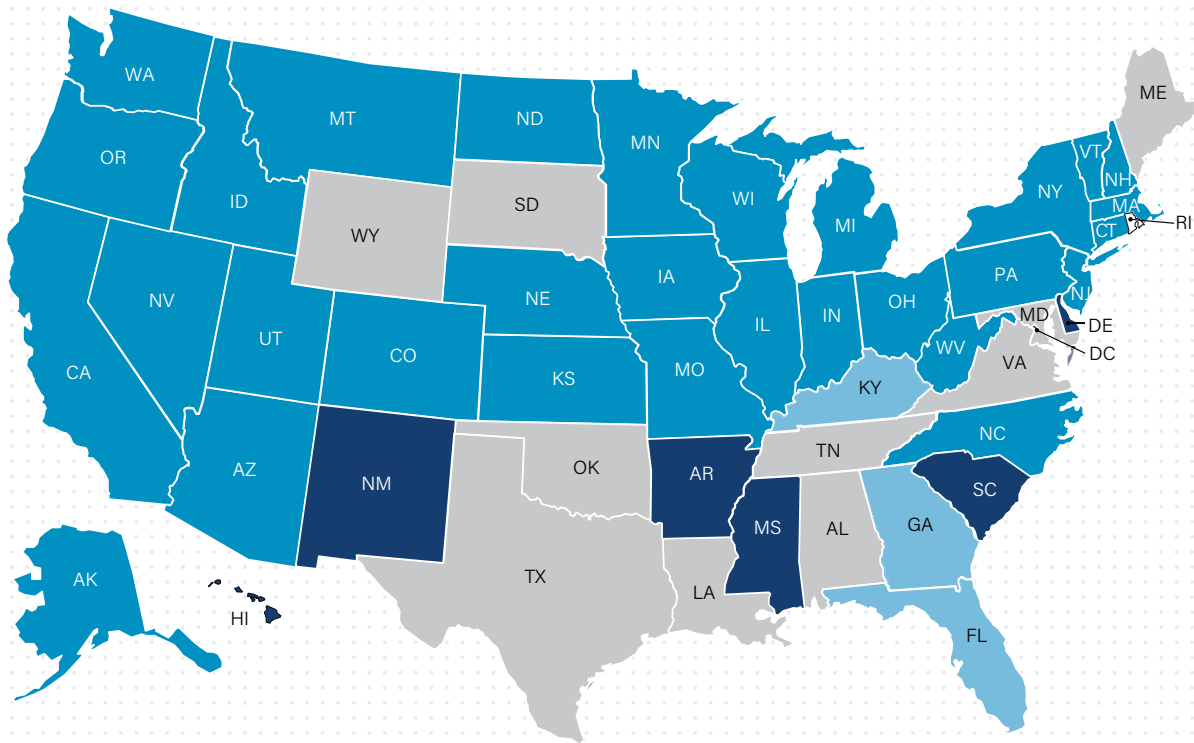
RI was excluded from the study

N=2,459

Legend:

- Local (all LHDs in state are units of local government)
- State (all LHDs in state are units of state government)
- Shared (all LHDs in state governed by both state and local authorities)
- Mixed (LHDs in state have more than one governance type)

Local health departments (LHDs) get their authority and much of their funding from the state government. State law dictates the responsibilities, funding, and scope of work of the LHD and what resources are available to address our community's public health concerns.

Across different states, a few common authority structures that exist are:[10]

- **Centralized/State:** The LHDs are a part of the state government
- **Decentralized/Local:** Local governments are the leaders of the LHDs

- **Mixed/Hybrid:** Mixture of local or state governed LHDs

- **Shared:** LHDs are governed by both state and local government

Beyond this distinction, there is even more variety in the authority and governance of LHDs. Up to one in five LHDs are combined into a Health and Human Services Agency (HHSA), instead of being a standalone health department, and 70 percent are governed by a local board of health (LBOH)[2]. It is more likely that if a state is decentralized, the LHD is governed by a LBOH, whereas those in a centralized state see their LBOH engage in more of an advisory role and are overseen by the state health agency.[11]

LBOHs receive authority from the state government and are often comprised of elected or appointed members who are meant to lead and oversee the delivery of public health services in their community. They can propose policy and rule recommendations and serve as an adjudicating body in the county or counties under the board's jurisdiction.[12] **The general role of LBOHs includes (but is not limited to):** [10, 13]

1. **Review and propose public health regulations**

2. **Recommend public health policies and priorities for the community and LHDs**

3. **Collaborate with LHDs on strategy and implementation**

4. **Ensure accountability to state statutes and other standards**

5. **Advocate for specific public health services based on community needs**

Public Health Authority Limitations

Since the COVID-19 public health emergency, the authority of state and local public health has changed dramatically. In many cases, this authority has become increasingly limited by local legislation. According to the Network for Public Health Law, from January 2021 to May 2022, a total of 185 laws were enacted to limit local public health authority. These laws include those that impact the authority of local health officials, address mask requirements, vaccines, and emergency measures, or shift authority between the state and local health officials. [14]

THE CENTER FOR PUBLIC HEALTH LAW NOTES THAT SINCE THEN, FROM MAY 2022 TO OCTOBER 2023[15]:

*Out of 22 jurisdictions that have enacted a law to address authority to respond to public health emergencies, **9 of those limit public health authority.***

__7 states have also enacted laws that limit local health officials' authority__ regarding public health emergency orders.

*Only **4 jurisdictions** have enacted legislation to strengthen public health authority.*

Approximately 70 percent of all local health departments are county-based, and another eight percent that serve multiple counties

COUNTY PUBLIC HEALTH IN ACTION

Snapshot: The Role of Local Public Health in Preparedness, Response and Recovery

Counties are on the frontlines of crises, working alongside state and federal partners to respond to natural disasters and public health threats. Emergency preparedness is a critical aspect of local public health. Disasters have broad consequences on the health and well-being of communities, often having downstream impacts to water quality, food security, environmental hazard exposures, increased flooding or extreme weather, loss of shelter, power outages, contact with animals and insects, increased injury or illness and more.[16]

During a disaster response, local public health is involved in various activities such as managing and communicating information, administering medical countermeasures (MCM) and personal protective equipment (PPE), managing surges, ensuring continuity of normal public health programs, conducting ongoing disease surveillance, and protecting vulnerable or at-risk populations.

At the federal level, the U.S. Department of Health and Human Services (HHS) has the legal authority for responding to public health emergencies. Within HHS is Office of the Assistant Secretary for Preparedness and Response (ASPR), created post-Hurricane Katrina, to adverse health effects of public health emergencies and disasters. Within ASPR, the Office of Emergency Management (OEM) provides resources and expertise to state and local communities to help them prepare for public health and medical emergencies.

*Since January of 2020, there have been **50 declarations of a public health emergency (PHE)** enacted by the U.S. Secretary of Health and Human Services, ranging from responding to COVID-19, wildfires, the opioid crisis, hurricanes, Monkey Pox, typhoons and severe storms.[17]*
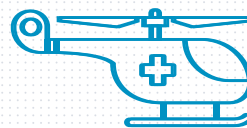
*Since January 1, 2022, there have been **198 disasters declared**, most frequently for fires, severe storms, and flooding.[18]*

See below for an expanded list of critical functions of local public health entities in preparing for, responding to and recovering from disasters and other public health emergencies.[19, 20]

Preparedness

- Continued disease surveillance
- Creation and maintenance of a critical supply stockpile.
- Facilitate training for local residents, and employees
- Volunteer recruitment and training
- Communication on public health threats

- Plan response protocols
- Evaluate and test preparedness and response capacity
- General system maintenance and repairs
- Execute community health and hazard vulnerability assessments

Response

- Communicate and collaborate across sectors and jurisdictions
- Co-respond with other local emergency response agencies
- Communicate public health information to residents

- Support emergency shelters
- Distribute critical supplies
- Direct volunteer responders
- Participate in incident management through the EOC
- Care for vulnerable and at-risk population

Recovery

- Create and facilitate recovery plan
- Address resident and responder behavioral health needs
- Build future preparedness plans based on lessons learned

- Find gaps and pain points in response infrastructure
- Develop policies and partnerships to address identified gaps

Local public health and health departments often serve as the coordinating body of multiple systems to prepare and respond, convening emergency management, hospitals, emergency operation centers, and more. In this way, local public health is involved with a number of partners, not only to plan responses, but to enact response and recovery actions alongside local hospital system, emergency management teams and medical services, and other multi-sector partners.

**KEY COUNTY PARTNERS IN PREPARDNESS AND RESPONSE AND THEIR RESPECTIVE ROLES:**

PARTNERS	PARTNERSHIP ROLE AND IMPORTANCE
Emergency Management Services (EMS, emergency managers, etc.)	EMS - First responders on the scene and trained to provide critical, rapid medical care in a variety of diisaster scenarios Emergency Managers - coordinate response efforts, public communications, various sector involvment, etc.
Medical Reserve Corps (MRC)	Recruits and trains volunteer network to respond during disasters and public health emergencies Led by an MRC unit coordinator and matched to community needs, supporting a variety of public health preparedness and response functions locally
Local Health Departments or Agencies	Collaborate with other sectors to mobilize a public health response Engage in disease surveillance, stockpile management and distribution, community preparedness and risk communication Assist alongside first responders and serve in the Emergency Operation Center (EOC).
Hospitals & Medical Personnel	Provide rapid and essential medical care to communities Assist in providing care to injured or adversely impacted individuals during and following emergencies
Emergency Operation Centers (EOCs)	Central location for coordinating emergency response and management Collects, analyzes, and shares information with responders and the public Supports resource procurement and allocation and policy decisions
Community Emergency Response Teams (CERTs)	Educates volunteers on disaster preparedness Teaches basic response skills (ex. fire safety, search and rescue, medical operations, etc.)
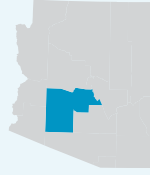
**MARICOPA COUNTY, ARIZ.: MEDICAL RESERVE CORPS EXPANSION[21]**

At the start of the COVID-19 pandemic, Maricopa County Department of Public Health (MCDPH) was experiencing an urgent demand for volunteers to respond to community needs from 2020-2022. To address this shortage of volunteers, the MCDPH Medical Reserve Corps (MRC) recruited and expanded their workforce from only 200 volunteers to over 27,000 at the peak in 2021. To date, the MCDPH MRC has over 12,000 registered volunteers in 2023, that consist of roughly half medical and half non-medical, demonstrating a continued high number of registered volunteers.

These MRC volunteers have filled critical needs with thousands of volunteer hours throughout the COVID-19 pandemic, including rapid response deployment to support vaccine clinics, tests and other clinical activities. The MRC volunteers were also used in response to the novel Monkeypox (MPXV) outbreak, supporting vaccine clinics as vaccinators and support staff to reach at-risk and underserved populations most effected by MPXV.

Overall, this unprecedented adaptation made by the MCDPH to expand the MRC volunteer workforce in response to needs identified during the COVID-19 pandemic response, have supported their continued response to new and emerging threats like MPXV and Dengue fever. Maricopa County, Ariz., as a result now has one of the largest MRC units that continues to support their response to a variety of public health and other emergencies.

Key Challenges in Public Health Preparedness and Response

- Lack of sustained and direct funding to local communities
- Outdated surveillance technology and data collection methods
- Siloed and outdated data systems
- Recruiting and retaining an adequate responder and public health workforce
- Building public trust and engaging at-risk stakeholders and vulnerable populations
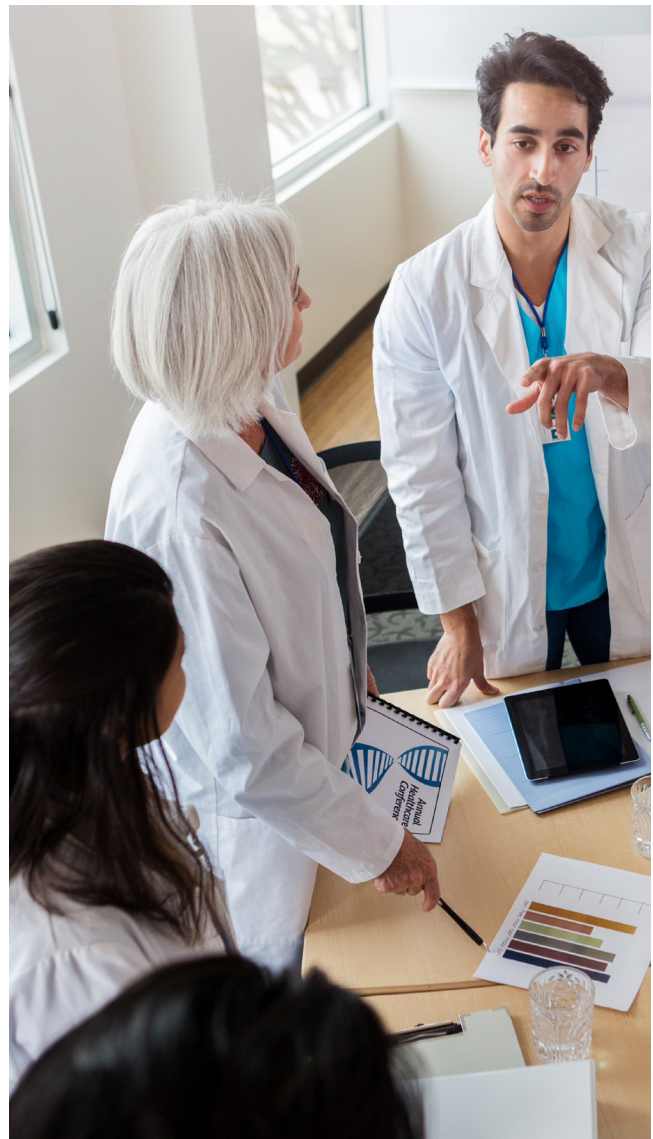
BALTIMORE COUNTY, MD.: COVID-19 MOBILE OPERATIONS OUTREACH VEHICLE (MOOV)[22]

Baltimore County's data team identified hot spots in the county down to the street level to increase vaccination rates for underserved areas. However, most of these locations were not suitable for a larger, mass-vaccination site. As a solution, Baltimore County created a small mobile strike team called "The MOOV" (Mobile Operations Outreach Vehicle) that could accommodate these locations. The Mobile Teams deployed a mechanism modeled after common practices used in the entertainment industry, such as live music, which allowed for greater numbers to be vaccinated in a shorter timeframe. All necessary materials, supplies, equipment, and even furniture were rapidly loaded into rolling work-box style road cases that allowed for an expeditiously coordinated mobilization. A small strike-team of staff quickly established a vaccination site in the hot spots and vaccinated up to 300 people over three hours with a skeletal crew dubbed Noah's Ark, which was comprised of two of each role including vaccinators, registrars, vaccine fillers, observation assistants, ushers, and logisticians who handled mobilization. Finally, a physician was added to help patients who had medical questions or other reasons for their hesitancy. Baltimore County anticipates that this unit will provide vaccines, testing, and other public health services to hard-to-reach demographics well beyond the COVID-19 response.

Snapshot: Impact of the Covid-19 Pandemic and Response

The COVID-19 pandemic posed a number of challenges for county public health resources and infrastructure. Despite the historically low investments in public health leading up to 2020, a dated infrastructure, and unpredictable resource allocations in response to disease outbreaks and disaster events, counties continued to actively innovate the way they deliver services and respond to a public health crisis.

COOK COUNTY, ILL.: HOUSING IS HEALTH: PARTNERING TO ESTABLISH A MEDICAL RESPITE CENTER[24]

Medical respite is defined as acute and post-acute medical care for persons experiencing homelessness who are too ill to recover on the streets, but not ill enough to be in a hospital.[25] Cook County Health (CCH) partnered to design, implement, and operate two Medical Respite Centers (MRCs) to address the needs of housing insecure patients, including COVID-19 positive individuals. The first MRC (MRC-SSY) was a partnership between CCH and the City of Chicago which served housing insecure COVID-19 positive adults who required a safe space for isolation. CCH designed and implemented the facility's infection control policies, a team-based approach with on-site and remote clinicians, and technology for data management, integration, and telehealth and the program successfully housed 51 clients for their full COVID-19 isolation period. In partnership with Housing Forward, CCH opened a second MRC (MRC-OP) in December 2020 which provides clinical oversight and operational support to 18-beds for post-acute care discharges. As of December 20, the MRC-OP accepted 15 of 17 referrals from health care partners, including CCH's Stroger Hospital, demonstrating the low-barrier for program entry.

Snapshot: Local Public Health and Health Equity

Counties are making concerted efforts to invest and improve health equity in their communities through their public health initiatives that aim to address the social determinants of health (SDOH). Counties are uniquely positioned to target SDOH with their access to data, connections to local leaders and decisionmakers, partnerships with other local services and community groups, convening power, and more[23]. These initiatives can include projects that target housing supports, programs that address health disparities, partnerships with community-based organizations and community health workers and more.

KEY FEDERAL PROGRAMS AND POLICY RECOMMENDATIONS THAT SUPPORT LOCAL PUBLIC HEALTH

Counties support investments that enhance the local public health system's capacity to provide health promotion and injury and disease prevention services. Healthy communities depend upon a full array of interrelated county services and programs-which include access to healthy foods, community development plans, disaster preparedness and response and public works infrastructure projects that promote healthy living and access to affordable housing and shelter. Intergovernmental investments such as those recommended below, are the building blocks of better health outcomes, increased productivity and a reduction of disease related expenses for local governments.

1. PROVIDE FUNDING AND INCENTIVES TO RECRUIT AND RETAIN A DIVERSE PUBLIC HEALTH WORKFORCE.

Since 2008, LHDs have lost 21% of their workforce capacity and the COVID-19 pandemic has only exacerbated this decrease.[2] Many public health professionals have left the field due to burnout, low compensation, high levels of stress, and harassment from the public due to the COVID-19 response. For LHDs to continue to administer critical services to residents, continued funding and capacity building through workforce recruitment and retention must be supported. Unpredictable and insufficient federal investments, coupled with the stress of the COVID-19 pandemic response and the ongoing substance use crisis, have strained counties' ability to sustain core public health operations that keep residents healthy and safe. Local health departments which are underfunded and understaffed are less likely to be able to prepare and mobilize effectively, leaving our communities incredibly vulnerable. A strong workforce and consistent federal investments are essential to the overall health care infrastructure and ensure that our public health system operates efficiently and effectively.

2. PROTECT FUNDING FOR CORE LOCAL PUBLIC HEALTH SERVICES AND PREVENTION PROGRAMS.

Federal investments are responsible for nearly 25 percent of local health departments' revenue. Dedicated funding sources such as the Prevention and Public Health Fund (PPHF) are critical to helping counties support core local public health programs such as immunizations and chronic disease prevention. PPHF also invests in new and innovative programs tailored to the unique health problems facing our communities, including the underlying social determinants of health. Since the inception of the PPHF in FY 2010, new public health threats have emerged- such as substance use disorders and suicide epidemic, infectious disease outbreaks and increases in chronic illnesses- and federal resources have not kept pace. Despite funding essential public health work, the PPHF has already been cut by over $11.85 billion from FY 2013 – FY 2027. Further cutting PPHF funding, especially without increasing funding for local public health programs through regular appropriations, would negatively impact local public health departments already strained by having to respond to illness outbreaks like the current COVID-19 pandemic and the ongoing opioid crisis while maintaining core operations to keep residents healthy and safe.

3. EXPAND DIRECT TO COUNTY INVESTMENTS AND SUPPORT FOR BOLSTERING THEIR PUBLIC HEALTH PREPAREDNESS AND RESPONSE.

To meet the needs of residents, the local preparedness infrastructure must be upgraded as communities continue to face numerous environmental and natural disasters, alongside growing public health threats. Federal programs like the Centers for Disease Control and Prevention's Public Health Emergency Preparedness (PHEP) cooperative agreement program are essential in providing not only funding, but technical assistance and guidance, to help public health departments at all levels to better prepare and respond to public health threats and emergencies.

In Fiscal Year (FY) 2022, the CDC awarded over $651.5 million in PHEP funding, primarily targeted at states. Given the significant role of counties in responding to disasters and emergencies, CDC and other federal agencies should ensure that local governments receive direct allocations or suballocations of PHEP resources to assist in the development of a more effective preparedness system in local communities, thereby strengthening the response capacity of our nation as a whole.

Endnotes

1. Centers for Disease Control and Prevention (CDC). (2023, March 6). 10 Essential Public Health Services. Public Health Professionals Gateway. https://www.cdc.gov/publichealthgateway/publichealthservices/essentialhealthservices.html

2. National Association of County and City Health Officials (NACCHO). (2019). 2019 National Profile of Local Health Departments. https://www.pace.naccho.org/uploads/downloadable-resources/Programs/Public-Health-Infrastructure/NACCHO_2019_Profile_final.pdf

3. Briggs, E. (2017). Local Health Departments Impact Our Lives Every Day. https://www.naccho.org/uploads/downloadable-resources/transition-appendix-A-Infographic.pdf

4. NHTSA's Office of EMS. (2022). EMS collaboration with Public Safety, Emergency Management; Health Disciplines. EMS.gov. https://www.ems.gov/issues/ems-collaboration/

5. Center for State and Local Government Excellence. (2020, November). Successful Collaborations Between Local Government and Public Health: Exploring Multisector Partnerships to Improve Population Health. https://debeaumont.org/wp-content/uploads/2020/11/multisector-partnerships-for-population-health.pdf

6. Feldesman Tucker Leifer Fidell LLP. (2010, October). Partnerships between Federally Qualified Health Centers and Local Health Departments for Engaging in the Development of a Community-Based System of Care. https://www.nachc.org/wp-content/uploads/2015/10/FQHC-And-Local-Health-Department-Partnerships.pdf

7. Tulane University School of Public Health and Tropical Medicine. (2021, January 13). Understanding Mental Health as a Public Health Issue. https://publichealth.tulane.edu/blog/mental-health-public-health/

8. Bryant, B. & Cohen, B. (2022, October 14). HHS expands and strengthens the community and public health workforce with new ARPA funding. https://www.naco.org/blog/hhs-expands-and-strengthens-community-and-public-health-workforce-new-arpa-funding

9. Smith, D. O. (2021, April 17). Community Health Workers: Their important role in Public Health. https://nihcm.org/publications/community-health-workers-infographic

10. Public Health Law Center. (2015). State & Local Public Health: An overview of Regulatory Authority. https://www.publichealthlawcenter.org/sites/default/files/resources/phlc-fs-state-local-reg-authority-publichealth-2015_0.pdf

11. Newman, S., Leep, C., Ye, J., Robin, N., & O'Donnell, K. (2015). 2015 Local Board of Health National Profile. https://www.naccho.org/uploads/downloadable-resources/Local-Board-of-Health-Profile.pdf

12. Association of North Carolina Boards of Health. (n.d.). Local Boards of Health and Public Health Authority Boards. https://www.ancbh.org/local-boards-of-health

13. Blaska, J. M., & Diedrick-Kasdorf, S. (2012). Roles & responsibilities of Local Boards of Health. WALHDAB - Western Region. https://www.dhs.wisconsin.gov/lh-depts/rolesresponsibilitiespublichealth.pdf

14. The Network for Public Health Law. (2022, October). State Laws Limiting Public Health Protections: Hazardous for Our Health. https://www.networkforphl.org/wp-content/uploads/2022/11/Analysis-of-State-Laws-Limiting-Public-Heatlh-Protections-1.pdf

15. Center for Public Health Law Research. (2023, October 6). Laws addressing public health authority to respond to emergencies. The Policy Surveillance Program, A LawAtlas Project. https://lawatlas.org/datasets/laws-addressing-public-health-authority-to-respond-to-emergencies

16. Centers for Disease Control and Prevention. (2019, January 29). Prevent Illness. Natural Disasters and Severe Weather. https://www.cdc.gov/disasters/disease/facts.html

17. HHS, Administration for Strategic Preparedness and Response (ASPR). (n.d.). Declarations of a Public Health Emergency. Administration for Strategic Preparedness and Response (ASPR). https://aspr.hhs.gov/legal/PHE/Pages/default.aspx

18. FEMA. (2023, March 9). Disaster Declarations for States and Counties. FEMA.gov. https://www.fema.gov/data-visualization/disaster-declarations-states-and-counties

19. National Association of County & City Health Officials (NACCHO). (2023, September 29). 2022 Preparedness Profile Study. Preparedness Profile. https://www.naccho.org/programs/public-health-preparedness/preparedness-profile

20. Institute of Medicine of the National Academies of Sciences. (2015). Healthy, Resilient, and Sustainable Communities After Disasters. https://nap.nationalacademies.org/resource/18996/postdisaster-RB-FINAL.pdf

21. National Association of Counties. (2023). Medical Reserve Corps Expansion. National Association of Counties. https://www.naco.org/resources/award-programs/medical-reserve-corps-expansion

22. National Association of Counties. (2023). Covid-19 Mobile Operations Outreach Vehicle (MOOV) in Baltimore County, MD. National Association of Counties. https://www.naco.org/resources/award-programs/national-association-counties-awards-submission-covid-19-mobile-operations

23. Schaff K., Dorfman L. (2019). Local health departments addressing the social determinants of health: a national survey on the foreclosure crisis, Health Equity 3:1, 30–35, DOI: 10.1089/heq.2018.0066.

24. National Association of Counties (NACo). (2021). Housing is Health: Partnering to Establish a Medical Respite Center, Cook County, Ill. https://www.naco.org/resources/award-programs/housing-health-partnering-establish-medical-respite-center

25. Medical Respite Care. National Health Care for the Homeless Council. (2023, February 22). https://nhchc.org/clinical-practice/medical-respite-care/

NACo STAFF CONTACTS

Mark Ritacco
Chief Government Affairs Officer, Government Affairs
mritacco@naco.org

Eryn Hurley
Director, Government Affairs
ehurley@naco.org
202.942.4204

Blaire Bryant
Legislative Director, Health
bbryant@naco.org
202.942.4246

Meghan McQuillen
CDC Public Health Associate
mmcquillen@naco.org
202.661.8836