STAFF TIME ALLOCATIONS IN LOCAL HEALTH DEPARTMENTS: IMPLEMENTATION OF A TIME AND COST ALLOCATION SYSTEM IN A LOCAL HEALTH DEPARTMENT

Mary Dorn, RN, BSN
Medical College of Wisconsin
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Local health departments (LHDs) provide clinical and population based services.
Over time the focus of public health has transitioned to a more population-based focus.
How can that change be demonstrated in LHDs?
No consistent method utilized throughout the United States to track public health staff time.
Background
In the early 1900’s, New York City was the only community to have a full-time health officer.

In 1933 the American Public Health Association identified primary goals of public health agencies as communicable disease and children’s health.

Later vital statistics, environmental sanitation, laboratory, school health and health education of the public added.
By mid 1900’s LHDs became the safety net for health services in addition to the foundational population-based services.

Institute of Medicine (IOM) report in 1988 identified the core functions: assessment, policy development, and assurance.

1994 United States Public Health Services released the 10 Essential Public Health Services
History Continued

- 21st century saw a return to a focus on population-based services
- New focus on community outcomes, accountability, collaboration, performance and quality improvement at the local level
- LHD leaders lack the financial management skills necessary for determining expense of providing services along with the measurement of benefit to health outcomes
Literature Review
Essential Public Health Services

1. Monitor health status to identify and solve community health problems.
2. Diagnose and investigate health problems and health hazards in the community.
3. Inform, educate, and empower people about health issues.
4. Mobilize community partnerships and action to identify and solve health problems.
5. Develop policies and plans that support individual and community health efforts.
6. Enforce laws and regulations that protect health and ensure safety.
7. Link people to needed personal health services and assure the provision of health care when otherwise unavailable.
8. Assure competent public and personal health care workforce.
9. Evaluate effectiveness, accessibility, and quality of personal and population-based health services.
10. Research for new insights and innovative solutions to health problems.
Local Public Health Profile

- Conducted by National Association of City and County Health Officials (NACCHO)
- Provides comprehensive & accurate description of infrastructure & practice in LHD
- Approximately 2,800 LHDs in United States
Local Profile Continued

Areas of Local Variation

- Agency size
- Jurisdiction size
- Staff background, expertise, education, training, and licensure
- Per capita funding
- Type of service provided—clinical versus population-based
State Public Health Profile

- Conducted by Association of State and Territorial Health Officials (ASTHO)
- Completed in 2007, 2010 & 2012
- Provides comprehensive information about state public health agency activities, structure and resources
- Reports provided by 48 states and the District of Columbia
State Profile Continued

Trends identified

- State agencies have programmatic and fiscal responsibilities for coordination of federal programs
- Services provided directly by states highest in population services
- Clinical service areas most often to individuals: oral health, pharmacy and substance abuse prevention
Public Health Program Standards

- Framework to help state, local, and governing bodies to identify system improvement and enhance partnerships
- The 10 Essential Public Health Services are the foundation
- Assist LHDs with initial steps toward public health accreditation
Public Health Accreditation

According to Public Health Accreditation Board (PHAB) the goal of accreditation is to help public health departments assess their current capacity and guide them to continuously improve the quality of their services, with the ultimate goal of a healthier public.
Phases of Accreditation

- Preparation
- Registration and application
- Identification and submission of documentation of meeting standards
- Pre-site visit review and on-site review assessments
- Accreditation decision by PHAB
- Annual report if accredited or action plan
- Re-accreditation every 5 years
Accredited Agencies Since 2011

- 141 Local
- 20 States
- One Tribal
Accreditation Challenges

- Lack of staff engagement
- Lack of funding for coordinator to complete required work
- Budget cuts
- Staff turnover
Major Accreditation Benefits

- Creation of a culture of quality improvement
- Increased governing body support
Public Health Services

- No standard for what services must be provided by every LHD
- No standard for what public health funding should be throughout the country
- A detailed description of basic public health services for all jurisdictions along with the development of standards for the determination of costs to provide those services is needed
Public Health Leadership Forum
Minimum Package of Public Health Services

Programs/Activities Specific to an HD and/or Community Needs
Most of an HD’s Work is “Above the Line”

Foundational Areas
- Communicable Disease Control
- Chronic Disease & Injury Prevention
- Environmental Public Health
- Maternal, Child, & Family Health
- Access to and Linkage w/Clinical Care

Foundational Capabilities
- Assessment (Surveillance, Epidemiology, and Laboratory Capacity)
- All Hazards Preparedness/Response
- Policy Development/Support
- Communications
- Community Partnership Development
- Organizational Competencies (Leadership/Governance; Health Equity; Accountability/Performance Management; QA; IT; HR; Financial Management; Legal)

Public Health Workforce

- Public health services and systems research has placed little emphasis on measuring and defining the capacity of public health
- Workforce affected by varied mission, governance structure, statutory powers and interorganizational relationships
- Public health services vary greatly and have non-standardized governance structures across the country
Workforce Demand

- Literature focuses on workforce description versus monitoring and projecting demand
- Analytical measure of workforce needed to monitor workforce size, composition, demand, and associations with health outcomes
Challenges of Public Health Workforce

- Diversity of staff needed to provide varied services provided by LHDs
- Broad job classifications
- Lack of standard certification or licensure in public health
- Categorical funding that requires work in specified areas
- No standard system to document staff time spent providing services
- Challenge in determining cost of services
Cost for Public Health Services

- Public Health Leadership Forum Minimum Package of Public Health Services used to determine cost estimation
- Robert Wood Johnson Foundation funded workgroup to develop methodology for cost estimation to support funding of public health at a minimum level
- Estimation of minimum package recommended using prospective model
- Actual cost most accurate using concurrent cost determination
Survey of LHDs in Wisconsin

- Survey completed to determine the use of concurrent methods being used for documenting staff time
- 51% of Wisconsin LHDs responded (45/88)
- 93% use some type of concurrent method
- No standard system used
Results
Identified Need

- Concurrent staff time tracking system
- System would provide ability to monitor and evaluate public staff time allocations and determine staff costs
- Limited research on public health staff tracking systems
- Grey literature provides background on frameworks & the need for consistent methods
- Wisconsin survey affirmed need and lack of consistent methods
Staff Time Tracking System Framework Levels

- 10 Essential Public Health Services
- Program areas
- Activity types
Foundational capabilities and areas from PHLF are intertwined in proposed framework.

Bolded listings in each level of the framework show the cross cutting nature of the capabilities.

NACCHO & ASTHO Profile service and program areas utilized in development of program area level.
Staff Time Tracking System Level: PublicHealth Essential Services

1. Monitor health status to identify & solve community health problems
2. Diagnose & investigate health problems & health hazards in the community
3. Inform, educate, & empower people about health issues
4. Mobilize community partnerships & action to identify & solve health problems
5. Develop policies & plans that support individual & community health efforts
6. Enforce laws & regulations that protect health & ensure safety
7A. Link people to health services
7B. Assure the provision of health care when unavailable
8. Assure competent public health workforce
9. Evaluate effectiveness, accessibility, & quality of personal & population–based health services
10. Research for new insights & innovative solutions to health problems
Staff Time Tracking System Level: Program Area

- Accreditation
- Chronic Disease
- Communicable Disease Control
- Community Health Assessment
- Community Health Improvement Planning
- Drinking Water
- Environmental Health—General
- General Public Health
- Human Health Hazard
- Immunization
- Injury Prevention—general
- Licensed Facility
- Lead
- Maternal, Child, & Family Health
- Mental Health
- Nutrition
- Oral Health
- Physical Activity
- Preparedness
- Substance Abuse–AODA
- Tobacco
- WIC
Staff Time Tracking System Level: Activity Type

- Clinic
- Community Event
- Conference
- Exercise
- External Meeting
- Financial Management
- Home Visit
- Human Resource Management
- Intake Coverage
- Internal Meeting
- Laboratory
- Media
- Orientation
- Performance Management
- Preparation Time
- Quality Improvement
- Screening
- Social Media/Website
- Training
Discussion

- Development and implementation of a concurrent system to monitor, track, and evaluate LHD staff time will provide a baseline of staff time allocation.
- Additional data will supplement NACCHO & ASTHO Profiles staffing, service, and program data.
- Wisconsin local survey supports the need for consistent methodology and the ability to extract data for evaluation.
Conclusion
Research

- Additional research needed with focus on systems and methods for monitoring public health workforce
- Emphasis on quantitative methods to monitor workforce size & composition, shortage & demand, & relations to health outcomes
Next Steps

- Translation of staff time tracking framework into an electronic data base
- Integration of reporting features into the data base
- Pilot agency implementation and evaluation
- Integration of ongoing research and methodologies into the framework and data base
- Integration of quantitative workforce monitoring
- Development & implementation of training on financial management & analysis for current & future public health leadership workforce
References


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