

Equity-Focused Efforts of Local Public Health Systems and Disparities in Community Health

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Rationale and Objective

Rationale

Disparities in health delivery continue to act as barriers to equitable outcomes in health. Public health system efforts connect local health systems to their network and community members. Public health system capital may play a role in improving community health.

However, there may be inequities in local public health system efforts across the United States.

Objective:

Examine the relationship between public health system capital and the proportion of community health initiatives and action plans aimed at reducing health inequities/disparities.

Data

- 2018 National Longitudinal Survey of Public Health Systems (NALSYS)
- Nationally representative cohort of 316 U.S. communities with designated local public health authorities as survey respondents.

Measures implementation and impact of multi-sector population health activities.

Methods

Logistic regression model for the relationship between public health system capital and efforts aimed at reducing health inequities/disparities.

Primary Predictor of Interest:

- Composite score of local public health system capital, indicating the ordinal scope - limited, conventional, or comprehensive – of 20 population health activities and the density of their multi-sector networks with contributing organizations.
- Comprehensive public health systems have the largest networks of organizations and implement the most public health activities.

Outcome:

Proportion of community-driven health initiatives and action plans dedicated to reducing health inequities/disparities (above or below 50% effort).

Multi-Sector Engagement:

Community organizations and services which contributed to community health initiatives, as well as county-level demographics, were also included.

Results

Comprehensive public health systems were significantly associated with increased probability (15 percentage points increase, $p=.005$) of targeting efforts toward health inequities/disparities, compared to both conventional and limited systems overall.

Looking at systems individually:

Compared to Comprehensive

- Conventional: 18 percentage points lower ($p=.008$) in efforts toward inequity
- Limited: 12 percentage points lower ($p=.057$) in efforts toward inequity

Conventional and Limited Public Health System Capitals Compared to Comprehensive



Significantly Associated Sectors ($p<.05$)

Public health agency, employers, support services for older adults, transportation, rise in uninsured and nonwhite population

Conclusions and Implications

Stronger public health systems are more likely to engage in efforts to address health inequities/disparities.

- Partnerships with community members and multi-sector organizations should be prioritized.
- Public health systems with a dense network of multi-sector relationships may be better equipped to address inequities and disparities that exist in their local communities.
- Limited public health systems were more likely than conventional to target efforts at health inequities/disparities, even though they have the smallest organizational networks and implement the fewest public health activities; **this scarcity could incentivize communities with limited public health systems to act more intentionally with how they distribute their resources.**

Contact

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