PHC 6102, Principles of Health Policy & Management
Week 2 Organization and Administration of U.S. Public Health Systems

A Framework for Public Health Administration and Practice

1. This week’s lecture reviews the Organization and Administration of U.S. Public Health Systems. In this segment the Framework for Public Health Administration and Practice is discussed.

2. The session objectives for this week are to identify the main components and issues in the organization and administration of public health systems in the U.S. and to apply concepts of "systems thinking" and professionalism to public health.

3. The framework is reviewed using seven reports from the past 35 years, each of which was important in developing public health in the U.S. This slide provides the seven report titles, the source and year published.

4. The first report reviewed is “The Future of Public Health.” It was published by the Institute of Medicine, also known as the IOM, in 1988. The IOM is the “Health” arm of the National Academy of Sciences. It is an independent, non-profit organization that works outside of government to provide advice to decision makers. This report was pivotal, as it recommended a new categorization of public health core functions. The core public health functions were defined as Assessment, Policy Development, and Assurance.

5. Assessment is the public health function of regularly and systematically collecting, assembling, analyzing, and making available data and information on the health needs of the community, including statistics on health status, community health needs, and epidemiological and other studies of health problems.

6. Examples of information collected in Assessment activities include vital statistics and communicable disease data, health manpower data, health interview surveys, and health status assessments.

7. The second public health function, Policy Development, requires public health agencies to act in the public’s interest in the development of comprehensive public health policies using scientific knowledge to develop and promote public policy. Public health agencies use information from the Assessment function to develop policies. A strategic approach must be used since policies are advanced (or not) via a democratic political process.

8. The Assurance function entails public health agencies assuring their constituents the services needed to achieve agreed upon goals, either by encouraging actions by other entities (private or public sector), by requiring such action through regulation, or by providing services directly. It was recommended that public health agencies involve lay policymakers and the general public in determining a set of high-priority personal and community-wide health services that governments will guarantee to every member of the community. This guarantee should include subsidization or direct provision of high-priority personal health services for those unable to afford them.

9. Examples of Assurance activities include inspections of food, product safety, licensing of health facilities and providers, health promotion, environmental activities, such as air quality and solid waste management, and personal health services.

10. As ongoing question regarding Assurance is whether public health departments should engage be involved in the delivery of personal health services (meaning medical care) or whether this activity should be restricted to the private sector. The 1988 IOM report strongly recommended that public health departments focus on core public health functions since the delivery of medical care diverts resources away from other public health roles.
11. The IOM’s follow-up report in 2002, “The Future of the Public’s Health in the 21st Century,” further explored the public health infrastructure and potential challenges within the public health system that could jeopardize the public’s health.

12. The 2002 report also identified six ambitious focal areas for change and action in public health. These included: Using a population health approach; Strengthening public health infrastructure; Supporting and promoting partnerships; Developing a systematic approach to ensure the quality and availability of public health services; Supporting and promoting evidence-based public health; and Improving communication within the public health system.

13. A report published by the U.S. Public Health Service in 1995 provided Vision and Mission statements that also listed Ten Essential Public Health Services. This uniform set of essential public health services has become the commonly accepted taxonomy for public health functions. These Ten Essential Public Health Services represented further development of the previously established core functions of Assessment, Policy Development and Assurance.

14. These are the first five Essential Public Health Services:
   1) Monitor health status to identify community health problems
   2) Diagnose and investigate health problems and health hazards in the community
   3) Inform, educate, and empower people about health issues
   4) Mobilize community partnerships to identify and solve health problems
   5) Develop polices and plans that support individual and community health efforts

15. These are the remaining five Essential Public Health Services:
   6) Enforce laws and regulations that protect health and ensure safety
   7) Link people to needed personal health services and assure the provision of health care when otherwise unavailable
   8) Assure a competent public health and personal health care workforce
   9) Evaluate effectiveness, accessibility, and quality of personal and population-based health services
   10) Research for new insights and innovative solutions to health problems

16. The next several slides review national health objectives from the Healthy People reports.

17. Healthy People 1979 resulted in a 1980 publication titled “Promoting Health/Preventing Disease: Objectives for the Nation.” This report outlined 226 goals in 15 priority areas across preventive health services, health protection, and health promotion.” The health promotion effort recognized multiple determinants of health involving biologic, social, environmental, and behavioral factors.

18. As a consequence of Healthy People 1979 project, considerable progress was documented in a number of areas including: controlling high blood pressure, immunization, infectious disease control, prevention of unintentional injuries, and control of smoking, alcohol, and drugs.

19. Further, there were significant declines in death rates for heart disease, stroke, and unintentional injury during the 1980s. This generated confidence for progress in succeeding decades and the next installment of objectives in “Healthy People 2000: National Health Promotion and Disease Prevention Objectives.”

20. Healthy People 2000 identified three broad goals in connection with improving the public’s health. These goals included: Increasing the span of life, reducing health disparities, and achieving access to preventive services. The report focused on health promotion strategies, health protection strategies, and preventive services.

21. In Healthy People 2000, health promotion strategies focused on lifestyle and personal behaviors including:
physical activity, nutrition, tobacco, and alcohol. Health protection strategies included environmental and regulatory activities, and preventive services included counseling, screening, and immunization.

20. Subsequently, Healthy People 2010 outlined a comprehensive, health promotion and disease prevention agenda that was “designed to identify the most significant preventable threats to health and to establish national goals to reduce these threats.”

21. Healthy People 2010 had two overarching goals: to increase quality and years of life, and to eliminate health disparities. To meet these goals, Healthy People 2010 had two broad types of objectives - measurable and developmental. Measurable objectives, similar Healthy People 2000 objectives, have baselines and available data for measurement purposes. Developmental objectives represent a desired outcome or health status for which current surveillance systems cannot yet provide data.

22. Healthy People 2010 delineated 10 leading indicators which could be used to measure progress in the health of the nation. The development of these indicators was viewed as critical to improving the planning process and communicating with the public. These 10 indicators included: physical activity, nutrition and obesity, tobacco use, substance abuse, responsible sexual behavior, mental health, injury and violence, environmental quality, immunization, and access to healthcare.

23. In defining the goal to eliminate health disparities, six major factors that contribute to disparities in the health of Americans were identified. These were: gender, race or ethnicity, education or income, disability, geographic location, and sexual orientation.

24. Another goal of Healthy People 2010 was to increase the quality of life. A healthy life means a full range of functional capabilities throughout each life stage. Health-related quality of life (or HRQOL) includes both physical as well as mental health. In defining HRQOL, it has a relationship to individual perceptions, as well as the ability to function.

25. This slide identifies the 13 new topic areas included in Healthy People 2020.

26. This concludes this lecture segment. The following provides questions that you should be able to answer after viewing this segment.