Organization of the Public Health Delivery System

PHC 6102
Principles of Health Policy and Management
Objectives

• Examine the organizational and structural characteristics of public health in U.S.
• Describe the difference in 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
General Structure

• Inter-organizational and inter-governmental relationships
• Governmental and non-governmental public health organizations
• Clear division of labor not always apparent
Federal and State Powers

• Federal Power
  – Powers of budgeting (spending)
  – Powers of taxation
  – Powers of interstate commerce

• State Power
  – Police Power

• Federalist system of government
Federal Spending Power

• Three types of federal spending
  1. Interest payments on debt (6%)
  2. Mandatory (includes entitlement programs) (64%)
  3. Discretionary (30%)
Entitlement Programs

• Automatically funded
• Determined by eligibility
• Federal programs
  – Medicare
  – Social Security
• State programs
  – Medicaid
  – State Children’s Health Insurance Programs
Discretionary Spending

• Appropriations Committees vote each year as to level of funding for the program
• Sensitive to political bargaining, so experience fluctuations in funding levels
• Public health programs include:
  – Maternal and Child Health Services Block Grant
  – Special Supplemental Food Program for Women, Infants and Children (WIC)
Discretionary Spending

President's Proposed Discretionary Spending
(Fiscal Year 2014)

- Military: 57%
- Education: 6%
- Government: 6%
- Veterans' Benefits: 6%
- Housing & Community: 5%
- Health: 5%
- International Affairs: 3%
- Energy & Environment: 3%
- Science: 3%
- Transportation: 3%
- Labor: 2%
- Food & Agriculture: 1%

Source: OMB National Priorities Project

Federal Agencies

• Department Health & Human Services
  – U.S. Public Health Service Commissioned Corps
  – Centers for Disease Control and Prevention
  – Food and Drug Administration
  – Centers for Medicare and Medicaid Services
  – National Institutes of Health
  – Health Resources & Services Administration
  – Agency for Healthcare Research and Quality

• Other federal agencies
U.S. Public Health Service
Commissioned Corps
Food and Drug Administration
Other Federal Agencies

- U.S. Department of Agriculture (USDA)
- Environmental Protection Agency (EPA)
- Department of Housing and Urban Development (HUD)
Non-federal Public Health

• State Health Agencies
  – Structure
  – Home Rule
• Local Health Departments
  – Jurisdictions
  – LHD Services
• Non-governmental public health
State Health Agencies Structure Models

• Free-standing agency
  – Core functions of epidemiology, licensing, etc.
  – Separate from other functions, such as Medicaid

• Superagency
  – Contained within agency that does not carry out public health activities exclusively
  – Also includes social services, medical assistance

• Mixed models
  – Decentralized relationships some LHDs; centralized administrative control over LDHs in other jurisdictions.
Home Rule

- States cede control to local health departments who then
- Adopt their own local constitutions
- Exercise a broad range of governmental powers
- LHD levy taxes to support local programs and services
Distribution of LHD Jurisdiction Types

- County: 68%
- City: 21%
- Multi-County: 8%
- Other: 4%

N=2,565

Note: Due to rounding, percentages do not add to 100%.
Local Health Departments

• Main functional categories
• Top Services
  – Adult Immunizations (92%)
  – Communicable/Infectious Disease Surveillance (92%)
  – Child immunizations (92%)
  – Environmental Health Surveillance (77%)

Regulation, Inspection, and/or Licensing Activities

<table>
<thead>
<tr>
<th>Area of Regulation, Inspection, and/or Licensing Activities</th>
<th>All LHDs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Food Service Establishments</td>
<td>78%</td>
</tr>
<tr>
<td>Schools/Daycares</td>
<td>74%</td>
</tr>
<tr>
<td>Public Swimming Pools</td>
<td>70%</td>
</tr>
<tr>
<td>Septic Systems Regulation</td>
<td>68%</td>
</tr>
<tr>
<td>Smoke–Free Ordinances</td>
<td>61%</td>
</tr>
<tr>
<td>Private Drinking Water</td>
<td>59%</td>
</tr>
<tr>
<td>Body Art</td>
<td>55%</td>
</tr>
<tr>
<td>Children’s Camps</td>
<td>54%</td>
</tr>
<tr>
<td>Hotels/Motels</td>
<td>52%</td>
</tr>
<tr>
<td>Lead Inspection</td>
<td>48%</td>
</tr>
</tbody>
</table>
Environmental Health Activities

<table>
<thead>
<tr>
<th>Service</th>
<th>All LHDs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Food Safety Education</td>
<td>76%</td>
</tr>
<tr>
<td>Vector Control</td>
<td>52%</td>
</tr>
<tr>
<td>Groundwater Protection</td>
<td>43%</td>
</tr>
<tr>
<td>Surface Water Protection</td>
<td>36%</td>
</tr>
<tr>
<td>Indoor Air Quality</td>
<td>32%</td>
</tr>
<tr>
<td>Pollution Prevention</td>
<td>25%</td>
</tr>
<tr>
<td>Land Use Planning</td>
<td>21%</td>
</tr>
</tbody>
</table>
## Population-Based Primary Prevention Services

<table>
<thead>
<tr>
<th>Preventive Focus</th>
<th>All LHDs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nutrition</td>
<td>71%</td>
</tr>
<tr>
<td>Tobacco</td>
<td>69%</td>
</tr>
<tr>
<td>Chronic Disease Programs</td>
<td>55%</td>
</tr>
<tr>
<td>Physical Activity</td>
<td>55%</td>
</tr>
<tr>
<td>Unintended Pregnancy</td>
<td>51%</td>
</tr>
<tr>
<td>Injury</td>
<td>39%</td>
</tr>
<tr>
<td>Substance Abuse</td>
<td>27%</td>
</tr>
<tr>
<td>Violence</td>
<td>24%</td>
</tr>
<tr>
<td>Mental Illness</td>
<td>13%</td>
</tr>
</tbody>
</table>
## Screening of Diseases or Conditions

<table>
<thead>
<tr>
<th>Disease or Condition</th>
<th>All LHDs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tuberculosis</td>
<td>85%</td>
</tr>
<tr>
<td>High Blood Pressure</td>
<td>67%</td>
</tr>
<tr>
<td>Other STDs</td>
<td>64%</td>
</tr>
<tr>
<td>Blood Lead</td>
<td>63%</td>
</tr>
<tr>
<td>HIV/AIDS</td>
<td>62%</td>
</tr>
<tr>
<td>Diabetes</td>
<td>44%</td>
</tr>
<tr>
<td>Cancer</td>
<td>39%</td>
</tr>
<tr>
<td>Cardiovascular Disease</td>
<td>33%</td>
</tr>
</tbody>
</table>
## Maternal and Child Health Services

<table>
<thead>
<tr>
<th>Service</th>
<th>All LHDs</th>
</tr>
</thead>
<tbody>
<tr>
<td>WIC</td>
<td>64%</td>
</tr>
<tr>
<td>MCH Home Visits</td>
<td>61%</td>
</tr>
<tr>
<td>Family Planning</td>
<td>55%</td>
</tr>
<tr>
<td>EPSDT</td>
<td>40%</td>
</tr>
<tr>
<td>Well Child Clinic</td>
<td>36%</td>
</tr>
<tr>
<td>Prenatal Care</td>
<td>30%</td>
</tr>
<tr>
<td>Obstetrical Care</td>
<td>10%</td>
</tr>
</tbody>
</table>
Heterogeneity

• Larger LHD are more likely to provide:
  – Clinical services (primary care, substance abuse, HIV/AIDS treatment, mental health)
  – Population-based primary prevention
  – Other public health programs

• Smaller LHDs are more likely to provide:
  – School-based clinic services
  – Regulation of cosmetology businesses, milk production
Regionalization

• Functional regionalization rather than one accomplished through statutory change

• Impetus for this regionalization
  – Small health departments serving limited populations do not have enough capacity for many specialized public health functions.
  – Form a consortium to carry out services more effectively
Non-governmental Public Health Organizations

- Community hospitals and health systems
- Ambulatory care providers
- Managed care
- Non-profit agencies
- Philanthropic foundations
- Universities
1. What is the difference between state & federal powers?
2. What is the difference between discretionary & entitlement programs?
3. What programs are administered by CMS?
4. What is home rule?
5. What are some of the most common LHD services?
6. What is meant by “regionalization?”