

Local Public Health Administration

Public health administration in New York State is a confusing amalgam of layered districts and jurisdictions with a complex relationship amongst state, county and local health service administrations. This is due in large part to a foundation of laws created over 150 years ago that has been layered upon but never reorganized to reflect modern administrative systems or needs.

To provide an overview of local public health administration, this brief includes summaries of:

- the evolution of public health law
- county level services
- known sub-county services
- a case study in the consequences of layered jurisdictions

Evolving State Public Health Law

The State Public Health Law, dating back to 1850, placed responsibility for local health services in villages, towns and cities without an expressed role for counties. It required that villages and cities maintain boards of health; towns were authorized, but not required, to establish a board of health. In 1913 a state public health council was formed to enact a sanitary code and administrative and executive power was vested in a state commissioner of health and a group of state “district sanitary advisors”. In 1921 a provision was made for county health departments.

Excerpt from the Governor’s 1930 Special Health Commission;

The imperative need, therefore, is to seek out the most effective governmental unit, grant it the necessary powers, with full responsibility to carry out the duties imposed. The county is the only available unit for this purpose. The experience of this state is confirmed by the experience of other states and counties. The experience leads to the conviction that unless a satisfactory unit of local health government is established throughout New York State it will be necessary for the State itself to conduct many health activities which otherwise could be considered local in character.

The Administration of County Level Services: What We Do Know

A local health department, or office, is an administrative office most often established by a county legislature. Under the management of the county health commissioner or public health director this office is tasked with administering varying levels of public health services within its jurisdiction.



Fifty-seven county health departments have the major responsibility for provision of public health services at the local level. New York is one of 26 states where the provision of public health services is decentralized, with local public health departments operating under the administrative authority of local governments.

County Boards of Health

A board of health is the governing policy body of a department of health that appoints the health officer (commissioner, director, etc) and prescribes and authorizes that officer's duties.

- In 14 counties there is an appointed county board of health
- In 28 counties, the county legislature serves as the board of health
- In 11 counties, the Legislature and an appointed board of health jointly serve as the governing authority
- In 4 counties, the county board of supervisors is the governing authority
- In one county the county executive and county legislature serve as the governing authority

County Health Departments

Eleven county departments of health are led by commissioners of health.¹

- A commissioner of health is required for counties with a population over 250,000.
- The commissioner must be a medical doctor and have a combination of a master's degree in public health or a related field and 3 years administrative experience in public health.

Forty-six county department/offices of health are led by public health directors.

- Public health directors are required to have a master's degree in public health or a related field and three years of public health experience or an appropriate combination of education and experience.

All county health departments provide certain core public health services. These basic services include assessing the health of the community, disease control and prevention, family health services and health education. Only 37 local health departments provide environmental health services while 21 local health departments rely on the NYS Department of Health (NYSDOH) to provide those services in their counties.

In addition to the core responsibilities and environmental health services, there are many other programs being administered at the county level. For example, 47 local health departments operate certified home health agencies, 53 administer the Early Intervention program, 32 operate well child clinics, 30 operate comprehensive

¹ For additional information, see the New York State Public Health Council's 2003 report *Strengthening New York's Public Health System for the 21st Century*.



diagnostic and treatment clinics, 20 manage Women, Infant and Children (WIC) nutrition programs, and 10 oversee public health laboratories. Twenty three local health departments also manage public health programs as contractors for the NYSDOH Tobacco Control, Healthy Heart, and Lead Poisoning Prevention Programs, to name a few.

Summary of Sub-County Services: A Need for More Information

Rural communities tend to provide fewer public health services at the county level and, instead, rely on a combination of the NYS Department of Health and town, city and village boards of health to perform additional services. Unfortunately, there is very little definitive information maintained on sub-county entities engaged in administering public health services. Even in those counties that are defined as county health districts, with centralized county health departments, there might be additional districts operating under local boards of health.

Whereas the following terms and concepts are explicitly defined in public health law, there is limited information on the actual number of these entities that exist and their levels of actual activity.

Local Health Districts

A local health district is a geographic area comprised of one or more municipalities. Public Health Law recognizes village, town, city, county, part-county and consolidated health districts. There is no record of the total number of local health districts in New York. Because a health district is simply a geographic delineation there may be limited value in developing such tabulation.

Local Boards of Health

Local boards of health are responsible for determining the powers and duties of the local health officer and ensuring that the public within their jurisdiction (health district), is abiding by the state sanitary code. Additionally, a local board of health may adopt orders and regulations, not inconsistent with the provisions of the sanitary code, as it may deem necessary within its jurisdiction.

Local boards of health are typically (but not always) the acting legislative body for the municipality which they serve. While they may be appointed bodies, they are most often town boards, village boards of trustees, or, for cities under 50,000, the mayor and six other individuals (one who is a physician appointed by the city council). For cities of the second class the Commissioner of Public Safety has jurisdiction and control of any health department and health officers of the city. While public health law requires that every local board of health register with the NYSDOH there is no comprehensive list of boards of health that are actively administering services within their designated health districts.



Local Health Officers

Local health officers are individuals appointed by, and who report directly to, local boards of health. They administer general public health duties within the corresponding health district (geographic area) which might entail responding to a specific public health nuisance and general enforcement of the state and local sanitary code.

Consolidated Health Districts

Two or more towns, villages or cities may be combined into one consolidated health district. Such a district is created when a group of municipalities decide to jointly address specific public health issues. For example, the Lake George Consolidated Health District was created to address issues related to septic tank usage. A consolidated health district replaces each participating municipality's separate health district and is managed by joint health board with representatives from each municipality. While there is no comprehensive list of active consolidated health districts, 54 different consolidated health districts have reported, at one time or another, to the Office of the State Comptroller.

Otsego County: Consequences of a Fractured System

A local non-profit in Otsego County is responsible for maintaining the Panther Creek Mountain Dam which plays a critical role in controlling the water levels of Canadarago Lake. The inability to adequately control water levels in recent years has resulted in frequent flooding within the Towns of Otsego, Richfield and Exeter. Managers with the non-profit became concerned that frequent flooding would cause local septic tanks to overflow and contaminate the lake.

As a rural, less populated county, Otsego County's Health Department does not provide environmental health services, instead relying on the State Health Department to provide such services. While the NYSDOH has declared the situation a certifiable public health threat, there is no overarching authority within the county to monitor and address environmental health issues and NYSDOH's ability to delegate responsibility is unclear.

Officials in all three rural towns are concerned about this public health threat, but because of the Otsego County Health Department's limited services, there is no local entity clearly responsible for implementing a solution. While each town board, by law, represents a local board of health with the powers to enforce the public health law, no one town individually was able or inclined to address the current threat (feeling the issue was not properly theirs to resolve).



Conclusion

Historically, local public health has responded to evolving needs and external pressures. As a result services differ in form and pattern and can result in varying levels of coordination with county and state health services. While some would say the system developed over time and is reflective of local needs and preferences, others would be critical of its fractured, layered nature, and its ability to effectively address the public's needs.

As part of the Commission's local initiatives process, two counties asked for changes in state law to allow them to appoint a single director of public health under a unified, multicounty board of health. Rural counties have had difficulty attracting candidates for this position, and it was felt that a combined office could be more effective. Accordingly, the Commission recommended statutory changes which are included in the Governor's 2008-09 Executive Budget proposal.

In the interest of ensuring the most efficient and effective administration of local public health, there would be enormous value in a state study of how the current system of health districts, health directors, health boards, local health officers, and other related entities may more effectively and efficiently provide local public health services; including an examination of whether such services should be consolidated at the county or multi-county level.

