

Joint Standing Committee on Finance Subcommittee A

Local Health Department
Cost and Resource Assessment

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TABLE OF CONTENTS

ACKNOWLEDGMENTS

Introduction	1
Basic Public Health Services	1
Local Health Department On-Site Capacity Survey and Needs Assessment	2
Findings	3
A. Constant Themes	
B. Local Variability	
C. Technical Assistance and Training	
D. Match Support	
Recommendations	7
A. Funding Floor/Base	
B. Variable Support	
C. Match Support	
D. Technical Assistance and Training	
E. Other Recommendations	
Summary	9
Appendices	
A. Cost and Resource Assessment Site Visit Teams	

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EXECUTIVE SUMMARY

Funding for local health is provided by a diverse group of state and federal agencies, foundations and local entities. Trends in local health funding indicate that local health departments are experiencing a dramatic decrease in funding. Local support for public health has not increased significantly, but has remained relatively stable. Funding provided by the state has shown a slight increase. Even with this slight increase in state funding, local health departments are still experiencing a reduction in total funding.

The impact that these trends have on the health of the citizens of our state is tremendous. Local health departments are clearly the only entity that is focused on the health of the community as a whole: protecting water, protecting food and preventing the spread of communicable disease. However, the site visit teams concluded that current funding for those basic public health services is only permitting local health departments to provide approximately 50% of these services. In addition, those local health departments requested additional technical assistance, training and support from the state.

Local entities currently provide \$4,612,385 in direct support to local health departments. Strategies should be implemented that continue to provide incentives for community support to local health departments. This funding can be used for a variety of services that could include basic public health services.

To fully fund a public health system that adequately provides all necessary basic public health services for every community, additional dollars are required. Approximately \$25,949,962 is needed to support the public health infrastructure in West Virginia. With the current appropriation of \$11,444,328 for boards of health, an additional annual allocation of \$14,505,634.00 is required to assure adequate provision of basic public health services for all citizens in every county.

INTRODUCTION

Over the past few decades, federal and state funding for the provision of public health services has been uncertain and inadequate. This trend has impelled local health departments to increasingly focus on the provision of reimbursable clinical services as a means of supplementing state and federal funding. In West Virginia, many local health departments also became dependent on the income generated by providing home health services. Although the focus on individual and home health services decreased local health department efforts to provide the traditional population-based public health services, it enabled them to remain open and operational.

In 1997, the passage of the Balanced Budget Act was intended to reduce the rate of growth of Medicaid and Medicare. However, this Act substantially decreased local health departments' revenue by an estimated 4.9 million dollars. Dramatic changes in the public health system became necessary for the survival of a local public health infrastructure in West Virginia.

In 1998, with an additional allocation of 4.3 million state dollars to support public health, the West Virginia State Legislature, the Governor, the Department of Health and Human Resources, the Bureau for Public Health and the 49 local health departments embarked on rebuilding the public health system in West Virginia. This collaborative effort, known as the Public Health Transitions Project, provided state and local employees with an opportunity to make significant progress toward redefining consistent public health services for every community in West Virginia. In addition, two strategies were implemented to increase local health department funding for basic public health services; state dollars for local health were targeted toward the provision of these services and an incentive match program increased community support.

Following the 1998 legislative session, a legislative interim committee (Joint Finance Subcommittee A) was formed to study and monitor the work of the Transitions Project and its impact on the public health system. In 1999, the focus of the work was on revising the state's public health code to reflect the new emphasis on basic public health services. In 2000, the focus has been on assessing the current capacity and resources of local health departments to provide basic public health services throughout the state. Two distinct, but interrelated, questions have been posed by this subcommittee and they are as follows:

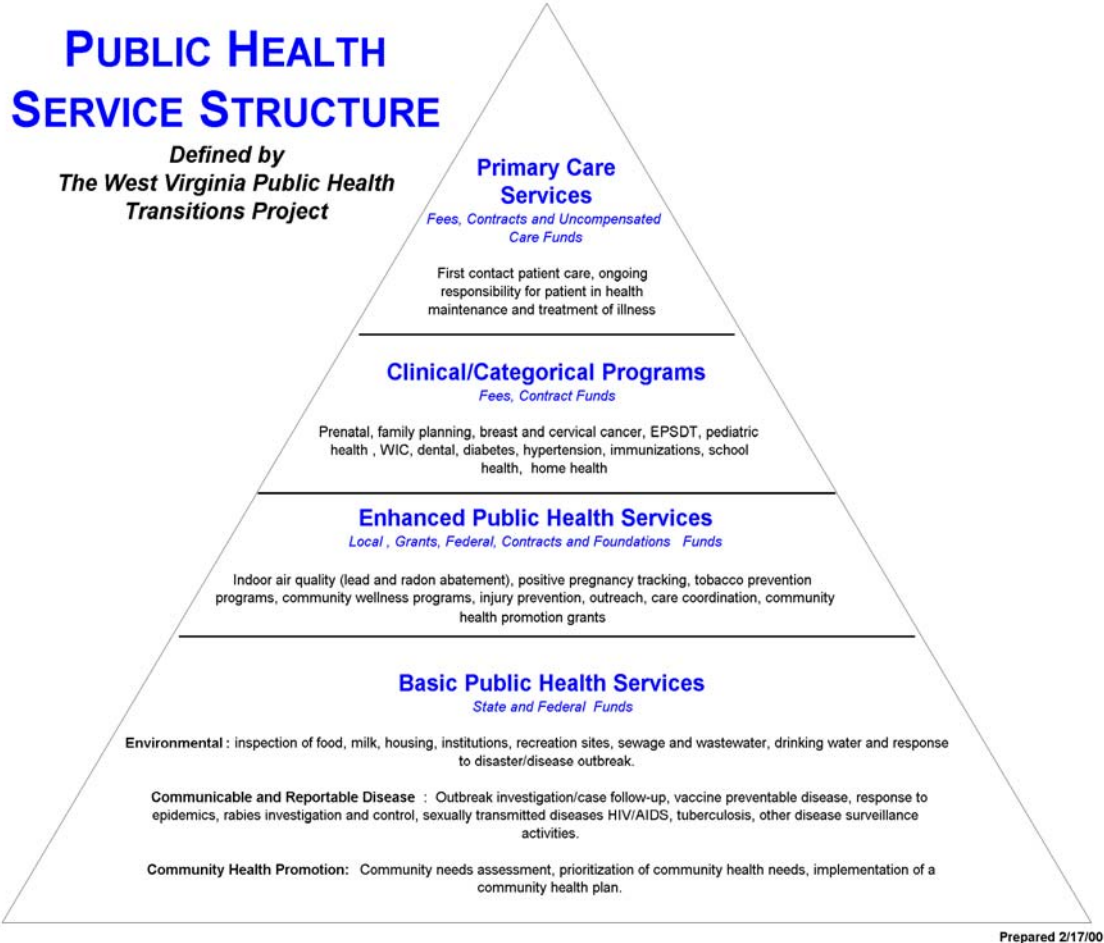
(1) What is the current capacity of local health departments to deliver public health services?

(2) What would it cost to adequately provide public health services?

BASIC PUBLIC HEALTH SERVICES

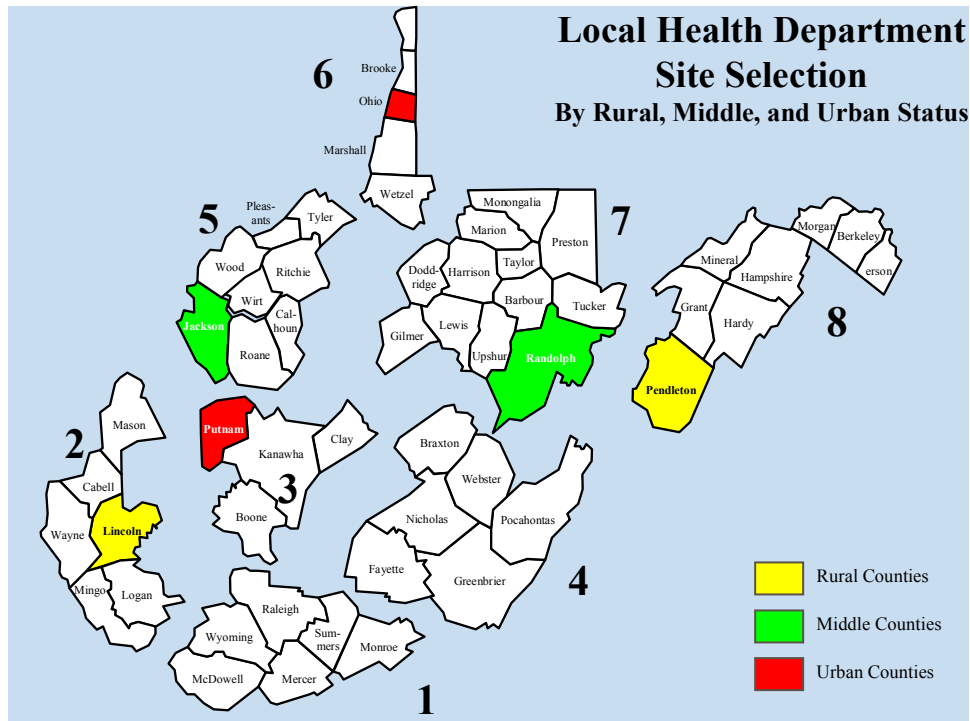
West Virginia has defined basic public health services as: Environmental Health Protection, Communicable Disease Prevention and Control, and Community Health Promotion. West Virginia State Code mandates that every local board of health provides basic public health services and that all state funds appropriated by the Legislature for the benefit of local boards of health shall be used for provision of basic public health services.

The pyramid below represents the Public Health Service Structure as identified by the West Virginia Public Health Transitions Project.



LOCAL HEALTH DEPARTMENT ON-SITE CAPACITY SURVEY AND NEEDS ASSESSMENT

The process for conducting an assessment to answer the questions posed by the Legislature was a constructive and collaborative peer review process that involved state and local public health professionals, representing all disciplines within the basic public health service areas. Six local health departments representing rural, middle and urban health departments were randomly selected. These local health departments represented six of the eight public health regions in the state. The local health departments selected were visited by two site visit teams. Each site visit was conducted during one business day.



The tool used to collect financial documentation was the local health department annual program plan and budget reports. The tool used to conduct the on-site survey centered around five functions related to the provision of basic public health services and clinical and categorical services. The functions evaluated included: Surveillance and Assessment, Environmental Assessment and Abatement, Community Based Interventions, Planning/Management/Workforce Development and Individual Health Interventions.

As many local health departments are currently focused on individual health interventions, the inclusion of functions related to clinical and categorical programs was necessary to fully understand the existing barriers for adequate provision of basic public health services. Currently, local health department funding and staff time primarily rests in the middle two layers of the Public Health Service Structure outlined above. This capacity and resource assessment will articulate the changes necessary to increase the focus in the lower level of the Public Health Service Structure.

FINDINGS

The assessment revealed that local health departments are only performing approximately fifty percent of basic public health services. During the six on-site surveys, the following factors were identified as obstacles in the current system for adequately performing one hundred percent of the basic or necessary public health services in West Virginia:

A. **CONSTANT THEMES**

- **Disease Surveillance and Assessment of Health Related Conditions is not Adequately Performed by Local Health Departments (LHD's).** All counties that participated in the on-site surveys reported the need for additional staff and training to adequately perform communicable disease surveillance, as well as the broader assessment of health-related conditions that impact public health. Public health nurses reported having inadequate staff time for provider education, training, and the building of relationships necessary to detect and track diseases of public health significance. Beyond disease surveillance, all local health departments require an increased capacity to assess the demographic, health status, health knowledge/practice, and environmental factors that could contribute to the community's morbidity and mortality. This skill and capacity are necessary functions that public health performs. Adequate surveillance and assessment is critical to preventing and controlling disease outbreaks, detecting new or potential health problems, addressing identified problems, and conducting emergency response programs.
- **Planning, Management, Workforce Development is not Adequately Performed by LHD's.** In most LHD's visited, the administrative position was filled by a LHD sanitarian or public health nurse. The result has several ramifications: administrators often have to shift their focus to sanitation, nursing duties or other duties; these current administrators are often not adequately prepared to address administrative issues; time to devote to planning and program development is not adequate and therefore these functions are often not pursued. This results in a system that is crisis-oriented rather than one based on a strategic plan.
- Additionally, the state personnel system may not be flexible enough to allow for rapid changes in the public health system. All LHD's that participated in the on-site surveys reported that personnel policies, including classifications and salary requirements, were restrictive. The result leads to high turnover rates, increased training needs and/or difficulty filling positions. In addition, roughly one-third of the public health workforce is scheduled to retire in the next five years.
- **Environmental Assessment and Abatement is not Adequately Performed by LHD's.** LHD's serve as the local resource for environmental information pertaining to the health of their communities. In addition, they help assure a safer environment by providing training, inspections and permits for various activities potentially impacting the health of the public (placement of wells, septic tanks, restaurant inspections, food service worker training, etc.) LHD's reported inadequate environmental health staff to provide the number of inspections currently mandated in state code. In addition, they lack the equipment, software and training needed to provide timely and reliable environmental health data to the state. LHD's reported

that having these consistent tools throughout the state would decrease time spent on manual reporting, allow counties to share appropriate data, increase the ability to plan and target health interventions, and increase the reliability of the reports submitted.

- ***Health Interventions are not Adequately Performed by LHD's.*** Once serious health problems are identified in a community, they need to be addressed through individual and/or community health interventions. LHD roles in interventions range from simply bringing a health problem to local attention, to facilitating a community response, to being the lead agency addressing the problem. LHD's identified a lack of resources to carry out this function.

B. LOCAL VARIABILITY

- ***A Wide Variety of Determinants Dictate the Amount of Resources Needed to Provide Public Health Services.*** Population size and demographics impact the delivery of public health services. The more urban the local health department, the greater the ability and need to perform a wide variety of public health services. Conversely, the more rural the local health department, the more dependent the organization is on state support. Other determinants include varying demographics, transient populations, poverty levels, disease incidence and prevalence, and availability of other community resources. There is also an opportunity for larger health departments to support smaller local health departments in more formalized ways.
- ***County Governments Vary Greatly in their Ability to Provide Financial Support.*** All county commissions are now mandated to provide financial support, either in-kind or cash. However, there is no amount required and some counties are only able to provide a minimal amount. The amount of county support ranges from \$100 to \$323,000. Since 1998, the State Incentive Match Program has provided an additional \$750,000 in support of local public health services.

C. TECHNICAL ASSISTANCE & TRAINING

- ***Training and Professional Development is not Adequate.*** LHD's do not have adequate resources or time to obtain training necessary to fully perform their functions. In each of the LHD's surveyed, staff expressed an urgent need to expand training opportunities in order to keep current with changing challenges in delivering public health services.

At both the state and local levels, staffing and training are insufficient to meet the requirements of state code. When first employed in a local health department, many staff lack knowledge of the role of public health and do not come with the practical skills needed to carry out the day-to-day functions of the public health system. This is in part due to the fact that public health is not a significant part of the curriculum in professional training programs from which many public health staff

graduate. In addition, many of the services provided by public health are unique to this component of our health care system and thus, may not have been encountered by staff joining public health for the first time. This points out the need for a coordinated training/orientation program.

- ***Leadership Development and Training is not Adequate.*** While there are currently increasing opportunities for leadership training, many LHD staff do not have adequate time and resources to participate. This is largely due to an environment that requires staff to crisis manage resources and programs.
- ***LHD Staff, Boards of Health, County Officials Lack Understanding of the revised Public Health Code.*** All LHD's need additional orientation and training related to their responsibilities under the revised Public Health Code.
- ***Use of State and Local Health Department Teams are an Effective Strategy for Change.*** The capacity assessment site visit process underscored the fact that LHD's respond positively to state-local team approaches to evaluation and problem solving. This and other Transitions-related activities have shown that LHD's respond positively to change when they are part of the process and play a significant role in developing programs and policy.
- ***Regional Technical Assistance Coordinators are Valued by LHD's.*** Counties where regional technical assistance is available found this resource very useful. Counties without regional resources requested the development of such.
- ***State Laboratory Needs Improvement.*** Counties reported some delays in test reports by the state laboratory and that the laboratory does not have available all of the laboratory tests necessary.
- ***Statewide data collection system needs to be developed and implemented.*** There is an immediate need for a statewide data collection system that includes the appropriate equipment, software and on-site training.

D. Match Support

- The local match program has been very successful in raising additional new local funding support. In Fiscal Year 2001, there is \$370,000 available for matching funds and local boards of health have submitted applications in the amount of \$468,650 for the match funds.

RECOMMENDATIONS

Local Health Departments will need approximately \$30 million annually to fully provide for public health services as identified in state code. State support will need to increase to approximately \$26 million and local support to approximately \$4 million. An additional \$2 million is needed to provide training, technical assistance, and monitoring to support the public health system in the state.

A. Funding Floor/Base

Total Needed: \$18,191,712

- ***LHD's need a base level of funding and resources to support fundamental public health functions.*** This base should be comprised of monies allocated for base level personnel and program support. Personnel would include administrators, sanitarians, health educators and public health nurses. This core staff would be dedicated to strengthening surveillance systems, identifying community health problems, facilitating community action to address identified problems, identifying and abating environmental hazards and providing the strategic planning, management and workforce development necessary to accomplish the above.

Once health problems are identified in a community, they need to be addressed. LHD roles in interventions range from simply raising awareness, to facilitating a community response, to being the lead agency addressing the problem. Program support would be utilized for the implementation of health interventions for which the local health department is deemed as the lead agency.

B. Variable Support

Total Needed: \$4,794,880

- ***LHD's require additional financial support that takes into account a wide variety of determinants.*** Determinants impacting the delivery of public health services include agency size, population density, population demographics, geography, disease prevalence, and existing community health resources.
- Funding formula should be revised so that, in addition to the funding floor/base, a local health department can receive additional funding based on the unique determinants as necessary.
- In addition, beyond the day-to-day functions of providing public health services, local health departments are required to respond to emergency situations such as outbreaks, natural disasters, potential bioterrorist threats, etc. Preparedness for and response to such events requires additional funding, training and technical assistance.

C. Match Support

Total Needed: \$1,000,000

- **Efforts to increase local support for local health departments should continue and be enhanced.** This program should focus on providing match funds for community health interventions, facility maintenance and training. Since initiation in 1998, this program has increased local funding for public health by more than \$750,000.00.

D. Technical Assistance and Training

Total Needed: \$2,012,338

- **All LHD's should have access to regional technical assistance and support in the areas of environmental health, community health promotion and communicable disease prevention and control.** Technical assistance could be provided one on one or via flexible multi-disciplinary technical assistance teams.
- **Public health professionals need orientation and regular training related to the provision of population based services.** Local health departments have requested that a Public Health Training Institute be developed to meet this need.
- **Standardized and coordinated data collection and reporting systems should be updated and revised.**
- **Provide education to local boards of health and appointing authorities about the role of public health in providing population based services.**
- **Development and implementation of a periodic performance improvement process.** The site visits proved to be an effective means of identifying opportunities to improve performance and to increase communication between state and local public health agencies. Lessons learned should be incorporated into a periodic performance improvement process that includes on-site discussions and peer participation. A four year workplan to develop and pilot such a system has been developed by the Transitions Performance Improvement Committee. While development of the process has been funded, funding to implement the process developed is needed.

E. Other Recommendations

State Personnel Policies Need to be Studied and Revised for Public Health at the State and Local Levels.

- **Efforts to Enhance State Laboratory Capacity Should Be Supported.**

Cost and Resource Assessment

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