
Understanding Resource Allocation Decisions of Public Health Officials in the US

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Resource Allocation Decisions Present Ethical Challenges

- Motivated by previous qualitative study of ethical issues in public health practice
 - Appropriate scope of public health practice;
 - Apportioning scarce products in the community
 - Concerns about lack of discretion limiting abilities to meet community needs
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Research Objectives

- Describe nature and scope of resource allocation decisions officials confront
 - Identify processes officials use to make allocation decisions
 - Assess degree of discretion officials report in allocating resources
 - Explore whether officials with more discretion are better able to meet community needs
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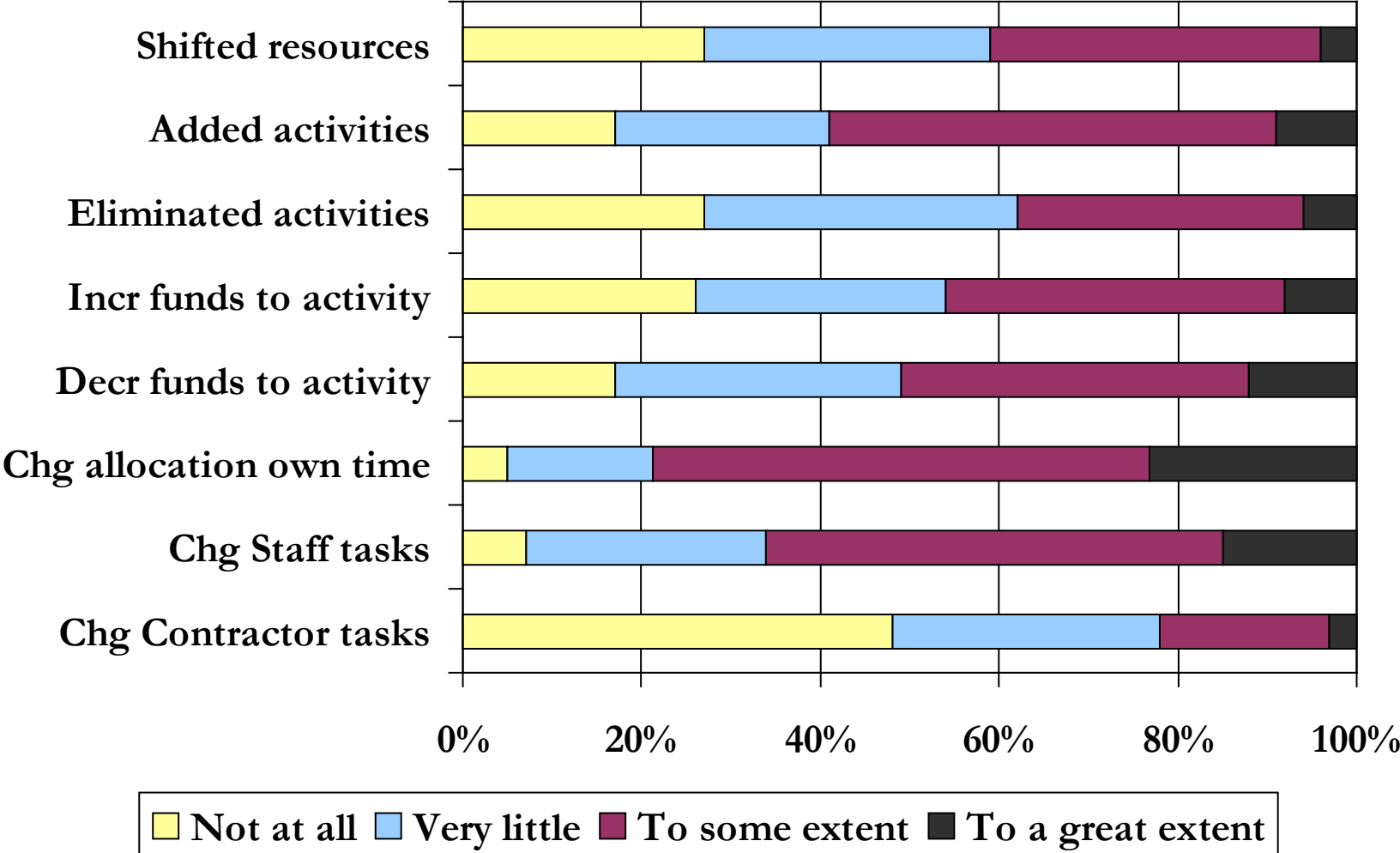
Methods

- National survey of local public health officials
 - Sample n = 1330 officials, stratified by size of local health department
 - Descriptive statistics
 - Types of resource allocation decisions
 - Processes used to make allocation decisions
 - Amount of discretion
 - Test differences in ability to meet community needs based on levels of discretion
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Respondents n=685

- Responses by size of department
 - 51% small (<50,000)
 - 41% medium (<500,000)
 - 8% large (500,000+)
 - Overall response rate = 55%
 - Respondent experience
 - mean =10years, median = 8years
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Resource Allocation Decisions



Influential Factors in Allocation Decisions

Mod. to Very Influential

Previous allocations	96%
Input from staff/personnel	95%
Effectiveness of activity	95%
Sole provider of activity in community	91%
Reluctance to lay off employees	88%
Public expectations	85%
Results from community needs assessments	80%
Input from Board of Health	80%
Governmental guidelines for allocation	77%
Results of economic analyses	69%
Input from state health department	64%
Input from county council	63%
Direct public input	58%
Colleagues from other health departments	58%
Results from use of decision tools	56%

Discretion in Allocation Decisions

- **Overall**, how much control do you have over the resource allocation decisions in your department?
 - **63%** “a great deal” or “complete” control;
 - What proportion of your department’s **total funds** (from all sources) can you reallocate, at your discretion, to better meet the needs of your community?
wt. mean = 31%
 - What proportion of your department’s **total personnel time and effort** can you reallocate, at your discretion, to better meet the needs of your community?
wt. mean = 46%
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Are community needs being met?

	% Yes
Food service inspection	84
Communicable disease surveillance	81
Ground water inspection	79
Emergency preparedness	66
Lead screening	65
Adult immunization	61
High blood pressure screening	59
Behavioral risk factor surveillance	45
Oral health services	21
Mental illness prevention	20

Does greater discretion over allocation of funds allow officials to better meet community needs?

Mean % of funds over which officials have discretion

	Needs Met	Needs Not Met	Diff in Means[s.e.]
Adult immunization	33.02%	28.58%	4.44 [2.33]
Mental illness prevention	36.83%	30.41%	6.41 [3.48]
Oral health care	38.05%	29.25%	8.80 [3.31] **
High BP screening	33.99%	27.35%	6.65 [2.38] **
Disease surveillance	32.67%	26.44%	6.22 [2.67] *
Food inspection	30.87%	32.65%	-1.78 [3.29]
Emergency prep	33.03%	27.36%	5.67 [2.36] *
Behavioral risk surv	32.55%	29.99%	2.56 [2.46]
Water inspection	32.60%	26.97%	5.63 [2.81]*
Lead screening	47.98%	44.54%	3.45 [2.96]

Student's t-test *p<.05 **p<.01

Does greater discretion over allocation of personnel time allow officials to better meet community needs?

Mean % of personnel time over which officials have discretion


	Needs met	Needs not met	Diff in Means[s.e.]	
Adult immunization	47.61%	44.62%	2.99	[2.96]
Mental illness prevention	49.43%	46.29%	3.15	[3.85]
Oral health care	52.74%	44.95%	7.8	[3.75] *
High BP screening	51.63%	39.42%	12.21	[2.91] **
Disease surveillance	49.10%	35.64%	13.46	[3.26] **
Food inspection	46.41%	48.00%	-0.72	[1.59]
Emergency prep	47.92%	44.41%	3.52	[3.09]
Behavioral risk surv	47.81%	44.61%	3.2	[2.98]
Water inspection	47.99%	42.56%	5.43	[3.64]
Lead screening	47.98%	44.54%	3.45	[2.96]

Preliminary Conclusions

- Public health officials allocate personnel time and effort more than shift funds to certain populations or activities
 - Previous allocations, sole provider, effectiveness of service all important
 - Discretion may affect officials' abilities to meet the public health needs in their communities
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Next Steps

- Link 2008 NACCHO Profile data of local health departments with our survey data
 - Conduct multivariable analyses to look at the relationship between discretion and ability to meet public health needs, controlling for sources of funding, size of health department, governance structure
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