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Variations in Public Health Governance

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Background

While some studies of local health departments (LHDs) suggest that local boards of health (LBOHs) make an important contribution to higher performances by LHDs, other studies find LBOHs have no significant influence on LHD performance and community health. To assess LBOHs' significance, the study use a binary dummy variable capturing if a LHD has or does not have a LBOH. However, analyses based on measures/variables capturing power and authorities of LBOH can provide better insights into significance and dimensions of LBOHs' functions.

Data on LBOH powers drawn from the 2011 National Association of Local Boards of Health (NALBOH) Profile reveal complexities regarding the presence and significance of LBOHs. One hand, a number of studies report having a LBOH does improve public health in a number of ways. Communities with a LBOH have a lower incidence of sexually transmitted diseases and are better prepared for emergencies. The strongest areas in which an active LBOH can and community health outcomes appear to be public health advocacy and LHD performance. LHDs with a policy-making LBOH engage in more activities to improve local public health and are better at mobilizing community partners to solve public health problems. Researchers also proposed LBOHs as serving as effective public health advocates. Local boards also appear to have the power to leverage local authorities to address public health spending levels and to those of reductions to LHDs' budgets. On the other hand, no research finds no or marginal impact from a LHD having a LBOH.

Methods

Using national profile sample data from the National Association of Local Boards of Health (NALBOH), we categorized LBOHs using 34 variables based on four domains of responsibilities and duties: enforcement powers, regulatory powers, human resource powers, and budgetary powers. Using SPSS 21, we examined whether LBOHs with particular powers differed from their peers without such authorities. We also used ArcGIS 10.1 to spatially analyze and map the data for regional and national patterns.

Results

Budgetary Authorities: LBOHs with budgetary authorities (91.3%) of all LBOHs are more likely to be elected (p<.001) and to have board chairs with longer tenures (p<.001). Most (97.7%) LBOHs with such powers have used them in the past 3 years and are thus considered active LBOHs in regards to budgetary authorities. Active LBOHs differ from other LBOHs with budgetary powers in that they are more likely to have members designated by statute to a non-elected position (p<.001).

Human Resources Authorities: Eighty-four percent (84.5%) of LBOHs report having human resources authorities, and these LBOHs do not differ from their peers in any significant way in terms of board composition or demographics. Most (73.6%) LBOHs with such powers have used them in the past 3 years. These LBOHs are more likely to have provided training to their chairs (p<.04).

Regulatory Authorities: Ninety-six percent of LBOHs report having regulatory authorities, and these LBOHs are more likely to have a chair who has worked in public health (p<.001) and more likely to serve a city or multi-county jurisdiction (p<.001). Most (86.6%) LBOHs with such powers have used them in the past 3 years. These active LBOHs are more likely to have provided training to their chairs (p<.003), have more board members (p<.013), have more female board members (p<.001) and are more likely to be an elected board (p<.017).

Enforcement Authorities: Seventy-seven percent (76.5%) of LBOHs report having enforcement authorities and are less likely to have female board members (p<.035), Native American members (p<.001) and fewer Native Hawaiian and Pacific Islander members (p<.015). Most (78.8%) LBOHs with such powers have used them in the past 3 years to serve a city or multi-county jurisdiction (p<.001).

Discussion

Do LBOHs matter? LBOHs are the predominant governance structure for local health departments in general and in rural and small areas in particular. The diversity of authorities and their uses found in this study suggest a need for a deeper analysis that takes into account more than whether a local health department has or does not have a LBOH. In Idaho for example, every LBOH reported being an active one in all four domains. In Wyoming, every reporting LBOH categorizes itself as having no authorities. These LBOHs are different in their powers to influence community health.

Future research from this project includes developing a deeper typology of LBOHs as well as investigating whether variations within a state reflect allowances granted under local control or errors in knowledge and perceptions of authority by the self-reporting LBOHs.

References