

University of Kentucky

From the Selected Works of F. Douglas Scutchfield MD

Fall September 14, 2012

Public Health Governance

F. Douglas Scutchfield, MD, *University of Kentucky*



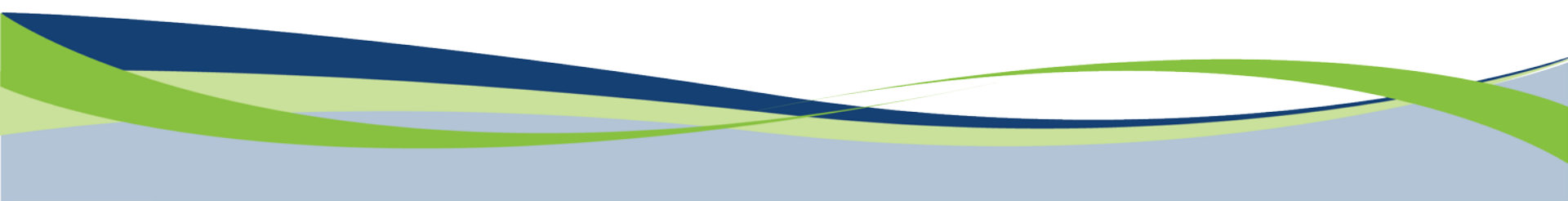
Available at: https://works.bepress.com/f_douglas_scutchfield/12/

PH/England/FPH
Public Health Governance Workshop
14th September, 2012

F. Douglas Scutchfield, MD, FACPM, FAAFP,
DSc(Hon), DHL(Hon)

Director

University of Kentucky
National Coordinating Center for
Public Health Systems & Services Research
University of Kentucky, USA



Tell them what you are going to tell them

- A brief recent history of public health in the US
- The IOM Report of 1988 and its implications
- Character of state and local health departments in the US
- Public Health Accreditation Board
- Quality Improvement
- Public Health Services and Systems Research

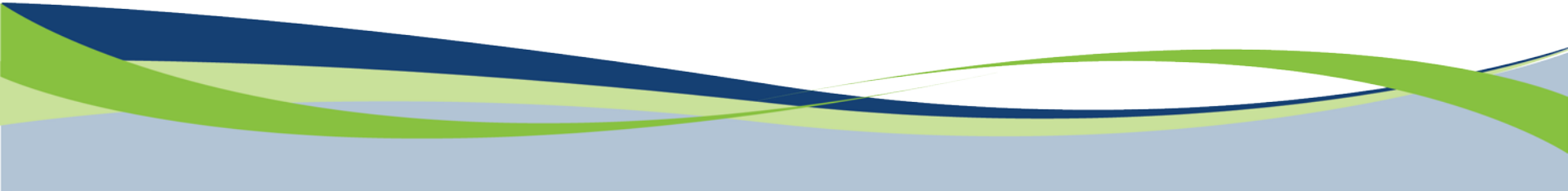


Historical Considerations in Public Health Practice

- 1925 Creation of the American Public Health Association Committee on Administrative Practices
- Public Health Department Appraisal Form (The idea was rather to measure the immediate results attained—such as statistics properly obtained and analyzed, vaccinations performed, infants in attendance at instructive clinics, physical defects of school children discovered and corrected, tuberculosis cases hospitalized, laboratory tests performed—)
- 1945 Subcommittee on Local Health Units, the Emerson Committee (Emerson's Basic Six-vital statistics, communicable disease control, health education, environmental health, laboratory services, maternal and child health) A Governmental Presence at the local level
- 1956 Committee dissolved
- Era of Public Health neglect and decline, as medical care, and financial access to care became the major concern of APHA, and US citizens and leadership

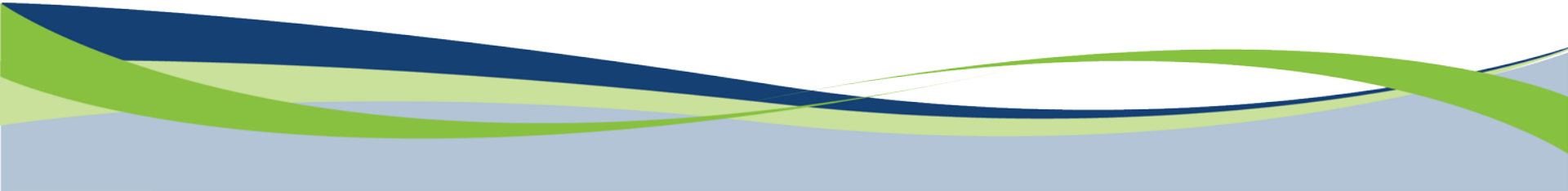
The 1988 Report of the Institute of Medicine The Future of Public Health

- “Most of the major improvements in the health of the American people have been accomplished through public health measures
- ...This nation has lost sight of its public health goals and allowed the system of public health activities to fall into disarray
- This volume envisions the future of public health, analyses its current situation and presents a plan of action that ...will provide a strong public health capacity throughout the nation”
- **Ushered in a renaissance of public health development in the US**



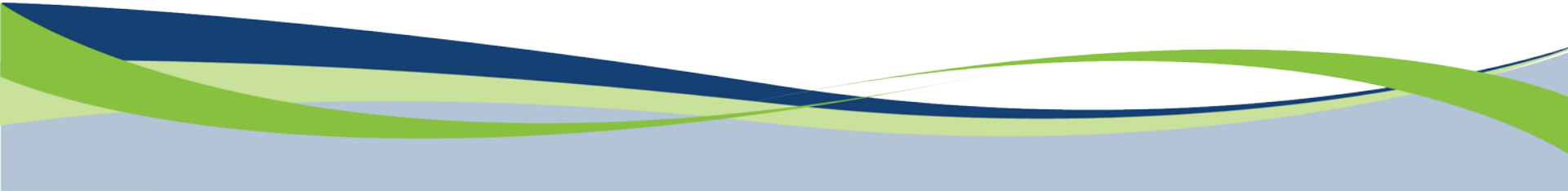
The 1988 Report of the Institute of Medicine The Future of Public Health

- The mission: “Fulfilling society’s interest in assuring conditions in which people can be healthy.”
- System vs Governmental Responsibility
- The core functions of governmental public health are: Assessment, Policy Development and Assurance.



The 1988 Report of the Institute of Medicine The Future of Public Health

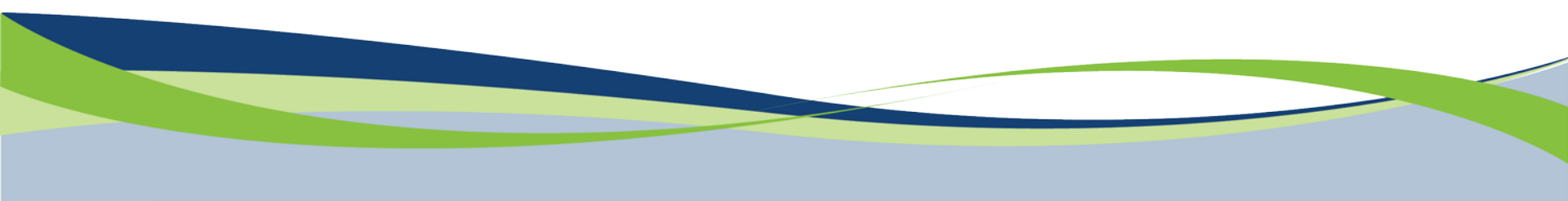
- Assessment: every public health agency regularly and systematically collect, assemble and analyze, and make available information on the health needs of the community..
- Policy Development: every public health agency exercise its responsibility by...development of comprehensive public health policies by promoting the use of scientific knowledge base in decision making about public health
- Assurance: public health agencies assure their constituents that services necessary to achieve agreed upon goals are provided, ...

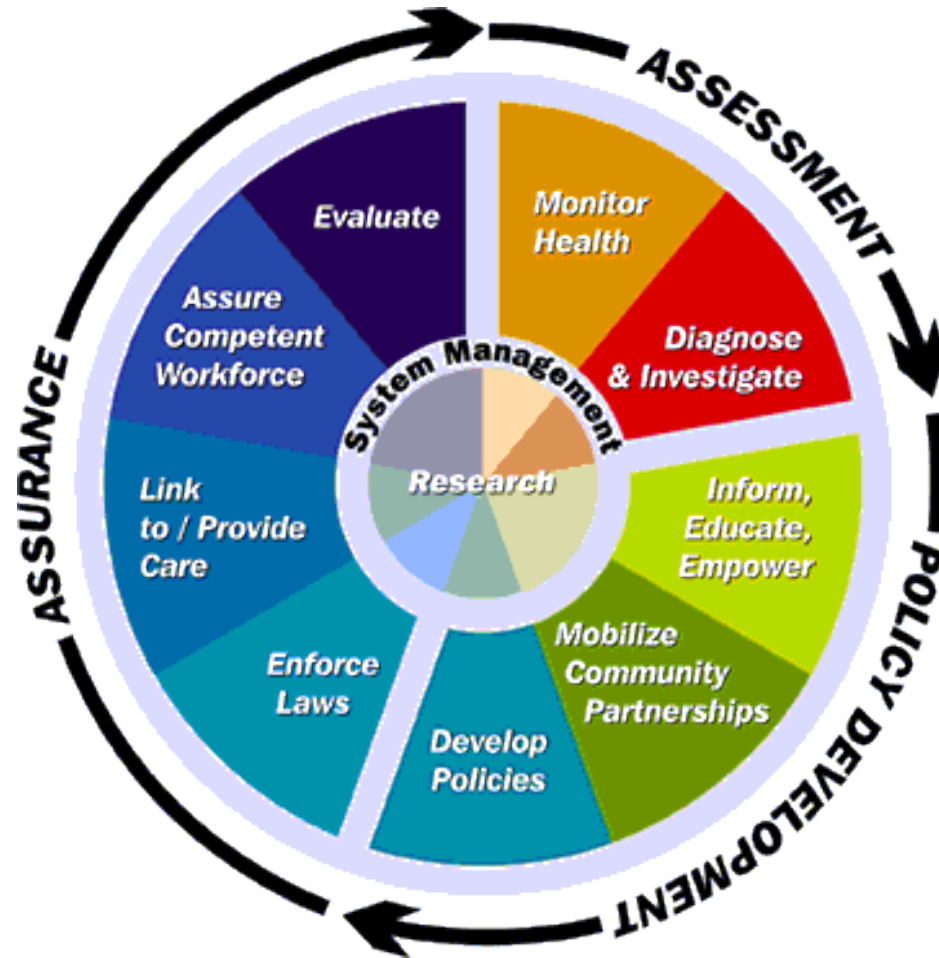


Ten Essential Public Health Services

- Monitor health status to identify community health problems
- Diagnose and investigate health problems and health hazards in the community
- Inform, educate, and empower people about health issues
- Mobilize community partnerships to identify and solve health problems
- Develop policies and plans that support individual and community health efforts
- Enforce laws and regulations that protect health and ensure safety
- Link people to needed personal health services and assure the provision of health care when otherwise unavailable
- Assure a competent public health and personal health care workforce
- Evaluate effectiveness, accessibility, and quality of personal and population-based health services
- Research for new insights and innovative solutions to health problems

Adopted: Fall 1994, Source: Public Health Functions Steering Committee, Members (July 1995):





Some Examples of The Public Health Renaissance

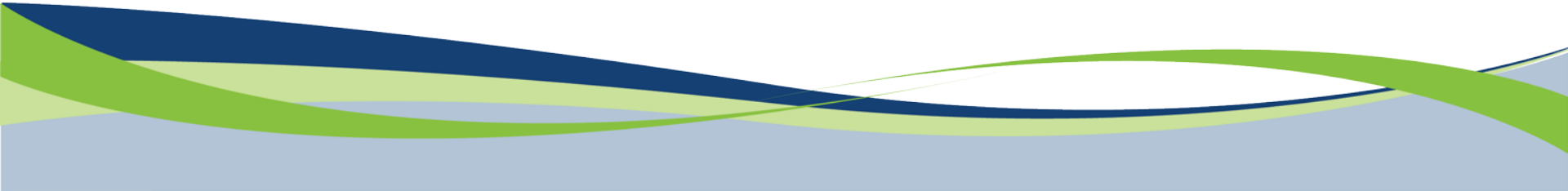
- The rise of the National Association of City and County Health Officials (NACCHO)
- The emergence of national surveys of public health departments
- The integration of public health practice and the public health academy
- The development of Community Health Assessment and Improvement tools, e.g., **Mobilizing for Action through Planning and Partnership (MAPP)**
 - National Public Health Performance Standards Program
- The emergence of Public Health Services and Systems Research (PHSSR)
- The use of tools that were of utility in medical care and their application to public health, e.g., Quality Improvement
- The emergence of public health accreditation, the Public Health Accreditation Board (PHAB)



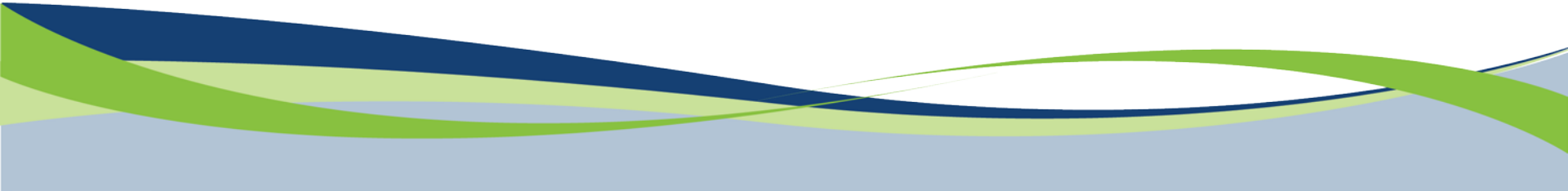
Mobilizing for Action through Planning and Partnerships



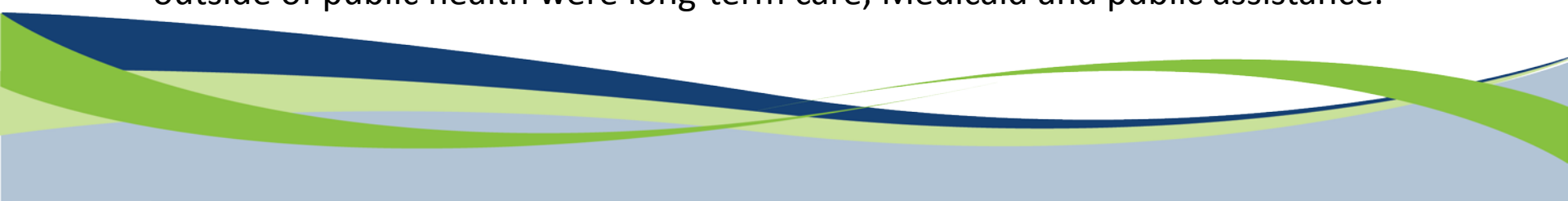
Some Characteristics of State and Local Health Departments in the US



Characteristics of the 58 State and Territorial Health Departments in the US: Organization and QI/Accreditation

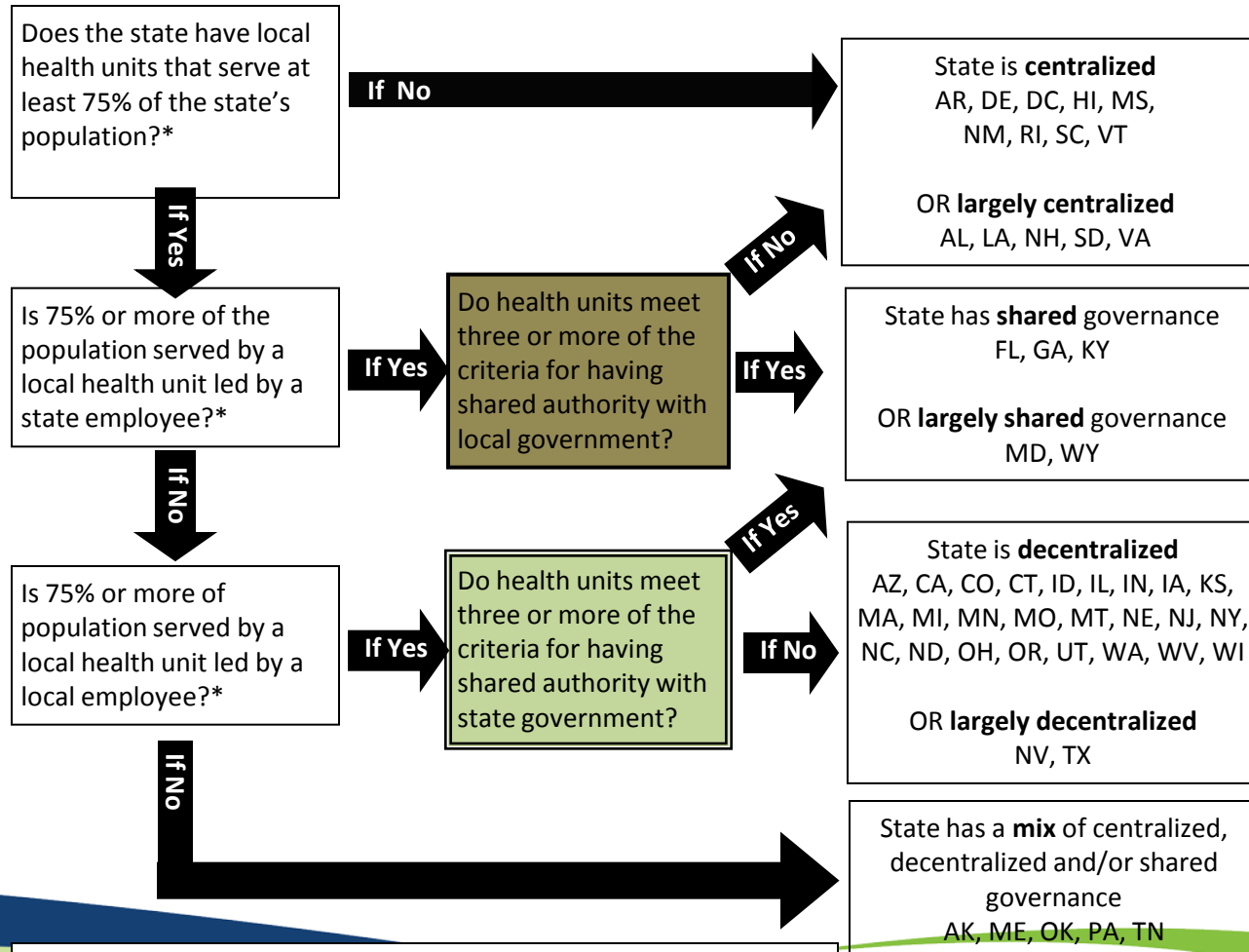


Organization of State Health Departments

- 55 %of state health agencies are free-standing, independent agencies within state government.
 - 45% of state health agencies are part of a super or umbrella agency.
 - States with medium and large populations more frequently report free-standing, independent agencies (71 percent of medium-sized states and 65 percent of large states).
 - There are no structural differences based on governance classification or U.S. region.
 - Of the 23 state health agencies that are a part of a super or umbrella agency, each cited responsibilities of the larger agency that are separate from the statutory responsibility of the public health administration.
 - In 2010 and 2007, the top three areas of responsibility in umbrella agencies, outside of public health were long-term care, Medicaid and public assistance.
- 

Governance Classification

Leadership of Local Health Units + Authorities = Classification of Governance

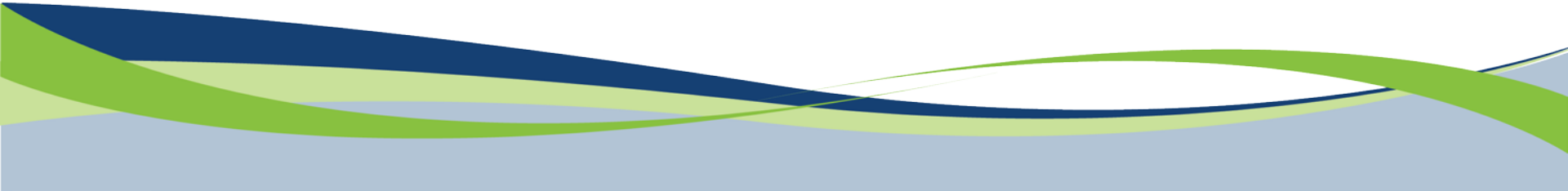


* If the majority (75% or more) but not all of the state population meets this designation, then the state is largely centralized, decentralized, or shared.

Key Findings From State Health Departments

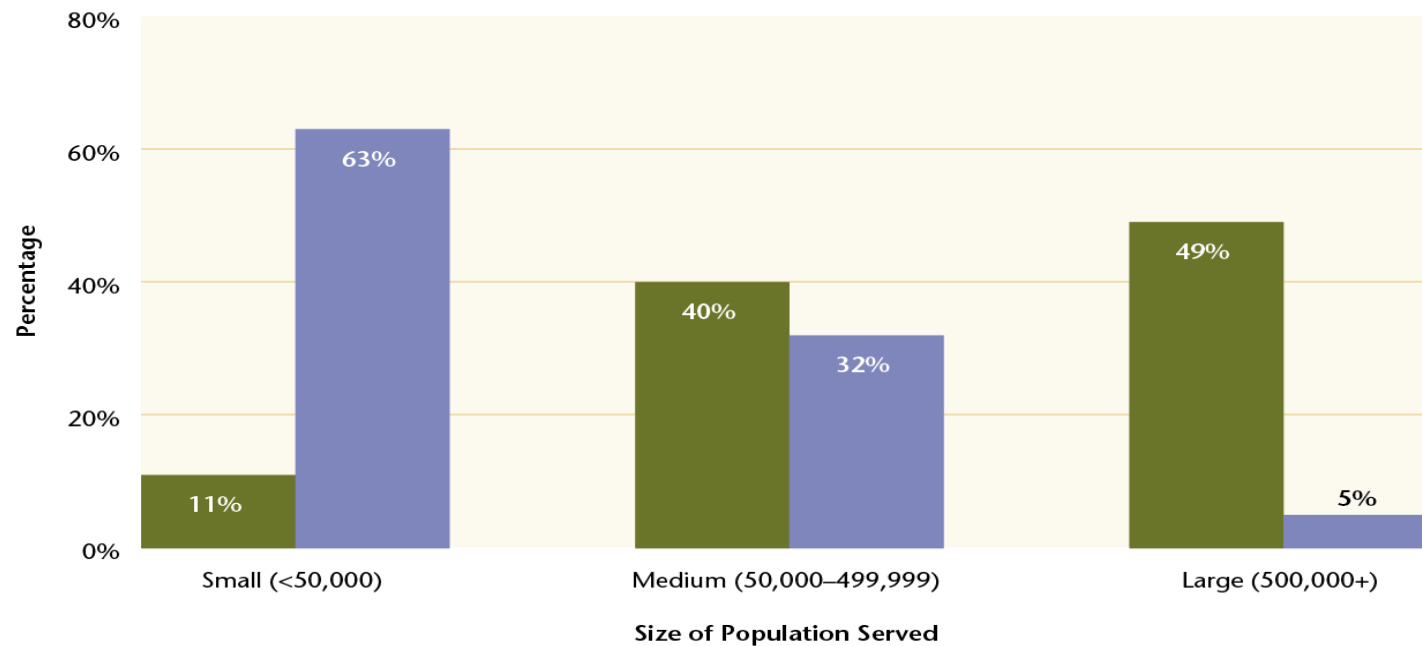
- Over 2/3 reported completing a **health assessment**
- 72% plan to seek **accreditation**
- States favor plan-do-study-act approach for **quality improvement**
- 88% set measurable **performance objectives**
- 57% have **staff** with time dedicated to monitor performance and quality improvement

Characteristics of the ~ 2500 Local Health Departments in the US: Organization and QI/Accreditation



Size and Population Served by LHDs

**Percentage of LHDs and Percentage of U.S. Population Served,
by Size of Population Served**



■ Percentage of U.S. Population Served ■ Percentage of All LHDs

N=2,565

Source: 2010 Profile of National Health Departments

Percentage of LHDs Providing the 10 Most Frequent Activities and Services Available Through LHDs Directly

Rank	Activity or Service	Percentage of LHDs
1	Adult Immunization Provision	92%
2	Communicable/Infectious Disease Surveillance	92%
3	Child Immunization Provision	92%
4	Tuberculosis Screening	85%
5	Food Service Establishment Inspection	78%
6	Environmental Health Surveillance	77%
7	Food Safety Education	76%
8	Tuberculosis Treatment	75%
9	Schools/Daycare Center Inspection	74%
10	Population-Based Nutrition Services	71%
<i>n ranged from 2,057 to 2,091</i>		

Source: 2010 Profile of National Health Departments

Percentage of LHDs Providing Screenings for Select Diseases and Conditions, by Size of Population Served

Disease or Condition	All LHDs	<25,000	25,000–49,999	50,000–99,999	100,000–499,999	500,000+
Tuberculosis	85%	78%	87%	88%	93%	91%
High Blood Pressure	67%	71%	69%	62%	58%	59%
Other STDs	64%	53%	60%	67%	84%	88%
Blood Lead	63%	58%	64%	65%	67%	69%
HIV/AIDS	62%	48%	58%	67%	85%	91%
Diabetes	44%	47%	44%	40%	42%	41%
Cancer	39%	32%	40%	41%	46%	50%
Cardiovascular Disease	33%	30%	34%	35%	36%	38%
<i>n ranged from 2,008 to 2,084 (Direct Services only)</i>						

Source: 2010 Profile of National Health Departments

Percentage of LHDs with a Local Board of Health, by Size of Population Served

Size of Population Served	Percentage with Local Board of Health
<i>All LHDs</i>	75%
<10,000	79%
10,000–24,999	75%
25,000–49,999	84%
50,000–74,999	80%
75,000–99,999	77%
100,000–199,999	73%
200,000–499,999	59%
500,000–999,999	64%
1,000,000+	33%
<i>n=2,099</i>	

Source: 2010 Profile of National Health Departments

Percentage of LHDs with Select Local Board of Health Functions*

Functions Performed	Percentage of LHDs
Advise LHD or Elected Officials on Policies, Programs, and Budgets	87%
Set Policies, Goals, and Priorities that Guide the LHD	81%
Adopt Public Health Regulations	79%
Approve LHD Budget	74%
Set and Impose Fees	73%
Hire and Fire Agency Head	65%
Request a Public Health Levy	39%
Impose Taxes for Public Health	18%
<i>n=1,565</i>	
<i>*Among LHDs with a Local Board of Health.</i>	

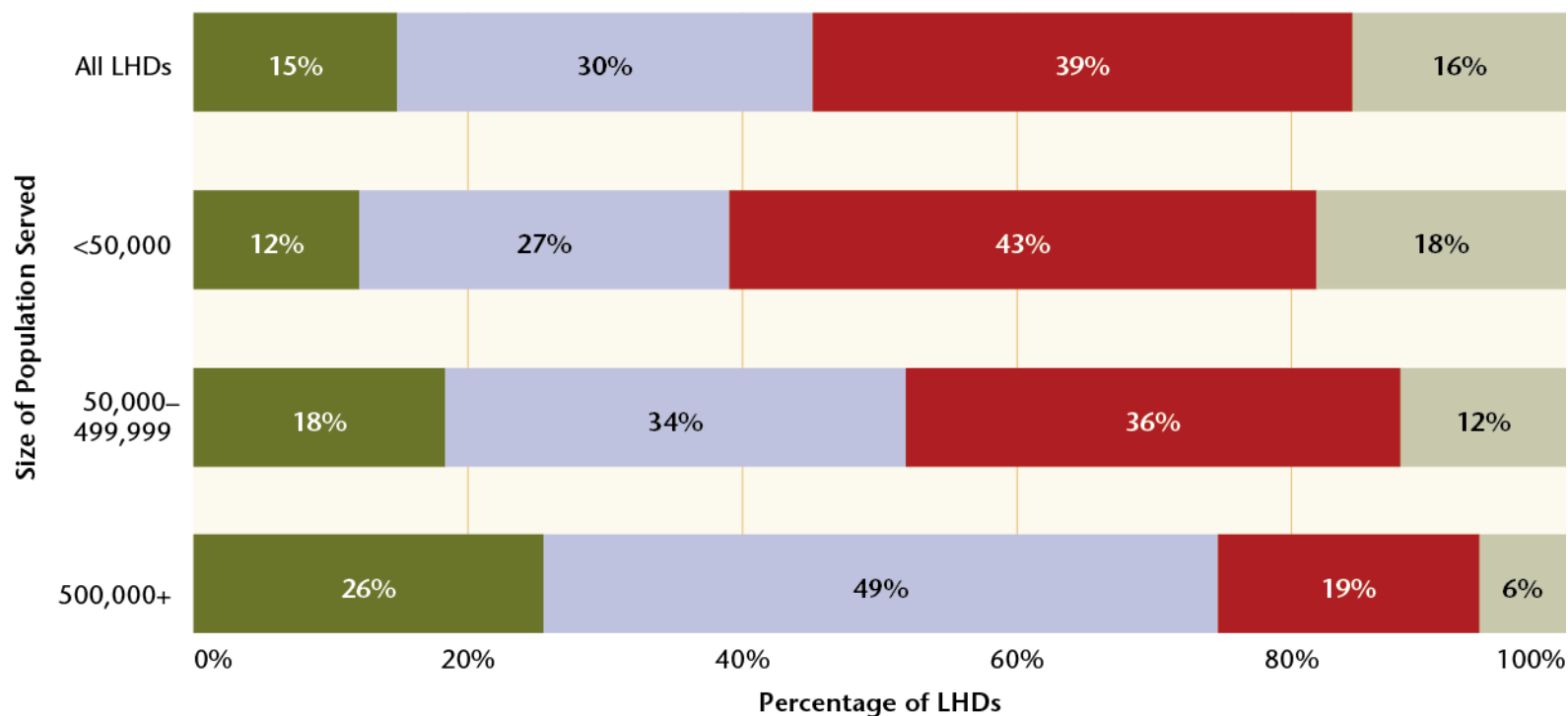
Source: 2010 Profile of National Health Departments

Percentage of LHDs with Community Health Assessment and Community Health Improvement Planning Activities, by Size of Population Served

Activity	All LHDs	<25,000	25,000– 49,999	50,000– 99,999	100,000– 499,999	500,000+
Community Health Assessment (CHA)						
Ever Completed CHA	75%	68%	81%	77%	80%	87%
Completed CHA in Past Three Years	43%	35%	47%	44%	49%	61%
Community Health Improvement Planning (CHIP)						
Ever Participated in CHIP	59%	54%	65%	60%	62%	63%
Participated in CHIP in Past Three Years	38%	32%	42%	37%	42%	48%
<i>n ranged from 2,082 to 2,091</i>						

Source: 2010 Profile of National Health Departments

Percentage Distribution of LHDs' Level of Quality Improvement Implementation, by Size of Population Served



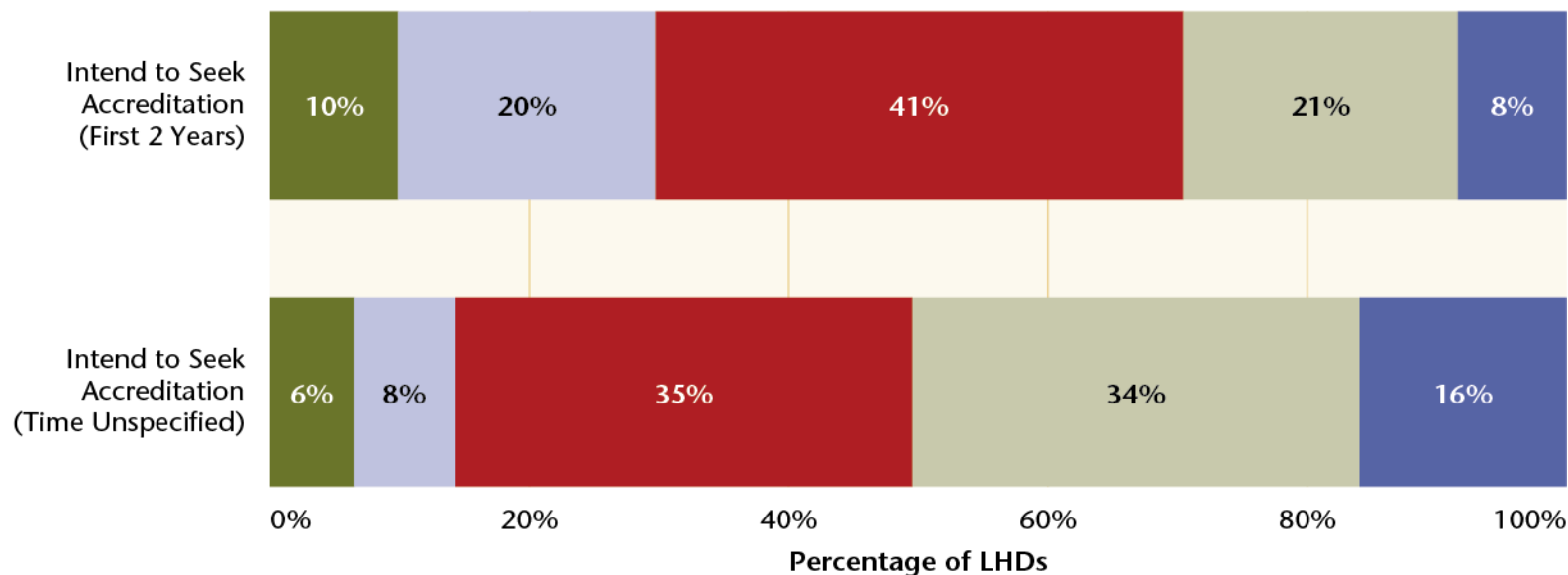
Level of Implementation

- Has Implemented a Formal QI Program Agency-Wide
- Formal QI Activities Implemented in Specific Areas
- QI Activities are Informal or Ad Hoc
- Not Currently Involved in QI Activities

n=522

Source: 2010 Profile of National Health Departments

Percentage Distribution of LHDs' Level of Agreement with Statements on Seeking Voluntary National Accreditation, Overall and Within First Two Years*



Level of Agreement

Strongly Disagree Disagree Neutral Agree Strongly Agree

n=448

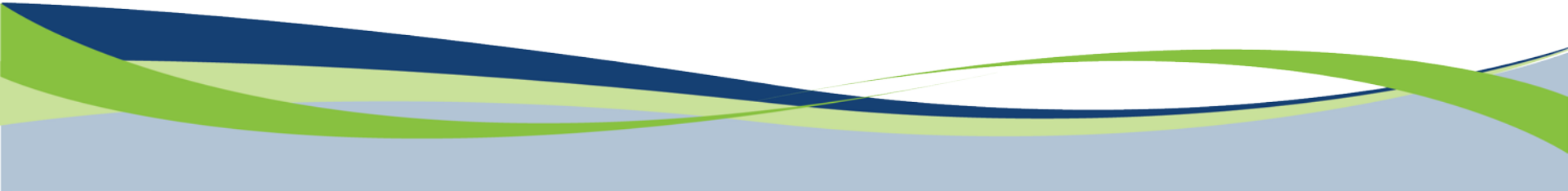
*Among LHDs with some familiarity with voluntary national accreditation.

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

Source: 2010 Profile of National Health Departments

Public Health Accreditation Board (PHAB)

History, operations and current status





Advancing
public health
performance

PHAB

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Welcome to the Public Health Accreditation Board

[Accreditation Overview](#)[Accreditation Process](#)[Education Center](#)[News Room](#)[About PHAB](#)

What is PHAB?

The Public Health Accreditation Board, located in Alexandria, VA, serves as the national accrediting organization for Tribal, state, local, and territorial public health departments.

[LEARN MORE](#)

Welcome to PHAB

The Public Health Accreditation Board (PHAB) is a nonprofit organization dedicated to improving and protecting the health of the public by advancing the quality and performance of Tribal, state, local, and territorial public health departments.

Featured Documents and Guides:



NATIONAL PUBLIC HEALTH
DEPARTMENT ACCREDITATION



PHAB STANDARDS
AND MEASURES



PHAB ACCREDITATION
ONLINE ORIENTATION

Evaluation of the PHAB Beta Test: Brief Report

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Latest News and Events

08.16.2011

The Evaluation of the PHAB Beta...

08.11.2011

PHAB is excited to announce details...

07.07.2011

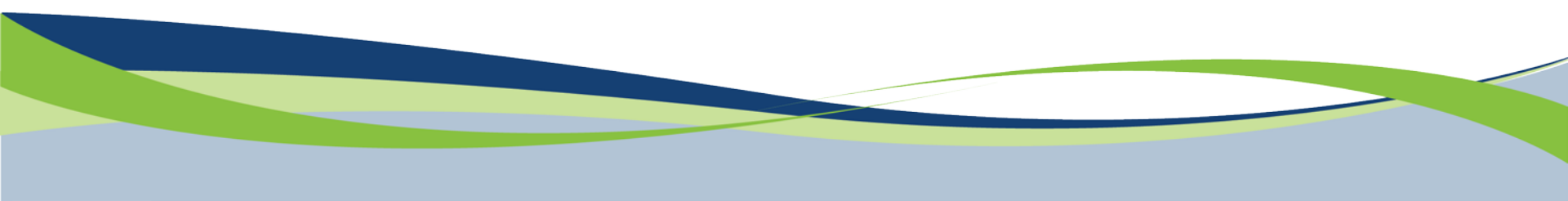
Read the June/July 2011 issue of...

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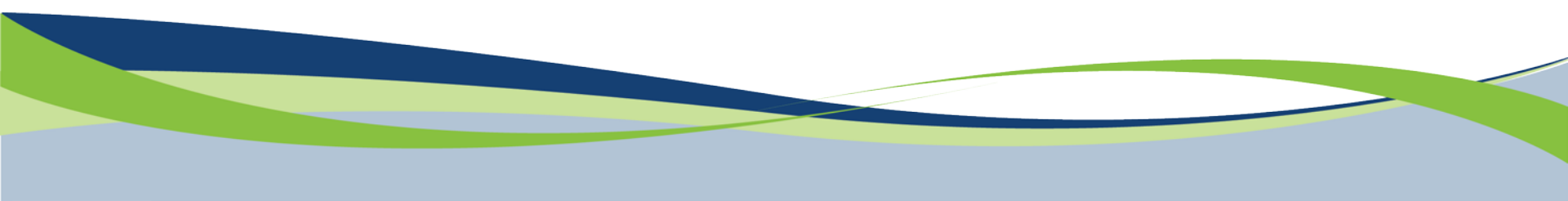
Public Health Accreditation Board (PHAB)

The goal of the voluntary national accreditation program is to improve and protect the health of the public by advancing the quality and performance of state ,local, tribal and territorial public health departments.



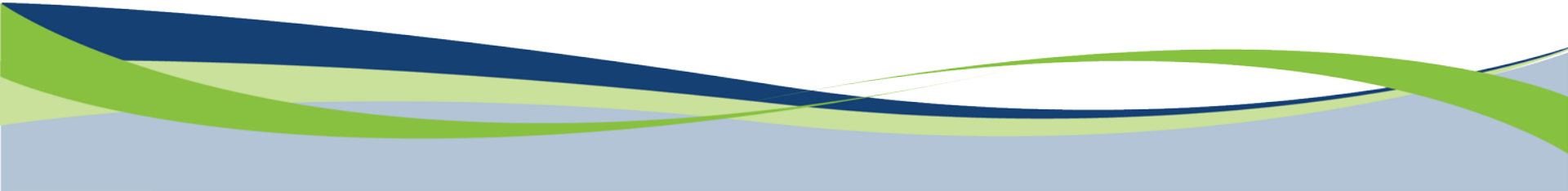
Development of PH Accreditation Board

2005	Exploring Accreditation Project (EAP) develops a model of national accreditation-Supported by funding from CDC and Robert Wood Johnson Foundation
2006	ASTHO, APHA, NACCHO, and NALBOH become BOI
2007	PHAB is incorporated in May
2008	Workgroups and committee begin development of accreditation standards and process
2009-2010	PHAB conducts beta test
2011	PHAB launches in September
2012	First health departments accredited



PHAB Standards Development

- Based on Ten Essential Public Health Services
- Developed by working groups for each essential service
- Needed to add administration and governance
- Based in part on National Public Health Performance Measures, existing state accreditation or certification
- Bench alpha tested
- Beta tested in state, local and tribal sites



PHAB Accreditation Steps

1. Pre-application

Applicant prepares and assesses readiness, informs PHAB of its intent to apply

2. Application

Applicant submits application and pre-requisites and receives training

3. Documentation Selection and Submission

Applicant gathers and submits documentation

4. Site Visit

Documentation review, site visit and site visit report

5. Accreditation Decisions

PHAB Accreditation Committee determines accreditation status:

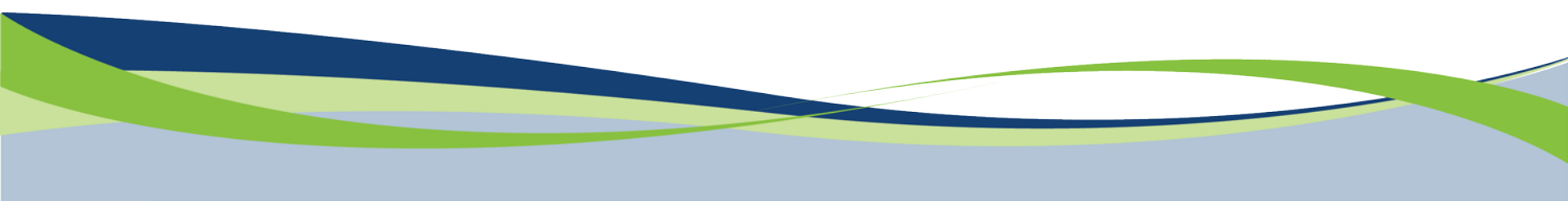
Accredited (5 years)

or Not Accredited

6. Reports

Annual progress reports

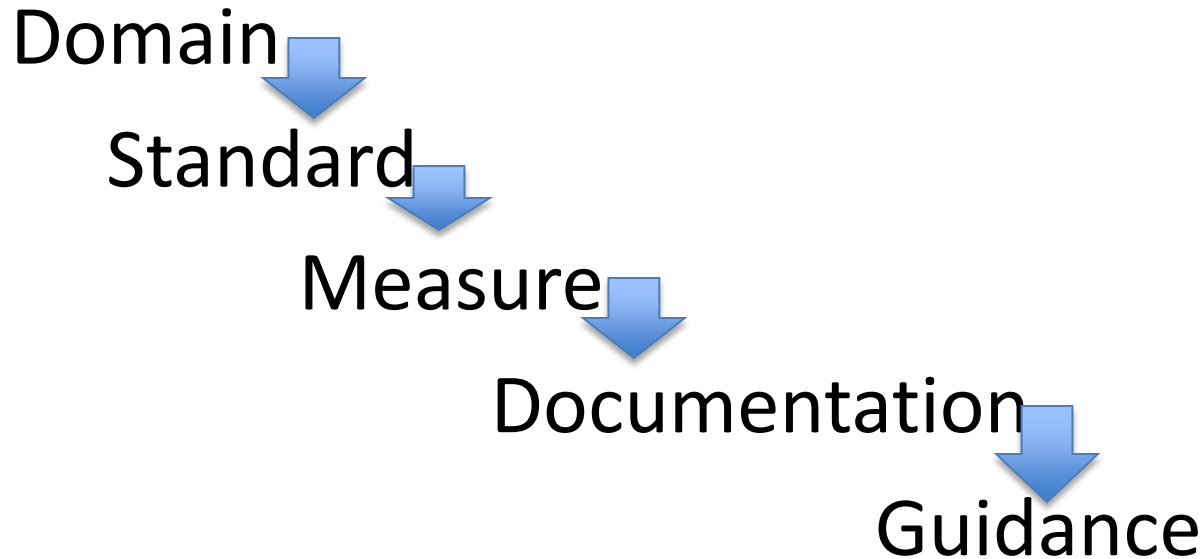
7. Reaccreditation



Domains for PHAB Accreditation

1. Conduct assessments focused on population health status and health issues facing the community
2. Investigate health problems and environmental public health hazards to protect the community
3. Inform and educate about public health issues and functions
4. Engage with the community to identify and solve health problems
5. Develop public health policies and plans
6. Enforce public health laws and regulations
7. Promote strategies to improve access to healthcare services
8. Maintain a competent public health workforce
9. Evaluate and continuously improve processes, programs, and interventions
10. Contribute to and apply the evidence base of public health
- 11. Maintain administrative and management capacity**
- 12. Build a strong and effective relationship with governing entity**

Structure of PHAB Standards



Domain 12: Maintain capacity to engage the public health governing entity

Domain 12 focuses on the health department's capacity to support and engage its governing entity in maintaining the governmental public health infrastructure for the jurisdiction served. Governing entities play an important role in the function of many public health departments. Governing entities both directly and indirectly influence the direction of a health department and should play a key role in accreditation efforts. However, much variation exists regarding the structure, definition, roles, and responsibilities of governing entities.

A governing entity, as it relates to the accreditation process, should meet the following criteria:

1. It is an official part of Tribal, state, regional, or local government.
2. It has primary responsibility for policy-making and/or governing a Tribal, state, or local, health department.
3. It advises, advocates, or consults with the health department on matters related to resources, policy making, legal authority, collaboration, and/or improvement activities.
4. It is the point of accountability for the health department.
5. In the case of shared governance (more than one entity provides governance functions to the health department), the governing entity, for accreditation purposes, is the Tribal, state, regional, or local entity that, in the judgment of the health department being accredited or PHAB site visitors, has the primary responsibility for supporting the applicant health department in achieving accreditation.

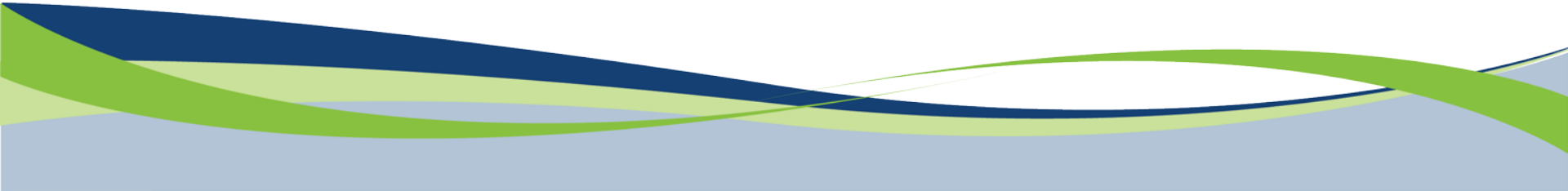
DOMAIN 12 INCLUDES THREE STANDARDS:

Standard 12.1	Maintain Current Operational Definitions and Statements of the Public Health Roles, Responsibilities, and Authorities
Standard 12.2	Provide Information to the Governing Entity Regarding Public Health and the Official Responsibilities of the Health Department and of the Governing Entity
Standard 12.3	Encourage the Governing Entity's Engagement in the Public Health Department's Overall Obligations and Responsibilities

Standard 12.1: Maintain current operational definitions and statements of public health roles, responsibilities, and authorities.

Measure	Purpose	Significance
12.1.1 A Provide mandated public health operations, programs, and services	The purpose of this measure is to assess the health department's knowledge and provision of the operations, programs, and services that it is mandated to provide and that those mandates are put into action.	Each health department has a set of mandated operations, programs, and services that it provides to protect and preserve the health of the population within the jurisdiction that it serves. It is important that the health department is knowledgeable of these mandates and performs them as required.
Required Documentation	Guidance	
1. Authority to conduct public health activities	<p>1. The health department must provide a copy of the body of law (statutes, rules, regulations, ordinances) that sets forth its mandated public health operations, programs, and services or a listing of mandated public health services and the reference to the legal citation. The health department must have copies or access to the laws and regulations available to the site visit team.</p> <p>An example is the disease reporting rules or regulations reflected by the Council of State and Territorial Epidemiologist's list of Nationally Notifiable Conditions. Other examples include: mandated vaccinations; mandated oversight of environmental public health conditions, such as solid waste, small public water systems, underground storage tanks, and hazardous materials; and various inspection programs, such as restaurant inspections.</p> <p>Examples of documentation for Tribal health departments may include: Tribal resolution, ordinance, or executive order.</p>	

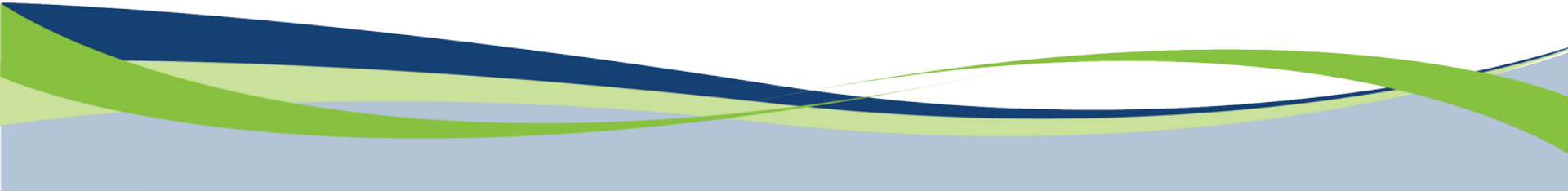
Quality Improvement in the US Public Health System: Where are we?



Quality Improvement PHAB Domain 9

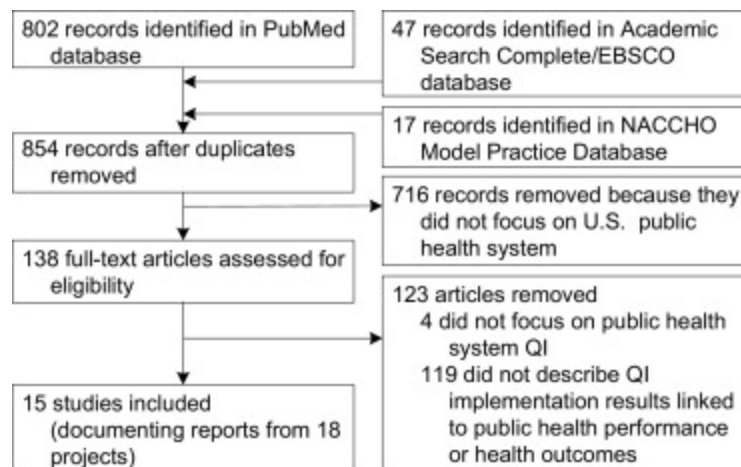
QUALITY IMPROVEMENT

- **DOMAIN 9: Evaluate and continuously improve processes, programs, and interventions**
 - Standard 9.1: Use a Performance Management System to Monitor Achievement of Organizational Objectives
 - Standard 9.2: Develop and Implement Quality Improvement Processes Integrated Into Organizational Practice, Programs, Processes, and Interventions



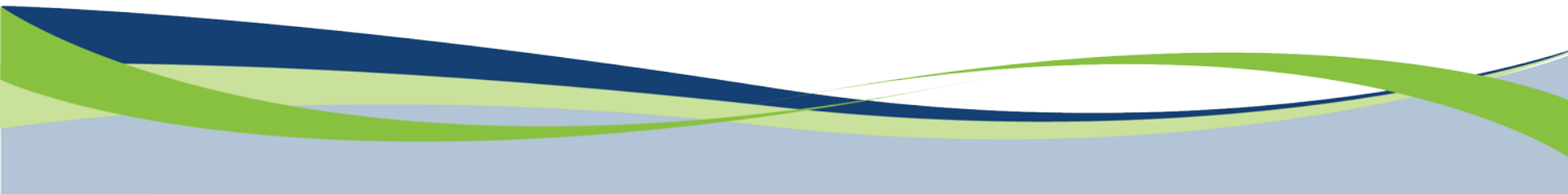
Quality Improvement in Public Health: a systematic review

Dilley, et. Al. AJPM May 2012



Summary by Categorical Groups

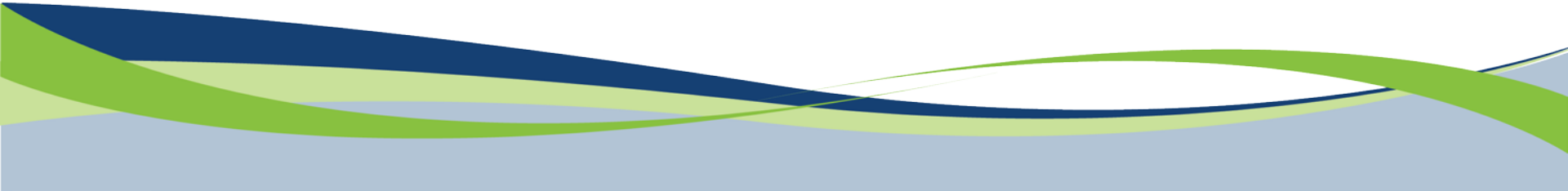
- Organization-wide quality improvement interventions, 4 studies-Big QI
- Specific program or service related intervention, 7 studies-Little qi
- Administrative or management practice improvements, 4 studies-both big and little



Some Conclusions

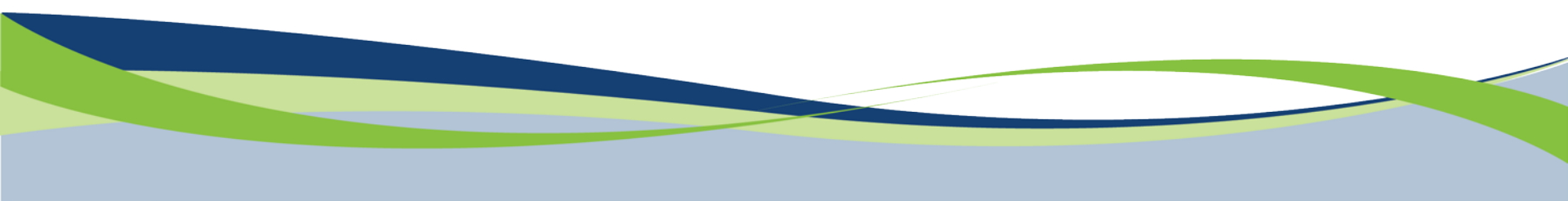
- Most articles were how to do QI
- Those that evaluated the impact looked at performance, not outcome.
- If they used standards, rather than outcome then standards need validity: **PHAB Standards**
- Interest is increasing, 1 published < 2000, 9 in last 3 years
- None included economic evaluation

How do we know what works? The role of public health services and systems research (PHSSR)



Public Health Services and Systems Research

- Public Health Systems Research (PHSR) is a field of study that examines the organization, financing, and delivery of public health services within communities, and the impact of these services on public health.
- PHSR is a multidisciplinary field of study that recognizes and investigates system-level properties and outcomes that result from the dynamic interactions among various components of the public health system and how those interactions affect organizations, communities, environments, and population health status.
- The public health system includes governmental public health agencies engaged in providing the ten essential public health services, along with other public and private sector entities with missions that affect public health.
- The term “services” broadly includes programs, direct services, policies, laws, and regulations designed to protect and promote the public's health and prevent disease and disability at the population level.

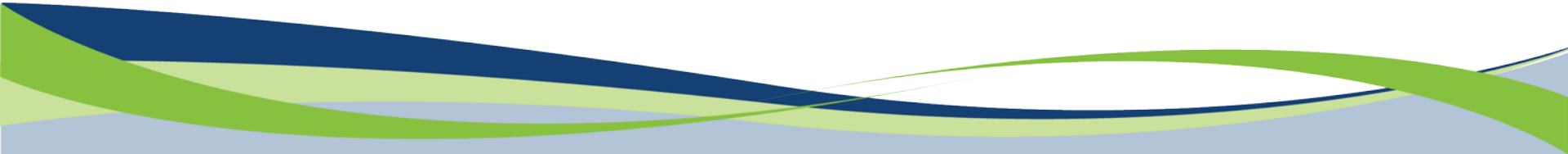


Public Health Services and Systems Research Agenda

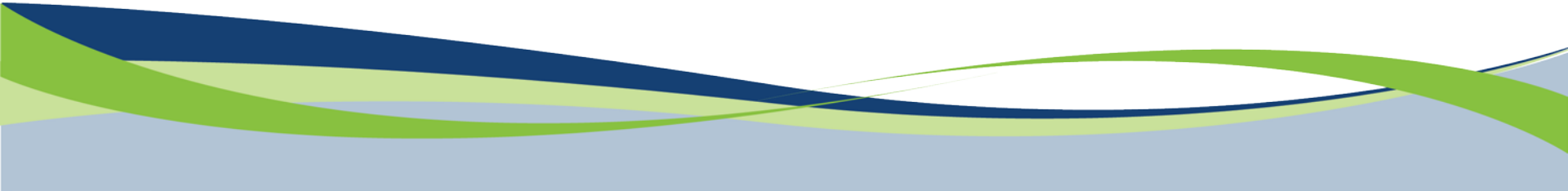
- The public health workforce
 - Enumeration
 - Demand, supply and shortages
 - Diversity and disparities
 - Recruitment and Retention
 - Workforce competencies
 - Educational Methods and Curriculum
- Public health system, structure and performance
 - System boundaries and size
 - Public health agency and governance
 - Interorganizational relationships and partnerships
 - Performance measurement, quality improvement and accreditation
 - Social determinants and social disparities in health
- Public Health Finance and Economics
 - Fiscal analysis
 - Financing mechanisms
 - Cost, performance and outcomes
- Public health information and technology
 - Capability to assessment and measure health outcomes
 - Translation and dissemination of research- tested public health strategies
 - Information and communication technology

Useful Websites

- National Association of City and County Health Officials
www.naccho.org
 - Profile and MAPP
- Association of State and Territorial Health Officials www.astho.org
 - Profile
- Public Health Accreditation Board www.phaboard.org
 - Accreditation of state, local and tribal health departments
- Centers for Disease Control, NPHPSP <http://www.cdc.gov/nphpsp>
 - National Public Health Performance Standards Program, performance evaluation
- Public Health Services and Systems Research
www.publichealthsystems.org



Questions?



National Coordinating Center for PHSSR

121 Washington Avenue, Suite 212

Lexington, KY 40517

859-257-5678

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