



Public Health Commission

Testimony

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Chairman and Commissioners, I thank you for the invitation to speak to you today. First of all, as a resident of the state of Georgia, I would like to thank the public health workers, DCH, Local Health Departments, Boards of Health, Academic public health and others for their service, and commitment.

The title of my presentation is “Relationship between State Health Rankings and Organizational Structure”. The objectives are in my handout but include: state health agencies and public health – taxonomies and trends, state ranking on health system performance by dimension – The Commonwealth Fund, America’s Health Rankings – United Health Foundation, State funding – 2009, Federal funding – 2009, total emergency preparedness state score, and conclusions and limitations.

The Trust for America’s Health classifies state public health departments or agencies as Stand Alone, Mixed Function, or Umbrella (Trust for America’s Health [TFAH], 2009, p. 8). This can be represented by a continuum with Stand Alone at one end and Umbrella at the other. In between are Mixed Function and other variations. Many researchers believe that three structures, due to clusters analysis, are not adequate to describe the structures of some state health agencies. After the Future of Public Health (IOM, 1988) which determined that public health was in disarray and needed to be restructured, reorganization activity increased. However, this has slowed in the last decade or so. In 2003 there were 22 state agency restructuring initiatives most of which resulted in little movement along the continuum. The IOM and (ASTHO, 2007) tend to categorize state public health agencies as either free-standing or umbrella (super-agency). Other classifications include: traditional public health agency – oversees public health and primary care only, a super public health agency – oversees public health and primary care and substance abuse and mental health, A super health agency oversees – public health and primary care plus Medicaid, and an umbrella agency oversees – public health and primary care plus substance abuse and mental health plus Medicaid plus social services. For instance, in 2003-2004 Arkansas went from a super public health agency to a traditional public health agency that included an inter-agency transfer of alcohol and drug abuse prevention to the department of human services. Most reorganizations only merged functions like health promotion and disease prevention. Today, including Washington D.C. where N=51, there are 27 stand alone state public health agencies, 8 mixed function state agencies, and 16 umbrella state agencies (TFAH, 2009).

In 2009, the Commonwealth Fund, published the *State Scoreboard on Health System Performance*. This report includes measures that deal with access, prevention and treatment, avoidable hospital use and costs, equity, and healthy lives. Access includes: % 18-64 insured, % of children 0-17 insured, % of at-risk adults who visited the Doctor for a routine checkup in the last 2 years, % of adults who need to see a doctor but could not because of cost. Prevention and treatment includes: % of adults age ≥ 50 who received recommended screenings and preventive care, % of adult diabetics who received recommended preventive care, % of children 19-35 months who received all recommended doses of 5 key vaccines, % of children with both a dental and medical preventive visit in the last 12 months, and % of children with a medical home. Avoidable hospital use and costs includes: pediatric asthma admits per 100,000 children, Medicare admits for ACSCs, and Medicare 30 day re-admits. Equity includes: % uninsured ages 0-64 by FPL, % of adults without a usual source of care by FPL, and % of children without a medical home by FPL.

Results:

Stand Alone	Mixed Function	Umbrella
24.48	27.38	26.81
N=27	N=8	N=16

In 2009 The United Health Foundation published the report *American's Health Rankings*. This report has measures that are grouped as health determinants and health outcomes. Determinants include: behaviors such as smoking, binge drinking, obesity, and HS graduation; community and environment such as violent crime, occupational fatalities, infectious disease, children in poverty, air pollution; public and health policies such as the lack of health insurance, public health funding (per capita), and immunization coverage % children 19-35 months properly immunized; clinical care such as prenatal care, primary care physicians per 100,000 population, and preventable hospitalizations per 1,000 Medicare enrollees.

Health Outcomes include: poor mental health days, poor physical health days, geographic disparity, infant mortality, cardiovascular deaths, cancer deaths, and premature death.

Results:

Stand Alone	Mixed Function	Umbrella
24.46	23.00	27.69
N=27	N=8	N=16

The next table shows state funding per capita by structure type.

Per Capita State Funding

Stand Alone	Mixed Function	Umbrella	Georgia
\$46.06	\$32.65	\$34.25	\$19.66

The next table shows federal funding (CDC + HRSA) funding per capita by structure type.

Per Capita Federal Funding

Stand Alone	Mixed Function	Umbrella	Georgia
\$48.07	\$51.06	\$56.15	\$39.29

In 2010, Klaiman and Ibrahim found, “State health department structure seems to have some impact on pandemic planning, and there are simple steps health departments can take to address and improve their functioning including increasing professional development, reducing layers of hierarchy, and increasing communication and collaboration with external partners.”

Finally, it seems that a state’s investment in public health affects the amount of federal funding that states receive. I have calculated the average funding for the top 20 states and the average federal funding they receive using 2009 data. In addition, I have included the average of all states (including the top 20) and of Georgia in the next table.

Public Health Funding

	State per Capita	Federal per Capita	Total per Capita
Top 20	\$64.87	\$59.58	\$124.45
All States	\$28.92	\$43.94	\$ 72.86
Georgia	\$19.66	\$39.29	\$ 58.95

When calculated out, if the State of Georgia funded public health at the average per capita of all states (assuming a Georgia population of 9,829,211), this would mean an additional \$91,018,494 for public health in Georgia. If the State of Georgia funded public health at the average per capita of states with a stand alone structure, this would mean an additional > \$250,000,000 annually for public health in Georgia.

Conclusions and Limitations

I could not find good research that determined which of the structures created economies of scale or were the most efficient.

- Structure should follow strategy
- You have to spend money to make money
- Listen to what Public Health Employees have to say
- This is data and needs more analysis (P and R values)
- A move toward “stand alone seems reasonable” if feasible, sustainable, and timely.

I am including my slide presentation that includes all of my references.

Thank you. My contact information is included in the last slide.

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