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Chapter 3

The Role of Government in Health Care

LEARNING OBJECTIVES

The student will be able to:

- Describe five government organizations and their roles in health care.
- Explain the importance of the National Association of County and City Officials in health care.
- Analyze the integration of the collaboration of the Department of Homeland Security and the Federal Emergency Management Agency and its importance in health care.
- Describe the role of the National Institutes of Health in healthcare research.
- Discuss the US Food and Drug Administration's regulatory responsibility in health care.
- Evaluate the role of the Centers for Medicare and Medicaid Services in health care.
- Assess the importance of the Association of State and Territorial Health Officials on state health departments.

DID YOU KNOW THAT?

- There are 25 accrediting organizations that target certain sectors of health care.
- The US Surgeon General is the chief health educator in the United States.
- There are 3000 local health departments in the United States.
- Nearly 100% of local health departments have Internet access with 70% having a Web site.
- The Department of Homeland Security is responsible for ensuring that all government levels have an emergency preparedness plan for catastrophic events.

INTRODUCTION

As discussed in Chapter 1, during the Depression and World War II the United States had no funds to start a universal healthcare program—an issue that had been discussed for years. As a result, a private sector system was developed that did not provide healthcare services to all citizens. However, the government's role of providing healthcare coverage evolved as a regulatory body to ensure that the elderly and poor were able to receive health care. The passage of the Social Security Act of 1935 and the establishment of the Medicaid and Medicare programs in 1965 mandated government's increased role in providing healthcare coverage. Also, the State Children's Health Insurance Program (SCHIP), now the Children's Health Insurance Program, established in 1997 and reauthorized through 2010, continues to expand government's role in children's health care (Buchbinder & Shanks, 2007).

In both of these instances, the government increased accessibility to health care as well as provided financing for health care to certain targeted populations. This chapter will focus on the different roles the federal, state, and local governments play in the US healthcare system. This chapter will also highlight different government programs and regulations that focus on monitoring how health care is provided.

HISTORY OF THE ROLE OF GOVERNMENT IN HEALTH CARE

Social regulation focuses on organizations' actions, such as those in the healthcare industry, that impact individual's safety. Social regulations focus on protecting individuals as employees and consumers (Carroll & Buchholtz, 2006). These types of regulations are common in the US healthcare system. The healthcare industry claims it is the most regulated industry in the world. It is important to mention that government regulations aside, there are nongovernmental regulations of US health care by accrediting bodies such as The Joint Commission, which began over 80 years ago. There are currently 25 accrediting organizations that target certain sectors of health care (Walshe & Shortell, 2004). However, regulatory oversight is mainly handled at the federal, state, and local government levels.

US GOVERNMENT AGENCIES

Regulatory healthcare power is shared among federal and state governments. State government has a dominant role of regulating constituents in their jurisdiction. To assure success in this regulatory process, state governments also developed local government levels to provide direct services to constituents and regulate their geographic region. Their legal authority is derived from legislatures that establish the legal framework for their authority (Jonas, 2003).

Important Federal Government Agencies

Many federal agencies are responsible for a sector of healthcare. The **US Department of Health and Human Services** (HHS) is the most important federal agency. HHS collaborates with state and local governments because many HHS services are provided at those levels. There are 11 operating divisions: the **Centers for Disease Control and Prevention** (CDC), **National Institutes of Health** (NIH), **Agency for Toxic Substances and Disease Registry** (ATSDR), **Indian Health Service** (IHS), the **Health Resources and Services Administration** (HRSA), the **Agency for Healthcare Research and Quality** (AHRQ), the **Substance Abuse and Mental Health Services Administration** (SAMHSA), and the **US Food and Drug Administration** (FDA). All of these agencies are part of the Public Health Service component of the HHS. The other three divisions that operate within the human services component are the **Administration for Children and Families** (ACF), **Administration on Aging** (AOA), and the **Centers for Medicare and Medicaid Services** (CMS). Each of these agencies will be discussed individually (HHS, 2009).

Centers for Disease Control and Prevention

Established in 1946 and headquartered in Atlanta, GA, the CDC's mission is to protect health and promote quality of life through the prevention and control of disease, injury, and disability. The CDC has created four health goals that focus on (1) healthy people in healthy places, (2) preparing people for emerging health threats, (3) positive international health, and (4) healthy people at all stages of their life. To achieve these goals, the CDC focuses on six areas: health impact, customer focus, public health research, leadership, globalization, and accountability (CDC, 2009b).

Agency for Toxic Substances and Disease Registry

Established in 1985, headquartered in Atlanta, GA, and authorized by the Comprehensive Environmental Response, Compensation, and Liability Act of 1980 (CERCLA; more commonly known as the Superfund law), ATSDR is responsible for finding and cleaning the most dangerous hazardous waste sites in the country. ATSDR's mission is to protect the public against harmful exposures and disease-related exposures to toxic substances. ATSDR is the lead federal public health agency responsible for determining human health effects associated with toxic exposures, preventing continued exposures, and mitigating associated human health risks. ATSDR is administered with the CDC (ATSDR, 2009).

National Institutes of Health

Established in 1930 and headquartered in Bethesda, MD, this agency is the primary federal agency for research toward preventing and curing disease. Its mission is the pursuit of knowledge about the nature and behavior of living systems and the application of that

knowledge to extend healthy life and reduce the burdens of illness and disability. They have 27 institutes and centers that focus on different diseases and conditions including cancer, ophthalmology, heart and lung and blood, genes, aging, alcoholism and drug abuse, infectious diseases, chronic diseases, children's diseases, and mental health. Although they have sponsored external research, they also have a large internal research program (NIH, 2009; Turnock, 2007).

The Health Resources and Services Administration

Created in 1982 and headquartered in Rockville, MD, the HRSA is the primary federal agency for improving access to healthcare services for people in every state who are uninsured, isolated, or medically vulnerable. They have six bureaus: primary health care, health professions, health care systems, maternal and child, the HIV/AIDS bureau, and the Bureau of Clinician Recruitment and Service. HRSA provides funding to grantees that provide health care to those vulnerable populations. They train health professionals and improve systems of care in rural communities. They oversee 650 community and migrant health centers, plus 150 primary care programs for the homeless and residents of public housing. Service is provided to individuals with AIDS through the Ryan White Care Act programs (Turnock, 2007). They also oversee organ, bone marrow, and cord blood donation; support programs against bioterrorism; and maintain databases that protect against healthcare malpractice and healthcare waste, fraud, and abuse (HRSA, 2009).

The Agency for Healthcare Research and Quality

Created in 1989 and headquartered in Rockville, MD, the agency's mission is to improve the quality, safety, efficiency, and effectiveness of health care for all US citizens. AHRQ's cutting edge research helps people make more informed decisions and improve the quality of healthcare services. AHRQ focuses on the following areas of research: healthcare costs and utilization, information technology, disaster preparedness, medication safety, healthcare consumerism, prevention of illness, and special needs populations (AHRQ, 2009). There is a **Coalition for Health Services Research** (CHSR) an organization of volunteers who advocate group for the AHRQ. It is comprised of more than 250 nonprofit organizations that support the AHRQ (CHSR, 2009). They send letters to Congress encouraging more funds for research.

Indian Health Service

Established in 1921 and headquartered in Rockville, MD, the mission of IHS is to raise the physical, mental, social, and spiritual health of American Indians and Alaska Natives to the highest level. It is also their mission to assure that comprehensive, culturally acceptable personal and public health services are available and accessible to American Indian and Alaska Native people. They are also responsible to promote their communities and cultures and to honor and protect the inherent sovereign rights of these people (IHS, 2009).

The Substance Abuse and Mental Health Services Administration

Established in 1992, the SAMHSA is the main federal agency for improving access to quality substance abuse and mental health services in the United States by working with state, community, and private organizations. SAMHSA is the umbrella agency for mental health and substance abuse services, which includes the **Center for Mental Health Services** (CMHS), the **Center for Substance Abuse Prevention** (CSAP), and the **Center for Substance Abuse Treatment** (CSAT). The **Office of Applied Studies** (OAS) is the destination for data collection, analysis, and dissemination of critical health data to assist policymakers, providers, and the public for the use in making informed decisions regarding the prevention and treatment of mental and substance use disorders (SAMHSA, 2009; Turnock, 2007).

US Food and Drug Administration

Established in 1906 as a result of the **Federal Food, Drug, and Cosmetic Act**, the FDA is responsible for ensuring that the following products are safe: food, human and veterinary products, biologic products, medical devices, cosmetics, and electronic products. The FDA is also responsible for ensuring that product information is accurate (FDA, 2009b). The agency monitors approximately $1 trillion worth of goods on an annual basis (Turnock, 2007). The following is a summary of FDA responsibility for each category:

1. Food: The FDA ensures that labeling of food has accurate information. Also, they regulate the safety of all food except poultry and meat. They also oversee bottled water.
2. Veterinary products: The FDA has oversight of the production of livestock feed, pet food, and veterinary drugs and devices.

3. Human drugs: The FDA has regulatory oversight of both prescription and over-the-counter (OTC) drug development and labeling, which includes the manufacturing standards for these drug products.
4. Medical devices: The FDA has the authority for premarket approval for any new devices as well as developing standards for their manufacturing and performance. They also must track reports of any malfunction of these devices.
5. Cosmetics: The FDA oversees both the safety and labeling of cosmetic products.
6. Electronic products: The FDA must develop and regulate standards for microwaves, televisions receivers, and diagnostic equipment such as x-ray equipment, laser products, ultrasonic therapy equipment, and sunlamps. They also must accredit and inspect any mammography facilities.

The FDA is also responsible for advancing the public health by speeding up innovations to make medicine and food more effective, safer, and more affordable. They are also responsible for ensuring that the public receives accurate information to be able to make informed decisions about using medicine and food products (FDA, 2009b).

Administration on Aging

Established in 1965 as part of the **Older Americans Act** (OAA), the AOA is one of the largest providers of home- and community-based care for older persons. Their mission is to develop a cost effective and efficient system of long-term care that helps the elderly to maintain dignity in their homes and communities. The AOA is a partnership of federal, state, and local networks called the **National Network on Aging** (NNOA) that services 7 million elderly and their caregivers in the United States.

Services provided by the AOA include supportive community services such as transportation to medical appointments, nutritional services, preventive health services, and caregiver services. In 2000, the National Family Caregiver Support Program was funded and assists caregivers with education and additional services to care for their elderly. The AOA also protects the rights of the elderly and provides services to Native Americans (AOA, 2009).

The Administration for Children and Families

The ACF, which has 10 regional offices, is responsible for federal programs that promote the economic and social well-being of families, children, individuals, and communities. Their mission is to empower people to increase their own economic well-being, support communities that have a positive impact on the quality of life of its residents, partner with other organizations to support Native American tribes, improve needed access to services, and work with those who are special needs populations (ACF, 2009).

Centers for Medicare and Medicaid Services

CMS was established when the Medicare and Medicaid programs were signed into law in 1965 by President Lyndon B. Johnson, as a result of the **Social Security Act**. At that time, only half of those 65 years or older had health insurance. Medicaid was established for low income children, elderly, the blind, and the disabled and was linked with the Supplemental Security Income program (SSI). In 1972, Medicare was extended to cover people under the age of 65 with permanent disabilities. CMS also has oversight of SCHIP, Title XXI of the Social Security Act, which is financed by both federal and state funding and is administered at the state level.

Headquartered in Baltimore, MD, the CMS has over 20 offices that oversee different aspects of their programs. Their primary responsibility is to provide policy, funding, and oversight to the elderly and poor healthcare programs. For years, their organizational oversight was a geographically based structure with 10 field offices. In 2007, CMS was reorganized to a consortia structure based on the priorities of Medicare health plans and financial management, Medicare fee for service, Medicaid and children's health, surveys and certification, and quality assurance and improvement. The consortia are responsible for oversight of the 10 regional offices for each priority (CMS, 2009). The restructuring of the organization was to improve performance of the strategic plan.

Occupational Safety and Health Administration

Established on December 29, 1970, the **Occupational Safety and Health Administration** (OSHA) was established to govern workplace environments to ensure that employees have a safe and healthy environment (OSHA, 2009). The **Hazard Communication Standard** (HCS) ensures that all hazardous chemicals

are properly labeled and that companies are informed of these risks. The **Medical Waste Tracking Act** requires companies to have medical waste disposal procedures so that there is no risk to employees and the environment. The **Occupational Exposure to Bloodborne Pathogen Standard** developed behavior standards for employees who deal with blood products such as wearing gloves and other equipment, disposal of blood collection materials, etc. (Pointer, Williams, Isaacs, & Knickman, 2007).

Surgeon General/US Public Health Service

The **Surgeon General** is the US chief health educator who provides information on how to improve the health of the US population. The Surgeon General, who is appointed by the President of the United States, and the Office of the Surgeon General oversee the operations of the commissioned **US Public Health Service Corps** who provide support to the Surgeon General. The US Public Health Service Commissioned Corps consists of 6000 public health professionals that are stationed within federal agencies and programs. These commissioned employees include many professionals such as dentists, nurses, physicians, mental health specialists, environmental health specialists, veterinarians, and therapists.

The Surgeon General serves a 4-year term and reports to the Secretary of Health and Human Services. The Surgeon General focuses on certain health priorities for the United States and publishes reports on these issues. Currently, the priorities for the Surgeon General are disease prevention, eliminating health disparities, disaster preparedness, and improving health literacy (Office of the Surgeon General, 2009).

Department of Homeland Security

The **Department of Homeland Security** (DHS) was established in 2002 as a result of the 2001 terrorist attack on the United States. The **Federal Emergency Management Agency** (FEMA), which is responsible for managing catastrophic events, was integrated into DHS in 2003. Together, they are responsible for coordinating efforts at all government levels to ensure emergency preparedness for any catastrophic events such as bioterrorism, chemical and radiation emergencies, mass casualties as a result of explosions, natural disasters and severe weather, and disease outbreaks. They coordinate with the CDC to ensure there are plans in place to quickly resolve these events (CDC, 2009a; DHS, 2009). DHS has also developed a **National Incident Management System** (NIMS) that provides a systematic, proactive approach to all levels of government and private sector agencies to collaborate to ensure there is a seamless plan to manage any major incidents. NIMS also works with the **National Response Framework** (NRF) that provides the structure for national policy for emergency management (DHS, 2009). Both programs are housed in the DHS's National Incident Management System Resource Center. For more information about both of these programs, see Chapter 4.

Council of State and Territorial Epidemiologists

Established in 1992 and headquartered in Atlanta, GA, the **Council of State and Territorial Epidemiologists** (CSTE) is a professional organization of over 1000 public health epidemiologists that work in state and local health department who provide technical assistance to the **Association of State and Territorial Health Officials** (ASTHO) and to the CDC for research and policy issues. They provide expertise in the areas of maternal child health, infectious diseases, environmental health, injury epidemiology, occupational health, and public health informatics (CSTE, 2009).

State Health Departments' Role in Health Care

The US constitution gives state governments the primary role in providing health care for their citizens. Most states have several different agencies that are responsible for specific public health services. There is usually a lead state agency with approximately 20 agencies that target health issues like aging, living and working environments, and alcoholism and substance abuse. Many state agencies are responsible for implementing several different federal acts such as the Clean Water Act; Clean Air Act; Food, Drug, and Cosmetic Act; and Safe Drinking Water Act (Turnock, 2007). **State health departments** have the authority to collect health data, manage vital statistics, declare health emergencies, and conduct health planning and formulate health policy. They also manage disease and tumor registries and provide health education and laboratory services. Vital statistics collected include deaths, births, marriages, and health and disease statuses of the population. These statistics are important to collect because they serve as a basis

for funding. CSTE decides which diseases should be considered reportable to the CDC and produced in a weekly report *Morbidity and Mortality Weekly Report* (*MMWR*). The *MMWR* is an estimate of the prevalence of disease throughout the country (CDC, 2009b). Also, as result of the September 11, 2001 terrorist attacks, all states must have a crisis management plan in place for any type of health crisis that may occur.

State health departments also license health professionals such as physicians, dentists, chiropractors, nurses, pharmacists, optometrists, and veterinarians who practice within the state. They also inspect and license healthcare facilities such as hospitals and nursing homes. Most state agencies provide technical assistance to their local health departments in the following areas: (1) quality improvement, (2) data management, (3) public health law, (4) human resource management, and (5) policy development. It is important to emphasize that the state health department provides oversight to their local health departments who are directly responsible for providing public health activities for their community (Mays, 2008).

States also provide prevention services in the following areas: (1) tobacco use, (2) obesity, (3) injury, (4) HIV/AIDS, (5) diabetes, and (6) sexually transmitted infections. State agencies are funded primarily by federal sources (45%), state resources (24%), and Medicaid/Medicare (15%), with the remaining sources supplied by fines and fees (4%), indirect federal funding (3%), and other minor sources (9%) (ASTHO, 2009).

The Association of State and Territorial Health Officials

ASTHO is a not-for-profit organization that provides support for state and territorial health agencies. They provide research, expertise, and guidance for health policy issues. The federal government looks to ASTHO for their expertise in developing health policy. They frequently testify in front of Congress regarding major health issues. They advocate for increased public health funding and campaign against any funding reductions. ASTHO provides training opportunities for state public health leaders. All states and US territories and the District of Columbia belong to ASTHO (ASTHO, 2009).

Local Health Departments' Role in Health Care

Local health departments are the government organizations that provide the most direct services to the population. There are approximately 3000 local health departments across the United States (Pointer et al., 2007). Although their organizational structures may differ across the United States, their basic role is to provide direct public health services to their designated areas. It is difficult to generalize what types of services are offered by local health departments because they do vary according to geographic location, but most are involved in communicable disease control. According to a recent **National Association for County and City Health Officials** (NACCHO) survey, the following are highlights of what types of services are offered by local health departments:

- Nearly 75% of local health departments have a local board of health that support policy making.
- Over 90% offer child immunizations and adult immunizations either directly or indirectly through collaboration with local healthcare providers.
- Over two thirds provide sexually transmitted infection testing and treatment for those diseases.
- Nearly 75% offer treatment for tuberculosis.
- Approximately 60% provide family planning services.
- Approximately 70% offer tobacco prevention services.
- Nearly 70% provide women, infants, and children (WIC) services.
- Almost 90% of local health departments provide surveillance and assessment activities and environmental health protection.
- Approximately 75% provide food safety education (NACCHO, 2005).

Although funding for emergency preparedness has increased, local health departments, which fall under public health funding, are traditionally underfunded. Local health departments receive funding from their state government, the federal government, direct funding such as from the CDC, reimbursement for services from Medicaid and Medicare, private health insurance, and fees for services. Because of population size and coverage, local health department funding varies from state to state. Local sources are the greatest contributor to funding local health departments (29%), followed by state allocations (23%) and federal funding (13%). As a result of this continued lack of funding, more local health departments are collaborating with

schools, community organizations, other local government organizations such as social services, and healthcare providers to provide services (NACCHO, 2009).

Regionalization of Local Health Departments

Over the last 10 years, there has been a trend to regionalize local health departments in order to maximize the service provided to their populations. Counties that normally provide health services separately have formed regional health departments, which means that smaller local health departments unite as one operation to provide services within a geographic area. This type of organizational restructure reduced redundancy in services. Usually, one larger county health department will serve as the leader of the region (Mays, 2008). For example, when bioterrorism grants were distributed, those regional areas received more funds than counties that were not regionalized. The **regionalization** in many states has been voluntary. Individual counties still have autonomy for funding and regulatory issues but have become more efficient in providing services regionally. Kansas and Massachusetts have developed regionalization projects to assess the effectiveness of this type of reorganization (Functional Regionalization, 2009).

Emergency Preparedness in Local Health Departments

Centers for Disease Control and Prevention Funding for Emergency Preparedness

As a result of the threat of bioterrorism to the United States, all local health departments' roles have changed since September 11, 2001. The CDC awarded funding to state health agencies who, in turn, allocated funding to the local health departments to develop plans for bioterrorism attacks. Although bioterrorism is a new public health threat, emergency preparedness also includes responses to natural disasters or disease outbreaks. The CDC has developed a checklist to guide local health departments when a disaster occurs. These activities should be included in their emergency preparedness plan:

- Assess the situation: The local health department has to assess the capability of the community and itself to respond quickly to a threat. It is also important to assess the impact of the threat.
- Epidemiologic capability and laboratory analyses: Local health departments should have a surveillance component in place to track susceptible populations and ensure access to laboratory services as needed.
- Communication: Communication protocols need to be in place for key health and medical agencies. The protocols should be practiced to ensure that when a public health threat occurs, the protocols will be implemented smoothly.
- Community reassurance: Address requests for assistance and information.
- Clinical interventions: Depending on the type of disaster, interventions must be readily available to the population.
- Coordination of healthcare systems: Coordinate with onsite federal and state assistance.
- Workforce training: It is vital that all workers involved in the disaster plan be trained. Volunteers also need to be trained so they understand the hierarchy of implementing a disaster plan.
- Special populations: Address the needs of the elderly, disabled, and young children.
- Legal issues: Stay apprised of any legal issues (CDC, 2009a).

National Association for County and City Health Officials

NACCHO is the advocacy organization for local health departments. Established in 1993 and located in Washington, DC, NACCHO provides support to nearly 3000 local health department members that include city, county, district, metro, and tribal agencies. They are staffed by nearly 100 physicians and public health experts and a 32-member board of directors that lobbies Congress for their public health agenda, promotes public health, and provides support for their members (NACCHO, 2009). Table 3-1 provides an outline of the local health departments' responsibilities according to NACCHO.

NACCHO also developed standards for local health department's activities. Activities include (1) food safety, (2) sanitation services, (3) waste disposal, (4) pest control, (5) drinking water purification, (6) restaurant inspection and licensing, (7) communicable disease surveillance, (8) control of sexually transmitted infections, and (9) public health education (Pointer et al., 2007). Other frequent local contributors to public health activities include social service agencies, elementary and secondary public schools, housing departments, fire and police departments, parks and recreation, libraries, waste management, and water and sewer authorities (Mays, Miller, & Halverson, 1999).

TABLE 3-1 Operational Definition of a Functional Local Health Department

- Monitor health status and understand community health issues.
- Protect people from health problems and health hazards.
- Provide information so individuals may make healthy choices.
- Engage the community to identify and solve health issues.
- Develop public health policies and plans.
- Enforce public health laws and regulations.
- Help people receive health services.
- Maintain a competent public health workforce.
- Evaluate and improve programs and interventions.
- Contribute to and apply the evidence base of public health.

Source: Operational Definition of a Functional Local Health Department. Washington, DC National Association of County and City Health Officials, 2005.

NACCHO has recently focused on providing guidance o local health departments on ways to market public ealth activities and their role in public health. In ollaboration with World Ways Social Marketing, NACCHO has developed a logo with the tagline f "Prevent, Promote, Protect," which can be used ationally by local health departments to help the public nderstand their role. NACCHO has also developed communications toolkit with fact sheets regarding ublic health departments (NACCHO, 2009).

n May 2007, the **Public Health Accreditation Board** PHAB) was established as a nonprofit organization administer the voluntary, national accreditation rogram for state and local health departments based n the recommendations of the steering committee of e Exploring Accreditation project. Development of e program's components began in June 2007. The velopment process will allow sufficient time for the eation of a successful program, which will include:

- Development of standards and metrics for state and local health departments
- Creation of an assessment process for applicants
- Establishment of a process to determine recognition/approval of existing state-based accreditation programs
- Implementation of a pilot testing phase for state and local public health departments

Voluntary standards have been developed and are in the process of receiving public comments. It is anticipated that the first applications for accreditation will be accepted no later than winter 2011 (PHAB, 2009).

CONCLUSION

The government plays an important role in the quality of the US healthcare system. The federal government provides funding for state and local government programs. Federal healthcare regulations are implemented and enforced at the state and local levels. Funding is primarily distributed from the federal government to the state government, which consequently allocates funding to their local health departments. Local health departments provide the majority of services for their constituents. More local health departments are working with local organizations such as schools and physicians to increase their ability to provide services such as immunizations, education, and prevention services.

NACCHO and ASTHO are important support organizations for both state and local governments by providing policy expertise, technical advice, and lobbying at the federal level for appropriate funding and regulations. DHS and FEMA now play an integral role in the management and oversight of any catastrophic events such as natural disasters, earthquakes,

floods, pandemic diseases, and bioterrorism. DHS and FEMA collaborate closely with the CDC to ensure that both the state and local health departments have a crisis management plan in place for these events. These attacks are often horrific and frightening with a tremendous loss of life, and as a result, the state and local health departments need to be more prepared to deal with catastrophic events. They are required to develop plans and be trained to deal effectively with many of these catastrophic issues.

PREVIEW OF CHAPTER FOUR

According to the Institute of Medicine (IOM), the concept of public health is an organized community effort that addresses health issues in the community by applying specific knowledge to promote health (IOM, 2008). Chapter 4 will discuss the concept of public health and its vital role in the US healthcare system. This chapter will discuss the history of public health and core public health activities including the collaboration of public health in natural disasters and terrorist activities. The chapter will also address the collaboration of public health and traditional medicine. As a consumer, public health is very important to you because public health activities focus on the collective health of your community. Public health officials are focused on ensuring there are programs in place for primary prevention activities such as education and screening for disease.

VOCABULARY

Administration for Children and Families (ACF)

Administration on Aging (AOA)

Agency for Healthcare Research and Quality (AHRQ)

Agency for Toxic Substances and Disease Registry (ATSDR)

Association of State and Territorial Health Officials (ASTHO)

Center for Mental Health Services (CMHS)

Center for Substance Abuse Prevention (CSAP)

Center for Substance Abuse Treatment (CSAT)

Centers for Disease Control and Prevention (CDC)

Centers for Medicare and Medicaid Services (CMS)

Coalition for Health Services Research (CHSR)

Council of State and Territorial Epidemiologists (CSTE)

Department of Homeland Security (DHS)

Federal Emergency Management Agency (FEMA)

Federal Food, Drug, and Cosmetic Act (FDCA)

Hazard Communication Standard (HCS)

Health Resources and Services Administration (HRSA)

Indian Health Service (IHS)

Local health departments

Medical Waste Tracking Act

Morbidity and Mortality Weekly Report (*MMWR*)

National Association for County and City Health Officials (NACCHO)

National Incident Management System (NIMS)

National Institutes of Health (NIH)

National Network on Aging (NNOA)

National Response Framework (NRF)

Occupational Exposure to Bloodborne Pathogen Standard

Occupational Safety and Health Administration (OSHA)

Office of Applied Studies (OAS)

Older Americans Act (OAA)

Over-the-counter (OTC) drugs

Public Health Accreditation Board (PHAB)

Regionalization

Social regulation

Social Security Act

State health departments

Substance Abuse and Mental Health Services Administration (SAMHSA)

Surgeon General

US Department of Health and Human Services (HHS)

US Food and Drug Administration (FDA)

US Public Health Service Corps

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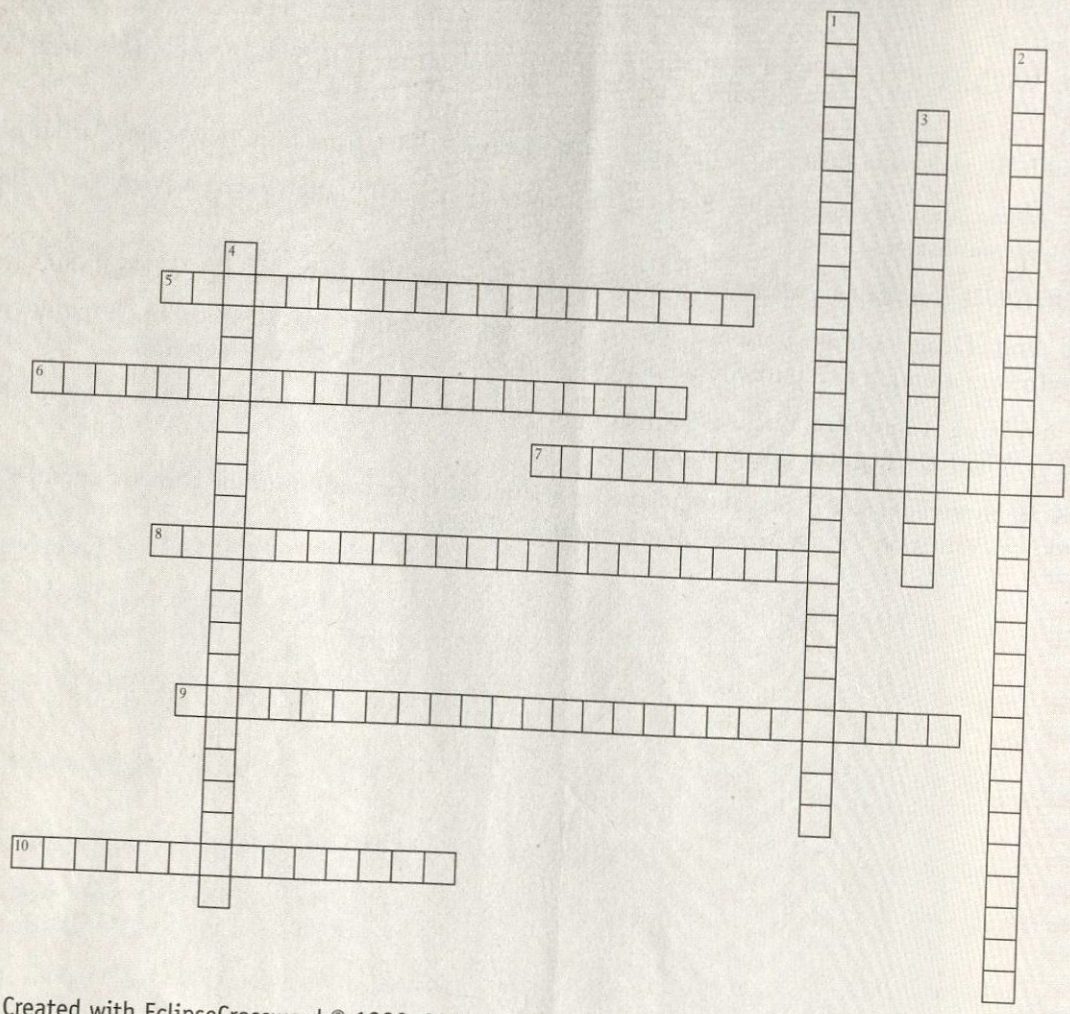
STUDENT ACTIVITY 3-1

CROSSWORD PUZZLE

Instructions: Please complete the puzzle using the vocabulary words found in the chapter. There may be multiple-word answers. The number in the parenthesis indicates the number of words in the answer.



STUDENT ACTIVITY 3-1

Across

5. Their mission is to raise the physical, mental, social, and spiritual health of American Indians and Alaskan Natives to their highest level. (3 words)
6. State and local health departments are required to have this type of plan in place for catastrophic events such as bioterrorism. (2 words)
7. This 1935 Act increased the government's role in providing healthcare coverage. (3 words)
8. This federal government agency has 11 operating divisions. (4 words)
9. This federal agency was established as a result of the 1906 Food, Drug, and Cosmetic Act. (4 words)
10. This person is the chief health educator in the United States. (2 words)

Down

1. This federal agency has 27 institutes that focus on diseases and conditions. (4 words)
2. Established as a nonprofit organization to administer the voluntary national accreditation program for state and local health departments. (4 words)
3. This process combined several small local health departments into one larger health department to serve as the leader. (1 word)
4. This federal agency is one of the largest providers of home- and community-based care for older persons. (3 words)

STUDENT ACTIVITY 3-2

IN YOUR OWN WORDS

Based on Chapter 3, please provide a description of the following concepts in your own words. DO NOT RECITE the text description.

Over-the-counter (OTC) drugs:

Drugs purchased w/out prescription - usually no regulation on quantity bought.

Hazard Communication Standard:

a company in charge of the labeling of hazardous materials.

Regionalization of public health departments:

Administration on Aging:

A large provider for home/community based care. They want to ensure "quality of life"

National Network on Aging:

a partnership of networks serving the aging generation

US Public Health Service Corps:

A support to the Surgeon General. Consists of 6000 health professionals in federal agencies and programs

Morbidity and Mortality Weekly Report:

a weekly report w/ diseases reported to the CDC. The MMWR is an estimate of the prevalence of disease throughout the country.

National Incident Management System:

Developed by DHS. Provides a systematic, proactive approach to all levels of Government and private sector agencies to collaborate to ensure there is a seamless plan to manage any major incidents.

STUDENT ACTIVITY 3-2

Association of State and Territorial Health Officials:

A non-profit organization that provides support for state and territorial health agencies.

US Surgeon General:

US chief health educator who provides info on how to improve the health of the US population.

STUDENT ACTIVITY 3-3

AL LIFE APPLICATIONS: CASE STUDY

will be graduating from college soon with a degree in healthcare management. You are considering different r choices and would like to work for the government. You are thinking of applying to both state and local n departments but are unsure of what types of activities you may be involved with as a healthcare manager.

VITY

scuss the role that state and local health departments have in health care, (2) identify the services that are pro- by both levels, (3) using the Internet, look up the state and local health departments in your state and provide erview of their activities, and (4) decide on where you are going to apply and explain your decision.

ONSES

STUDENT ACTIVITY 3-4

INTERNET EXERCISES

Write your answers in the space provided.

- Visit each of the Web sites listed here.
- Name the organization.
- Locate their mission statement on their Web site.
- Provide a brief overview of the activities of the organization.
- How do these organizations participate in the US healthcare system?

Web Sites

http://www.atsdr.cdc.gov

Organization Name: Agency for Toxic Substances & Disease Registry

Mission Statement:

Serve the public through responsive public health actions to promote healthy and safe environments & prevent harmful exposures.

Overview of Activities:

Importance of organization to US health care:

http://www.hrsa.gov

Organization Name: Health Resources & Services Administration

Mission Statement:

To improve health and achieve health equity through access to quality services, a skilled health workforce & innovative programs

Overview of Activities:

STUDENT ACTIVITY 3-4

Importance of organization to US health care:

http://www.fda.gov

Organization Name: US Food & Drug Admin

Mission Statement: Aug. 2003
The FDA is responsible for advancing the public health by helping to speed innovations that make medicines and foods more effective, safer, and more affordable

Overview of Activities:

Importance of organization to US health care:

www.ihs.gov

Organization Name: Indian Health Services

Mission Statement:
To raise the physical, mental, social and spiritual health of American Indians and Alaska Natives to the highest level.

Overview of Activities:

Importance of organization to US health care:

STUDENT ACTIVITY 3-4

http://www.aoa.gov

Organization Name: Administration of Aging

Mission Statement:
To develop a comprehensive, coordinated and cost-effective system of home and community-based services that helps elderly individuals maintain their health and independence in their homes and communities.

Overview of Activities:

Importance of organization to US health care:

http://www.acf.hhs.gov

Organization Name: Administration for Children & Families

Mission Statement: see DOC.

Overview of Activities:

Importance of organization to US health care: