

Local Governmental Public Health System Baseline Report

October 2012 Executive Summary

Introduction

The Local Governmental Public Health System Baseline Report was developed by the Public Health Evaluation Committee to fulfill its responsibility to collect and report baseline information for organizational capacity and public health service delivery based on the Iowa Public Health Standards. This baseline report details the findings of a survey sent to all local public health and environmental health administrators in Iowa. Surveys were completed by 71% of invited participants. All but eight counties are represented in the data received.

Significant Findings

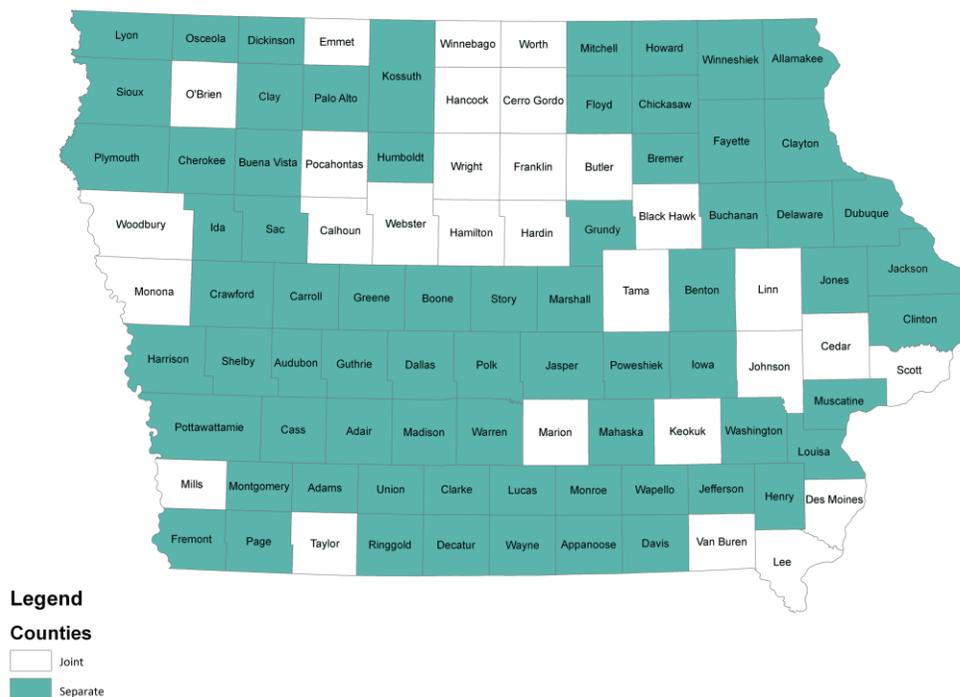
Public Health Funding: In fiscal year 2012, annual operating budget totals ranged from \$30,963 to \$11,514,329. Eighty-nine of 99 respondents reported receiving revenue from their county to provide public health services. County contributions ranged from \$1,554 to \$3,535,371. Respondents also report revenue from cities, the state, federal dollars passed through the state, direct federal funding, Medicaid, Medicare, and nonclinical fees and fines.

Public Health Services: Public health is a broad field. Survey respondents were asked to state whether they directly provided or contracted with another agency to provide 76 separate public health services. Each of the 76 services was provided in at least one county.

Not surprisingly, governmental local public health agencies are providing services such as immunizations, screening for diseases, home health, surveillance, and environmental health. However, there are also agencies involved in non-traditional public health service delivery like handling unused pharmaceuticals, noise pollution, correctional health, and vital records.

Public Health Structure: Local boards of health and local boards of supervisors both play a role in public health at the local level. The baseline report shows that 43 counties indicated that a board of health member also serves as member of the county board of supervisors. Eighty-three percent of respondents report that their board of health meets at least six times per year as required by law. Additional findings about the governmental public health infrastructure show that in 70 of 99 counties, environmental health and public health agencies are separate. The following map provides a visual representation of these 70 counties.

Counties with Joint Public Health and Environmental Health Agencies



Planning/Quality Improvement/Use of the Iowa Public Health Standards: Slightly more than half (52 of 101) of respondents indicated that they have a strategic plan. Fifty-eight of 99 respondents have developed goals and objectives for all public health programs and services. Large agencies were more likely to have developed goals and objectives for all public health programs and services. Although more than three quarters of respondents indicate some quality improvement is occurring, only 15% have implemented a formal quality improvement plan. Seventy percent of respondents (82/117) report their agency has begun preparation activities to meet the Iowa Public Health Standards. Ninety percent of local boards of health discuss the Iowa Public Health Standards on an annual basis.

Local Public Health Workforce: The majority of respondents have less than or equal to 20 full time equivalent units (FTEs), including full time, permanent part-time, contractual and temporary staff. The majority of agencies had at least one part-time staff person in the following roles: administrative/clerical, public health managers, public health nurses, emergency preparedness staff, home health aide, and home health nurse.

Next Steps

The Public Health Evaluation Committee will reassess the local governmental public health system on a regular basis. To read the report in its entirety visit <http://www.idph.state.ia.us/mphi/>.