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Editorial Comment: Public Health Governance and Population Health Outcomes

F. Douglas Scutchfield
University of Kentucky, scutch@uky.edu

Elizabeth Harper
University of Kentucky, e.harper@uky.edu

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Editorial Comment

The article by Hays and colleagues raises some interesting and important findings for the governance of local public health departments. There is evidence that having a local board of health with policy powers appears to improve local health department performance, and this article shows that it also improves what he terms proximal health outcomes; relatively short term positive health outcomes that can be improved fairly quickly, as opposed to mortality rates, which require a longer term fix.¹ There are several features of his article that deserve emphasis; first, we now have a typology that he has developed for board governance. Like the local health department, it can no longer be said that, if you have seen one local board of health, you have seen all local boards of health. This new typology will be as useful as the local health department typology developed by Mays and colleagues which served to dispel the belief about the uniqueness of each local health department.^{2,3}

Second, a board with a mix of professionals and policy makers appears to be the most effective board. An affirmation of an adage, public health is the nexus of politics and science. Clearly when wisdom in policy and science are brought together in the best of circumstances, it is likely to benefit the public's health. He also found that centralized states have the poorest set of health outcomes among his types, which he feels may be related to the "local buy in" of local health department function. This is the first evidence that we have in which the character of organization of power in state-local health department relationships may influence outcomes. Previous research has suggested that state and local organizational authority issues affect performance, however it fails to look specifically at outcomes, as this work does.^{1,4,5} While this finding is preliminary, it is an important issue, as it clearly is one of concern to the public health practice and policy community.

Initial findings from Hays et al. may well have other variables that need to be considered in examining character of governance of local health departments, performance of those health departments, and their success in improving local public health statistics. However, this certainly represents the beginning salvo in looking at the issues of state and local public health governance. It is likely, for example, that the newly available harmonized data between the NACCHO, ASTHO and NALBOH surveys will allow for more nuanced investigation of these relationships. These are important infrastructure issues that warrant careful consideration in further PHSSR research.

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