



US Public Health System: New Directions

Dennis D. Lenaway, PhD, MPH

Stephanie Bailey, MD, MSHSA

Office of Chief of Public Health Practice
Centers for Disease Control and Prevention

1 December 2006

SAFER • HEALTHIER • PEOPLE™



Objectives



- History of the 3 Core Functions & 10 Essential Public Health Services
- New initiatives to build capacity:
 - ✓ National Public Health Performance Standards
 - ✓ Accreditation of Health Departments
 - ✓ Credentialing of the Workforce
- Questions and Comments

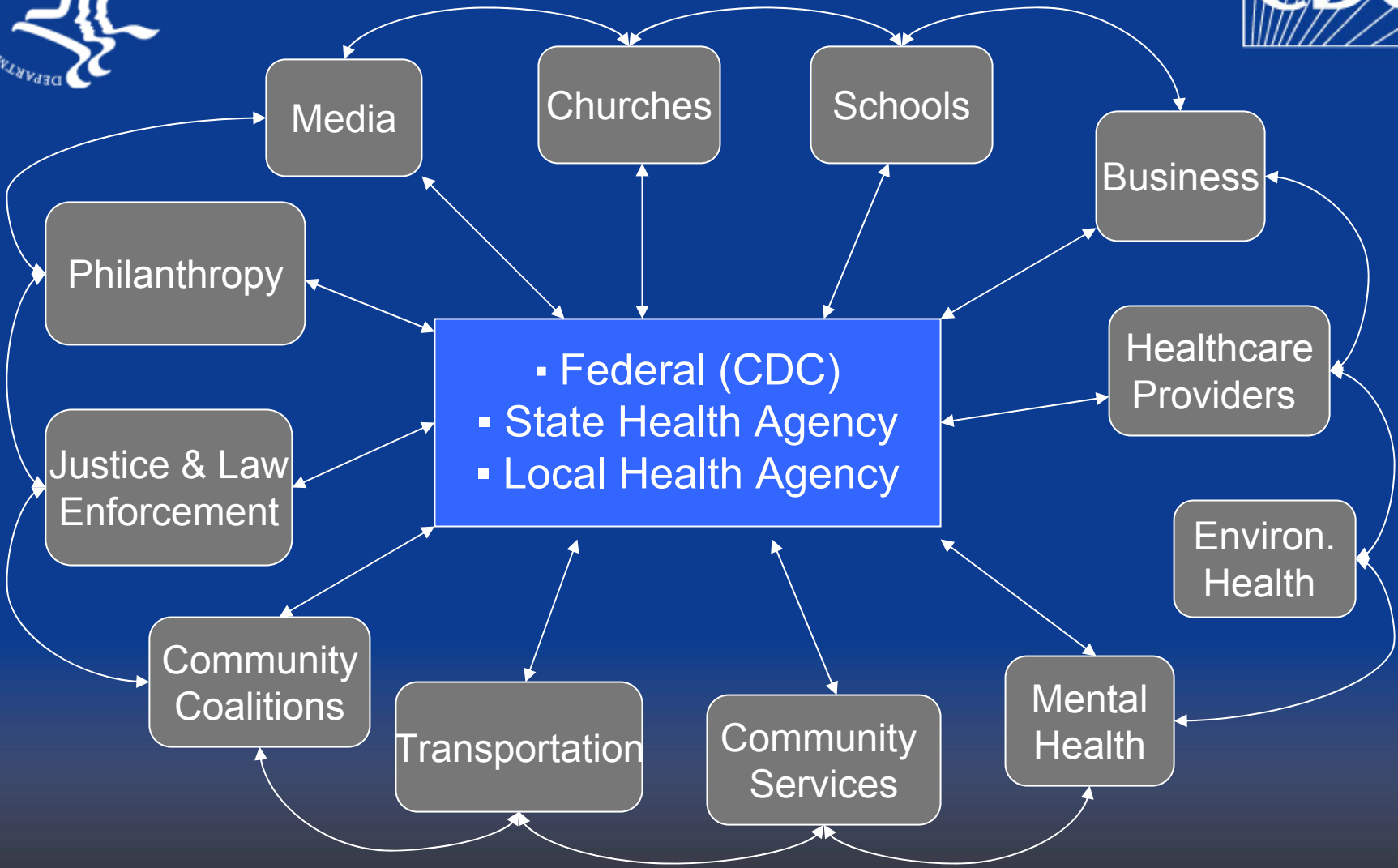
SAFER • HEALTHIER • PEOPLE™



Primer on the US Public Health System

- 3 levels of Governmental Public Health:
 - ✓ Local Health Agency (e.g. San Francisco)
 - ✓ State Health Agency (e.g. California)
 - ✓ Federal Agencies (CDC, EPA, FDA, etc)

- Public Health “System”
 - *All community or state entities that directly contribute to the overall health and well-being of the citizens*



SAFER • HEALTHIER • PEOPLE™



Brief History

- 1988 – Institute of Medicine Report
 - Public Health in “disarray”
 - 3 core functions – Assessment, Policy Development & Assurance
- 1994 – 10 Essential Public Health Services
- 2002 – National Public Health Performance Standards
- 2006 – Exploring Accreditation Project
 - MPH certificate from Association of Schools of PH

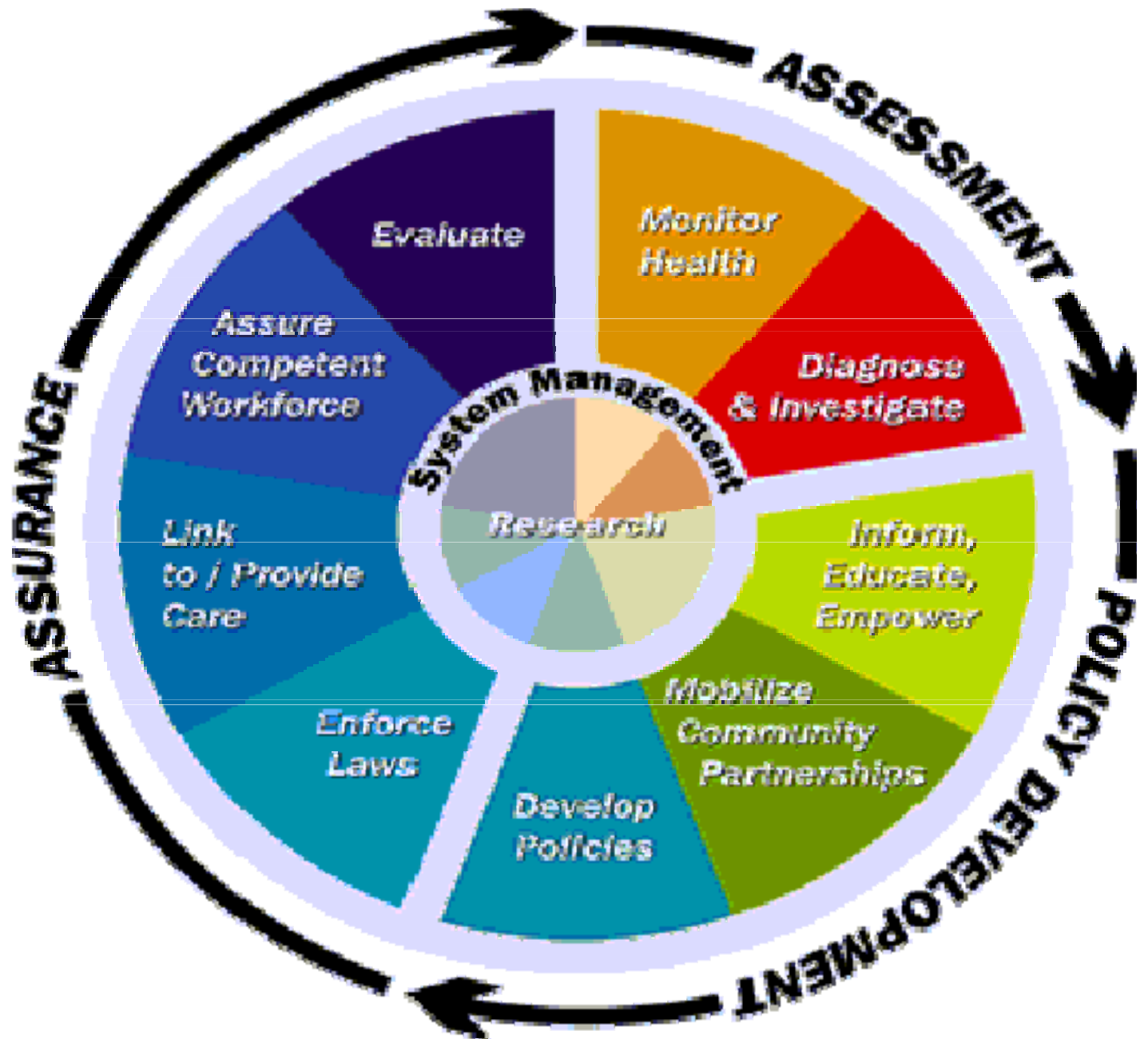
SAFER • HEALTHIER • PEOPLE™



10 Essential Public Health Services



1. Monitor health status
2. Diagnose and investigate health problems
3. Inform and educate
4. Mobilize communities to address health problems
5. Develop policies and plans
6. Enforce laws and regulations
7. Link people to needed health services
8. Assure a competent health services workforce
9. Evaluate health services
10. Conduct research for new innovations





1988

Three
Core Functions

1994

10 Essential
Services

2002

PH System
Performance
Standards

2006+

Workforce
Competencies

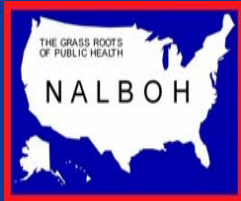
2006+

State & Local Agency
Accreditation

SAFER • HEALTHIER • PEOPLE™



National Public Health Performance Standards Program



A national partnership effort to improve the
quality of public health practice and
performance of public health systems

SAFER • HEALTHIER • PEOPLE™



Program Goals

- Providing performance standards for public health systems and encouraging their widespread use;
- Engaging and leveraging national, state, and local partnerships to build a stronger foundation for public health preparedness;
- Promoting continuous quality improvement of public health systems; and
- Strengthening the science base for public health practice improvement.



Concepts Applied in Performance Standards

- Based on the 10 Essential Public Health Services
- Focus on the overall public health system
- Describe an optimal level of performance
- Support a process of quality improvement



Benefits of using the Performance Standards



- Improves communication between the agency and community partners
- Promotes cohesion and collaboration among PH system
- Provides a systems view of public health activities
- Provides a benchmark for public health practice improvements
- Provides information for policy development



SAFER • HEALTHIER • PEOPLE™



Exploring Accreditation Project

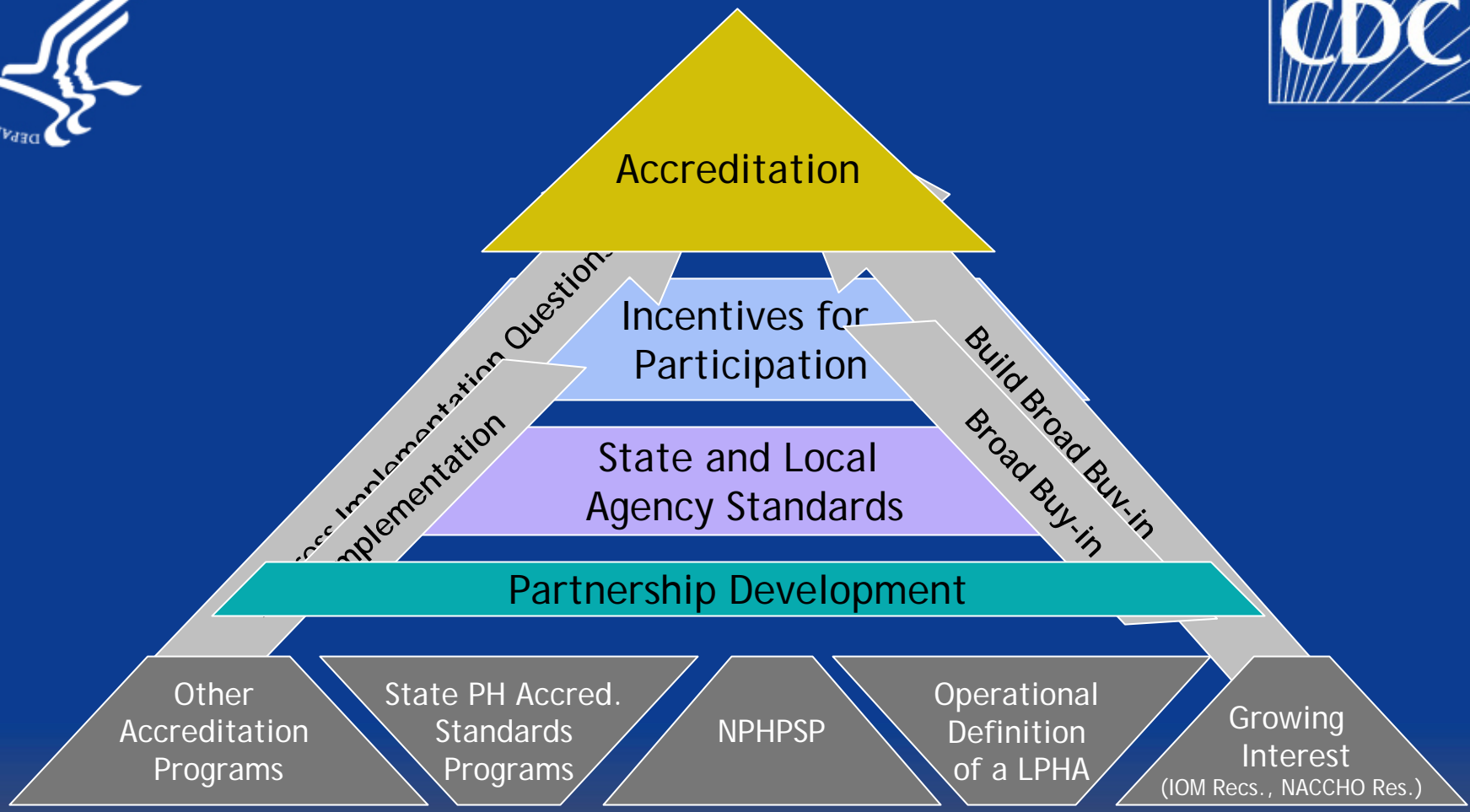
Goal: Design a model voluntary national accreditation program for state and local (governmental) public health departments and determine whether it is feasible and desirable to implement

Funding: CDC and Robert Wood Johnson Foundation

Timeline: August 2005 to September 2006

Outcome: Decision to proceed with a model accreditation program

SAFER • HEALTHIER • PEOPLE™



SAFER • HEALTHIER • PEOPLE™



Recommended Model

- New “non-profit” entity to manage the program
- Standards developed by peers & experts
- Start-up funding from a collection of federal partners and foundations (CDC, RWJF, others)
- Embrace existing statewide programs for local agency accreditation (North Carolina, Michigan)
- Strong incentives and technical assistance
- Research and evaluation



Workforce Competencies and Credentialing

- Association of Schools of Public Health:
“Master’s Degree in Public Health Core Competency Development Project”
- Council of State and Territorial Epidemiologist
“Applied Epidemiology Competencies”

SAFER • HEALTHIER • PEOPLE™



MPH Core Competencies

- Definition: A unique set of applied knowledge, skills, and attributes expected of emerging public health professionals for the broad practice of public health
- 5 core discipline-specific domains
 - ✓ Epidemiology
 - ✓ Environmental Health Sciences
 - ✓ Biostatistics
 - ✓ Health Policy Management
 - ✓ Social and Behavioral Sciences



MPH Core Competencies

- 7 interdisciplinary, cross-cutting domains:
 - ✓ Communications and informatics
 - ✓ Diversity and Culture
 - ✓ Leadership
 - ✓ Professionalism
 - ✓ Program Planning
 - ✓ Public Health Biology
 - ✓ Systems Thinking

SAFER • HEALTHIER • PEOPLE™



Applied Epidemiology Competencies

- Defines the discipline of applied epidemiology
- Describes what skills are required among 4 different levels of practicing epidemiologist:
 - ✓ Entry level (basic)
 - ✓ Mid level
 - ✓ Supervisory
 - ✓ Senior Scientist/Researcher



Applied Epidemiology Competencies



- Expectations for all 4 levels based upon the framework of 8 general skills contained in the “Core Competencies for Public Health Professionals”
 - ✓ Analytic/Assessment
 - ✓ Policy Development/Program Planning
 - ✓ Communications
 - ✓ Cultural
 - ✓ Community Dimensions of Practice
 - ✓ Basic Public Health Sciences
 - ✓ Financial Planning and Management
 - ✓ Leadership and Systems Thinking

SAFER • HEALTHIER • PEOPLE™



References

National Public Health Performance Standards

www.cdc/od/ocphp/nphpsp

Agency Accreditation

www.exploringaccreditation.org

MPH Competencies and Certificate

www.asph.org

Applied Epidemiology Competencies

www.cste.org

SAFER • HEALTHIER • PEOPLE™



Achieving Health Impact



SAFER • HEALTHIER • PEOPLE™