

Structure and Function of Public Health in Georgia

Transcript

This training is an introduction to the *Structure and Function of Public Health in Georgia*. The topics covered include:

1. The definition of public health;
2. How the three core functions and ten essential services provide a framework for the public health system;
3. The organizational and functional structure of the public health system at the federal level;
4. The public health system in Georgia including organizational structure, leadership, and key programs;
5. The authority and relationships between key public health entities in Georgia; and
6. How your local community can utilize public health resources to address health issues.

When people hear the words “public health” different images might come to mind. One person may think of public health as simply being the medical services provided at their local health department, such as vaccinations, pediatric and women’s health clinics, and nutrition counseling. A restaurant owner may think of the environmental services such as the health inspections at his or her restaurant. Another person might think of governmental agencies such as the Centers for Disease Control and Prevention. In reality, public health is all of these and more.

A widely accepted definition of public health comes from the Institute of Medicine, or IOM. The IOM falls under the umbrella organization of the National Academies, and is a non-governmental, non-profit organization whose purpose is to guide the health policy of the nation. The IOM states that the mission of public health is to “fulfill society’s interest in assuring conditions in which people can be healthy.”

By using this mission statement as a definition of public health, it sounds very broad and vague, so we will expand on this more fully.

Very simply, in contrast to the practice of medicine in which a doctor is concerned with each individual, public health is concerned with populations, groups, or communities of people. At times the health of an individual impacts the health of a community and thus individual health issues may also be addressed by public health.

In very general terms the purpose of public health is to:

- Prevent epidemics and the spread of disease;
- Protect against environmental hazards;
- Prevent injuries;
- Promote and encourage healthy behaviors;

- Respond to disasters and assist communities in recovery; and
- Assure the quality and accessibility of health services.

To further define what public health is, let's look in more depth at what public health does.

In 1994 the United States Public Health Service, along with other public health organizations, developed a framework to guide public health activities and services. This framework is commonly referred to as the 10 Essential Public Health Services and looking at these will further explain the functions of public health.

Essential Service No. 1 is to “monitor health status to identify community health problems.” An example of this might be monitoring the height and weight of all kindergarten-aged children in the community for obesity.

Essential Service No. 2 is to “diagnose and investigate health problems and health hazards in the community.” For example, if a physician diagnoses a person in the community with tuberculosis, the case would be reported to the local health department who would in turn supervise the treatment of the individual in partnership with the physician. Additionally, the health department would follow any persons who have had contact with the patient to ensure the disease is not spreading to others. Risks to the health of the community should be quickly identified and addressed to ensure a healthy population.

Essential Service No. 3 is to “inform, educate, and empower people about health issues.” An example of this would be a local media campaign using radio, television and/or print, to educate the community about the benefits of exercise in combating diabetes.

Essential Service No. 4 is to “mobilize community partnerships to identify and solve health problems.” This might be holding a blood pressure screening event at a local church or community center, or it could be partnering with a local radio station to broadcast smoking cessation tips. Forming community partnerships and using media to advocate for health services are effective methods to bring awareness of public health issues to the population.

Essential Service No. 5 is to “develop policies and plans that support individual and community health efforts.” When a city, county, or other jurisdiction, passes an ordinance which bans smoking in public places such as restaurants and bars; or when city planners allow for bicycle lanes when planning street construction, it is Essential Service No. 5 that is driving these efforts.

Essential Service No. 6 is to “enforce laws and regulations that protect health and ensure safety.” Restaurant inspections carried out by the county health department are an example of this service. Restaurants are required by law to comply with regulations regarding food handling in an effort to minimize food-borne illnesses. If a restaurant is

not complying with health department rules and regulations it might be forcibly closed down until it corrects the deficiencies.

Essential Service No. 7 is to “link people to needed personal health services and assure the provision of health care when otherwise unavailable.” Free, low cost, and sliding scale clinical services, offered at the local health department for individuals without other health care options are an important aspect of public health. In some communities the health department might be the only medical care provider to a large portion of the population. Even though care is being provided to individuals the ripple effect of these services is that the community as a whole is healthier when everyone is being cared for. Therefore these clinical services can be seen as being a critical part of public health.

Essential Service No. 8 is to “assure a competent public health and personal healthcare workforce.” It is the obligation of public health leaders to provide continuing education to the public health and healthcare workforce so that they remain up-to-date in the latest research and methods of practice in their fields. This might be in the form of professional conferences, workshops, or courses at a local college or university.

Essential Service No. 9 is to “evaluate effectiveness, accessibility, and quality of personal and population-based health services.” By formally evaluating programs and services it becomes evident where quality improvement should occur. This can be accomplished by measuring the health status of the community and service utilization. For example, a blood pressure monitoring program might be evaluated by both the number of people using the service and by whether there has been a decrease in illnesses that are related to high blood pressure - such as stroke - since the program began.

Essential Service No. 10 is “research for new insights and innovative solutions to health problems.” By staying abreast of research in the field of public health new solutions can be applied and further tested for effectiveness in improving the health of the population. Partnering with colleges, universities, and research institutions can promote awareness of, and participation in, the process of bringing innovation to the practice of public health.

These 10 Essential Services of Public Health can be grouped into three core functions of public health defined by the Institute of Medicine. These core functions provide a framework for how the essential services are delivered.

The first core function is “assessment” and includes essential services one and two, monitoring the health of the population, and diagnosing and investigating health problems and hazards. In other words, it is the responsibility of public health organizations to take the health “pulse” of the community and be knowledgeable about the overall health status of the community that is being served. By continually assessing the health of the population public health providers are able to contain problems that arise and adapt services to address population health needs.

Another important function of assessment is to verify that limited resources are being used to meet the greatest needs. If a community's health is not threatened by a particular environmental hazard such as older housing, for example, then programs to address illnesses related to this, such as lead poisoning, are not necessary and would be wasteful. Conversely if infant mortality is particularly high in a community, resources that are available should be used to address the problem. Routine monitoring and assessment can identify shifts in needs that may occur over time.

Core function number two is "policy development." Once health problems and hazards have been identified through assessment laws and regulations must be drafted to work towards solving these issues. Therefore it is the function of public health to continually inform governmental agencies on the benefits of implementing laws and regulations to protect the health of the community. Additionally policy can ensure that efforts to address public health issues are coordinated across local agencies such as schools, social services, and the health department, so that resources are used efficiently.

The third core function is "assurance." This function addresses the goal and mission of public health – assuring that conditions in which people can be healthy will ultimately be met; that all members of a community have access to care, including health promotion and disease prevention; that health hazards in the environment will be minimized or eliminated; and finally, that the quality of services will be evaluated and continually improved.

These three core functions work in a cyclical manner: assessment identifies needs; programs and policies are developed to address those needs; and assurance evaluates programs to measure success. As needs frequently change over time the cycle should be never-ending so that adjustments are made as needed.

In summary, the 10 Essential Services and three core functions provide a foundation upon which all public health programs can be built, ensuring a healthier population.

Federal Public Health Structure

So, how are all of these functions and services administered? Let's first understand how public health services are administered at the federal level.

At the top of the United States public health hierarchy is the Department of Health and Human Services, or HHS. It is the mission of HHS to "enhance the health and well-being of Americans..." To achieve this mission HHS serves as the federal umbrella organization for public health administration in the United States. Within HHS is the United States Public Health Service which encompasses eight agencies that are all related to health in some fashion. Several of them might be familiar, such as the Centers for Disease Control and Prevention which is headquartered in Atlanta, Georgia. The Food and Drug Administration and The Indian Health Service are two more examples. By offering leadership, research support, and funding resources, HHS

partners with public health agencies at the state and local levels working with them towards a healthier nation.

While most public health laws are left up to each state, the federal government does maintain the authority to enforce quarantines that would prevent the spread of certain diseases such as Severe Acute Respiratory Syndrome, or SARS, and viral hemorrhagic fevers such as Ebola. Otherwise each state establishes its own public health laws and regulations and has the authority to enforce them.

In addition to public health law enforcement each state determines how public health programs will be administered and whether they will be carried out at the state or local level. Because the federal government does not dictate public health governance at the state level, relationships between state and local government vary from state to state with regards to public health policy, administration, and enforcement.

In some states public health is governed at the state level. In others it is governed at the local, or county, level. In the United States four basic models have emerged to describe the relationship between state and local public health. The centralized model is one in which the entire public health system is operated by a state agency. The decentralized model is essentially the opposite in which there is no state governance, only county, or local, administration. The mixed model operates by having different programs fall under either the state or the county level. Last is the model that Georgia operates under, the “shared” or “hybrid” model, in which both state and local government jointly administer public health operations.

There are three levels of administration in Georgia’s model of public health operations: the state level; the district level; and the county level. As the name “shared or hybrid model” implies, in Georgia there is not a hierarchy in the typical sense of the state level being in charge of, or leading, the rest but a partnership amongst the entities with shared responsibility and supervision over services.

At the state level is the Department of Public Health, or DPH. DPH has a mission “to prevent disease, injury and disability; promote health and well-being; and prepare for and respond to disasters.”

The Department of Public Health is led by the commissioner, a physician appointee of the state governor, who has oversight of the numerous divisions, sections, programs and offices that make up the Department. The commissioner also has oversight over some programs administered at the county level primarily due to funds that come from the state level.

Examples of public health services directly administered by DPH are: maintenance of the reportable diseases database; operation of the State Public Health Laboratories; and the vital records service. Additionally, DPH provides the leadership and support for some programs offered at the county level such as the Women’s, Infants and Children Supplemental Nutrition Program also known as WIC.

Georgia is made up of 159 counties, second only to Texas in number of counties within a state. Each county has a board of health with the exception of Fulton County, which has a Department of Health and Wellness. These boards of health consist of both elected and appointed community members and have several key functions.

First, the boards of health are responsible for setting the direction and the priorities for the health department services. To do this board members must assess the health needs of the community as well as the resources that are available to address the identified health issues.

It is also the board of health's function to approve the health department budget, which the district health director develops for each county health department. The board then submits the budget to the county commissioners and it includes a recommendation for a specific amount of revenue to fund the health department services.

The county board of health should also adopt rules and regulations concerning public health in their community - as necessary and where they have jurisdiction to do so. Laws that are not within the jurisdiction of the state, such as local nuisance ordinances, are an example of this.

The 159 counties in Georgia are organized into 18 health districts that are made up of one or more counties. It is important to note that each county board of health remains a separate entity within the health district. The organization of counties into health districts is an effort to operate efficiently and share resources. As such, the district structure allows the county health departments to share the district health director as well as an administrative staff such as a human resources director, finance director, administrative assistants, and nursing director - depending on the size and resources of the district.

A district health director leads each of the health districts. The district health director is a physician who is appointed by the state health commissioner, approved by the county boards of health within the district, and serves as the chief executive officer of each county health department in the district. He or she manages the district and county health department staffs, submits the budgets of each health department to the county board of health for approval, and manages the day-to-day operations of the health departments and their programs.

It is also the role of the district health director to be a critical liaison between the county boards of health and the state Department of Public Health, reporting to both the state commissioner and to each county board of health within his or her district. Reporting to 2 bosses is not an easy job, therefore the law has granted wide discretion to the district health director in carrying out the duties of this position.

The relationship between the county board of health, the district health director and the state Department of Public Health is one of shared accountability and is important to

understand. All have significant but somewhat distinct roles in delivering public health services to the people of Georgia.

It is often assumed that all public health workers in Georgia are employees of the state. While some are, most of those who work in the district health offices and in the county health departments are not state employees. The confusion probably comes from the fact that health department employees earn state retirement benefits, are covered by the state's liability insurance and can participate in the State Health Benefits Plan. However, the district health director and the county board of health, not the state Department of Public Health, administer the county health department's budget and the salaries of the workforce making them board of health employees.

It is important to remember that federal agencies are also a part of the public health system in Georgia, in that federal funds provided to the state and county health departments are often directed at very specific programs. Many funds come with strict guidelines on what the money can be used for and thereby strong influence is exerted on the types of services that are provided.

An example of this is the Ryan White funding that some counties receive for HIV/AIDS related services. This fund is administered by the federal agency, Health Resources and Services Administration, or HRSA, and is directly targeted at HIV services. Because the monies cannot be used for any other purpose, it is in this sense that federal agencies are part of, and influence, the public health system in Georgia.

In tying together the essential services of public health that have been reviewed in this module, and how public health services in Georgia are administered, it is important to note that county boards of health have the opportunity to set the policy direction of services in their counties. For example, while there might be clinic services at the health department, such as WIC, and information available about diet and exercise to address obesity, a county board of health can take the further step of guiding a partnership with a local school to increase physical education time and remove unhealthy snacks from its vending machines. Another example might be the adoption and enforcement of tobacco-free schools and workplaces in a community with a high rate of chronic disease attributable to tobacco use.

By coordinating efforts and using local resources such as schools and local businesses, the boards of health have opportunities to greatly impact the health of their communities and further extend the reach of the county health department.

Discussion Questions

Consider the following questions:

1. Has an assessment of your community's health status been conducted recently? If so, what are the priority public health risks in your community? Are your community's public health priorities the same as the state and nation?
2. What state and federal programs or services could be used to address the public health priorities in your community?
3. What community assets, stakeholders and organizations (public health, health care and other community organizations) could be engaged to address these priority issues?

Resources for Boards of Health

Leaders within your community, including the district health director, may have further insight into these issues. In addition, for more information on state and federal public health priorities and associated programs and services, review:

- Georgia DPH Website for Current Public Health Priorities (<http://dph.georgia.gov/>)
- HHS Healthy People 2020 (<http://www.healthypeople.gov/2020/default.aspx>)
- CDC's Winnable Battles Priority Areas (<http://www.cdc.gov/winnablebattles/>)
- HRSA's 5 Public Health Priorities (<http://www.hrsa.gov/publichealth/>)
- National Association of County and City Health Officials: <http://www.naccho.org/> (Public Health Infrastructure and Systems)

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