Organization and Administration of U.S. Public Health Systems: A Framework for Public Health Administration and Practice

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PHC 6102
Principles of Health Policy and Management
Session Objectives

• To identify the main components and issues in the organization and administration of public health systems in the U.S.

• To apply concepts of "systems thinking" and professionalism to public health
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<th>Publications we will reference in this lecture:</th>
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<td>Healthy People 1979: The Surgeon General’s Report on Health Promotion and Disease Prevention</td>
<td>HEW</td>
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<td>The Future of Public Health</td>
<td>IOM</td>
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<td>Public Health Functions Steering Committee - Vision &amp; Mission Statement</td>
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<td>Healthy People 2000: National Health Promotion and Disease Prevention Objectives</td>
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• A pivotal report
  • Defined recommendations for a new categorization of public health functions
    • Assessment
    • Policy Development
    • Assurance

• **Assessment:**

  – **Recommendation:**

    • Every public health agency regularly and systematically collect, assemble, analyze, and make available information on the health needs of the community, including statistics on health status, community health needs, and epidemiological and other studies of health problems.
Examples of Information Collected in Assessment

- Vital Statistics
- Communicable Diseases
- Health Manpower Data
- Health Interview Surveys
- Health Status Assessments
• Policy Development:
  • Recommendation:
    • Every public health agency exercise its responsibility to serve the public interest in the development of comprehensive public health policies by promoting the use of the scientific knowledge base in decision making about public health and by developing public health policy.

• Assurance

• Recommendations:

  • Public health agencies assure their constituents that services necessary to achieve agreed upon goals are provided, either by encouraging actions by other entities (private or public sector), by requiring such action through regulation, or by providing services directly.

  • Each public health agency should 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.
Examples of Assurance Activities

• Inspections (food, milk, product safety)
• Licensing of health facilities and health professionals
• Health promotion
• Environmental (air quality, solid waste management)
• Personal health services
The Future of Public Health (IOM 1988)

• **Question about Assurance**
  
  • Public health departments acting as the guarantors of public health vs. actually engaging in the delivery of medical care
  
  • IOM’s response to the question of whether a health department should provide assurance of healthcare (i.e., patient care)
    
    • **Strongly recommended** the assurance role rather than actual delivery of medical care
The Future of the Public’s Health in the 21st Century (IOM 2002)

- IOM’s follow up report to its 1988 report
  - explored further the public health infrastructure and the potential challenges within the public health system that could potentially jeopardize the health of the public.
The Future of the Public’s Health in the 21st Century (IOM 2002)

• Identified six areas of change and actions:
  1. Using a population health approach (environmental, social, and behavioral aspects of public health).
  2. Strengthening public health infrastructure.
  3. Supporting and promoting inter-sectoral partnerships.
  4. Developing a systematic approach to ensure the quality and availability of public health services.
  5. Supporting and promoting evidence-based public health.
  6. Improving communication within the public health system.
U.S. Public Health Service (1995)

- Issued a *Vision and Mission Statement for Ten Essential Public Health Services*.
- The uniform set of *ten essential health services* has since become the commonly accepted taxonomy for public health functions.
Ten 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 policies and plans that support individual and community health efforts
Ten Essential Public Health Services (Continued):

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
Healthy People reports:

- Healthy People 1979,
- Healthy People 2000,
- Healthy People 2010
- Healthy People 2020.
Healthy People 1979

• Health promotion/disease prevention effort
  • Based on the theory of multiple determinants of health
    • biologic, social, environmental, and behavioral factors
  • Focus of prevention and risk reduction
    • Individual susceptibilities and behavior
    • Agents of disease
    • Environmental factors
    • Interaction between these determinations.
Healthy People 1979

- Considerable progress was documented in the priority areas including:
  - High blood pressure control
  - Immunization
  - Control of infectious diseases
  - Unintentional injury prevention
  - Control of smoking, alcohol, and drugs
Healthy People 1979

– Significant declines in death rates in the 1980-1990 period due to: heart disease, stroke, and unintentional injury

– Success of the 1980–90 period provided optimism and anticipation for progress in coming decades

• New installment of objectives for Healthy People 2000 - “Healthy People 2000: National Health Promotion and Disease Prevention Objectives.”

Healthy People 2000

- Identifying three broad goals:
  - Increasing the span of life
  - Reducing health disparities
  - Achieving access to preventive services

- Strategies included:
  - Health Promotion
  - Health Protection
  - Preventive Services
Healthy People 2000

- **Health promotion strategies** focused on lifestyle and personal behaviors including:
  - Physical activity
  - Nutrition
  - Tobacco
  - Alcohol

- **Health protection strategies** included:
  - Environmental and regulatory activities.

- **Preventive services** included:
  - Counseling
  - Screening
  - Immunization.
Healthy People 2010

• Outlined a comprehensive, health promotion and disease prevention agenda which was “designed to identify the most significant preventable threats to health and to establish national goals to reduce these threats.”

• The final report had two overarching goals:
  • to increase quality and years of life
  • to eliminate health disparities.
Healthy People 2010 had two broad types of objectives—**measurable** and **developmental**.

- **Measurable objectives**
  - similar to the majority of the preceding Healthy People 2000 objectives
  - had baselines and available data for national measurement purposes.

- **Developmental objectives**
  - represented a desired outcome or health status for which current surveillance systems cannot yet provide data.
Healthy People 2010

- Ten leading health indicators:
  - Physical activity
  - Nutrition and obesity
  - Tobacco use
  - Substance abuse
  - Responsible sexual behavior
  - Mental health
  - Injury and violence
  - Environmental quality
  - Immunization
  - Access to healthcare

Development of the small set of leading health indicators was seen as critical to improving the planning process and communicating with the public.
Healthy People 2010

- Healthy People 2010 - Eliminating health disparities:
- Six major factors (social identities) that contribute to disparities in health of Americans.
  - Gender
  - Race or ethnicity
  - Education or income
  - Disability
  - Geographic location
  - Sexual orientation
Healthy People 2010

- This first goal of 2010 was to increase the quality of life (QOL), not just the years of healthy life.
  - A healthy life means a full range of functional capacity throughout each life stage.
  - A range of measures was used for this goal, relying on morbidity, mortality, and quality.

- Health-related quality of life (HRQOL)
  - includes both physical and mental health and their determinants.
  - Relationship to individual perception and ability to function.
  - On a community basis includes all aspects that have an influence on health.
Healthy People 2020

- **New Topic Areas**
  - Adolescent Health
  - Blood Disorders and Blood Safety
  - Dementias, including Alzheimer’s Disease
  - Early and Middle Childhood
  - Genomics
  - Global Health
  - Health-Related Quality of Life and Well-Being
  - Healthcare-Associated Infections
  - Lesbian, Gay, Bisexual and Transgender Health
  - Older Adults
  - Preparedness
  - Sleep Health
  - Social Determinants of Health
Questions

1. In the *Future of Public Health* (IOM 1988), define each of the core public health functions?

2. What did the IOM recommend for public health agencies regarding the Assurance function and the provision of patient care?

3. What are the essential public health services?

4. What were the three broad goals in Healthy People 2000?

5. What is meant by measurable objectives and developmental objectives?

6. What six factors were items of focus in eliminating health disparities in Healthy People 2010.