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Mandated activities and limited decision-making authority among local public health officials

Abstract

Local public health department leaders face difficult decisions regarding the allocation of increasingly scarce resources, yet existing evidence for public health decision making, while still limited, is underutilized by public health officials. Participants in this study described processes regarding resource allocation in response to local budget cuts as based largely on legally mandated activities and categorical funding and perceived these factors as limiting much of their agency-level decision making to a relatively small portion of flexible funding. In the limited areas in which they perceived themselves to have flexibility, they generally considered their agencies to have very little capacity for accessing or using data-driven processes in their decision making. Given the apparent large role that mandated practices and categorical funding parameters have as factors in local public health decision making, policy making and practice-based research is urgently needed to narrow the divide between what is known regarding the effectiveness of mandated and categorical public health practices and how local public health leaders feel they can approach local decision making.

Keywords

phssr, public health services and systems research, local health departments, decision making, evidence-based practice, public health financing, public health mandates

Cover Page Footnote

This study was a collaborative effort of local public health practice leaders around Washington State who make this work possible through their involvement in the Washington's Public Health Practice-Based Research Network. These practice leaders participated generously in interviews and reviews of preliminary findings and provided guidance through an advisory committee. This research was funded by The Robert Wood Johnson Foundation's Public Health Practice-Based Research Network Program (Grant #67321).

Local public health department leaders are in the throes of making difficult decisions regarding their services, funding allocations, and workforce as they face decreasing budgets in the wake of a national financial crisis.¹ As such, members of Washington's (WA) Public Health Practice-based Research Network collaborated to identify what factors were influencing how local public health leaders were choosing to allocate resources and make programmatic decisions in response to major budget cuts.² Qualitative interviews were conducted among local public health department administrators in WA State to gather data regarding their experiences in decision making related to service delivery and resource allocation under these conditions. Leaders perceived themselves to have limited decision making authority over most of their funds due to restrictions based on legally mandated public health activities and categorical funding sources.² Leaders also expressed that use of data and research evidence for decision making was challenging. Given the apparent large role that mandated practices and categorical funding parameters have as factors in local public health decision making, policy making and practice-based research is urgently needed to narrow the divide between what is known regarding effective public health practices and how local public health leaders feel they can approach local decision making.

Methods

After study approval was obtained from the University of Washington's Institutional Review Board, key informant interviews were conducted from December 2010 to March 2011 with the director and/or lead administrator from among a representative sample of 11 of WA State's 35 local health jurisdictions (LHJ). Data analysis included the establishment and revision of a thematic code book, multiple reviews and coding of each interview, intercoder reliability testing,

and a review of preliminary findings by interview participants and the study advisory committee.²

Results

Study findings identified factors that were consistent and prominent priorities of resource allocation decision-making among the study sample. The most dominant factors pertained to legal mandates and the constraints of categorical funding. Regarding mandated activities, most interview participants expressed that the maintenance of legally mandated public health activities was their first priority in making programmatic decisions and considered these activities a funding priority around which they described having little choice but to allocate resources.²

Legally mandated activities provided by LHJs in WA include services, such as hazard waste site assessments and investigations of certain communicable diseases. The categorical nature of much of their funding was also perceived to greatly limit their decision-making authority and “choice” with regard to funding priorities.² As one key informant stated, “When the state makes its decision to cut a program, if we’re administering that program, we needed to do that too... I’m not going to second guess their priority decisions.”²

Study participants described local community need as an important consideration in resource allocation and prioritization of programmatic activities, especially those services particularly highly valued by the community. Prioritizing by need, based typically on local community assessment or expert opinion, however, only tended to occur within the limits of the relatively small amount of flexible funds with which they perceived themselves as having allocation authority. At the same time, these seemingly limited opportunities for responding to community

need were described as hampered by “shortcomings” in the capacity of their shrinking workforce to conduct assessments and examine existing evidence. While most participants described having limited assessment or epidemiology-related capacity, a few described prioritizing their agency’s capacity to collect and analyze local data, even if having to, instead, cut programmatic staff and lose or reduce a valued program. One described their assessment unit as “a function that we have tried to protect, because that’s our eyes and ears across all of our programs on the health status of our community. And if you cut that program then you are making all of your programs go blind.”

Other factors were also found to be influential and are depicted in Figure 1. These largest circles depict the strongest factors found to influence decision making around the allocation of funds among the study sample. The additional outer circles and their sizes indicate the relative influence of other factors that were identified as driving resource allocation decisions.

Implications

Participants in this study described processes regarding resource allocation in response to local budget cuts as based largely on factors external to their agencies and perceived these factors as limiting much of their agency-level decision making to a relatively small portion of flexible funding. At the same time, they generally considered their agencies to have limited capacity to have access to or use data-driven processes in their decision making because of limited funding and workforce capacity.

The perceived external constraints of mandates and categorical funding on participants' decision making authority appeared as problematic and a source of frustration among these LHJ leaders. Brownson³ describes a "considerable gap" between research regarding what public health laws and regulations are effective and what is "enacted and enforced" by policy makers, suggesting that having mandates and categorical funding drive resource allocation decisions may lead to a collection of services that is not always comprehensive, current, or most effective.⁴ These findings put a responsibility on researchers and practitioners to collaborate around increasing the evidence base for these practices. Findings also heighten the responsibility of public health leaders and policy makers to support modernization of local public health laws and programs and the implementation of practices that are supported by best available evidence.

Local public health leaders in this study did not tend to use systematic approaches or rely on evidence to allocate the increasingly scarce resources available to their agencies, due in part to the relatively small portion of flexible funding around which they perceived having decision making authority. Decision tools and systematic, data-driven approaches to local public health decision making may also not be accessible to public health practitioners or relevant in their current forms. Participants in this study expressed a strong value for data and evidence, but they faced challenges regarding their agencies' limited access to and capacity for interpreting data for decision making, a finding that mirrors Baum's national survey of local public health officials.⁵ At the same time, increasing access to or capacity for assessing or utilizing evidence for decision making will have a limited affect on practice, if their flexibility and perceived choice in relation to resource allocation remains constrained.

Programmatic mandates and funding restrictions appear to greatly limit the choices of WA's local public health leaders in their response to the state's financial crisis and related cuts to their budgets. The strong influence that these factors appear to have on resource allocation among local public health practice leaders in this study, suggests a critical need for policy making and practice-based research that will address the gap between how local public health leaders approach decision making and the availability of evidence that supports best practices.

This study is limited by its focus on public health leaders in WA State and the economic, statutory, and public health system conditions unique to WA. Nonetheless, the results of this study mirror and expand upon the findings of other researchers. Regarding the economic and statutory conditions for local public health agencies in WA, national reports and studies echo similar circumstances in many states.^{1, 4, 5}

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