# Missouri Public Health Association

## General Membership Meeting and Conference

**September 15-17, 2026**
**Lodge of the Four Seasons, Lake Ozark, Missouri**

Patrick McGough
2026-2027 NACCHO President

NACCHO
National Association of County & City Health Officials

MISSOURI PUBLIC HEALTH Association

# About NACCHO

NACCHO is comprised of over **3,300 local health departments** across the United States and represents the heartbeat of the local public health system.
NACCHO's mission is to serve as a **leader**, **partner**, **catalyst**, and **voice** for local health departments.


*There's value in belonging*


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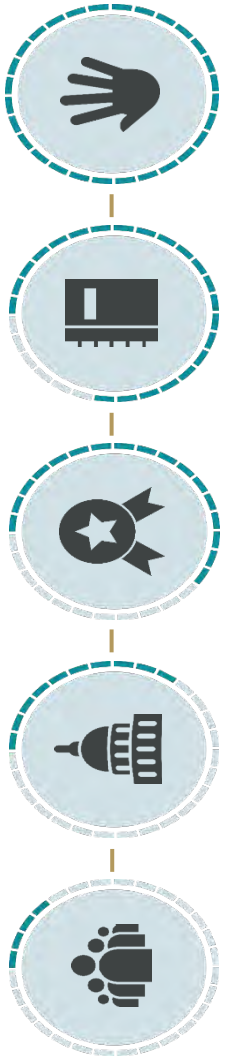
# What We Do

- Advocacy
- Partnerships
- Funding
- Training and education
- Networking
- Resources, tools, and technical assistance



Serve on an advisory group or committee

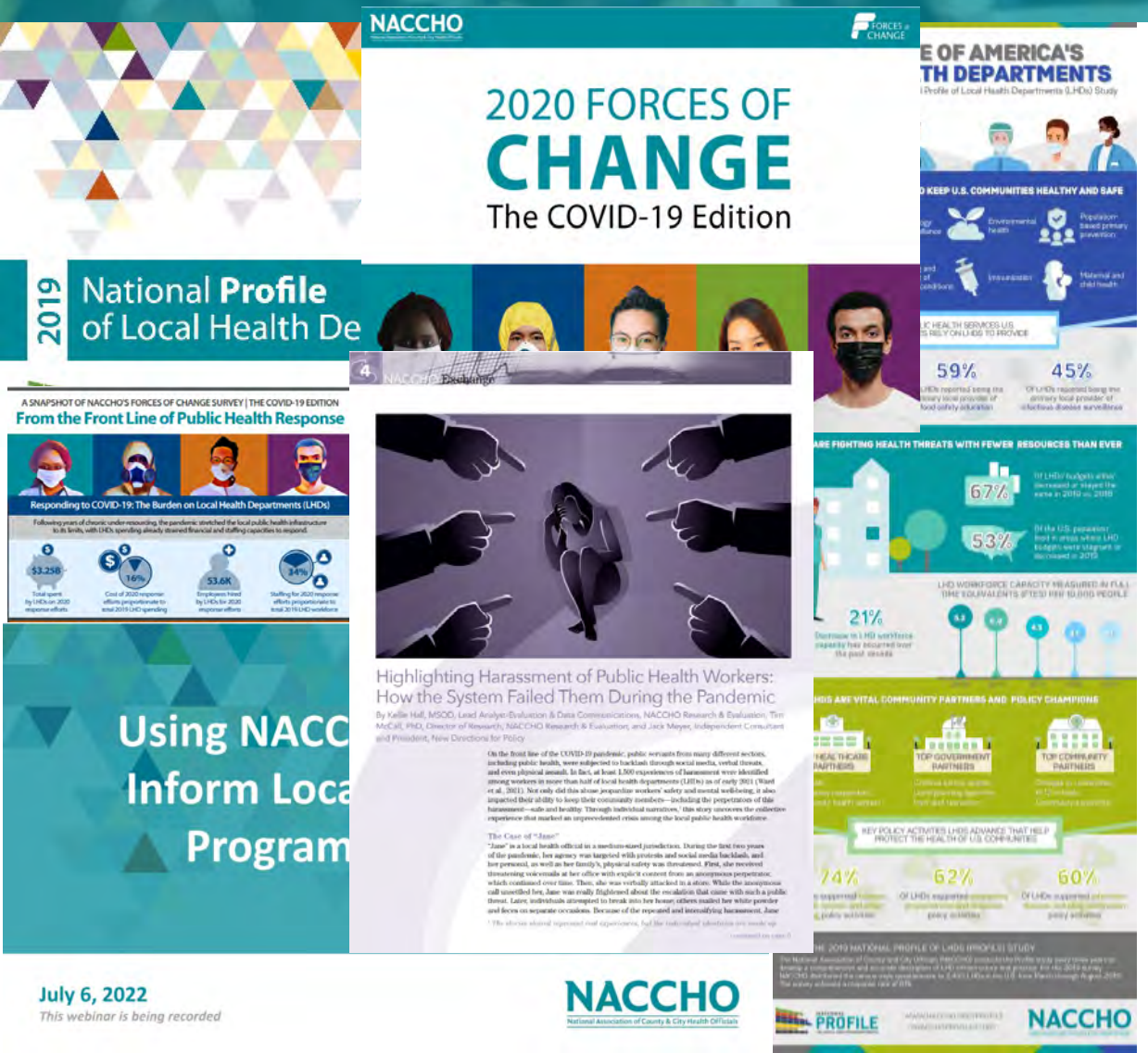
Attend a conference

Apply for an award

Join the Congressional Action Network

Become a member

# Additional Data Products




## Visit *www.naccho.org/profile* and *www.naccho.org/forces*

- PDF Reports
- Profile Dashboard
- Infographics
- Webinar
- Research Briefs and Journal Articles
  - Workforce and finance trends
  - Emergency preparedness capacity
  - Harassment of LHOs

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# Strategic Approach for 2025 - 2027

1 & 2 & 3

**imagine & build** models

**lead** in this critical moment

**partner & guide** policy where we can

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# Five Strategic Focus Areas for 2025 - 2027

**A. Create new ways to thrive.** Consider new models for NACCHO & LHD sustainability. Convene conversations and help guide local public health re-imagining.

**B. Connect & tell the stories.** Gather stories (data) from LHDs to share nationally. Keep LHDs informed about national updates. Connect LHDs to each other. Create shared framing and messaging. Be the unifying voice of local public health.

**C. Advocate for Local Public Health.** Advocate for and protect the role, values, & funding of LHDs. Engage in priority issue advocacy. Support local engagement at all levels & share tools that support local collaboration in this work.

**D. Support the workforce.** Support local public health workforce skills and LHD capacity through TA, training, and resources. Reassure and encourage local leadership & build morale. Support new leader development.

**E. Strengthen key partnerships.** Continue, strengthen, leverage, and expand national partnerships & related influence. Partner with federal policy makers. Support SACCHOs' strength. Support LHDs in strengthening local partnerships.

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# *Policy & Advocacy*

## Goals

- Be the voice of all local health departments at the federal level (Congress, Administration, media)
- Build the capacity of local health department leaders to advocate on behalf of their department and the field

## Tools

| |
|---|
| Advocacy |
| Strategic Messaging |
| Media and Social Media |
| Website |
| Publications |
| National Advisory Committees |
| Coalitions |
| Policy Statements (130+) |

Congressman Johnny Olszewski (D-MD-02) with Dr. Michelle Taylor, Commissioner of the Baltimore City Health Department, and her team

Senator James Risch (R-ID) with James Corbett, Health Director of Eastern Idaho Public Health

*NACCHO is a non-partisan organization with a bipartisan advocacy strategy*

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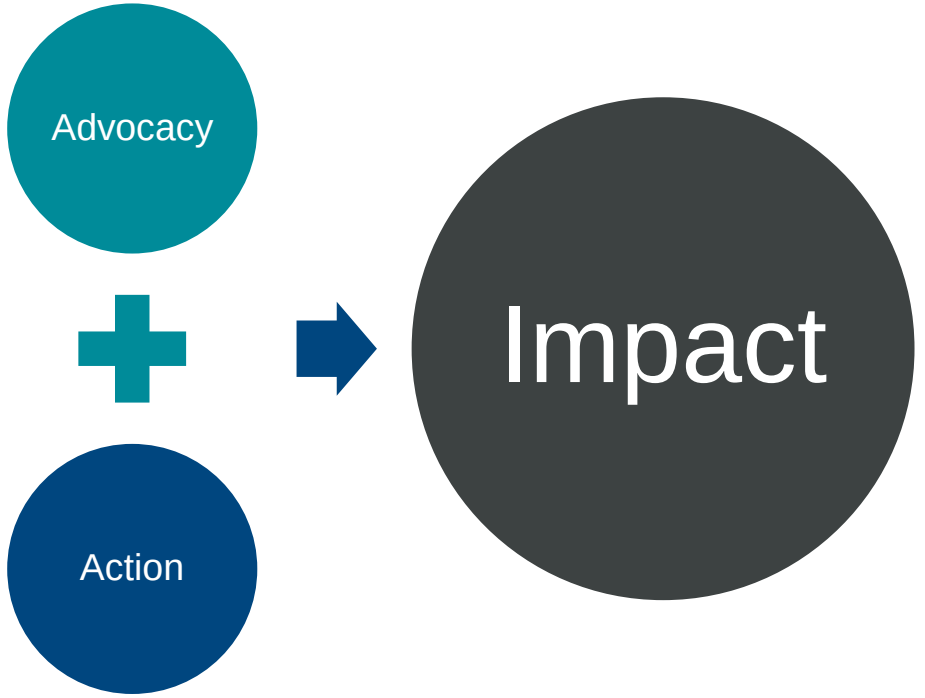
# Delivering Results for Local Health Departments

## Advocacy Outcomes in 2025

- ✓ **Protected core public health funding** through trusted relationships with Congress
- ✓ Facilitated **150+ meetings** between NACCHO members with Congress
- ✓ **Shaped appropriations and oversight** through **14 formal letters**
- ✓ **Activated the field—3,000+ messages to Congress** from local health officials elevating LHD priorities
- ✓ **Secured visibility for local public health** through **22 active coalitions**, including CDC Coalition and Coalition for Health Funding
- ✓ **Advanced workforce priorities**, including continued advocacy for **Public Health Workforce Loan Repayment**




## Why It Matters

- ✓ Helped keep **federal funds flowing to LHDs**, even during uncertainty
- ✓ Ensured **local voices were heard** in appropriations and policy decisions
- ✓ Created **direct opportunities** for LHDs to engage Congress—both in DC and at home
- ✓ Protected **critical programs and staffing capacity** at the local level

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# NACCHO 2026 Legislative Agenda

Strengthen and support the **public health workforce**

Bolster and improve access to **federal public health funding**, including designated resources to support public health infrastructure and data modernization at the local health department level

Ensure **federal public health funding flows** from the federal level to states and local health departments quickly and equitably

Address a **wide range of public health concerns** through work in coalition with partners

- **Access to healthcare**
- **Behavioral and mental health**
- **Chronic disease (incl. active living, nutrition, food security)**
- **Informatics**
- **Emergency preparedness**
- **Environmental health (incl. climate, food and water safety, vector control)**
- **HIV, STI, and viral hepatitis prevention**
- **Infectious disease prevention (incl. immunizations, AMR)**
- **Injury and violence prevention (incl. gun violence)**
- **Maternal and child health**
- **Reproductive health**
- **Substance use disorder**
- **Tobacco control**

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# The Current Threat Environment in Public Health

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## What's Going on in Washington?

*A Federal Policy Update*

# Committee Report Language: CDC

- **Local Health Departments.—***Federal funding intended for both State and local health departments does not consistently reach local health departments beyond those directly funded by CDC. The Committee encourages CDC to require States to fund local health departments when programmatically appropriate. The Committee urges CDC to publicly track and report to the Committee how funds provided to State health departments are passed through to local health departments, including the amount and date funds are made available, per grant award, by local jurisdiction.*
- **Emergency Preparedness and Response.—***The Committee supports the CDC's efforts to provide guidance, technical assistance, and resources, including emergency preparedness epidemiologist and experts, to communities as they prepare for, withstand, and recover from emergencies.* ***Increasingly complex and multi-state outbreaks****, such as Measles, alongside major events and mass gatherings across the country, including the 2026 World Cup,* ***demonstrate the need for a nationwide public health preparedness infrastructure which provides local health departments the capability to rapidly detect, monitor, and respond to health threats.***
- **CDC Core Capacities.—***The Committee* ***prioritizes strengthening CDC data systems, building laboratory capacity, modernizing communications, and developing a highly skilled public health workforce to ensure robust Federal, State, and local capabilities.*** *With clear accountability and a focus on domestic resilience, CDC funding should reinforce critical health capabilities, accelerate disease threat detection and medical countermeasure development, and sustain a resilient public health system that protects vulnerable populations and secures the nation against emerging threats and public health challenges.*

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# The Federal Budget Outlook

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| | AGENCY | | FY26 Labor-HHS Law | Change from FY25 | | FY27 President's Budget Request | Change from FY26 | | FY27 Labor-HHS Bill | Change from FY26 |
|---|---|---|---|---|---|---|---|---|---|---|
| Program Level | | | | | | | | | | |
| HHS | | | $116.5B | <$100M> | | $111.1B | <$15.8B> | | $110.8B | <$4B> |
| | CDC | | $9.147B | <$53M> | | $5.486B | <$3.62B> | | $8.1B | <$1.047B> |
| | ASPR | | $3.692B | +$58M | | $3.337B | <$356M> | | $3.648B | <$44M> |
| | HRSA | | $8.9B | LEVEL | | Moved to AHA | | | $8.07B | <$830M> |
| | SAMHSA | | $7.4B | LEVEL | | Moved to AHA | | | $7.3B | <$100M> |
| | AHA (HRSA, SAMHSA, some CDC) | | | | | $14.7B | | | | |
| Program Level | | | | | | | | | | |
| PHIC | | | $360M | +$10M | | $260M | <$100M> | | $370M | +$10M |
| PHEP | | | $735M | LEVEL | | $350M | <$385M> | | $750M | +$15M |
| MRC | | | $6.24M | LEVEL | | $0 | <$6.24M> | | $6.24M | LEVEL |
| HPP | | | $307M | +$2M | | $0 | <$307M> | | $70.055M | <$237M> |
| 317 Vax | | | $681.9M | LEVEL | | $731.9M | +$50M | | $696.9M | LEVEL |
| Ryan White | | | $2.57B | LEVEL | | $2.497B | <$73.5M> | | $2.346B | <$224M> |
| DMI | | | $185M | +$10M | | $185M | +$10M | | $230M | +$45M |

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# Continued Funding Uncertainty

- **Grants/Contracts:** "Improving Oversight of Federal Grantmaking" (8-7-25)
  - Permits grant terminations for "convenience"

- **SAMHSA Grants**: January 13, SAMHSA clawed back nearly $2B in mental health and substance use grant funds and sent out nearly 2,800 termination letters effective immediately. *(Reversed)*
- **PHIG Funding Pause**: January 24, CDC notified all PHIG awardees to pause all work on grant activities. *(Lifted)*
- **4 State Grant Terminations**: February 9, HHS notified Congress that it would claw back about 100 grants from grantees in targeted states: CA, CO, IL, MN *(Litigation Pending; TRO granted)*

# OMB Proposed Rule: Regulation for Federal Financial Assistance

- Proposed rule would overhaul how federal grants are awarded, managed, and terminated
- If enacted, the proposed rule would:
  - Establish pre-issuance review of grants by political appointees in order to align with administration priorities and "gold standard science"
  - Permit agencies to cancel ongoing grants for any reason at any time, with little notice and few requirements to offer administrative relief
  - Bar federal funds to be used for conferences unless pre-approved and written into the award at the time of issuance
  - Prohibit the use of federal funds for journal publication
  - Codify practices already occurring
- 45-day comment period ended July 13 – nearly 300,000 comments submitted
  - Proposed to be enacted by October 1, 2026

# THREATS REACH DEEP LOCALLY

- Cuts to federal government spending in both health and public health = less funding available to state, local, tribal, territorial
- The squeeze is on for state/local governments to make up the costs eliminated across EVERY federal agency
- Pressure is on localities to supplement reduced federal and state funding with local funding resources (taxes, fees)
- Local funding resources for public health are now being targeted by other groups who are facing similar federal to state to local funding realities and shortfalls
- Looming HR1 Medicaid cuts in 2027 will make local health departments more of a safety net with traditional resources disappearing.

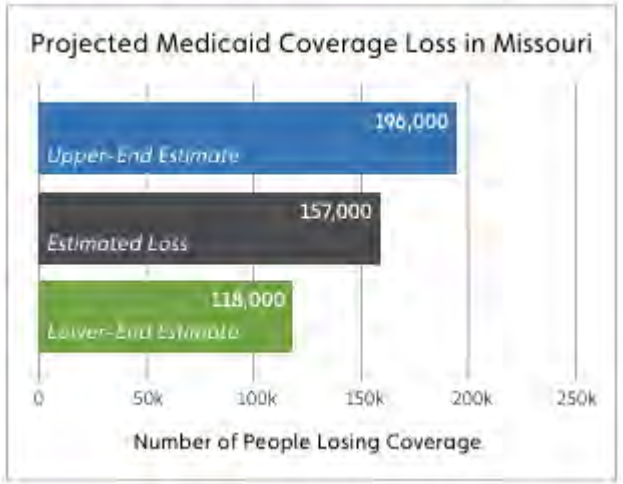
Modern Medicaid ALLIANCE

## What Medicaid Cuts Mean for Missouri

Medicaid Population[1]
**1.4 Million**

Federal Medicaid Contribution[2]
**$12.5 Billion**

State Medicaid Contribution[3]
**$3.4 Billion**




**TAKE ACTION**

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# The Current Opportunity Environment in Public Health

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# Innovation, Adaptation in Changing Times

Coalition for Trust in Health & Science

FIRED BUT FIGHTING

PUBLIC HEALTH COMMUNICATIONS COLLABORATIVE

POPHIVE

VACCINE INTEGRITY PROJECT

Americans for Healthy Communities

FOR OUR HEALTH
AN INITIATIVE OF THE AMERICAN PUBLIC HEALTH ASSOCIATION

Campaign for the Public's Health

PROTECT OUR CARE

PriorityONE
Protecting the Public's Health

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# Multijurisdictional Collaborations

## Several Northeastern States and America's Largest City Announce the Northeast Public Health Collaborative

Voluntary Coalition includes Connecticut, Maine, Massachusetts, New Jersey, New York State Pennsylvania, Rhode Island and New York City

Regional Partnership Brings Together Public Health Agencies and Leaders to Share Exper Improve Coordination, and Promote and Protect Evidence-Based Public Health

## California, Oregon, and Washington to launch new West Coast Health Alliance to uphold scientific integrity in public health as Trump destroys CDC's credibility

What you need to know

independe

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receive

## GovAct Press Release: 15 Governors Launch Governors Public Health Alliance to Safeguard Public Health, Strengthen Preparedness, and Coordinate Across Borders

*Nonpartisan initiative will be supported by GovAct and help states and territories to coordinate and address health threats across state lines*

**WASHINGTON** – Today, Governors Bob Ferguson (WA), Josh Green (HI), Maura Healey (MA), Kathy Hochul (NY), Tina Kotek (OR), Ned Lamont (CT), Lou Leon Guerrero (GU), Dan McKee (RI), Matt Meyer (DE), Wes Moore (MD), Phil Murphy (NJ), Gavin Newsom (CA), Jared Polis (CO), JB Pritzker (IL), and Josh Stein (NC) announced

SAPHL

SOUTHERN ALLIANCE FOR PUBLIC HEALTH LEADERSHIP

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# Public Health Infrastructure Grant 2.0

**PHIG 1.0 2022-2027**
**PHIG 2.0 TBD**

A1

### Workforce Development

Recruit, train, and retain a skilled public health workforce – supporting the hiring or retention of more than 6,000 staff.

A2

### Foundational Capabilities

Strengthen the core organizational systems, processes, and policies that underpin essential public health services.

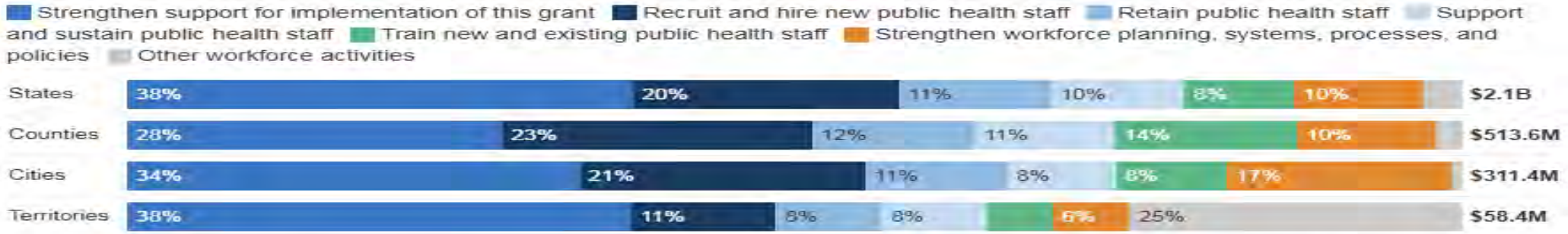
A3

### Data Modernization

Modernize data systems to improve interoperability, timeliness, and the use of data for public health decision-making.

Figure 7

PHIG Workforce Funding by Activity and Health Department Jurisdiction Level




NOTE: Data do not include Foundational Capabilities or Data Modernization funding. The District of Columbia is included among "City" recipients. Data as of September 30, 2023.
SOURCE: KFF analysis of CDC's Public Health Infrastructure Grant recipient data. • PNG

KFF

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# Threading Needles – The Rural Health Transformation Program

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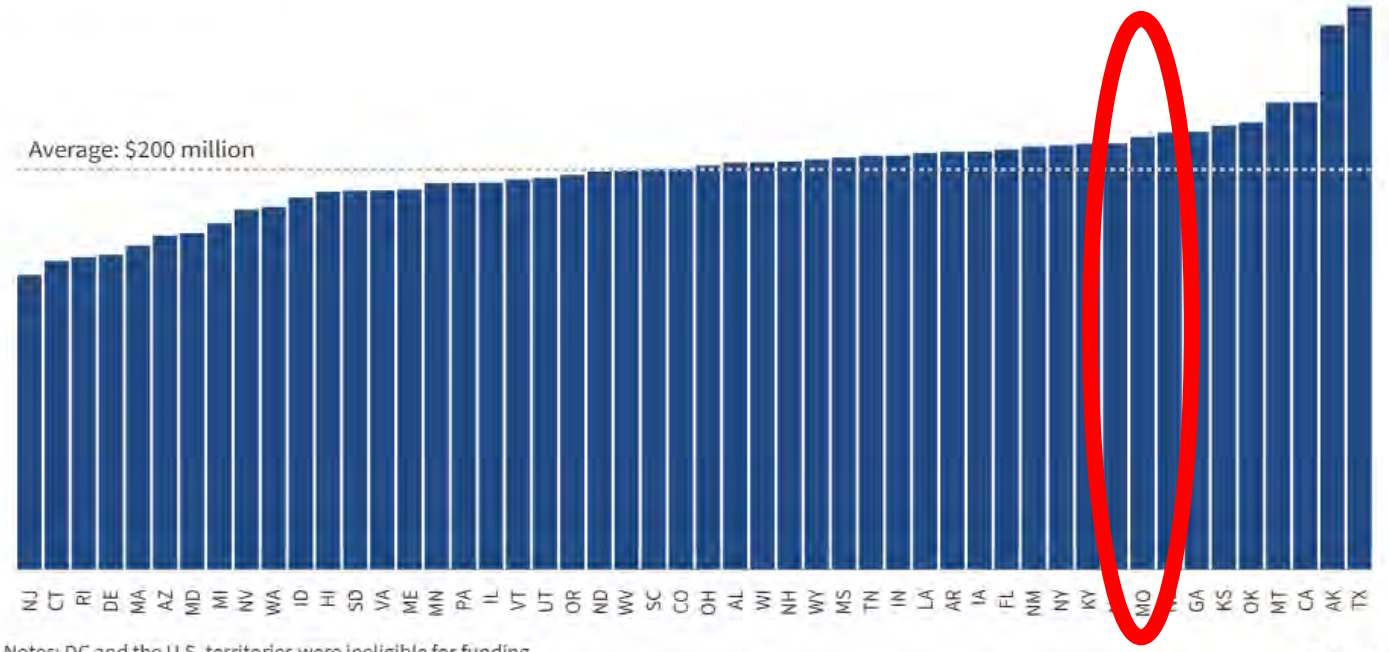
***$50 billion over five budget periods and up to 50 awards. This investment takes place alongside an estimated [$137 billion in federal Medicaid cuts] to rural communities over the next decade—a gap that RHTP funding alone cannot alleviate.***

Rural Health Transformation (RHT) Program

- **Promoting evidence-based, measurable interventions to improve prevention/chronic disease management.**
- **Promoting consumer-facing, technology-driven solutions for the prevention and management of chronic diseases.**
- **Recruiting and retaining clinical workforce talent to rural areas**
- **Providing technical assistance, software, and hardware for significant information technology advances designed to improve efficiency, enhance cybersecurity capability development, and improve patient health outcomes.**
- **Supporting access to opioid and other substance use disorder treatment and mental**

Figure 1

**First-Year Awards From the Rural Health Fund Range From $147 Million in New Jersey to $281 Million in Texas**




Notes: DC and the U.S. territories were ineligible for funding.
Source: KFF analysis of rural health fund awards from the HHS Tracking Accountability in Government Grants System (TAGGS). Get the data

KFF

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Assessment of the

# RETURN ON INVESTMENT

for

# HEALTH FIRST INDIANA

Funding and Program Achievements Among Five Key Areas of Public Health


Regenstrief Institute

Clem McDonald Center for Biomedical Informatics
Public and Population Health Informatics Program
April 24, 2026


## KEY FINDINGS

### SCOPE OF SERVICES:

**LHDs delivered 4.3 million services** between January 2024 and December 2025, of which we assessed cost savings attributed to five specific types of prevention services. Our analysis included only 437,455 services or 10.1% of the total services provided under HFI. Accordingly, these findings should be viewed as a conservative underestimate of HFI's overall economic impact.

### AGGREGATE SAVINGS:

The combined direct and indirect savings from the 5 types of services we assessed are estimated at **$742.6 million (in 2024 dollars)**. This includes approximately $229.3 million in direct health care savings and $513.2 million in indirect savings from reduced premature mortality and caregiving expenses. Our finding of substantial cost savings from just five types of services is consistent with the evidence and general consensus in the public health literature that returns on investment (ROI) for public health are significant and are, on average, 14.3 to 1.[2]

### FUTURE IMPACTS TO PUBLIC HEALTH:

While these findings represent estimated cost savings that exceed the investment to date in the Health First Indiana program, there is more work to do to identify Hoosiers living with undiagnosed illnesses, improve access to care (especially prenatal care), and support improvements in the health of Hoosiers. This report includes recommendations for the Health First Indiana program and future work in public health across Indiana.

Missouri's

**Foundational Public Health Services Model**

#HealthierMO Initiative


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National Commission on Local Public Health Leadership

de Beaumont

Kasich Company

The National Commission calls upon local leaders to:

- **Adopt a public proclamation** to formalize a shared commitment to trust-building and partnership.
- **Hold regular, ongoing working sessions** to strengthen collaboration and maintain alignment beyond crises.
- **Clarify and document roles and decision-making authority** to ensure transparency, accountability, and efficient action.
- **Build and sustain a multi-sector coalition** that includes key community systems (e.g., business, education, transportation, public safety, healthcare, social services, faith organizations, and residents).
- **Agree on priority issues** for action, including improving localized, anonymized data for decision making and strengthening preparedness for access to PPE, medicines, testing, and other essential supplies.

## What's inside

This toolkit includes:

- **A toolkit roadmap** to help readers navigate this document based on their role and priorities.
- **Sample proclamation** language communities can use to publicly launch a partnership commitment.
- **An introduction to public health** that provides a shared vocabulary on what public health is, how local health departments function, and how public health systems are organized.
- **The top achievements of public health**, which highlight the accomplishments that contributed to adding 30 years of life expectancy and demonstrate the measurable impact of prevention, systems change, and policy.

# Good Health is Good Governance

A Toolkit for Strengthening Partnerships Between Elected Officials and Public Health Leaders

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# Where are we headed?

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New 2026 CDC Permanent Leadership

# Key Individuals in the Immediate Office of the Director

Dr. Erica Schwartz
Director, CDC
Confirmed August 2026

Dr. Jennifer Shuford
Deputy Director and
Chief Medical Officer
July 2026

Sean Slovenski
Deputy Principal
Director and Chief
Operating Officer

**OTHERS TO WATCH-Pending Nominations: Nicole Saphier, US Surgeon General & Sean Kaufman, Assistant Secretary for Preparedness and Respons**

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Key and Emerging Changes to Public Health Policy

# Public Health Preparedness and Response

- EO: Council to Assess the Federal Emergency Management Agency (1-24-25)
  Purpose of streamlining operations and ensuring FEMA delivers rapid, efficient, and mission-focused relief to Americans in need

- EO: Enhancing Efficiency through State and Local Preparedness (3-19-25)
  Decentralize disaster response
  Resources/coordination unclear
  Gaps for under resourced communities

- Leg: PAHPA Reauthorization (still in flux)

- Lessons learned from World Cup, 250th Anniversary celebrations, and Olympic preparedness/response

**Implications of Policy Shifts:**

- Changes in ability to rely on Strategic National Stockpile and planning to address gaps
- Ongoing diminishing federal FEMA/ASPR workforce and funding
- Threats to longstanding programs like Medical Reserve Corp and the Hospital Preparedness Program

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Key and Emerging Changes to Public Health Policy

# Federal Vaccine and Immunization Policy

- **Jun 2025:** HHS Secretary Kennedy removed all 17 ACIP members and replaced them with handpicked appointees.
- **Dec 2025:** ACIP voted 8-3 to end vaccination against hepatitis B at birth. NACCHO signed on to a joint public comment letter urging ACIP to protect access to the vaccine.
- **Jan 5, 2026:** HHS announced changes to the childhood vaccine schedule, ending universal recommendations for 6 immunizations and moving them to risk-based or "shared clinical decision-making." This decision bypassed ACIP.
  - Rotavirus, COVID-19, influenza, hepatitis A, hepatitis B, and meningococcal vaccines; moved HPV to only 1 dose
  - NACCHO issued a joint statement with Trust for America's Health and Big Cities Health Coalition
- **Mar 16, 2026 – Federal Court Ruling:** Judge stayed the January 5 HHS memo, all 13 ACIP appointments, and all ACIP votes since June 2025. Vaccine schedules reverted to pre-January 2026 guidance – all 17 routine childhood vaccinations restored.
- **Mar 24, 2026:** Robert Malone, ACIP Vice Chair, resigned citing internal disputes and the court ruling. HHS has indicated it will appeal but has not said when.
- **Aug 10, 2026:** EO issued by Trump overhauled childhood vaccine schedules at the federal level, calling for separate shots in place of the combined measles-mumps-rubella vaccine and narrowing the list of immunizations recommended for all children

**Implications of Policy Shifts:**

- **Emphasis on "shared clinical decision-making"** could lead to fewer medical providers and pharmacies stocking specific vaccines, fewer access points; and impact stocking of combination vaccines.
- **Insurance Coverage:** All vaccines remain covered at no out-of-pocket cost. Insurers committed to covering without cost-sharing through 2026. Medicaid and the Vaccines for Children program remain unchanged.
- **Public Trust:** CDC trust at lowest point since COVID – only 47% trust the agency for vaccine information, down from 85% in March 2020 (KFF). Americans now trust the AAP over the CDC by nearly 4-to-1 on childhood vaccine recommendations.
- **Fractionization:** Inconsistent guidance across federal, state, and local levels creates a patchwork system. States set their own school entry requirements independently of federal recommendations, leading to geographic disparities in coverage.

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Emerging Disease and Topics in Public Health

# Active and on the horizon NOW…

- **MEASLES**
  Since August 2026, U.S. has reported 2,566 measles cases across 38 outbreaks, the largest total in more than 35 years and we risk measles elimination status when up for review this September.
- **CYCLOSPORA OUTBREAK**

  Since May 2026, 13,895 laboratory-confirmed Cyclospora infections (including a 9,481-case multistate lettuce-associated outbreak)
- **SALMANELLA OUTBREAK:**

  Since August 2026, a 345-case multistate Salmonella outbreak linked to jalapeño peppers
- **EBOLA OUTBREAK:**

  Globally, responders are confronting a major Ebola outbreak in the Democratic Republic of the Congo with nearly 5,000 confirmed cases and more than 2,300 deaths, while Uganda has successfully ended its outbreak. Meanwhile, the US continues to screen for Ebola and have done over 12,000 passengers.
- **NWS:**

  New World Screwworm has affected more than 209,000 animals and 2,440 people across Mexico and Central America, with animal detections now confirmed in the United States, underscoring the ongoing need for coordinated One Health and emergency preparedness efforts.
- **WEATHER IMPACTS:**

  Severe weather is a growing public health challenge that increases illness and injury, disrupts healthcare access, strains response systems, exacerbates health inequities, and requires sustained investment in preparedness, resilience, and recovery. Examples of recent severe weather impacts include extreme heat events, extreme rainfall and flooding, hurricanes and severe weather, wildfires and smoke exposures, trauma and mental health, not to mention the frequency, unpredictability, compounding, and cascading effects of weather disasters.
- **PUBLIC COMMUNICATION, ENGAGEMENT, TRUST BUILDING:**
  We have and we must continually create new opportunities to engage citizens around their health concerns, what issues are real to them, and how can we actively address their concerns especially around changing vaccination policy and appetite for accurate information. Local health departments have more benefit of trust than state or federal agencies and they can work with their own community partners to engage deeply and directly.

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# NACCHO's Public Health Is Local Initiative

**NACCHO Advocacy Trainings** (on NACCHO University)

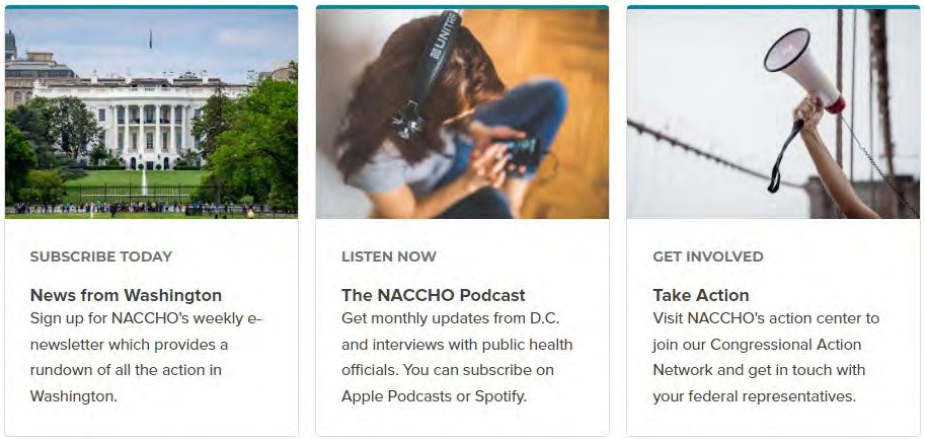
- How To Request a Meeting In District
- Engaging with Policy Change (*new!*)
- Federal Legislative Process (*new!*)
- Federal Budget and Appropriations (*new!*)


**Education & Advocacy Materials on naccho.org**

- A Step-By-Step Guide to Schedule In-District Meetings with Members of Congress
- NACCHO's Advocacy Toolkit

**Fact Sheets**

- A Common-Sense Investment to Achieve National Health Security and Prosperity
- Local Health Departments Impact Our Lives Every Day




## Stay Up To Date

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# Thank you!


Patrick McGough
President 2026-2027
National Association of County and City Health Officials (NACCHO)

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