Local Boards of Health

EVIDENCE BRIEF

SYSTEMS FOR ACTION



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ABOUT S4A

Systems for Action (S4A) aims to discover and apply new evidence about ways of aligning the delivery and financing systems that support the Robert Wood Johnson Foundation's vision to build a Culture of Health. S4A seeks to identify system-level strategies for enhancing the reach, quality, efficiency, and equity of services and supports that promote health and well-being on a population-wide basis.

Systems for Action
National Coordinating Center
Systems and Services Research to Build a Culture of Health

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OVERVIEW OF LOCAL BOARDS OF HEALTH

A large body of scientific evidence documents the well-established fact that "governance matters" in a wide variety of American industries and sectors – in both government and the private sector. Governing bodies provide the top-level strategic direction for organizations. They establish the fundamental policies and practices that determine what work is performed by the organization and how it is carried out. Governing bodies provide oversight of the quality of work performed, and have fiduciary responsibility for how organizations use their financial and human resources. These bodies are primary mechanisms for establishing and maintaining productive relationships with external stakeholders, suppliers and collaborators. And perhaps most importantly, governing bodies are essential in facilitating the productive flow of information, ideas, and expertise into the organization.

Research on corporate governing boards demonstrate that sizeable "returns to heterogeneity" exist, meaning that organizations perform better when they are governed by boards comprised of members who are independent from internal decision-makers and who bring diverse areas of expertise, sources of information, and external relationships to the organization. The organizations overseen by these independent and heterogeneous boards are often faster to innovate and adapt to changing circumstances, and they have access to larger and more diversified sources of intellectual and financial capital. Savvy investors in the stock market play close attention to the composition of corporate governing boards.

Scientific studies indicate that these same general principles of governance apply to local public health agencies across the U.S. and to the health protections these agencies provide for their communities.

OVERVIEW CONT'D

The COVID-19 pandemic vividly demonstrates that public health agencies are called upon to develop and implement high-consequence policies and programs in the context of imperfect information and considerable uncertainty.



Organizations operating in such circumstances are likely to benefit from the information, expertise, and relationships conveyed by effective governing boards. Research from the pre-COVID era demonstrates that communities served by independent, heterogeneous local boards of health realize important health and economic benefits from these types of governance structures. Studies of local public health governing bodies generally use national data collected from local health departments across the U.S., ideally collected over long periods of time, in order to exploit geographic variation and longitudinal changes in board structures. These patterns of variation and change in governance allow researchers to test for differences in public health performance and outcomes across communities served by different governance models, while controlling for the many other factors that influence public health. Highlights from these studies are summarized below.

CONCEPTS & DEFINITIONS



An independent board of health is commonly defined as a governing body that provides oversight for a local (e.g. city or county) health department, and that is administratively separate from the elected legislative body (e.g. the board of county commissioners or city council).¹⁰



An independent board may include elected public officials as members, but it primarily consists of appointed members who are selected for their expertise and experience on issues relevant to public health. These non-elected members provide important sources of heterogeneity on the board because they are selected based primarily based on their access to knowledge, information, ideas and relationships relevant to the public health mission.⁸



Some studies specifically focus on local boards of health that have policy-making responsibilities, such as the ability to develop and approve public health orders, regulations, or recommendations, and/or to allocate resources for specific public health functions. These boards contrast with purely advisory boards that provide only recommendations and advice.⁸

KEY FINDINGS

served by an independent local board of health achieved 10% higher levels of performance in meeting national public health guidelines and recommendations than did communities without these types of boards, after adjusting for other differences among communities. This study measured performance based on the number of nationally-recommended public health activities that were successfully implemented in the community, based on recommendations of the U.S. Department of Health and Human Services and the National Academies of Science, Engineering and Medicine. A second study found similar results using recommendations from the U.S. Centers for Disease Control and Prevention, and a third study found similar results using recommendations from the Public Health Accreditation Board, a national accreditation body for public health agencies.

One study of a large national sample of U.S. communities finds that communities





Other studies using national data find that communities served by independent local boards of health are 16-44% more successful than their counterparts in developing productive public-private partnerships with key community stakeholders, including hospitals, physician practices, community health centers, local employers, and health insurers. ¹⁴⁻¹⁸ As units of local government, public health agencies carry out many of their responsibilities through these types of partnerships. Independent governing boards often make these partnerships stronger and more successful.

Consistent with studies of corporate governing boards, research demonstrates that communities served by independent local boards of health achieve significantly higher levels of financial performance than their counterparts, as measured by per-capita revenues devoted to local public health activities. Moreover, these communities achieve more diversified sources of funding for public health activities than their counterparts, including funding from external state and federal grants and private funding sources, rather than from local tax revenue.





Perhaps most importantly, several recent studies demonstrate that communities served by independent local boards of health realize improved health outcomes for their residents, as measured by significantly lower levels premature mortality from potentially preventable health conditions. These studies use rigorous quasiexperimental methods that follow large national samples of communities over relatively long periods of time extending more than a decade, in order to estimate the causal effects of public health activities on mortality. Importantly, these studies show that governing boards improve health indirectly and cumulatively over time through their influence on public health resources and partnerships at the local level. One study found that independent governing boards led to higher levels of public health spending in the communities they serve, which in turn caused mortality rates to fall by between 1.1 percent and 6.9 percent over 10 years.²⁰ A similar study found that independent governing boards led to the formation of stronger multi-sector partnerships between public health and other community organizations, which in turn caused preventable deaths to fall by 9.3 to 24.6 percent over 14 years.²¹





Another study demonstrates that communities served by independent local boards of health realize important economic benefits in the form of lower medical care utilization and costs. As in the studies above, this study indicates that governing boards lower medical care spending indirectly and cumulatively over time through their influence on public health resources. Communities with independent governing boards achieved a 13 percent increase in per capita public health spending, which in turn lowered Medicare spending per person by 1.1 percent over five years.²² Because public health spending averages less than \$100 per capita per year while Medicare spending averages more than \$10,000 per capita per year, these results yield considerable net economic savings for society at large. These savings were even larger in communities with higher rates of poverty and lower levels of health insurance coverage.

CONCLUSIONS

Scientific studies consistently indicate that communities benefit in multiple ways from local boards of health that operate independently from elected legislative bodies and that include members with heterogeneous expertise relevant to public health.



The studies reviewed here are based on large national cohorts of U.S. communities and, therefore, are likely to be broadly applicable to many different state and community contexts.

Each study has its own collection of strengths and scientific limitations, including the possibility that observed findings may be due in part to unmeasured factors and conditions that co-occur with boards of health. Randomized controlled trials, the gold standard of scientific research, are generally not feasible for use in studying the effects of local boards of health. Nevertheless, several of the studies reviewed use rigorous quasi-experimental research methods that significantly reduce the possibility of biased findings due to unmeasured factors.

The consistency of findings across numerous studies and data sources provide a high level of confidence that independent boards of health are likely to convey meaningful benefits for their communities.



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