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Editorial Comment: The Makings of an Evidence-Based Local Health Department: Identifying Administrative and Management Practices

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Local health departments occupy a critical role in promoting and protecting the health of people living in communities throughout the United States. In 2010, there were almost 2,800 local health departments nationwide.¹ These departments are often the sole providers of public health services and shoulder a major responsibility for health promotion, disease prevention and disease control in their jurisdiction. The recent economic downturn has adversely affected local health departments nationwide, resulting in budget cuts, job losses and elimination or consolidation of programs.² Under these circumstances, local health departments must carefully weigh the options for how they address community health needs.

Using the best available evidence to make decisions about public health practice increases the likelihood of successful programs and policies being implemented, greater workforce productivity and more efficient use of public and private resources.³ However, leadership and management styles, organizational structure, and workforce in local health departments can influence how decisions are made, what gets implemented and whether health indicators improve. For example, Scutchfield and colleagues⁴ demonstrated that one of the main predictors of strong public health performance was leaders' attention to the science base, quality, and performance outcomes. While the growing number of proven public health interventions has positioned local health departments to be successful in achieving their health objectives, the "how" of putting these strategies in place has received less emphasis in scientific journals. The current issue of *Frontiers* seeks to correct that imbalance by drawing attention to organizational and management strategies that support implementation of evidence-based interventions by local health departments.

The article by Allen and colleagues in this issue focuses on a practical set of administrative tactics that have been described in the organizational and management literature since 2000. Local health departments can employ them, often at low cost, in such domains as workforce, leadership, organizational climate and culture, partnerships and financial processes. Gains in these areas can lead to improvements in service quality, performance and overall health. The authors make the claim that greater use of administrative and management evidence-based practices will benefit policy-makers, practitioners and researchers – the target audiences of *Frontiers*. By releasing a summary of findings from this review in a shortened format, the editors hope that readers will benefit from the insights described here while awaiting the publication of the full study.

Implicit in the brief summary is the value of academicians working collaboratively with public health practitioners on practice-based research. For academicians, 'implementation' and 'sustainability' may not be the most important priorities for their research, yet these topics are often paramount concerns of public health practitioners. Conversely, the methodologic skills and scientific rigor that are contributed by people trained in research can help answer questions on the minds of practitioners that may otherwise go unanswered. This *Frontiers* summary may whet the appetites of both groups interested in what drives improvement in public health interventions

at a reasonable cost, while suggesting avenues of future inquiry for advancing public health systems and services research.

1. National Association of County and City Health Officials [Internet] 2012. [Cited 2012, July 3]; available at: <http://www.naccho.org>
2. National Association of County and City Health Officials. Local Health Department Job Losses and Program Cuts: Findings from January 2012 Survey [Internet] 2012. [Cited 2012, July 3]; available at: <http://www.naccho.org/topics/infrastructure/lhdbudget/upload/Overview-Report-FinalRevised.pdf>
3. Brownson RC, Fielding JE, Maylahn CM. Evidence-based public health: a fundamental concept for public health practice. *Annual Review of Public Health* 2009. 30:175–201. First published online as a Review in Advance on January 14, 2009.
4. Scutchfield FD, Knight EA, Kelly AV, Bhandari MW, Vasilescu IP. Local public health agency capacity and its relationship to public health system performance. *Journal of Public Health Management and Practice* 2004;10(3):2004-15.