APR 2007

innovations in public health

understanding state public health

Great innovations start with a single idea built up over time to create a truly great concept. We use the same approach as we look forward to the future. Just one person can accomplish great feats if driven, likewise many people with the same common goal can move mountains.

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The Association of State and Territorial Health Officials is the national non-profit organization representing the state and territorial public health agencies of the United States, the U.S. territories, and the District of Columbia. ASTHO's members, the chief health officials in these jurisdictions, are dedicated to formulating and influencing sound public health policy, and assuring excellence in state-based public health practice.

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Part I. Executive Summary

States are responsible for a wide range of public health functions and activities, making it a challenge to describe them in a broad, yet succinct way. Currently, no commonly-accepted shared definition has been developed to describe what public health services an individual should be able to expect from state government. Through the *Understanding State Public Health Project*, the Association of State and Territorial Health Officials (ASTHO) will develop a comprehensive report that defines the scope of state public health functions and responsibilities and will implement a communication and marketing plan that conveys this critical information to public health constituencies, elected officials, funders, and the general public.

There are certainly commonalities in public health across all state governments, however, states vary widely in the organization and implementation of public health activities. State public health functions may be assigned to a single health agency, to several divisions within an umbrella agency, or among a number of independent state agencies. These variations may influence development of health protection and promotion policies and affect the efficiency and effectiveness of public health services. Organizational relationships with local health departments also vary. Patterns include decentralized, centralized, shared, and mixed authorities. Variations may influence the alignment of state and local public health functions, the flow of information about health and disease in the population, and the distribution of public health activities within a state or across political boundaries. Regardless of how state public health structure affects functions and outcomes, a certain level of performance is expected by the public.

This project will strengthen the nation's public health infrastructure by creating a common understanding of the scope and responsibilities of state public health. The project will:

- Develop processes to deliver the message about high quality state public health performance to constituencies and demonstrate the value of state public health.
- Provide evidence for policy decisions about organizational structure and comparison data for assessing outcomes.
- Assure clear, consistent messages about state public health in an effort to align public expectation with state public health activities.
- Promote empirical analysis of the relationship of state public health infrastructure to health outcomes.
- Enhance public support for state public health through consistent, understandable communication and marketing.

Heightening the visibility of state public health demonstrates and promotes accountability to the public. Understanding the scope of state public health responsibilities will result in improved standing for state public health agencies. Supported by quality improvement initiatives currently being explored by ASTHO, the Centers for Disease Control and Prevention (CDC), The Robert Wood Johnson Foundation, and other public health interests, the enhanced visibility and accountability resulting from this project can be expected to result in improved health outcomes.

Part 2. Introduction and Background

A key component to promoting health and preventing disease involves creating a greater public understanding of the public health activities provided by state governments, specifically state health agencies. Development of a common understanding of the public health services an individual can expect from state government has gained the interest of the ASTHO membership as well as funding

communities. The National Association of County and City Health Officials (NACCHO) completed a version for local public health departments published in, *Operational Definition of a Functional Local Health Department*. This definition seeks "to describe the functions of local health departments, to help citizens and residents understand what they can reasonably expect from governmental public health in their communities."[1] The document also offers standards that describe the responsibilities of any local health department, regardless of location, size, or governing authority.

The goal of the *Understanding State Public Health Project* is to define the purposes, functions, roles and responsibilities of state governmental public health agencies and other entities engaged in state public health action to improve health outcomes for all and the conditions in which improvements can occur.

In October 2005, the ASTHO Executive Committee endorsed the development of a definition for state public health, noting that any description needs to recognize the diversity of state public health agencies and variations in performing certain public health functions. The ASTHO Executive Committee reiterated the point made in the Institute of Medicine (IOM) report, *Who Will Keep the Public Healthy in the 21st Century?,* which noted that states differ in whether the public health agency has responsibility for programs such as mental health and substance abuse, environmental health, and Medicaid. These differences make it complicated to frame and pursue a coherent national agenda concerning changes and improvements in governmental public health.[2] The state public health agency assures that the public's needs are being met no matter what governmental entity is providing the service. This project will define these functions and describe the outcomes the public should expect. In late 2005, ASTHO was awarded a grant from The Robert Wood Johnson Foundation for phase I, which concluded in December 2006 and explored the development of a definition and the potential objectives, processes, challenges and outcomes of this project.

The *Understanding State Public Health Project* is guided by an advisory taskforce made up of 13 individuals, chiefly state health officials and senior deputies. The taskforce is chaired by David Gifford, MD, MPH, Director of the Rhode Island Department of Health. ASTHO has also convened a forum of "strategic thinkers," academicians, researchers, and practitioners to advise on methodology and provide feedback from their unique perspectives. More than 25 interviewees also contributed to the initial work. ASTHO will continue to use the expertise of the above contributors to promote project credibility, integrity, and diversity.

Phase I of the *Understanding State Public Health Project* explored the current understanding of state public health among public health leaders and policymakers. The project determined that a common description of the level of public health performance an individual can expect from state government is desirable and assessed the potential for securing support from state governmental public health partners. The possible short and long term benefits of the project were explored and potential barriers to success were identified.

As the project enters Phase II, ASTHO will be working on two primary products:

- **A "professional" description** of state public health, reflective of all 50 states, which will be provided in a format useful to those working in state public health, to policymakers, and to other interested parties. The product may include a catalogue, diagram, reporting system or other illustrations depicting the value of state public health.
- **A "general" description** of state public health that resonates with the general population. This description will be delivered through a branding strategy and will include marketing activities to promote the understanding and importance of state public health.

Part 3. Phase I: Input from the Field

A main objective of Phase I of the project was to determine the usefulness of a common description of the level of public health performance an individual can expect from state government. ASTHO conducted 15-30 minute targeted interviews with public health experts and interested parties to assess the potential for securing buy-in from state governmental public health partners and to identify potential barriers to success (Interview format in Appendix).

Participants overwhelmingly agreed with the need to develop a common understanding of the scope of responsibilities of state public health.

Examples of how participants felt the product could be helpful include:

- "This will provide a consistent framework that we can start from when describing state public health."
- "This project will not only educate the public, but also educate our members about the scope, responsibility and vision of state public health."
- "I would like to see state to state comparisons to view the capability and progress of other state's programs to assess the progressiveness and capacity of our state public health system."
- "This is an opportunity to spotlight the troubles of state governments and state bureaucracies. This project can articulate the challenges states need to address at the state level."
- "There are times when state government officials point fingers at different groups who may or may not be responsible for providing such services – a definition may help various audiences understand governmental roles in the state and alleviate some confusion of the gray area."

No participant identified any issue serious enough to render the project impossible. However, cautions were raised regarding how a universal understanding could affect the field:

- "Need to be inclusive of all the professional elements needed to conduct public health practice."
- "The definition should not be diluted and weak, as to have no real meaning."
- "The definition could imply an imposition of regulation. Some states may need services that others do not need."
- "This may be perceived as a threat from some within the field."
- "The risk is that this will be defined from the public health agency perspective rather than the prevention and wellness perspective."

Without a product or framework to react to, participants expressed some confusion about the final product. When asked what format it should take, the majority of participants felt a marketing piece directed to the general public would be most useful. A second suggestion was a catalogue of state public health functions that could serve as a general reference and be updated regularly.

The results of Phase I indicate that the need exists for a common understanding of state public health's scope of responsibilities. Through the targeted interviews, ASTHO determined the feasibility of the project and gained support and buy-in from key partners. All participants indicated that they were not only very supportive, but eager to assist in the development phase. This support is crucial for the success of this and other associated projects and helps establish credibility for the project and its outcomes. It also helps to create ownership among the states who actively participate in the project.

Part 4. Phase II

Public health in general encompasses many aspects of life. The promotion of health and the protection of the public are achieved through an approach that includes health care, education, public safety, employment, policy, advocacy, disease prevention and control, and other factors. The agencies that help promote and protect the public are just as varied. In addition to health agencies, others such as police, emergency services, education, transportation, agriculture and environment play an important role as their activities affect the public's health. Public health can be defined broadly and should be integrated into many agencies, but state public health must also define its boundaries. There are certain public health activities that are primary responsibilities of a state health agency and others that are secondary responsibilities. Some state public health boundaries and responsibilities are specific and consistent across states, while other boundaries are unclear. Even activities that are primary responsibilities of a state health agency may be housed within different state agencies.

While states agree on the appropriateness of the placement of many services and functions within a state health agency the assignment of other functions to the state public health agency may be questioned. For instance, one state may agree that the forensics lab should be the primary responsibility of the state law enforcement agency, while another state may feel this arrangement creates a conflict of interest and forensics should exist within the state health agency. Phase II of the *Understanding State Public Health Project* will help to define these activities, regardless of which state agency is responsible, and describe the outcomes the public should expect so that public health functions and activities are available to assure improved health outcomes. Phase II will create messages that resonate with the public to improve their understanding of state public health.

Professional Description: The objective for this description is to communicate what state public health consists of in a way that is useful and meaningful to public health constituencies, elected officials, funders, and other interested parties. This will be accomplished through the development of a compendium of state public health functions and the creation of a mechanism that makes it simple for state public health constituencies to report and update changes in their infrastructure and function that can be shared with other state health agencies.

ASTHO will convene a separate committee to assist in the development and implementation of the state public health description. This small dedicated subset will consist of state public health professionals, who may include state health officials, ASTHO affiliates, or other professionals familiar with the mechanism and infrastructure of state public health. A description of state public health will be constructed in a language and context familiar to those working in the public health field through the guidance of this group, the project's advisory taskforce, academicians, and researchers. A methodical and detailed survey instrument, distributed to all state health agencies, will be instrumental in the creation of this description, which will be vetted by ASTHO members and affiliates, senior deputies, and local public health employees. Additional drafts will also be reviewed by other health and governmental agencies.

The state data collected will also be used to create a user-friendly electronic database that will provide organizational data useful in analyzing the relationship of state public health structure and functions to health outcomes. Some questions that could be further investigated include: Are outcomes affected when a division both regulates and promotes the activities of a department? How are program goals aligned with functions and how does that impact outcomes? How do states allocate resources to achieve greatest value across all functions?

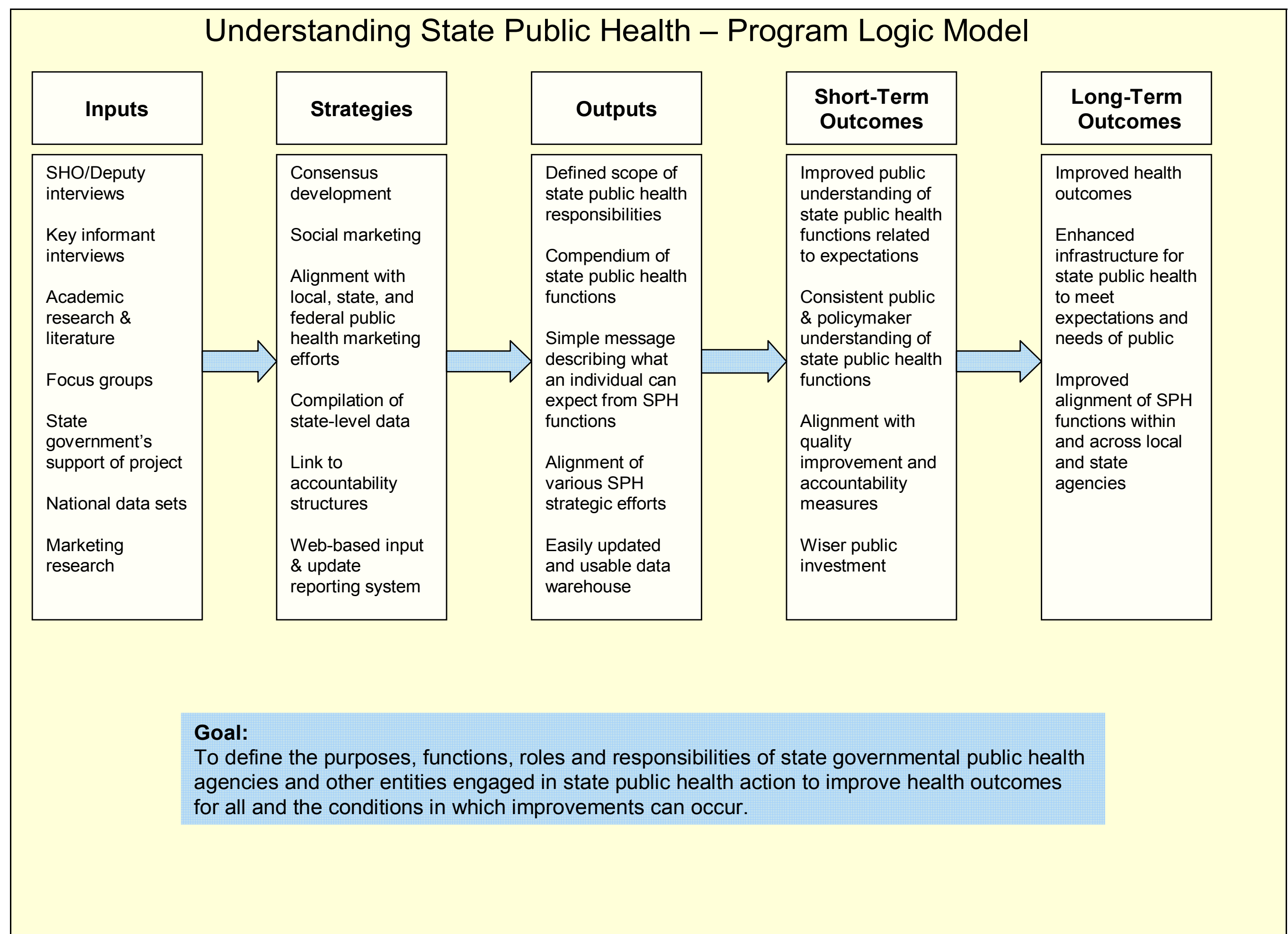
General Description And Marketing Strategy: The marketing project objective is to communicate what state public health is in a way that will resonate with the general public and will help develop their expectations of public health. As the public gains a more accurate perception of the specific responsibilities state health agencies are charged with, they will come to expect a level of perfomance that is accurately aligned with the state health

agency's activities and outcomes. Coincidentally, it will lead to greater accountability of the state public health system, which can lead to improvement in quality and outcomes. A better understanding of state public health responsibilities can also support appropriate resource alignment. Once constituencies better understand the function and value of state public health, they can make more accurate decisions regarding funding allocations.

This project will create an image for public health that is both relevent and compelling. This will be accomplished through the same processes and research technologies used by important consumer brands when faced with similar challenges, ensuring that the output will be powerful enough to anchor our communications activities for decades to come.

The research for the brand will include robust qualitative and quantitative phases. Following the research, three more steps will be completed. The first will be to craft a creative brief that will drive the subsequent development efforts. The second will be to construct a "Visual Identity Strategy" that is consistent with the aspirations of state public health constituencies and will work to support them. The third major component will be finalization of the communications plan and measurement system for future communication efforts.

The following logic model illustrates how this project will be guided and how it will lead to the long-term outcomes of: improved health, enhanced infrastructure for state public health to meet expectations and needs of the public, and improved alignment of state public health functions within and across local and state agencies.



Part 5. Overview of State Public Health

In the *Future of Public Health*, published by the IOM in 1988, the authors assert that states are the "pivotal actors in our federal system," and describe "the key ingredients" of states' central role in public health as:

- Statewide assessment, policy development, and assurance. It is the state's responsibility to see that functions and services necessary to address the mission of public health are in place throughout the state. This can be done by encouraging, providing assistance to, and/or requiring local governments or private providers to perform certain functions and services directly.

- Designating a lead agency for public health in the state (the place of ultimate responsibility) to fulfill the functions of assessment, policy development, and assurance. In most cases this will be the state health agency, which has the obligation—and should have the authority—to ensure that important public health goals are being met, even when their implementation has been assigned to another entity.[3]

The "public health duties of states" are further identified using the three core functions of public health as the basis.

- Assessment of health needs based on statewide data collection.
- Assurance of an adequate statutory base for health activities in the state.
- Establishment of statewide health objectives, delegating power to localities as appropriate and holding them accountable.
- Assurance of appropriate organized statewide effort to develop and maintain essential personal, educational, and environmental health services; provision of access to necessary services; and solution of problems inimical to health.
- Guarantee of a minimum set of essential health services.
- Support of local service capacity, especially when disparities in local ability to raise revenue and/or administer programs require subsidies, technical assistance, or direct action by the state to achieve adequate service levels.

Public Health in America advanced these concepts by establishing six public health goals and the ten key strategies for carrying out public health work at the federal, state and local levels. The ten key strategies, or methods, used by public health are the Ten Essential Public Health Services.[4]

What Do States Provide?

The U.S. Constitution establishes state governments as the chief protectors and guarantors of health of the people living within their borders.[5] To fill this role, states have organized activities in a variety of fashions, making it challenging to describe how states, in general, protect the public's health.

State public health generally focuses on the following key areas to carry out health protection and health promotion:

- Chronic disease and conditions
- Emergency and disaster preparedness
- Environmental health and safety
- Healthcare delivery
- Infectious disease
- Maternal and child health
- Mental health and substance abuse
- Injury control

State governments have responsibility for protecting public health. This responsibility takes many forms, including gathering, analyzing, and disseminating health information; regulating health threats and potential hazards; preparing for and responding to disasters and emergencies that threaten health; providing healthcare services and programs; regulating healthcare services and professionals; and paying for healthcare services to assure access. A subset of these services is assigned to an administrative agency usually called a health department or public health agency.

The range and scope of these activities varies by state. In the 1970s, ASTHO created the ASTHO Reporting System which was described as a nationally recognized primary source of information on the nation's state health departments.[6] However, comprehensive information on the resources and programs of state health agencies has not been available since the early 1990s[7]. This work was updated in 2001 by Beitsch, *et al.*,[8] through a survey of state health officials. ASTHO conducted a survey of state public health activities as a part of its salary survey in 2005. These descriptive studies focused on the work that a state's public health agency does. No single study provides a compendium of state public health services and functions (See text box).

The impact of state public health programs and services on people's health cannot be overstated. Creating a common understanding of state public health, as provided across the nation, is the first step to demonstrating the value state governments and state health agencies have on protecting and improving the health of all individuals in the country.

What Do States Delegate To Other Governmental Entities?

Delegation of functions among state health agencies reflects historical and political shifts within state governments and expanded state government responsibilities that affect such public health roles as assuring environmental health, linking people to needed medical care, and preventing and treating substance abuse. As policy, budget, and political issues occur, legislatures and governors may reorganize and reassign functions among agencies, or create and abolish super agencies or small, independent agencies. When environmental protection services expanded, for example, some states assigned environmental tasks to new environmental protection agencies or to natural resources and agriculture agencies, some assigned environmental protection to health agencies, and some split the tasks among public health and environmental protection agencies. State Medicaid programs have been similarly handled—sometimes combined with health agencies, sometimes separate agencies within an umbrella agency, and sometimes independent state agencies. Mental health and substance abuse agencies, which in many states still have direct operational responsibilities for hospitals, other inpatient facilities and clinics, may be within state public health agencies or separate agencies. The results of these formal delegations of authority are further delineated in the organizational patterns described below.

States may also delegate regulatory functions to authorities such as boards and commissions. Some state health agencies are themselves such agencies, with the Board of Health appointed by the state's governor holding the legal authority for all its functions. In other states, the board of health or other quasi-governmental boards and commissions have been delegated rulemaking authority, while the state health agency provides the staff and other services to carry out enforcement. In a reverse approach to delegation, states may combine independent regulatory boards into state public health agencies and authorize the public health executive to appoint the boards and oversee their functions.

A third pattern reflects the complex relationships among states and local governments. The delegations may include not only regulatory authority, individual sewage disposal system permitting, but also taxing authority of mosquito control districts, for example. While some local governments have constitutional

authority (“home rule”) to carry out public health functions, others act only as specifically authorized by state statutes.

What Services Are Contracted Out By States?

Two forms of contracting are particularly important: contracting for direct delivery of services and joint program development through nonprofit, private sector partnerships such as health advocacy associations, public health institutes, or universities.

The use of contractors has become a common practice. There are philosophic and practical reasons for contracting out direct service functions. For example, the WIC (Women, Infants, and Children) program may achieve improved efficiency, flexibility and geographic or cultural reach by contracting with community health centers and community-based clinics providing medical care to pregnant women, infants, and toddlers. A state health agency may also be able to achieve statewide coverage for family planning services by contracting with a federally funded nonprofit agency. In contracts such as these, the state can hold non-governmental agencies accountable for providing services that the state itself cannot deliver directly.

Partnerships with health advocacy associations, nonprofit institutes, and universities are a useful way to build flexibility and agility for many states. The advantages include direct connections among providers, researchers, and state public health workers; access to physical facilities and laboratories; and significant increases in the capacity to obtain and carry out discretionary program grants from federal and private sector sources. Where the partnerships have enabled joint applications, joint policy development, and strategic planning, they have resulted in substantial increases in funding sources from outside state government for needed state public health programs.

What Organizational Structures Do States Use?

The organization of state public health varies widely. Most activities are provided through the state health agency; however, other state agencies may play a primary role in guaranteeing that service is provided. In addition to state governmental structures, the delivery of service by level of government also differs from state-to-state. Knowing how a state is structured is critical to understanding how the state performs and delivers public health activities.

A 1996 National Governors Association (NGA) survey classified state health agencies based on their program areas and outlined four organizational models typically used to deliver public health activities:

- **Traditional Public Health Agency**—an agency that oversees public health and primary care only. While it may also administer one other health-related program (i.e., environmental health, alcohol and drug abuse), its responsibilities are usually limited to improving or protecting the overall health status of the public.
- **Super Public Health Agency**—an agency that oversees both public health and primary care and substance abuse and mental health. This usually includes administering services supported by the federal Substance Abuse Prevention and Treatment Block Grant and the Community Mental Health Services Block Grant programs.
- **Super Health Agency—**an agency that oversees public health and primary care as well as the state Medicaid program.
- **Umbrella Agency**—an agency that oversees public health and primary care, substance abuse and mental health, the Medicaid program, and other human services programs.[9]

The effect the structure has on how or where a service is delivered remains largely unknown, however in 2003, NGA examined the issue of restructuring and discovered that at least 22 states had considered, planned, or implemented structural changes to their state health agencies.[10] Developing a common understanding of the role public health provided by a state will give some indication of how or why a state chooses to organize one way or another.

It is also important to look at how the state delivers these services to the community. A 1998 research brief produced by NACCHO examined this issue and identified four key delivery methods:

How States Deliver Services	
Delivery	**Number of States**
Centralized	14
Decentralized	21
Shared	4
Mixed	11

- **Centralized**: The local health department is operated by the state health agency or board of health and the local health department functions directly under the state agency's authority.
- **Decentralized:** Local governments have direct authority over local health departments, with or without a board of health.
- **Shared Authority:** The local health department operates under the shared authority of the state health agency, local government, and the board of health.
- **Mixed Authority:** Services are provided by a combination of the state agency, local government, boards of health or health departments in other jurisdictions.[11]

A 2005 ASTHO survey found that public health services delivered at the local level continue to vary by state.[12] ASTHO is exploring the benefit and value of this current classification and is looking at ways to re-classify it to provide a more specific and useful designation.

What Key Statutes Govern Public Health Functions And Services?

Public health functions and services are enabled through statutory grants of authority from state legislatures.* Authority to conduct and enforce public health activities is given directly to a state health commissioner or state health agency (or other state governmental agency with responsibility for a public health service) or delegated to the state health agency through powers granted to the governor or state board of health. Depending on the state's organizational structure, specific authority may also be given directly to local health commissioners, agencies, or local boards of health. All states have a formal legislative grant of authority to conduct public health activities. Differences exist in the nature and extent of the powers granted. Depending on a state's structure, local health agency authority can flow through the state or exist as an independent grant of authority. A clear grant of authority provides limits that guide the state or local health agency's actions and provide a knowable set of standards for those subject to regulation and enforcement.

Statutes vs. Regulations. States structure their legal authorities to conduct public health activities in a variety of ways. Some states have very detailed statutes outlining express powers and duties of the state health agency. Other states have broadly worded grants of authority in their statutes, but do not address

* Legislation passed by a state's legislature and signed into law by its Governor (or enacted through a legislative override of a gubernatorial veto) is codified into the state's statutes. Legislation will either amend existing statutes or create new ones.

specific duties or activities in the statutes; these items are addressed in the regulations promulgated pursuant to the authorizing statute.[**]

Foundational Authority. Regardless of a state's organizational structure, all states have one or more foundational statutes that authorize the agency to conduct public health activities and allows it to promulgate regulations. Typically, there is a single statute (or chapter) in a state's statutory code that grants the state health agency authority. For the purposes of this project, ASTHO refers to this as the "general public health statute."

In the last five years, many states have reviewed their general public health statutes,[13] to determine if they provide sufficient powers to state health officials to allow them to engage in public health activities. They have also sought to determine if the laws accord with modern notions of due process.[†] A state's general public health statutes can include emergency health powers permitted to the governor or health commissioner in times of declared emergencies, or these can be contained in a separate statute.

This project will review general public health statutes and emergency health powers in the states, focusing on better describing how states structure their legal authorities with respect to public health functions and services. This analysis will identify commonalities among state public health system structures and the scope of legal authorities. A gap analysis also will be performed on the general public health statutes to distinguish where key public health activities are authorized, but are contained in other subject-matter specific statutes under the jurisdiction of the state health agency or in general grants of authority to other state or local agencies.

What Accountability Structures Do States Use For State Public Health Services?

States address and measure performance, quality, and accountability in a variety of ways. Within state public health agencies, leaders face issues related to performance at many different levels of the system.[14] Some states measure performance through agency-wide impact. Some states examine programmatic impact in a way that may or may not be aligned to the broader concepts impacting health outcomes.

There are essentially three ways a state addresses performance of public health:

- System-wide and/or agency assessment of performance.
- Local public health performance assessment.
- State agency programmatic funding support.

Performance and accountability standards present an opportunity for states to address and improve the quality of public health practice in their agencies and systems. Addressing quality in state public health is a relatively new area of study with limited research.

[**] Regulations are rules drafted and adopted by governmental agencies after a statutorily mandated period of public notice and comment period. Once adopted, regulations provide another legal basis from which the state health agency can conduct and enforce public health activities.

[†] Because some state's general public health statutes were substantially unchanged since the early 20th century, modern notions of substantive and procedural due process as developed through legislation and court decisions may not have been included in the earlier-adopted public health statutes.

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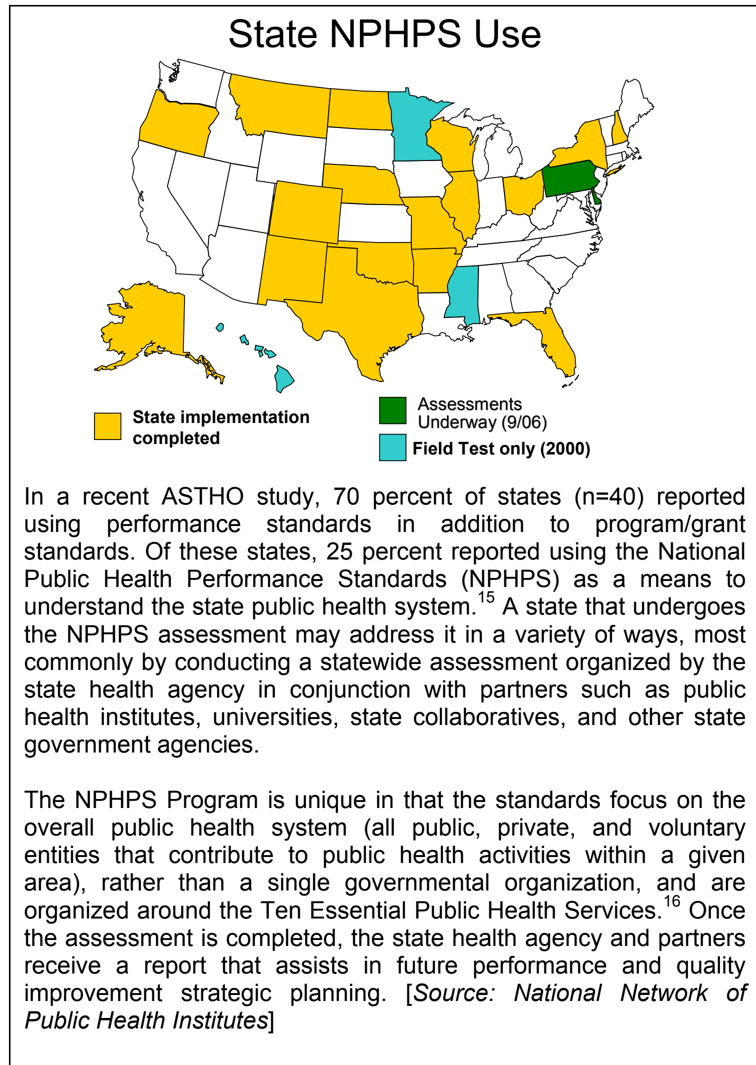
There is a lack of understanding of the level of state public health performance that can be reasonably expected from a state government. As a result, there remains a lack of consistency in addressing public health accountability and performance. This limitation means there is at present no acceptable way to measure health impact equally across states and nationwide. This needs to be done before the effect of state-based public health on the nation's health can be understood. Once understood, a uniform set of standards can be developed.

Statewide System Assessment: Developing and using performance standards is one way states address accountability for public health. The National Public Health Performance Standards program (NPHPS), an initiative supported by the Centers for Disease Control and Prevention (CDC), has developed standards for state and local public health systems and for public health governing bodies. The program mission is to improve the quality of public health practice and the performance of public health systems.[17]

State Assessment Programs: States may also focus accountability for governmental public health programs through state-based accreditation or accreditation-like systems. The National Network of Public Health Institutes recently completed a review of states that conduct these activities. It showed that each program varies in its structure, but all attempt to measure health impact statewide by working closely with local health departments.



In a recent ASTHO study, 70 percent of states (n=40) reported using performance standards in addition to program/grant standards. Of these states, 25 percent reported using the National Public Health Performance Standards (NPHPS) as a means to understand the state public health system.[15] A state that undergoes the NPHPS assessment may address it in a variety of ways, most commonly by conducting a statewide assessment organized by the state health agency in conjunction with partners such as public health institutes, universities, state collaboratives, and other state government agencies.

The NPHPS Program is unique in that the standards focus on the overall public health system (all public, private, and voluntary entities that contribute to public health activities within a given area), rather than a single governmental organization, and are organized around the Ten Essential Public Health Services.[16] Once the assessment is completed, the state health agency and partners receive a report that assists in future performance and quality improvement strategic planning. [*Source: National Network of Public Health Institutes*]

Programmatic Assessments: States also address accountability through programmatic performance assessments. For example, state injury prevention program directors can opt to undergo the State Technical Assessment Team Program, facilitated by The State and Territorial Injury Prevention Directors Association. This process brings a team of injury prevention experts into a state for a five-day site visit where the team interviews the staff and partners of the injury prevention program and assesses the capacity of the program to conduct primary prevention at that point in time.[18]

Part 6. Framework of Analysis

There have been efforts in the past two decades to define the "public health enterprise" systematically. The purposes of the efforts have varied, among them setting strategic priorities to improve health status, enhancing investment in population-level changes in health outcomes, distinguishing prevention and health promotion from diagnostic and therapeutic medical care for research purposes, and distinguishing

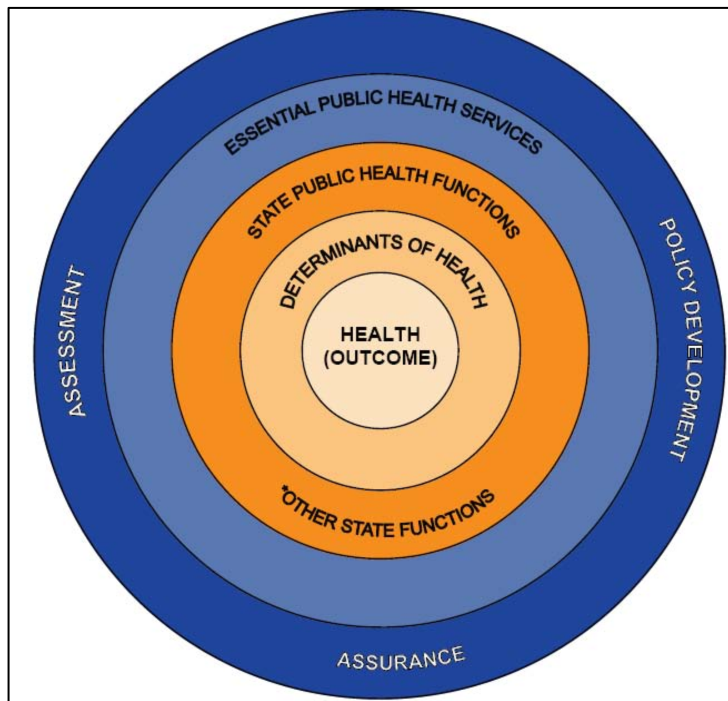
public sector health work from private sector medical work. Polling data demonstrate little resonance among the general public, who consistently report support for public health combined with limited knowledge about what it is.

The IOM framed the public health enterprise in terms of three functions: assessment, policy development, and assurance. This mission-oriented framework is helpful in organizing subsequent frameworks, describing the organizational practices of state health agencies, and supporting workforce development and research. It is less helpful in describing the work of public health to others, the task this project has undertaken.

An expanded framework was developed by a stakeholder process, the Public Health Functions Steering Committee, and published in 1994. "The Ten Essential Public Health Services" has been useful in explaining what health agencies do and in garnering resources for specific programs and services. This framework is attractive because it translates well into activities that health agencies may carry out.

These frameworks do not encompass everything that may need to be addressed in describing what an individual should be able to expect from the state public health agency. Earlier frameworks focused on controlling epidemics and outbreaks of infectious diseases, promoting child health and reproductive success, protecting workers, providing medical care to the indigent and the poor, overseeing medical services, and teaching hygiene. The rise of biomedical science as the central approach to health, the eclipsing of environmental health and sanitation by environmental protection, and the dominance of the federal government in paying for medical care have significantly affected the role of state governments in public health and reshaped state institutions accordingly. Bioterrorism response and emergency preparedness have been assigned to state public health agencies and state emergency management agencies, resulting in new expectations for public health agencies.

The "State Public Health Functions" ring in the figure to the right illustrates where the Understanding State Public Health project falls in the various frameworks presented about public health. The primary goal of public health is to achieve good health outcomes. These outcomes are principally affected by the determinants of health, as described in Healthy People 2010, such as behavior and physical and social environment. States have a responsibility to assure that public health activities address all of the determinants to improve health outcomes. Those activities follow the framework of the "Ten Essential Public Health Services" that can be further classified by the three IOM core public health functions: assessment, policy development, and assurance. This diagram provides a framework of how public health can address the needs of the public.



Current thinking about the determinants of the health of populations has had a profound impact on the public health work of state governments. To eliminate health disparities and work toward good health

across the lifespan requires much more than diagnosis and treatment of diseases. If the determinants of health are individual biology and behavior, the social and physical environments, policies and interventions that promote the health of people and communities, then the framework for analyzing state public health work should include the tools for influencing policies on taxation, economic development, environmental protection and access to diagnostic and treatment services.

Finally, the evidence for choosing an organizational structure remains limited. Business efficiency without attention to the goal of healthy populations may contribute to raising expectations for services that are unlikely to lead to improved health outcomes.

These factors demonstrate a need to establish a unique framework of analysis for state public health agencies. Existing frameworks, such as the IOM's three functions, and the "Ten Essential Public Health Services," along with other frameworks, will be used to develop this unique framework and to assist in the development of the state public health description. The unique framework will also help define the components of a state public health matrix of categorical functions, which will be used as a guide for developing the state public health survey tool referenced earlier.

Part 7. Conclusion and Next Steps

This paper provides a springboard for achieving the overall goal of the Understanding State Public Health Project: to define the purposes, functions, roles and responsibilities of state governmental public health agencies and other entities engaged in state public health action to improve health outcomes for all and the conditions in which improvements can occur.

Initial data collected from key informants and the literature will be used to develop consensus on the framework to be used in describing state public health responsibilities and cataloguing state public health functions and activities. The consensus development process will begin with a survey of state health officials and senior deputies. Data from this survey will provide the basis for compiling state-level data on the public health functions and organizational infrastructure in each state. It is expected that the core functions and essential services will be a part of the consensus framework, but that additional data will enhance the connection between these conceptual components and the public health functions, programs and services traditionally perceived as "public health" by the public and policymakers.

Initial analysis will identify the informational gaps that are critical to reaching a consensus on the key sets of defined state public health responsibilities and describe the variances among states. Once the data set is complete, it will be available for further analysis. The consensus description will aid in projecting infrastructure, workforce, resources and leadership needs. Similarly, this data could provide a foundation for incorporating performance standards and quality improvement strategies into state public health activities.

This project will also entail market research to examine the needs, attitudes, and perceptions of users and potential supporters of state public health. The data collected will be used to develop a social marketing plan for the consensus definition of state public health and to explore the issues around "branding" state public health. The information should be detailed enough that states are able to use it for their own social marketing and advocacy.

The project will produce an accessible and easily updated database of state public health functions and activities in the agreed framework will maintain the essential historical data to support analysis and research. The resulting data set will support a second order of analysis of the relationship among the determinants of health in states, the scope of public health responsibilities and state public health

functions, and the organization of state and state-local public health activities. This level of analysis should prove useful in standards development and cross-state assessment. The third order of analysis will be public health services research. It will be used to expand the evidence base for program and policy development to meet continuing and new public health challenges.

The Understanding State Public Health Project is a significant undertaking requiring a strong consensus process and opportunities to test the sensitivity and validity of the concepts under development. Constant communication among the project participants, careful attention to participation by interested parties, respectful dealings with comment and dissent, and adequate testing of consensus before the release of final products are the touchstones for success.

Endnotes

[1] National Association of County and City Health Officials. "An Operational Definition of a Functional Local Health Department." 2005 www.naccho.org/topics/infrastructure/documents/OperationalDefinitionBrochure.pdf accessed 09-18-2006. p.10

[2] Institute of Medicine. "The Future of the Public's Health in the 21st Century." 2003. National Academies Press: Washington D..C p.110

[3] Institute of Medicine. "The Future of Public Health, the Report of the Committee for the Study of the Future of Public Health" 1988. National Academy Press, Washington, .,C.

[4] *IBID.*

[5] Turnock, Bernard J. *Public Health: What It Is And How It Works.* 1997. Aspen Publishers. Gaithersburg, Maryland.

[6] Barry, Michael; Bialek, Ron MPP "Tracking Our Investments in Public Health: What Have We Learned?" *Journal of Public Health Management & Practice*. 10(5): Sept/Oct 2004.

[7] Turnock, Bernard J. *Public Health: What It Is And How It Works*. 1997. Aspen Publishers. Gaithersburg, Maryland.

[8] Beitsch, LM *et al.* Structure and Function of State Public Health Agencies, *Am J PublicHealth*, 2006. Vol 90:167-172

[9] National Governors Association, *Transforming State Health Agencies to Meet Current and Future Challenges.* 1996. Washington, D.C.

[10] National Governors Association *Reorganizing State Health Agencies To Meet Changing Needs: State Restructuring Efforts In 2003*. 2003. Washington D.C.

[11] National Association of County and City Health Officials. *Research Brief: NACCHO Survey Examines State/Local Health Department Relationships*. 1998. Washington DC: Vol. 2.

[12] ASTHO. *2005 ASTHO State Health Official Salary and Agency Infrastructure Survey*. 2005. Washington, D.C.

[13] Turning Point Model State Public Health Act: A Tool for Assessing Public Health Laws: www.turningpointprogram.org/Pages/pdfs/statute_mod/phsm_TP_model_state_ph_act.pdf

[14] Novick, Mays, (Ed.) *Public Health Administration: Principles for Population-Based Management.* 2001 Aspen Publishers. Gaithersburg, Maryland. p.431.

[15] ASTHO. "An Examination of State Performance Standards Use of Performance Standards." 2006. www.astho.org/pubs/AnExaminationofStateUseofPerformanceStandardsFINAL.pdf.

[16] CDC NPHPSP Fact sheet. www.cdc.gov/od/ocphp/nphpsp/nphpspfactsheet.htm accessed 09-25-06.

[17] CDC. National Public Health Performance Standards Program. www.cdc.gov/od/ocphp/nphpsp/ accessed 09-25-06.

[18] State and Territorial Injury Prevention Directors. *STAT Review Guide.* 2006. p.4

Appendix – Key Informant Targeted Interview

Introduction:

ASTHO is currently undertaking a project to explore the feasibility of developing a common definition of the public health services a citizen should be able to expect from his or her state government. The project is funded by The Robert Wood Johnson Foundation with hopes that a common understanding of the role of governmental public health at the state level will help to demonstrate performance, promote accountability, and strengthen interactions among partners.

However, before developing a common definition of core state public health services, it is important to make sure ASTHO acquires input from all partners that may have a stake in a shared definition by exploring the feasibility of conducting such a project. We would like to ask you several questions regarding this exploration; keeping in mind "the goal of the State Public Health Services project is to create a common understanding of the core public health services provided at the state governmental level that can be communicated to a wide general audience."

Questions: (Any individual being interviewed that is part of a public health agency – skip to question # 2).

1a) (For public health program related agency leaders (i.e. mental health, environmental health, substance abuse, etc.)

Given the purposes just described, how does your agency (or your members) contribute to the provision of public health services at the state level?

1b) (For governor's policy advisors, other general officers, and state legislators)

Given the purposes just described, which agencies in your state do you consider responsible for the provision or support of public health services?

2) From your (organization's) point of view, how might a national definition of the roles state governments play in protecting and promoting the health of the public be of help to you?

3) States have different organizational arrangements to manage public health services and policies. In order to develop a national definition of state governmental public health, we propose not to limit the definition to services and policies of a "designated health or public health agency." How would responsibilities for public health aspects of mental health, health care of the poor (Medicaid), education, substance abuse, environmental health and protection, safety, and other state services be defined for your state?

4) Do you see any problematic issues that could arise from the development of a national definition of state public health services? From your point of view, would any of these issues be so serious as to make the development of such a definition infeasible?

5) What would you say are the top three public health priorities your state is focusing on?

6) If you were able to survey state level public health leaders around the nation, what top three questions would you like to ask?

7) What format would a national definition on state governmental public health services be most helpful to you? (For example: a policy paper; marketing piece; model legislation; issue report.)

8) How would you like to be further involved in this process? Would you be willing to comment on the methodology and drafts of the definition?

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