

THE COUNTY ROLE IN PUBLIC HEALTH

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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 partnership 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. 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

CHAPTER 1

COUNTY PUBLIC HEALTH INFRASTRUCTURE

Core functions of the Local Health Department ^{3,4}



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. **Approximately 70 percent of all local health departments are county-based, and another eight percent that serve multiple counties.** 61 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.








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.*

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.**⁵

THE TABLE BELOW OUTLINES A FEW KEY COUNTY PARTNERS IN LOCAL PUBLIC HEALTH AND THEIR RESPECTIVE ROLES:

PARTNERS	PARTNERSHIP ROLE AND IMPORTANCE
 Emergency Management Services (EMS)	<p>EMS and first responders provide emergency medical care, promote public safety and security, and prevent real time death and injury during emergency situations. 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.</p>
 K-12 Schools and Universities	<p>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.</p>
 Local Government Partners	<p>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.</p> <p>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.</p>
 Hospitals	<p>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.</p>
 Community Health Centers	<p>Partnerships with FQHCs, 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 care and basic health and human services.</p>
 Mental Health and Substance Use Providers	<p>These providers [<i>i.e., Federally Qualified Health Centers (FQHCs) and Certified Community Behavioral Health Clinics (CCBHCs)</i>] 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.</p>
 Community Health Workers (CHWs)	<p>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. CHWs are sometimes contracted through the LHD, while others are independent contractors.</p>

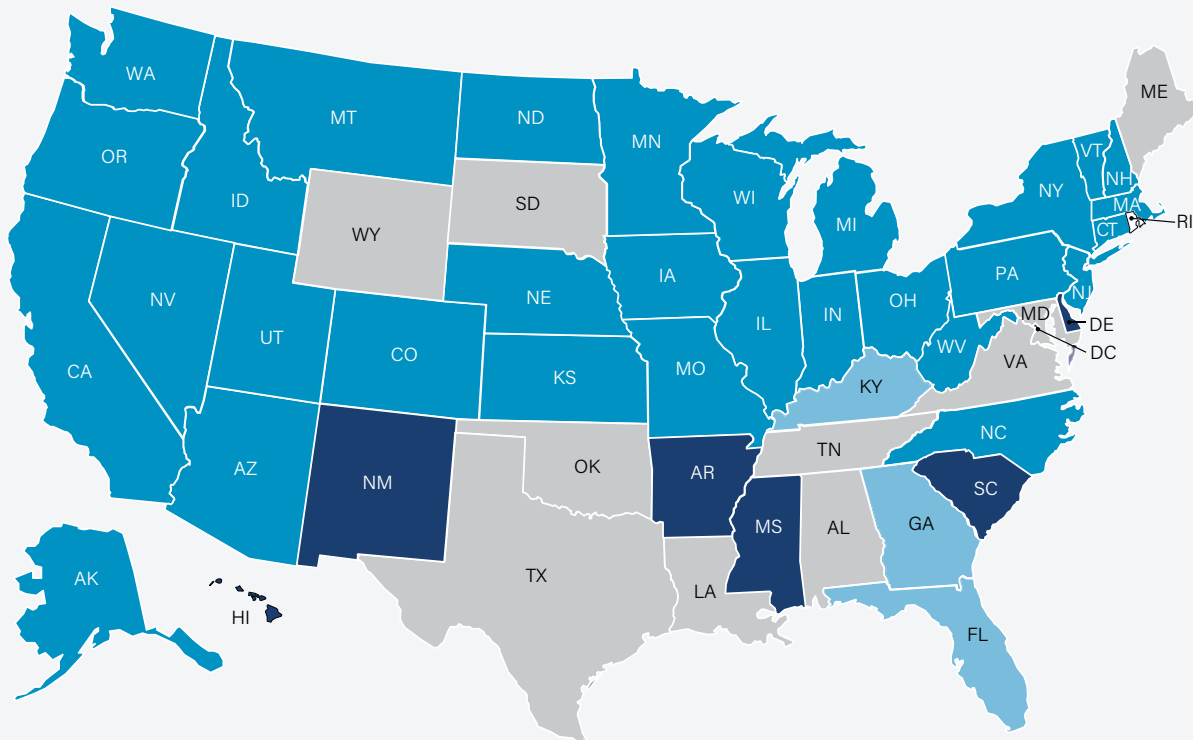


Counties support the majority of America's approximately 2,800 local health departments and protect our residents' health, safety and quality of life.

CHAPTER 2

ROLE OF PUBLIC HEALTH AUTHORITY

Type of LHD Governance by State



RI was excluded from the study
N=2,459

- | | |
|--|--|
| ■ Local (all LHDs in state are units of local government) | ■ Shared (all LHDs in state governed by both state and local authorities) |
| ■ State (all LHDs in state are units of state government) | ■ 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:⁶

- **Centralized/State:** The LHDs are a part of the state government⁷
- **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 government⁷

Beyond this distinction, there is even more variety in the authority and governance of LHDs. Up to 1 in 5 LHDs are combined into a Health and Human Services Agency (HHS), instead of being a standalone health department, and 70 percent are governed by a local board of health (LBOH)⁸. 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 a more advisory role and are overseen by the state health agency.⁹

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. The general role of LBOHs includes (but is not limited to): ^{11, 12}

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

During the COVID-19 pandemic, the authority of state and local public health has become increasingly limited by new legislation. The Network of Public Health Law notes that from January 2021 to May 2022:



*a total of **185 laws** were enacted to limit local public health authority, which include those that impact authority local health officials, others that address mask requirements, vaccines and emergency measures, or shift authority between the state and local health officials.¹³*



***65 bills of a total of 539 proposed**, were enacted to limit public health authority, while only 17 were enacted to expand authority of governors, state and local health officials.¹⁴*



***30 out of 177 bills proposed** were enacted to preempt localities from taking public health action during an emergency.¹⁵*

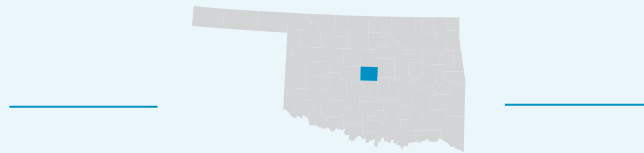


CHAPTER 3

COUNTY PUBLIC HEALTH IN ACTION

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

Emergency preparedness is a critical aspect of local public health and counties are on the frontlines of crises, working alongside state and federal partners to respond to natural disasters and public health threats. LHDs often serve as the coordinating body of multiple systems to prepare and respond, convening emergency management, hospitals, emergency operation centers, and more.



OKLAHOMA COUNTY, OKLA.: A PREPAREDNESS FOCUS FOR PUBLIC HEALTH AND EMERGENCY MANAGEMENT¹⁶

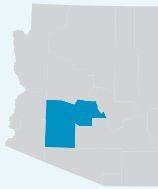
Oklahoma County, Oklahoma is one of the most disaster-prone counties in the United States, experiencing almost every kind of disaster and emergency situations. A catalyzing moment for the county was the 1995 bombing, which motivated the Oklahoma City-County Public Health (OCCHD) to build a strong emergency preparedness and response department which takes advantage of its robust federal, state and local partnerships. The have maintained relationships with:

- **Federal partners:** FEMA, CDC, and more
- **Local first responders:** Oklahoma Emergency Management Association and the local senior advisory council for preparedness
- **Local utilities and businesses**
- **Volunteers:** CCHD primarily uses its local [VOAD](#) – volunteer organizations active in disaster – and [Medical Reserve Corps](#) to leverage their reserves for response and recovery efforts

Additionally, Oklahoma County has created a Continuity of Operations Plan (COOP) to help ensure the execution of essential organizational functions and fundamental duties during all-hazards emergencies.

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.



MARICOPA COUNTY, ARIZ. DISTRIBUTION OF PPE AND COVID-19 RELATED SUPPLIES¹⁷

In response to the COVID-19 pandemic, the Maricopa County Department of Public Health, alongside the Maricopa County Department of Emergency Management, and the Office Enterprise Technology collaborated to collect and distribute Personal Protection Equipment (PPE) efficiently for the healthcare facilities that needed it most. They began by establishing a logistics team that included representatives from multiple county departments and engaged with the Arizona National Guard. All types of facilities and groups including hospitals, medical providers, schools, charities, businesses and other organizations would submit requests via the county website to request PPE. From there, the logistics section uses three warehouses, an incident management system, Geographic Information Systems (GIS) and a volunteer network to make sure the PPE arrives at the locations where it is most needed. The county continues to use this system for current and future public health and emergency threat situations, including for vaccine distribution.



COOK COUNTY, ILL.: HOUSING IS HEALTH: PARTNERING TO ESTABLISH A MEDICAL RESPITE CENTER¹⁹

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.²⁰ 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 more¹⁸. 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.



CHAPTER 4

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, 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.²¹ 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.

Endnotes

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