

## **Rural Public Health in Pennsylvania**

Joint Policy Brief from the Pennsylvania Rural Health Association and the  
Pennsylvania Public Health Association

### **Background**

In August, 2000, the Pennsylvania Department of Health released the State Health Improvement Plan: Special Report and Plan to Improve Rural Health Status. The release of this report was a watershed event in efforts to address issues of rural public health in Pennsylvania in that it presented the first look at the state's health status relative to community urbanization level. Specific findings demonstrated a number of disparities in health status between rural and non-rural citizens in areas that included cardiovascular disease, suicide, workforce injuries, motor vehicle injuries and lack of prenatal care during the first trimester of pregnancy.<sup>1</sup>

While it is clear that rural citizens experience significant health disparities, the vast majority of health-related research and practice efforts in rural communities focus on assuring access to health care services. Undoubtedly access to care is an issue critical to improving health status throughout rural Pennsylvania, but equal in importance are issues such as health behavior, environmental health, infectious disease surveillance, and other issues of public health interest. A necessary ingredient for addressing these issues is a strong rural public health infrastructure staffed by a well-trained public health workforce.

### **Infrastructure Issues**

In most states, a network of local public health agencies (LPHAs) provides oversight and leadership at the community level for public health. Because of historical decisions regarding infrastructure development, however, Pennsylvania has only 10 independent health departments, all in urban counties. The remainder of the state lacks a locally-based governmental public health infrastructure. It should be noted that this does not necessarily mean that public health services are entirely lacking in rural areas. Rather, hospitals, state department of health district offices and county clinics, agricultural extension offices, voluntary service organizations, and other community-level entities have assumed a number of public health functions over time. However, this has created a lack of uniformity in the public health services across communities. Further, there is little coordination among state-level agencies, the few independent health departments, and the organizations delivering public health services in rural areas. Without a coordinating entity it is difficult to assess these

---

<sup>1</sup> *State Health Improvement Plan: Special Report and Plan to Improve Rural Health Status.* Pennsylvania Department of Health; 2000.

organizations' efforts, coordinate policy development, and assure that essential public health services are being provided to all of Pennsylvania's citizens.

Compared with counties nationally, Pennsylvania counties are making less progress for lung cancer and stroke; but they match or exceed the national average for breast cancer, colon cancer, and CHD. Those Pennsylvania counties served by a county or a municipal LPHA are not only pulling ahead of the Commonwealth; they are also ahead of or equal to the nation's progress for all five indicators. Furthermore, urban counties nationally are tending to make slower progress; but the Pennsylvania counties making better progress are in fact located in the state's larger urban centers (see chart below).<sup>2</sup> These results are important because they show a positive link between health indicators and the presence of a local health department.

**Figure 1. Progress on Five Health Indicators in Pennsylvania Counties with and without Local Health Departments (LHD)**

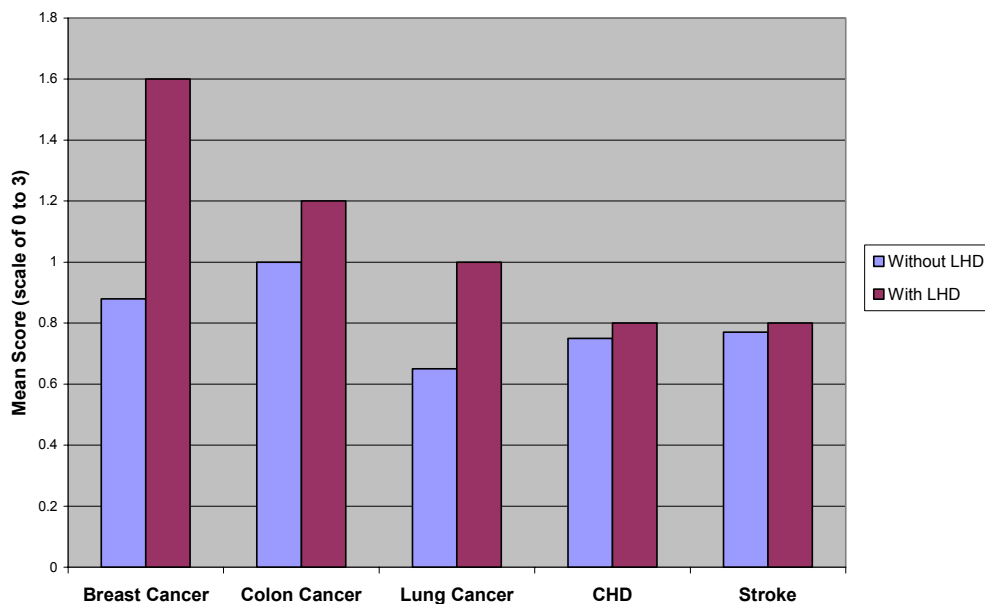


Chart developed by the University of Pittsburgh Center for Public Health Practice

## Workforce Issues

<sup>2</sup> Center for Public Health Practice

*Healthy People 2010*<sup>3</sup>, *The Future of Public Health*<sup>4</sup> and numerous other public health reports have identified the need for strengthening the public health workforce as a critical part of infrastructure development.

Because of the broadly defined nature of the public health workforce, it is difficult to determine exact numbers of workers engaged in public health activities in the U.S. Compounding the difficulties in determining precise numbers is the fact that each state has developed their public health infrastructure independently, thus creating dramatically different systems. Current best estimates, however, place the number of public health workers nationally at 448,254, or 156 public health workers per 100,000 community members.

Pennsylvania's public health worker per capita ratio is the lowest among states, with only 37 public health professionals per 100,000 community members. Further, the vast majority of these workers concentrated in Pennsylvania's urban centers, being employed by the state health department and the ten independent health departments. While these numbers do not include the network of voluntary organizations, hospital personnel, and others whose contributions are significant, the bottom line is that we are in need of far greater numbers of locally-based, trained public health workers to effectively address the health disparities we see.

Public health works best when it is a local endeavor, assessing and responding to the unique local needs of area citizens. While the Commonwealth of Pennsylvania does an admirable job attempting to fulfill needed public health services throughout the state, the Department of Health simply does not have the local resources necessary to be responsive to local needs. As a result, communities within Pennsylvania with LPHAs have qualitatively different access to public health personnel and services than those without.

## **Conclusion**

Public health has been called a system of "organized community efforts aimed at the prevention of disease and promotion of health." Its work is often described as three core functions: **assessing** the health needs of a population, **developing policies** to meet these needs, and **assuring** that services are always available and organized to meet the challenges at the individual and community levels. Different aspects of the core functions may be delegated to, or voluntarily carried out by, private-sector professionals and organizations. However, ultimate responsibility and accountability rests with governments at the local, state, and federal levels. The lack of local public health infrastructure in rural Pennsylvania severely limits the ability of our state and local governments

---

<sup>3</sup> Centers for Disease Control and Prevention, *Healthy People 2010*, January 2000.

<sup>4</sup> Institute of Medicine, "*The Future of Public Health*", The National Academy Press, Washington, DC, 1988.

to assure a high standard of accountability across the state, and impedes our progress towards eliminating rural health disparities.

## Recommendations

- The PRHA and the PPHA recognize that public health is a common good and that there is a governmental responsibility to *assure* access to essential public health services in *every* community. Regardless of who actually provides the service, there is need for greater governmental responsibility and accountability to provide oversight, and the governmental public health infrastructure must be strengthened to support this role.
- The PRHA and the PPHA believe that *all citizens and all communities* should have comparable access to agencies and individuals that assure the provision of the essential public health services. Whether provided locally or on a regional basis, by governmental agencies or the private sector, every citizen has the right to expect access to the full complement of essential public health services in their community. To accomplish this goal the PRHA and the PPHA support increasing the number of local health departments by providing incentives and collocating existing disparate resources in areas with sufficient population to make this option viable. In areas with smaller populations, the PRHA and the PPHA support strengthening the state district and health center system in a way that provides real local leadership, adequate staffing to impact community health, with flexible dollars that enhance local responsiveness.
- The PRHA and the PPHA support enhanced training and continuing education of the rural public health workforce, and an increased focus on efforts to train new public health workers. A key ingredient to assuring adequate public health services is a competent public health workforce. Whether employed in the public or private sector, public health workers must be well versed in their field. Additionally, public health workforce training is a critical issue as state and local public health agencies face an impending crisis due to the aging of the public health workforce and related attrition due to retirement.
- The PRHA and the PPHA support strengthening communication systems and technological capacities within the rural public health system. In order to effectively manage public health emergencies, conduct disease surveillance, or simply receive up-to-date public health information, rural public health must have access to advanced communications systems and technologies.