

Local context, structure, and organization of local public health departments: What impacts capacity to perform essential services?

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The Commonwealth of Massachusetts has a complex, decentralized public health system comprised of three major components: the state health department, state-contracted service providers, and 351 local health jurisdictions. Local boards of health cooperate with the state health department but are legally separate from it. Unlike local health jurisdictions in most states, they do not receive direct state financial support for core operations. Given the decentralized organization of public health in the state, very little data about the structure and organization of local public health departments is available. The Massachusetts Practice Based Research Network utilized a funding opportunity from the Robert Wood Johnson Foundation to examine the relationship between local context, organization of local public health service delivery, core public health capacities and the delivery of evidence-based public health services.

Methods included a survey of local public health directors, agents or board of health chairs either administered over the phone or self-administered using an electronic version of the survey. Surveys were conducted between December 2010 and October 2011.

Sample: A total of 250 municipalities were represented in the survey, providing a 70% response rate.

Findings: More than half of all local health departments serve towns with populations of 10,000 or less. Smaller municipalities are significantly more likely to utilize independent contractors or volunteer board of health members to perform essential public health services. Cross-jurisdictional service sharing is found across small and medium-sized communities. With respect to capacity to provide the 10 Essential Public Health Services (EPHS), the majority of municipalities consistently reported limited to no capacity to monitor the health status of their communities, evaluate services, and link people to health care. The highest capacity was found in the enforcement of laws and regulations and diagnosis and investigation of public problems. Findings on the relationship between capacity to perform EPHS and local context and public health infrastructure will be presented. The presentation will conclude with a summary of lessons learned from conducting this collaborative PHSSR study in a state with small and rural public health departments.