

Pennsylvania's Public Health System: Issues for Legislative Leaders

The Problem:

The role of public health is to assure the conditions for people to lead healthy lives: it prevents infectious disease, protects against environmental threats to health, encourages healthy living, prevents injuries, prepares for and responds to disasters, and assures access to health services. But well over half the commonwealth's population has no local organization to carry this role. Outdated laws permit municipalities to rely on untrained local health officers. Multiple state agencies variously tasked with these responsibilities are under-funded and under-staffed. The leading causes of death – cancers, cardiovascular disease, and suicides – are all linked to the quality and availability of public health services. Without full-service health departments in every county, the public's health is neglected and at risk. .

The Causes

Many Pennsylvania counties are recognizing the need for local health departments and for updating the commonwealth's public health laws. At least five counties are currently planning or assessing feasibility, and more are expressing interest about financing, start-up procedures, and possible services. The Lehigh Valley (Lehigh and Northampton counties) in particular has recognized the importance of public health services. Its leaders are developing the plan for a bi-county regional health department – the first of its kind in the Commonwealth. County governments are partnering with each other as well as with hospitals, foundations, and the business community to find viable ways to finance a public health system. Both county governments have passed resolutions in support of local public health, and two foundations have committed resources for planning.

But counties that want public health services face considerable barriers, and the protection that people expect from their public health laws is weakened by the lack of clarity in antiquated statutes. For example:

- Local health officers in municipalities not served by a county health department are responsible for enforcing the municipal health ordinances, but these ordinances are often inconsistent with the laws of the county in which the municipality is located or with the statutes regulating the state health department.
- Act 315 authorizes the creation of bi-county health departments but provides no guidance as to the legal entity that will actually employ the staff of such a department.
- There is statutory inconsistency regarding whether the state or county public health department or the local governing body has responsibility for costs associated with treatment of an individual ordered into isolation by a health officer.
- As Pennsylvania law is currently written, different health officials and elected officials have parallel and possibly overlapping authority that can cause confusion and conflict, potentially undermining public health and safety during a disaster emergency.

The Answers

Pennsylvania legislators are responsible for the health of their constituents. Legislators should undertake a full-scale review and revision of Act 315. Other states' public health laws offer useful models for services, financing and staffing. Needed reforms for Pennsylvania include:

- Updating public health definitions and concepts to meet new national accreditation standards;
- Revising the Act 315 funding formula to encourage public-private partnerships and reflect the realities of local government economics;
- Clarifying the relationships, scopes of authority, and lines of accountability between county governments, county boards of health and county health departments; and
- Simplifying the process and incentivizing counties to create local health departments.