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Defining the Functions of Public Health Governance

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Abstract

We conducted a literature review in 2011 to determine if accepted governance functions continue to reflect the role of public health governing entities.

Reviewing literature and other source documents, as well as consulting with practitioners, resulted in an iterative process that identified 6 functions of public health governance and established definitions for each of these: policy development; resource stewardship; continuous improvement; partner engagement; legal authority; and oversight of a health department. These functions provided context for the role of governing entities in public health practice and aligned well with existing public health accreditation standards.

Public health systems research can build from this work in future explorations of the contributions of governance to health department performance.

IN TODAY'S PUBLIC HEALTH system, governing entities play a key role in linking health departments with the communities they serve. The Public Health Systems and Services Research agenda, initially developed in 2003[1,2] and revised in 2010–2011,[3,4] called for research that addressed governance structures and performance. The national research agenda for accreditation[5,6] reinforced the need for research that covered governing entities. We provided context for these research questions and for the efforts aimed at improving public health practice by attempting to more consistently define the functions of public health governing entities.

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Contributors

V. Carlson and M. J. Chilton were responsible for the research and initial drafting of this article. L. C. Corso provided thoughtful commentary and guidance throughout the research and writing process. L. M. Beitsch assisted with the interpretation of the findings in the broader context of public health services and systems research.

Human Participant Protection

Institutional review board approval was not needed for this study because human participants were not involved in this study.

Public health governing entities can include bodies such as a board of health, commission, or council, or an individual (e.g., a mayor or governor).[7–9] Boards of health are the most common type of public health governing entity and are used in 26 states at the state level[10] and 41 states at the local level.[11] There is no clear understanding of the total number and type of public health governing entities in the United States or the total population they serve.[11–13] However, there has been longstanding interest in the role and performance of governing entities, because some evidence has linked having a board of health to a more effective health department.[14]

One of the early efforts to define the role of public health governing entities occurred as part of developing the National Public Health Performance Standards (NPHPS) in the late 1990s. The Centers for Disease Control and Prevention (CDC), in collaboration with the National Association of Local Boards of Health (NALBOH), developed and released the NPHPS Local Public Health Governance Assessment in 2002[15] and updated it in 2006–2007.[16] These tools were framed around the 10 essential public health services[17] and 5 governance functions: ensure authority; ensure resources; policy development; ensure continuous evaluation and improvement; and ensure collaboration.[18]

A decade later, the national voluntary public health accreditation program was launched by the Public Health Accreditation Board (PHAB). The PHAB Standards and Measures,[8,9] against which all health departments are evaluated when they apply for accreditation, are framed around 12 domains of public health practice. Domain 12 focuses on the relationship between the health department and its governing entity. Initial development of the domain was based on a review of governing roles and responsibilities in various national and state standards, including those discussed previously, and a think tank co-convened by PHAB and NALBOH in 2010.[19]

To inform the 2011–2013 update to NPHPS[20] and to contribute to the growing body of knowledge around the role of public health governing entities in public health accreditation, CDC and NALBOH conducted a review to aid in validating, refining, and updating the public health governance functions. The work resulted in identifying and establishing the 6 functions of public health governance (also referred to as “the governance functions” or “functions,” which are distinct from the general term “governance functions”) presented in this article.

METHODS

Our initial review of academic literature confirmed a limited number of peer-reviewed articles specific to boards of health, public health governing entities, and public health governing processes. We searched titles and abstracts in PubMed and Web of Science from May 2011 to May 2012, using the terms “board of health,” “governance,” “assessment,” and “National Public Health Performance Standards.” We reviewed all abstracts in the articles returned by these searches to determine their relevance. We expanded the scope of the review to include academic articles on board functions from a variety of other settings (e.g., educational boards, hospital boards, nonprofit boards), and “assessment” and “effectiveness” were used as cross-reference terms with “governance” and “board.” We used references

from relevant articles to find additional sources that might not have been returned by the initial searches (snowball approach).[21]

Because of the limited academic literature directly related to public health governing entities, we included board of health orientation manuals archived by NALBOH in this review as a way of triangulating the understanding of governing entity activities from the literature against current public health practice. All available archived materials from state and local boards of health were examined.

We developed draft definitions of the governance functions based on the literature review. Individuals with backgrounds in public health governance or health department operations reviewed the draft definitions of the governance functions and provided feedback to strengthen the definitions. These included the NPHPS Partnership members (staff from the CDC, the American Public Health Association, the Association for State and Territorial Health Officials [ASTHO], the National Association of County and City Health Officials [NACCHO], NALBOH, the National Network of Public Health Institutes, and the Public Health Foundation), NALBOH committee members (the Board of Directors, the Performance Standards and Accreditation Subcommittee, and directors of 14 state associations of local boards of health), and NALBOH general membership at the 2011 and 2012 annual conferences in Coeur d'Alene, Idaho, and Atlanta, Georgia. We developed a second draft based on that input, which was reviewed by the same stake-holder groups. We gathered feedback on the proposed definitions of the functions using facilitated discussions that drew from techniques such as active listening[22] and consensus decision-making[23] processes. This built awareness and consensus on the final list of functions and the wording of the definitions. Discussions occurred in a variety of settings, and approximately 100 individuals provided input throughout the iterative process.

RESULTS

The results section of this paper is organized into 3 sub-sections: a review of foundational literature, a review of additional works that address governing boards and how they function, and definitions of the 6 functions of public health governing entities.

Review of Foundational Works

Three foundational works were often cited in the literature on governing bodies and boards of health, and other researchers applied these insights in more recent work on public health governance. Houle[24] suggested 7 key governing board functions: staying mission-focused, engaging in strategic planning and program oversight, hiring and working closely with the agency executive, establishing internal and external policies, assuring that legal and ethical responsibilities are fulfilled, accepting responsibility for managing adequate financial resources, and devoting time to analyzing board composition and performance.

Holland et al.[25] identified 6 major dimensions of board competency by focusing on the question of what differentiates more effective boards from less effective boards, and how the effective boards perform their duties. These authors maintained that a board could be evaluated on 6 dimensions of effectiveness: understanding the institutional mission, values,

and history of the organization (contextual dimension); building capacity for learning, both for self-directed and group improvement (educational dimension); nurturing its own development as a group (interpersonal dimension); recognizing the complexities and the nuances of relationships between the board and the community (intellectual dimension); respecting and guarding the integrity of the governance process (political dimension); and envisioning and shaping institutional direction (strategic dimension).

Carver[26] focused on activities that are part of an effective board of health's duties (hands-on), and those that are not (hands-off). The hands-on activities lead to core products and processes. The products include budgets, board policies, and oversight of the health agency executive; the processes include systems thinking, self-evaluation, and active participation in leadership. Hands-off activities, or those that the board should not become involved with, include programmatic decisions, such as hiring and firing of staff, determining staff training needs, and establishing new services.

Building on these 3 foundational works, Handler and Turnock[27] defined an effective board of health as one that approves a health agency budget, establishes community health priorities, and hires the health agency director or officer. More recent studies measured the board of health performance using indexes based on governance type,[28] and the NPHPS Governance Assessment.[29]

Review of Additional Works That Address Board Functions

Our initial broad literature search returned 15 articles for board of health, 5263 articles for governance, 734 293 articles for assessment, 34 articles for NPHPS, 134 articles for governing body, 60 articles for governing entity, 233 947 articles for effectiveness, and 43 060 articles for board. We did not find any articles that included all of these terms. We identified 56 articles or books as being directly relevant to our review, including the 4 articles and books discussed in the preceding section.

Of the 56 articles and books, 44 directly or indirectly addressed board functions (Table 1). We independently reviewed the materials and developed a list of themes, and then discussed the findings to further refine the thematic categories and identify key elements to include in the definitions. We identified 6 strong themes that concerned the roles and responsibilities of governing boards: policy development (addressed in 86% of articles reviewed, or n = 38)[18,24–26,30–63]; resource stewardship (50%, or n = 22)18,24,26,30–32,37,38,40,41,44,45,47,48,50,54,56,57,59,60,63,64; partner engagement (50%, or n = 22)18,24–26,30–34,37,38,40,44,45,48,49,53,55,59,60,62,65; continuous improvement (73%, or n = 32)18,24–26,30–33,35,36,38,40–43,45,46,48,49,51,54–61,63,66–68; legal authority (25%, or n = 11)[18,24,26,38,39,41,52,57,60,61,67]; and oversight (57%, or n = 25). 18,24,26,31,32,34,38,39,41,43–45,50,52,54,56–58,60,61,63,64,66,69

Eighteen board of health orientation manuals representing 16 states (16 state-level entities and 2 local health departments) upheld the 6 functions we identified from the peer-reviewed literature and provided additional details on activities that might be specific to public health governing entities (Table 2).[70–87] All 18 manuals emphasized the importance of acting within the legal authority of the public health governing entity's mandates. Although the

degree of public health governing entities' involvement in policy development varied based on the governance structure of each entity, as defined by its legal authority, it was also addressed in every manual. Continuous improvement was addressed in 67% of manuals (n = 12)[71–74,76,78,79,82–84,86,87] and partner engagement in 72% of manuals (n = 13).[71–76,78–80,82–84,86] The concepts of oversight and resource stewardship were referred to by a variety of terms and were addressed in all reviewed manuals.

The Six Functions of Public Health Governance

The 6 functions of public health governance were consistent with the 5 functions identified by Upshaw,[18] plus the public health governing entity's responsibility for oversight of the public health agency as the sixth function. The names and definitions of the governance functions we defined were used as a foundation for NPHPS version 3.0,[20] and consulted during the development and update of PHAB Standards and Measures, domain 12.[8,9]

Policy development—Lead and contribute to the development of policies that protect, promote, and improve public health while ensuring that the agency and its components remain consistent with the laws and rules (local, state, and federal) to which they are subject. These may include, but are not limited to:

- Developing internal and external policies that support public health agency goals and using the best available evidence;
- Adopting and ensuring enforcement of regulations that protect the health of the community;
- Developing and regularly updating vision, mission, goals, measurable outcomes, and values statements;
- Setting short- and long-term priorities and strategic plans;
- Ensuring that necessary policies exist, new policies are proposed or implemented as needed, and that existing policies reflect evidence-based public health practices; and
- Evaluating existing policies on a regular basis to ensure that they are based on the best available evidence for public health practice.

Resource stewardship—Assure the availability of adequate resources (legal, financial, human, technological, and material) to perform essential public health services. These may include, but are not limited to:

- Ensuring adequate facilities and legal resources;
- Developing agreements to streamline cross-jurisdictional sharing of resources with neighboring governing entities;
- Developing or approving a budget that is aligned with identified agency needs;
- Engaging in sound long-range fiscal planning as part of strategic planning efforts;
- Exercising fiduciary care of the funds entrusted to the agency for its use; and

- Advocating for necessary funding to sustain public health agency activities, as appropriate, from approving or appropriating authorities.

Continuous improvement—Routinely evaluate, monitor, and set measurable outcomes for improving community health status and the public health agency's or governing body's own ability to meet its responsibilities. These may include, but are not limited to:

- Assessing the health status of the community and achievement of the public health agency's mission, including setting targets for quality and performance improvement;
- Supporting a culture of quality improvement within the governing body and at the public health agency;
- Holding governing body members and the health director or officer to high performance standards and evaluating their effectiveness;
- Examining structure, compensation, and core functions and roles of the governing body and the public health agency on a regular basis; and
- Providing orientation and ongoing professional development for governing body members.

Partner engagement—Build and strengthen community partnerships through education and engagement to ensure the collaboration of all relevant stakeholders in promoting and protecting the community's health. These may include, but are not limited to:

- Representing a broad cross section of the community;
- Leading and fully participating in open, constructive dialogue with a broad cross section of members of the community regarding public health issues;
- Serving as a strong link between the public health agency, the community, and other stake-holder organizations; and
- Building linkages between the public and partners that can mitigate negative impacts and emphasize positive impacts of current health trends.

Legal authority—Exercise legal authority as applicable by law and understand the roles, responsibilities, obligations, and functions of the governing body, health officer, and agency staff. These may include, but are not limited to:

- Ensuring that the governing body and its agency act ethically within the laws and rules (local, state, and federal) to which it is subject;
- Providing or arranging for the provision of quality core services to the population as mandated by law, through the public health agency or other implementing body; and
- Engaging legal counsel as appropriate.

Oversight—Assume ultimate responsibility for public health performance in the community by providing necessary leadership and guidance to support the public health agency in achieving measurable outcomes. These may include, but are not limited to:

- Assuming individual responsibility, as members of the governing body, for actively participating in governing entity activities to fulfill the core functions;
- Evaluating professional competencies and job descriptions of the health director or officer to ensure that mandates are being met and quality services are being provided for fair compensation;
- Maintaining a good relationship with the health director or officer in a culture of mutual trust to ensure that public health rules are administered and enforced appropriately;
- Hiring and regularly evaluating the performance of the health director or official; and
- Acting as a go-between for the public health agency and elected officials as appropriate.

DISCUSSION

The 6 functions of public health governance that were identified during the course of our review were consistent with the findings of the NALBOH 2011 National Profile of Local Boards of Health[11] and the NACCHO 2010 and 2013 National Profiles of Local Health Departments.[12,13] The profile studies confirmed that some public health governing entities have the power to establish policy, whereas others serve in an advisory capacity for the policymaking body. In some jurisdictions, the governance functions might rest with multiple bodies. Although none of the profiles specifically addressed the 6 functions of public health governance, 1 or more questions from the NACCHO and NALBOH surveys related to each function, reinforcing the importance of the governance functions as dimensions of public health practice. The NACCHO 2013 profile asked about board of health responsibilities for adopting public health regulations (legal authority); setting policies, goals, and priorities that guide the health department (policy development); approving the health department budget, setting and imposing fees, requesting public health levies, and imposing taxes for public health (fiscal stewardship); and hiring or firing of the agency head (oversight). The NALBOH 2011 profile asked about board of health responsibility for proposing, adopting, reviewing, revising, and enforcing public health regulations (legal authority); recommending or establishing public health policies or community public health priorities (policy development); recommending or approving the health department budget, ensuring alignment of the health department budget with the strategic plan, requesting a levy, and identifying sources of funding (fiscal stewardship); hire or fire or recommend health director, health officer, or CEO (oversight); developing a board performance plan, conducting a board of health self-assessment, and providing orientation and training for board members (continuous improvement); and collaborating with other boards and seeking input from the community (partner engagement).

To date, the National Profile of State Health Departments conducted by the ASTHO has not included state board of health roles and responsibilities in a way that could be compared with the 6 functions of public health governance we defined in this article.[10] Although authorizing statutes and structures varied, the general responsibilities of state boards as described by other sources[88,89] were comparable with those of local boards of health. Similarly, some state-level boards of health served in an advisory capacity, and others made policy or set budgets for the state health agency.[88] State boards of health might or might not interact with local boards of health, either directly or via a state association of local boards of health.[89]

Our definitions of the governance functions provided a common foundation for public health services and systems research, and for public health practice at both local and state levels. Public health governing entities might also consider using these functions as a framework for self-assessment, training, or identification of improvement opportunities, because of their consistency with other resources, such as the NPHPS Public Health Governing Entity Assessment, version 3.0 and PHAB domain 12. Oversight activities, legal authority, and health department or governing entity engagement are fundamental to domain 12,[8,9] and the relationship between the governing body and the health department is acknowledged in several other PHAB domains. PHAB requires that applicant health departments submit a letter of support from the public health governing entity with their application.[90] Accreditation site visit reports contain overarching comments related to areas of excellence, opportunities for improvement, and overall impressions of a health department. Of 31 site visit reports reviewed from all accredited health departments from February 2013 to March 2014, 23 reports contained positive overarching comments related to engagement with the governing entity, which showed that defining the functions of public health governance (personal communication, Jessica Kronstadt, MPP, PHAB Director of Research and Evaluation, April 2014) is of continued importance to accreditation.

The growth of the national voluntary accreditation movement led by PHAB furthers the effort to marry science and practice, which is the core of public health services and systems research.[91] Standards for health departments now offer national expectations for all health departments, and standards can and should drive the improvement of public health practice. However, the science and practice of governance have had only limited studies to date, despite the acknowledgment that governance activities contribute to high-performing health departments.[14] The governance functions represent an opportunity to better understand the role of the public health governing entity as relationships between public health governing entities and health departments evolve over time, especially as more health departments pursue accreditation through PHAB.

Limitations

Research since the mid-1990s did not appear to have systematically explored the relationship between public health governing entities and the performance of the associated health agency. Profile studies conducted by national public health organizations (ASTHO, NACCHO, and NALBOH) did not use the definitions we explored to frame questions about governing entities' roles and responsibilities. A lack of data specific to public health

governing entities and their performance required that development of the 6 functions of public health governance be grounded in work done with hospital boards, educational boards, and nonprofit boards. Our literature review did not exhaustively consider all types of boards, such as boards of transportation or housing. We gathered additional information from a convenience sample of public health governing entity orientation and training manuals that included materials from only 16 states; these materials might only reflect the local interests of those states rather than universal truths. We found some differences in the level of importance assigned to various functions by academic sources and gray-area literature sources. The literature review we conducted during the governance functions work considered the body of knowledge relating to state boards of health, but majority of our effort focused on local public health governing entities.

Conclusions

We defined the 6 functions of public health governance so they could be used by public health governing entities alongside the existing, overarching public health materials, such as the 3 core functions[92] and the 10 essential public health services,[17] and to provide insight into how a governing entity supports and guides health agency service provision and participation in the public health system. The field of public health services and systems research is ripe for further work to determine how the functions of public health governing entities influence the effectiveness, efficiency, and outcomes of public health strategies that are delivered at local and state levels.

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TABLE 1

List of Reviewed Research and the Governance Functions Addressed by Each: 2011–2012

Article	Policy Development	Resource Stewardship	Partner Engagement	Continuous Improvement	Legal Authority	Oversight
Alexander et al. 2003[30]	X	X	X	X		
Arnwine et al. 2002[31]	X	X	X	X		X
Arrington et al. 1995[32]	X	X	X	X		X
Birk 2010[33]	X		X	X		
Carver 2006[26]	X	X	X	X	X	X
Culica and Prezio 2009[64]		X				X
Curran and Totten 2010[34]	X		X			X
Dalton and Dalton 2005[69]						X
Dawson 1982[65]			X			
Drucker 1990[35]	X			X		
Ewell 1982[36]	X			X		
Fennell and Alexander 1989[37]	X	X	X			
Fletcher 1992[38]	X	X	X	X	X	X
Forbes and Milliken 1999[39]	X				X	X
Gelman 1988[40]	X	X	X	X		
Hafertepe 1987[41]	X	X		X	X	X
Health Research and Educational Trust 2007[42]	X			X		
Holland et al. 1989[25]	X		X	X		
Houle 1989[24]	X	X	X	X	X	X
Kane et al. 2009[43]	X			X		X
Kovner 1974[44]	X	X	X			X
Lee et al. 2008[45]	X	X	X	X		X
McDonagh et al. 2008[66]				X		X
Molinari et al. 1992[67]				X	X	
Morlock and Alexander 1986[46]	X			X		
Nicholson and Kiel 2004[47]	X	X				
Orlikoff and Totten 1996[48]	X	X	X	X		X
Orlikoff 1997[49]	X		X	X		
Patton et al. 2011[50]	X	X				X

Article	Policy Development	Resource Stewardship	Partner Engagement	Continuous Improvement	Legal Authority	Oversight
Pearce and Zahra 1991[51]	X			X		
Peregrine and Schwartz 2003[52]	X				X	X
Pfeffer 1973[53]	X		X			
Pointer and Ewell 1995[54]	X	X		X		X
Prybil et al. 2008[55]	X		X	X		
Prybil et al. 2009[56]	X	X		X		X
Prybil et al. 2010[63]	X	X		X		X
Prybil 2006[57]	X	X		X	X	X
Small 2001[58]	X			X		X
Sonnenfeld 2002[68]				X		
Starkweather 1988[59]	X	X	X	X		
Stone and Ostrower 2007[60]	X	X	X	X	X	X
Umbdenstock 1987[61]	X			X	X	X
Upshaw 2000[18]	X	X	X	X	X	X
Young et al.1992[62]	X		X			
Total	38	22	22	32	11	25
Percentage	86	50	50	73	25	57

TABLE 2

List of Reviewed Orientation Manuals and the Governance Functions Addressed by Each: 2011–2012

Manual	Policy Development	Resource Stewardship	Partner Engagement	Continuous Improvement	Legal Authority	Oversight
Central District Health Department[86]	X	X	X	X	X	X
Colorado Association of Local Boards of Health[85]	X	X			X	X
Colorado Department of Public Health and Environment[87]	X	X		X	X	X
Fulton County Department of Health and Wellness[84]	X	X	X	X	X	X
Indiana Association of Local Boards of Health[83]	X	X	X	X	X	X
Iowa Department of Public Health[82]	X	X	X	X	X	X
Kentucky Cabinet for Health and Family Services[81]	X	X			X	X
Massachusetts Department of Public Health[80]	X	X	X		X	X
New Jersey Local Boards of Health Association[79]	X	X	X	X	X	X
Ohio Association of Boards of Health[78]	X	X	X	X	X	X
Ohio Association of Boards of Health[77]	X	X			X	X
Public Health Association of Nebraska[76]	X	X	X	X	X	X
State of Michigan[75]	X	X	X		X	X
University of Illinois at Chicago[74]	X	X	X	X	X	X
University of North Carolina[73]	X	X	X	X	X	X
Utah Association of Local Boards of Health[72]	X	X	X	X	X	X
Washington State Board of Health[71]	X	X	X	X	X	X
Wisconsin Department of Health Services[70]	X	X			X	X

Manual	Policy Development	Resource Stewardship	Partner Engagement	Continuous Improvement	Legal Authority	Oversight
Total	18	18	13	12	18	18
Percentage	100	100	72	67	100	100