

Study: Federal funds support health depts., but leadership is key

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The surge of funds for bioterrorism preparedness over the past decade does not appear to be improving local public health resources in general, according to research from Purdue University.

However, the funding increase to health departments does spur epidemiologic activity that is key in detecting infectious disease risks, such as a surge in communicable disease like influenza or tuberculosis, at the local level, says George Avery, an assistant professor of health and kinesiology.

"Since 1999 the federal government has responded to real and perceived threats of terrorist activity and other public health emergencies by injecting a significant level of resources into developing emergency response capabilities through local and state health departments," says Avery, who worked in the Arkansas Department of Health in the 1990s. "Because of the funding influx, even though it was aimed at bioterrorism preparedness, there has been an assumption that health department programming and resources would benefit in general. We found that perceived trickle-down effect to be limited.

"On the positive side, we didn't detect any programs that were suffering because of the emphasis on preparedness and epidemiology."

Most of the funding originates from the Department of Health and Human Services, but the funds are administered by the [Centers for Disease Control and Prevention](#) or the Secretary of Health and Humans

Services' Hospital Preparedness Program. In 2010 the CDC budget allocated \$761 million to improve state and local preparedness and response to terrorism, and that exceeded the 2009 amount by \$15 million.

Avery and co-author Tim Wright, senior lecturer of health education at the University of Wisconsin-Stevens Point, published their findings this month in the [Journal of Homeland Security and Emergency Management](#). The research is based on 1,798 health departments' responses to the 2005 National Association of City and County Health Officers Survey of Local Health Departments. The researchers compared sources and amounts of funding to leadership and program outcomes.

They found that leadership and the existence of directors and boards of health in the local health departments made a difference in supporting programs and activities.

"This reinforces that getting money from Washington, D.C., does not guarantee success, you still need strong, local leadership," Avery said.

The credentials and education level of health department directors also made a difference.

For example, directors with a medical degree were more likely to be associated with immunization programs, and directors with a nursing degree were connected with a number of clinical and planning activities, such as immunization activity, health assessment and health improvement planning. At the same time, environmental health, food safety and water quality programs were not as strong.

Avery said the cross-sectional design of this study only provided a snapshot of the funding and its effects. His next step is to evaluate more long-term data to determine if there are changes related to the funding.

Provided by Purdue University

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