



## NATIONAL ASSOCIATION OF LOCAL BOARDS OF HEALTH

### **Bowling Green Office**

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## **About Local Boards of Health**

- Surveys of local health departments conducted by the National Association of County and City Health Officials (NACCHO) in 1989 and 1992-93 revealed approximately 70% of the responding local health departments had boards of health within their jurisdictions. Anecdotal information indicated that many of these local boards lacked the capacity to carry out their responsibilities in the most effective manner possible.
- The National Association of Local Health Boards (NALBOH) was formed in 1992 to provide a national voice for the concerns of local boards of health and to assist local boards of health in obtaining the knowledge, skills, and abilities necessary to protect and promote public health in their communities.
- In addition, the Public Health Practice Program Office (PHPPPO) of the Centers for Disease Control and Prevention (CDC), whose mission is to strengthen the public health system by building effective work force, developing community leadership, communicating information for public action, and establishing a science base for public health practice, recognized the need for additional information about local boards of health in the United States.
- Both CDC and NALBOH recognize that local boards of health are important participants in the development of local public health action, and establishing a science base for public health practice, recognized the need for additional information about local boards of health across the country.

## **National Profile of Local Boards of Health (CDC, 1997) Survey Highlights**

### **Completion Rates and Demographic Information**

- 3,186 local boards of health were identified. Completed surveys were received from 1,391 or 44% of the local boards of health
- 70% of respondents indicated that they serve either county (46%) or town/township (25%) jurisdictions
- 57% of respondents indicated that they serve jurisdictions with populations less than 25,000, while none indicated that they serve jurisdictions with populations of 1,000,000 or more

### **Telecommunications Infrastructure**

- 70% of the boards responded that they have access to a computer. Of those, 41% indicated that they communicate via E-mail, and 18% indicated that they have access to the Internet through the E-mail System
- Only 24% of respondents indicated that they have access to the equipment necessary to receive training/information transmitted by satellite
- Only 2% of respondents indicated that the telecommunications capabilities of their boards of health are fully developed, while 70% indicated that those capabilities are either fragmented or nonexistent



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## Survey Highlights (continued)

### Roles, Responsibilities, and Authorities

- 85% of the respondents indicated that they were affiliated with a local health department, while 15% indicated that they were not. Of the 191 respondents indicating that they were not affiliated with a local health department, 83% were from five states (34% from Massachusetts, 20% from Pennsylvania, 13% from New Hampshire, 9% from Iowa, and 6% from New Jersey)
- The vast majority (80%) of respondents indicated that they perform multiple functions (51% indicated that they perform a combination of advisory, governing, and policy-making functions)
- More than 70% of the local boards reported that they have responsibilities for recommending public health policy, proposing, adopting and enforcing public health regulations, and recommending health department budgets and priorities. Levying taxes and preparing requests for grant funding were the two least-reported responsibilities of local boards
- While 80% of respondents indicated that they have authority for environmental health programs (25% of those indicated that they have "joint" authority with another organization/agency), only 16% of the respondents indicated that they have authority for mental health programs (42% of those indicated that they have "joint" authority with another organization/agency)
- The majority of respondents (69%) indicated that no change has occurred in their capacity to develop and implement policy since 1990, while 26% indicated that their capacity has increased and 4% indicated that their capacity has decreased

### Composition, Organizational Structure, etc.

- 74% of respondents indicated that their boards were comprised of seven or fewer members (73% have 3-7 members)
- 71% of respondents that their board members were appointed only, 20% indicated that their members were elected only, and 9% indicated that their members were both elected and appointed
- 85% of respondents indicated that their board members serve terms of 3 years or more, with 81% indicating that their members serve terms ranging from 3-6 years. The average length of term for board members whose boards responded with a numeric value is 3.5 years
- Less than half (42%) of respondents indicated that their boards have separate operating budgets for board expenses such as training and conference expenses
- While less than one-third (31%) of respondents indicated that formal orientation sessions are conducted for new board members and less than half (38%) of respondents indicated that formal training is made available to board members, over half (63%) of respondents indicated that informal training is made available to board members

### Concerns and Needs

- Over 70% of respondents indicated that their boards need training, information, or technical assistance in *Establishing Community Health Priorities, State/Local health Reform Activities, Community Health Assessment, Managed care and Public Health, and Identifying Funding Sources*
- 11% - 19% of respondents indicated that their board members would be willing to share materials and/or expertise with other boards of health