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Disparities in Public Health Service Indicators and Governance Structures: Learning Through Comparison between USA and UK

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ABSTRACT

In the USA, indicators of public health service performance differ according to governance structures for the services. However, the UK also has disparities in public health indicators by geographical, but uniform public health service governance. The international comparison provides a caution for interpretation of correlation.

Keywords
Public health services, Geographical disparities, Governance, Smoking in pregnancy, United Kingdom

Scott Hays and colleagues[1] report associations between measures of public health services performance and governance structures at local level across the USA. The approach is valuable in seeking to investigate social structures and interventions as determinants of health. Cross-national comparison of countries where structures are different offers another approach.

In England, within the United Kingdom (UK), the 'public health service' at local level takes the lead on health behaviours in the context of the wider determinants of health. Healthcare services for prevention are provided within the National Health Service (NHS) jointly between general practitioners, hospitals and community health services. In recent years (although the structures are changing in 2013), 151 NHS Primary Care Trusts (PCT) have overseen and commissioned the primary care and public health services for defined geographical areas. The local governance for these services is broadly the same across the whole of England.

Public health service indicators for England[2], as in the USA, show disparities in health behaviours and outcomes between geographical areas. A fascinating example is the data for mothers' smoking status at the time of maternity delivery[3]. The governance structure for the smoking-control services is uniform across the NHS, and NHS maternity services have targeted smoking in pregnancy to reduce perinatal mortality and morbidity. The maternal smoking rates by PCT area differ markedly (see Figure). Inner London, which has high statistical levels of child poverty, has among the lowest rates for smoking in pregnancy. Is this a result of the diligence of the maternity care services, or is an explanation the immigration of women whose cultures do not embrace cigarette smoking? Data from the 2011 UK Census could help to investigate this further.

It is, as ever, important to be cautious in interpreting correlation. Further research is needed to understand and measure the actual impact of public health services – how far, in comparison with social environments, they directly affect health behaviours and health outcomes.

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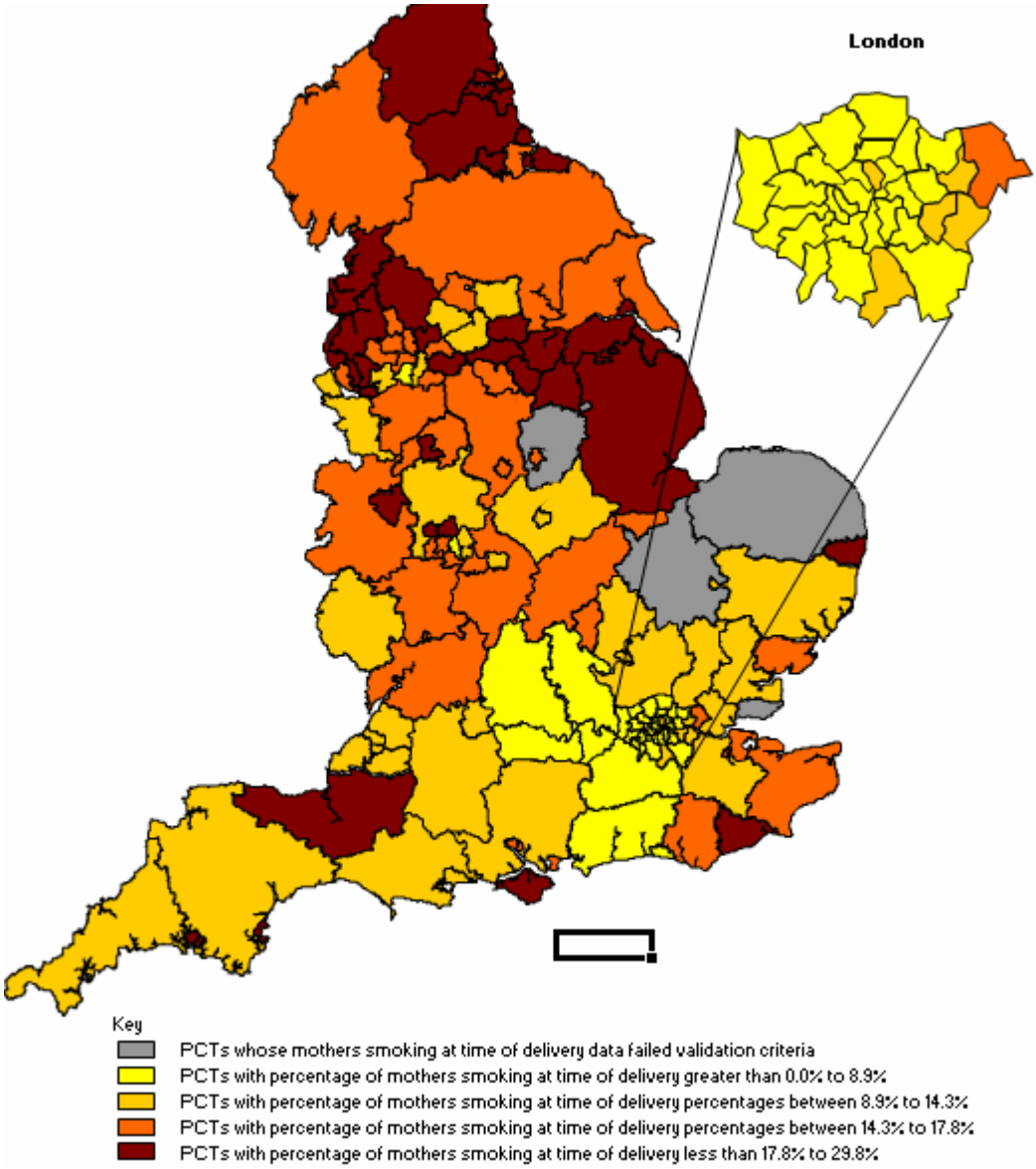

Figure. Smoking in pregnancy: rates by Primary Care Trust (PCT) area in England, 2011.