Administration, Management, and Governance of Public Health Departments
Competent health departments require proficiency in organizing and leading action, building consensus with stakeholders, meeting organizational goals, and serving as the face of governmental public health in their jurisdictions. Organizational management, administrative capacity, and governance of health departments include such important elements as data analytics, policy setting, strategic planning, finances, and communication. Work in each of these areas is connected to other important health department efforts, such as health equity, performance management, quality improvement (QI), ethics, and enforcement and compliance.

Administrative Evidence-Based Practice
Brownson et al. hypothesized that identifying and utilizing a specific set of administrative evidence-based practices (A-EBP) that can support health departments’ achievement of core functions and implementation of evidence-based interventions may improve public health practice. Their study identified a set of 11 high priority A-EBP that any type or size local health department could implement at a relatively low cost. These span five domains: workforce development, leadership, organizational culture, relationships and partnerships, and financial processes. The high-priority A-EBP identified included training in areas such as QI analytic decision-making and essential services; access to technical assistance; leadership quality and development; the values and expectations of leaders, including support of QI and accreditation; participatory decision-making; access to and free flow of information in the organization; an organizational culture of innovation and exploration; a learning orientation; collaboration with other health departments and community entities; a clear vision and mission guiding these partnerships; and the allocation and expenditure of resources with diverse funding and based on evidence, QI, and outcomes-based contracting, among others. This study offers health department leaders and administrators a guide to the management practices that support improvement in public health quality and practice.

Another study undertook to understand the elements that were predictive or demonstrative of A-EBP among local health departments. Across the same five domains demonstrated by the previous study, this study found that among the A-EBP previously defined, A-EBP practices reported least by local health departments were those contributing to organizational climate/culture. The practices reported most included developing partnerships among health sector and other community entities and having a variety of funding streams. The authors noted that although organizational culture and climate are difficult to change, a more intentional focus on enhancing these through leadership training would strengthen the use of EBP in public health practice. A few additional observations were offered by the authors, such as the possible benefits of the use of knowledge brokers to address the gaps in EBP competencies across the public health workforce; a need for smaller local health departments to focus on the foundational capabilities; a recommendation that nursing education focus more on public health skills and science; and the benefits of academic-practice partnerships.

Budgeting, Funding, and Public Health Finance
The need for knowledge of public health financing and the availability of public health professionals trained in resource acquisition, allocation, and utilization has been abundantly described in the literature. The Journal of Public Health Management & Practice has published many articles on public health finance concepts, including a set of
financial management competencies to aid in building the related capabilities of the public health workforce. One such article describes Florida’s comprehensive financial reporting system as an example of a public health system that allows the analysis and use of data regarding public health funding in the state and a detailed understanding of the costs of specific services. These can then be compared to unit cost benchmarks across the state. Other states too are showing progress in leadership in systems level financial analysis. This interest in public health finance continues and making public health financial data available and accessible is an important opportunity to evaluate interventions that support population health improvement.

Many public health agencies face challenges with limited agency budgets. A study by Erwin, Shah, and Mays reviewed health department data to identify any potential factors that could be modified to protect health departments from the loss of financing and jobs during economic downturns. They noted that the resilience of the health department was impacted by some factors that could be influenced by the health department and others that could not. They noted, "Overall, LHDs that successfully weathered the economic recession of 2008 were more likely to have relied on non-local sources of revenue, have a diversified service mix, and be located in communities with favorable socioeconomic environments." Successful resource and financial management that protect health departments from economic declines have value when considering the needed financial skills and capacity of the agency.

Braiding and layering of funding is a method that works to support public health efforts to meet specific objectives through combining funding from different sources. Ensign & Kain described that innovative health departments are using a "Public Health 3.0 funding model that uses braided and layered funds to focus interventions further upstream, including coordination and capacity building among community-level systems addressing social needs (midstream interventions) and enabling policy action to improve the social determinants of health (upstream interventions)." This article demonstrates that this method requires committed strategic leadership, shared vision and prioritization, collaboration and empowered decision-making, well-developed cost allocation and budget reporting, and the dedicated, full-time staff to implement the process. This work, in states such as Colorado, Rhode Island, and Washington, has shown that the braiding and layering funding model serves to improve the impact on social determinants of health and achieve specific population health impacts.

One study compared the PHAB measures related to Establish[ing] successful financial management systems (Standard 11.2 in Version 1.5) to those used to establish accreditation in higher education. It described the importance of public health departments demonstrating their capacity to manage grants and contracts, meet their funding agency requirements, establish and manage approved budgets, and generate finance reports to their governing bodies. This study made recommendations for activities that would add value to the assessment of financial readiness, such as taking a broader and more detailed financial picture of health departments, including detailing financial health and stability, as well as financial risk assessment and areas of deficit. Another important recommendation was that the allocation of resources in the agency’s budget should show alignment with the health department’s mission, strategic plan, and community health plans, which would help provide evidence of institutional integrity and sound financial management.

**Strengthening Governance**

One of the explicit goals of Version 2022 is to “promote accountability,” which will require better understanding of the qualities that strengthen health department governance and that promote the engagement and support of the health department’s governing body.

Governance authority and involvement provide important functions to support the work of the health department. The National Association of Local Boards of Health (NALBOH) created a taxonomy to define the public health governance functions as policy development, resource stewardship, legal authority, partner engagement, continuous improvement, and oversight. The continuous improvement function is critical to quality improvement and is a central attitude behind accreditation. One of PHAB’s foremost objectives is the continuous improvement of public health. One study looking at the continuous improvement function of governance noted that gaps in training local health board officers have persisted, with continued deficits in governance engagement in continuous improvement roles, and low engagement in the PHAB accreditation efforts of their local health departments. This study found that local governing bodies’ promotion and support of their local public health departments’ accreditation efforts could lead to better population health outcomes. The authors also noted that governance oversight and engagement is strongly correlated with continuous improvement. Other strengths that engaged governing bodies demonstrated included meeting frequently, having board members who were health care or public health professionals, and how often the boards demonstrably advocated for public health.

In support of these findings, an analysis of National Association of County and City Health Officials (NACCHO) local health department surveys found that board members need more thorough training in their governance duties and public health issues,
and that a quarter of local health departments did not report governance support for funding public health activities nor discuss accreditation with them. There were areas of strength in governance that were identified, such as in policy development and oversight. Areas for improvement included governance participation in strategic planning and continuous improvement.iii As noted above, participation in continuous improvement is an important contributor to improved community health and health equity.

A qualitative study reviewed governance measures of accredited health departments and found that important drivers of health department leadership success and longevity were related to having a good relationship with and meeting the leadership expectations held by the governing body. This study also found that the reputation of the agency was an important factor, stating that “improving the agency’s public health prominence and visibility and building up the agency were cited as crucial professional characteristics more often than having an impact on the status of the health of the public.” It added that the findings of the study could be used to stimulate the creation of curricula to educate and train the public health workforce in these areas.xiv

Caron et al. conducted a study to examine the contributory value of academic-governance partnerships, seeking to understand barriers to these types of collaborations and their utility in advancing public health workforce development. They noted that the main barriers that were identified by local boards of health had to do with a lack of time, staff, and funding, but that ultimately, academic partnerships with governing bodies broadened the access to expertise for public health improvement and had the potential to enhance the growth of the public health infrastructure. The authors stated that “academic-practice collaborations hold the potential to combine basic public health principles with leadership and governance experience offered by local boards of health” and “partnerships between academia and LBOHs can contribute to addressing local public health concerns by engaging multiple stakeholders, including academicians, students, and public health practitioners, as well as accessing varied resources, including funding, expertise, and infrastructure.”xv Seeking these types of partnerships may prove beneficial in overcoming some health governance deficits.

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