HEALTH DEPARTMENTS DRIVE THE COMMUNITY’S HEALTH

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Infant mortality is one such example in Sedgwick County and Columbus, Ohio. It is a topic of serious interest for faith-based organizations, minority groups that are disproportionately affected, business leaders, and elected officials. The health departments connect those groups together, along with other resources such as data and funding, and provide the coordination needed to stay focused on the issue.

University partnerships can strengthen the local public health system. The Douglas County Health Department in Omaha has a strong division of epidemiology, which studies the causes and effects of diseases and patterns of outbreaks. The University of Nebraska-Omaha has a bio-containment unit that is often in the news for its high-profile patients, such as those flown to Omaha who were exposed to the Ebola virus during the 2014 outbreak in West Africa. The local health department is a strong partner with the university because of its proximity and focus on stopping the spread of diseases.

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It’s becoming more common for health departments to consider themselves as the “chief health strategist” in their communities. In Tulsa, the health department has convened partners from every part of the health, business, government and community development sectors to discuss how social risk factors such as poverty are impacting the overall health of the community. This work includes an effort to increase life expectancy in Tulsa, particularly in areas where it is much lower than both the region and the nation.

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"Driving the Health of Communities" was prepared by Health ICT, an initiative intended to reduce obesity, diabetes, heart attack and stroke in Sedgwick County.
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Generally, these institutions are funded by both local sources – property taxes and/or dedicated mill levies – and grants, including federal, state and local funds. The departments also charge fees for inspections they conduct and services they provide. They are governed and advised by elected policymakers and/or appointed citizens.

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In all cases, the local health departments work closely with representatives of business, community groups, elected bodies such as city councils and county commissions, health care providers, and individual residents to identify priorities and take responsibility for the wellbeing of the community, and the health and productivity of all the residents who live in their hometowns. One example of a multisector group focused on public health in Sedgwick County is the Health Alliance, which began as a project of the Wichita Metro Chamber of Commerce.

“The Health Alliance is a really important community group, because it has representation from so many groups and factions. It really focuses on the Community Health Assessment, and the members work together to look at the work needed in the community that is based on the Community Health Assessment, and how to improve health. The group has so many partners at the table who can make changes.”

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Here’s an in-depth look at how these five places have organized local public health, and what it means for the people who live and work in their communities.

**ORGANIZATION**

In Kansas, a Board of Health governs public health at the local level, an authority delegated by state statute. In Sedgwick County, as in most of the rest of the state, the Board of County Commissioners acts as the county Board of Health.

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(City/County Health Department)
639,242 (county)
391,906 (city) | $26,053,084 | Local funding from 2.5 mill ad valorem tax = 48%
Grants = 39%
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City-County Board of Health serves in advisory capacity. 5 members appointed by city, 4 by county
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| **Public health is critical to quality of life** |
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1 member of County Board, 1 dentist, 1 physician, 6 public-spirited men/women interested in the health of the community|
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**NOTES**

5 http://members.douglascounty-ne.gov/commissioners/appointed-boards-and-committees
7 Please visit the cited sources for more information.

**POLK COUNTY**

**COLUMBUS**

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**TULSA**

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**OMAHA**

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The funding structures of the local public health system in each of these communities share similarities, in that all are funded through a mix of grants and local taxpayer funds. Grants and local funds are usually the largest components of a local health department budget. Grants tend to come from the federal government for social and human service programs. State governments also contribute funding. Many local health departments apply for and receive funding from private foundations, although it is by far the smallest percentage in grant funding. In the five communities compared in this project, the percentage of grant funding for a health department’s overall budget varied greatly, from as little as 39 percent in Tulsa to almost 61 percent in Douglas County, Nebraska. Health departments generally accept Medicare, Medicaid (in Kansas, the program is called KanCare), and private insurance. Fees for people who do not have health insurance are typically assessed on a sliding-scale basis, based on their ability to pay.

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