

**Principles of Collaboration Between  
State and Local Public Health Officials**

**Adopted by the Joint Council of State and Local Health Officials**

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**Preamble:**

Policy development comprises one of the three core functions of governmental public health. Policy development activities conducted at federal, state, and local levels include the development of plans, priorities, statutes, ordinances, resource allocation discussions, and program requirements (including operational and fiscal accountability policies). As policy is developed at one level of government with implications for other levels of government, it is important to avoid unintended policy conflicts while assuring that the policy will achieve intended outcomes. These principles, developed by the Joint Council and ratified by the Boards of ASTHO and NACCHO, are intended to promote effective policy development at the interfaces of state and local public health departments.

**Principle One: Resource Allocation**

**Principle 1A**

Securing adequate resources for public health must be a joint responsibility between state and local health departments, and balance the needs of state and local service providers.

**Principle 1B**

State and local health departments should work together to design strategies and plans for allocation of federal and state public health resources.

**Principle 1C**

Resources should be allocated and services delivered as close to the location in need as possible, while considering other factors including economy of scale, accountability, and particular expertise.

**Principle 1D**

Resource allocation decisions should give priority consideration to local and state infrastructure needs wherever possible to assure that essential capacities are in place.

**Principle Two: Policy Development**

**Principle 2A**

Policies ought to be designed to provide the maximum benefit available to the health of the public.

### **Principle 2B**

State and local policies ought to be aligned to the maximum degree possible.

### **Principle 2C**

State policy planning and design efforts should incorporate the involvement of local public health agencies to assure a better fit with public health problems and needs.

### **Principle 2D**

State health department priority development processes should incorporate local participation to ensure that relevant priorities are selected.

### **Principle 2E**

State policy development should begin with sufficient advance notice to local and other partners to ensure adequate opportunities for local input and participation.

### **Principle 2F**

State and local health department officials should have candid meetings to discuss and communicate opportunities or limits imposed by governmental or political entities.

### **Principle 2G**

State and local health departments should work together to determine reasonable program reporting requirements.

## **Principle Three: Advocacy**

### **Principle 3A**

Local public health agencies should make every attempt to stay current with state public health policy issues, and to advocate with local boards of health, state legislatures and other relevant bodies for state health department proposals, where feasible.

### **Principle 3B**

State and/or local health departments should form a means through which leadership of local health departments and/or state offices serving local communities can meet with each other periodically to share common issues including health policy issues (e.g. state associations of county and city health officials).

### **Principle 3C**

Representatives of local health departments or state offices serving local communities should meet periodically with leaders from the central office of the state health department, and other relevant state leaders, to discuss policy advocacy issues.

### **Principle 3D**

State and local public health agencies should become familiar with the state legislative process and the relationship between the administrative and legislative policy development processes.

### **Principle 3E**

State and local health officials and/or leaders of state and local public health agencies should provide information to administrative and legislative bodies to assure that local conditions and realities are considered in the development of health policy.

## **Principle Four: National Coordination**

### **Principle 4A**

State and local public health officials should work together and in partnership with their national associations (ASTHO and NACCHO) to advocate for more state and local involvement in the development of national priorities, agendas and other forms of policy affecting state and local health departments.

### **Principle 4B**

Representatives of ASTHO, NACCHO, and the Joint Council should work with federal agencies to promote state and local participation in the development of national policies, which include, program design, funding allocation strategies, regulations and guidelines.

*The Joint Council of State and Local Health Officials comprises the officers of the Association of State and Territorial Health Officials (ASTHO) and the National Association of County and City Health Officials (NACCHO). The Council was established to improve the effectiveness of governmental public health. The Council accomplishes its purpose by working to enhance the capacity for cooperative problem solving and systems development at the administrative and executive levels of local, state and federal public health organizations*