2 Local Government Agencies – How They Work

Government agency culture and organizational practices provide the framework for how programs and services are delivered. Agencies, systems, and services can be impacted by implicit bias that may limit agency personnel from effectively serving people with disabilities. Personnel may be unaware of the bias. Understanding how misinformation, lack of information, and implicit biases are perpetuated within an agency, and how they can create barriers to inclusive programs, helps community members understand agency challenges.

While diversity, inclusion, and equity programs have demonstrated successful outcomes in establishing more diverse agency cultures, these initiatives often inadvertently omit the disability community and the incorporation of equitable access to resources and support. As a result, public-facing programs might be perceived as inclusive, but may still lack a fully integrated agency culture that offers equitable experiences.

The ways in which state and local governments organize and fund public health systems and deliver public health services vary across and within states. This includes the agency or organization tasked with carrying out all or some of the public health functions. In some states, the local public health department is an extension of the state public health agency. In other states, local public health departments are funded and managed by the city or county.

For these workbooks, the term "public health departments" refers to traditional public health agencies or departments funded and managed through city, county or state government, as well as nonprofit or private organizations that provide services in the form of clinical health services, public health vaccines, or mental or behavioral health services.

Understanding Local Public Health Functionalities
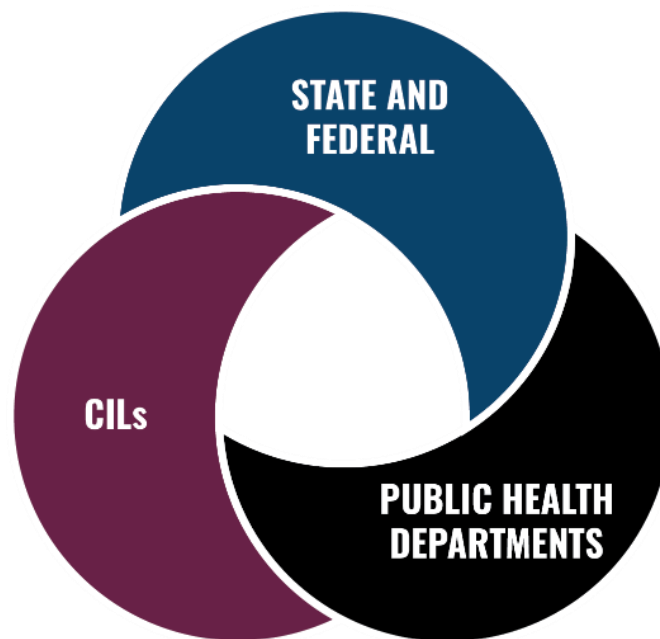
Local public health departments and Centers for Independent Living (CILs) usually work independently but have overlapping commonalities. They may have similar goals, missions, local funding sources, federal funding sources, and local partners, including local non-profit organizations. Building from strengths and using an asset-based approach to policies and practices allows room to explore other ways that an agency can retain its essential functions.

Government agencies can make modifications that allow growth, change, and improvements that support accessibility for all community members, including people with disabilities.

The first steps to understanding each other are identifying what we know and do not know. Fill in the fields below with what you already know and understand or would like to know about your local public health agencies:

WHAT I KNOW

WHAT I DO NOT KNOW

In addition to responsibilities shared with CILs, local public health departments provide vital services to keep communities healthy and safe, including the following:

- Epidemiology and public health surveillance

- Environmental health

- Population-based primary prevention

- Screening and treatment of diseases/conditions

- Immunization

- Maternal and child health

- Injury prevention

- Interventions promoting healthy eating, physical activity, smoking cessation, and more

- Other responsibilities tasked by local government

Local Public Health Departments and Public Structure

While both CILs and public health departments operate and function as a result of legislation and grant requirements, they share similarities in community outcomes. They are both community driven and community focused.
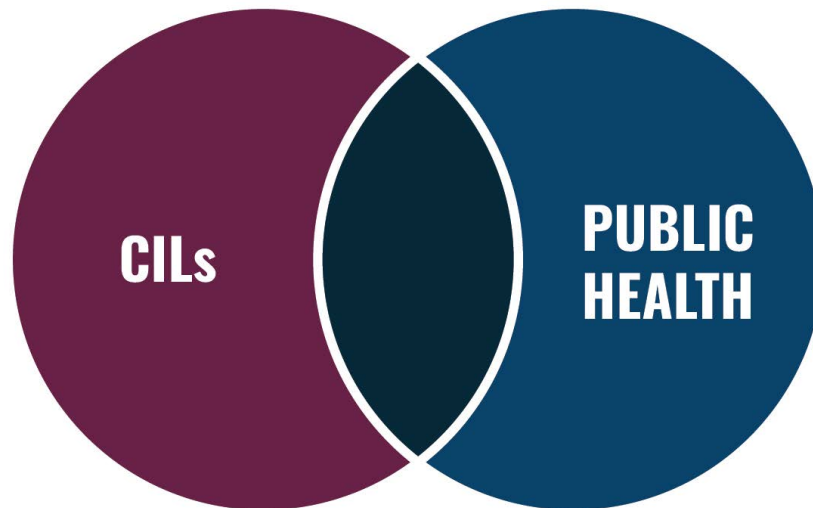
Their interactions involve an overlapping overall mission and purpose:

- Legislatively and through federal grant requirements

- Community-driven and community-focused

- Common target populations and functions

Governing Structure

- Do you understand the public health structure in your community? Do you understand the organization of state and local public health departments in your area?

- What are the roles and responsibilities of the public health department in your community?

> **WHO ARE THE LEADERS?**

> **WHAT DO THEY DO?**

> **WHO WOULD MAKE A GOOD PARTNER?**

Additional Insights

There are many different ways that local and state governments may organize and structure delivery of public services, assign responsibilities, or grant authority to elected or appointed officials. It is important to remember that:

- Local public health departments may report to city or county/parish officials and/or state officials as required through legislative or grant funding requirements.

- Authority of local public health departments varies across states.

- New initiatives or projects may require local public health departments to obtain approval or buy-in from external sources.

Understand who the right partners are in your community: local public health department, community health clinic, or behavioral health office. Meet them where they are, and work with them to navigate any limiting parameters, organizational barriers, or gaps in awareness or knowledge.

Potential Shared Interests

There are areas of responsibility for public health for which there is no direct overlap with CILs. However, CILs may want to offer support through a shared interest.

CILs, disability-led organizations, and other community partners may assist public health departments with identifying and engaging with population groups that are "invisible" or "hard to reach." Examples include:

- People with mental and behavioral health needs

- People with limited transportation options

- People who are unable to easily leave their places of residence

- Closed communities, such as senior centers, large and small institutions of all types where deinstitutionalization can be encouraged

- Small or private community-based providers

- Disability specific organizations/programs assisting people of all ages

CILs, disability-led organizations, and other community partners can help explain how the needs of people with different types of disabilities are met on a daily basis, as well as the typical barriers people with disabilities experience when accessing community services. CILs can share insight with public health departments on how to initiate, improve, or sustain effective communication, coordination, and engagement with other community partners who serve people with disabilities.

Directory of Public Health Departments (HDs)

Instructions: Search by state and ZIP code on naccho.org. Create your own resource and contact list, as in the example below:

HD Name/Address	Point of Contact (Name)	Phone Number
Hollow County Health Department 1000 Hollow Highway Center, UR 30303	Jane Smith	555-555-1212 District Clinic: 1-888-555-1212

What Public Health Departments Do

Local public health departments lead a variety of community activities that promote preparedness, vaccines, and other behaviors that support and advance health and safety.

> What local public health programs and services do, or how they should overlap with the work of your organization?

Pre-COVID-19 Challenges

- Local health departments are fighting health threats with fewer resources than ever. Sixty-seven percent of public health department budgets either decreased or stayed the same in 2019 versus 2018. Fifty-three percent of the U.S. population lived in areas where health department budgets were stagnant or decreased in 2019.

- Decrease in health department workforce capacity has occurred over the past decade, from 5.2 million in 2008 to 4.1 million in 2019. Decreases in the public health workforce were well documented even before COVID-19.

- Local health departments have complex and varied limitations or scopes of authority across situations and scenarios, including during daily operations, disasters, and public health emergencies.

- Funding is siloed, with grants typically supporting activities on projects to address specific disease topics such as smoking or diabetes. Grant-based funding is often accompanied by various requirements that limit LHD activities or services.

- Local health departments are often presented with legislative mandates unaccompanied by additional funds, which can inhibit the implementation of intended policy changes.

- Vague guidance from regulatory bodies or funding entities can result in varied implementation processes and varied outcomes.*

* Data from this section is found in:

https://www.naccho.org/blog/articles/naccho-new-analysis-changes-in-local-health-department-workforce-and-finance-capacity-since-2008

Post-COVID-19 Challenges

Prior to the COVID-19 pandemic and subsequent response by state and local public health departments, the day-to-day activities of most department staff were performed with little or no attention from the community. As the pandemic unfolded and more attention was focused on the public health department and their personnel, they withstood an unprecedented amount of criticism and scrutiny.

Routine public health activities conducted by local public health departments such as outbreak investigations, disease surveillance, and promotion of basic infection control practices, were scrutinized through a new lens, resulting in additional challenges, such as the following:

- Political influence

- Staff burnout and subsequent staffing challenges

- Community burnout due to long-term response and subsequent disregard for health promoting behaviors

- Mistrust due to change in mitigation plans

- Dissemination of misinformation and miscommunication

Pay Attention to Changes at Local Public Health Departments

- Has there been a leadership change recently?

- Are there new hires?

- Have aspects of ongoing program or services recently changed, such as focus or target population? Have programs or services been cut or added?

Sustaining Public Health Care When It's Working
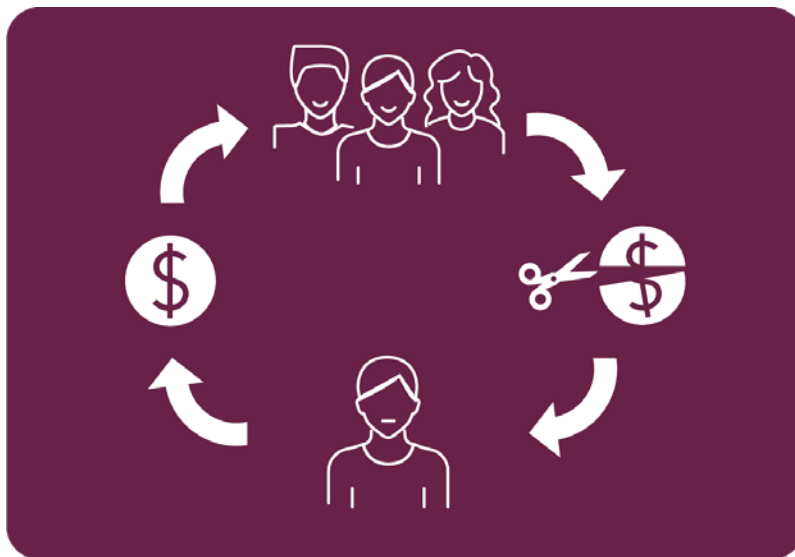
One thing to consider is that public health services are meant to prevent disease or injury or other health conditions. When public health services are successful, and disease prevalence rates decrease, interest in continuing to fund public health services may seem unnecessary. But when funding decreases, those successes also decrease.

Disparities in health equity are often revealed when a visible problem arises within the community during a health emergency response.

When a public health issue is magnified within a community for an extended period of time, the following obstacles occur:

- Miscommunication across agencies

- Mistrust within the community

- Service provider burnout

- Future resistance to the adoption of public health practices

Often, what isn't working receives greater attention than what is working in a community. We know it's easier to build on a foundation of what's working and what's going right in our communities to take steps towards inclusion of people with disabilities.

There are several ways to mitigate these risks and to establish a foundation of trust across shared mission, goals, values, and priorities between local public health agencies, and CILs. To provide a basis for developing sustainable, equitable public health and emergency plans, it is important to highlight commonalities of intent and to understand who has decision-making capability within the community. It is important to remember that, like person-centered planning, emergency response plans, including those developed and maintained by local public health departments and offices of emergency management, are subject to change and highly dependent on situation.

To bridge the public health equity gap in a way that is sustainable from-day to day though natural or public health emergencies promote the following:

- Equitable access

- Individual and system advocacy

- Sharing of local public health and emergency management plans

- Knowledge of key players in state and local public health departments

- Awareness and acceptance that emergency plans shift and local officials pivot by responding to needs

An equitable local public health department offering inclusive health services and programs requires ongoing communication, monitoring of current

resources, and person-focused care. Growing equitable health plans and inclusive health services and programs for the community involves proactive and consistent engagement of CILs and all key players in local public health and safety.

Ongoing communication and collaboration allow opportunities for collaborating agencies and organizations to minimize barriers and the ability to adapt to changes if and when they arise. Sustaining progress towards inclusive public health practices requires consistent monitoring of all the variables that contribute to equitable health for the whole community.

Similar to the ongoing care it requires to grow a healthy garden, sustaining growth in equitable health services and programs requires a solid foundation, a foundation that includes all the "right" nutrients to promote more growth. When the elements change, like too much rain in a garden, we must continue to encourage growth through pivots and changes.

Similarly, local public health departments and agencies are required to adapt to political changes and respond to the specific resources that are needed. CILs can be a part of and support that change. Caring for, nurturing, and sustaining the foundations that support health equity within the community and the local public health department structure helps promote ongoing positive growth.

CDC Statement