Local health departments (LHDs) play a critical role in the fight to protect communities from public health threats like COVID-19.

95% of LHDs conduct activities to prepare for and respond to public health emergencies (referred to herein as PHEP). A few of these key LHD activities are: monitoring disease outbreaks, coordinating resources with healthcare partners, and sharing credible information with the public.

LHDs are frontline responders to COVID-19 An integral backbone of the response, LHDs have been providing essential services to help with ideological awareness and senior services. For this, our state public health agencies and local health departments are proudly sharing some data on their role and how they keep the community safe.

- Dakota County Public Health, MN

Local health department budget and staffing cuts jeopardize preparedness and response programs and the public’s safety

65% of LHDs reported flat or decreased funding in 2020 relative to 2019.

The total number of full-time equivalents employed by LHDs has not recovered from repeated cuts.

81% of LHDs reported this for PREP funding specifically.

312 million people in the U.S. live in jurisdictions that have experienced or reduced budgets dedicated to LHD-PREP activities, despite the need to address emerging and urgent global health threats like COVID-19.

LIMITED RESOURCES CHALLENGE COVId-19 RESPONSE

We are convinced by the rising battlefronts andtering new front tissue arrests in decades of developing a robust COVID-19 response. Most states and cities are in a state funding these have not been replenished, yet COVID-19 requires a robust public health response.

- Mississippi Health Services

Can volunteers fill the gap?

Volunteers are important part of LHD emergency preparedness efforts, with 76% of LHDs using them to respond to public health incidents.

However, funding for these relief partners can be unpredictable. The median budget for Medical Reserve Corps (MRC) units decreased from $15,000 in 2013 to $5,000 in 2017.

Local health departments are forced to shift resources from other public health activities to adapt to the demands of emergencies

64% of LHDs report more PREP staff in response activities, stretching the already limited workforce.

LHDs do not have procedures to rapidly assign staff during emergencies, challenging the needed flexibility and responsibilities and the staffing for other programs.

COVID-19 RESPONSE IMPACTS OTHER ESSENTIAL SERVICES

Our COVID-19 response program has forced public health programs to prioritize the COVID-19 care investigations, decrease walk-in clinics, reduce intimidated medical testing and mobile services. Many of our staff have been transferred to support COVID care investigations, and we are identifying processes for the remaining staff to work remotely.

- Denver City Health Department, CO

Local health departments need ongoing support even beyond COVID-19, to continue protecting the health of communities

LHDs need robust and stable funding that can be applied flexibility to support staffing programs, and service delivery at all times— not just during public health emergencies.

Federal and national partners should enhance cross-sector engagement between public health, healthcare, and response organizations, including relief partners such as the MRC.

Resources for workforce development should support efforts to build capacity for cross- training LHD staff to provide surge support across multiple programs.

Tailored tools, best practices, and lessons learned should be shared widely to guide preparedness planning and response activities, including workforce surge procedures.