



# The Role of Local Health Departments in Responding to a Pandemic

**Local health departments (LHDs) play a critical role** in the fight to protect communities from public health threats like COVID-19

**95%** of LHDs conduct activities to prepare for and respond to public health emergencies (referred to herein as PREP)

A few of these key LHD activities are: **monitoring** disease outbreaks, **coordinating** resources with healthcare partners, and **sharing** credible information with the public

## LHDs ARE FRONTLINE RESPONDERS TO COVID-19

“As trusted members of the response team, we have been presenting at various groups to help with situational awareness and to answer questions. For cases, our staff handle symptom monitoring and manage essential services for individuals under isolation and quarantine.”

- Dakota County Public Health, MN



**Local health department budget and staffing cuts** jeopardize preparedness and response programs and the public's safety

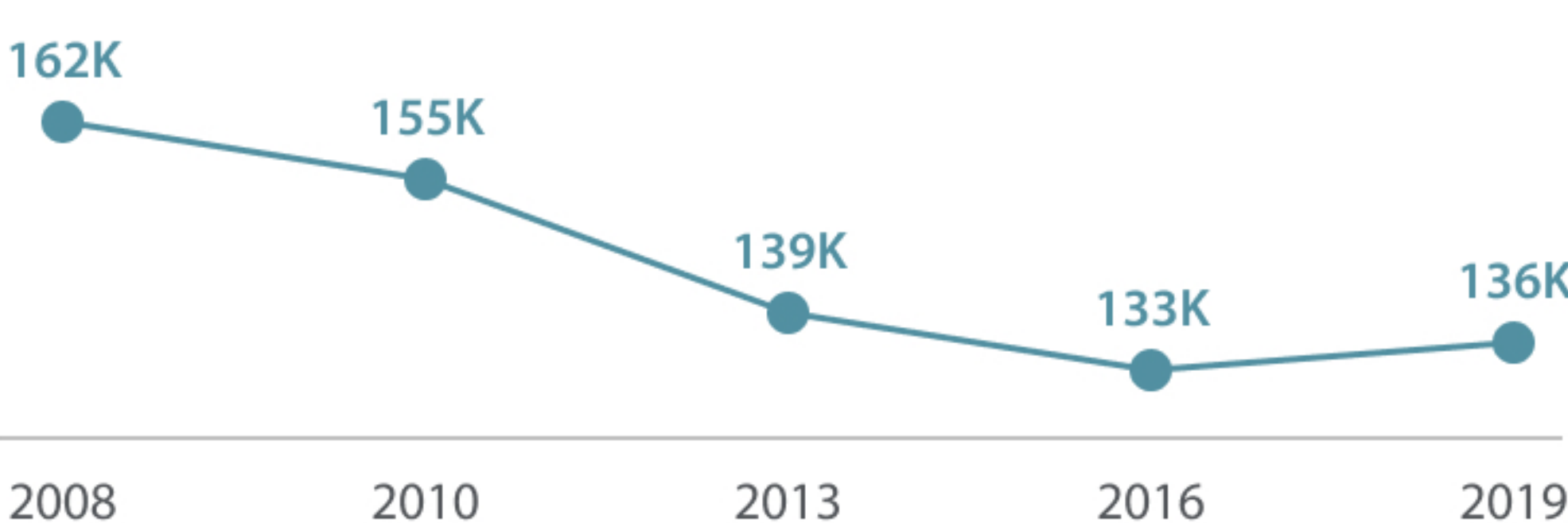
**65%**

of LHDs reported flat funding or cuts last year

**81%**

of LHDs reported this for PREP funding specifically

The total number of full-time equivalents employed by LHDs has not recovered from repeated cuts



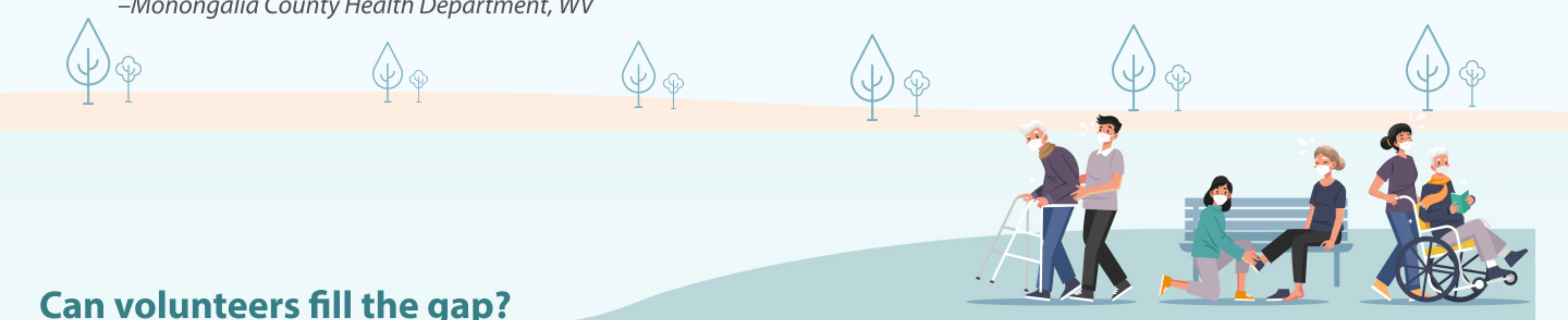
**312 million**

people in the U.S. live in jurisdictions with stagnant or reduced budgets dedicated to LHD PREP activities, despite the need to address emerging and urgent global health threats like COVID-19

## LIMITED RESOURCES CHALLENGE COVID-19 RESPONSE

“We are consumed by a Nursing Home Outbreak and have channeled most resources in dealing with developing a robust COVID-19 response. West Virginia suffered a 25% cut in state funding that has not been replaced, yet COVID-19 requires a robust public health response.”

- Monongalia County Health Department, WV



## Can volunteers fill the gap?

Volunteers are an important part of LHDs' emergency preparedness efforts, with **76%** of LHDs using them to respond to public health incidents

However, funding for these relief partners can be unpredictable. The median budget for Medical Reserve Corps (MRC) units decreased from \$5,000 in 2013 to \$3,000 in 2017

**Local health departments are forced to shift resources** from other public health activities to adapt to the demands of emergencies

**64%**

of LHDs involve non-PREP staff in response activities, stretching the already limited workforce

**1 in 4**

LHDs do not have procedures to rapidly assign staff during emergencies, challenging the needed shift in responsibilities and the staffing for other programs

## COVID-19 RESPONSE IMPACTS OTHER ESSENTIAL SERVICES

“Due to COVID response, our program has had to redefine programmatic priorities for STI/HIV case investigations, discontinue walk-in STI/HIV testing, and reduce/eliminate mobile testing and mobile syringe services. Many of our staff have been reassigned to assist with COVID case investigations, and we are identifying processes for the remaining staff to work remotely.”

- Baltimore City Health Department, MD



**Local health departments need ongoing support** even beyond COVID-19, to continue protecting the health of communities



LHDs need robust and stable funding that can be applied flexibly to support staffing, programs, and service delivery at all times—not just during public health emergencies



Federal and national partners should enhance cross-sector engagement between public health, healthcare, and response organizations, including relief partners such as the MRC



Resources for workforce development should support efforts to build capacity for cross-training LHD staff to provide surge support across multiple program areas



Tailored tools, best practices, and lessons learned should be shared widely to guide preparedness planning and response activities, including workforce surge procedures