

Strengthening

Government Public Health Agencies

Health funders at the national, state, and local levels have made substantial commitments to improve the functionality of the public health system. Using a variety of approaches, they seek to develop the capabilities, services, and competencies that enhance public health practice. These efforts include developing the operational capacity of public health agencies and raising performance expectations for governmental public health organizations.

A FRAGMENTED SYSTEM

Governmental agencies, such as state and local health departments, serve as the “load-bearing walls” of the nation’s public health system. The strength and effectiveness of these governmental agencies dictate the impact and sustainability of broader public health strategies.

Ample documentation suggests that the existing governmental public health infrastructure is inadequate to address health challenges currently facing the nation. Expert assessments have identified numerous, pervasive deficiencies in resources and operating capabilities that both compromise agencies’ ability to fulfill traditional roles and responsibilities and undermine efforts to adapt to emerging health threats. Events over the last several years – the appearance of SARS, anthrax attacks, the devastation caused by Hurricane Katrina, major recalls of foods and other consumer products, the looming potential of an influenza pandemic, and the growing obesity epidemic – have underscored the serious, and sometimes tragic, consequences of failing to address these systemic weaknesses.

Such highly visible public health emergencies have resulted in a significant increase in federal public health spending; yet at state and local levels, the resources devoted to public health have too often remained stagnant. Cuts in state and local budgets and increasing demands for public health care safety net services have frequently offset increases in federal public health dollars, resulting in little overall progress. Furthermore, federal funding streams for public health largely concentrate on emergency preparedness and other categorical obligations; as a result, federal support for some core services has diminished while other funding streams have increased.

HEALTH FOUNDATIONS CAN PROVIDE LEADERSHIP AND VISION

Many opportunities exist for health foundations to broaden

the reach and enhance the effectiveness of governmental public health agencies. Such work has the potential to yield tremendous returns, although the investments require long-term commitments and tolerance for incremental change. They may also require employing a variety of strategies. For example, funders can provide leadership, act as neutral conveners, provide technical assistance, support research and assessments, and award grants directly to public health agencies.

The Endowment for Health’s efforts to leverage New Hampshire’s past public health achievements are one example. Through its participation in Turning Point, an initiative supported by the W.K. Kellogg Foundation and the Robert Wood Johnson Foundation, New Hampshire worked to increase coordination between state agencies, formalize the role of nongovernmental organizations in providing public health services, and strengthen the capacity of local government to partner more fully with nongovernmental organizations and the state.

The Endowment for Health’s senior staff has played an active role in continuing this work by bringing their knowledge and experience to the table. In 2006 James Squires, the foundation’s president and a former member of the New Hampshire Senate, co-chaired the Public Health Improvement Action Plan Advisory Committee with the state’s director of the Division of Public Health Services. Dr. Squires’ leadership positions at the foundation and in the state legislature helped bring visibility to the committee and its work. In 2007 the committee was replaced by the Public Health Improvement Services Council, which continues oversight of the state’s public health improvement efforts. The foundation’s vice president of program sits on this council.

Through grants for regional convenings and technical assistance, as well as a public awareness campaign, the Endowment for Health is also harnessing momentum in the state for strengthening public health capacity. For example, it awarded a \$100,000 grant to the New Hampshire Public Health Association to communicate the value and importance of public health to the state’s legislators. This one-day “Public Health 101” event has been very successful, attracting approximately 100 legislators each year.

In Pennsylvania’s Lehigh Valley, the Dorothy Rider Pool Health Care Trust (Pool Trust) is using its leadership position to facilitate the creation of a new, multicounty health department serving residents of Lehigh and Northampton counties.

The foundation began to build support in the mid-1990s by funding a feasibility study, disseminating the results, and convening stakeholders. Progress was stalled, however, by the cost of setting up and sustaining a regional health department and the issue of who would pay for it.

The foundation's staff continued to build relationships with key stakeholders and worked to keep the issue in the public spotlight. In 2006 the Pool Trust and Two Rivers Health and Wellness Foundation cofunded analyses of three service models: minimum services, maintaining the current level of services, and increasing current services proportionally throughout the region. This work convinced Lehigh County leadership to collaborate with Northampton County on the development of a regional health department. Lehigh County also offered to contribute \$500,000 annually for its operations.

Throughout 2006 and 2007 the Pool Trust used its leadership position to further advance the movement toward a regional health department. The foundation awarded a small, \$15,000 grant to Renew Lehigh Valley, a local nonprofit promoting smart growth and smart governance to revitalize communities in the region. The grant was used for community organizing and a campaign to build citizen support for public health. The foundation also drew on its strong relationship with area hospitals, which agreed to support the creation of the new health department.

With the area's local government, hospitals, and other stakeholders in agreement, the foundation offered a challenge: if each county could pass an ordinance establishing a regional board of health by December 31, 2007, the foundation would provide \$1 million to assist with start-up costs for the new health department. The Lehigh County Commissioners and Northampton County Council agreed, and the Lehigh Valley Board of Health was created. Appointments to the board of health are expected to be made in 2008. The regional health department plan is ultimately subject to final approval by the Pennsylvania legislature.

FOSTERING A NATIONAL MOVEMENT

Throughout the country, performance assessment and quality improvement efforts are being ramped up as public health agencies explore ways to "increase efficiency and performance, decrease waste, and improve health outcomes" (Russo 2007). The new programs are helping document how resources are being used, as well as generating a better understanding of what public health does among policymakers and the public.

In addition to this thrust, several recent factors, including the Institute of Medicine report *The Future of Public Health*, have contributed to a growing interest in a national voluntary accreditation program. The Robert Wood Johnson Foundation has played a central role in this regard. In 2004 it convened a

meeting of influential public health stakeholders to discuss whether a voluntary accreditation program should be pursued and issued two background reports that examined agency accreditation programs in eight states and reviewed the literature on experiences and outcomes of accreditation programs in the health and social service fields.

The initial meeting and reports led to the development of the Exploring Accreditation Project, funded by the Robert Wood Johnson Foundation and the Centers for Disease Control and Prevention. In 2005 a 25-member steering committee to lead the exploration process was established, comprising representatives from public health organizations at the federal, state, and local levels. Drawing information for its deliberations from reports, public meetings, and other public comments, the steering committee concluded in 2006 that "establishment of a voluntary national accreditation program is desirable for many reasons. Chief among them is the opportunity to advance the quality, accountability, and credibility of governmental public health departments, and to do so in a proactive manner" (Exploring Accreditation Project 2006).

The Public Health Accreditation Board (PHAB), funded by the Robert Wood Johnson Foundation, is an outgrowth of the Exploring Accreditation steering committee, tasked with moving forward with implementation of a voluntary national accreditation program.

In October 2006 PHAB board members began to develop a system for the voluntary accreditation of local and state health departments. The program development phase will be informed by workgroup findings and recommendations. For example, the standards development workgroup is developing accreditation standards for state and local health departments, and the assessment process workgroup is determining how to evaluate whether a health department has achieved accreditation status and how health departments can appeal decisions (PHAB 2008). PHAB expects that applications for accreditation will be accepted beginning in 2011.

As these examples highlight, foundations can provide vision and leadership to create consensus and strengthen the public health system as it struggles to provide essential services and prepare for unknown future events.

SOURCES

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