Overall Strengths and Challenges

Public health officials were surveyed about what they viewed as their agencies' greatest strengths and challenges. Respondents were asked to list challenges and strengths as open-ended text on the survey. These lists were then coded and analyzed by research staff. Please note that only the first response given by LPHAs was used to generate the following graphs and tables.

LPHA STRENGTHS

Investigating the strengths of LPHAs allows us to demonstrate the many contributions LPHAs make to the health of their communities. It also provides an opportunity to celebrate the accomplishments of LPHAs, and emphasize where LPHA infrastructure is sound. To provide a context, LPHAs were asked to list their greatest strengths compared with other local health departments serving populations of a similar size.

To facilitate interpretation of the tables and charts listed in this section, we briefly describe the coding categories that were developed by research staff. Categories include:

- Workforce—strengths that had to do with LPHA personnel, e.g., praise of staff, "teams," and employees as caring, committed, or able to do their best given scarce resources.
- Local Support—local and community support, such as a supportive county commissioners, mayor, town manager, or supportive citizens and residents.
- Stable Funding—a stable source of funding for LPHA activities.
- Flexible—LPHAs are responsive and flexible to community needs.
- Innovative—willingness to try new ways to solve problems, or improve upon existing business models.
- Partnership—partnerships with the community, collaboration with other agencies, and input from outside the LPHA when making decisions about community health.
- Accessible—openness of the LPHA to address new and emerging issues and meet community needs.
- Diversity—diversity of staff and/or community.
- Health Outcomes—specific health areas where LPHA jurisdictions felt they were doing well, e.g., teen pregnancy, cardiovascular disease.
- Other— strengths that did not fall into the above categories.

Overall, thirty-seven percent (37%) of all LPHAs said their workforce was one of their agency's greatest strengths. LPHAs of all types, jurisdiction sizes, and metropolitan and non-metropolitan LPHAs consistently mentioned workforce as a great strength. Please refer to pages 49 to 59 for a detailed discussion on workforce issues. LPHA directors used terms like "enthusiastic, dedicated, committed, compassionate, highly-skilled, and cooperative" to describe their personnel. One health director wrote:

"Great and devoted staff, good teamwork. The community gets a big bang for the buck. Low turnover, lots of experience and expertise."

In addition to workforce, partnerships were cited as a great strength by 16% of all LPHAs. Please refer to pages 60 to 73 for a detailed discussion on partnerships and collaboration. By naming partnerships as a strength, LPHAs acknowledge the importance of working with others to build a healthier community.

An example from a local health official demonstrates how partnerships were seen as a strength:

"Our close collaboration with community based providers of medical, psychological, and social services allow for [city residents] to access services in a culturally competent setting which increases overall health."

Specific health outcomes were cited as a strength by 12% of all LPHAs. These included specific mentions of exemplary programs, such as immunization clinics or birth registries. For example, one health director wrote:

"Immunization program for children and adults [is our greatest strength]. Over the last three years the agency has increased the number of influenza and pneumococcal vaccines given."

The tables accompanying this section illustrate that there were differences in strengths by LPHA type and size of the population served. For example, "accessibility" was cited as a strength by more city-county LPHAs and township LPHAs than other types of LPHAs in the study. Local support was seen as a strength by more LPHAs serving populations 0 to 24,999 residents and 500,000 or more residents than other sized jurisdictions.

LPHA CHALLENGES

The coding categories developed to describe LPHA challenges are listed below. Categories include:

- Workforce—training, recruiting and retaining the LPHA workforce.
- Funding—financial operation of the LPHA, e.g., lack of funding, funding that was not sustainable, or funding that was too limited or categorical.
- Changing Mission—transitions from a focus on providing public health services to assuring public health services in their local public health system.
- Health Assessments—planning or conducting community health assessments in the LPHA's jurisdiction.
- Health Outcomes—specific health areas where LPHA jurisdictions felt they were lagging behind e.g., teen pregnancy, cardiovascular disease.
- Partnerships—community partnerships and collaboration to improve local public health and change the way they do business in communities.
- Community Needs—community-specific challenges that the LPHA was attempting to address, and those areas where the LPHA perceived they were not meeting the needs of the community.
- Other—challenges that did not fall into the above categories.

As the accompanying charts and figures illustrate, challenges differ between metropolitan versus non-metropolitan area LPHAs and the various types of LPHAs.

Overall, LPHAs indicated that their biggest challenge was funding (35%). Funding was not sufficient for their needs, not secure, and not sustainable. For example, a respondent wrote that their funding challenge was:

"Integrating categorically funded programs. Maintain[ing] a solid funding base. Addressing community needs without adequate community resources."

Forty-one percent (41%) of non-metropolitan area LPHAs indicated that funding was their biggest challenge, compared with 26% of all metropolitan LPHAs. Part of this difference may be the result of the differing funding streams that support metropolitan and non-metropolitan LPHAs. As illustrated earlier in this report, metropolitan areas LPHAs relied upon both local and state sources of funding and non-metropolitan area LPHAs appear to rely most upon their state for funding. Other reasons for this difference could be less fiscal support and more competition for fewer resources in non-metropolitan areas.

The challenges surrounding workforce deal directly with the difficulty in training, recruiting, and retaining public health workers. Overall, 15% of LPHAs indicated workforce was one of their biggest challenges, which is the next most frequently mentioned category after funding. Twenty-four percent (24%) of city, 18% of multi-county/district, and 10% of city/county LPHAs reported workforce as a challenge.

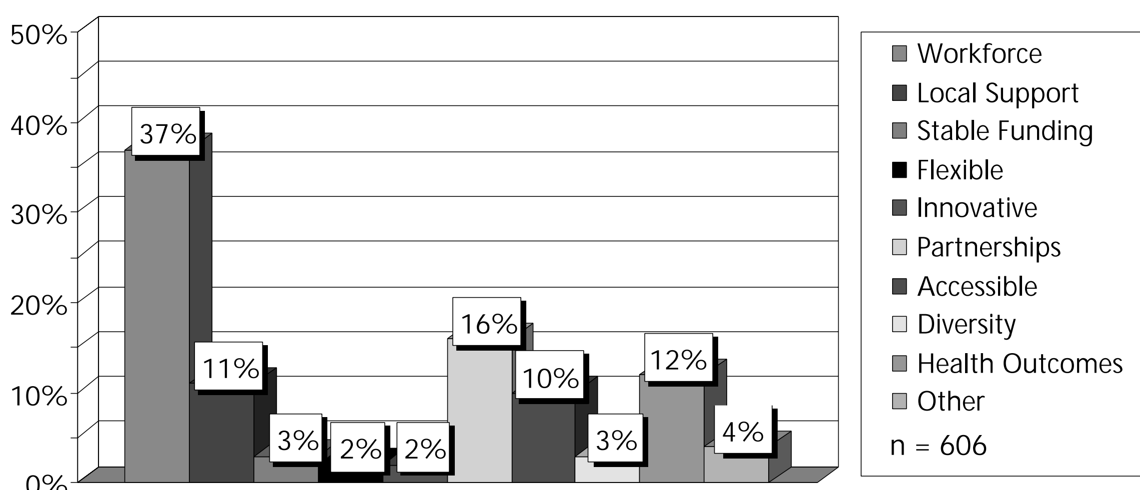
Metropolitan area LPHAs more frequently indicated that specific program areas were their largest challenge (20%) compared with non-metropolitan LPHAs (8%). Program challenges included developing programs for existing and emerging public health threats, and sustaining programs for specific issues such as diabetes or tuberculosis. One health director wrote:

"Developing programs to focus on the prevention of injury control, adult diabetes, cardiovascular disease in the young, suicide prevention, and health education for all ages."

LPHA strengths and challenges contribute to an overall understanding of where LPHAs perceive they are doing well, where there are gaps, and what future opportunities exist. As policies and programs to support local public health infrastructure are developed, it is important to consider these data. For example, this analysis suggests

the need to continue and improve existing programs for the public health workforce, and to develop new initiatives for the local public health system to address the challenge of funding. In addition, data on differences between LPHA types and the population they serve may help target infrastructure improvements to specific kinds of LPHAs, such as county or city LPHAs, or LPHAs serving metropolitan or non-metropolitan areas.

Figure 39. LPHA STRENGTHS



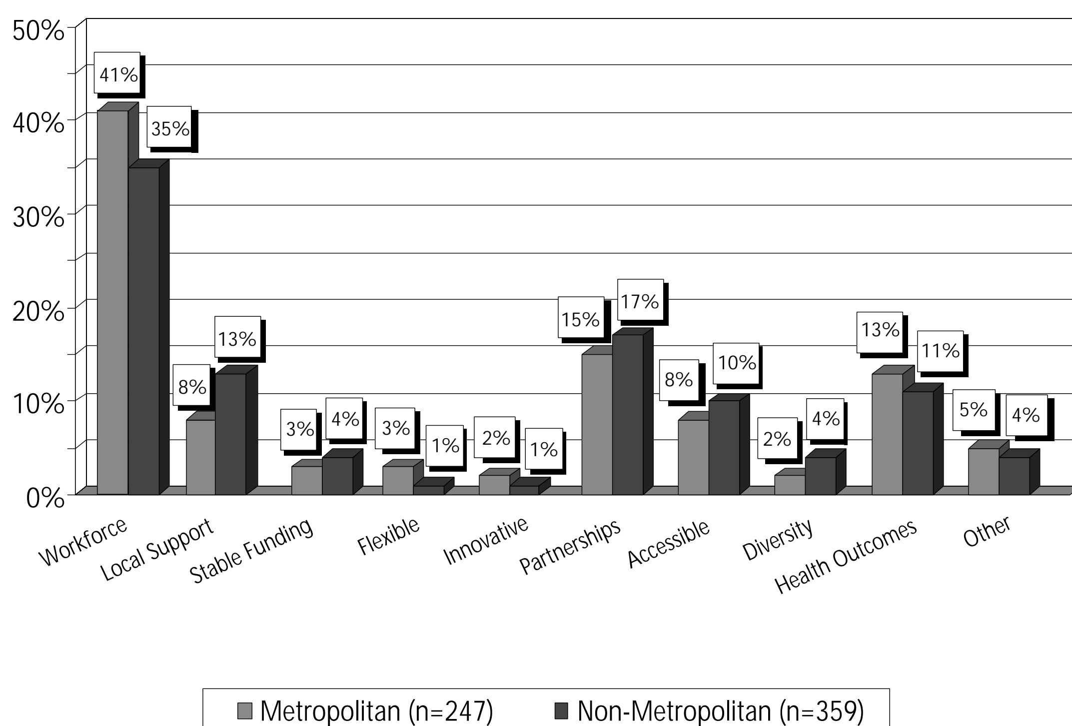


Table 22. LPHA STRENGTHS
Population Size (in %)

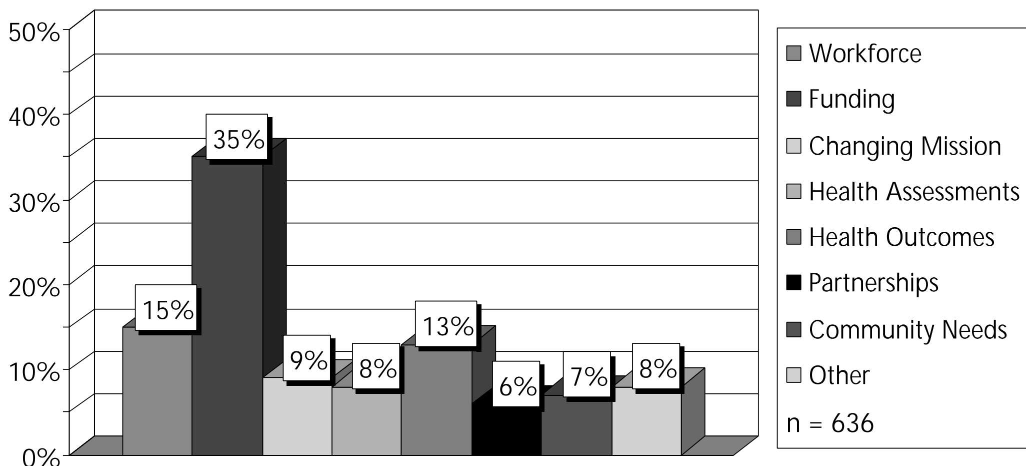
	0 to 24,999 (n=288)	25,000 to 49,999 (n=119)	50,000 to 99,999 (n=85)	100,000 to 499,999 (n=90)	500,000 + (n=24)
Workforce	31	48	47	36	36
Local Support	14	4	7	9	15
Stable Funding	3	3	5	3	6
Flexible	2	2	2	3	1
Innovative	1	0	2	3	6
Partnerships	14	15	16	24	17
Accessible	15	5	6	2	6
Diversity	5	1	1	3	3
Health Outcomes	11	18	10	10	9
Other	4	4	4	7	1

LPHA Type (in %)

	County (n=374)	City (n=57)	City-County (n=43)	Township (n=79)	Multi-County (n=53)
Workforce	36	46	30	38	45
Local Support	11	8	9	12	13
Stable Funding	5	1	0	0	5
Flexible	2	5	3	2	4
Innovative	1	3	4	0	2
Partnerships	19	6	14	15	13
Accessible	8	5	19	18	6
Diversity	4	3	2	3	2
Health Outcomes	11	19	16	12	8
Other	3	4	3	0	2

Figure 40. **LPHA CHALLENGES**

Overall



Metropolitan vs. Non-Metropolitan LPHAs

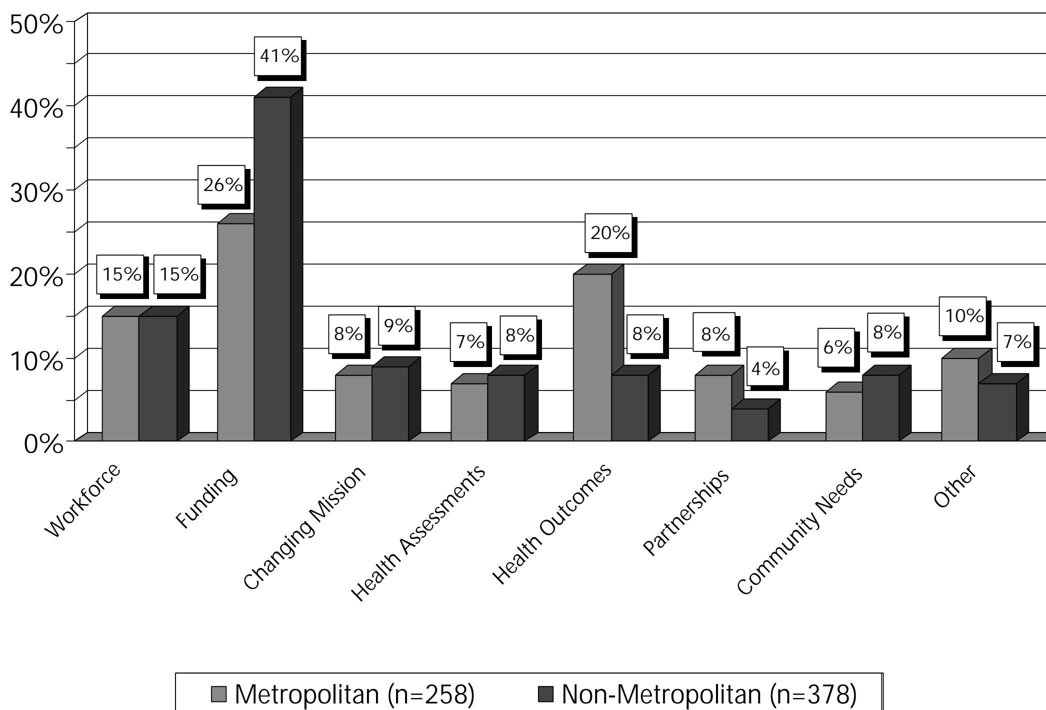


Table 23. LPHA CHALLENGES:
Population Size (in %)

	0 to 24,999 (n=310)	25,000 to 49,999 (n=124)	50,000 to 99,999 (n=88)	100,000 to 499,999 (n=91)	500,000 + (n=23)
Workforce	16	17	9	12	19
Funding	34	36	43	31	34
Changing Mission	9	7	8	15	3
Health Assessments	9	9	5	8	1
Health Outcomes	14	13	12	10	16
Partnerships	5	5	9	5	11
Community Needs	8	7	6	7	1
Other	5	6	8	12	15

LPHA Type (in %)

	County (n=386)	City (n=62)	City-County (n=44)	Township (n=88)	Multi-County (n=56)
Workforce	14	24	10	14	18
Funding	39	16	40	18	54
Changing Mission	10	5	14	0	14
Health Assessments	7	12	5	12	5
Health Outcomes	9	17	11	33	2
Partnerships	5	9	4	11	2
Community Needs	9	7	9	2	1
Other	7	10	7	10	4