

A Brief Summary of

BUILDING PUBLIC HEALTH
SYSTEMS TO IMPROVE

COMMUNITY
HEALTH IN
CALIFORNIA

An Action Agenda

*Developed by
The Partnership for the Public's Health
at the Public Health Institute*

To obtain a copy of Community Health in California in its entirety,
go to www.PartnershipPH.org

Community Health in California proposes a framework for thinking about the future of public health in California and the directions that efforts to strengthen and improve public health might take. It is intended to spark discussions about the priorities of public health policy and of the specific actions that need to be undertaken to improve health in California's communities.

When an alarming outbreak or event occurs – such as the recent SARS and mad cow disease scares or the anthrax attacks that followed 9/11 – public health is in the news. Awareness about public health was also increased among Californians by the successful campaign against Proposition 54, the recently defeated ballot initiative that threatened to severely constrain important public health data by banning the collection of information on race and ethnicity. Now that attention is being paid to public health, what can we do to ensure that the systems we have in place are also dealing with the more common, everyday risks, such as poor nutrition and lack of physical activity, that pose an even greater threat to people's health?

AN EXPANDED VISION OF PUBLIC HEALTH

The vision of Healthy People 2010, developed under the auspices of the federal Department of Health and Human Services, is "healthy people in healthy communities." This vision is supported by over a century of important accomplishments in public health that have made communities healthier places to live. Since the beginning of the twentieth century, average life expectancy in the United States has increased by 30 years, most of which—25 of the 30 years—is attributable to public health measures, including improvements in the safety of food and water, the control of infectious diseases, reductions in vaccine-preventable illnesses, family planning, decreases in maternal and infant mortality, improvements in motor vehicle and workplace safety and reductions in smoking. Looking forward into the 21st Century, however, realizing the vision of healthy people in healthy communities will require not only building on those important traditions, but also incorporating new ways of thinking about public health.

WHY COMMUNITY HEALTH?

"Healthy people in healthy communities" does not refer to diseases or their risk factors, but rather to a common location—where people live. The communities in which we live are where all of the forces that influence our health come together and create the conditions in which we are—or are not—healthy. It is not enough to think of public health as focusing on a particular disease, or as improving access to health care, although they are both extremely important. Public health must be supported to take on the multitude of factors in our communities that influence our health, and to make prevention a priority, if we are to achieve the vision of healthy people in healthy communities.

WHO NEEDS TO BE INVOLVED?

Local public health departments are the foundation of community health improvement efforts, since they are the public agencies with the unique mission to protect and promote the health of the population. They must be strong. But, as the Institute of Medicine has observed in its recent report on *The Future of the Public's Health in the 21st Century*, they cannot do it alone. Broad community prevention campaigns must also involve active and organized community residents, working in partnership with public health departments. They also need key allies from the public and private sectors to reflect the wide range of activities required for comprehensive community health improvement efforts. For example, one of the great public health successes in recent decades—reductions in tobacco consumption and its associated diseases—involved public health agencies, organized communities, health care providers, researchers, schools, elected officials, advocacy organizations and media, among others. These kinds of alliances need to become more common practice in public health, as we are seeing in the developing campaign to improve nutrition and physical activity in order to reduce obesity and the health risks it poses. These alliances are what the federal Centers for Disease Control and Prevention and other national public health organizations have called "public health systems," and they have become the new focus for how public health is understood.

THE IMPORTANCE OF STRONG LOCAL PUBLIC HEALTH SYSTEMS

If local public health systems are the basis on which community health improvement activities are carried out, then all elements of that system must be strong. Local public health departments must have the organizational capacity, funding, workforce, data capabilities, leadership and political support to engage in broadly defined and collaborative prevention efforts. Communities must have sustainable coalitions that can address a wide range of issues over time, strong and capable leaders, actively involved residents, strategies for engaging key institutions to work as partners and the ability to

define and mobilize community assets as a foundation for their collaborative work. Public and private agencies must understand how their own missions overlap with the goal of healthy communities and see public health departments and community residents as allies and partners in sustained collaborations that will be the foundation for broad community health improvement efforts.

THE IMPORTANCE OF STRONG STATE LEADERSHIP

The constitutional basis of public health in the United States rests primarily with the states. Most states, including California, choose to exercise that responsibility by funding and supporting local public health departments. Attempts to broaden the focus of public health at the local level, or to adopt performance standards for public health that are consistent with goals of community health improvement, will depend very much on support from the State. State public health leadership must be strong, and be guided by the priorities of local efforts to improve the health of communities.

New Challenges for Public Health

The profile of diseases that characterized the health of communities at the turn of the last century is very different from that which confronts us today. The three leading causes of death in 1900, for example, were pneumonia, tuberculosis and diarrhea/enteritis, all of which are infectious diseases. Today, we know that the greatest overall threat to the health of communities is chronic disease. (McGinnis and Foege note) The three leading causes of death are now heart disease, cancer and stroke, which account for nearly two-thirds of all deaths. (HP 2010 note)

It is equally important to look at the causes of disease. The actual causes of preventable death are, in order, tobacco, poor diet and lack of exercise, alcohol, infectious agents, pollutants and toxins, firearms, illicit drug use, motor vehicles and sexual behavior. If we are to minimize the factors that deprive us of good health and normal life expectancy, we must think broadly about what makes up public health, and who needs to be involved to make it most effective.

ACTION AGENDA

This might seem like a curious time to suggest that the vision of public health needs to be broader, since California is in the midst of its largest deficit in history, with resulting budget cuts that are likely to further erode support for state and local public health. Although the current political and economic environment does not give cause for optimism in the short run, there is good reason to begin now to kindle the debates and forge the constituencies for what must become substantially increased investments in public health over time. Too often, public health has been a casualty of the pressing priorities of the moment, with the unfortunate consequence that the benefits of long-term prevention efforts have been short-changed.

To help get those debates started, Community Health in California argues that the vision of healthy people in healthy communities will require significant attention to three broad areas: local public health systems must be strengthened to support broad prevention strategies to improve community health; local public health systems must be held accountable to performance standards that are consistent with community health improvement; and, State public health leadership must be strong and capable of supporting local community health improvement efforts. Within these three broad areas, ten specific action areas are identified that can help bring them about.

LOCAL PUBLIC HEALTH SYSTEMS MUST BE STRENGTHENED IN ORDER TO SUPPORT BROAD PREVENTION STRATEGIES TO IMPROVE COMMUNITY HEALTH

There is much discussion in public health circles about the need to rebuild "public health infrastructure," or the underlying foundation of public health, which has been badly tattered in recent years. Many public health professionals in California and elsewhere are now trying to do just that through the broadest possible use of bio-terrorism funding, particularly in the area of infectious disease control. The argument put forward in Community Health in California, however, suggests that the larger burden of chronic diseases and the prevention strategies that they require mean that we have to think even more broadly about the meaning of the term "public health infrastructure." Local public health departments must have the organizational capacity to engage in collaborative, comprehensive prevention campaigns to address the social and environmental conditions that most affect the health of communities. Building infrastructure for local public health systems, however, also means that communities must have the

capacity to work with local public health departments and other institutions to improve community health. They also need allies from other public and private agencies to be most effective. We can also benefit from pooling resources regionally to enhance local community health improvement activities.

What we recommend: The California Department of Health Services, together with statewide public health organizations and other partners in the public health system, should begin a comprehensive and systematic process to review the capacity of state and local public health infrastructure both to carry out their traditional functions and to support activities that reflect a broad view of community health.

Action Area 1. The organizational structure, financing, workforce, data capabilities and leadership of local public health departments must support collaborations with communities and public and private agencies to engage in broad community health improvement activities.

Action Area 2. Community capacity must be strengthened to support sustained community health improvement efforts.

Action Area 3. Local public health systems must be developed and sustained to achieve significant improvements in community health.

Action Area 4. State and local public health responsibilities must be restructured, including development of regional public health functions.

Representatives of community organizations, together with public and private funders, should convene a process to better define community capacity and develop models for community health improvement. Models of partnerships and local public health system functioning should be developed and promoted. A systematic review of public health functions as they are currently carried out by state and local public health organizations should be conducted for reconsideration of the most appropriate level of responsibility, including the possibility of exploring regional models.

Who can do it: California Department of Health Services, statewide public health organizations, schools of public health, private foundations and representatives of communities and allied organizations in public health systems.

What the Partnership for the Public's Health can do: To support the work called for in Community Health in California, the

Partnership for the Public's Health can capture and disseminate models and best practices in community health improvement, including profiles of promising developments in local public health departments, community capacity, public and private agency participation in public health systems and regional approaches. The Partnership for the Public's Health can also complement the efforts of the State health department and statewide public health organizations by convening and supporting people in local public health departments, communities and their allies in public and private agencies who are committed to strengthening public health systems at the state and local levels.

LOCAL PUBLIC HEALTH SYSTEMS MUST BE HELD ACCOUNTABLE TO PERFORMANCE STANDARDS THAT SUPPORT COMMUNITY HEALTH IMPROVEMENT

Accreditation of local public health departments is receiving national attention as one way to hold public health departments accountable and to help convince legislators and the general public that investments in public health will achieve their intended purpose. Accreditation based on what public health departments currently do, however, poses the danger of institutionalizing a limited view of public health. Performance standards tied to the broad goals of community health improvement must become the basis for defining public health capacity and for holding local public health departments accountable in California. In addition, since community and other agency partners are integral to the functioning of local public health systems, models of public accountability that extend beyond formal governance must be explored.

What we recommend: The National Public Health Performance Standards Program (NPHPSP) and Mobilizing for Action through Planning and Partnerships (MAPP), developed by the Centers for Disease Control and Prevention and other national public health organizations, take as their starting point the concept of public health systems and should be implemented throughout California. Any attempts to introduce formal

Action Area 5. Standards for improvements in community health must become a basis on which public health performance is measured.

Action Area 6. Performance standards in public health must be reinforced by mechanisms of accountability.

accountability for public health, including consideration of the possibility of accreditation, should be based on a broad view of public health and of public health systems.

Who can do it: California Department of Health Services, statewide public health organizations and representatives of community organizations and allied public and private agencies

What the Partnership for the Public's Health can do: The Partnership for the Public's Health, with the assistance of the Centers for Disease Control and Prevention and the National Association of County and City Health Officials, is currently supporting nine local public health departments and their community partners in the implementation of MAPP. The Partnership for the Public's Health can also assist in the re-examination of public health statutes to determine their appropriateness for supporting a broad view of health and in the review of models of accountability applicable to public health systems.

STATE PUBLIC HEALTH LEADERSHIP MUST BE STRONG AND CAPABLE OF SUPPORTING LOCAL COMMUNITY HEALTH IMPROVEMENT EFFORTS

Public health in California is strong in many areas. California's tobacco control program, for example, is a national model, and the decline in lung cancer rates in the last two decades far exceeds the national average. However, other states have paved the way in more broadly based efforts to transform public health. Washington, for example, has modeled state/local planning through its Public Health Improvement Plans. Illinois has been certifying local public health departments for over ten years. Minnesota has established the elimination of health disparities as a state goal through collaborative planning. California, by way of contrast, has no public health improvement plan, no process for statewide public health capacity assessment or performance standards, no accreditation of local public health departments and little State leadership on key public health issues such as health disparities.

Public health in California is organizationally contained within a Department of Health Services, where the priorities of the health care system and recurring Medi-Cal deficits often take precedence. The Department of Health Services is itself part of a larger Health and Human Services Agency, whose secretary occupies the cabinet-level position representing public health. Public health is politically accountable to a governor, which can subdue the voices of committed public health professionals in State government, especially when the interests of public health might be at odds with the

governor's political priorities. The prospects for collective leadership are diminished by sometimes antagonistic relationships among key statewide public health organizations, which need to see themselves as carrying out a division of labor within a common vision of public health.

What we recommend: A comprehensive review of governance structures and state/local planning from other states should be conducted to consider models that would better support a broad view of community health. Statewide public health organizations should come together to consider the implications of the Institute of Medicine's *The Future of the Public's Health in the 21st Century* and to agree on a common vision for public health in California. Public agencies and private foundations should engage in joint planning to align their individual priorities with support for community health improvement initiatives.

Who can do it: California Department of Health Services, statewide public health organizations, schools of public health, elected and appointed officials, private foundations, representatives of community organizations and allied public and private agencies

What the Partnership for the Public's Health can do: The Partnership for the Public's Health can contribute to a national review of models of state public health governance and state/local planning, participate in and host collaborative

Action Area 7. Alternative models of state public health governance must be explored that can minimize political accountability of public health policy and practice in California, and give public health greater organizational prominence.

Action Area 8. State/local planning relationships must be strengthened and broadened to reflect the range of participants in community health improvement efforts.

Action Area 9. Statewide public health organizations must engage in better collaborative planning for common goals based on a broad view of community health.

Action Area 10. State and local government agencies and private foundations must engage in collaborative planning to improve coordination of priorities for funding and other support.

planning for a statewide conference on The Future of the Public's Health in the 21st Century and develop models of community health improvement capacity building that reflect the integration of public and private funding.

PRIORITIES FOR THE PARTNERSHIP FOR THE PUBLIC'S HEALTH

The policy agenda outlined in Community Health in California is ambitious and will take years to accomplish. It calls upon other organizations to take responsibility, including in many cases a leadership role. A time-limited, grant-funded initiative such as the Partnership for the Public's Health must be realistic about what it can do, especially if there is not a consensus about its recommendations. Accordingly, it is essential to look for short-term priorities that reflect a combination of opportunity and importance, and that at the same time help advance us toward the longer-term goals. In that spirit, the Partnership for the Public's Health has identified the following priorities for action in the near future:

- ***Capture and disseminate models and strategies that public health departments in California have adopted to better prepare them to engage in broadly based community health improvement activities (Action Area 1).***
- ***Research best practices and support the development of community-level health profiles throughout California (Action Area 1).***
- ***Document the essential features of community capacity necessary for sustaining collaborative community health improvement activities and conduct follow-up activities to support the development of an advocacy base for community capacity building (Action Area 2).***
- ***Support regional approaches to public health in California (Action Area 4).***
- ***Support the implementation of Mobilizing for Action through Planning and Partnerships (MAPP) among interested local jurisdictions in California (Action Area 5).***
- ***Use the experiences of diabetes and obesity prevention, and asthma prevention, initiatives to explore major themes outlined in the policy agenda, including the implications for public health infrastructure, the functioning of public health systems and development of strategies for state support (Action Areas 1,2,3, 4 and 8).***

NOTES

- i Institute of Medicine, *The Future of the Public's Health in the 21st Century*, National Academies Press, Washington, D.C., 2003
- ii The National Public Health Performance Standards Program (NPHPSP) has been under development since 1998. NPHPS measures public health practice at the local and state levels based on the Ten Essential Public Health Services. It is a collaborative project of the Centers for Disease Control and Prevention (CDC), the National Association of County and City Health Officials (NACCHO), the Association of State and Territorial Health Officials (ASTHO), the American Public Health Association (APHA), the National Association of Local Boards of Health (NALBOH), the National Network of Public Health Institutes (NNPHI) and the Public Health Foundation (PHF). A copy of the NPHPSP is available on the NACCHO website, www.naccho.org, or it can be acquired from the Public Health Program Office of the Centers for Disease Control, Atlanta, GA.

ABOUT THE PARTNERSHIP FOR THE PUBLIC' HEALTH AND COMMUNITY HEALTH IN CALIFORNIA

The Partnership for the Public's Health, a collaboration between The California Endowment and the Public Health Institute, is a five-year, grant-funded initiative that supports joint planning and action among 14 public health departments and 37 community groups throughout California. *Community Health in California* was written by a policy work group from the Partnership for the Public's Health and the Public Health Institute. An earlier draft was distributed for comment to public health department and community grantees, statewide public health organizations and policy advocacy groups. The review period lasted six months. A summary of the comments is provided in an appendix to the complete version of *Community Health in California*, which can be found at www.partnershipph.org.



Partnership
for the Public's Health

The text "Partnership" is in a large, bold, sans-serif font, with the tagline "for the Public's Health" in a smaller, italicized sans-serif font below it. To the right of the text is a small, stylized white icon of two hands clasped together.