

12-17

STATEMENT OF POLICY

Clinical Services

Policy

The National Association of County and City Health Officials (NACCHO) believes that the type and quantity of clinical care that a local health department provides must be a local decision. According to the NACCHO 2019 National Profile of Local Health Departments¹, more than 80 percent of local health departments provide immunizations, screenings, and communicable disease treatment; almost 70 percent provide maternal and child health services; and 45 percent provide other clinical services.

However, the public health field is clearly moving away from the provision of clinical care and instead developing capacities to be an effective community health strategist. The focus of health departments is increasingly the assessment of communities' health and resources for health improvement; the convening and strengthening of coalitions and partnerships; and the development of policies and strategies. The contemporary focus of public health is on the social determinants of health, health equity, and wellness and wellbeing. Health departments must collaborate with a broad array of health and non-health sectors at the community and neighborhood-levels to address these issues and build healthier communities.

There is great variability across the country in terms of clinical care services provided by local health departments. Some health departments are required by state laws or regulations, local ordinances, or state or local health codes to provide clinical care. Some communities are underserved and have few regular sources of primary care. Other communities are rich in health systems that are willing and eager to address the population's primary clinical care needs.

Local health departments, in consultation with their community partners and governing boards, must determine what role in the provision of clinical care makes sense for them, given the local health needs and the state of the health care system in place in the communities it serves. Regardless of whether a health department provides clinical services or not, the local health departments must maintain strong relationships with the clinical care delivery system. Some basic responsibilities of health departments require collaboration with the health care sector.

Access to Care

Local health departments have an important role in assuring access to health care and educating the public concerning preventive clinical care. Health departments should collaborate with clinical care providers to build integrated and effective health and public health systems. They should engage in collaborative assessments of accessible clinical services and of the populations



who experience barriers to receipt of care. Collaborative strategies to address identified gaps in access to care will define the roles of health care providers and of the public health department. Solutions may, for example, require increased public health education, expanded transportation options, translation services, or more convenient locations for receipt of care. In some communities this may include public health departments providing direct clinical services. There may always be some role for health departments to provide immunizations and testing in times of outbreaks, epidemics, and pandemics if the health care system and other providers, such as retail pharmacies, are unable to meet the emergency demands.

Coordination of Services

Population-based public health interventions and education provided by the health department could be coordinated with clinical preventive services and patient education provided by health care. Primary care and population-based public health interventions can support each other for increased effectiveness of both. Clinical care providers and health departments can coordinate public health messages, encourage behavior changes, educate the population about health conditions and their prevention, and encourage the appropriate use of the health care system.

Information Sharing

Most or many local health departments conduct community processes to develop a Community Health Assessment (CHA) and Community Health Improvement Plan (CHIP). Standards for public health department accreditation require that CHAs and CHIPs be updated at least every five years. The Patient Protection and Affordable Care Act of 2010 (ACA) requires tax-exempt hospitals to produce a hospital community health needs assessment (CHNA) every three years. While the CHA/CHIP is focused on population health improvement and the CHNA is focused on the health care needs of the population, there are many opportunities for health departments and hospitals to coordinate efforts. Partnering can provide strengthened assessments, clearer prioritization, and improved community engagement and strategies.

In summary, local health departments, their communities, and governing boards must take a localized approach to determining what clinical services are appropriate, while making strides towards addressing emerging public health issues. However, irrespective of the extent or limit of their clinical care role, local health departments need to communicate and collaborate with those in the community who provide clinical care.

Justification

In March 2010, the Patient Protection and Affordable Care Act was signed into law. The law authorized significant expansion of health care coverage through private and public insurance mechanisms. This provided opportunity for governmental public health agencies to determine whether they should provide clinical care as more Americans are enrolled in insurance.

In April 2012, the Division of Health and Medicine at the National Academies (also known as Institute of Medicine (IOM)) issued a report entitled “For the Public’s Health: Investing in a Healthier Future” funded by the Robert Wood Johnson Foundation.² The report makes ten recommendations including that “as clinical care provision in a community no longer requires financing by public health departments, public health departments should work with other public and private providers to develop adequate alternative capacity in a community’s clinical care

delivery.” The IOM believes that for governmental public health to be effective it must be clearly differentiated from the clinical care world and solely focus on population-based activities.

In 2014, the Public Health Leadership Forum released the report, “The High Achieving Governmental Health Department in 2020 as the Community Chief Health Strategist” identifying seven key practices for a chief health strategist of the future which included “Build a more integrated, effective health system through collaboration between clinical care and public health.” The report acknowledged the effect of increased insurance coverage afforded by the Affordable Care Act with some traditional public health services being covered by insurance. The report added, “This change will mean that the role of public health departments as the safety net provider will be diminished and, in some instances, eliminated entirely. At the same time there will likely be an enhanced role of such departments in assuring that the care provided by others is accessible as well as high quality, prevention oriented and affordable.”

In 2016, the U.S. Department of Health and Human Services released the report, “Public Health 3.0 – A Call to Action to Create a 21st Century Public Health Infrastructure.” The report included a recommendation that “Public Health Leaders should embrace the role of Chief Health Strategist for their communities – working with all relevant partners so that they can drive initiatives including those that explicitly address upstream social determinants of health.”

While these reports clearly highlight the importance of the evolving role of public health, this shift will happen at a different pace in communities, depending on a variety of factors. Despite the passage of the Affordable Care Act in 2010, the rollout of the changes and accompanying Medicaid expansion in states has not been universally adopted. As of early 2022, there remain 12 states that have not expanded Medicaid.⁵ Much of the country lives in an area without adequate access to health professionals, designated as Health Professional Shortage Areas (HPSA), creating challenges of access to care and strains on the health safety-net providers. This is a significant issue: 89 million people live in designated HPSAs for Primary Care, 65 million live in designated HPSAs for Dental Health, and 144 million live in designated HPSAs for Mental Health.⁶ Additionally, there are numerous states and localities that have laws, rules, and regulations requiring local health departments to provide clinical services.

References

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Record of Action

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