

Utah Association of Local Health Departments Response

Health and Human Services Interim Committee - June 15, 2022

How will the increase in funding from the '22 Legislative Session impact the ability of Utah's Local Health Departments to comply with state minimum standards for public health?

- New funding will provide stability in the core positions required under R380-40. This stability will also allow for the categorical funds that are received through federal and state governments to go further in addressing minimum performance standards since less of those funds will be needed to support core positions.
- Implementation will look different across the local health jurisdictions.
- This funding will create stability for minimum public health services and allow for communities to address local priorities.

How do sources of funding (local, state, federal) manifest in the priorities of the Local Health Department?

- By priority based on operating budgets funding sources manifest in the following order, because of this order LHD's spend more time fulfilling federal priorities than local priorities

#1 Federal
#2 Local
#3 State

- The preference to better match the public health model would be non-categorical funds in the following order, this would allow local health departments to address community priorities, driven by data rather than funding.

#1 Local
#2 State
#3 Federal

Which is most beneficial to the Local Health Department – local, state, or federal funding? Why?

- Local funding is the most useful as it allows for the most flexibility in addressing local priorities.
- State funding supporting legislative mandates including minimum performance is second. Too often unfunded mandates outlined at the legislative level do not include a funding mechanism. When this happens, to assure statutory duty is met, local dollars have to be reallocated or fees have to be accessed to address the mandate, thus reducing the capacity to address other local priorities.

- Federal funds that align with public health needs or statutory responsibility help build healthy communities, however, this funding often comes with directives that are outside of local priorities or statutory responsibilities.

Does the Governance Committee (26-1-4) effectively weigh the priorities of Local Health Departments and the Department of Health?

- An effective Governance process allows federal dollars to be used effectively and impact positive health outcomes in communities.
- The legislative audit that was conducted in 2021 identified areas of improvement.
- Plans to address these areas are being implemented including: earlier involvement of local health departments in the funding process, a greater focus on policy issues, and clarity of roles and responsibilities of state and local public health that will better guide the allocation of state and local dollars.
- Governance is not only tasked with focusing on funding but also has the responsibility to look at addressing state-wide public health policy that ultimately impacts the roles and responsibilities of state and locals that will help appropriately guide the allocation of resources across the public health system.

Does the current formula for allocation of state funds to Local Health Departments incentivize – or disincentive – counties to levy taxes to fund the Local Health Department? If so, how?

- The formula is a tool to distribute funding and is not a lever to incentivize or disincentivize counties.
- However, there is an opportunity for the state to require some % of a local match to state dollars that already exists in state statute ([26A-1-115\(6\)](#)). This could be utilized as an incentive to achieve a more equitable contribution across counties.
- A key question is how do we build in planning for future growth in both state and local funding of LHDs?

What programs are Local Health Departments administering outside of the state minimum standards for public health?

- There are federally required programs such as emissions testing that some local health departments are required to do.
- As long as programs are tied back to community health assessment and community health improvement plans they would be considered part of minimum performance standards. A community assessment is required to happen every 5 years (R380-40-5 (I)(ii)).

How have funds from the 2020 Coronavirus Aid, Relief, and Economic Security (CARES) Act expanded services provided by Local Health Departments? If services were

expanded, is it expected that they will remain this way? And, if so, what channels of funding will be used to sustain the expansion?

- COVID-19 funding was used to respond to the pandemic.
- Disease investigation services were expanded during this time, this is only one area of public health. Now, local health departments have or are in the process of contracting their staff and moving back to addressing all core public health competencies.
- LHDs who did not have the capacity to hire sufficient epidemiologists or disease investigators before COVID did so with CARES funding. The new MPS dollars received during the 2022 general session will allow these LHDs to maintain a component of this capacity. CARES funding allowed for the recruitment and training.