



FUNCTION OF LOCAL HEALTH DEPARTMENTS IN NEW YORK STATE

LHDs are agencies of county government that work closely with the New York State Department of Health (DOH). They operate under the statutory authority of Article 3 and Article 6 of the Public Health Law (PHL).

Through our local health departments, counties provide essential, population-based core public health services that promote and protect the health of all who live, work, and play in counties throughout New York. County LHDs protect the public's health by:

1. Developing and maintaining individual and community preparedness for public health hazards and events;
2. Investigating, preventing, and controlling communicable diseases;
3. Preventing environmental health hazards through assessment, regulation, and remediation;
4. Preventing chronic diseases through outreach and education to promote healthy lifestyles;
5. Protecting our communities from unintentional injuries and violence;
6. Providing services to women, children, and families to support healthy outcomes.

In New York, 57 county health departments and the New York City Department of Health and Mental Hygiene exercise the legal authority and responsibility for public health services at the local level. LHDs operate under the administrative authority of local governments (Article 3 of the PHL) and the general supervision of the State Commissioner of Health (Article 2 of the PHL, Section 206). While various federal and state public health statutes and regulations guide services, each LHD addresses the unique needs of its own community as determined through ongoing community assessment and health improvement planning. Many counties are governed by a local board of health, the county executive, or a combination of these entities. In mainly rural counties, the county legislature or board of supervisors typically serves as the governing authority of the LHD.

Under New York State law (Article 3 of the PHL) and regulations, LHDs must be served by a full-time public health director or a full-time Commissioner. Public health directors can be appointed in counties with populations of 250,000 or less. All other counties must appoint a commissioner, who must be a physician. Both positions are appointed for six-year terms and must be approved by the State Commissioner of Health. If need be, smaller counties can share a public health official who is allowed to serve up to three counties, with a combined population of 150,000 or less, or a county with a population of 35,000 or less may choose to share a commissioner with a larger county, regardless of their combined populations. Variability exists across the county spectrum.

New York's local health departments are considered either full service or partial service. In full service counties, the LHD provides all core public health services required under Article 6 of the public health law. In partial service counties, which are mainly smaller, rural jurisdictions, the LHD provides all core public health services with the exception of Environmental Health services. In these counties, Environmental Health services are provided by a district office of the NYS Department of Health, each typically serving multiple counties. Regardless of whether they are considered full or partial service, all counties have a local health department.

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