PHC 6102, Principles of Health Policy & Management
Organization of the Public Health Delivery System

Presentation Contains 32 Slides

1. Hello and welcome to “Organization of the Public Health Delivery System.” The content for this lecture is taken, among other cited sources, from Public Health Administration, edited by Lloyd F. Novick et al., chapter 3, “Organization of the Public Health Delivery System,” by Glen P. Mays.

2. The objectives of this lecture are:
   - Examine the organizational and structural characteristics of public health in U.S.
   - Describe the powers of the federal and state governments
   - Recognize three types of federal spending
   - Identify various federal public health-related agencies
   - Generalize state and local public health activities

3. The public health system in the United States is a collection of inter-organizational and inter-governmental relationships. There exist both governmental and non-governmental public health organizations in which the division of labor not always apparent. This lecture attempts to describe, in general terms, the models for the organization and structure of public health delivery in the U.S.

4. Federal authority in public health is limited to the power given to it by the United States Constitution. In fact, all federal authority is limited by the Constitution. The powers granted to the federal government by the constitution include: powers of taxation, powers of budgeting (i.e., powers of spending), and power to regulate interstate commerce.

   States have police power. This is right of states to tax, regulate occupations & employment, regulate pollution & the environment in order to protect and promote the health, morals, or safety of the general public. Of course, individual rights may not be subject to restrictions unless the actions of individuals impede upon public safety and well-being. We’ll discuss state police power in more detail in the Public Health law lecture.

   At the most basic conceptual level, the organization of governmental public health activities in the United States is typified by the federalist system of government based on national, state, and local authority. That is, the states occupy a central role in public health because they maintain the authority not expressly reserved by the federal government by the U.S. Constitution. The main difference between the powers lie in the concept of federalism. Whereas the federal government may spend, tax, and regulate commerce between the states, the states are empowered by the Constitution to engage in all the other activities of public health. States often delegate to local governments specific responsibilities for public health programs within their communities.

5. There are three types of federal spending in the United States budget, according to the U.S. Treasury. First, a small amount of spending is allocated to payment of interest on federal debt. Mandatory spending is the largest proportion of federal spending. Entitlement programs, such as Medicare, Medicaid, and Social Security, are a type of mandatory spending. Congressional salaries are a type of mandatory spending that is not considered an entitlement. Finally, discretionary spending makes up approximately a third of the federal budget.

6. Entitlement programs are a type of mandatory spending in the budget. These programs are automatically funded each year unless they are excluded by Congressional vote. A main characteristic
of an entitlement program is that a recipient qualifies for the program through some eligibility criteria, such as income, age, or disability. Federal entitlement programs include Medicare and Social Security, which account for nearly 40% of the federal budget, according to the non-governmental Center for Budget and Policy Priorities. Federal and state partnership programs, such as Medicaid and State Children Health Insurance Programs, are also considered mandatory spending entitlement programs. These programs are funding by both the federal government and the individual states.

7. Discretionary programs are funded by Appropriation Committees in Congress each year. They vote on the level of funding each year and are sensitive to political bargaining, so as a consequence, experience fluctuations in spending. Discretionary spending type public health programs include Special Supplemental Food Program for Women, Infants and Children (WIC) and Maternal and Child Health Services Block Grant. I’ll define block grants in a future lecture.

8. This pie chart shows the proposed budget from the President for the $1.15 trillion in discretionary spending for fiscal year 2014. Note the large amount for military spending, this is larger than Medicare.

9. Next, we will review the main federal agencies responsible for public health, including the U.S. Department Health & Human Services and its subordinate agencies, and other federal agencies.

10. There are many agencies within the Department Health & Human Services. The leader is the Secretary of Health. DHHS accounts for about a quarter of the federal government’s outlays each year – $855 billion in 2012. I will briefly review seven of the many different agencies within the DHHS.

11. Within the Office of the Assistant Secretary of Health is the Office of the Surgeon General and the U.S. Public Health Service Commissioned Corps. The Commissioned Corps is a uniformed service of more than 6,500 health professionals who serve throughout the DHHS, other federal agencies, and active duty stations throughout the U.S. The Surgeon General is head of the Commissioned Corps. An example career within the Commissioned Corps is a public health officer where you must have a master’s degree in public health or health administration.

12. With almost 9,000 employees, the Centers for Disease Control and Prevention is the agency that provides health surveillance to monitor and prevent disease outbreaks (including bioterrorism). In addition, the CDC implements disease prevention strategies, maintains national health statistics, provides for immunization services, workplace safety, and environmental disease prevention. Examples of common jobs at the CDC include behavioral scientists with expertise in anthropology, epidemiologists, health education specialists with skills in communicating effectively with minority groups, and public health analysts to conduct disease intervention activities in areas such as environmental health, injury prevention, and international health and refugee programs.

13. FDA regulates the safety of foods and cosmetics, and the safety and efficacy of pharmaceuticals, biological products, and medical devices. In addition, the 2009 Family Smoking Prevention and Tobacco Control Act gave the FDA the responsibility for regulating tobacco products. FDA also plays a significant role in counterterrorism by ensuring the security of the food supply and helping develop responds to deliberate and naturally emerging public health threats. Based in Maryland, the FDA employs over 10,000 people in jobs such as research scientists, public health program specialist, and medical technologists.

14. The Centers for Medicare and Medicaid Services administers the Medicare, Medicaid, and the State Children's Health Insurance Program. They are based in Maryland and have regional offices all over
the country. With over 4,500 employees, jobs include research analysts, insurance oversight analysts, and various program administrators.

15. The National Institutes of Health funds over 38,000 research projects nationwide in diseases including cancer, Alzheimer's, diabetes, arthritis, heart ailments and AIDS. Within the NIH, there are 27 separate health institutes and centers, such as the National Cancer Institute, the National Institute on Minority Health and Health Disparities (NIMHD), and National Institute of Environmental Health Sciences (NIEHS), with over 17,000 employees.

16. The Health Resources and Services Administration provides access to essential health care services for nearly 17 million people who are low-income, uninsured or who live in rural areas or urban neighborhoods where health care is scarce. Also, HRSA administers a variety of programs to improve the health of mothers and children and serves people living with HIV/AIDS through the Ryan White CARE Act programs.

17. The Agency for Healthcare Research and Quality is a small agency (on a few hundred employees). However, they are important for those in the health services research because they fund studies on health care systems, health care quality and cost issues, access to health care, and effectiveness of medical treatments. Also, ARHQ supplies health professionals with evidence-based information on health care outcomes and quality of care.

18. Other federal agencies include U.S. Department of Agriculture (USDA) runs the nutritional program, the Women, Infants & Children (WIC). The Environmental Protection Agency (EPA) develops and enforces a wide array of environmental health and safety programs. The Department of Housing and Urban Development (HUD) administers programs to address the health and social problems of populations residing in public housing facilities, homeless shelters, and economically disadvantaged communities.

19. Moving on from federal government agencies, I will present information on the state health agencies structure and the extension of home rule to local health departments. In addition, we discuss the various jurisdiction types and the myriad services offered by both large and small local health departments. To close the lecture, I will discuss the non-governmental public health entities in the U.S.

20. The organization of state health agencies generally follows one of two basic organizational models. One model is that of a free-standing agency structure headed by an administrator who reports directly to the state’s governor. A free-standing agency’s only mission is to carry out public health activities, such as epidemiology, hospital licensing, etc. Because free-standing agencies have directors that report directly to the governor, they are sometimes perceived as having more political power than other organizational structures.

The super-agency structure is one in which the state health agency is contained within the larger organization that includes other functions, such as medical care and social service programs. A super-agency structure would carry out public health activities in addition to welfare activities such as food stamp distribution, child abuse investigations, and other types of public services.

Consensus has yet to be reached concerning the optimal organizational structure for a state health agency, as states aggregate and disaggregate their state health agencies continually—usually in response to leadership changes at the governor or cabinet levels or in the legislature.
Mixed models exist also. This is where agencies maintain decentralized relationships with local health agencies in some jurisdictions while exercising centralized administrative control over agencies in other jurisdictions. The mixed authority model is most frequently found in states that extend home rule to some local governments.

21. Home rule is where authority is granted to local governments to adopt their own local constitutions in order to exercise a broad range of governmental powers that are usually reserved to states, such as the levying and collection of taxes to support local programs and services. Florida is a home rule state, as are about two-thirds of the U.S. states.

22. Every few years, the National Association of City and County Health Officials conducts a survey of over 2,500 local health departments. The data in the following slides is from the NACCHO 2010 National Profile. According to the survey, the majority of the local health department jurisdictions are counties, followed by city, then multi-county, then other types.

23. I think it is helpful to understand the functions of local health departments, generally speaking. In the next slides I’ll show the various activities conducted under main categories of functions, such as regulation, inspection, and/or licensing, environmental health, population-based primary prevention services, screening of diseases, and maternal and child health services. The percentages are the proportion of LHD respondents conducting the activity. According to the survey, the top services for LHD are adult immunizations (92%), communicable and infectious disease surveillance (92%), child immunizations (92%), and environmental health surveillance (77%).

24. Regulation, inspection, and/or licensing is a common function for local health departments. Of course, this includes restaurant and school inspections, among other business regulations.

25. In the domain of environmental health, local health departments mostly conduct food safety education.

26. Population-based primary prevention services are a part of the services offered by local health departments. This includes nutrition programs and tobacco cessation programs.

27. Screening for diseases or conditions, such as tuberculosis and high blood pressure, is a very common service offered by local health departments.

28. Finally, many local health departments provide maternal and child health services, such as WIC, maternal and child home visits, family planning, and Early and Periodic Screening, Diagnostic and Treatment (EPSDT), which is Medicaid’s child health component.

29. It is important to understand that the percentages of these services vary by the size of the local health departments. They are heterogeneous. Larger LHD are more likely to provide clinical services, such as primary care, substance abuse, HIV/AIDS treatment, and mental health, population-based primary prevention, and other public health programs, such as emergency, asthma prevention, veterinary public health, laboratory services, and occupational safety.

Smaller LHDs are more likely to provide school-based clinic services and regulation such of cosmetology businesses, milk production facilities, and the like.

30. A major trend in the last decade has been the increasing regionalization of local health departments. Groups of counties banding together voluntarily (sometimes with a larger county in the region serving as lead) to pool resources so they may serve the public more effectively. This has been a functional
regionalization rather than one accomplished through statutory change. The impetus for regionalization is that small health departments that serve limited populations and do not have enough capacity for many specialized public health functions. They can form a consortium to carry out these services more effectively.

31. While government agencies play the dominant role in public health, non-governmental organizations also play an important role in the U.S. For example, community hospitals and health systems have an obligation as tax-exempt entities to supply charitable health services, often establishing ambulatory care clinics to provide preventive care, such as immunizations, screenings and disease surveillance. Managed care organizations also coordinate many public health activities, such as EPSDT, as part of their contracts with Medicaid agencies. Non-profit agencies, such as the American Heart Association, often provide community health services such as screening and interventions. Some of the largest philanthropic foundations in health include Robert Wood Johnson Foundation, the W.K. Kellogg Foundation, and the Kaiser Family Foundation. These organizations provide useful health research to the public. Finally, universities also provide public health services to local communities.

32. Thank you for listening. The following are questions that you should be able to answer when preparing for the exam.
   1. What type of budget spending category are the Medicare and Medicaid entitlement programs?
   2. What programs are administered by CMS?
   3. What is home rule?
   4. What are some of the most common LHD services?
   5. What is meant by “regionalization?”