



Local Health Departments are Not Using Enough Public Health Research

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In 2013, the 130th Ohio General Assembly codified the requirement for all local health departments (LHDs) in the state to apply for and become accredited by the Public Health Accreditation Board (PHAB).¹ This standardization is meant to improve quality and efficiency of all LHDs in the state of Ohio, which ranks 47th in the United States in health value according to the Health Policy Institute of Ohio.² While Ohio is the only state to have such a mandate, hundreds of health departments across the country are striving toward or have been accredited. One factor to achieving accreditation is the use of public health research, which is often overlooked by health agencies as a component of program implementation or policy advocacy. Despite PHAB pushing health departments to use and participate in public health research,³ there continues to be reluctance at the state and local level.

Evidence-based public health backed by research has the potential to have numerous direct and indirect benefits, such as higher quality information on best practices, a higher likelihood of successful programming and policy implementation, greater workforce productivity, and better allocated resources.⁴ Health departments pursuing either initial or reaccreditation through PHAB are required to demonstrate the use of public health research in the development of policies or programs.³ The purpose of this is to ensure that LHDs are aware of practices that have been found to be effective and incorporate them in their jurisdictions.

The reality is, unfortunately, that LHDs still have a way to go in utilizing public health research on a more consistent basis. According to a survey conducted by the National Association of County and City Health Officials (NAACHO), only 8% of all LHDs in the country have agreements with academic institutions to provide them with scientific and professional journals, down from 11% as recorded in 2016, and 62% did not participate in any research activities at all in the last year. The prospect of conducting research is low as well, with only 9% of all LHDs saying that they are establishing or revising policies or procedures to embark on

research activities.⁵ Only 54% of Ohio LHDs responded to the 2019 NAACHO survey, down from 74% in the 2016 survey, so data are disappointingly limited.

State health agencies, which are supposed to be drivers for the LHDs, are only marginally better at conducting and using public health research than the local agencies they oversee. According to the 2016 Association of State and Territorial Health Officials (ASTHO) profile of activities, state health agencies reported using public research 52 times in a 2-year span, up from 42 recorded in 2012.⁶ That is modest growth, although it is not translating down to the LHDs that are served by the state agency.

There are steps that can be taken at all levels of public health to help increase the utilization and creation of public health research. Creating partnerships with universities, neighboring health departments, or state, regional, or national public health journals and conference organizers to ensure consistent 2-way communication would be an excellent first step. Local health departments should also prioritize training or hiring of staff with a background in research and formalize procedures pertaining to the utilization or creation of research. Academic health departments (AHDs) should also be explored, as they can enhance public health education, training, research, and services. State health agencies must also encourage greater use of public health research at the local level. This can come through incorporating the use of research in grants and other funding opportunities, partnering with public health journals to create a listserv of LHDs, or holding training opportunities for LHD directors and commissioners on how to use public health research effectively.

Despite public health accreditation mandating the use of research, data demonstrate that there is still work to do in establishing a culture of evidence-based practices and using public health research in LHDs. Ohio, as the only state mandating public health accreditation, is no exception.





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