

THE CORE BUSINESS OF GEORGIA'S PUBLIC HEALTH SYSTEM: STAKEHOLDER PERSPECTIVES

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Executive Summary

As one of four Divisions under the Georgia Department of Human Resources, the Division of Public Health describes itself as “the lead agency entrusted by the people of the State of Georgia with the ultimate responsibility for the health of communities and the entire population.” In the execution of this responsibility, the Division works diligently to assure and protect the public health interests of the state, even as demographic changes and socioeconomic challenges continue to place an increased burden on the states’ public health infrastructure. Some of these challenges include:

- rapidly growing population
- poor health status of its residents;
- relatively high rates of poverty;
- disparities in health care;
- limited access to care in rural areas;
- the uninsured and their growing reliance on the healthcare safety net; and
- sustainable public health financing.

Faced with these challenges and a shifting national paradigm away from direct personal care toward more focus on population-based services, the Division of Public Health commissioned the Georgia Health Policy Center to perform an inventory and assessment of public health practice within the state to assist in future strategic planning efforts.

Information for this project was gathered in several ways. First, a review of current literature on best practices for public health reform was examined along with budget and regulatory documents. Then, interviews and focus groups were conducted with leadership from within the Department of Human Resources and the Division of Public Health, external stakeholders, partners and local community members to better understand the current and ideal business practice of the Division. The information was fed back to an Advisory group formed to guide the process. Finally, discussions with District Health Directors and Division staff contributed to the development of a logic model for public health practice in Georgia.

Findings

1. **The public trusts the work of the Division to protect the public's health.**

The public expresses great confidence in the Division and trusts that Georgia is kept safe by the activities of public health practitioners at the local, district and state levels.

2. **The *current* core business of the Division is not aligned with the *ideal* core business.**

The ideal core business of public health emphasizes population based services. Many perceive the provision of direct medical services as a principal part of the core business while important aspects of population-based services go unnoticed. The misalignment between present and ideal core business was highlighted by District Health Directors who feel resource allocation is disproportionately skewed toward personal rather than population-based services.

3. ***Current* business drivers are not aligned with *ideal* drivers.**

The *ideal* drivers of the public health system are the public health needs of the state, science-based evidence of what works and local input in state strategy. The majority of stakeholders identified the following as the current drivers of public health practice in Georgia:

- funding;
- fragility of the safety net;
- inadequate access and coverage;
- regulatory environment;
- political emphasis on performance budgeting; and
- philosophies of the individuals doing the work.

4. **The ideal core business should focus on population-based services and be aligned with the Institute of Medicine (I.O.M.'s) 10 essential services.**

The exact nature of what the core business of the Division of Public Health should be varied according to respondents. Most agreed that it should focus on the provision of population-based services, and ensure that all 10 essential public health services are addressed. Community-level respondents suggested that greater emphasis be placed upon prevention and education programs.

5. The current organizational structure creates some challenges for implementing the ideal core business.

Organizationally, the Division is perceived as large and complex, with ongoing workforce capacity issues related to retention of practitioners. Many respondents also describe tension between the need for state strategy and local/district control, exacerbated by the perception of a district geography that does not match health care markets or needs. Though there is some debate as to whether a separate Health Department with responsibility for public health would function more ideally, there is no evidence in the literature to suggest that any specific type of organizational structure works best.

6. Stakeholders are calling for simple, clear and compelling messages from the Division.

The core business of public health is not well defined, nor understood by most respondents. Stakeholders outside of public health are calling for a clear, consistent and compelling message of public health's purpose and its effectiveness. Additionally, the language of the 10 essential services does not resonate with those outside of public health and does not help in furthering the mission or message of public health outside the Division.

7. There is a call for the Division to lead the state in improving the health of all

Many stakeholders articulate the need for a state vision for health and a mechanism for local input into a statewide health improvement plan. Among multiple respondent levels, there is a resounding call for the Division to be more proactive in assuming a leadership role to affect health improvement in the state. In that leadership role the Division would be pivotal in helping to *build* the safety net rather than *being* the safety net. This role would also involve convening and collaborating with local and statewide partners to form more strategic alignments with the rest of the healthcare sector.