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AS FOR MANY RURAL COMMUNITIES, ONE OF
OUR GREATEST CHALLENGES IS THE RECRUIT-
MENT AND RETENTION OF A WELL-TRAINED
PUBLIC HEALTH WORKFORCE.

— A LOCAL HEALTH OFFICIAL



Message from the NACCHO President and Executive Director

On behalf of the National Association of County and City Health Officials (NACCHO), we are pleased to provide you with a copy of *Local Public Health Agency Infrastructure: A Chartbook*, NACCHO's most recent report on the characteristics of our nation's local public health agencies' infrastructure.

As the national association representing the nation's local public health agencies, NACCHO has a profound interest in assuring that these agencies have the infrastructure needed to strengthen and improve the health of the communities they serve. Information about the characteristics and capacities of local public health agencies is helpful in assessing their strengths and identifying challenges and areas for improvement in the future.

NACCHO's previous research on infrastructure is one of the few national sources of data on local public health practice. With the release of this *Chartbook*, we are building upon this prior research, and introducing new issues and methodologies. For example, this study is one of the first to gather data on the types of occupations that comprise the nation's local public health agency workforce. We are excited to provide these data, as well as additional information, to a variety of audiences in support of future planning and policy development at the local level.

NACCHO extends its gratitude to the local public health agency directors who participated in this project, and to the Robert Wood Johnson Foundation for supporting this research. Just as public health practice is a team effort, this study involved many different individuals and organizations, and it would not have been possible without their many contributions.

We hope you find this *Chartbook* a useful and engaging report on the state of the nation's local public health agency infrastructure. We look forward to your feedback and comments, which are always welcome.

Sincerely,



Thomas L. Milne
Executive Director
NACCHO



Patrick Libbey
NACCHO President ('01-'02)
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NACCHO also acknowledges the many current and former NACCHO team members who contributed to this project: Janet Carr, Scott Fisher, Yvonne Glover, Areana Quiñones, and Zarnaaz Rauf.

WE DO AN EXCELLENT JOB OF
 COMMUNITY HEALTH ASSESSMENT.
 [WE] HAVE DEVELOPED EXCELLENT
 COLLABORATIVE RELATIONSHIPS WITH
 OTHER AGENCIES AND COMMUNITY
 GROUPS TO ADDRESS CERTAIN HEALTH
 PROBLEMS...

— A LOCAL HEALTH OFFICIAL



NACCHO provides local public health agencies (LPHAs) and others with valuable education, practice tools, information, research, and technical assistance that is up-to-date and reflects shifts and changes in health care and public health. NACCHO ensures that local public health issues are heard on Capitol Hill, as well as through partnerships among local, state, and federal agencies.

NACCHO stays on top of emerging public health issues and relays vital information to LPHAs. Some of our past successes and upcoming activities include:

- Conducting studies to assess health department capacity at the local level;
- Administering a national public health system development project, *Turning Point: Collaborating for a New Century in Public Health*;
- Developing strategies to help LPHAs address health disparities in their communities;
- Developing comprehensive public health assessment and planning tools, such as APEXPH and MAPP, and providing resources, training, and technical assistance for their use;
- Producing a community environmental health assessment tool, *PACE EH*, to help evaluate a community's environmental health status;
- Developing tools and resources to assist LPHAs in making strategic decisions about service provision, and in the process, leveraging resources and forming partnerships with other health care providers to increase overall access to health services and to improve quality of care;
- Providing technical assistance and training on how to foster meaningful community collaboration;
- Providing technical support for indoor air quality and pollution prevention; and
- Helping health departments educate parents on the importance of childhood immunization.

For more information, please visit NACCHO's Web site at www.naccho.org or contact NACCHO at (202) 783-5550.



The Robert Wood Johnson Foundation was established as a national philanthropy in 1972. Today it is the largest US foundation devoted to improving the health and health care of all Americans. The Foundation concentrates its grant making in three areas:

- To assure that all Americans have access to basic health care at reasonable cost;
- To improve care and support for people with chronic health conditions; and
- To promote health and prevent disease by reducing the harm caused by substance abuse — tobacco, alcohol, and illicit drugs.

The Foundation has been a key sponsor of *Turning Point: Collaborating for a New Century in Public Health*, an initiative to develop state and community public health systems across the country.

For more information on the Robert Wood Johnson Foundation, visit the Foundation's Web site at www.rwjf.org.

Intended Audiences

Primary Audience

LOCAL AND STATE PUBLIC HEALTH AGENCY DIRECTORS AND STAFF

Local and state public health agency directors and staff are the primary audiences for this *Chartbook*. The information in this book reflects a “snapshot” of local public health agencies (LPHAs) at a period of time. These data may be used by practitioners for benchmarking; they are useful in comparing an agency’s capacities to LPHAs nationwide.

In addition, state and LPHA staff may use this document to support continued program development and to rally support around new programs and initiatives. By obtaining the support of local boards of health, county commissioners, mayors, and other local and state government officials, local public health capacities and infrastructure can be strengthened.

State and LPHA staff, such as health planners and educators, may wish to use this document to identify areas for change or improvement in their jurisdictions, and set planning priorities. Recent developments in the area of performance monitoring and accreditation of LPHAs also may be informed by the data presented in this document.¹

Secondary Audiences

The secondary audiences for this *Chartbook* include those who also influence public health infrastructure and local and state public health agencies.

HEALTH SERVICES AND OTHER RESEARCHERS

Another group routinely interested in local public health infrastructure includes researchers engaged in studies of public health systems. In addition to using the data presented in this document, researchers also may be interested in replicating or improving upon the methodology presented here in their own studies of local public health infrastructure. This document includes a relatively brief description of the study’s research methodology. Researchers may contact NACCHO for additional information on study methods and analysis techniques. NACCHO also is interested in collaborative work to improve methods used to study LPHAs.

POLICY MAKERS

Policy makers at the local, state, and federal levels use data to inform their decisions about how to improve public health practice. Public health infrastructure data is important for targeting resources effectively and determining the areas of greatest need. Such data provide a more basic, crosscutting view of the capacities of LPHAs than do the more traditional data that are organized by categorical program or disease area.

GENERAL PUBLIC

LPHAs are involved in strengthening and improving the health of the communities they serve. Individuals interested in public health may want to use this *Chartbook* as a resource for identifying the many ways that LPHAs contribute to the health of our nation.

Executive Summary

A comprehensive understanding of local public health infrastructure is essential to understanding the role local public health agencies (LPHAs) play in the nation's public health system. LPHAs provide a variety of services and programs, and they have a unique role in strengthening and improving the health of the communities they serve.

With the support of the Robert Wood Johnson Foundation, the National Association of County and City Health Officials (NACCHO) developed this *Local Public Health Agency Infrastructure: A Chartbook (Chartbook)* to provide current data on our nation's local public health infrastructure, and advance our understanding of the many ways LPHAs contribute to keeping our nation's population and environment healthy. This study builds upon NACCHO's prior work on local public health infrastructure, and presents new data on LPHA capacities.

The increase of managed care, reorganization of state health and social welfare agencies, new environmental burdens and hazards, and increasing numbers of residents without health insurance are just some of the factors prompting LPHAs and others to rethink and restructure their roles and develop new capacities to best serve their jurisdictions. Given the many transformations to public health, there is a need for data on LPHAs and the resources they need to create and maintain effective local public health systems. This *Chartbook* provides baseline information on LPHA infrastructure, and helps to identify areas for future improvement. Data may be used for tracking infrastructure improvement initiatives, such as *Healthy People 2010* and others.

Using results from a survey of LPHA directors, this report provides data on a number of important indicators of our nation's local public health infrastructure. The survey, conducted in the fall of 1999 and spring of 2000, used a stratified, random sample of 1,100 LPHA directors nationwide (response rate, 63%). Main themes throughout the report emphasize the diverse nature of LPHAs. This includes the variety in LPHA size, jurisdiction types, expenditures, workforce capacities, programs and services provided to communities, partnerships developed, and the different strengths and challenges of LPHAs nationwide. Specific highlights of interest include:

OVERALL CHARACTERISTICS

- Sixty-percent (60%) of LPHAs are county-based. Sixty-nine percent (69%) of all LPHAs serve jurisdictions with less than a population of 50,000.
- Annual LPHA expenditures are extremely varied, ranging from \$0 to over \$836 million.
- The median annual LPHA expenditure in constant 1999 dollars was \$621,100.
- The largest percent of LPHA total budgets comes from local sources (county, city or town), followed by state sources. Funding streams varied by metropolitan and non-metropolitan area LPHAs, and by the size of the population served.

PROGRAMS AND SERVICES

- The most common programs and services provided by LPHAs include: adult and child immunizations, communicable disease control, community assessment, community outreach and education, environmental health services, epidemiology and surveillance, food safety, health education, restaurant inspections, and tuberculosis testing.

- The least common services provided included the provision of primary care or direct medical care services, including treatment for chronic diseases such as cardiovascular disease or diabetes, behavioral or mental health services, programs for the homeless, and veterinary public health.
- Program and service area priorities were consistent across the diverse population of LPHAs. Priorities included: communicable disease control, environmental health services, and child health programs.

WORKFORCE

- The occupations LPHAs most commonly employ are public health nurses, environmental scientists and specialists, and administrative/clerical staff.
- The average LPHA staff size in full-time equivalents (FTEs) is 67, with a median of 13 FTEs.
- Currently, the most needed public health occupations are consistent across LPHAs, and include public health nurses, environmental scientists and specialists, administrative support, health educators, and epidemiologists.
- It is projected that in the next five years the public health occupational needs will not change, compared with today's needs.

PARTNERSHIPS AND COLLABORATIONS

- State health departments, other LPHAs, and other state agencies were most commonly selected as partners by the LPHAs in this study.
- Managed care organizations/health maintenance organizations (HMOs) and federal government agencies were least commonly selected as partners by the LPHAs in this study.
- There were few differences in terms of their partnerships and collaborations based on metropolitan versus non-metropolitan area LPHAs, population of jurisdiction served, and LPHA types. Overall, larger population jurisdictions reported a wider variety of partnerships versus smaller population LPHAs.

COMMUNITY HEALTH ASSESSMENT

- Fifty-five percent (55%) of LPHAs have conducted a community health assessment (CHA) in the past three years. Of the 45% that have not, almost half plan to complete a CHA within the next three years.
- Over half of the nation's LPHAs have developed or participated in the development of a community health improvement plan. The majority indicated that the plan was developed using the results of a community health assessment, and over half indicated the plan was linked to their state's health improvement plan.
- About half of LPHAs that conducted a community health assessment used an established tool or model, such as APEXPH, PATCH, *Healthy Communities 2000: Model Standards*, or a state-specific tool, for completing the assessment.

STRENGTHS AND CHALLENGES

- Local public health officials consistently indicated their workforce as one of their greatest strengths. Partnerships with the community were also seen as strengths.
- Overall, LPHAs cited funding issues as one of the biggest challenges facing their agency. Program-specific challenges and workforce issues also were listed as major challenges.

This *Chartbook* provides a fresh, comprehensive look at LPHA infrastructure issues. Data on the strengths and challenges of LPHAs provide many specific examples of the ways that the local public health infrastructure works, and where there are challenges to overcome. This information can be used to celebrate what LPHAs have done well, and to help chart a course for the future.