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Variations in Public Health Governance

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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 performance by LHDs, other studies find that LBOHs have no significant or LHDs’ powers on community health. To assess LBOHs’ significance, the study uses a binary dummy indicating if a LHD has or does not have a LBOH. However, analyses based on measures/variables capturing power and authority of LBOHs can provide better insights into significance and complexities of LBOHs’ functions.

Data on LBOH powers drawn from the 2011 National Association of Local Boards of Health (NALBOH) Profile reveals considerable variations in the presence and significance of LBOHs. One on hand, a number of studies report having a LBOH does improve public health spending levels and to reduce risks of public health problems. Another on hand, other research finds no or marginal impact from a LHD having a LBOH. However, analyses based on measures/variables capturing power and authority of LBOHs can provide better insights into significance and complexities of LBOHs’ functions.

Methods

Using national profile sample data from the National Association of Local Boards of Health (NALBOH), we categorized LBOHs using 18 variables based on four domains: institutional characteristics of the LBOH, charge of the LBOH, nature and performance of the LBOH, and performance of the LBOH. We also examine relations of LBOH powers on public health performance measures. To test the reliability of the LBOH powers variables, we used SPSS 21. We also used ANOVA to study power analysis and map the data for regional and national patterns.

Results

Budgerary Authorities: LBOHs with budgetary authorities (51.3%) are more likely to be elected (p<0.001) and have to board chairs with longer tenures (p<0.007). Most (87.7%) 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<0.001).

Human Resources Authorities: Eighty-four percent (84.3%) 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 active LBOHs are more likely to have provided training to their chairs (p<0.04).

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<0.001) and more likely to serve a city or multi-county jurisdiction (p<0.001). Most (88.6%) LBOHs with such powers have used them in the past 3 years. These active LBOHs are more likely to have provided training to their staff (p<0.001), have more board members (p<0.06), have more female board members (p<0.005) and are more likely to have an elected board (p<0.01).

Enforcement Authorities: Seventy-seven percent (76.5%) of LBOHs report having enforcement authorities and are less likely to have female board members (p<0.035), Native American members (p<0.001) and fewer Native Hawaiian and Pacific Islander members (p<0.015). Most (78.8%) LBOHs with such powers have used them in the past 3 years to serve a city or multi-county jurisdiction (p<0.001).

Discussion

Do LBOHs matter? LBOHs are the predominant governance structure for local health departments in general and in rural 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 Wisconsin, 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.