

Local Health Districts and the Public Health Workforce: A Case Study of Wyoming and Idaho

Importance: Local health departments (LHDs) are a critical component of the nation's public health system. Although there is enormous variability from state to state in the scope and role of the LHDs, these entities provide crucial population-based services. Most states use a decentralized model for the delivery of public health services, with local communities having substantial control over the composition and functions of their LHDs. The composition and educational preparation of the workforce in LHDs largely determines the scope of services that can be provided, as well as the intensity and quality of those services. However, characterizing the composition of the public health workforce poses a major challenge.

Study Aims and Design: This study aims to increase understanding about the supply and types of public health personnel in two predominantly rural states. Idaho and Wyoming were selected because of their proximity and diversity of structure and practice. A survey instrument was developed based on a workforce taxonomy created and used initially in Texas and later modified for use in Washington State. Regional and local administrators of LHDs received surveys by mail and fax. Telephone follow-up ensured a 100 percent response rate.

Findings:

- ✕ Although the two states are in the same region of the country, the structure of local public health is quite different. Idaho has a regionalized, relatively autonomous LHD system, while Wyoming's system is based on the individual counties, with many public health functions retained at the state level.

- ✕ The composition and supply of the local public health workforce in each state is relatively similar. At the local level, public health is primarily a nursing function, and nurses constitute most of the LHD professionals currently working in these settings.

Policy Implications:

- ◆ As public health policy places greater emphasis on the core functions of assessment, policy, and assurance, it may be difficult for small rural LHDs to redirect the functions of their workforce.
- ◆ The effectiveness of LHDs is related to staff and budget size and administrative leadership, which may be difficult to sustain in smaller, more isolated jurisdictions.
- ◆ Future efforts are needed to delineate where these functions should be performed and which organizations should take the lead. It is also important to develop personnel requirements by function, job title, and organizational base.

- ✕ Environmental health workers and sanitarians are the second largest group at the local level, although they do not fall within the local public health purview in Wyoming.
- ✕ The workforce composition and supply in both states are quite similar to data reported nationally.
- ✕ With the exception of nursing, few vacancies in budgeted positions were reported in either state.
- ✕ Local public health workers generally enter the field from specific clinical disciplines, usually without public health training, suggesting that a major component of their work is clinical service.
- ✕ This is the first study to provide per-capita LHD workforce data.

Findings from this study are described in WWAMI Center for Health Workforce Studies Working Paper #56: Richardson M, Casey S, Rosenblatt RA; Local Health Districts and the Public Health Workforce: A Case Study of Wyoming and Idaho; November 1999.

