

Conclusion

This *Chartbook* provides a fresh, comprehensive look at LPHA infrastructure issues. In reviewing the results of the study, several important topics deserve attention.

- With the ever-changing health services environment, LPHAs are reassessing and redefining their roles within the health care system. The data in this *Chartbook* corroborate the general understanding that LPHAs are moving away from the provision of comprehensive primary care services. Comparing data from NACCHO's *1992-1993 Profile* report with these data indicate that the number of LPHAs providing direct clinical services has decreased while the number of LPHAs providing population-based services, such as communicable disease control, community assessment, and community outreach and education, has increased.
- Seventy percent (70%) or greater of LPHA respondents provide the following services to their communities: adult and childhood immunizations, communicable disease control, community outreach and education, epidemiology and surveillance, food safety, restaurant inspections, and tuberculosis testing.
- LPHAs rely upon a core set of professional public health workers, primarily composed of public health nurses and environmental health specialists. These professionals, along with administrative staff, are vital building blocks of the LPHA infrastructure. Furthermore, the public health workforce was seen as a strength and a challenge. As noted in the workforce section of this report, this was the first time the Standard Occupational Classification has been used to collect data directly from the LPHA. Further research in this area could improve upon current methodology for enumerating the public health workforce.
- This study reveals that approximately 75% of LPHAs predicted they will have completed community health assessments within the next three years. This suggests that LPHAs are deeply involved in this core function/essential service of public health.
- LPHAs reported partnership and collaborative activities substantially more than prior studies have reported. Recent national attention to partnerships and collaboration highlight how local public health infrastructure is developed and maintained by many community stakeholders, not just the LPHA. Broadening the view of who is involved in public health infrastructure is a necessity, and raises new challenges. Further study merits the examination of a possible relationship between the increasing number of LPHA partnerships as it relates to the decrease of direct service provision, as noted above.
- This *Chartbook* marks an innovation in methodology — data are presented for metropolitan and non-metropolitan area LPHAs. Through the proxy of metropolitan and non-metropolitan areas, these data provide an initial glimpse at the challenges and triumphs faced by rural and urban LPHAs. This is the first time NACCHO has published such data.

Data from this *Chartbook* provide examples of the ways that the LPHA infrastructure works, and where there are challenges to overcome. This information can be used by LPHAs to celebrate their successes and chart a course for enhancing the local public health infrastructure of the future.

References

¹ For example, *the National Public Health Performance Standards Program*, a collaborative project sponsored by the Centers for Disease Control and Prevention (CDC) and national partnership organizations, including NACCHO, will gather performance data that can be linked with these infrastructure data.

² U.S. Department of Health and Human Services, 2000. *Healthy People 2010*. U. S. Government Printing Office: Washington, DC.

³ “Public Opinion About Public Health – United States, 1999.” *Morbidity and Mortality Weekly Report* 49(12): 258-260.

⁴ Institute of Medicine, 1988. *The Future of Public Health*. National Academy Press: Washington, DC.

⁵ Lewin Group, 1997. “Strategies for Obtaining Public Health Infrastructure Data at Federal, State, and Local Levels: Final Report.” Report prepared for the U. S. Department of Health and Human Services. Fairfax, VA.

⁶ Ibid, page: 3.

⁷ Turnock, B.J. 1997. *Public Health: What It Is and How It Works*. Aspen Publishers, Inc.: Gaithersburg, MD.

⁸ Hanlon, J. and G. Pickett, 1984 cited in Roper, W. and E. Baker, et al., 1992. “Strengthening the Public Health System.” *Public Health Reports* 107(6):609-615.

⁹ Roper, W. and E. Baker, et al., 1992. “Strengthening the Public Health System.” *Public Health Reports* 107(6):609-615.

¹⁰ Gebbie, K.M. 1993. “Comment: Rebuilding a Public Health Infrastructure.” *Journal of Law, Medicine, and Ethics* 31,3/4:368-371.

¹¹ U.S. Department of Health and Human Services, 2000. *Healthy People 2010*. U. S. Government Printing Office: Washington, DC.

¹² For more information on The Public Health Threats and Emergency Act of 2000, (P.L. 106-505, Title I) visit NACCHO’s Web site at www.naccho.org or contact NACCHO’s Government Affairs Counsel at (202) 783-5550, or info@naccho.org.

¹³ US Public Health Service, Public Health Functions Steering Committee, *Public Health in America*. Washington, DC.

¹⁴ Corso, L. et al. 2000. “Using the Essential Services as a Foundation for Performance Measurement and Assessment of Local Public Health Systems.” *Journal of Public Health Management and Practice*. 6(5), 1-18.

¹⁵ NACCHO, 1997. *National Profile of Local Health Departments Dataset*. NACCHO: Washington, DC.

¹⁶ NACCHO, 1995. *1992-1993 National Profile of Local Health Departments*. NACCHO: Washington, DC.

¹⁷ NACCHO, 1990. *1998 National Profile of Local Health Departments*. NACCHO: Washington, DC.

¹⁸ Information on the Standard Occupational Classification System (SOC) is available on the Web at: stats.bls.gov/soc/soc_home.htm.

¹⁹ The District of Columbia was also included as a LPHA. Rhode Island is the only state that is considered to have no local public health agencies. Therefore, it was not included in the NACCHO database of existing LPHAs and is not represented in this study.

²⁰ A detailed description of the sampling methodology used in this study is available by contacting NACCHO’s Research and Evaluation Team at (202) 783-5550, or info@naccho.org.

²¹ A detailed description of the sampling weight and final weight methodology is available by contacting NACCHO’s Research and Evaluation Team at (202) 783-5550, or info@naccho.org.

²² *STATA Release 6 and Release 7*. STATA Corporation: College Station, TX.

²³ Contact NACCHO's Research and Evaluation Team at (202) 783-5550, or info@naccho.org, or www.naccho.org for more information.

²⁴ Ricketts T.C. and K.D. Johnson-Webb. 1997. What is "rural" and how to measure "rurality": a focus on health care delivery and health policy. Technical Issues Paper. Chapel Hill, NC: North Carolina Rural Health Research and Policy Analysis Center, Cecil G. Sheps Center for Health Services Research. Contract No.:HRSA 93-857(P). Sponsored by the Federal Office of Rural Health Policy, HRSA, U.S. DHHS.

²⁵ The *Area Resource File* dataset is available from QRS, Inc., at www.arfsys.com. QRS is the Health and Human Services Department's contractor for developing the *Area Resource File*.

²⁶ Morrill, R., J. Cromatie, and G. Hart. 1999. "Metropolitan, Urban, and Rural Commuting Areas: Toward a Better Depiction of the United States Settlement System." *Urban Geography* 20: 727-748.

²⁷ For more information on the structure of local and state public health systems, two different resources on local and state public health agency structure may be helpful to the reader: NACCHO's *Research Brief #2 (October, 1999)*, and the Center for Disease Control and Prevention's (CDC) *Profile of State and Territorial Public Health System: United States, 1990*.

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³⁰ Miller, C.A., T.B. Richards, S.M. Davis, et al. 1995. "Validation of a Screening Survey to Assess Local Public Health Performance." *Journal of Public Health Management and Practice* 1(1):63-71.

³¹ For calculations used in this report, authors used Consumer Price Index information available on the World Wide Web from the Federal Reserve Bank of Minneapolis: see "What is a Dollar Worth?" at: www.minneapolisfed.org.

³² Milne, T.L. 2000. "Strengthening Local Public Health Practice: A View to the Millennium." *Journal of Public Health Management and Practice* 6(1):61-6.

³³ NACCHO collected data on more services and programs than are presented in this *Chartbook*. Contact NACCHO for additional information on services and programs not presented in this report at (202) 783-5550, or info@naccho.org.

³⁴ Kennedy, V.C., B.C. Quill, and A.D. Wiltshire, 2000. "Final Report: NACCHO Public Health Workforce Development Project." Available from NACCHO's Research and Evaluation Team.

³⁵ U. S. Department of Health and Human Services, Health Resources and Services Administration, 2001. *The Public Health Workforce: Enumeration 2000*. Columbia School of Nursing, Center for Health Policy: New York City, NY. Report available on the web at: cpmcnet.columbia.edu/dept/nursing/chphsr.

³⁶ Information on the Center for Disease Control and Prevention's Workforce Development Initiative is available from the CDC's Public Health Practice Program Office, www.cdc.gov/phppo.

³⁷ Information on the Standard Occupational Classification System (SOC) is available on the web at: stats.bls.gov/soc/soc_home.htm.

³⁸ Kennedy, V.C., B.C. Quill, and A.D. Wiltshire, 2000. “Final Report: NACCHO Public Health Workforce Development Project.” Available from NACCHO’s Research and Evaluation Team. Done in cooperation with the Association of Schools of Public Health (ASPH).

³⁹ Ibid, page 3

⁴⁰ For information on NACCHO’s *Mobilizing for Action Through Partnerships and Planning* (MAPP), contact NACCHO at www.naccho.org or (202) 783-5550, or info@naccho.org.

⁴¹ For information on NACCHO’s *Protocol for Assessing Community Excellence in Environmental Health (PACE EH)*, contact NACCHO at www.naccho.org or (202) 783-5550, or info@naccho.org.

⁴² For information on the Turning Point project, contact NACCHO at www.naccho.org or (202) 783-5550 or visit the other Turning Point partners’ Web sites – W.K. Kellogg Foundation: www.wkcf.org, the Robert Wood Johnson Foundation: www.rwjf.org and the University of Washington School of Public Health and Community Medicine: www.turningpointprogram.org.

⁴³ For information on HRSA’s Community Access Program (CAP) contact HRSA at: www.hrsa.gov/CAP/default.htm or (301) 443-0536.

⁴⁴ Institute of Medicine, 1988. *The Future of Public Health*. National Academy Press: Washington, DC.

⁴⁵ U.S. Department of Health and Human Services, 2000. *Healthy People 2010*. U. S. Government Printing Office: Washington, DC.

⁴⁶ Ibid.

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MAINTAIN[ING] A SOLID FUNDING BASE AND
ADDRESSING COMMUNITY NEEDS WITHOUT
ADEQUATE COMMUNITY RESOURCES.

— A LOCAL HEALTH OFFICIAL

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1999 Local Health Department Infrastructure Survey

National Association of County and City Health Officials



Sponsored by:

National Association of County and City Health Officials
Robert Wood Johnson Foundation

Conducted by:

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Princeton, NJ

A COPY OF THIS SURVEY IS AVAILABLE AT:

www.naccho.org

Standard Occupational Classification (SOC) Categories Used in this Research

Occupational Classifications and Definitions Used in this Study

1. Environmental Engineer
(e.g., Water Supply/Waste Water Engineer, Solid Waste Engineer, Air Pollution Engineers, Sanitary Engineer)
2. Environmental Engineering Technician and Technologist
(assists Environmental Engineers in the control, elimination, or prevention of environmental health hazards, e.g., Water/Waste Water Plant Operator and Testing Technician)
3. Environmental Scientist and Specialist
(e.g., Sanitarian, Environmental Researcher, Environmental Health Specialist, Food Scientist, Soil and Plant Scientist, Air Pollution Specialist, Hazardous Materials Specialist, Toxicologist, Water/Waste Water/Solid Waste Specialist, Entomologist)
4. Environmental Science Technician and Technologist
(assists Environmental Scientists and Specialists in the control, elimination, or prevention of environmental health hazards.)
5. Health Educator with Certified Health Education Specialist (CHES) certification
(e.g., Public Health Educator, Community Health Educator, School Health Educator)
6. Health Educator without CHES certification
7. Occupational Safety and Health Specialist
(e.g., Industrial Hygienists, Occupational Health Specialists, Radiologic Health Inspectors, Safety Inspectors)
8. Occupational Safety and Health Technician/Technologist
(collects data on workplace environments for analysis by Occupational Safety and Health Specialists. Implements programs and conducts evaluation of programs designed to limit chemical, physical, biological, and ergonomic risks to workers.)
9. Health Service Managers or Administrators, Health Director
(includes department's top agency official)
10. Public Health Policy Analyst
(analyzes needs and plans for the development of health programs, facilities, and resources; analyzes and evaluates the implications of alternative policies relating to health care.)
11. Biostatistician
12. Epidemiologist
13. Public Health Physician
(e.g., General Preventive Medicine/Public Health, Occupational Medicine, Epidemiologist, Physician Executive)
14. Public Health Nurse
(e.g., Occupational Nurse, School Nurse, Community Health Nurse, Nurse Practitioner, LPN)

-
15. Public Health Dentist
-
16. Public Health Dental Worker
(e.g., Dental Hygienist, Dental Assistant)
-
17. Public Health Veterinarian
-
18. Public Health Nutritionist
(e.g. Community Nutritionist, Registered Dietician, Nutrition Scientist)
-
19. Public Health Attorney or Hearing Officer
-
20. Public Health Laboratory Scientist
(e.g., Microbiologist, Chemist, Physicist, Entomologist)
-
21. Public Health Laboratory Technician and Technologist
(e.g., Clinical Laboratory Technician, Histologic Technician and Technologist, Cytotechnologist)
-
22. Public Health and Community Social Worker
(e.g., Community Organizer, Outreach and Education Social Worker, Public Health Social Worker, Community Health Technician, HIV/AIDS Counselor)
-
23. Mental Health and Substance Abuse Social Worker
(e.g., Alcoholism Worker, Clinical Social Worker, Community Health Worker, Crisis Team Worker, Drug Abuse Worker, Marriage and Family Social Worker, Psychiatric Social Worker, Psychotherapist Social Worker)
-
24. Psychologists, Mental Health Providers
(e.g., Clinical Psychologist, Counseling Psychologist, Child Psychologist, Marriage Counselor Psychologist, Psychotherapist)
-
25. Alcohol and Substance Abuse Counselors, including Addiction Counselors
[e.g. Substance Abuse Counselor, Certified Substance Abuse Counselor, Certified Alcohol Counselor, Certified Alcohol and Drug Counselor, Certified Abuse and Drug Addiction Counselor, Drug Abuse Counselor (associate' degree or higher), Drug Counselor (associate's degree or higher), Alcohol Counselor (associate's degree or higher)]
-
26. Mental Health Counselors
(e.g. Clinical Mental Health Counselors, Mental Health Counselors)
-
27. Health Information Systems Specialist, Computer Specialists
-
28. Administrative or Clerical Staff, not included above
-
29. Other Allied Health Professionals
(e.g., Physical Therapist, Occupational Therapist, Speech Therapist, Pharmacist)

OUR ABILITY TO PARTNER, COLLABORATE,
AND MAKE BEST USE OF AVAILABLE RESOURCES
IN OUR COMMUNITY IS CERTAINLY A GREAT
STRENGTH.

— A LOCAL HEALTH OFFICIAL