

Public Health Administration

Principles for Population-Based Management

Second Edition

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FOREWORD

Public health administrators have many roles. They must hire and supervise personnel who provide services; they must understand the legal, political, and economic climate in which their organizations develop new programs, evaluate existing programs, and make the case for programs to an increasingly attentive constituency; and they must administer a budget to pay for these efforts. *Public Health Administration: Principles for Population-Based Management* provides the tools with which to think through and act on these responsibilities. The information provided in this text is both practical and fully informed by the theory, history, and context of each of its subjects. In the six years since the publication of its first edition, *Public Health Administration* has become essential reading for anyone concerned with improving public health practice.

Today, the U.S. Public Health System is part of a worldwide movement to control and improve the quality of public health services. This movement has several features rooted in business practices: customer service, decentralization, privatization, collaboration, innovation, an entrepreneurial organizational culture, and accountability for results. This movement suggests that public managers devolve authority, plan programs as if they were business ventures, measure performance, innovate, partner, negotiate, contract, and meet “customer” demands, however those are defined. In the light of this systematic reimagining of how public health should operate, public health leaders and managers must constantly negotiate between traditional responsibilities and demands compelled by a new understanding of governmental quality control.

This movement is occurring within the context of a complex array of trends affecting the United States today. These trends include changes in the make-up of the U.S. population; changes in health services delivery and financing; and global political, economic, and environmental developments. Many of these trends are national in scope, yet their effects vary substantially at regional and local levels. Other trends are specific to individual localities and regions, and the political and economic forces that operate within these areas. Every trend affects an administrator’s job in multiple ways. A downturn in the economy, for example, increases the number of uninsured or underinsured people a public health agency may be asked to serve; it affects the types of services the agency will be asked to offer as more people use it for their primary care needs; it affects morale in the public health workforce as its members are asked to do more with less; and it makes federal funding of

state and local public health programs more fragmented and precarious (thus necessitating the type of entrepreneurial management described above).

Public Health Administration gives public health leaders and managers the tools with which to translate what we *know* and *think* about public health administration into what we *do* every day. The pages of this text deal with every aspect of an administrator's responsibilities, defining terms, setting the issues in their historical and political contexts, and giving concrete advice that will help administrators just beginning their tenure as well as seasoned public health professionals facing new challenges or a changing landscape. While much attention has been paid, with good reason, to the need to provide greater access to formal public health training for the public health workforce, less has been paid to systematically providing training in management principles and methods to its leaders and managers. This text helps fill that gap.

We are treated in these pages to an array of writers, both knowledgeable and experienced in the topics they take on. The editors themselves have focused much of their professional attention on improving the public's health through prevention and, in the case of Dr. Morrow, through activity in bioterrorism preparedness and in developing plans for control and prevention of communicable diseases. Dr. Novick, both in his scholarship and in his years practicing the type of management and leadership this book describes, has been instrumental in moving the profession toward a practical and evidence-based approach to public health. In the 1990s, he chaired The Council on Linkages between Academia and Public Health Practice, and was a consultant to the Task Force on Community Preventive Services. The *Guide to Community Preventive Services* stems from that effort, a seminal resource for researchers, policy makers, and public health leaders needing to know what works and what doesn't when planning public health interventions. *Public Health Administration* applies the same type of expertise and insight to managing the people, money, and data that make public health interventions happen.

The assumption behind *Public Health Administration* is that nothing to which public health professionals aspire—no programs or interventions designed to improve and protect the health of the population—can happen without competent, effective leadership. And administration is the means by which effective leadership is translated into effective action. This text helps bring about that translation. It represents an important tool for improving the quality of public health service as it is practiced in every corner of the nation, now and in the decades to come.

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INTRODUCTION

Major events and advances in population health management have reshaped public health practice since the publication six years ago of the first edition of *Public Health Administration: Principles for Population-Based Management*. The field of public health is undergoing remarkable change necessitating the integration of new content throughout this second revision. Public health administration will continue to evolve in response to new challenges and technologies. The population-based approach, the hallmark of public health activities, will retain its importance in future efforts to improve the health of communities.

One area of increased emphasis since the publication of the *First Edition* is the imperative to reduce potentially preventable chronic diseases associated with health behaviors that are influenced by environmental and community factors. The growing “epidemics” of obesity and Type 2 diabetes are health threats that may even reverse progress in extending life expectancy.

Clearly, however, the greatest change to public health occurred after the terrorist attacks of September 11, 2001. These events redefined the role of public health. The ensuing emphasis on preparedness against such terrorist attacks highlighted the role of public health as a “first responder” and a member of the team planning for long-term protection and reduction of hazards to communities. The term “public health infrastructure” came into popular usage to emphasize the need for a basic public health capacity for all communities and to justify the investment of federal and other resources. This infrastructure is to provide protection not only against terrorism (most notably bioterrorism) but for any emerging infectious diseases.

Controversy has accompanied the new preparedness focus of the public health agenda. Does an emphasis on terrorism preparedness reduce investment and dilute commitment to other vital functions?^{1,2} While this has indeed occurred, the influence of the new priority of preparedness and the accompanying allocation of funds for that purpose have resulted in major changes for the field which are described in detail in this new edition. The stimulus engendered by bioterrorism has expanded to the threats of emerging disease and natural disasters. The rapid geographic expansion of West Nile Virus infection in the United States, Severe Acute Respiratory Disease (SARS), and the specter of pandemic flu have become concerns since the publication of the *First Edition*.

Similarly, devastating natural disasters, such as the 2004 tsunami and Hurricane Katrina in 2005, have had a major impact on the health of the public. The tsunami was one of the deadliest international disasters ever recorded. Katrina caused the largest displacement of individuals of any disaster ever experienced in the United States. Many of the displaced individuals were impoverished, further emphasizing the public health consequences of this event. The chapters on surveillance, communication, informatics, disasters, public health law, and ethics in this new edition reflect the necessary related changes and advances in public health practice.

The chapters on law and ethics have substantially added content on quarantine and other issues related to public health emergencies. Quarantine, which was not employed throughout most of the 20th century, is now an integral part of preparedness planning. The need for updated laws and regulations related to isolation and quarantine became evident when concerns about the potential for smallpox, hemorrhagic viral fevers, and SARS surfaced. For example, in New York State regulations enabling communicable disease control, including authorization for quarantine, were revised to specifically include these conditions. The Model State Emergency Health Powers Act is described in this text with the basic provisions for preparedness, surveillance, management of property, protection of persons, and public information.

The chapter on surveillance is likewise influenced in part by the new priority of preparedness with the advent of syndromic surveillance and investment of federal preparedness resources that have contributed to electronic disease reporting. Other major changes in this *Second Edition* include more attention to sentinel disease reporting. Emphasis on the problems of chronic disease has led to more content in the surveillance of these conditions and the ascertainment of associated behavioral risks in communities.

Surveillance is one of a series of linked and updated contributions to the acquisition of public health information found in this new edition. The chapter on data updates progress on *Healthy People 2010*. Another information related chapter is on geographic information systems where recent advances are described, not only in newer technology, but in applications in the areas of environmental hazards, exposure assessment, and substance abuse. The chapter on health information systems provides the comprehensive view of health information and its management, providing contemporary concepts on the organization of the most effective systems and the latest technologies available for this purpose. HIPAA and its influence on patient health data and its automated transfer are covered in this chapter.

The Community Health Assessment chapter emphasizes the value of the relatively new tool of state web-based data queries. Of high importance is the development of a process for inventorying and prioritizing community health needs leading to planning for community health improvement. MAPP (Mobilizing for Action through Planning and Partnerships), developed by the National Association for County and City Health Officials (NACCHO), is a major development in this area and a required modality for all departments of health. The term strategic planning has been added to the former title of the community health assessment chapter highlighting both the importance of community participation in planning and the close linkage with assessment of health problems and needs.

Two major aspects of public health practice, described in the *First Edition*, have made remarkable progress and are now treated at length in this new

edition. These are accreditation of public health agencies and credentialing of the public health workforce. Often the distinction between these two major terms is misunderstood. Accreditation refers to the local public health agency (there is also movement to accredit state health departments) and is associated with performance measurement of these departments detailed in the chapter on that subject. Credentialing is applied to the public health professional or worker and is based on competencies. The revised chapter on public health workforce, the public health system's most essential resource, provides considerable insights and detail in this area. Clearly, these two elements are related and linked to an adequate public health workforce and capacity of the public health agency.

There have also been notable changes in the organization of public health agencies at the state, local, and federal levels since the initial publication of this text. Changes in local public health departments are described with the recently available NACCHO survey. Regionalization is identified as an important trend in the operation of local health departments. Reorganization of state health departments and agencies within the United States Department of Health and Human Services, including the Centers for Disease Control and Prevention, are included.

Chapters on Community-Based Prevention, Health Education and Promotion, and Public Health Marketing provide updated information on population-based strategies, such as those provided by the Task Force on Community Preventive Services. These chapters focus on developing population-based interventions to influence health behaviors that contribute to the leading causes of morbidity and mortality. Similarly, the chapter on Building Constituencies for Public Health provides updated information from knowledge gained by the Turning Point initiative and other projects. The chapter on legislation also has added content on working at state and local levels including constituents and emphasizes the role of advocacy. The chapter "Financing the Public's Health" includes recent information, not previously published, on the activities of state and local jurisdictions in this area. The chapter on evaluation adds an entirely new section on economic analyses including cost-minimization, cost-effectiveness, cost-utility, and cost-benefit methods. Entirely new chapters in human resources administration and leadership for public health have been contributed by authors associated with the North Carolina Institute for Public Health of the University of North Carolina School of Public Health.

A final development worth noting is the progress toward evidence-based practice in public health and the growing body of evidence produced through the field of public health systems research. Historically, public health research has been viewed solely as an activity of the academic and scientific communities, but more recently, growing numbers of public health agencies and professionals are participating in practice-based research activities in order to learn better ways of organizing, financing, and delivering services. A new chapter on this topic highlights the progress to date and the opportunities and challenges faced by public health administrators who engage in the research enterprise.

Public health practitioners have the opportunity to work in exciting times. Public health practice has achieved increased recognition since the *First Edition* in efforts for preparedness against a possible bioterrorist threat,

SARS, and now pandemic flu. Efforts need to be redoubled to achieve similar recognition and action to counter threats from chronic disease to our nation's continued improvement in health. A recent series in the *New York Times* pointed out the futility of high technology and pharmaceutical interventions for the growing incidence of Type 2 diabetes as opposed to investing in preventive and public health interventions.³ There are currently 20.8 million people in the United States with diabetes. "Unless something is done to prevent it, diabetes will result in 35 million heart attacks, 13 million strokes, 6 million episodes of renal failure, 8 million instances of blindness or eye surgery, 2 million amputations, and 62 million deaths for a total of 121 million serious diabetes-related adverse events in the next 30 years."⁴ The public health approach, outlined in this edition, to addressing health needs of populations is best suited to confront both present and future challenges.

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