



TO: Chair and Members of the Board of Health

FROM: Christopher Mackie, Medical Officer of Health

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SUMMARY OF THE RESEARCH ON LOCAL BOARDS OF HEALTH

Recommendation

It is recommended that Report No. 113-13 re Summary of the Research on Local Boards of Health be received for information.

Key Points

- Research findings demonstrate that local Boards of Health are an important asset for health units because they link the agency to the community, can help stabilize funding levels and have influence in municipal policy-making.
- High-performing Boards of Health have a unified culture, have knowledgeable membership from both health professionals and political officeholders, influence municipal policy-making, and have a positive relationship with the agency CEO.

Background

The [Foundational Standard](#) of the [Ontario Public Health Standards](#) requires public health practitioners to maintain awareness of relevant research literature and to implement research findings that lead to the most effective public health practices, where possible. In June 2013, new research examined how different public health governance structures (e.g., a local board, a regional board, a provincial board) impact the ability of public health agencies to improve health in their community. Staff then conducted a broader scoping review of other relevant literature on this topic. While there is limited evidence in this area, three relevant research findings are presented below. The bibliography for the review is attached as [Appendix A](#).

Finding #1 Local Boards of Health are Important

Various studies have reported that a local board of health (LBOH) “is an important strength for local public health organizations.” This is because a LBOH is “the link between the health [unit] and community. This link, together with policies, will drive the citizen engagement needed to improve public health outcomes. It is vital for the public health field to continue engaging and utilizing [LBOHs], in addition to health [units].” Specifically, research that has compared different public health governance structures found that presence of a LBOH is associated with:

- Stability of funding and higher funding (~17% higher in communities with a LBOH). Higher per capita local public health spending is related to better health unit performance and greater vaccine coverage, but only when the LBOH is engaged in municipal policy-making
- Improved emergency preparedness
- Lower rates of sexually transmitted infections in rural areas (due to better collaboration with community partners)
- Greater economic impacts on communities

Finding #2 Some Factors Appear to Influence LBOH Effectiveness

A number of factors have been reported to influence LBOH effectiveness: culture, composition, duties, and relationship with the CEO. Regarding board culture, a study that examined LBOH reported the “importance of leadership and board culture in promoting a preventive agenda.” They reported that boards with a united culture and vision for advancing public health were better able to establish agency priorities. They give the example of a board with a united culture for reducing health inequalities: “there is no doubt the whole health inequalities agenda is now running through the organization.”

With regards to board composition, it appears that “the relatively healthiest governance type is an empowered [LBOH] comprised of a combination of health professionals and political officeholders, but where neither group has a majority.” Numerous studies supported the importance of having local elected officials on a LBOH, as elected officials are (a) central to the municipal policy-making process, and (b) act as a link between the public health organization and the community. Other important factors include having a LBOH that (a) is smaller in size, (b) has the necessary skills and knowledge (including public health knowledge), (c) uses subcommittees (as this enhances board member understanding of the organization), (d) engages in performance assessment (as this also enhances board member knowledge), and (e) has diverse membership that represents the community.

Various authors have reported the importance of the board’s duty to influence municipal policy, as this has been shown to be associated with increased local public health performance.

Regarding CEO relations, various authors have reported that the board-CEO relationship must be “expertly maintained” through experience, open communication and staying true to the mission of the organization. A particularly important role appears to be “inspiring a shared vision” between the board and CEO that will overcome competing individual interests. Furthermore, the CEO reporting to a high-performing LBOH should (a) educate board members, (b) ensure all members are clear about their roles/responsibilities, (c) clearly communicate to entire board, not just chair/board officers, (d) listen to thoughts and viewpoints of all board members, (e) “do more” than just give reports, and (f) respect the time of board members.

Finding #3 Challenges and Unknowns

However, a number of challenges and unknowns were also reported. Challenges include recruiting LBOH members with the right skills and experience and that citizen LBOH members who are supposed to represent community interests often report feeling disconnected from the community, unclear on their role, restricted by the system, and responsible for things over which they have limited control.

Given the limited research on this topic, there is still much that is unknown or only supported with limited evidence from one jurisdiction. For example, there is no research on the relationship between LBOH performance and whether or not the public health agency is positioned within a municipal government structure. For these reasons, authors recommend exercising caution interpreting these findings.

This report was prepared by Mr. Ross Graham, Manager of Strategic Projects.



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