

Utah's Local Health Departments

OFFICE OF LEGISLATIVE RESEARCH AND GENERAL COUNSEL

Health and Human Services Interim Committee

June 15, 2022

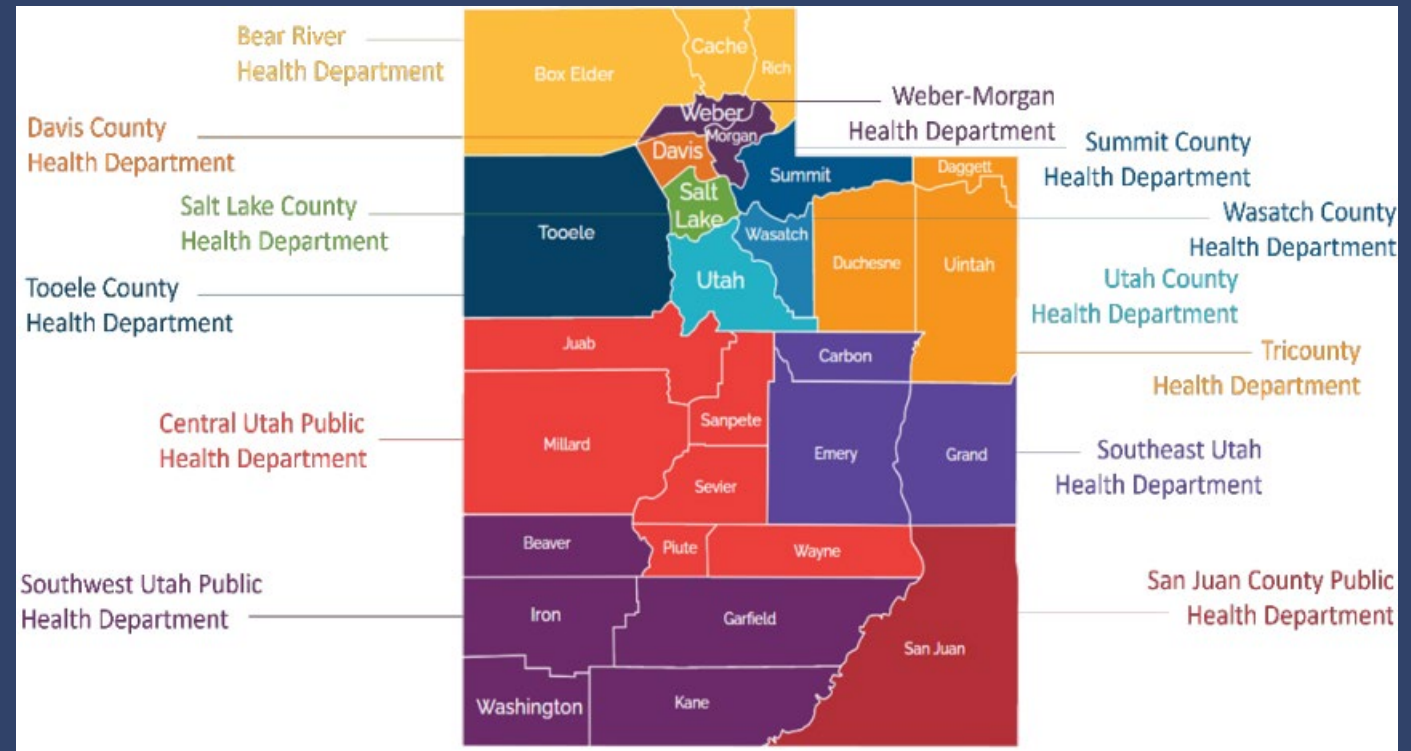


Overview

- **Powers and duties**
- **Funding mechanisms**
- **Audit recommendations**

13 Local Health Departments

- 7 Single County LHDs – Davis, Salt Lake, San Juan, Summit, Tooele, Utah, and Wasatch
- 6 Multi-County LHDs Serving 22 counties
 - Bear River (3) – Box Elder, Cache, Rich
 - Central Utah (6) – Juab, Millard, Piute, Sanpete, Sevier, and Wayne
 - Southeastern Utah (3) – Carbon, Emery, Grand
 - Southwest Utah (5) – Beaver, Garfield, Iron, Kane, and Washington
 - Tri-County (3) – Daggett, Duchesne, and Uintah
 - Weber-Morgan (2) – Weber and Morgan

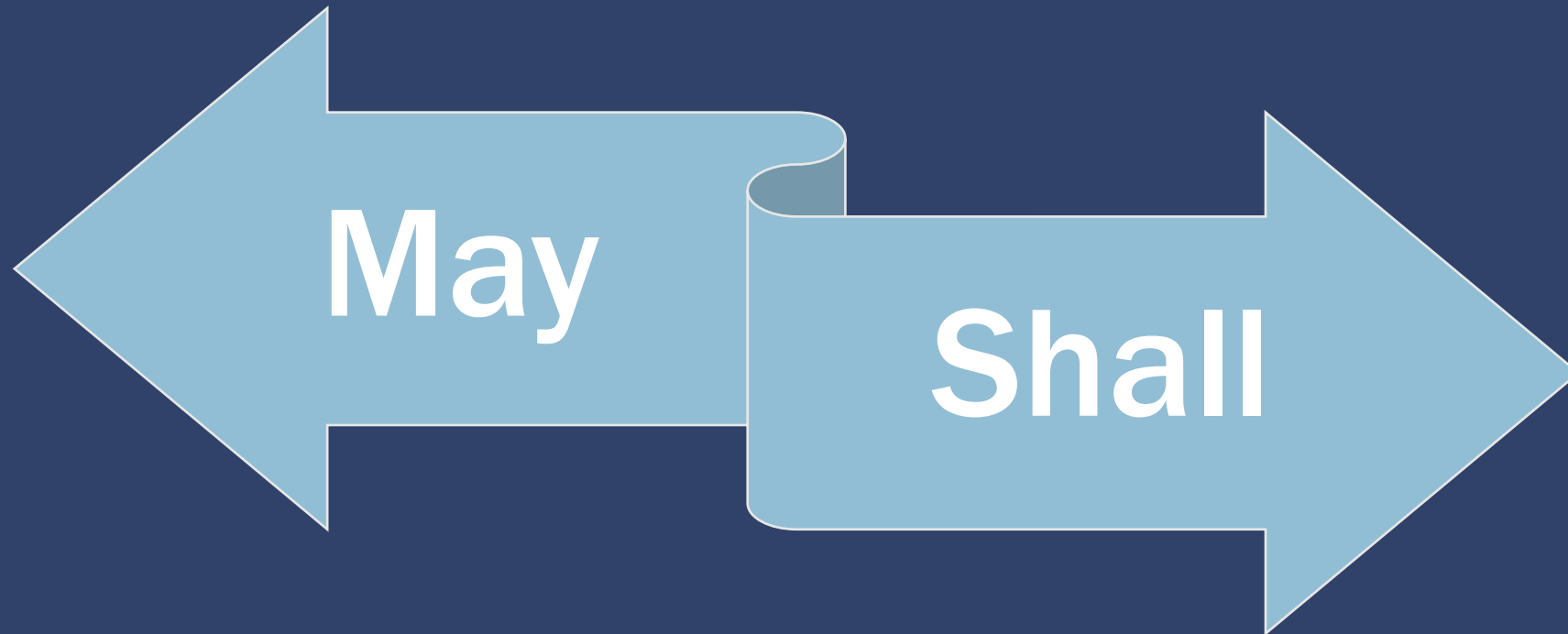


Source: OLAG Performance Audit of Culture and Grant Management Processes of the Department of Health (2021)



LHD Statutory Powers and Duties

- Section 26A-1-114: Powers and duties of departments.



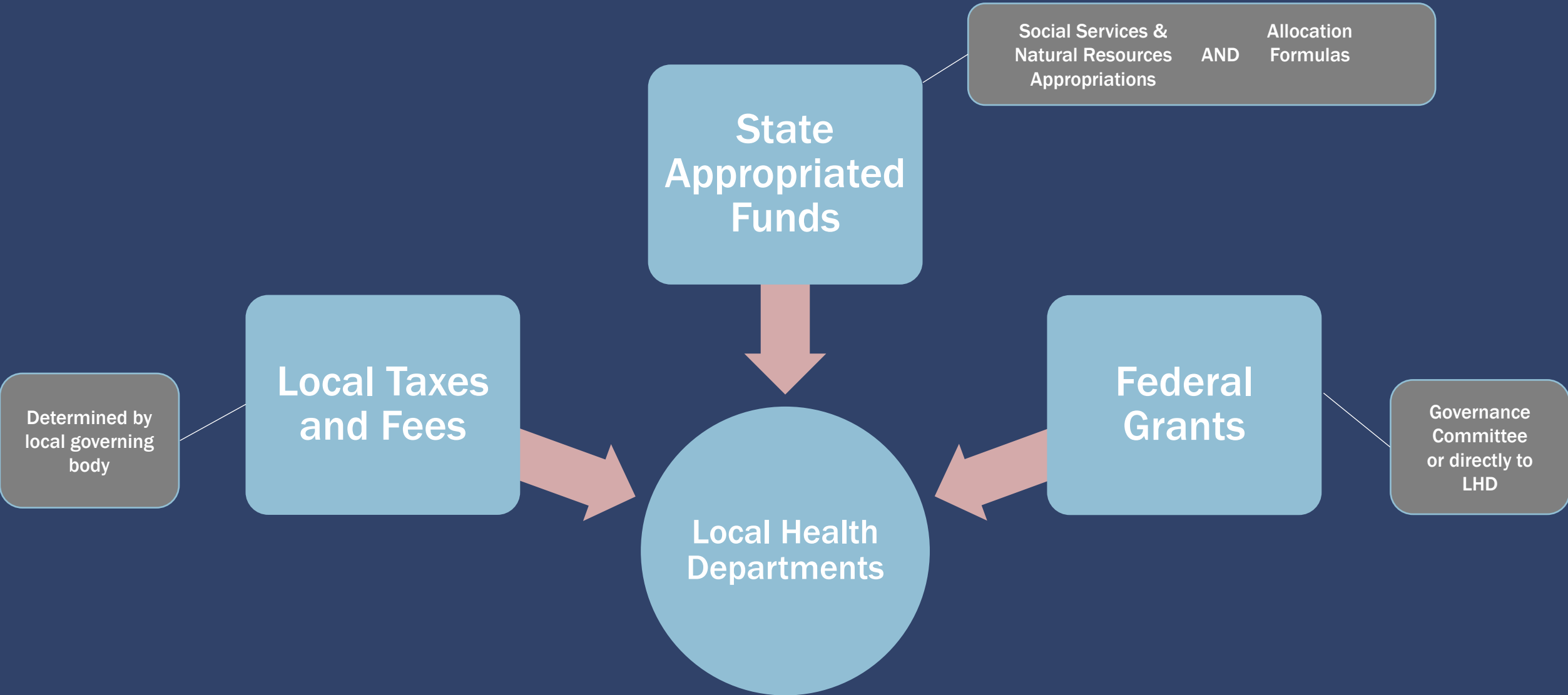


Local Boards of Health

- **26A-1-109: Local boards of health – Membership – Organization – Meetings.**
- **At least three members**
 - Appointed pursuant to county ordinances/interlocal agreement by counties creating the local health department
 - Nonpartisan
 - Employee of the local health department may not be board member
- **Must meet at least quarterly**
- **Annually –**
 - report operations of the local health department
 - send a copy of the approved budget to the department and all local governing bodies
- **Shall determine the general public health policies to be followed in administration of the local health department and may adopt and enforce public health rules, regulations, and standards necessary to implement the board's public health policies**



LHD Revenue Streams





LHD Funding Statutory Provisions

- **Section 26A-1-115: Apportionment of costs – Contracts to provide services – Percentage match of state funds**
 - Provides for options to fund LHD operations
 - Requires that all state funds distributed by contract from the department to local health departments for public health services be matched by the local health department at a percentage determined by the department in consultation with local health departments
- **Section 26A-1-117: Funding of departments – Tax levies**
 - (1) Counties involved in the establishment and operation of local health departments shall fund the local health departments with appropriations from the General Fund, from the levy of a tax, or in part by an appropriation and in part by a levy under Section 17-53-221.
 - (2) A local health department may be funded as provided by law from:
 - (a) local, state, and federal funds within local levy ceilings;
 - (b) a separate ceiling exempt tax under Section 59-2-911, which may not exceed .0004 per dollar of taxable value of taxable property; or
 - (c) in part by each.
 - (3) Local funds from either tax source shall be appropriated by the local governing authorities of the counties participating in the local health department.



County Health Levies

County	Levy	Amount Collected
Beaver	.000045	\$ 64,828
Cache	.000083	\$ 870,864
Carbon	.000143	\$ 258,512
Davis	.000188	\$ 5,423,042
Duchesne	.000130	\$ 325,000
Iron	.000054	\$ 274,715
Morgan	.000120	\$ 166,280
Salt Lake	.000130	\$ 16,397,519
San Juan	.000162	\$ 139,164
Sevier	.000389	\$ 656,860
Summit	.000076	\$ 1,869,344
Tooele	.000164	\$ 893,331
Uintah	.000117	\$ 450,000
Wasatch	.000091	\$ 700,934
Weber	.000082	\$ 1,823,418

Counties with no Health Levy:

- **Box Elder**
- **Daggett**
- **Emery**
- **Garfield**
- **Grand**
- **Juab**
- **Kane**
- **Millard**
- **Piute**
- **Sanpete**
- **Rich**
- **Utah**
- **Washington**
- **Wayne**

Other entities assessing a Health Levy:

- **Milford Area Health Care Service District**
- **San Juan County Health Service District**



Minimum Performance Funding by State and Local Contribution

	2018 Population (from Funding Formula)	Total County Contribution (CY 2020)	County Contribution Per Capita	State Minimum Performance Funding (effective 7/1/22)	Per Capita (\$6.13M)
Bear River	186,999	\$1,522,392	\$8.14	\$524,862	\$2.81
Central	82,684	\$488,514	\$6.00	\$433,611	\$5.24
Davis	352,802	\$4,087,174	\$11.58	\$492,771	\$1.40
San Juan	16,487	\$135,469	\$8.22	\$166,986	\$10.13
SLCo	1,142,077	\$17,465,099	\$15.29	\$1,257,335	\$1.10
Southeast	42,320	\$310,844	\$7.35	\$293,875	\$6.94
Southwest	245,048	\$1,782,222	\$7.27	\$667,735	\$2.72
Summit	41,286	\$2,077,999	\$50.33	\$191,009	\$4.63
Tooele	68,859	\$940,958	\$13.66	\$217,718	\$3.16
TriCounty	58,830	\$968,255	\$16.46	\$320,234	\$5.44
Utah	633,582	\$2,703,302	\$4.27	\$764,760	\$1.21
Wasatch	32,137	\$637,393	\$19.83	\$182,146	\$5.67
WMHD	263,535	\$1,946,602	\$7.39	\$621,958	\$2.36
Totals	3,166,646	\$34,851,078	\$11.01	\$6,135,000	\$1.94

Source: Utah Association
of Local Health
Departments



State General Fund Formula for Minimum Performance Standards

- **Section 26A-1-116: Allocation of state funds to local health departments -- Formula**
- **Administrative Rule R380-50 specifies the formula for allocating funds by contract to Local Health Departments:**
 - 32% - Minimum share
 - 50% - Population
 - 18% - Multi-county factor
 - Made up of two equal parts: number of counties and population



Governance Committees

Two committees – DOH and DEQ

DOH

- **Membership:**
 - DOH Executive Director, or designee
 - Two representatives of DOH, appointed by ED
 - Three representatives of local health departments, appointed by all local health departments
- **Duties:**
 - Evaluate allocation of public health resources between the department and local health departments, and policies affecting local health departments
 - Consider policy changes proposed by the department of local health departments
 - Establish criteria for federal grants that are exempt from committee review process, as well as criteria for when an expedited grant application can be submitted
 - Review the goals and budget for each reviewable grant application
- **Voting:**
 - A two-thirds vote of the committee is required before funds from a federal grant can be disbursed or encumbered

DEQ

- **Membership:**
 - DEQ Executive Director, or designee
 - Two representatives of DEQ, appointed by ED
 - Three representatives of local health departments, appointed by all local health departments
- **Duties:**
 - Evaluate allocation of environmental quality resources between the department and local health departments, and policies affecting local health departments
 - Consider policy changes proposed by the department of local health departments
 - Coordinate implementation of environmental quality programs to maximize environmental quality resources
 - Review each department application for any grant from the federal government that affects a local health department before the department submits an application
- **Voting:**
 - No reference in statute



Administrative Rule (DOH and DEQ)

- R380-40: Local Health Department Minimum Performance Standards (DOH)
- R305-10: Local Health Department Minimum Performance Standards (DEQ)
- **Employ:**
 - Local Health Officer
 - Registered Nurse
 - Certified health education specialist
 - Environmental health scientist
 - An individual with training and experience in epidemiology
- Annual financial audit
- Develop, direct, and organize programs in response to community needs
- Provide health education and health promotion services
- Provide evidence-based communicable disease prevention and control
- Administer the Environmental Service Delivery Plan (ESDP)



Compliance with Rule

- **R380-40 and R305-10 both require the local health department and department to monitor compliance with minimum performance standards**
- **Corrective action mechanism**
 - Local health officer/local board of public health/department

Office of Legislative Auditor General: A Performance Audit of Culture and Grant Management Processes of the Department of Health (October, 2021)

- **Chapter 3: The Department of Health Should Prioritize Grants Based on Needs and Potential Impact**
- **Chapter 4: Stronger State and Local Partnership Is Needed to Enhance Public Health**
- **Recommendations**
 - Focus the pursuit of grants to better match DOH and LHD needs, and consider whether local authorities will be required to sustain grant activities after expiration of the grant
 - Consider reviewing the list of diseases and conditions that fall under DOH and LHD purview
 - Increase transparency between DOH and LHDs in the Governance Committee process
 - LHDs increase their efforts for early and frequent involvement in the grant proposal process
 - LHDs expand efforts to utilize regional needs assessments to better meet local needs and align with state priorities

