Chapter Overview

This chapter provides a brief overview of the history, development, structure, and function of state and local health departments. State, regional and local, health departments vary considerably in the services they provide, size of staff, budget, service area they support, and many other characteristics. Public health department staff are only beginning to understand the significance of vision and eye health to the normal growth and development of children. Many health department staff are not yet fully aware that vision and eye health are a significant contributing factor in determining quality of life across the life span and their relation to social determinants of health. Public health programs demonstrating public/private partnerships highlight the importance of vision and eye health to the overall health and well being of the community.

Objectives

1. The reader should be able to list similarities and differences in the development, funding, mission, and function of state and local health departments.

2. The reader should be able to list and define the three core functions of public health.

3. The reader should be able to identify the set of 10 Public Health Practices that health departments use to measure their accomplishments by linking them to the three core public health functions. (Not to be confused with 10 Essential Public Health Services).

4. The reader should be able to cite 4 (four) public-private partnerships among public health agencies,(DELETE other) government( delete “al”) agencies, and private sector organizations and businesses at the state and/or local levels.

5. The reader should be able to identify public-private partnerships that are found at the state and/or local levels that recognize the inclusion and contributions of vision and eye care to the greater health of the community.

Public Health Principles in State and Local Health Departments

Introduction and Background

A great deal of diversity exists in the development and organization of health departments. Health departments exist at the local, regional, and state levels. Yet there are many similarities in their efforts to achieve their basic mission. Generally, health departments are an administrative unit of local or state
government responsible for developing and maintaining a variety of programs to protect and promote health.

HISTORY- LOCAL HEALTH DEPARTMENTS

Local health departments have historically played a major role in assuring and protecting the nation’s health. Local health departments had their start in the 18th and 19th century with Baltimore, Maryland (1798) Charleston, SC (1815), Philadelphia, PA (1818), Providence, RI (1832) Chicago, IL (1835) and Cambridge, MA (1846). Then came the development of city and state health departments and finally county health departments. In 1866 New York City established the first centralized administration for health activities.

There were no county health departments at the turn of the 20th century; however, by 1920 there were over 130. Today, nearly a century later, there are approximately 3,000 local health departments. Present day local health departments are generally entities of city, county or town governments, with the majority an entity of county government. Other health departments may be extensions of the state health department with regional offices or several counties with small populations may come together to form district health departments. The relationship between state health departments and local health departments vary from state to state. Local health departments may derive their authority from state statues, as well as from their local government.

State and Local Boards of Health

The National Association of Local Boards of Health provides the following working definition of local boards of health: “Any officially constituted local body that establishes general public health policies for a local jurisdiction or that provides advice regarding the development of such policies to those responsible for policy development.” (2)

Local Boards of Health play a very important role in the linkage between the health department and the community at-large. As with local health departments, local boards of health represent diversities in their roles, with the majority performing a combination of advisory, governing, and policymaking functions. Because of their independent nature Boards of Health can oftentimes advocate in ways that health departments as governmental entities are prohibited.

Optometric Involvement with Boards of Health

County Boards of Health

A survey of optometric involvement in county, regional and state health department boards of health found that of the fifty states surveyed 25 had county boards of health, 23 did not have county boards of health and 2 respondents were unsure. Out of the 25 states that did have county boards of health, 2 boards mandated optometric involvement, 22 allowed optometric involvement. (One
survey respondent was unsure.) No boards excluded optometric involvement. There were 166 optometrists on county boards of health out of 1505 counties in the states that had this level of board (11%). (3)

**Regional Boards of Health**

Of the fifty states and the District of Columbia, 11 had regional boards of health, 37 did not. (Three respondents were unsure.) Of the 11 boards, 3 mandated optometric involvement and 8 allowed optometric involvement. Out of 68 regional boards there were 3 optometrists participating at the level (4%). (3)

**State-level Boards of Health**

Forty-five states had state-level boards of health and five did not. Two state boards of health mandated optometric involvement, 36 states allowed optometric involvement at the state level and optometrist were not allowed on 4 state boards (Texas, Rhode Island, Massachusetts, and Alabama). The respondents from 3 states were uncertain regarding optometric involvement. Four states had an optometrist as a board member (9%). (3)

The results of this survey indicate that there has historically been optometric involvement in state, regional, and county boards of health, albeit minimal. Optometrists as primary eye care providers are in a unique position to ensure that the importance of eye and vision health to overall general health of the community is well understood and that these services are better integrated into health department programs.

**Core Functions and Public Health Practice**

An established tenet of public health is that the profession of public health has ultimate responsibility for assuring the conditions by which people can be healthy (4). To achieve these conditions public health’s mission has been identified as three fold: Assessment, Policy Development, and Assurance.

**KEY CONCEPT**: *Assessment is the regular systematic collection, assembly, analysis and dissemination of information about the health of the community.*

**KEY CONCEPT**: *Policy development is the advancement of public health policies by promoting the use of scientific knowledge in decision-making.*

**KEY CONCEPT**: *Assurance is the commitment to the public that necessary services are provided by public or private sector assured through regulations or direct services.*

These three Core Functions of Public Health are linked with a set of 10 Public Health Practices. (5) These 10 Public Health Practices were developed to operationally define the three core functions at the local level so that local public
health practice can be measured. They reflect organizational processes through which public health inputs such as work force or organizational relationships are applied to address the broader functions of public health. They are a tool to measure the performance of public health’s core functions at the local level.

Assessment practices include:
1. Assess the health needs of the community
2. Investigate the occurrence of health effects and health hazards of the community
3. Analyze the determinants of identified health needs

Policy Development practices include:
4. Advocate for public health programs, build constituencies and identify resources in the community
5. Set priorities among health needs
6. Develop plans and policies to address priority health needs.

Assurance practices include:
7. Manage resources and develop organizational structure
8. Implement programs
9. Evaluate programs and provide quality assurance
10. Inform and educate the public. (6)

(Note: These 10 Public Health Practices are not to be confused with the 10 Essential Public Health Services discussed elsewhere in this text. The 10 Essential Public Health Services were developed for a different application, i.e. to describe public health activities for external audiences and constituencies. Although these two sets of principles correspond to the same concepts, they were developed for different applications.)

Developing Accreditation Standards for Health Departments

Currently under development are accreditation standards for health departments. This set of standards and measures will be used to assess health departments that are applying for national accreditation. Accreditation is common and recognized in many health fields, including laboratories, hospitals and clinics, schools and colleges of optometry, nursing, medicine and public health.

The efforts for recognition through accreditation coincide with other national efforts to strengthen the public health infrastructure, such as the National Public Health Performance Standards Program and the Mobilizing for Action through Planning and Partnerships (MAPP). The Centers for Disease Control and Prevention and the Robert Wood Johnson Foundation funded-development of standards and measure by the Public Health Accreditation Board (www.phaboard.org) will help to create a voluntary national accreditation system for the nation’s more than 3,000 health departments. The American Public Health Association (www.apha.org), the Association of State and Territorial Health
Officials (www.astho.org), the National Association of County and City Health Officials (www.naccho.org) and the National Association of Local Boards of Health (www.nalboh.org) support the accreditation efforts.

Additional Organizations that Contribute to State and Local Public Health:

A variety of organizations, public and private, for-profit and non-profit, support public health activities. These organizations include other state and local governmental agencies, federal agencies, hospitals and clinics, managed care organizations, private practitioners, public and private schools, universities and colleges, employers, professional associations, faith-based organizations and many others.

State and Local Public Health and Optometric Interface

State and local health departments frequently incorporate vision screening programs as an attempt to at least partially address children’s vision, diabetes complications and other conditions. Optometrists have an opportunity and also a professional responsibility to educate and work with health departments to develop evidence-based public health vision programs. As individuals or as a partner in various coalitions, optometrists can be an integral part of the public health team by working to improve access to needed comprehensive eye and vision care and educating communities not to engage in the latest fad in unproven, ineffective screening equipment and programs. A variety of organizations and agencies from both public and private sector offer collaborative opportunities to improve the vision and eye health of a community. Examples of these include: the American Optometric Association’s Healthy Eyes Healthy People health education (www.aoa.org/HEHP.xml) and InfantSEE programs (www.infantsee.org/). Centers for Disease Control and Prevention – National Diabetes Education Program (http://www.cdc.gov/diabetes/ndep/)
Pharmacy, Podiatry, Optometry, Dentistry program (http://www.ndep.nih.gov/resources/health.htm), National Institutes of Health – National Eye Institute – National Eye Health Education Partnership (www.nei.nih.gov/nehep), and the State Children’s Health Insurance Program (http://www.cms.hhs.gov). The following highlights a sampling of these programs:

CENTERS FOR DISEASE CONTROL AND PREVENTION (CDC) – NATIONAL DIABETES EDUCATION PROGRAM (NDEP) FUNDED NATIONAL ORGANIZATIONS (www.cdc.gov/diabetes/ndep/national-organizations.htm)

The NDEP has awarded funding to eight national organizations to cover a project period of five years. The awards were made through a competitive process that evaluated the merit of applications received based on criteria published in Federal Register “National Program to Promote Diabetes Education Strategies in Minority Communities: The National Diabetes Education Program.” The organizations are the Association of American Indian Physicians, www.aaip.org*, Black Women’s Health Imperative, www.blackwomenshealth.org* Khmer Health

CDC – NDEP PHARMACY, PODIATRY, OPTOMETRY, AND DENTISTRY (PPOD) WORKING TOGETHER TO MANAGE DIABETES ([http://www.ndep.nih.gov/resources/health.htm](http://www.ndep.nih.gov/resources/health.htm))

*Working Together to Manage Diabetes: A Guide for Pharmacists, Podiatrists, Optometrists, and Dental Professionals* has been revised to include updated statistics and a new section on primary diabetes prevention. This interdisciplinary primer focuses on diabetes-related conditions affecting the foot, eye and mouth, as well as issues related to drug therapy management. The primer promotes a team approach to comprehensive diabetes care and provides simple care recommendations to providers on making cross-discipline treatment referral and reinforce diabetes self-care. A new section outlines the results of the Diabetes Prevention Program study and the role pharmacy, podiatry, optometry and dental professionals play in preventing diabetes in those at risk of the disease and its complications.

THE STATE CHILDREN’S HEALTH INSURANCE PROGRAM (SCHIP) ([http://www.cms.hhs.gov](http://www.cms.hhs.gov))

SCHIP comes under Title XXI of the Social Security Act. The Program is jointly financed by the federal and state government and administered by the individual state government. Within broad federal guidelines, each state determines the design of its program, eligibility groups, benefit packages, payment levels for coverage, and administrative and operating procedures. SCHIP provides a capped amount of funds to States on a matching basis. Federal payments under title XXI to states are based on state expenditures under approved plans.

To varying degrees vision is included in SCHIP in each state. 10 states and Washington DC (Alaska, Hawaii, Louisiana, Montana, Nebraska, New Mexico, Ohio, Oklahoma, South Carolina, and Wisconsin) use Medicaid expansion for their SCHIP programs. These states are required to cover vision care under Medicaid’s Early and Periodic, Screening, Diagnosis and Treatment (EPSDT) provision that guarantees all “medically necessary” services to children enrolled in Medicaid. However, in the forty remaining states’ SCHIP policies do not mandate vision care, making these services vulnerable to elimination.

The need for vision services does not disappear with economic downturns. However, when states face budget shortfalls, they often look to non-mandated SCHIP services, such as vision, to eliminate coverage from their SCHIP program as a way to balance their budgets. Therefore, access to vision services is a vulnerable service to budgetary cuts in many states.
CASE STUDY 1

You have an interest in public health and are exploring career options in public health after graduation from optometry school. You would like to be directly involved with public health and want to consider an administrative position or clinical position, providing comprehensive vision care services in a local health department. You are not sure where or how to begin.

Public Health Questions

1. What can you do while in optometry school to advance your public health education?
2. What additional training and experiences would be helpful in considering this career option?

A career for you in a health department is possible. Health services in local health departments vary from state to state. Typical services provided can include: primary medical care, pharmacy, dental care, health promotion, school health, nutrition, environmental health, and disease control. Historically, optometrists have seldom been employed by local health departments to provide vision services or have optometrists sought positions in local health departments. However, the potential exists to provide optometric services as a salaried employee or on a contract basis with your local health department. Many of the issues in establishing a vision clinic in a health department are similar to establishing a clinic in a community health center. Refer to the chapter, “Community Health Centers”, in this textbook. To find your local public health department go to their website.

There are also career opportunities to work in administration at the state or local health department. In most cases, an administrative position will require a Masters in Public Health, Health Administration, Community Health, Social Work or other related degree and/or clinical experience. You can go to the internet to discover your state’s requirements for state health director/local health director or other administrative positions.

A Master in Public Health degree (MPH) can be an important asset towards establishing a career in public health administration and is offered by many universities. Some optometry schools permit students to work jointly on a MPH and OD degree concurrently. A new distant learning MPH program will be offered by Salus University (www.salus.edu) in Fall 2010. This course is open to students in all health professions.

CASE STUDY 2

Dr. Woodall believes it is important that optometry is “at the table” to affect public health policy and improve access to vision care services in her community. She believes that serving on the state or local Board of Health is one way to improve access to vision services. How does she get appointed?

Study Questions

1. What are the requirements, responsibilities, and length of term of office?
2. Is there a state law that mandates the inclusion of an optometrist on all local health department boards or state board? If not, what is the process to update these statues for inclusion of an optometrist?

3. Who are the current members of the Health Board? What are their community and/or health professions background and experience?

Serving on the local board of health is an excellent opportunity for Dr. Woodall to interact with public health professionals and also gives her an opportunity to educate them about services that optometrists provide. There are different approaches to getting an appointment to the local or State Board of Health. One way is for her to become involved in local public health advocacy efforts and get to know her local, state, and regionally elected and appointed representatives. In some states county supervisors appoint members to the local board of health. The governor usually appoints individuals to the State Board of Health. Becoming involved in the state optometric association is a good way to develop leadership skills and learn about state laws and regulations. In a number of states an optometrist position is mandated by state law.

**CASE STUDY 3**

The *Healthy People* initiative is a comprehensive set of national ten-year health objectives, which provides a framework for public health priorities and actions at the federal, state and local level. The goals are to promote health and achieve health equity by eliminating health disparities. State Health Departments are responsible for overseeing and implementing the objectives of *Healthy People 2010 (HP2010)* initiative. The *Healthy People 2020 (HP2020)* initiative is in its final stages of development and is to be launched by December 2010. The State Department of Health also develops their own version of *Healthy People* specific for their state. Dr. Franklin wants to make sure that his state *Healthy People 2020* initiative has included vision objectives.

**Study Questions**

1. What are the vision objectives in *Healthy People 2010*. How do vision objectives differ in the new *Healthy People 2020* document from the *HP 2010*?

2. How does he make sure that his state incorporates the national vision objectives into the state *Healthy People* plan?

3. What group collaborations can help assure that vision objectives are included in my state’s plan?

4. Identify vision related objectives contained within *HP2020* that are not contained within the Vision Chapter. For example, look under the chapters addressing Diabetes, Tobacco, Social Determinants, and identify vision related objectives.

Dr. Franklin can begin by viewing *Healthy People 2010* Chapter 28 - Vision Objectives on the Healthy People website (www.healthypeople.gov/document). Another website with information specific to vision is www.healthyvision2010.org.
He can contact the state staff person who is responsible for implementation of the *Healthy People 2020* initiative by going to the website and entering the name of his state followed by “Department of Health and Human Services”. Dr. Franklin can call the staff person and indicate that he is interested in participating in the state advisory workgroup which is determining which objectives to include in the state plan. If the plan is already complete, he can ask who he can work with to implement the plan in his community. Dr. Franklin knows that it is sometimes difficult to make a “cold” call to a state staff person, when that person does not know you. He was told that one of the ways to get to know state health department staff members is by joining and attending his state affiliate chapter of the American Public Health Association. Many state and local health department staff are members of the American Public Health Association. By joining his state and national public health association he hopes to have the opportunity to meet and discuss vision policy issues with these individuals. He went to www.apha.org for contact information for the national organization and also his individual state chapter.

In addition to the state APHA affiliate chapter, he found that other organizations can collaborate with you to advocate for vision objectives in the state *Healthy People* plan. The American Optometric Association has worked closely with the Office of Disease Prevention and Health Promotion, which administers the *Healthy People* initiative. He went to the AOA website: http://www.aoa.org/hehp.xml and found helpful information including examples of community projects in which optometrists collaborated with other community groups on specific health objectives.

**CASE STUDY 4**

Dr. Knowles read an article in the newspaper about the new mission statement of her local health department which is “to promote and protect the public’s health and to assure through community partnerships that all people in the county have the opportunity to make healthy choices with a healthy environment.” The article went on to state that the County Health Department focuses on core public health services to promote and protect the public’s health. Those activities include “services to provide infants and children with the best start possible”. Dr. Knowles was told by a parent that the health department only provides vision screening to infants and children. Dr. Knowles wants to help improve access to comprehensive vision examinations by interacting with staff at her local health department. She believes that by working with the local health department she will have the opportunity to improve the health of her community and also build her practice by providing in-house or contract optometric services. How will she approach the Medical Director of her local Health Department about providing comprehensive vision services for children?

**Study Questions**

1. What are the vision services provided and who provides them at your local Health Department?
2. What are the results of the "Vision in Preschool Study (VIP)" study funded by the National Eye Institute, National Institutes of Health, which offers the most valid vision screening tests for children?

3. What does the American Public Health policy, "Improving Early Childhood Eye care" state about comprehensive eye exams versus vision screening?

Dr. Knowles wants the children of her community visually ready to learn when they begin school and to maintain good vision all through their educational process. She has read that in the US the most prevalent disabling childhood conditions are asymptomatic vision disorders; including, uncorrected refractive errors, amblyopia and strabismus. She knows that these vision conditions can lead to social problems, inattentiveness due to an inability to maintain focus or concentration on reading materials, poor student participation, lower school performance and grades, disruptive behaviors and permanent blindness. She read a report (http://www.visionandhealth.org/documents/Child_Vision_Report.pdf) from the National Commission on Vision and Health which indicated that the majority of vision screenings fail to adequately screen millions of children with undiagnosed and untreated vision problems and also fail to follow up with vision services for those who fail the screening. The report also stated that although correcting refractive error in children ages 3 to 5 is a recognized public health intervention to prevent the development of amblyopia and strabismus, this need is not being met by current vision screening recommendations.

She also discovered that the American Public Health Association issued a policy statement in 2001 that supports “a regular comprehensive eye examination schedule as opposed to vision screening…so that all children have exams performed at approximately age 6 months, 2 years, and 4 years.”

Although Dr. Knowles recently joined her state affiliate chapter of the American Public Health Association, she had not met her local Health Department’s Medical Director. She telephoned the Medical Director and asked for an appointment to discuss how she could help improve the vision care of children who were patients of the health department. At the subsequent meeting, Dr. Knowles found that the health department only provides Snellen acuity screening and currently does not have funding to provide on-site comprehensive vision care or to refer for contractual vision services for children. Dr. Knowles offered to provide a class on how nurses at the health department could use the most valid vision screening tests with follow up referral of children who fail to local optometrists. Dr. Knowles explained that there were federal/state funded programs that would pay for eye examinations for those who qualify. For referral purposes Dr. Knowles offered to provide a list of local optometrists who would see children who failed the vision screening tests or she would provide assistance to set up a vision clinic in the health department.
Take Home Conclusions

1-State and Local Health Department serve as the organizational force for the public's health. They also need collaborations with individuals and groups to perform the core functions of public health to establish and maintain the health of the public.

2-State and local health departments work in collaboration with community partners and across private and public sectors to provide an array of programs that affect the social determinants of health.

3-Optometrists can make an important contribution to improving the public’s health by working with the state and local health departments.

4-In order for public health departments to address the 21-century’s most pressing health threats including chronic disease, health disparities and inequities, health departments can no longer focus primarily on disease categories and services, but also on health promotion and prevention.

5-Although most public health departments are familiar with vision screening of children, they rarely incorporate comprehensive eye and vision care services into their system. You can help improve access to comprehensive vision examinations by interacting with staff at local health departments. By working with your local health department you have the opportunity to improve the health of your community and also build your practice by providing in-house or contract optometric services. “Doing well, by doing good!!!”

References


