



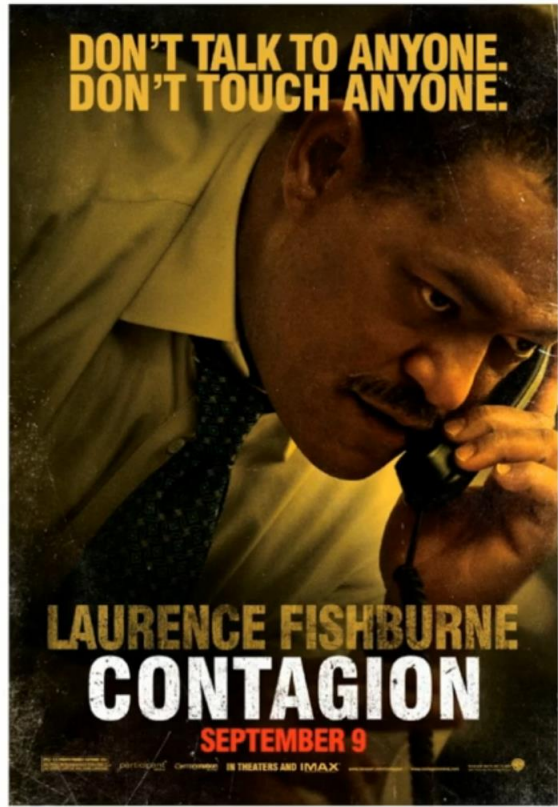
# NBPHE Review: Health Policy and Management

January 16, 2017

**Joel M. Lee, Dr.P.H., CPH**

John A. Drew Professor of Healthcare Administration, and  
Director, Doctor of Public Health Degree Program  
College of Public Health  
The University of Georgia

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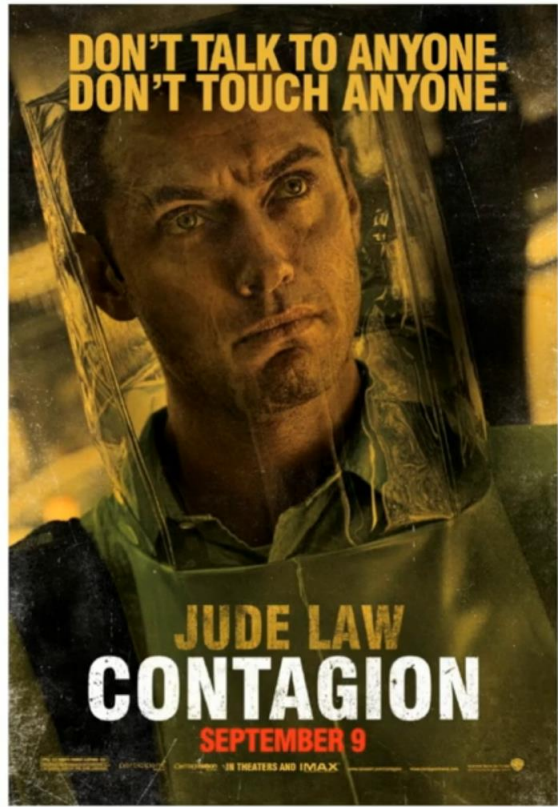


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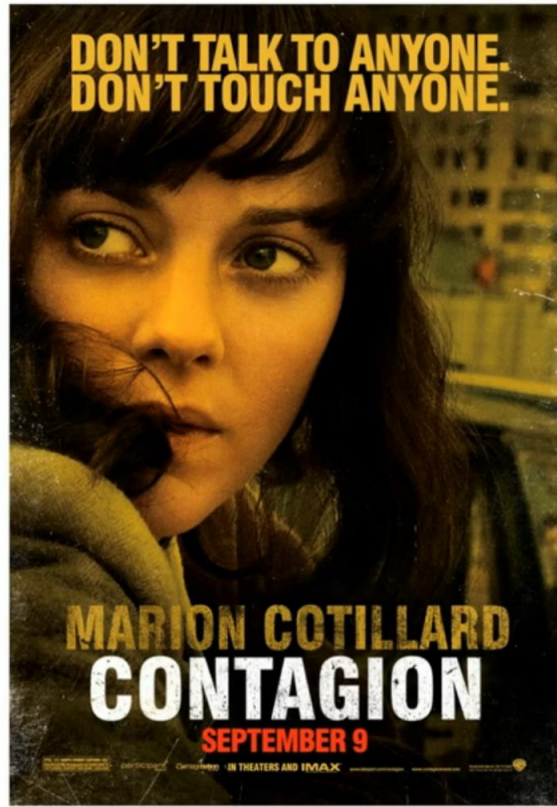


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# Public Health

What My Parents Think I Do



What My Friends Think I Do



What My Kids Think I Do



What Society Thinks I Do



What I Thought I'd Be Doing



What I Actually Do



# Public Health



**What my friends think I do**



**What my mother thinks I do**



**What society thinks I do**



**What the government thinks I do**



**What I think I do**



**What I really do**

# Disclaimer #1



Materials provided in this presentation are from a variety of sources.

Based upon the webinar format of this session, citation of original sources is not presented.

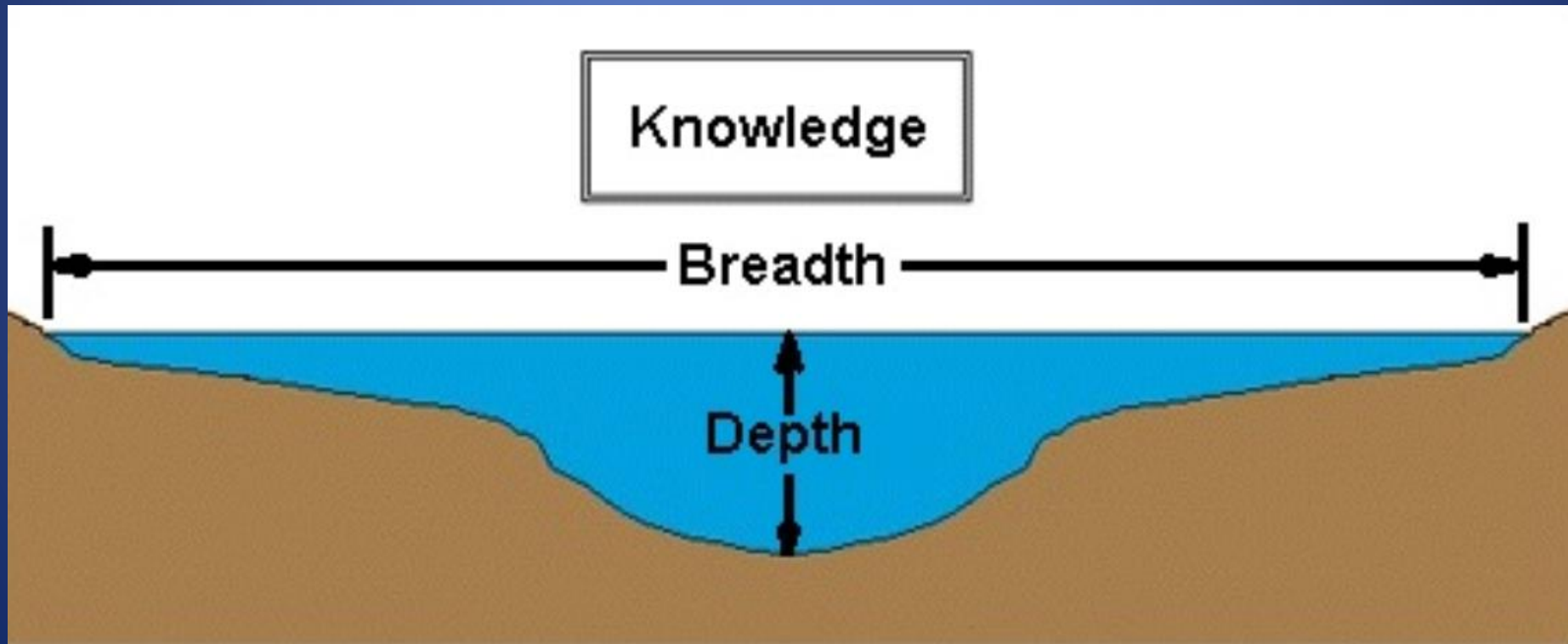
# Disclaimer #2

What is on...



...the **TEST**

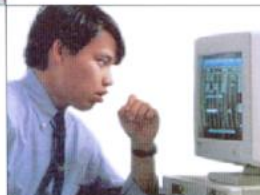
# Disclaimer #3



# Master's Degree in Public Health Core Competency Development Project

Version 2.3

August 2006



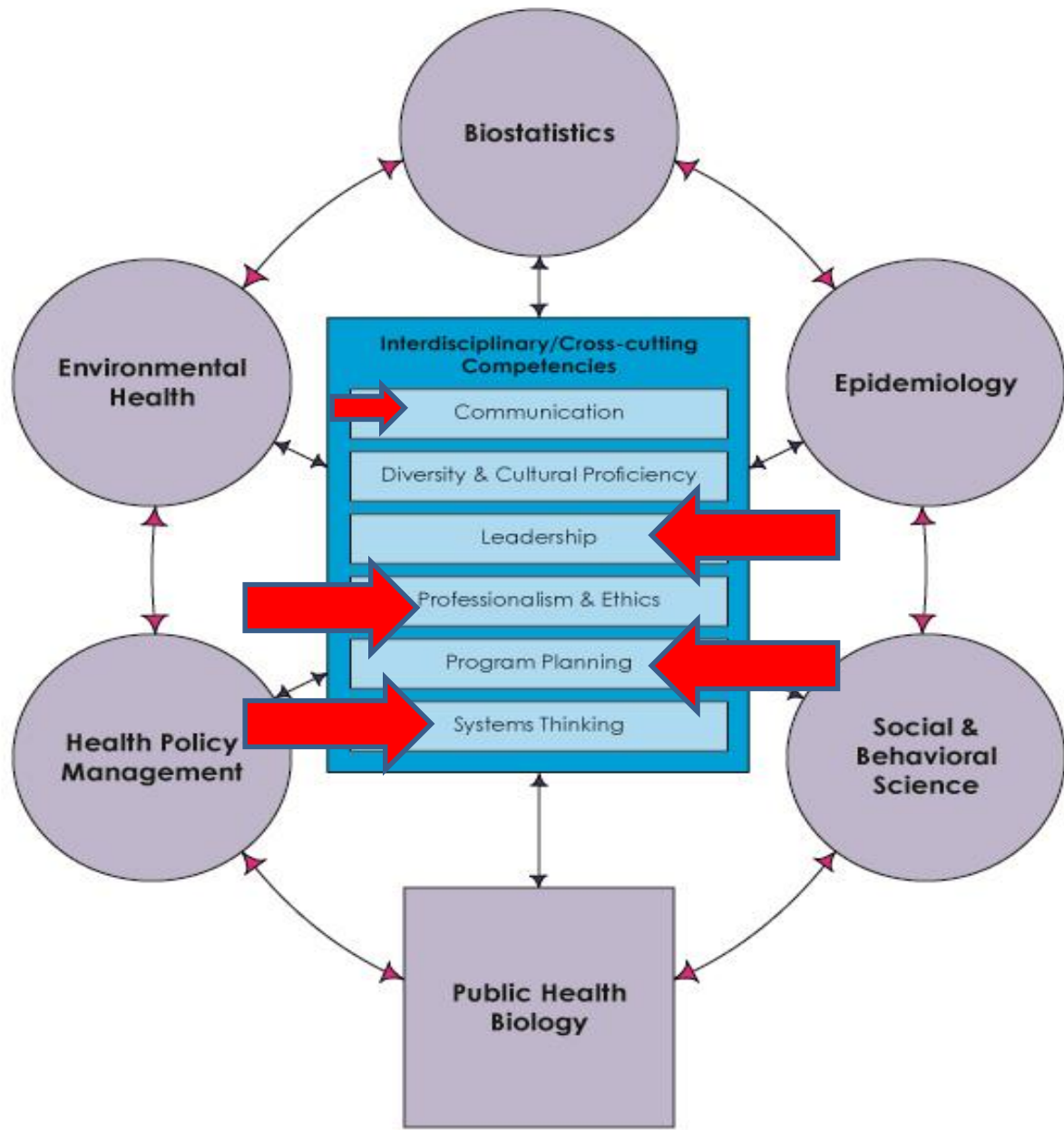


## HEALTH POLICY AND MANAGEMENT

Health policy and management is a multidisciplinary field of inquiry and practice concerned with the delivery, quality and costs of health care for individuals and populations. This definition assumes both a managerial and a policy concern with the structure, process and outcomes of health services including the costs, financing, organization, outcomes and accessibility of care.

**Competencies:** Upon graduation a student with an MPH should be able to...

1. Identify the main components and issues of the organization, financing and delivery of health services and public health systems in the US.
2. Describe the legal and ethical bases for public health and health services.
3. Explain methods of ensuring community health safety and preparedness.
4. Discuss the policy process for improving the health status of populations.
5. Apply the principles of program planning, development, budgeting, management and evaluation in organizational and community initiatives.
6. Apply principles of strategic planning and marketing to public health.
7. Apply quality and performance improvement concepts to address organizational performance issues.
8. Apply "systems thinking" for resolving organizational problems.
9. Communicate health policy and management issues using appropriate channels and technologies.
10. Demonstrate leadership skills for building partnerships.



Discipline-Specific Competencies  
 Interdisciplinary/Cross-cutting Competencies

NATIONAL BOARD OF PUBLIC HEALTH EXAMINERS

---

**Certified in Public Health (CPH) Exam**  
**CONTENT OUTLINE**

---



April 2014

# Health Policy and Management

1. **US Health Care Delivery System**
  - A. Continuum of Care – Primary through Long-Term Care
  - B. Not-for-profit, For-profit, Government Organizations
  - C. Health Care Financing, Public and Private
  - D. Federal programs – Medicare, Medicaid, Tricare, Social Security, Children’s Health Insurance
  - E. Patient Protection and Affordable Care Act
    1. HIPAA
  - F. Health Care Utilization, Elasticity of Demand
  - G. Basic Insurance Concepts
2. **Access, Cost and Quality Considerations**
3. **Global Health Care Systems**
  - A. Financing and Delivery Models
4. **US Health Policy**
  - A. Policy-Making Process
    1. Federal
    2. State
    3. Local
  - B. National Advocacy Organizations
  - C. Stakeholder Participation
  - D. Advocacy – Federal, State and Local Levels
  - E. Social Ethics
  - F. Health Economics
5. **Management and Leadership**
  - A. Organizational Management
    1. Organizational Structure
    2. Strategic Management and Leadership
    3. Program Planning and Marketing
    4. Organizational Ethics
    5. Accountability

B. Human Resources Management

1. Staffing Principles
2. Recruitment, Motivation, Retention
3. Performance Improvement

C. Financial Management

1. Resource Allocation and Control
2. Budgeting

**READY FOR A**

$$x^{(\frac{1}{2})} = \sqrt{x}$$

$$E=mc^2$$

**QUIZ?**



# Health Care Systems

**1. Receiving Certification in Public Health (CPH) from the NBPHE is an example of:**

- a. Structure**
- b. Environment**
- c. Process**
- e. Outcome**

# Health Care Systems

**2. The smallest percentage of U.S. health care spending addresses:**

- a. Nursing services**
- b. Public health services**
- c. Physician services**
- d. Pharmaceutical services**
- e. Hospital services**



# POLICY

**3. Potential Injury to research participants is best addressed in the *Belmont Report* by:**

- a. Respect**
- b. Justice**
- c. Litigation**
- d. Assessment of Benefits**
- e. Beneficence**

# POLICY

**4. The U.S. Constitution empowers the detention of contagious individuals entering the U.S.**

**a. True**

**b. False**

# DELIVERY SYSTEMS

**5. Paying a monthly flat fee for all medical care needed is typical of:**

- a. Fee-for-service**
- b. A health maintenance organization**
- c. A preferred provider organization**

# DELIVERY SYSTEMS

6. Shriner's Hospital for Children would be classified as:

- a. Sectarian
- b. Investor owned
- c. State Government
- d. Non sectarian
- e. Federal Government

# MANAGEMENT

7. “By February 1, 2017 there will be a 0.2% reduction in HIV infections” is an example of:

- a. Mission
- b. Vision
- c. Objective
- d. Goal
- e. Program

# MANAGEMENT

**8. Budgeting for the recurring monthly restocking of 10,000 doses of Flu Vaccine would be a:**

- a. Variable cost**
- b. Charge**
- c. Fixed cost**
- d. General cost**



**THE FUTURE OF  
THE PUBLIC'S HEALTH**  
*in the 21st Century*

INSTITUTE OF MEDICINE  
OF THE NATIONAL ACADEMIES

We need:

- A health policy that assures adequate and sustained investment in the important determinants of health
- A strong governmental public health infrastructure
- A public health system that reflects public understanding that health is everyone's business.

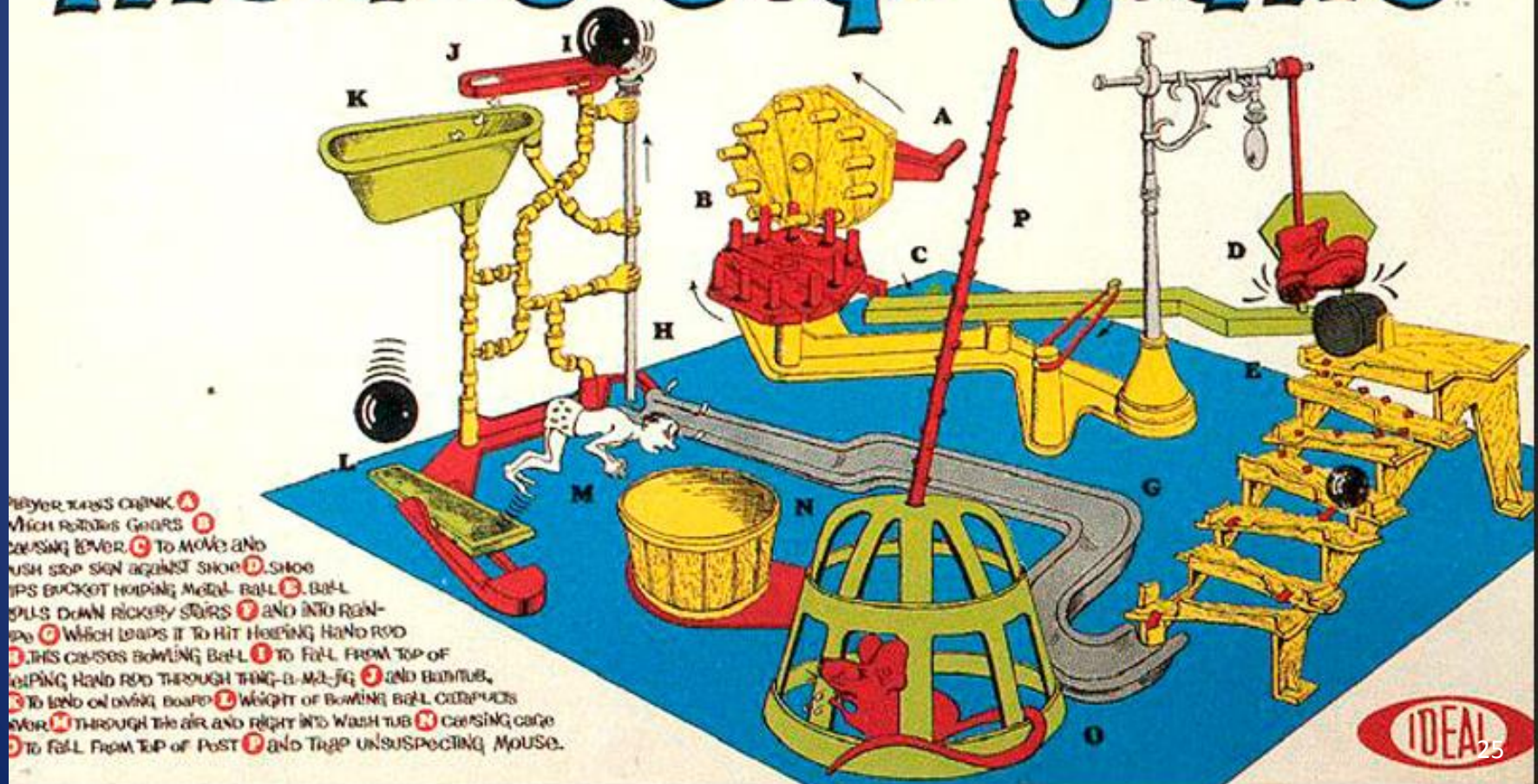
## 4 Components:

- Systems Thinking
- Health Policy
- Delivery Systems
- Health Management



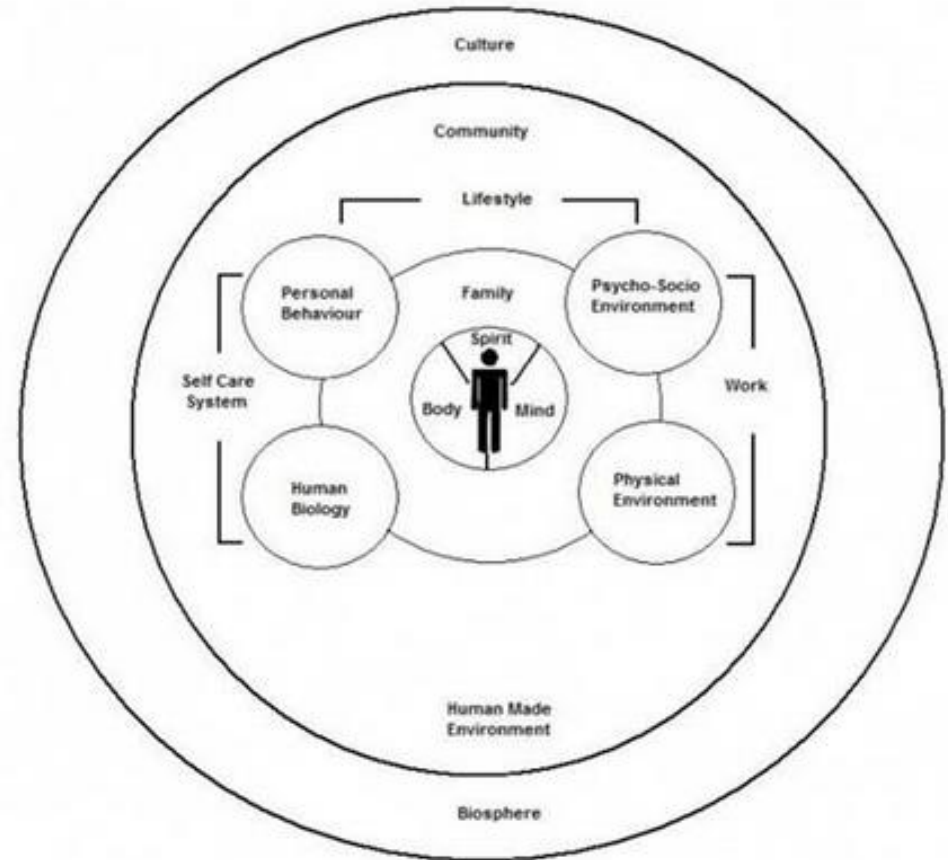
# Systems Thinking

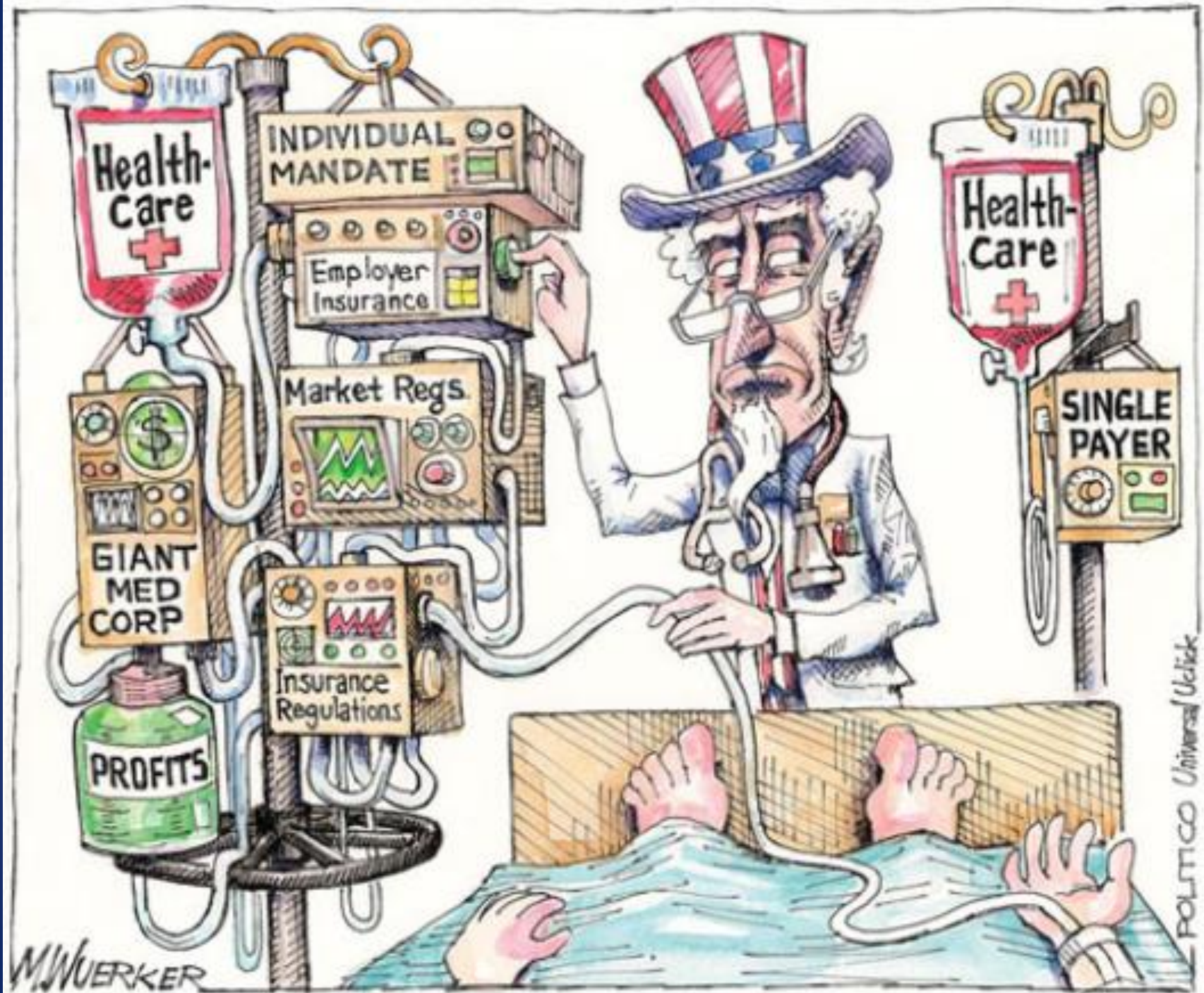
## mouse trap game



# Definition of Health

**Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.**





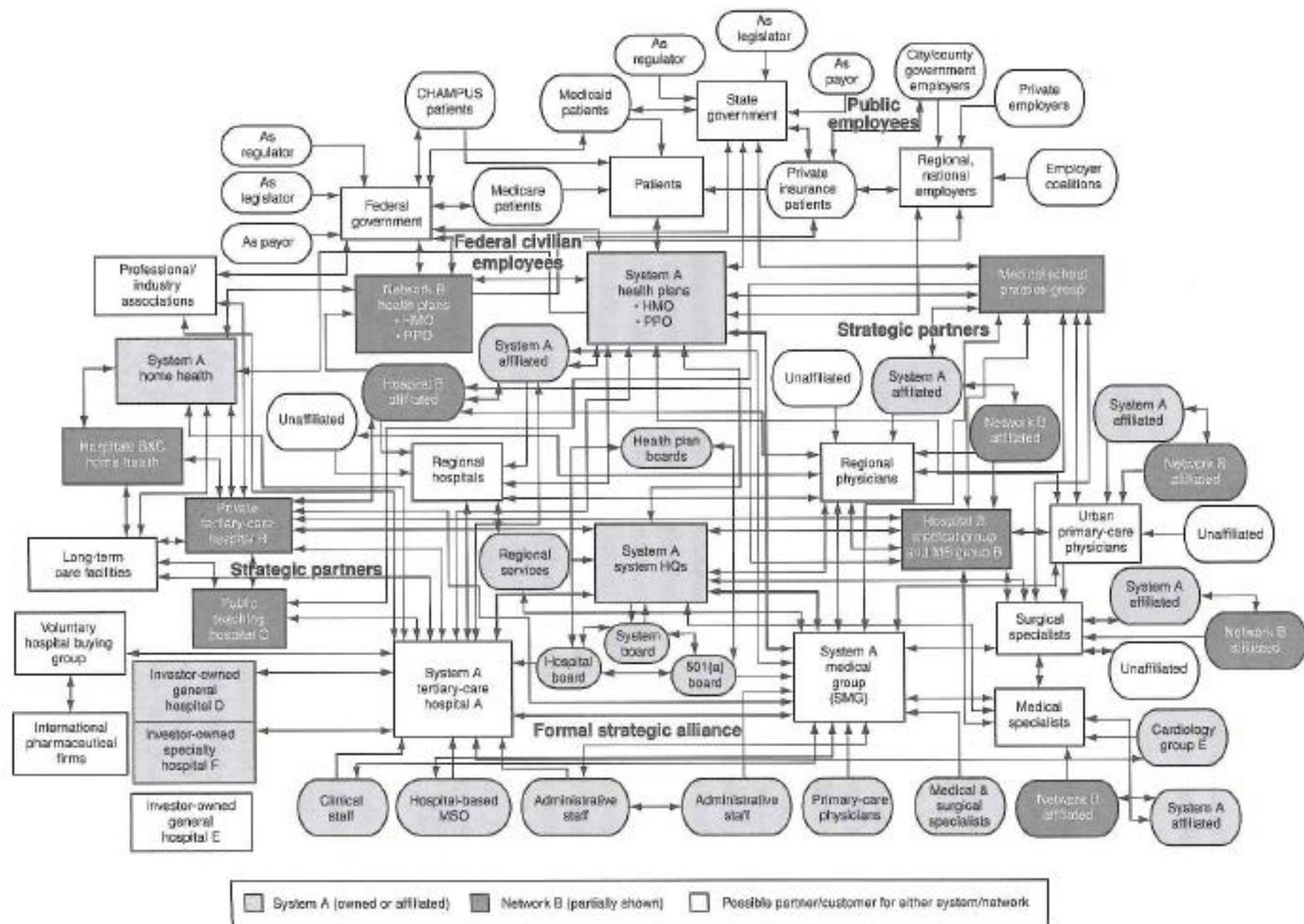


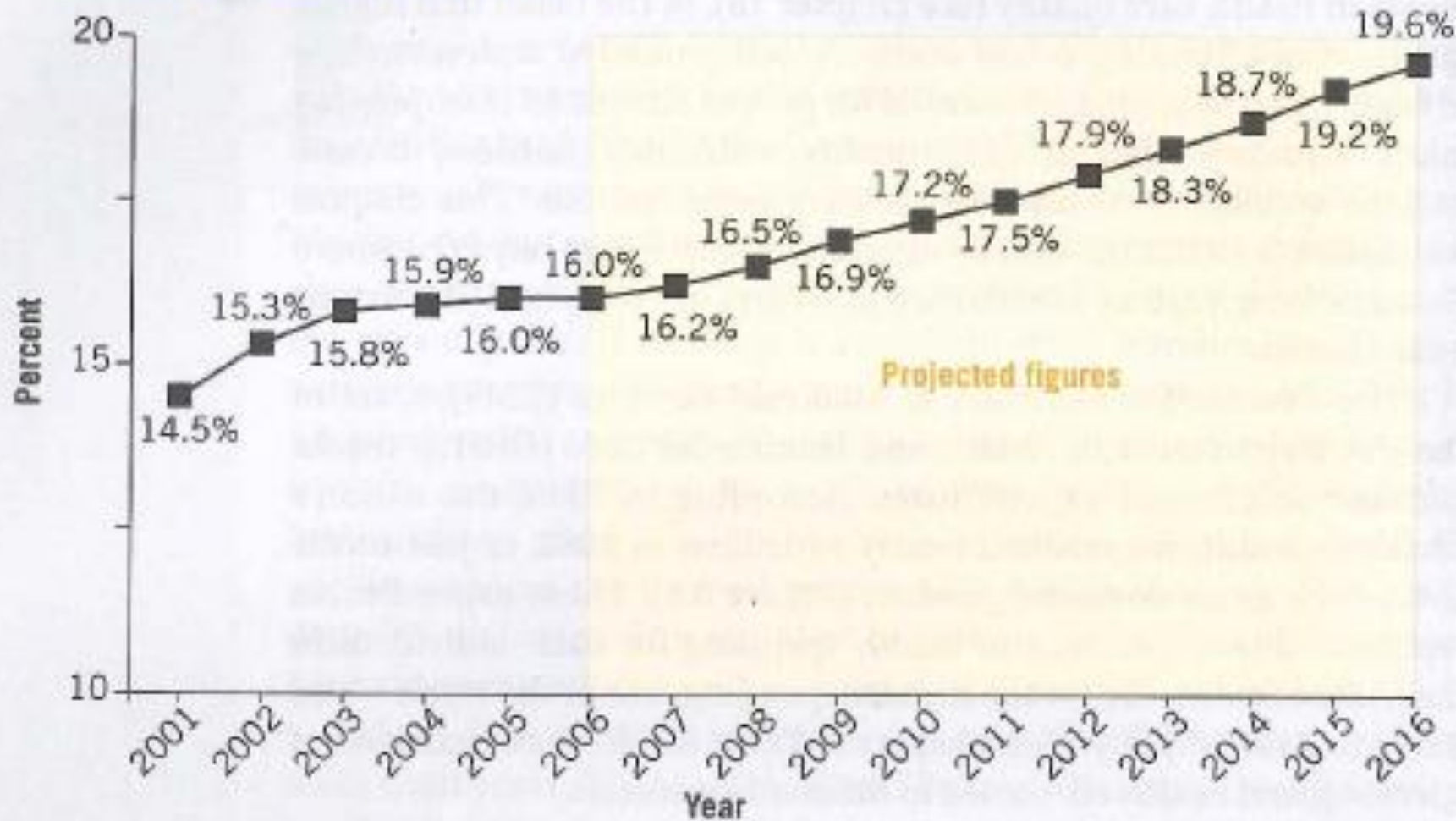
Figure 4-2 A Strategic Web Example



# Comparative Health: Cost Vs. Quality



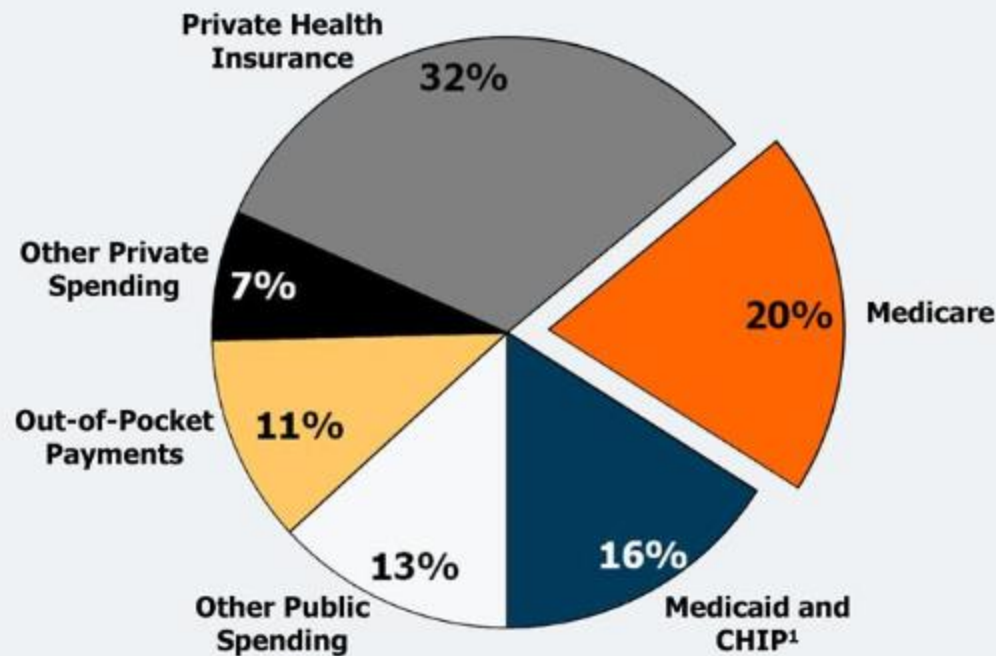
## U.S. National Health Expenditures as a Share of Gross Domestic Product, 2001–2016



Note. From U.S. Centers for Medicare & Medicaid Services, Office of the Actuary, 2007. Retrieved April 5, 2007, from <http://www.cms.hhs.gov/NationalHealthExpendData/downloads/proj2006.pdf>

# National Health Expenditures 2010 by Source of Payment

## National Health Expenditures in the United States, by Source of Payment, 2010

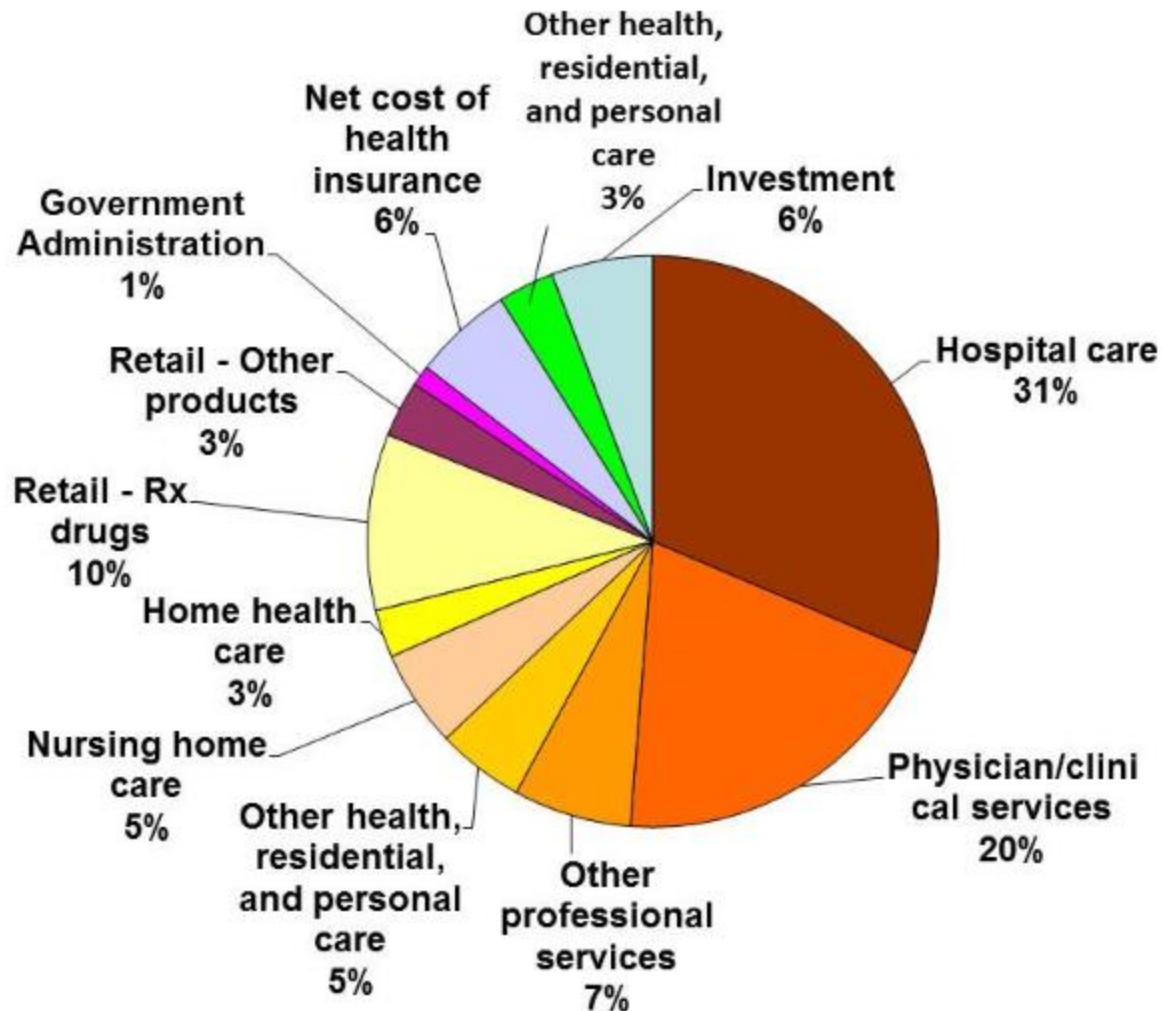


**Total National Health Expenditures, 2010 = \$2.6 Trillion**

NOTES: <sup>1</sup>Includes Children's Health Insurance Program (CHIP) and Children's Health Insurance Program expansion (Title XIX).  
SOURCE: Centers for Medicare & Medicaid Services, Office of the Actuary, National Health Expenditure Projections 2009-2019, February 2010.



# National Health Spending 2012 by Service



# Diversity



# Urban/Rural Diversity



# System Resources

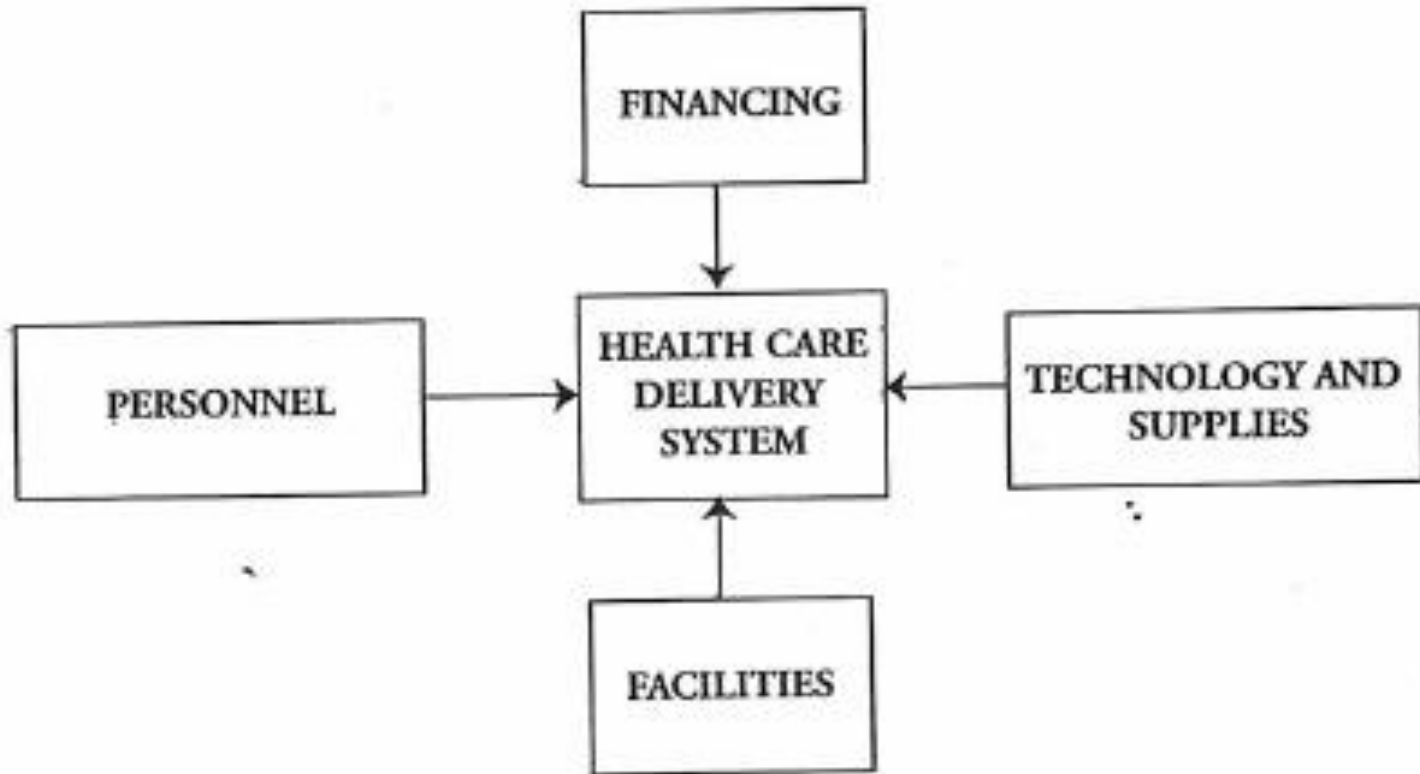
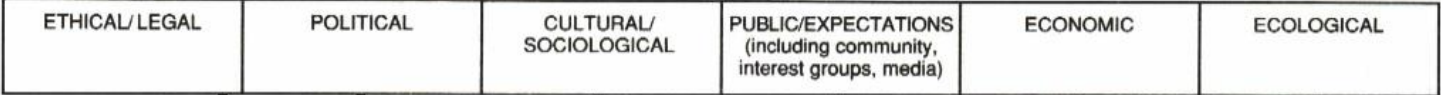
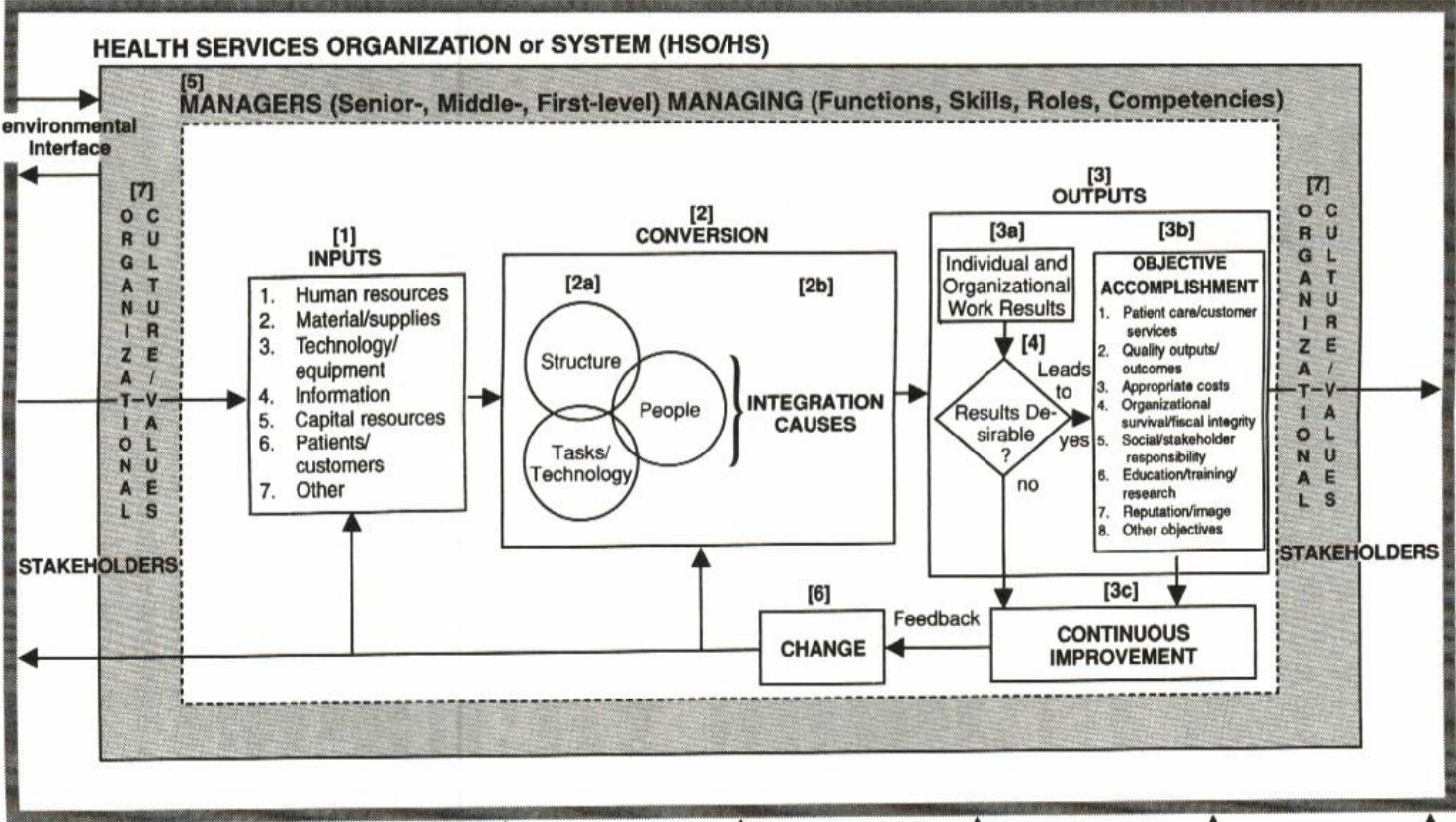


FIGURE 1-1 Resources required to maintain a health care delivery system

**[9] GENERAL ENVIRONMENT**



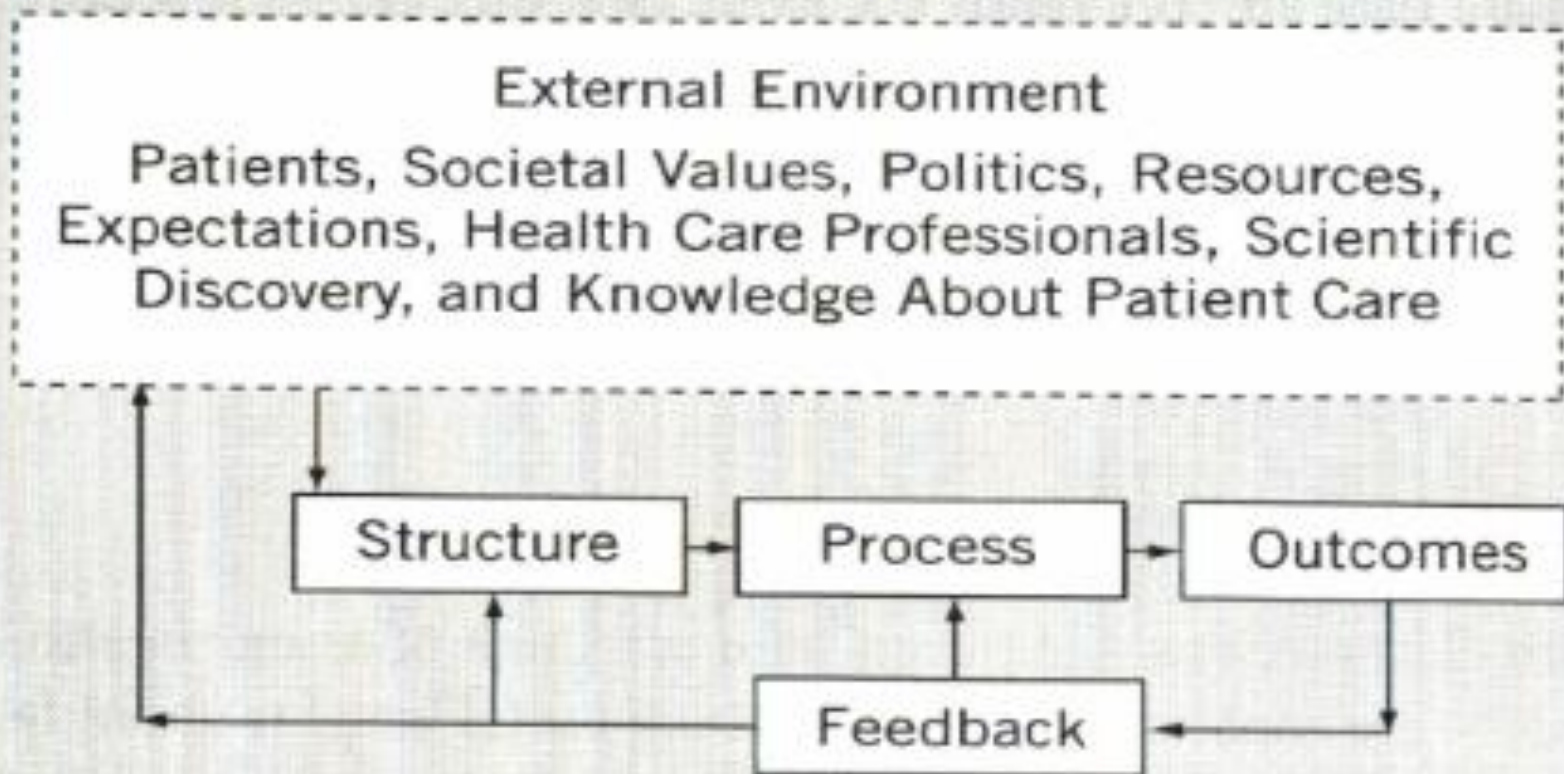
**EXTERNAL ENVIRONMENT**



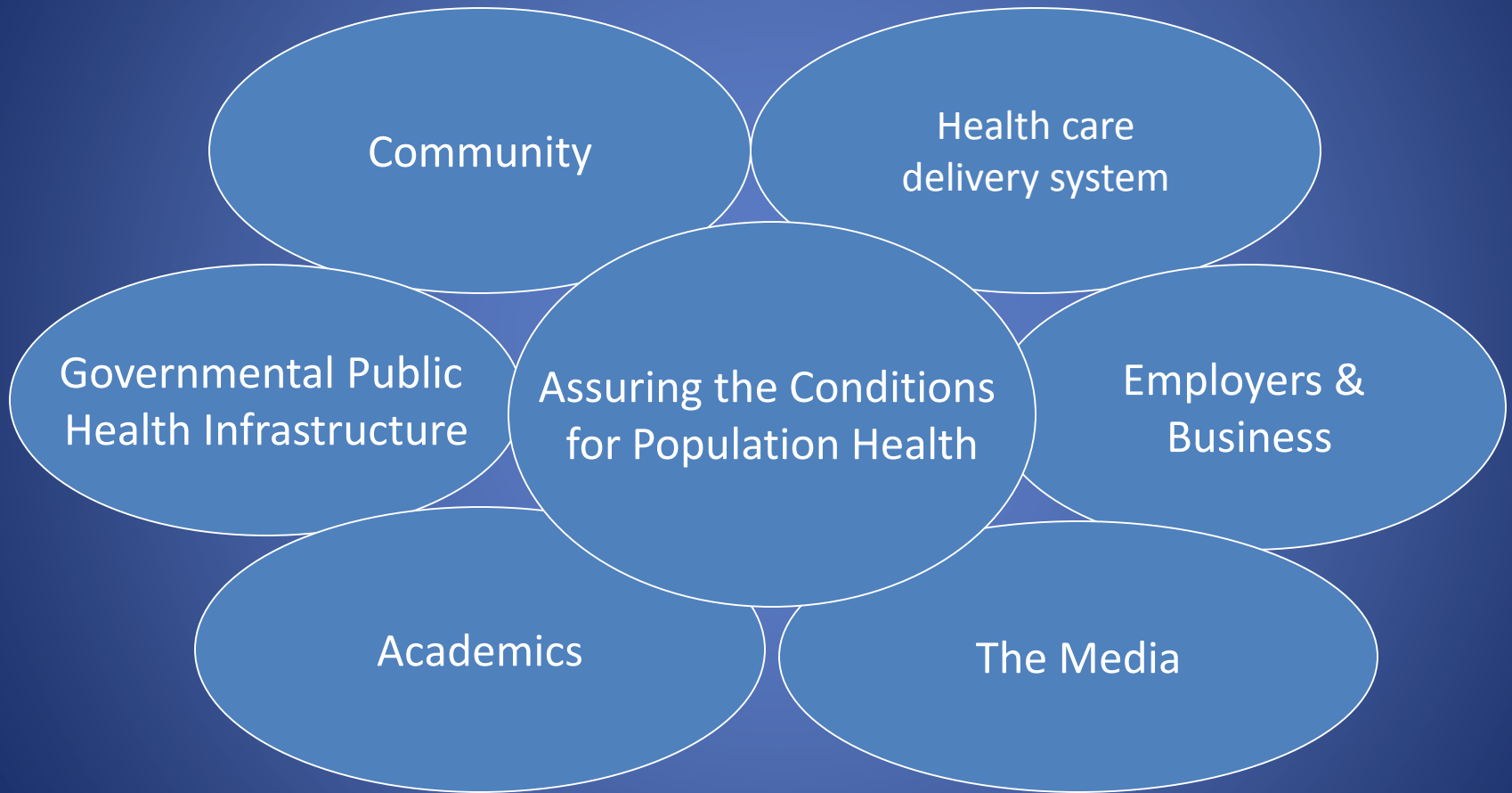
**[8] HEALTH CARE ENVIRONMENT**



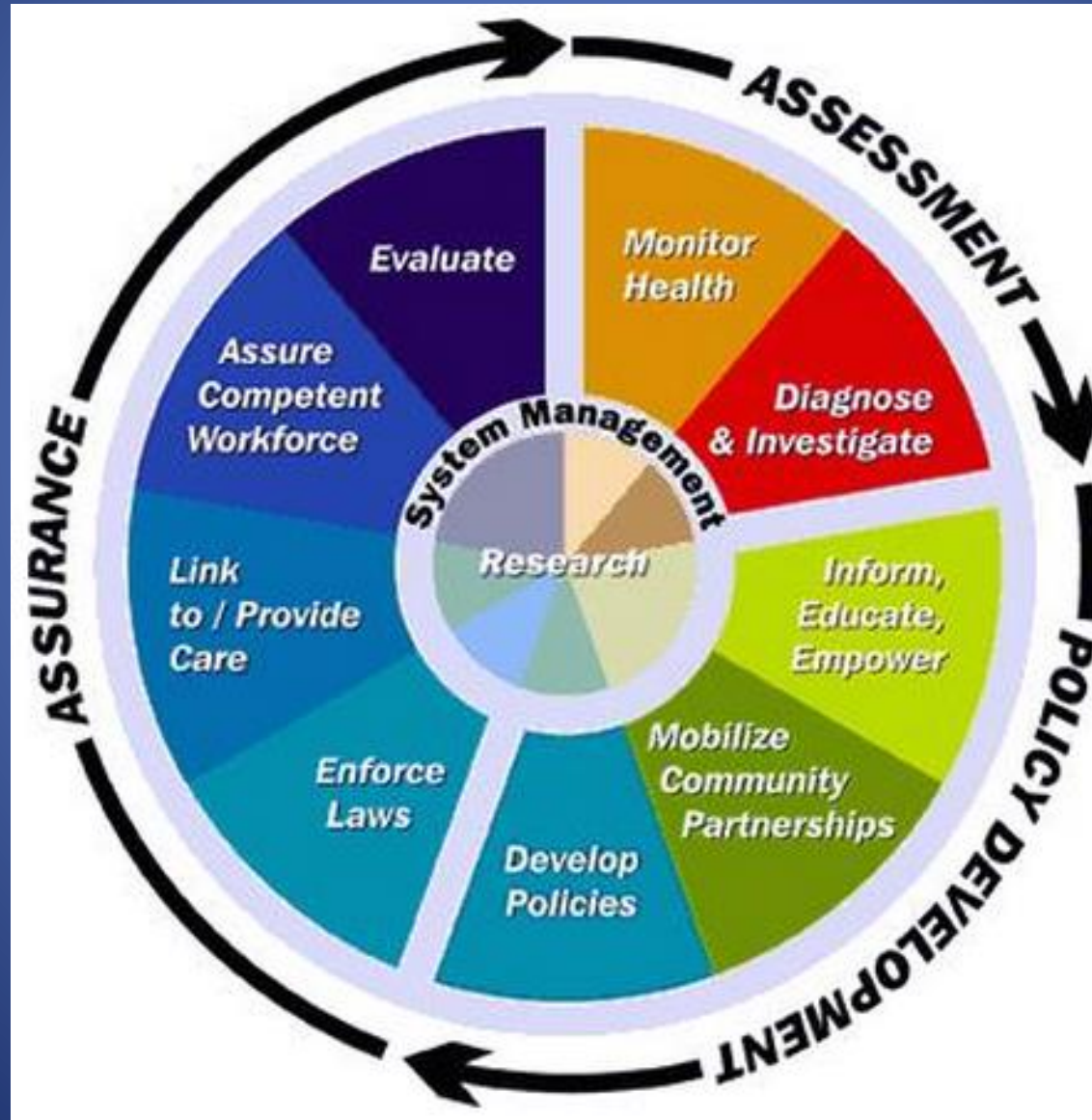
## The Donabedian Model for Quality Measurement



# The Public Health System



# 10 Essential Public Health Services



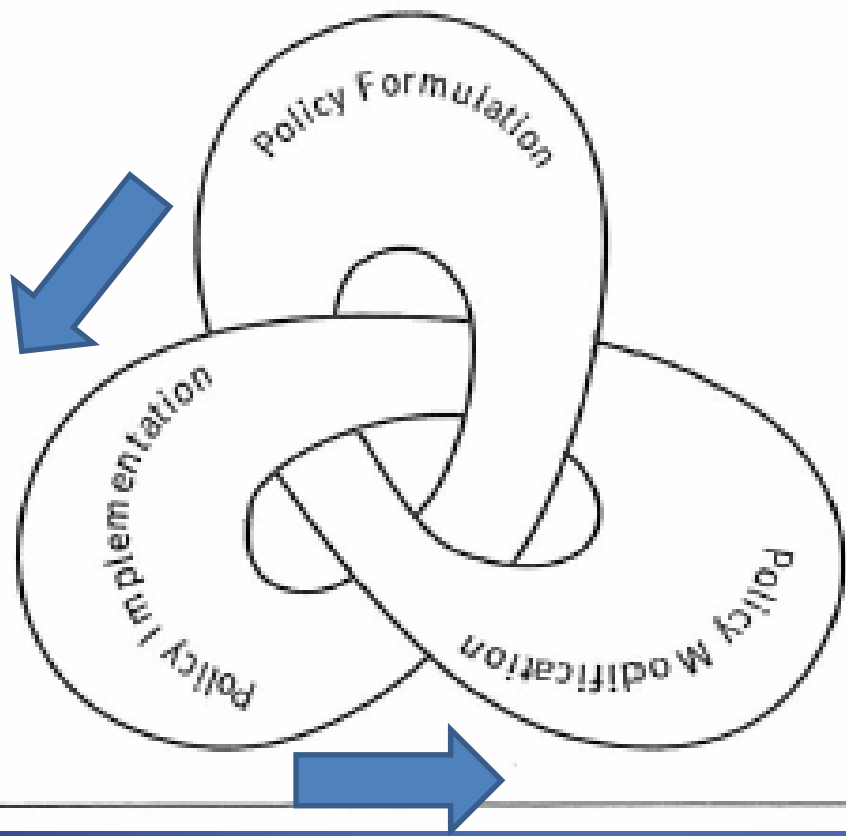


# Systems Questions



# Health Policy





**FIGURE 1.3**  
The  
Intertwined  
Relationships  
Among Policy  
Formulation,  
Implementa-  
tion, and  
Modification



# Legal Basis



# U.S. Constitution



# General Welfare Clause

We the People

*of the United States in order to form a more perfect Union, establish Justice, insure domestic Tranquility, provide for the common Defence, and secure the Blessings of Liberty to ourselves and our Posterity, do ordain and establish this Constitution for the United States of America.*

Article I

We the People of the United States,  
in Order to form a more perfect Union, establish Justice,  
insure Domestic Tranquility, provide for the common Defence,  
**promote the general Welfare,**  
and secure the Blessings of Liberty to ourselves and our  
Posterity, do ordain and establish this Constitution for the  
United States of America.

# The federal government derives its authority for isolation and quarantine from the *Commerce Clause of the U.S. Constitution.*

- Under section 361 of the Public Health Service Act (42 U.S. Code § 264), the U.S. Secretary of Health and Human Services is authorized to take measures to prevent the entry and spread of communicable diseases from foreign countries into the United States and between states.





# Statute/Law

- **Criminal Law:** *conduct prohibited by government because it threatens and harms public safety and welfare*
- **Civil Law:** Actions intended to protect the public health and welfare



# Police Powers



- Encourage Behavior
- Coercive Action
  - Quarantine
  - Seize Property
  - Close Businesses

# Administrative Regulations



# Policy Analysis

## BOX 13-3 Checklist for Writing a Policy Analysis

### 1. Problem Statement

Is my problem statement one sentence in the form of a question?

Can I identify the focus of my problem statement?

Can I identify several options for solving the problem?

### 2. Background

Does my background include all necessary factual information?

Have I eliminated information that is not directly relevant to the analysis?

Is the tone of my background appropriate?

### 3. Landscape

Does the landscape identify all of the key stakeholders?

Are the stakeholders' views described clearly and accurately?

Is the structure of the landscape consistent and easy to follow?

Is the tone of the landscape appropriate?

Does the reader have all the information necessary to assess the options?

### 4. Options

Do my options directly address the issue identified in the problem statement?

Do I assess the pros and cons of each option?

Did I apply all of the criteria to each option's assessment?

Are the options sufficiently different from each other to give the client a real choice?

Are all of the options within the power of my client?

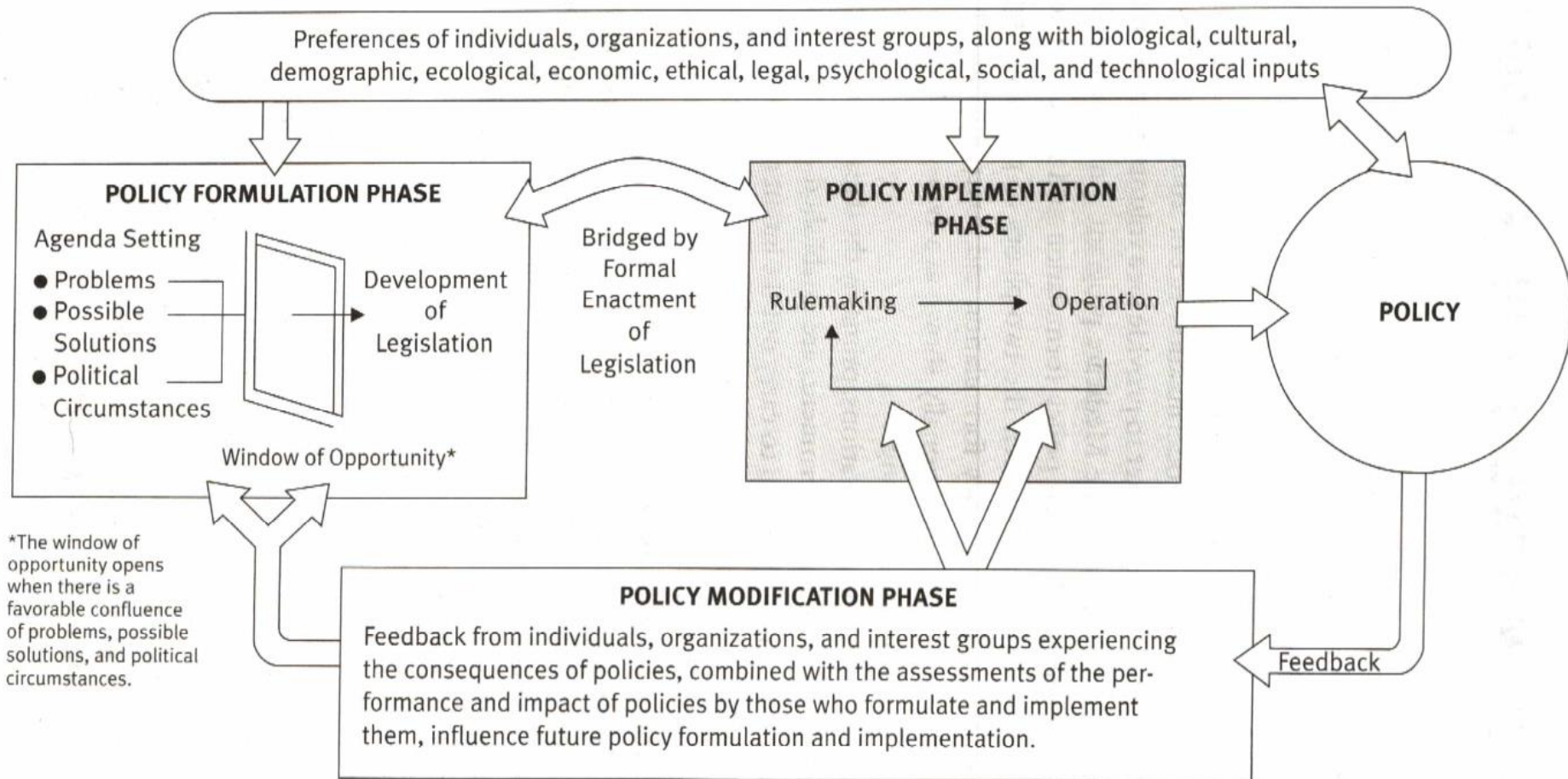
### 5. Recommendation

Is my recommendation one of the options assessed?

Did I recommend only one of my options?

Did I explain why this recommendation is the best option, despite its flaws?

**FIGURE 7.1** A Model of the Public Policymaking Process in the United States: Policy Implementation Phase



# Healthcare Stakeholders

**Providers**



**Payers**



**Employers**



**Patients**



# Ethics

Accepted standards of  
conduct. It includes  
such as the essential  
men, human o  
of lan

# Allocating Resources



- Equal shares for all
- More pie for those who have gone without pie
- More power = More Pie
- Those who make the greatest contribution get the most pie
- Equal shares unless a special case
- Those with the greatest need get the most pie



# Professional Ethics

Principles of the Ethical Practice of Public Health



Public Health Leadership Society

© 2002

A code of ethics for public health clarifies the distinctive elements of public health and the ethical principles that follow.

It makes clear to populations and communities the **ideals** of the public health institutions that serve them.

A code of ethics thus serves as a **goal** to guide public health institutions and practitioners and as **a standard** to which they can be held accountable.

Codes of ethics are typically relatively brief; they are not designed to provide **a means of untangling convoluted ethical issues.**

# The Public Health Professional's Oath



- As a public health professional, I hold sacred my duty to protect and promote the health of the public. I believe that working for the public's health is more than a job; it is a calling to public service. Success in this calling requires integrity, clarity of purpose and, above all, the trust of the public. Whenever threats to trust in my profession arise, I will counter them with bold actions and clear statements of my professional ethical responsibilities.
- I do hereby swear and affirm to my colleagues and to the public I serve that I commit myself to the following professional obligations.
- In my work as a public health professional:
  - I will strive to understand the fundamental causes of disease and good health and work both to prevent disease and promote good health.
  - I will respect individual rights while promoting the health of the public.
  - I will work to protect and empower disenfranchised persons to ensure that basic resources and conditions for health are available to all.
  - I will seek out information and use the best available evidence to guide my work.
  - I will work with the public to ensure that my work is timely, open to review, and responsive to the public's needs, values, and priorities.
  - I will anticipate and respect diverse values, beliefs, and cultures.
  - I will promote public health in ways that most protect and enhance both the physical and social environments.
  - I will always respect and strive to protect confidential information.
  - I will maintain and improve my own competence and effectiveness.



### **Belmont Report Core Principles:**

**Respect for persons:** Protecting the autonomy of all people and treating them with courtesy and respect and allowing for informed consent. Researchers must be truthful and conduct no deception;

**Beneficence:** The philosophy of "Do no harm" while maximizing benefits for the research project and minimizing risks to the research subjects; and

**Justice:** ensuring reasonable, non-exploitative, and well-considered procedures are administered fairly — the fair distribution of costs and benefits to *potential* research participants — and equally.

### **Primary areas of application:**

**Informed consent, Assessment of risks, and Assessment of benefits**

# Implementing Policy



# CONSTITUTION



The U.S. Capitol



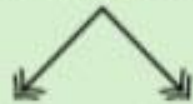
The White House



The Supreme Court

## LEGISLATIVE

↓  
CONGRESS



HOUSE OF REPRESENTATIVES



SENATE

## EXECUTIVE



PRESIDENT



VICE PRESIDENT

## JUDICIAL



SUPREME COURT

<http://www.youtube.com/watch?v=L5JWo4LUPU0>

The Robert Matsui Lecture  
How Congress Works:  
Lessons From the  
Health Care Debate  
November 3, 2009

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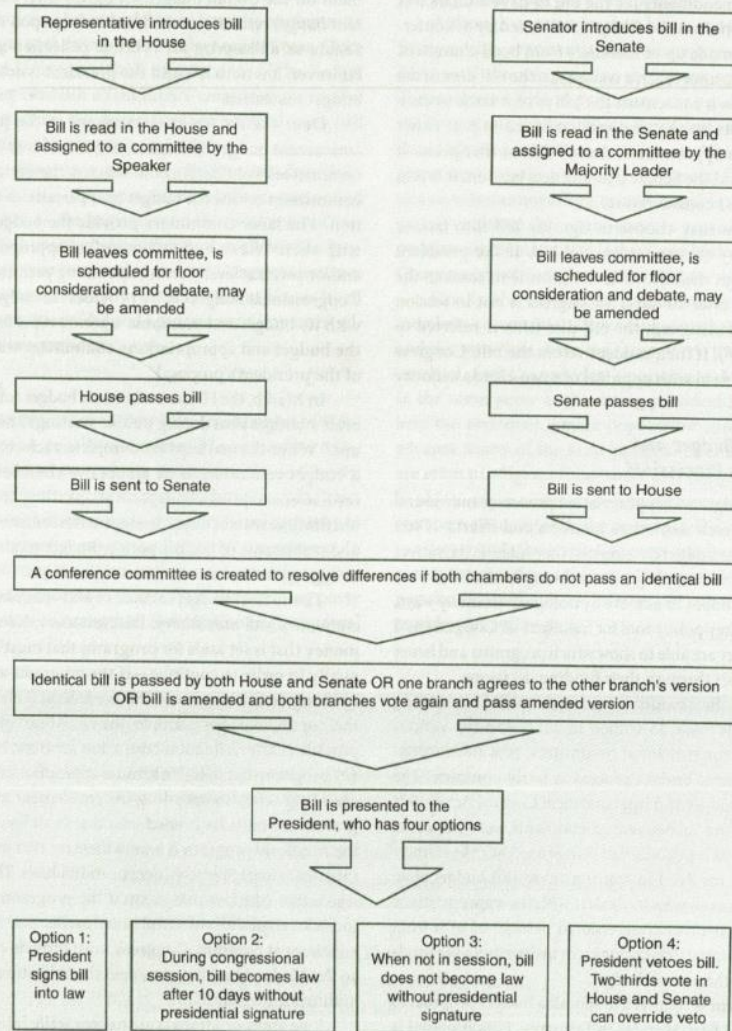
The All-New **RAV4**  
#WishGranted  
Prototype shown with options.

00:18 / 29:00

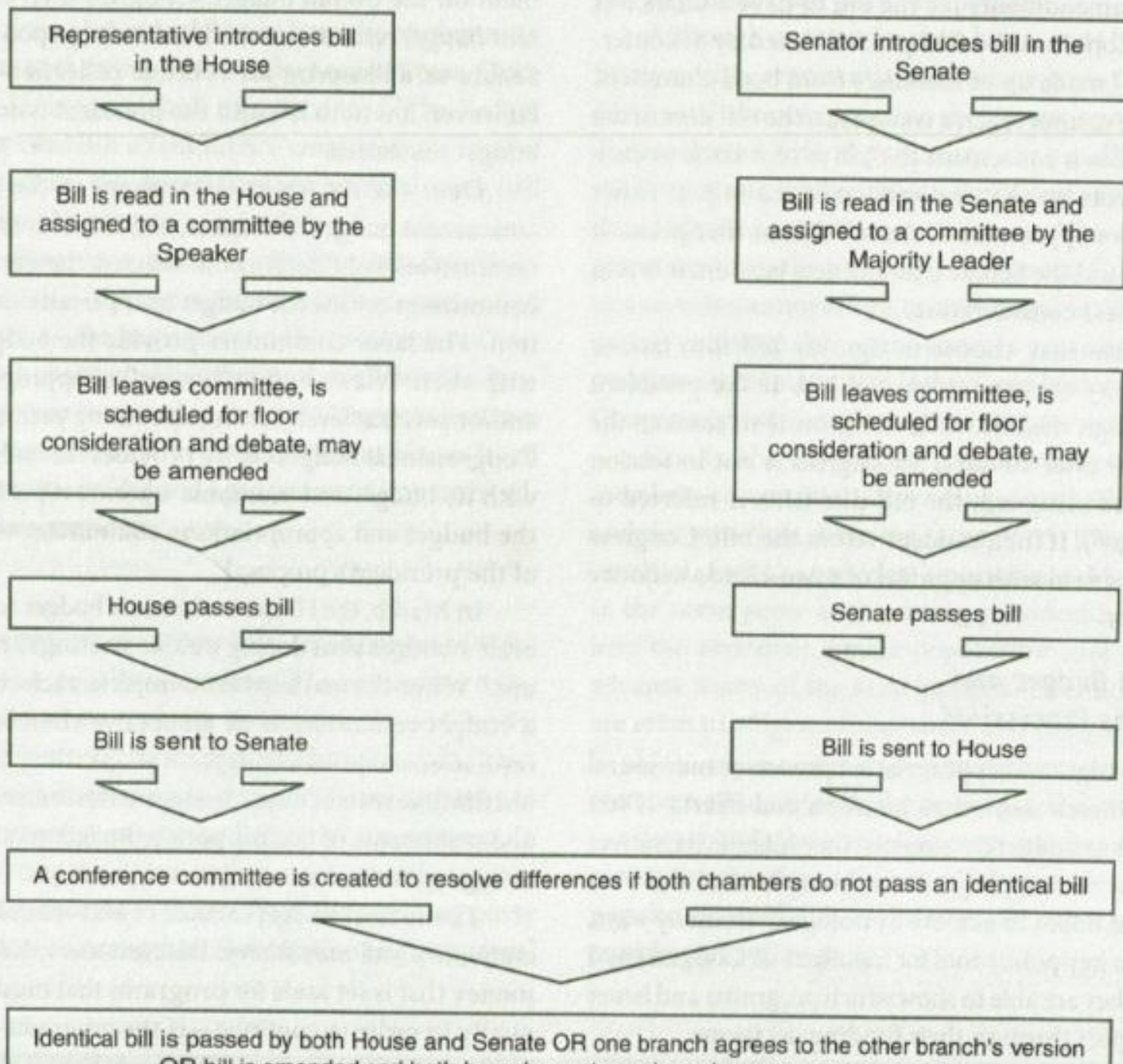
8:18

# How a Bill Becomes a Law

**FIGURE 2-1** How a Bill Becomes a Law.



**FIGURE 2-1** How a Bill Becomes a Law.





House passes bill

Senate passes bill

Bill is sent to Senate

Bill is sent to House

A conference committee is created to resolve differences if both chambers do not pass an identical bill

Identical bill is passed by both House and Senate OR one branch agrees to the other branch's version OR bill is amended and both branches vote again and pass amended version

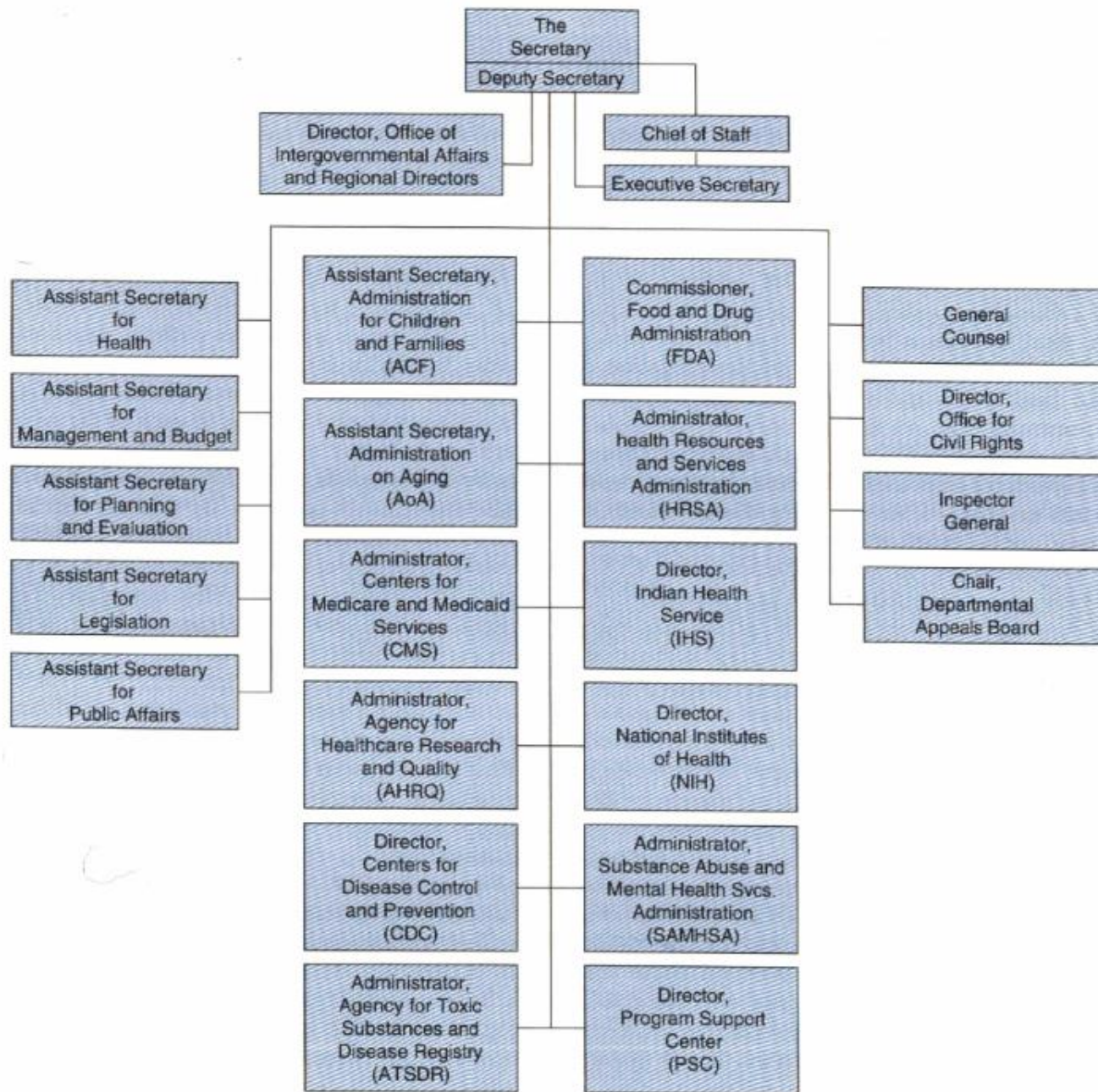
Bill is presented to the President, who has four options

Option 1:  
President signs bill into law

Option 2:  
During congressional session, bill becomes law after 10 days without presidential signature

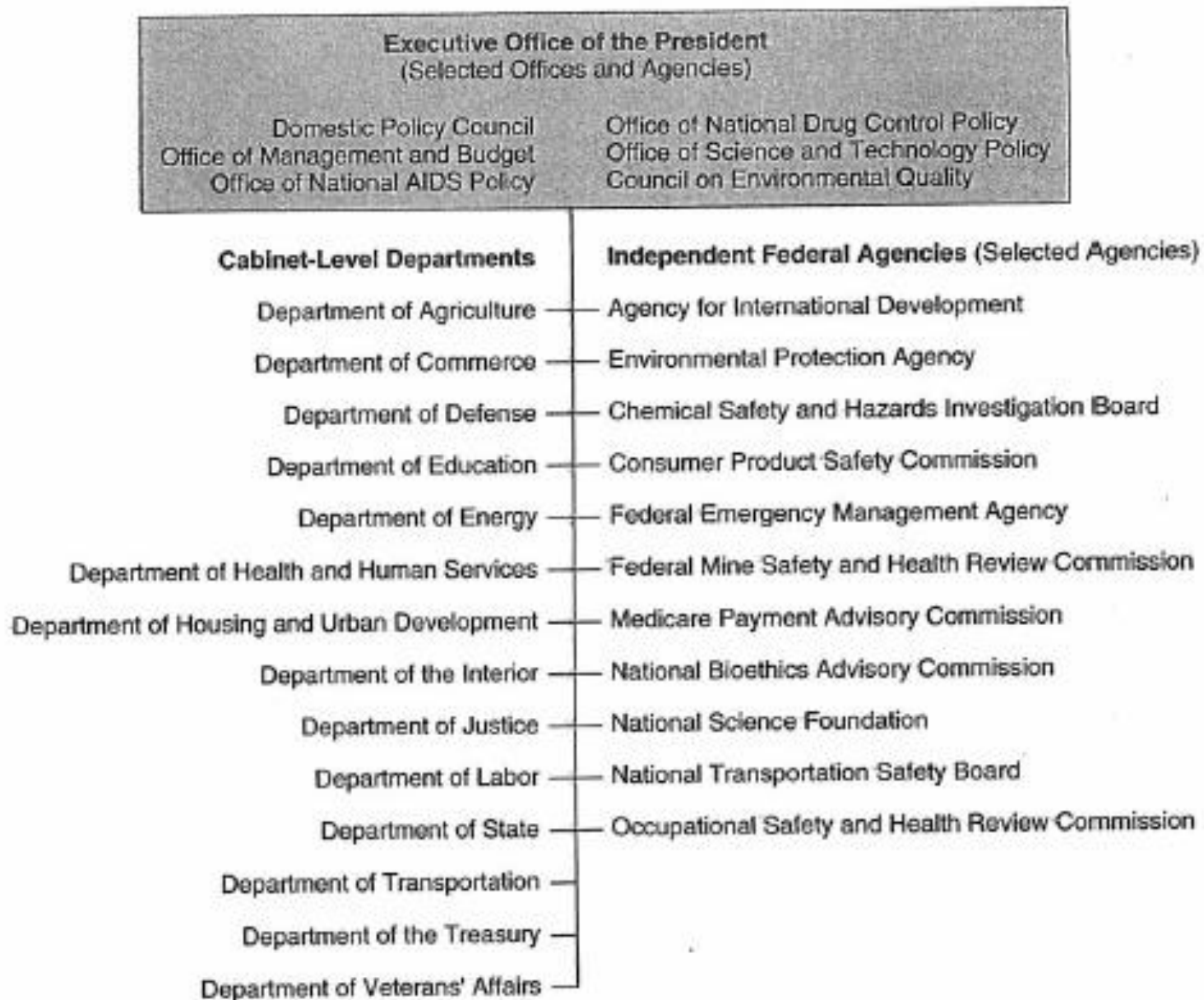
Option 3:  
When not in session, bill does not become law without presidential signature

Option 4:  
President vetoes bill. Two-thirds vote in House and Senate can override veto



**Figure 6.6.** Organization of the U.S. Department of Health and Human Services

Source: U.S. Department of Health and Human Services (<http://www.hhs.gov/>); 2001.



**Figure 6.5. Federal Executive Branch Agencies Contributing to Public Health Activities**

Source: Authors' analysis.

# A historical look at health care legislation



# A historical look at health care legislation

- **1798:** The Act for the **Relief of Sick and Disabled Seamen** marks the beginning of federal involvement in health care.
- **1906:** **Pure Food and Drug Act** ensured the safety of food and cosmetics and the safety and efficacy of prescription drugs and medical devices.
- **(1918:** First Federal Grants to States to Provide Public Health Services.)
- **1924:** The **Veterans Act of 1924** codifies and extends federal responsibilities for health care services to veterans, who receive aid if they are injured in the line of service.

# A historical look at health care legislation

- **1935:** The **Social Security Act**, providing pensions and other benefits to the elderly, is signed into law by President Franklin Delano Roosevelt. National health insurance is left out of the final Social Security bill because of the opposition of organized medicine and its allies.
- **1963:** The **Clean Air Act** established federal enforcement in interstate air pollution and assistance to state and local government in controlling air pollution.

# A historical look at health care legislation

- **1965:** President Lyndon B. Johnson signs into law the landmark federal health insurance programs known as **Medicare** (Title XVIII) and **Medicaid** (Title XIX).
- **1985:** The **Consolidated Omnibus Budget Reconciliation Act of 1985** (COBRA), signed into law by President Ronald Reagan, mandates an insurance program giving some employees the ability to continue health insurance coverage from their workplace after leaving the job. In addition, hospice care is made a permanent part of Medicare and extended to states for Medicaid.

# A historical look at health care legislation

- **1996:** The **Health Insurance Portability and Accountability Act** improves continuity of health insurance coverage in group and individual markets for people who lose their job. The act also promotes medical savings accounts and improves access to long-term care services and coverage.
- **1997:** The **State Children's Health Insurance Program** is established to help provide medical care to children in low-income families that are not poor enough to qualify for Medicaid.



# A historical look at health care legislation

- **2003:** President George W. Bush signs a law adding prescription drugs to **Medicare Part D**.
- **2010:** **The Patient Protection and Affordable Care Act**, also known as Obamacare. The aim of the law was to provide an expansion of health insurance coverage to more Americans through both individual health insurance exchanges.

MANAGED

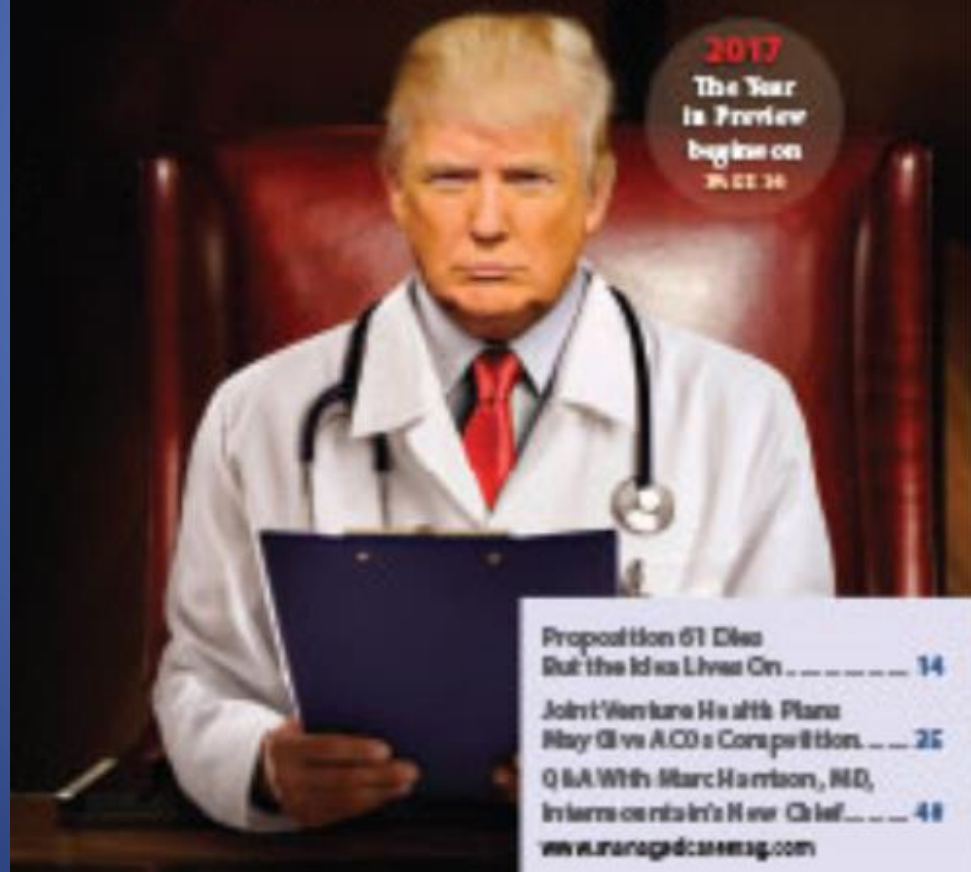
# Care

FEBRUARY 2017

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## The Doctor Will See You Now

Health Care With Trump In Charge

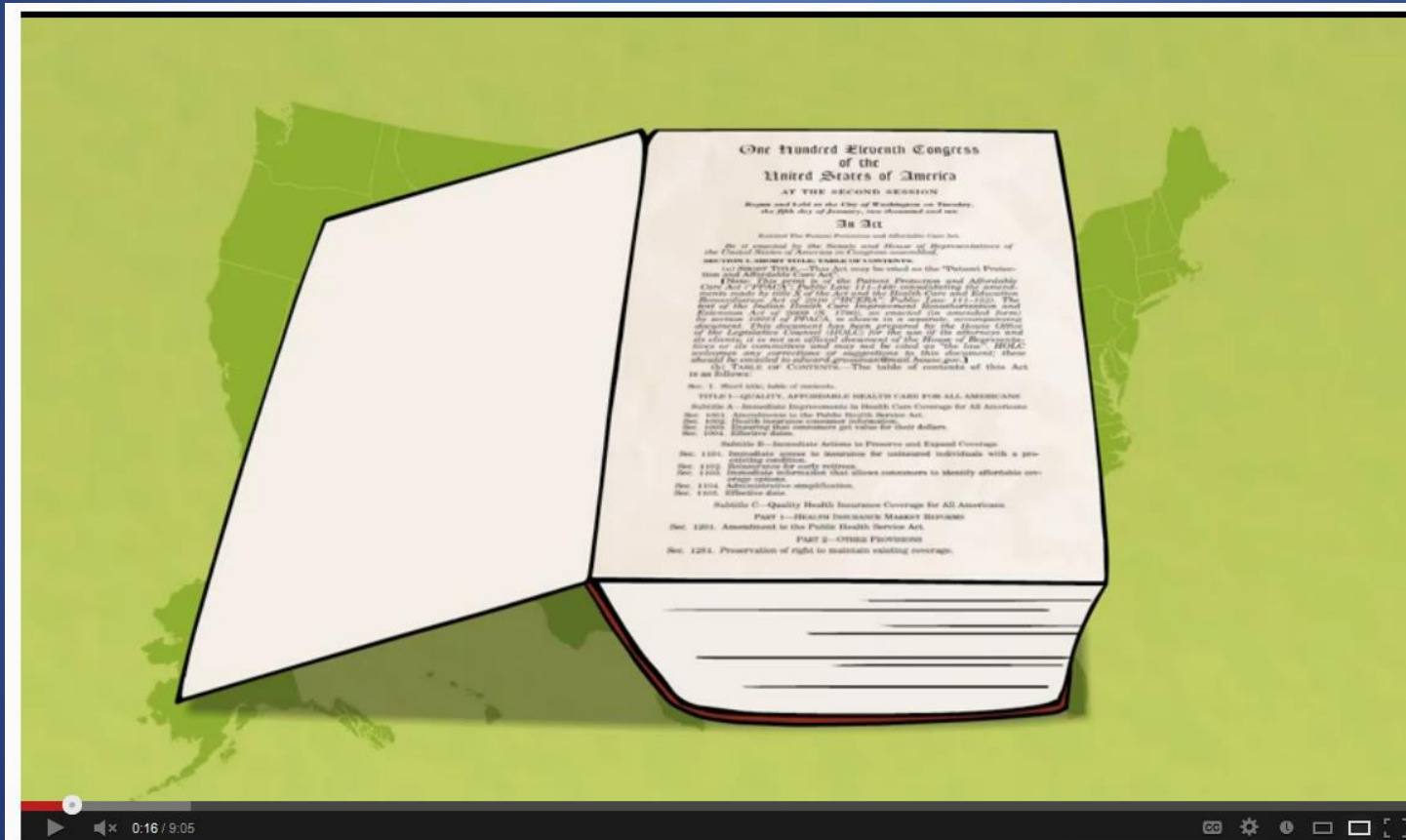


**2017**  
The Year  
In Preview  
begin on  
pg. 22-24

Proposition 61 Dies But the Idea Lives On .....	14
Joint-Venture Health Plans May Give ACOs Competition .....	25
Q & A With Marc Hamilton, MD, In Terms of His New Chief .....	48
<a href="http://www.managedcaremag.com">www.managedcaremag.com</a>	

# The Patient Protection and Affordable Care Act

[http://www.youtube.com/watch?v=3-llc5xK2\\_E](http://www.youtube.com/watch?v=3-llc5xK2_E)



## Health Reform Explained Video: "Health Reform Hits Main Street"



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Obama's Health Minutes  
by UpTakeVideo  
124,887

HEY, THIS IS JUST AS RELIABLE AS ALL THE EXPERTS PREDICTING WHAT WILL HAPPEN WITH HEALTHCARE IN 2017.



# Policy Questions



# Delivery Systems Continuum of Care



# Public Health Providers

## **NOTICE.**

---

**PREVENTIVES OF**

# **CHOLERA!**

Published by order of the Sanatory Committee, under the sanction of the  
Medical Council.

---

**BE TEMPERATE IN EATING & DRINKING!**

*Avoid Raw Vegetables and Unripe Fruit!*

Abstain from **COLD WATER**, when heated, and above all from *Ardent Spirits*, and if habit have rendered them indispensable, take much less than usual.

- Private Sector



- Government





# Health Departments



# Investing in America's Health:

A STATE-BY-STATE LOOK  
AT PUBLIC HEALTH FUNDING  
AND KEY HEALTH FACTS

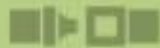
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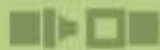
## Key Health Facts

ADULT HEALTH INDICATORS	U.S. Total	State with Highest/Worst	State with Lowest/Best
% Uninsured, All Ages (2014)	11.7%	Texas (19.1%)	Massachusetts (3.3%)
AIDS Cumulative Cases Aged 13 and Older (2013 Yr End)	1,201,247	New York (203,817)	North Dakota (210)
Alzheimer's Estimated Cases among Ages 65+ (2015)	5,426,300	California (590,000)	Alaska (6400)
% Asthma Prevalence (2013)	9%	Massachusetts (17.6%)	Texas (7.1%)
% Breastfeeding Exclusively at 6 Months from birth (2011)	18.8%	Mississippi (10.1%)	Vermont (29.6%)
Cancer Estimated New Cases (2015)	1,658,370	California (172,090)	D.C. (2,800)
Chlamydia Rates per 100,000 Population (2013)	456.1	D.C. (818.8)	West Virginia (254.5)
% Diabetes (2014)	N/A	West Virginia (14.1%)	Utah (7.1%)
Drug Overdose Deaths, Aggregate Crude Rates, Ages 12-25, All Intentions (2011-2013)	7.3%	West Virginia (12.1%)	North Dakota (2.2%)
Drug Overdose Deaths, Aggregate Rates, All Ages, All Intentions (2011-2013)	13.4%	West Virginia (33.5%)	North Dakota (2.6%)
Fruits per Day, % who met federal recommendations (2013)	13.1%	Tennessee (7.5%)	California (17.7%)
Human West Nile Virus Cases (as of 01/12/16)	2,060	California (730)	Maine & Oregon (73)
% Hypertension (2013)	N/A	West Virginia (41.0%)	Utah (24.2%)
% Obesity (2013)	N/A	Arkansas (35.9%)	Colorado (21.3%)
% Physical Inactivity (2013)	N/A	Mississippi (31.6%)	Colorado (16.4%)

## Top 10 Achievements in Public Health



## Top 10 Achievements in Public Health



1. Vaccination
2. Motor-vehicle safety
3. Safer workplaces
4. Control of infectious diseases
5. Decline in deaths from coronary heart disease and stroke
6. Safer and healthier foods
7. Healthier mothers and babies
8. Family planning
9. Fluoridation of drinking water
10. Recognition of tobacco use as a health hazard

# Federal



Centers for Disease Control and Prevention

CDC 24/7: Saving Lives. Protecting People.™

SEARCH

En español

A-Z Index [A](#) [B](#) [C](#) [D](#) [E](#) [F](#) [G](#) [H](#) [I](#) [J](#) [K](#) [L](#) [M](#) [N](#) [O](#) [P](#) [Q](#) [R](#) [S](#) [T](#) [U](#) [V](#) [W](#) [X](#) [Y](#) [Z](#) <#>



## Birth Defects

CDC's Tracking Network is a tool that can help us better understand how birth defects may be affected by the environment.

[Learn more »](#)

## Prevent Strep Throat

Strep throat is caused by group A strep bacteria. Prompt antibiotic treatment reduces symptoms and prevents spread. Get a strep test to know for sure.

[Learn more »](#)



## Enjoy Super Bowl

Make good health a snap on Super Bowl Sunday

[Learn more »](#)

## HEALTH & SAFETY TOPICS

### Diseases & Conditions

ADHD, Birth Defects, Cancer, Diabetes, Fetal Alcohol Syndrome, Flu, Hepatitis, HIV/AIDS, STDs...

### Healthy Living

Food Safety, Bone Health, Physical Activity, Immunizations, Genetics, Smoking Prevention...

### Emergency Preparedness & Response

Bioterrorism, Chemical & Radiation Emergencies, Severe Weather...

### Injury, Violence & Safety



Saving Lives. Protecting People.™



Schools Play Key Role in HIV/STD Prevention

Original Motion Picture Soundtrack



# OUTBREAK

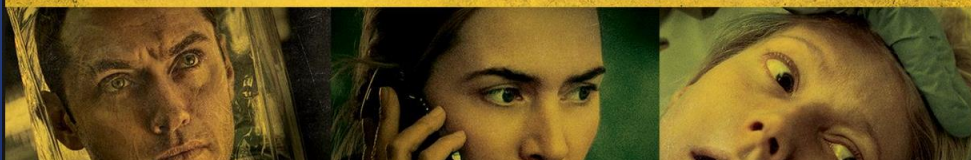
Music Composed by  
**JAMES NEWTON HOWARD**



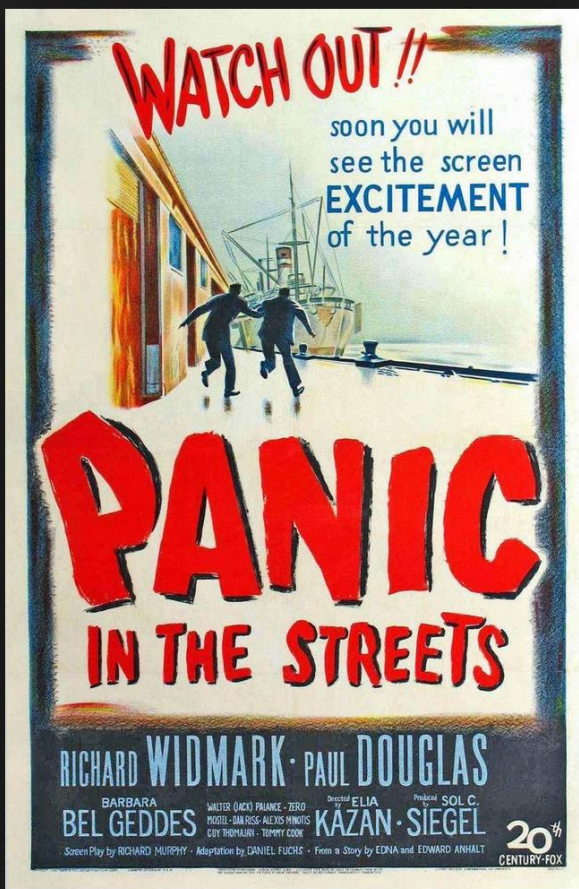
MARION COTILLARD MATT DAMON LAURENCE FISHBURNE JUDE LAW GWYNETH PALTROW KATE WINSLET

**NOTHING SPREADS LIKE FEAR**

# CONTAGION



# Panic In the Streets (1950)



# State Departments



Minnesota  
Department of  
Health

HOME

TOPICS

ABOUT US



PROTECTING, MAINTAINING AND IMPROVING THE HEALTH OF ALL MINNESOTANS

Flu

Winter Weather

Birth Defects

Radon

Cervical Cancer



Learn more about flu

- Email Updates
- Share This
- RSS Feed
- Facebook
- Twitter
- Translated Materials

## Topics



### Certificates & Records

Birth certificates, death records, paternity certificates



### Data & Statistics

Statistics on diseases and conditions, statistical reports



### Diseases & Conditions

A-Z disease listing, diseases and conditions by type



### Emergency Preparedness

Individual/family preparedness, emergency response programs



### Environments & Your Health

Indoor air and drinking water



### Facilities & Professions

Directories of facilities, licenses, certifications, registrations

## News & Announcements

- News Releases
- Announcements

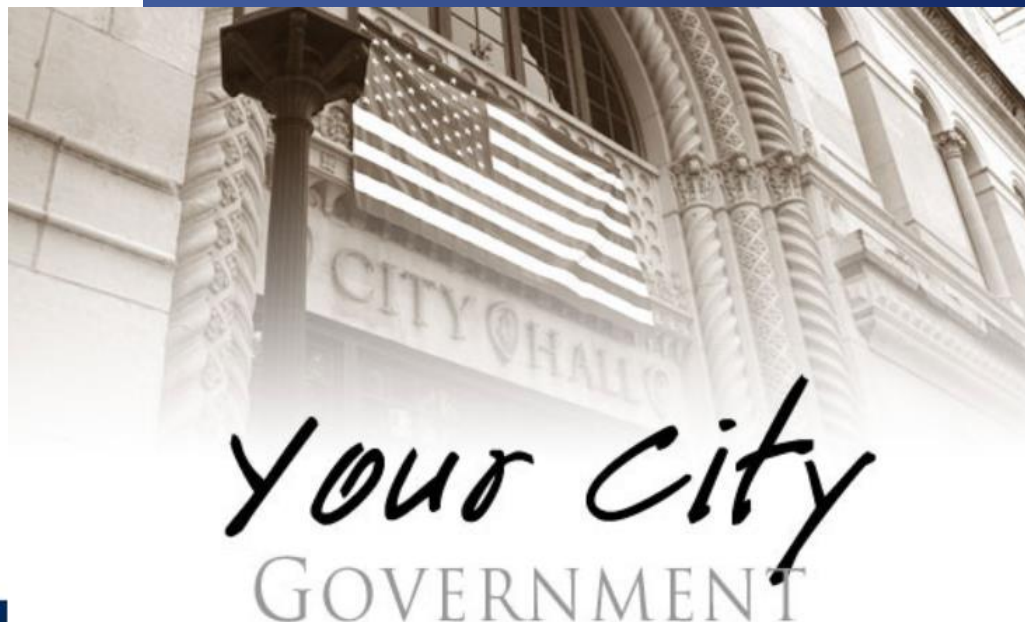
## Featured Sites

- Influenza (Flu) Statistics
- Fungal Infections Outbreak
- Commissio... Ehlinger's Blog



# Local Public Health Departments





# Public Health

Prevent. Promote. Protect.



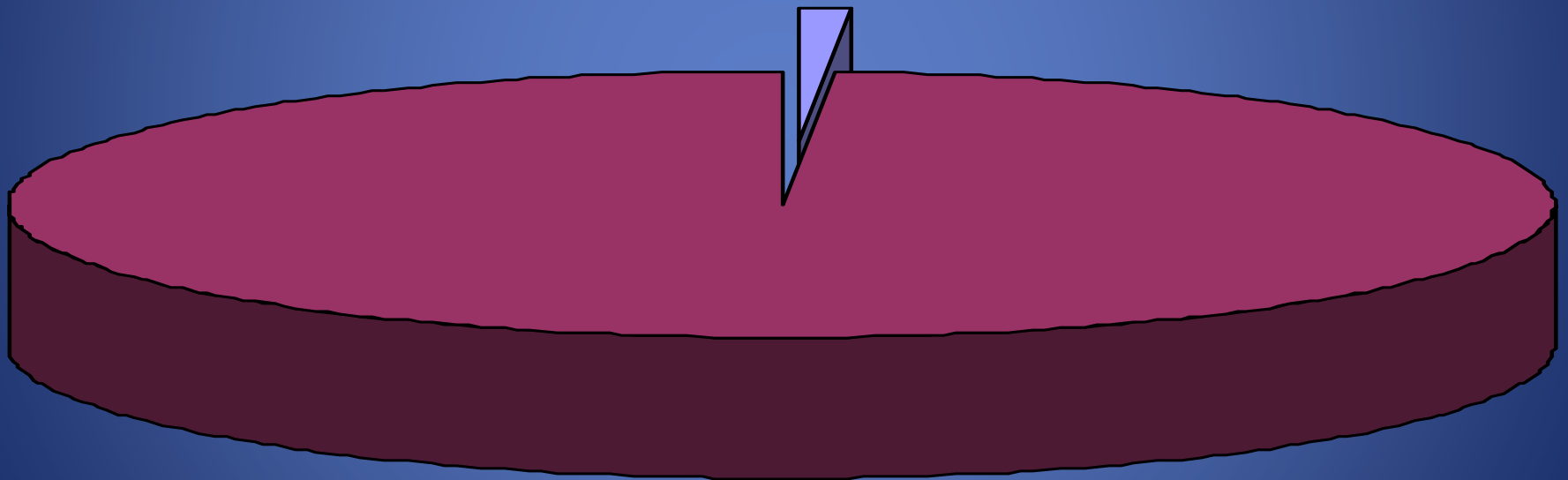
# Flint, Michigan



# Public Health Expenditures As a Percentage of Health Expenditures

Public Health Expenditures

1%



Total Health Expenditures

99%

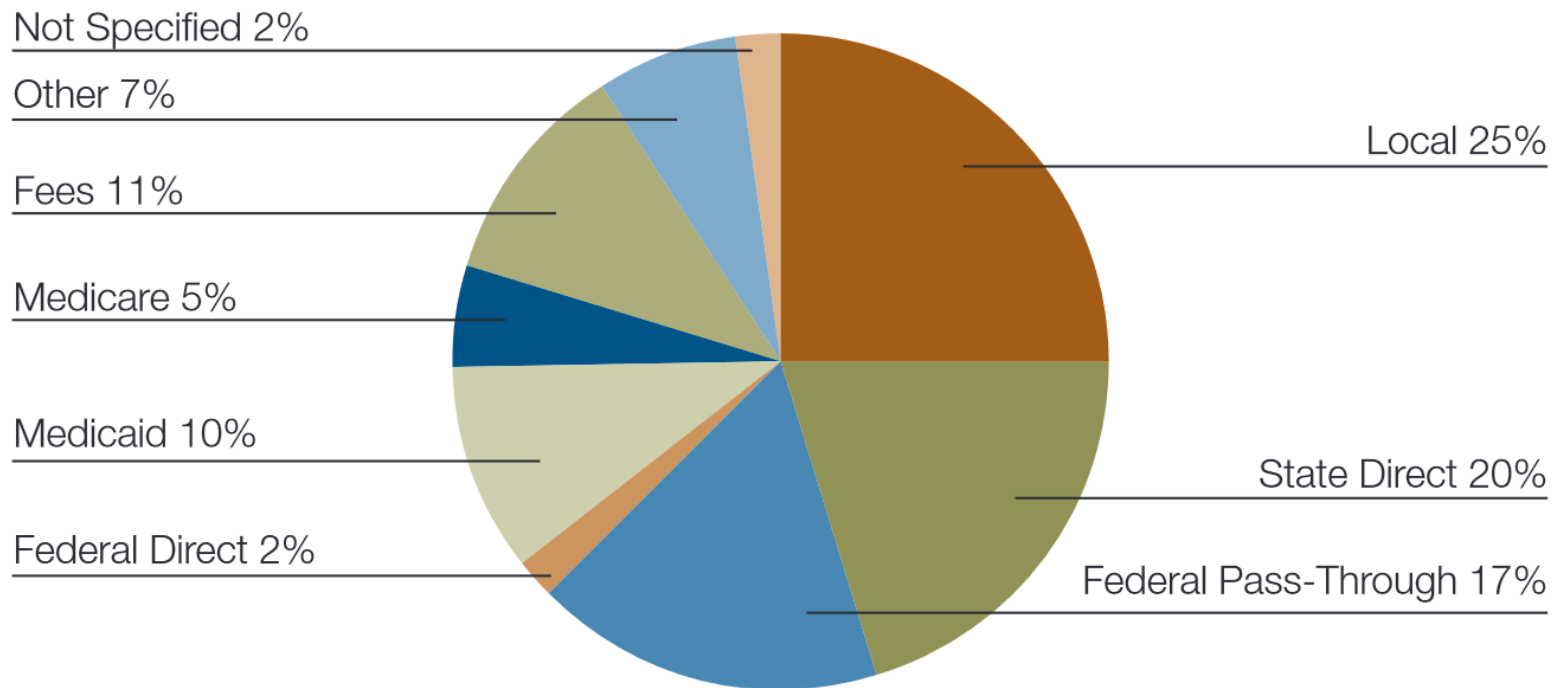
## State Public Health Budgets

State	Nominal FY 2014-2015 (Not Adjusted for Inflation)	FY 2014-2015 Per Capita	Rank
West Virginia	\$408,520,377	\$220.8	1
Hawaii	\$224,753,616	\$158.3	2
District of Columbia	\$91,997,000	\$139.6	3
Alaska	\$93,214,800	\$126.5	4
North Dakota	\$72,323,700	\$97.8	5
New York	\$1,874,587,954	\$94.9	6
Idaho	\$154,803,600	\$94.7	7
Alabama	\$287,264,301	\$59.2	8
Wyoming	\$33,068,221	\$56.6	9
California	\$2,182,461,000	\$56.2	10
Rhode Island	\$56,145,349	\$53.2	11
Massachusetts	\$335,705,756	\$49.8	12
Arkansas	\$145,412,143	\$49.0	13
Colorado	\$260,902,121	\$48.7	14
New Mexico	\$99,350,600	\$47.6	15
Tennessee	\$298,726,100	\$45.6	16
Vermont	\$28,181,164	\$45.0	17
Delaware	\$41,472,100	\$44.3	18
Nebraska	\$81,486,579	\$43.3	19
Maryland	\$237,627,036	\$39.8	20
Oklahoma	\$152,538,640	\$39.3	21
Iowa	\$120,929,906	\$38.9	22
Washington	\$269,800,500	\$38.2	23
Virginia	\$303,586,116	\$36.5	24
South Dakota	\$30,362,138	\$35.6	25
<b>MEDIAN \$33.50</b>			
Kentucky	\$148,038,883	\$33.5	26
Utah	\$93,046,700	\$31.6	27
Connecticut	\$111,447,778	\$21.0	28
Mississippi	\$36,065,124	\$12.0	48
Arizona	\$60,517,200	\$9.0	49
Missouri	\$35,679,606	\$5.9	50
Nevada	\$11,523,491	\$4.1	51

Source: TFAH analysis. For a detailed methodology, see *Investing in America's Health* at [www.healthyamericans.org](http://www.healthyamericans.org)

## HOW ARE LOCAL HEALTH DEPARTMENTS FUNDED?\*

Local health departments (LHDs), on average, receive 25 percent of their funding from local sources—including city/township revenue and county revenue. Another 20 percent of local health department funding comes from direct state funds. Federal funds that “pass through” states en route to localities account for another 17 percent of the typical local health department revenues.



Source: National Association of County and City Health Officials, 2009

\* Among LHDs reporting detailed revenue data.

# Private Sector



The image features a vibrant red Coca-Cola logo in its signature script font, centered in the upper half. Below it, the slogan "Helping Families Get Fit" is written in a bold, red, sans-serif font. The background is a bright, clear day in a city park, with a paved walkway in the foreground, green lawns, and several tall skyscrapers in the distance under a blue sky.

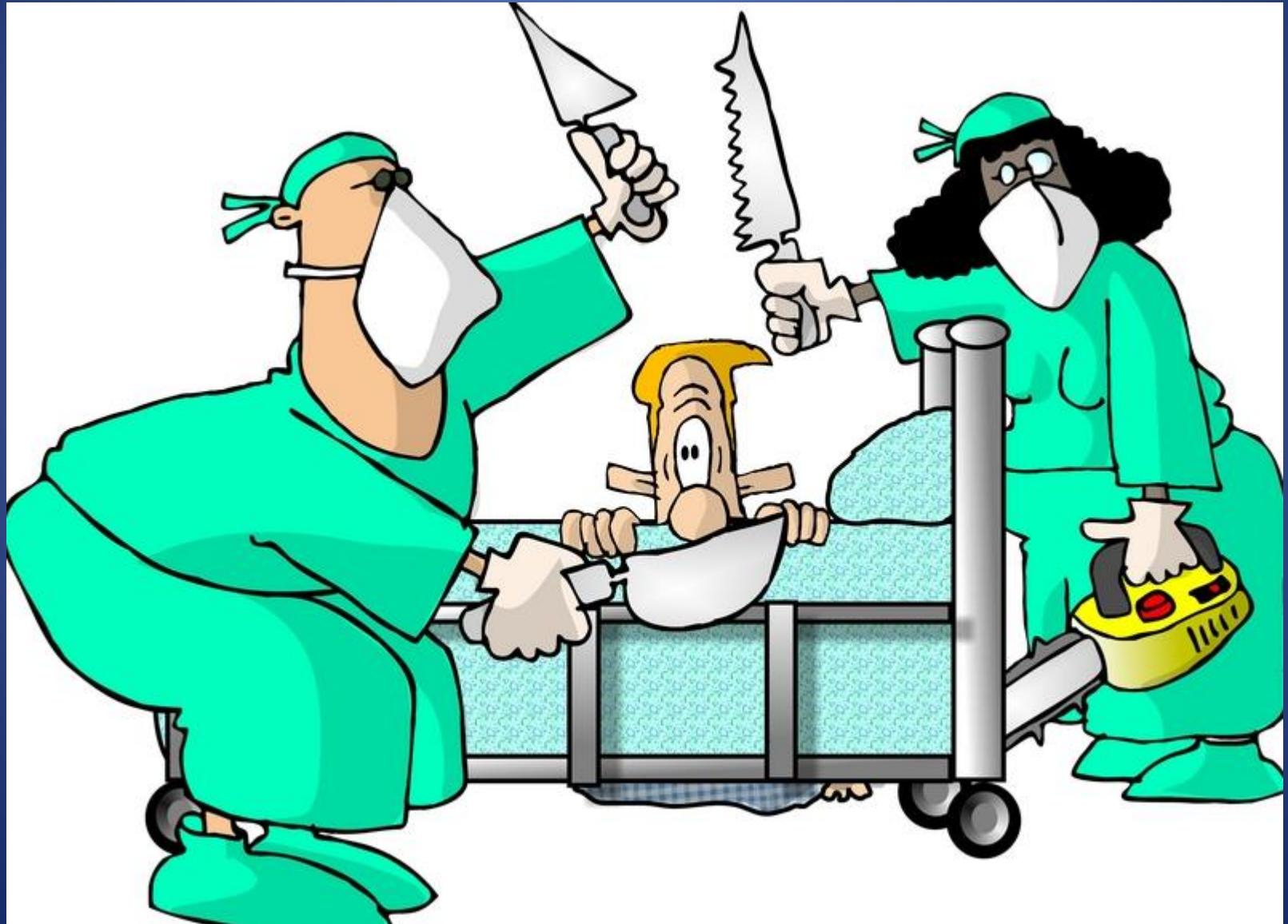
*Coca-Cola*  
Helping Families Get Fit







# Personal Health



# Preventive/Health Promotion



# Primary Care

## TWO Great Walk-In Clinics

NO APPOINTMENT NECESSARY



6543 Morrison St.

Niagara Walk-In



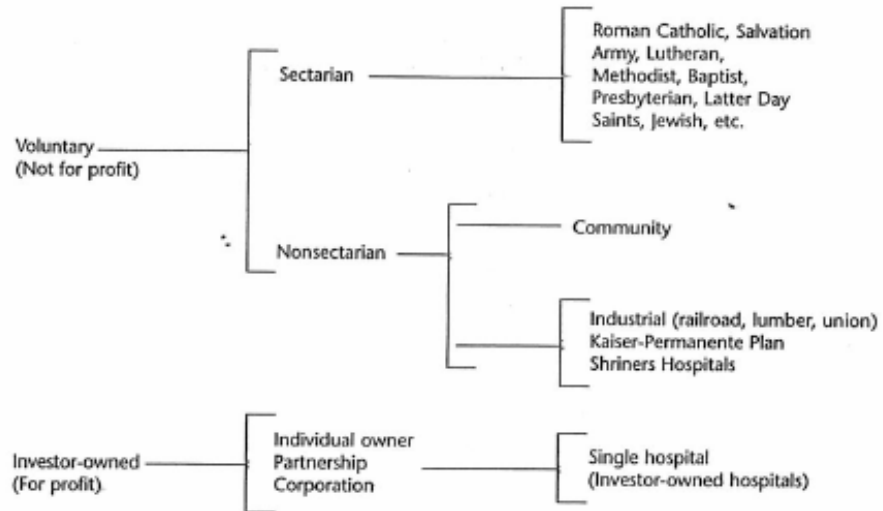
7481 Oakwood Dr.



# Hospitals



### PRIVATE (NONGOVERNMENT) OWNERSHIP



### GOVERNMENT OWNERSHIP

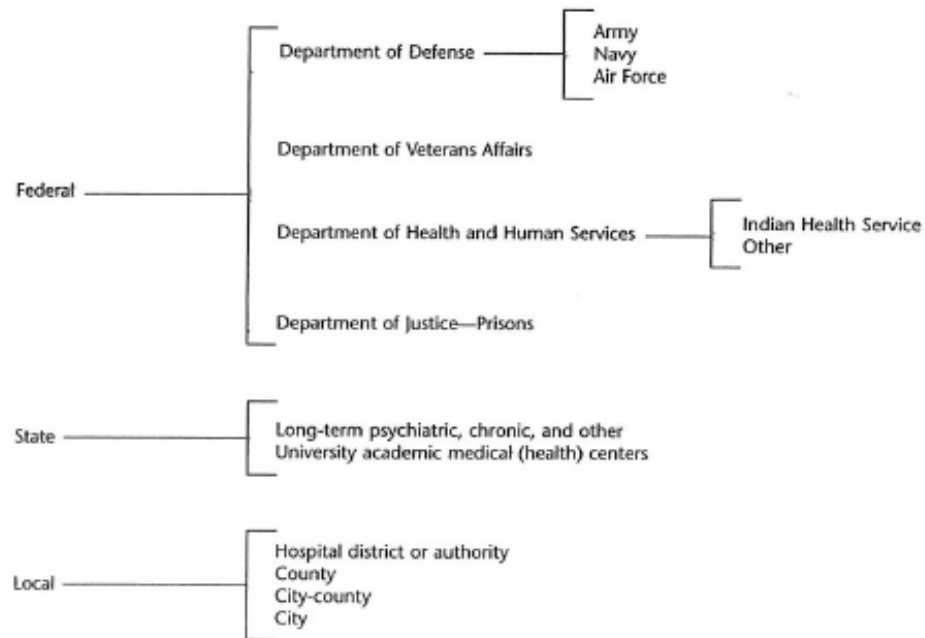


Figure 2.4. Hospital ownership.

# Elder Care/Long Term Care

- Home Health
- Senior Living Communities
- Nursing Homes
- Retirement Communities

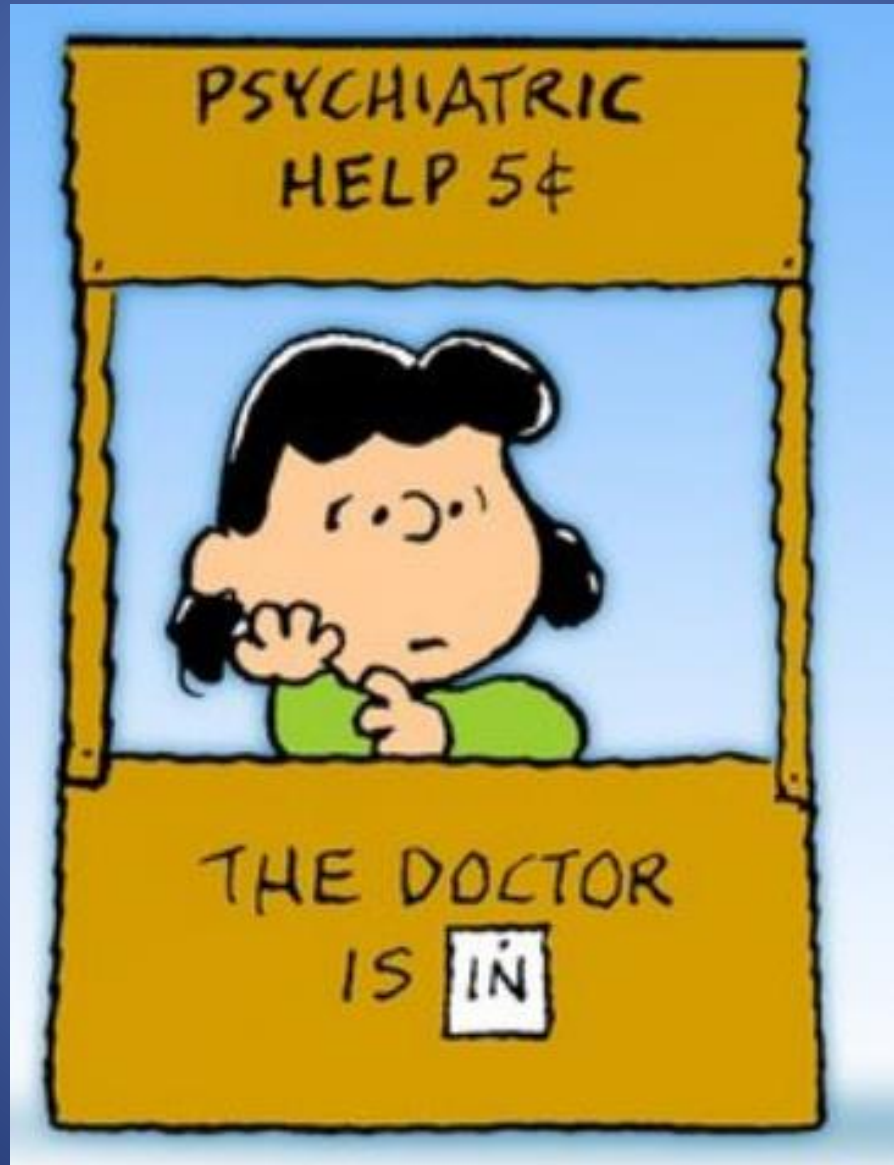




# Payment for Care



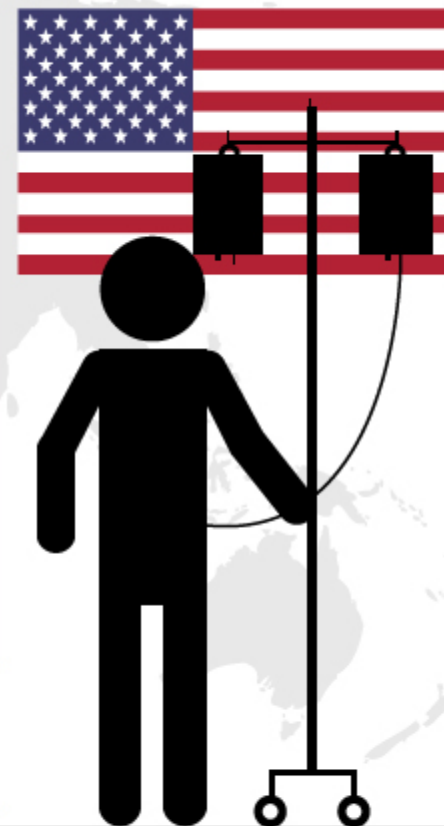
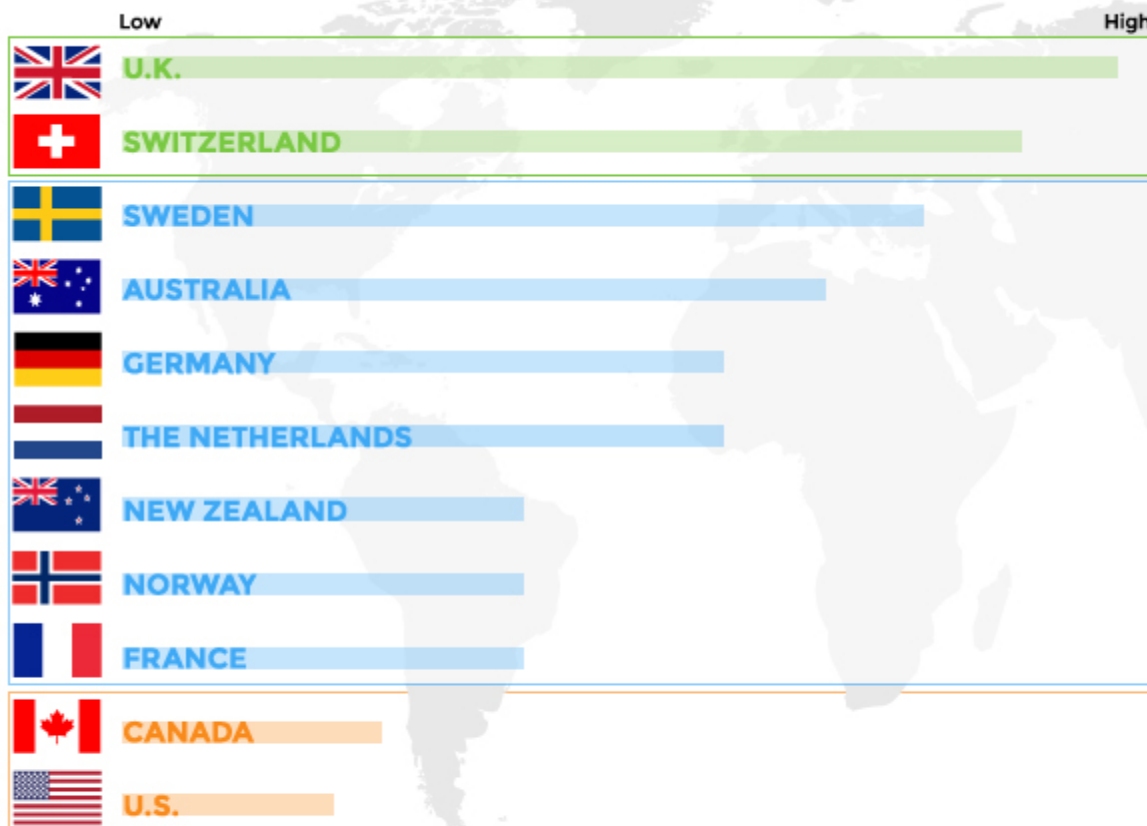
# Fee-For-Service



# Managed Care



# Overall Health Care Ranking



Source: K. Davis, K. Stremikis, D. Squires, and C. Schoen, *Mirror, Mirror on the Wall: How the Performance of the U.S. Health Care System Compares Internationally, 2014 Update*, The Commonwealth Fund, June 2014.



The  
COMMONWEALTH  
FUND

## EXHIBIT ES-1. OVERALL RANKING

### COUNTRY RANKINGS

Top 2*
Middle
Bottom 2*



AUS CAN FRA GER NETH NZ NOR SWE SWIZ UK US

	AUS	CAN	FRA	GER	NETH	NZ	NOR	SWE	SWIZ	UK	US
<b>OVERALL RANKING (2013)</b>	4	10	9	5	5	7	7	3	2	1	11
<b>Quality Care</b>	2	9	8	7	5	4	11	10	3	1	5
Effective Care	4	7	9	6	5	2	11	10	8	1	3
Safe Care	3	10	2	6	7	9	11	5	4	1	7
Coordinated Care	4	8	9	10	5	2	7	11	3	1	6
Patient-Centered Care	5	8	10	7	3	6	11	9	2	1	4
<b>Access</b>	8	9	11	2	4	7	6	4	2	1	9
Cost-Related Problem	9	5	10	4	8	6	3	1	7	1	11
Timeliness of Care	6	11	10	4	2	7	8	9	1	3	5
<b>Efficiency</b>	4	10	8	9	7	3	4	2	6	1	11
<b>Equity</b>	5	9	7	4	8	10	6	1	2	2	11
<b>Healthy Lives</b>	4	8	1	7	5	9	6	2	3	10	11
<b>Health Expenditures/Capita, 2011**</b>	\$3,800	\$4,522	\$4,118	\$4,495	\$5,099	\$3,182	\$5,669	\$3,925	\$5,643	\$3,405	\$8,508

Notes: \* Includes ties. \*\* Expenditures shown in \$US PPP (purchasing power parity); Australian \$ data are from 2010.

Source: Calculated by The Commonwealth Fund based on 2011 International Health Policy Survey of Sicker Adults; 2012 International Health Policy Survey of Primary Care Physicians; 2013 International Health Policy Survey; Commonwealth Fund National Scorecard 2011; World Health Organization; and Organization for Economic Cooperation and Development, OECD Health Data, 2013 (Paris: OECD, Nov. 2013).

# Countries With the Most Well-Developed Public Health Care Systems 2016 (US News)

A characterization of 60 countries based on a survey of more than 16,000 people from four regions

## Denmark

Denmark's Best Health Care System Rank: 1  
Best Countries Overall Rank: 10



The U.S.'s health care system ranks 15th “by perception”.

The Danish people are more than happy to pay high taxes in exchange for quality public health care and other social benefits. (Denmark is the happiest country in the world.)

## Sweden

Sweden's Best Health Care System Rank: 2  
Best Countries Overall Rank: 5

NEXT: [Denmark](#)



People in Canada, which ranks No. 3 on this list, are coming to the U.S. in greater numbers to pursue better health care than what they receive back at home.

## Canada

Canada's Best Health Care System Rank: 3  
Best Countries Overall Rank: 2

NEXT: [Sweden](#)



# Countries With the Most Well-Developed Public Health Care Systems 2016 (US News)

## United Kingdom

United Kingdom's Best Health Care System Rank: 4  
Best Countries Overall Rank: 3

NEXT: [Canada](#)



## France

France's Best Health Care System Rank: 8  
Best Countries Overall Rank: 8

NEXT: [Australia](#)



## Germany

Germany's Best Health Care System Rank: 5  
Best Countries Overall Rank: 1

NEXT: [United Kingdom](#)



## Austria

Austria's Best Health Care System Rank: 9  
Best Countries Overall Rank: 12

NEXT: [France](#)



## Netherlands

Netherlands' Best Health Care System Rank: 6  
Best Countries Overall Rank: 9

NEXT: [Germany](#)



## New Zealand

New Zealand's Best Health Care System Rank: 10  
Best Countries Overall Rank: 11

NEXT: [Austria](#)



## Australia

Australia's Best Health Care System Rank: 7  
Best Countries Overall Rank: 6

NEXT: [Netherlands](#)



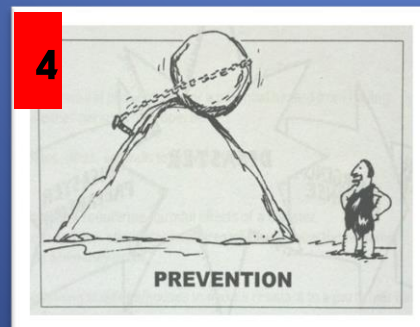
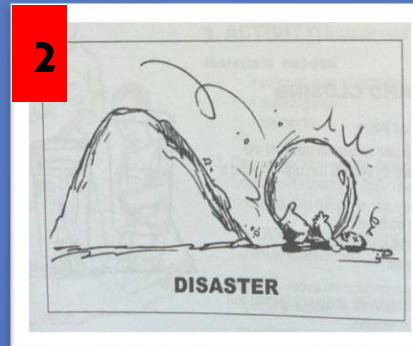
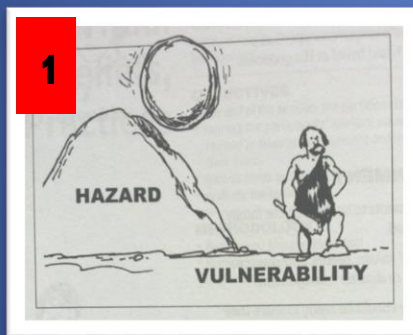
# Preparedness





# What is Disaster Risk Reduction?

- the conceptual framework of elements considered with the possibilities to minimize vulnerabilities and disaster risks throughout a society, to avoid (prevention) or to limit (mitigation and preparedness) the adverse impacts of hazards, within the broad context of sustainable development.



# Americans Need a Disaster Reality Check



More than half of all Americans fear they will experience a natural or manmade disaster.



Believe a **72 hour emergency kit** recommended by FEMA or the Red Cross would improve their chances of surviving a disaster.

Have made no effort to put together such a kit.

## BASIC EMERGENCY SUPPLY KIT



\*One gallon of water per person per day

# #1

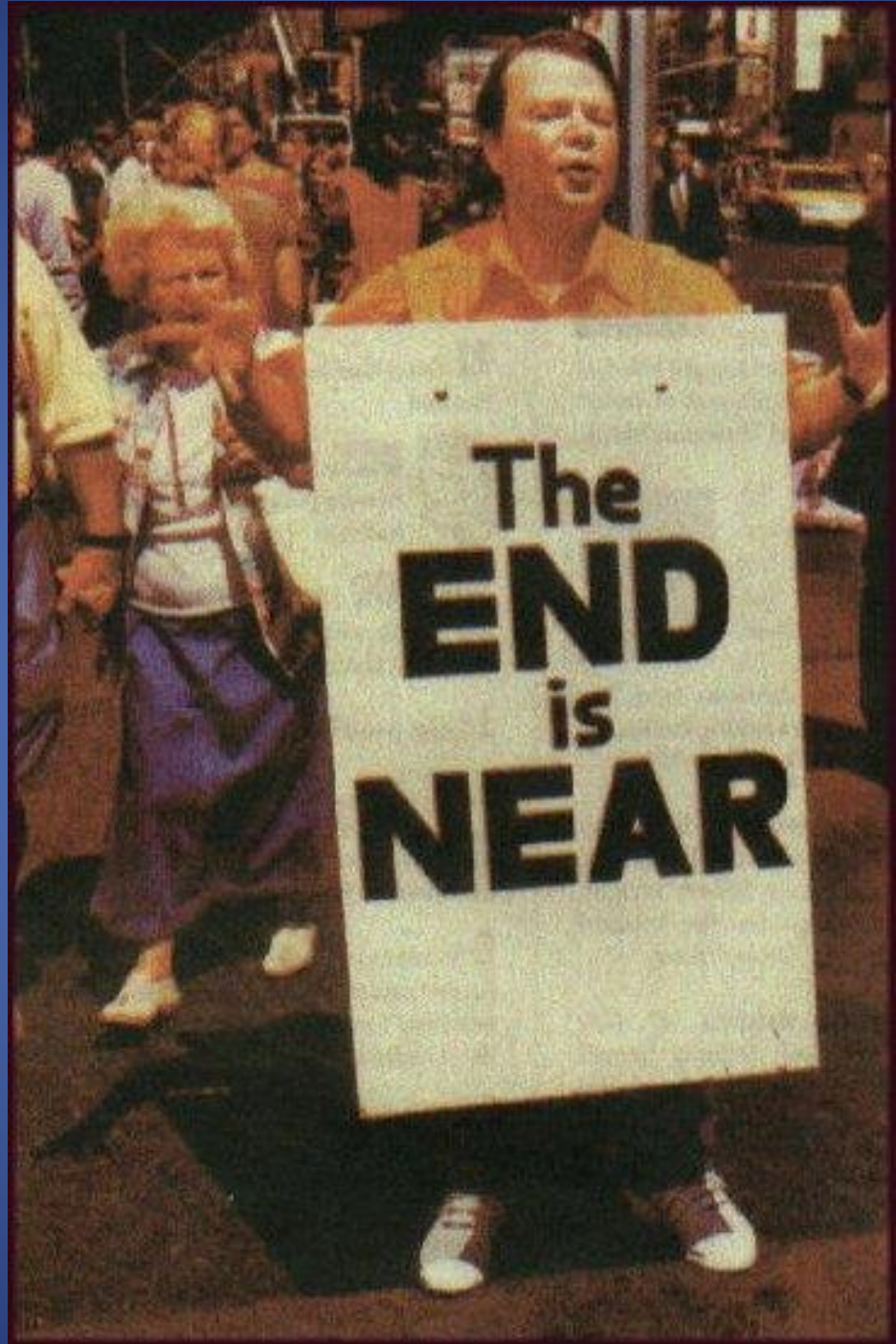


**excuse given by Americans** for not owning an **emergency kit** is that they expect first responders to come to their aid. This is an **unrealistic belief** in the wake of a major disaster.



# Delivery Systems Questions





# Health Management



# Leadership

A leadership

ability to motivate a group of people to achieve a common goal through intentional influence and organizing a group of people to follow a process.

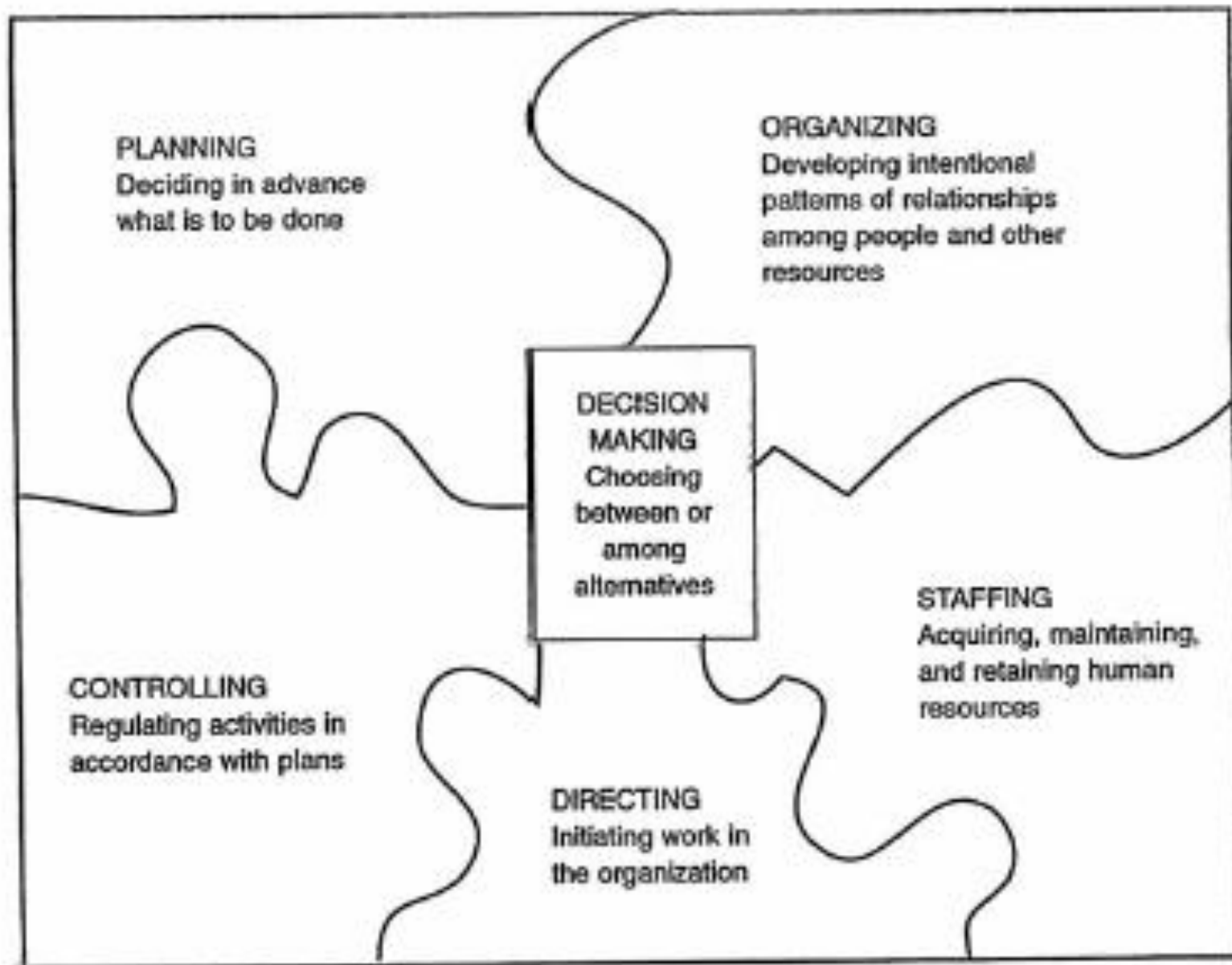


Figure 1.2. The management functions are interrelated like the pieces of a puzzle.

# Governance

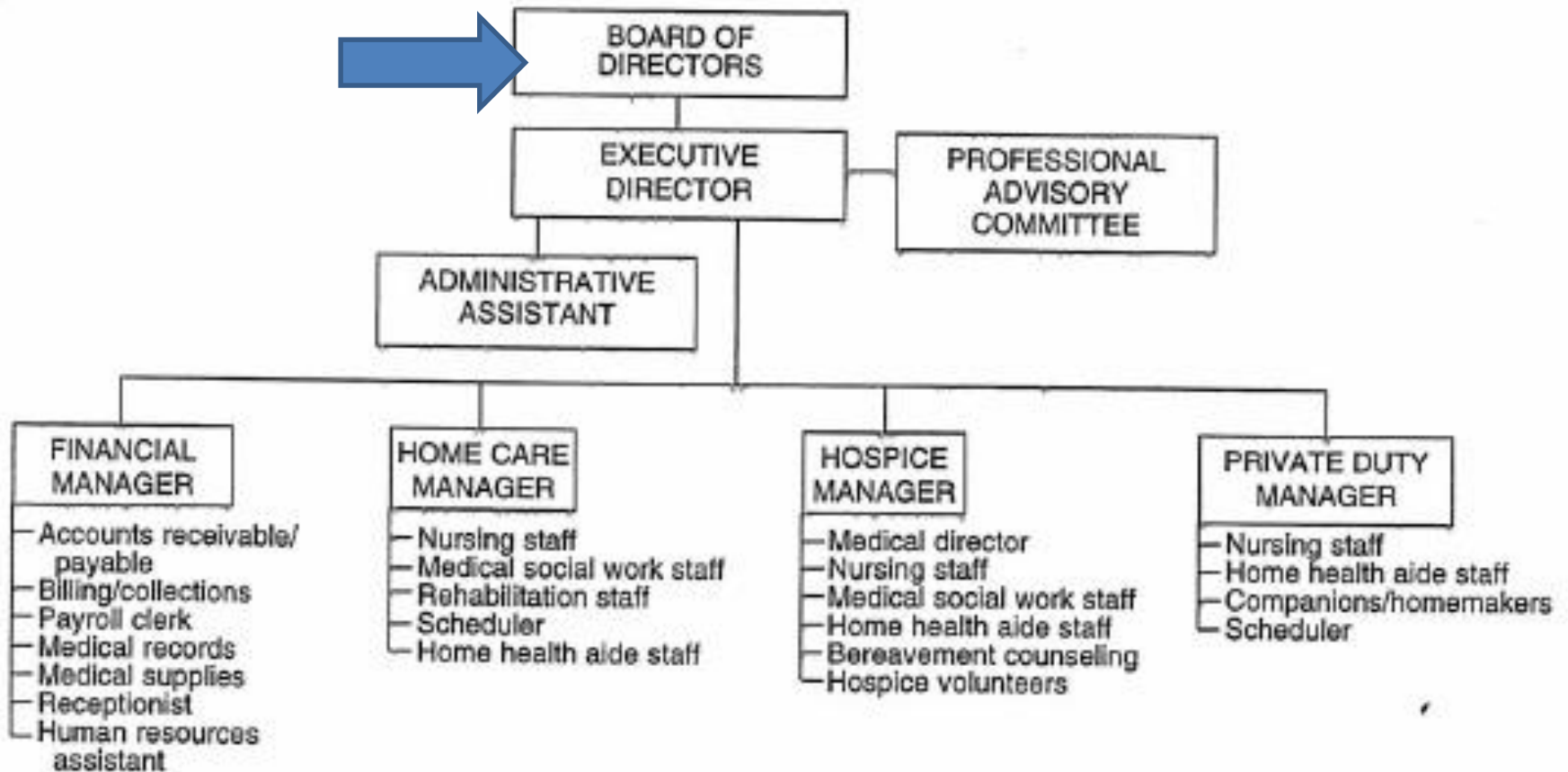
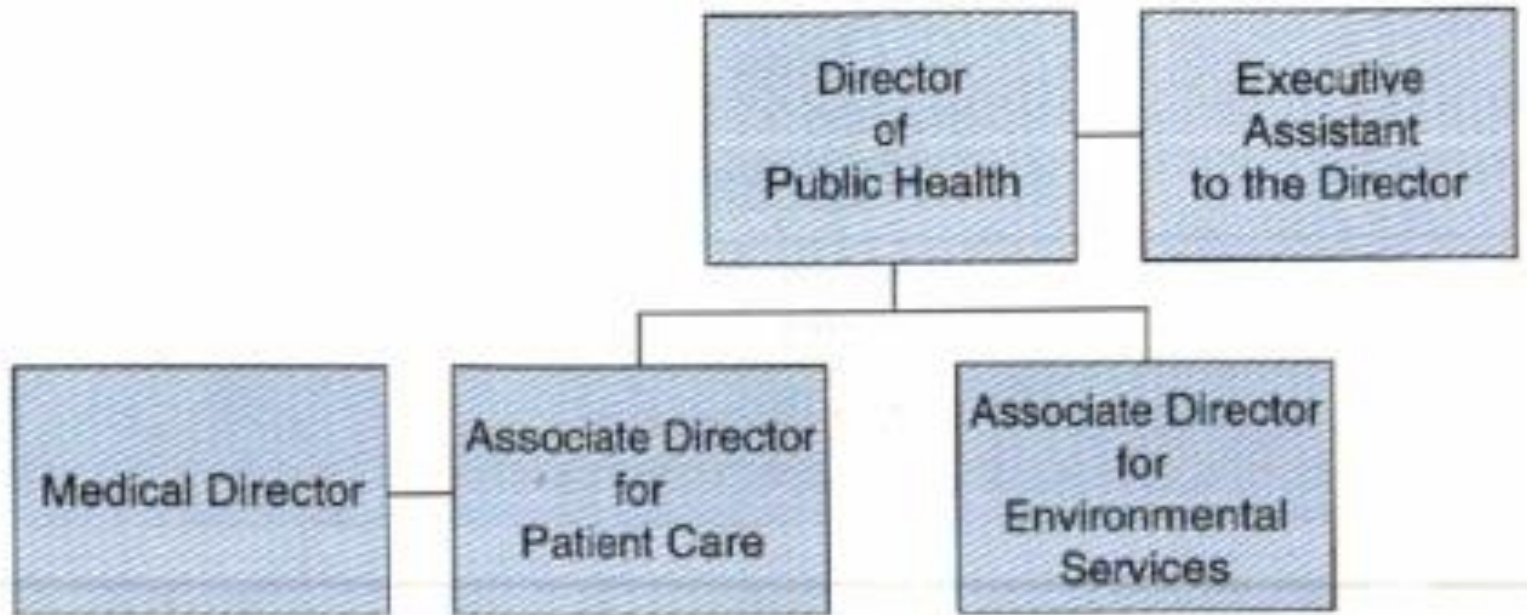


Figure 4.10. Organization chart of a freestanding home health agency.





# Line and Staff



Line and Staff Relationships

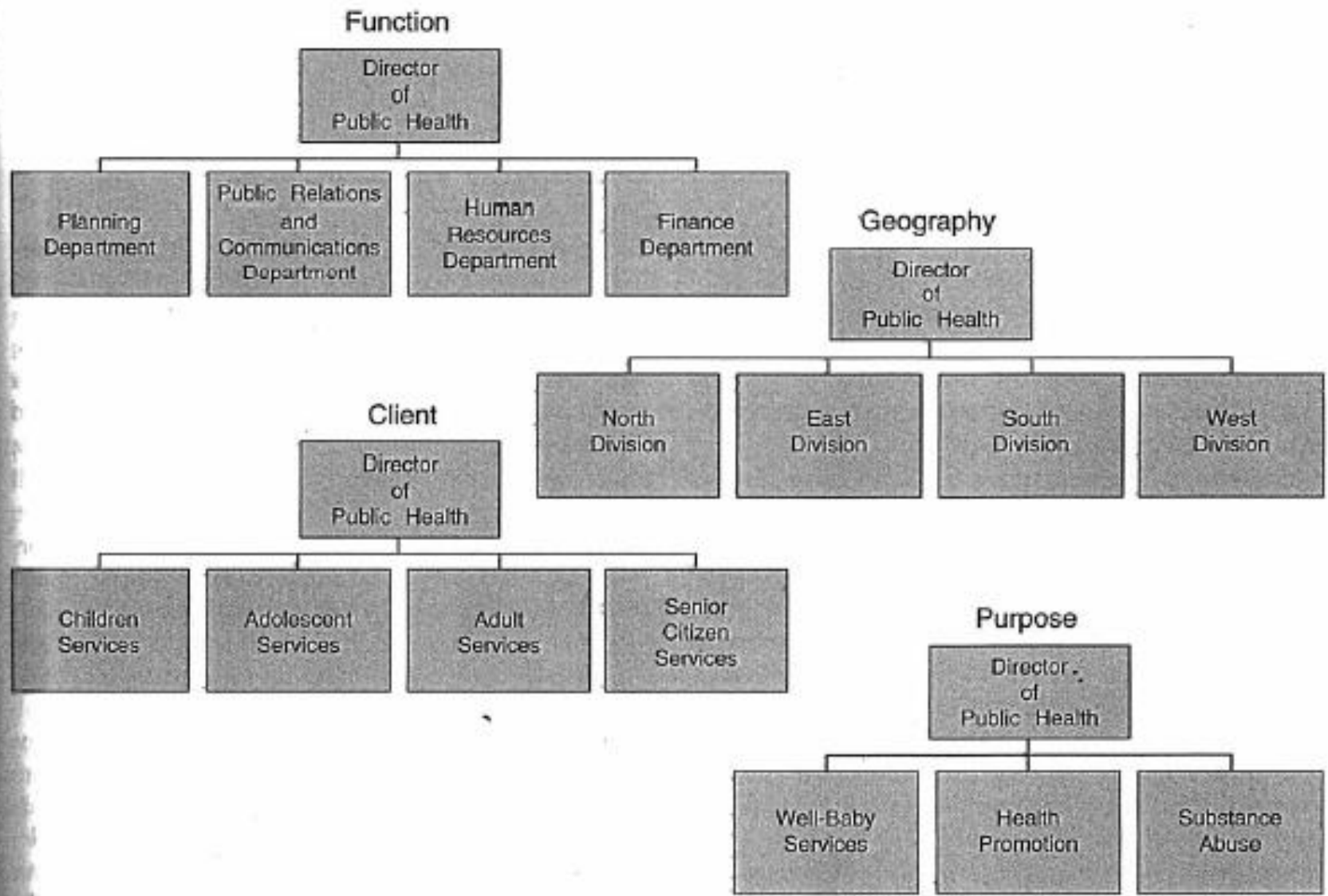


Figure 15.2. Four Models of Organization

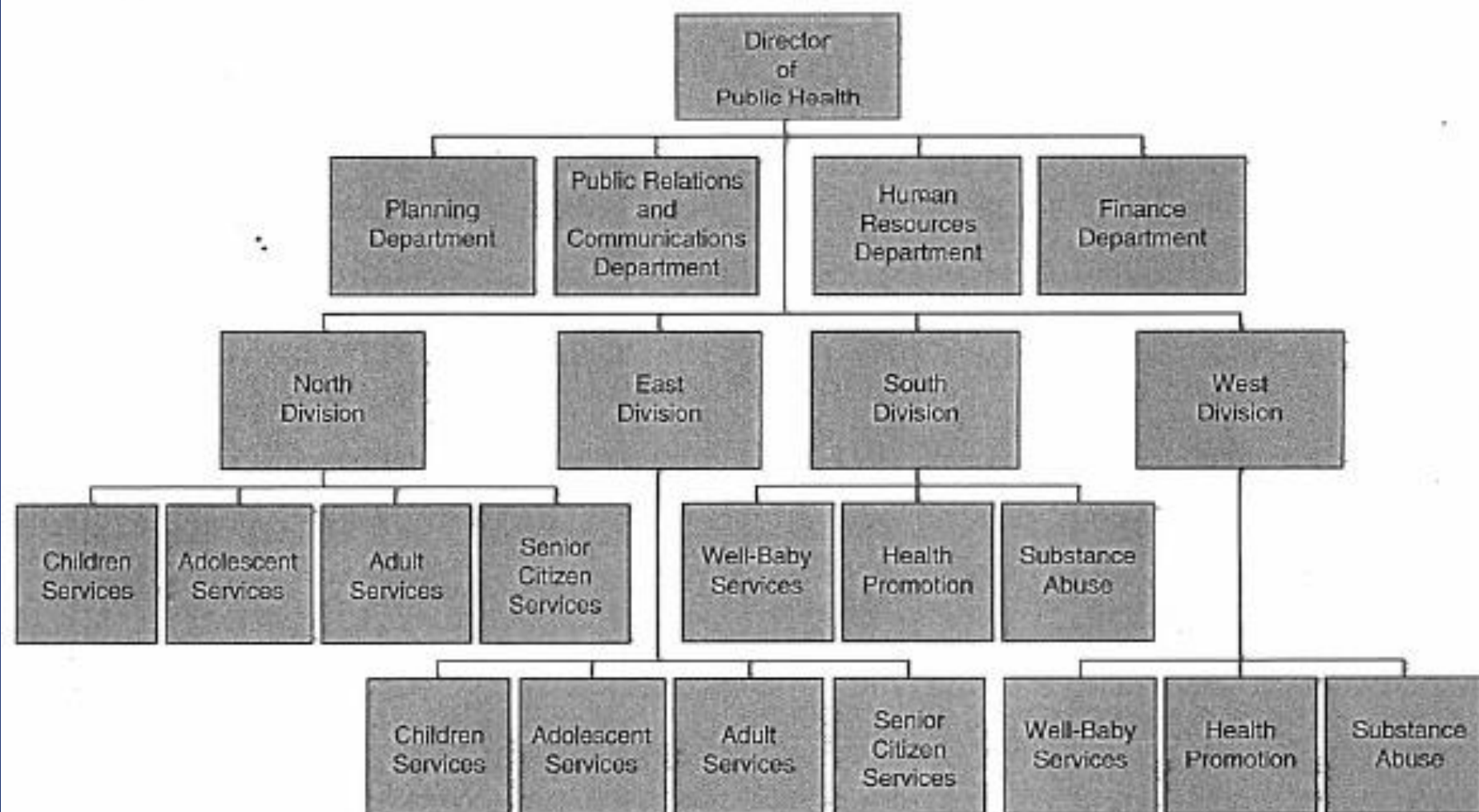


Figure 15.3. Mixed Organizational Structure

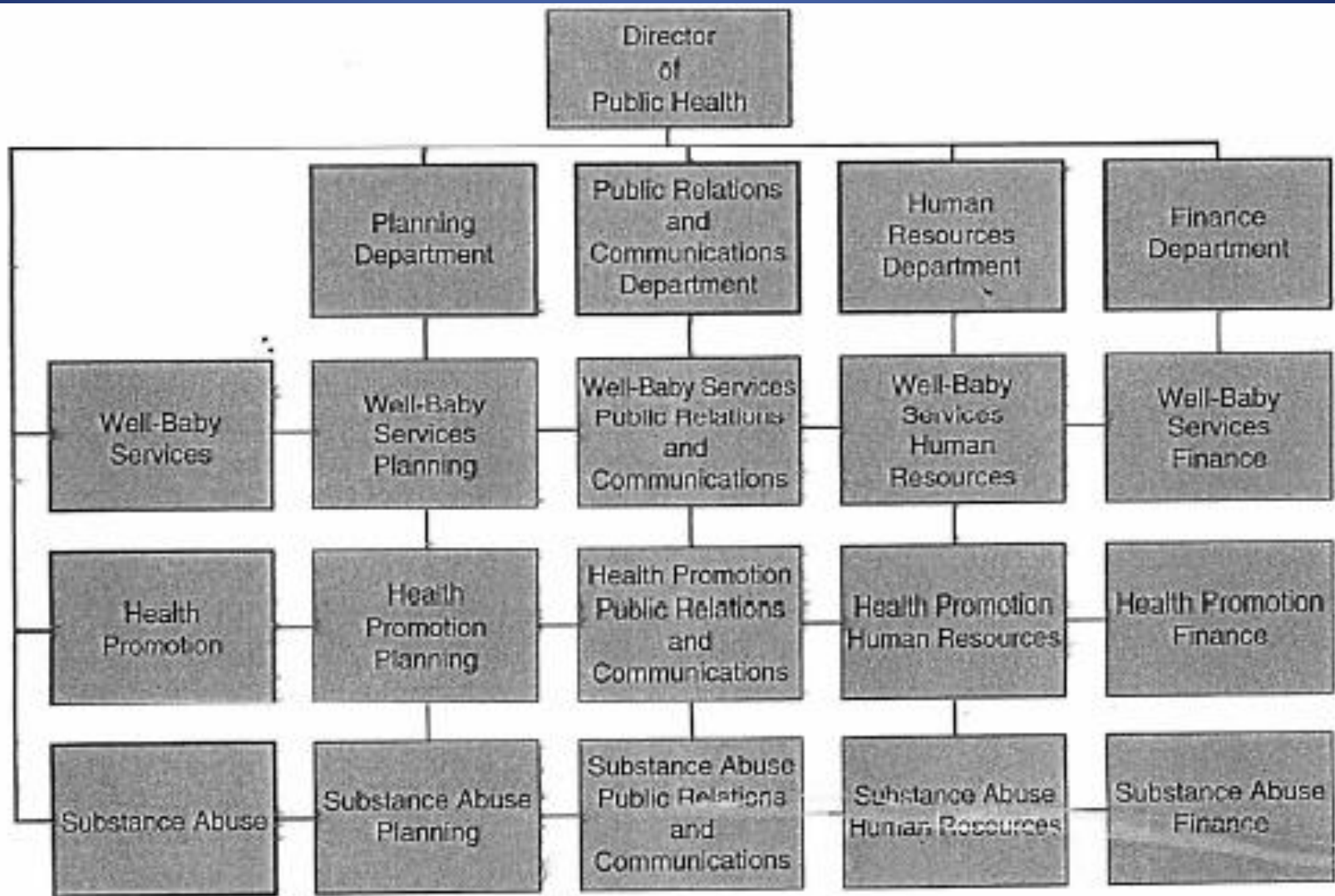


Figure 15.4. Matrix Organization

# Human Resources





## I. Individual Characteristics

1. Interests
2. Attitudes
  - toward self
  - toward job
  - toward aspects of the work situation
3. Needs
  - security
  - social
  - achievement

## II. Job Characteristics (Examples)

1. Types of intrinsic rewards
2. Degree of autonomy
3. Amount of direct performance feedback
4. Degree of variety in tasks

## III. Work Environment Characteristics

1. Immediate work environment
  - peers
  - supervisor(s)
2. Organizational actions
  - reward practice
  - systemwide rewards
  - individual rewards
  - organizational climate

*Note:* These lists are not intended to be exhaustive but are meant to indicate some of the more important variables influencing the employee motivation.

*Source:* Adapted with permission from L.W. Porter and R.E. Miles, *Motivation and Management*, in *Contemporary Management: Issues and Viewpoints*, J.W. McGuire, ed., © 1974.



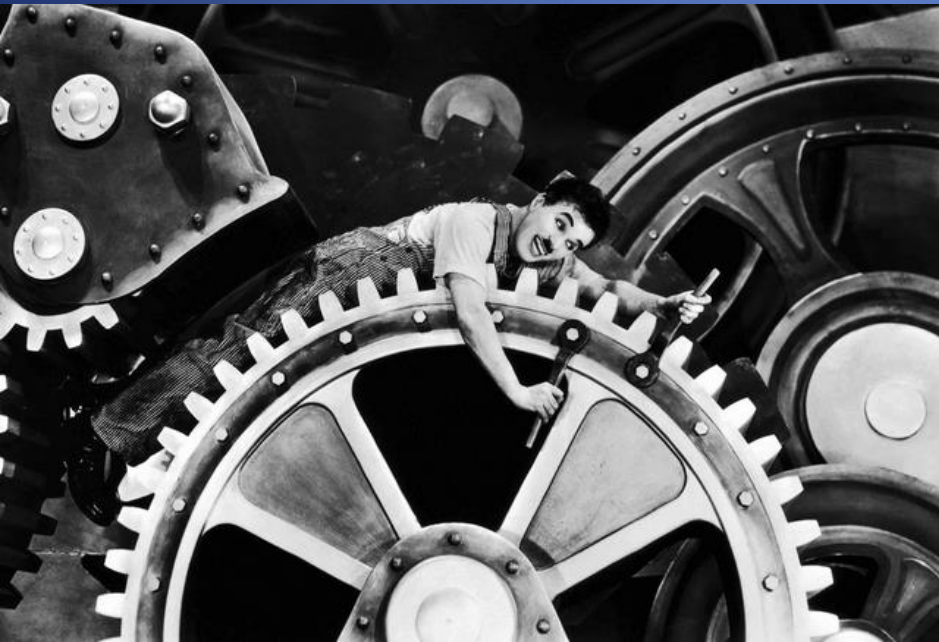
# McGregor's Theory of Human Motivation

Theory X

Classical

Theory Y

Behavioral



# Theory Z / Contingency Theory Situational Management



# Strategic Planning

## Components of a Plan

Means

Ends

Mission



Vision



Strategies



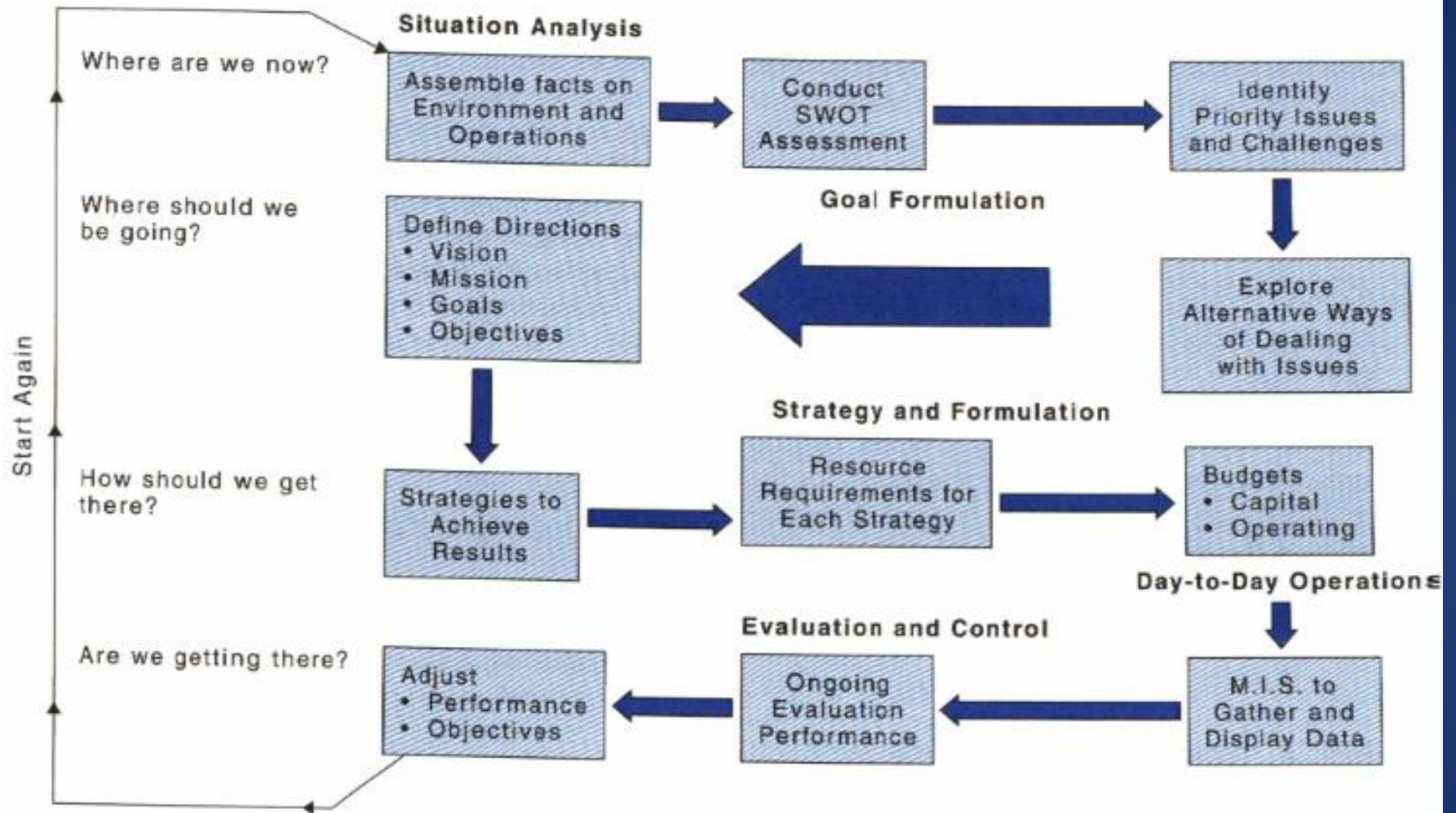
Goals



Tactics

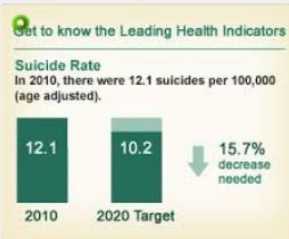


Objectives



**Figure 15.1. Strategic Planning Model**

Source: Adapted from Keck RK Jr., 1986. Strategic planning in the health care industry: Concentrate on the basics. *Health Care Issues* (September). Reprinted in the *Handbook of Business Strategy 1985/1986 Yearbook*, Coopers & Lybrand.

WAY  
TE



I CARE

HUMAN SERVICES • USA

### Examples of Access to Information on Health Indicators

Federal



Home

About Healthy People

**2020 Topics & Objectives**

Data

Learn

Implement

Get Involved

Leading Health Indicators

Home > 2020 Topics & Objectives > Maternal, Infant, and Child Health

## Maternal, Infant, and Child Health



Print



E-mail



Share

Overview

Objectives

Interventions & Resources

National Snapshot

National Data

Expand All Objectives

### Morbidity and Mortality

#### MICH-1 Reduce the rate of fetal and infant deaths

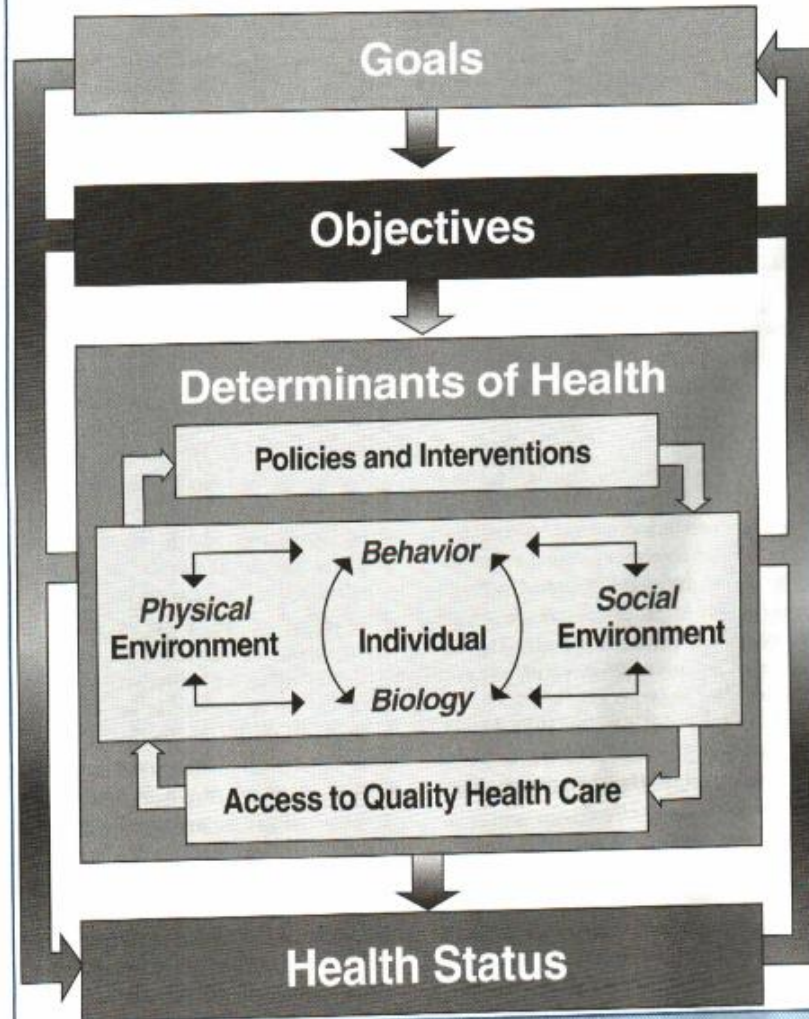
MICH-1.1	Reduce the rate of fetal deaths at 20 or more weeks of gestation	<a href="#">View Details</a> ▼
MICH-1.2	Reduce the rate of fetal and infant deaths during perinatal period (28 weeks of gestation to 7 days after birth)	<a href="#">View Details</a> ▼
MICH-1.3	Reduce the rate of all infant deaths (within 1 year) <b>LHI</b>	<a href="#">View Details</a> ▼
MICH-1.4	Reduce the rate of neonatal deaths (within the first 28 days of life)	<a href="#">View Details</a> ▼
MICH-1.5	Reduce the rate of postneonatal deaths (between 28 days and 1 year)	<a href="#">View Details</a> ▼
MICH-1.6	Reduce the rate of infant deaths related to birth defects (all birth defects)	<a href="#">View Details</a> ▼

FIGURE 2-12 The *Healthy People 2010* model.



## Healthy People in Healthy Communities

A Systematic Approach to Health Improvement



Source: Reprinted from Office of Disease Prevention and Health Promotion, *Healthy People 2010: Understanding and Improving Health*. Rockville, MD: ODPHP; 2000.

# What are Consumers' Needs, Wants, and Demands?



Needs - state of felt deprivation including physical, social, and individual needs i.e hunger



Wants - form that a human need takes as shaped by culture and individual personality i.e. bread



Demands - human wants backed by buying power i.e. money



10 Essential Public Health Services	Product	Price	Place	Promotion	People
1. Monitor Health Status					
2. Diagnose & Investigate					
3. Inform, Educate, & Empower					
4. Mobilize Community Partnerships					
5. Develop Policies & Plan					
6. Enforce Laws & Regulations					
7. Link people to needed Services					
8. Assure a competent workforce					
9. Evaluate Effectiveness, Accessibility & Quality					
10. Research for new insights					

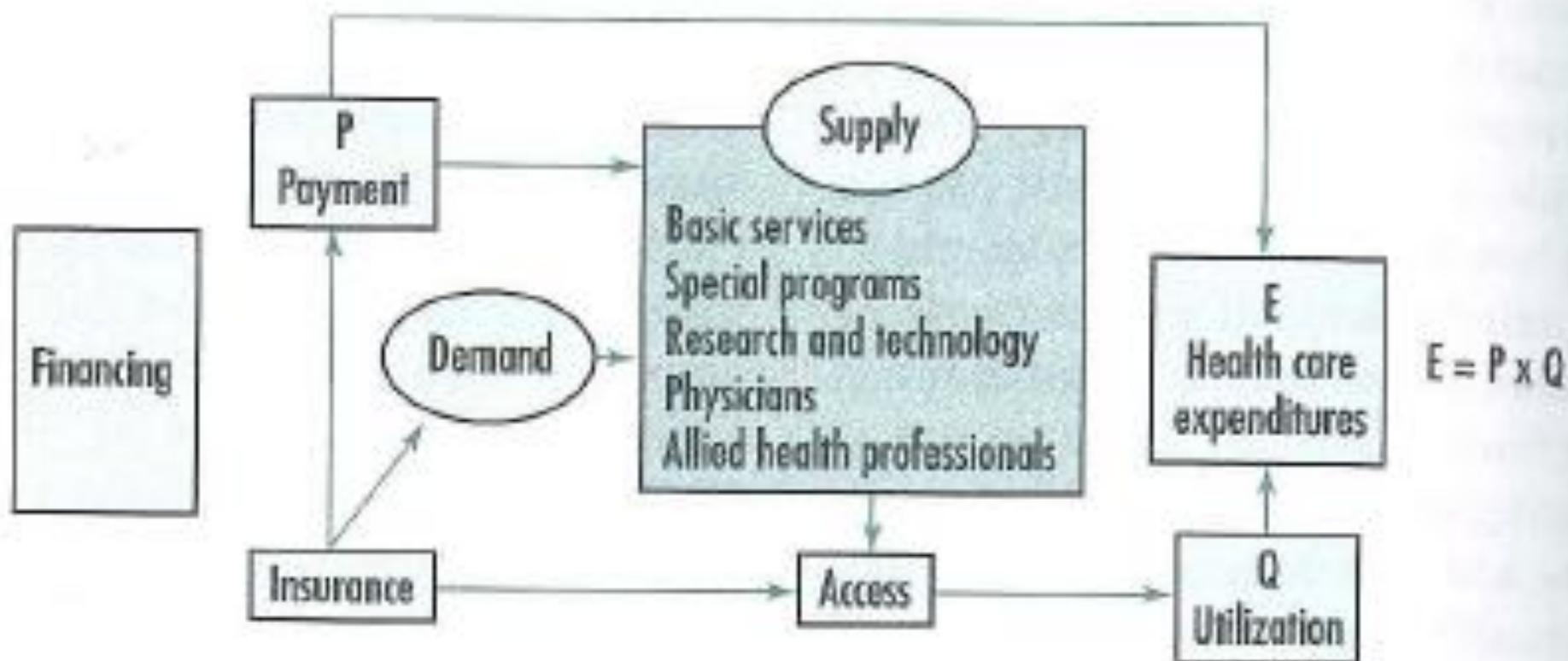
**Marketing**  
**The 5 P's**  
**(4 P's)**

# Financial Management



- Financial information that can be used to improve decision making.
- The management of the sources and uses of resources within an organization.

## Influence of Financing on the Delivery of Health Services.

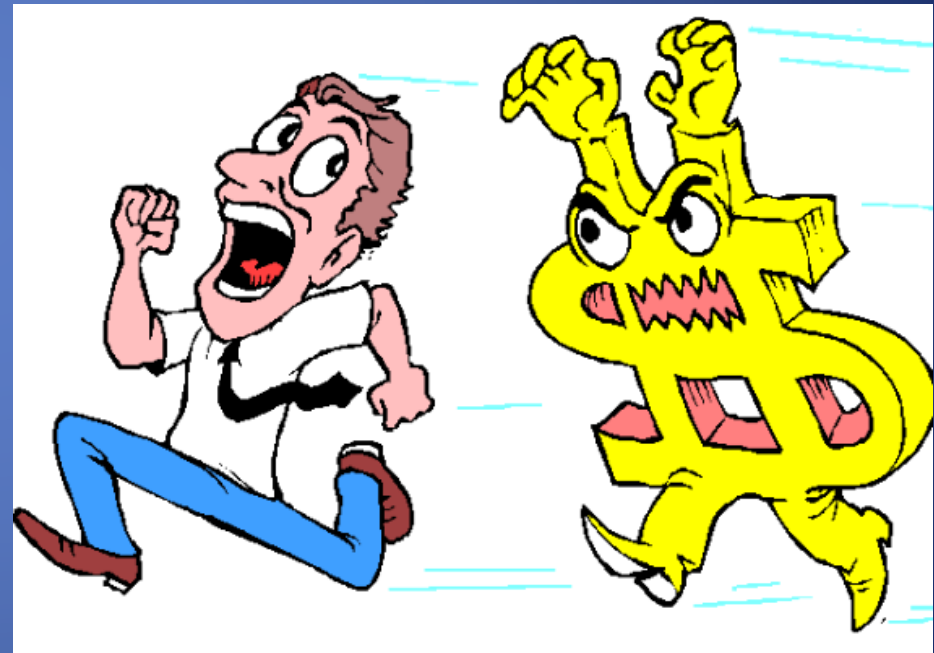


# Cost vs. Charges

The resources require to provide the good or service



What the consumer is asked to pay, this includes surplus revenue or profit

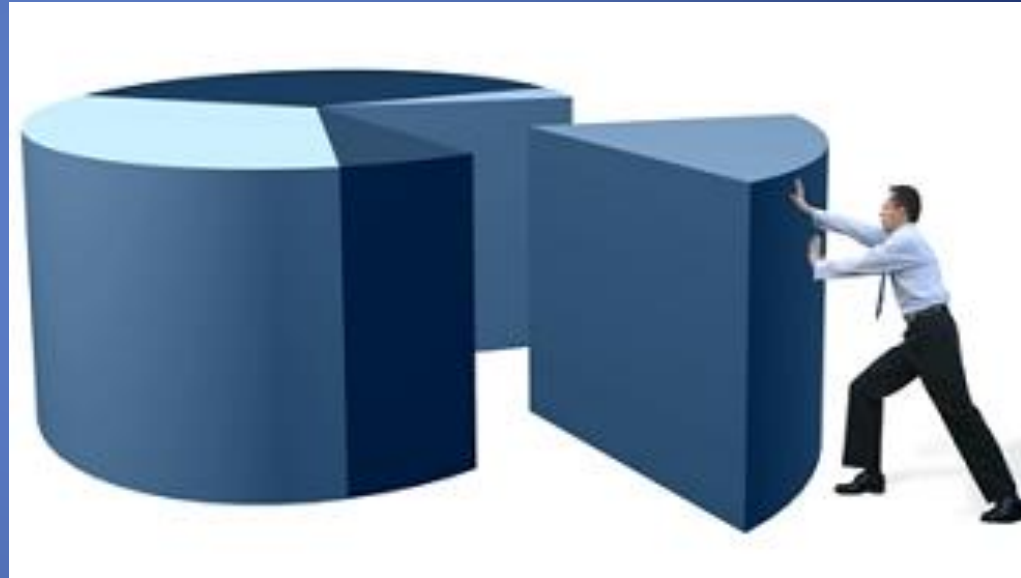


# Fixed Cost Vs. Variable Cost



# The Capital Budget

- Capital Budgets plans for the acquisition of high-value, long-term (>1 year) assets.



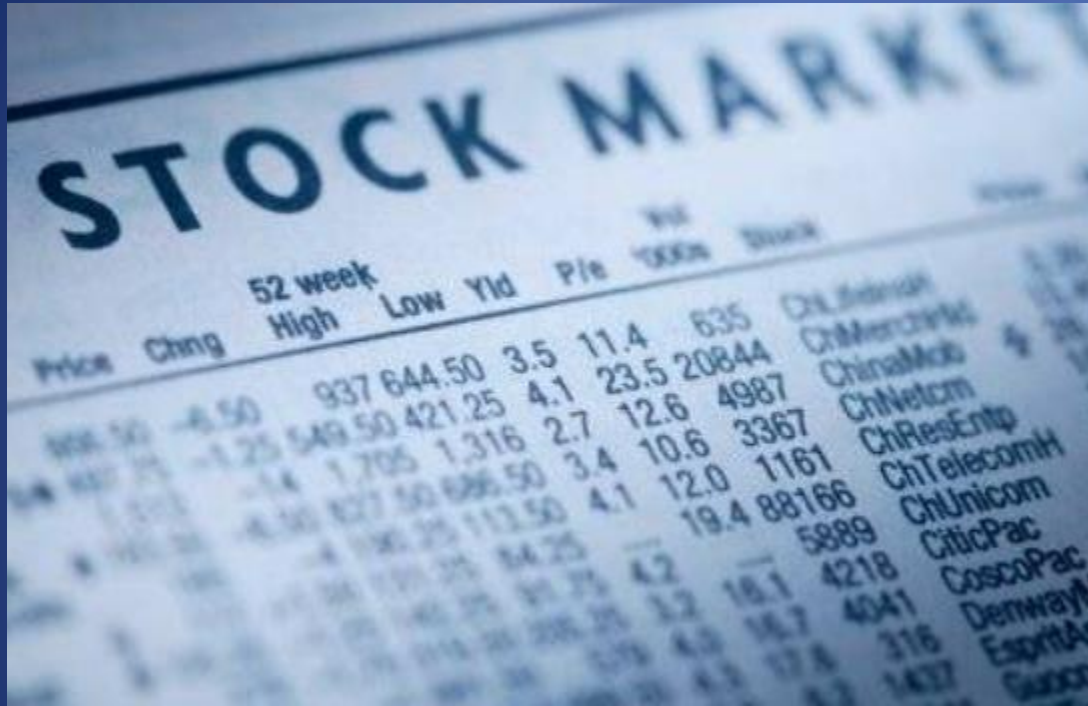
# The Operating Budget

- ▣ **Revenue** is a forecast of resource inflows into the organization.
- ▣ **Expenses** represent the resources that an organization uses up carrying on its activities.
- ▣ A **surplus or profit** is the excess of revenues over expenses.
- ▣ A **deficit or loss** is an excess of expenses over revenues.



# For Profit

Investor Owned



# Not for Profit

(Not "Non Profit")



Government

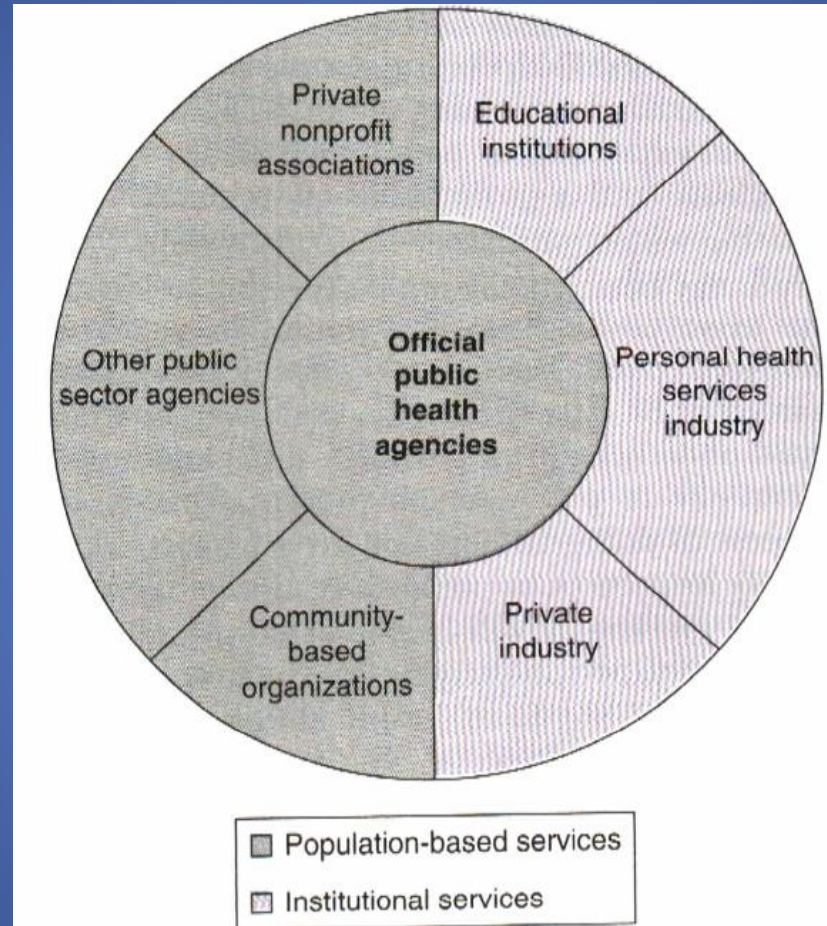




# Health Informatics



# Workforce



**Figure 17.1. The Professional Public Health Workforce: Major Work Settings**

SOURCE: Kennedy, et al., Public Health workforce information: A state-level study. JPHMP, 5(3):12

# Supply/ Demand

## PROTECTING YOUR HEALTH



# Education/Training



# Public Health Careers



- Advocacy Director \$38,000 - \$71,000
- Assistant Environmental Scientist \$50,000 - \$92,000
- Assistant Inspector General \$34,000 - \$64,000
- Assistant Professor Epidemiology \$69,000 - \$130,000
- Assistant Public Health Professor \$36,000 - \$66,000
- Associate Biostatistics \$55,000 - \$102,000
- Associate Epidemiologist \$55,000 - \$102,000
- Behavioral Health Administrator \$45,000 - \$84,000
- Behavioral Scientist \$55,000 - \$102,000
- Biosecurity Specialist \$18,000 - \$33,000
- Biostatistical Data Technician \$25,000 - \$48,000
- Biostatisticians \$55,000 - \$102,000
- Bioterrorism Researcher \$35,000 - \$84,000
- Chief Medical Officer \$65,000 - \$121,000
- Child Health Specialist \$34,000 - \$63,000
- Childbirth Health Educator \$48,000 - \$90,000
- Chronic Disease Health Educator \$58,000 - \$107,000
- Chronic Disease Management Coordinator \$42,000 - \$79,000
- Chronic Disease Medical Epidemiologist \$55,000 - \$101,000
- Clinical Epidemiologist \$48,000 - \$89,000
- Clinical Infectious Disease Specialist \$78,000 - \$147,000
- Clinical Research Director \$53,000 - \$99,000
- Communicable Disease Analyst \$38,000 - \$71,000
- Communications Director \$43,000 - \$81,000
- Community Activist \$19,000 - \$35,000
- Community Counselor \$25,000 - \$48,000
- Community Health Educator \$42,000 - \$78,000
- Community Health Nursing Consultant \$51,000 - \$94,000
- Community Health Worker \$33,000 - \$62,000
- Community Outreach Specialist \$28,000 - \$52,000
- Consumer Safety Officer \$40,000 - \$74,000
- Corporate Medical Director \$60,000 - \$112,000
- Correctional Medicine Physician \$101,000 - \$200,000
- Deputy Director \$47,000 - \$87,000
- Director of Applied Research \$45,000 - \$82,000
- Director of Emergency Medical Services \$46,000 - \$85,000
- Disaster Preparedness Coordinator \$38,000 - \$71,000
- Disaster Preparedness Researcher \$36,000 - \$68,000
- Disease Ecologist \$30,000 - \$55,000
- Emergency Preparedness Specialist \$37,000 - \$68,000
- Environmental Health Supervisor \$32,000 - \$60,000
- Environmental Engineer \$54,000 - \$101,000
- Environmental Health Director \$46,000 - \$86,000
- Environmental Health Engineer \$53,000 - \$99,000
- Environmental Health Executive \$51,000 - \$94,000
- Environmental Health Nurse \$43,000 - \$78,000
- Environmental Health Safety Engineer \$52,000 - \$98,000
- Environmental Health Technician \$28,000 - \$52,000
- Environmental Specialist \$33,000 - \$62,000
- Epidemiologists \$36,000 - \$66,000
- Epidemiology Investigator \$42,000 - \$84,000
- Federal Agency Director \$44,000 - \$84,000
- Food Inspector \$28,000 - \$52,000
- Food Scientist \$48,000 - \$91,000
- Food Service Sanitarian \$34,000 - \$63,000
- Forensic Pathologist \$33,000 - \$62,000
- Genetic Engineer \$50,000 - \$95,000
- Geographer \$44,000 - \$81,000
- Hazardous Waste Inspector \$37,000 - \$72,000
- Health Administrator \$42,000 - \$79,000
- Health and Wellness Manager \$46,000 - \$84,000
- Health Commissioner \$40,000 - \$74,000
- Health Communications Specialist \$33,000 - \$62,000
- Health Education Health Promotion \$39,000 - \$72,000
- Health Educators \$27,000 - \$53,000
- Health Facilities Surveyor \$39,000 - \$74,000
- Health Legislative Assistant \$33,000 - \$61,000
- Health Physicist \$56,000 - \$104,000
- Health Science Kinesiology \$38,000 - \$70,000
- Health Scientist \$43,000 - \$80,000
- Health Supervisor \$32,000 - \$60,000
- Health Unit Coordinator \$34,000 - \$64,000
- Home Visit Nurse \$45,000 - \$84,000
- Homeless Services Educator \$35,000 - \$65,000
- Hospital Administrator \$45,000 - \$84,000
- Hydrologist \$45,000 - \$83,000
- Industrial Hygienist \$49,000 - \$91,000
- Infection Preventionist \$55,000 - \$110,000
- Infectious Disease Public Health Advisor \$51,000 - \$95,000
- Informatics Specialist \$52,000 - \$95,000
- Information Systems Specialist \$38,000 - \$74,000

# Recruitment/Retention



# Quality



performance  
improvement



# ANY STATE

## DRIVER LICENSE

License No. **P77777777** Expires **00-00-00**

**JANE A SAMPLE**  
**456 ANYWHERE STREET**  
**ANYTOWN, ANY STATE 99999**



Sex: **F**

Hair: **Blond**

Ht: **5-05**

Wt: **120**

Eyes: **Blue**

DOB: **01-01-83**



**DONOR**

# ***Take the Exam!***

**Get** ***Certified in Public Health (CPH)!***

## ***Why Should I Get Certified?***



***Because it is good for the profession and it is good for you!***

Certification in public health is an idea whose time has come. Setting standards is an essential step toward elevating the status of public health professionals. The *National Board of Public Health Examiners (NBPHE)*, an independent board of public health professionals, educators and experts, has created the first general test developed specifically on the core competencies taught to all public health graduates of *CEPH-accredited schools and programs*. Get certified to advance the practice of public health, improve your skills and knowledge and advance your career. Certification in public health is voluntary, but an idea whose time has come!

# Hospital Accreditation



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## JCR Highlights

[JCInsight: The Official newsletter of JCI](#)

[2011 Spring International Catalogue](#)

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## Meet JCI in Singapore

Singapore International Practicum  
11-15 April 2011

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welcome hoşgeldiniz bem-vindo  
bienvenido أهلاً وسهلاً 안녕하세요. 欢迎  
benvenuto welcome 欢迎



## Accreditation and Certification

Our standards and evaluation methods stand alone in the world as unique tools designed to provide quantifiable benchmarks for patient care quality and drive positive changes that get noticed by clinical staff, patients and management.

[Prepare for Accreditation >](#)

## Advisory and Education Services

Experience combined with innovation drives our clinical experts. Our team brings years of experience working inside health care organizations and will help you develop continuous improvement processes that work over the long-term.

[Education Resources >](#)

## Quality & Safety Risk Areas

Remain competitive with the latest quality and safety information. A proactive improvement in quality and safety protects patients and your bottom line. Our passion for sustaining improvements in patient safety translates to practical strategies and real results.

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Estimated 44,000 to 98,000 deaths  
annually from adverse events &  
Over 1 million injuries





Advancing public health performance

# Welcome to the Public Health Accreditation Board

Overview

Accreditation Process

Education Center

Research & Evaluation

News

About PHAB

PHNCI

## Accreditation Overview

▶ What is Public Health Department Accreditation?

▶ Accreditation Works!

▶ Who is Eligible?

▶ What Does it Cost?

▶ What are the Benefits?

▶ Contract Language/Terms and Conditions

▶ Getting Started



## Accreditation Overview

Accreditation using the PHAB standards and measures can help a health department achieve performance excellence.

### News and Events

**09.20.2016** PHAB E-Newsletter: September/October 2016

**09.04.2016** QI Leaders Academy Program Report Available

**08.24.2016** 16 Health Departments Awarded PHAB Accreditation: Cherokee Nation First Tribal Health Department in U.S. to Achieve Designation

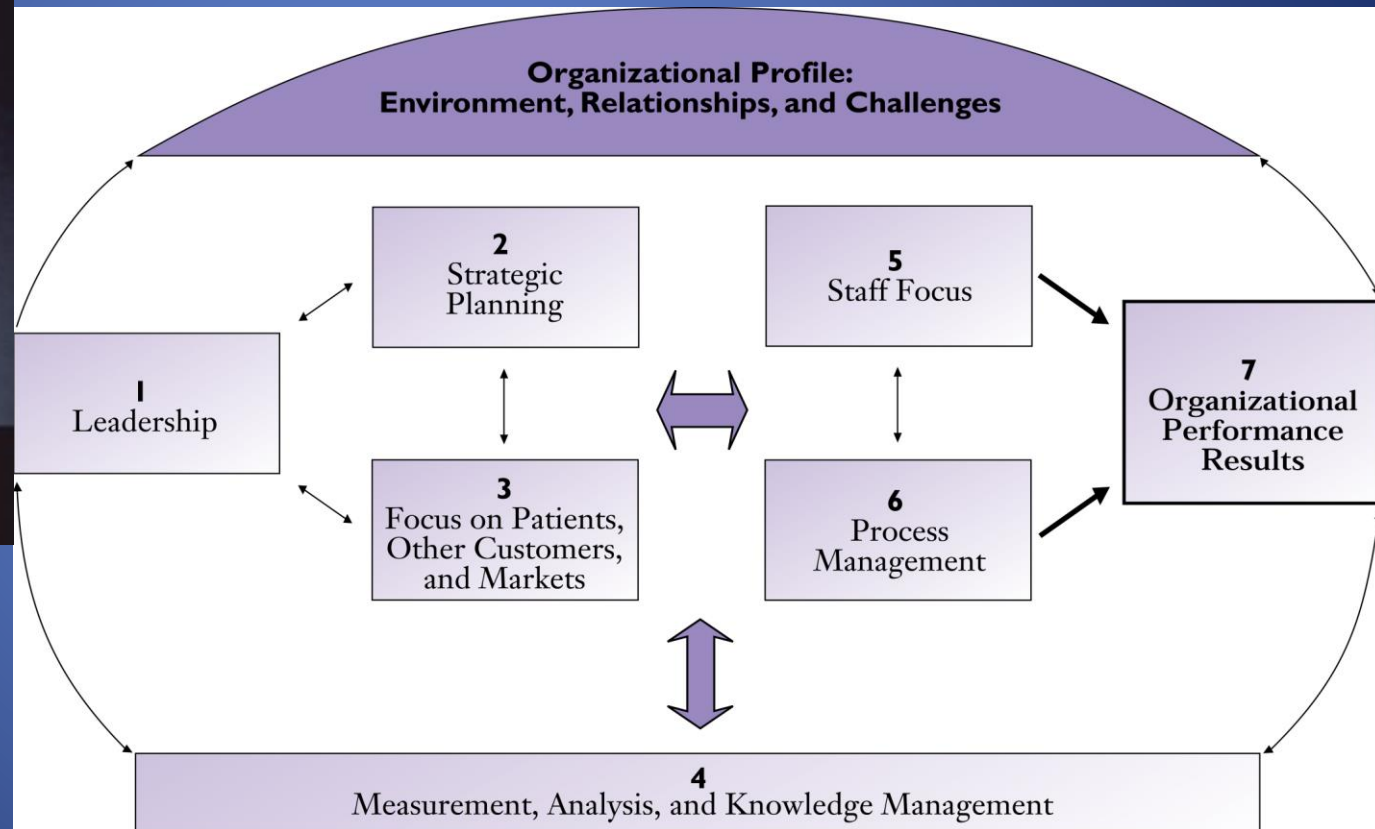
**08.15.2016** MMWR Report Evaluates the Impact of National Public Health Department Accreditation

**08.01.2016** Interactive Map of Accreditation Activity as of August 23, 2016

# Continuous Quality Management



# Baldrige Health Care Criteria Framework:



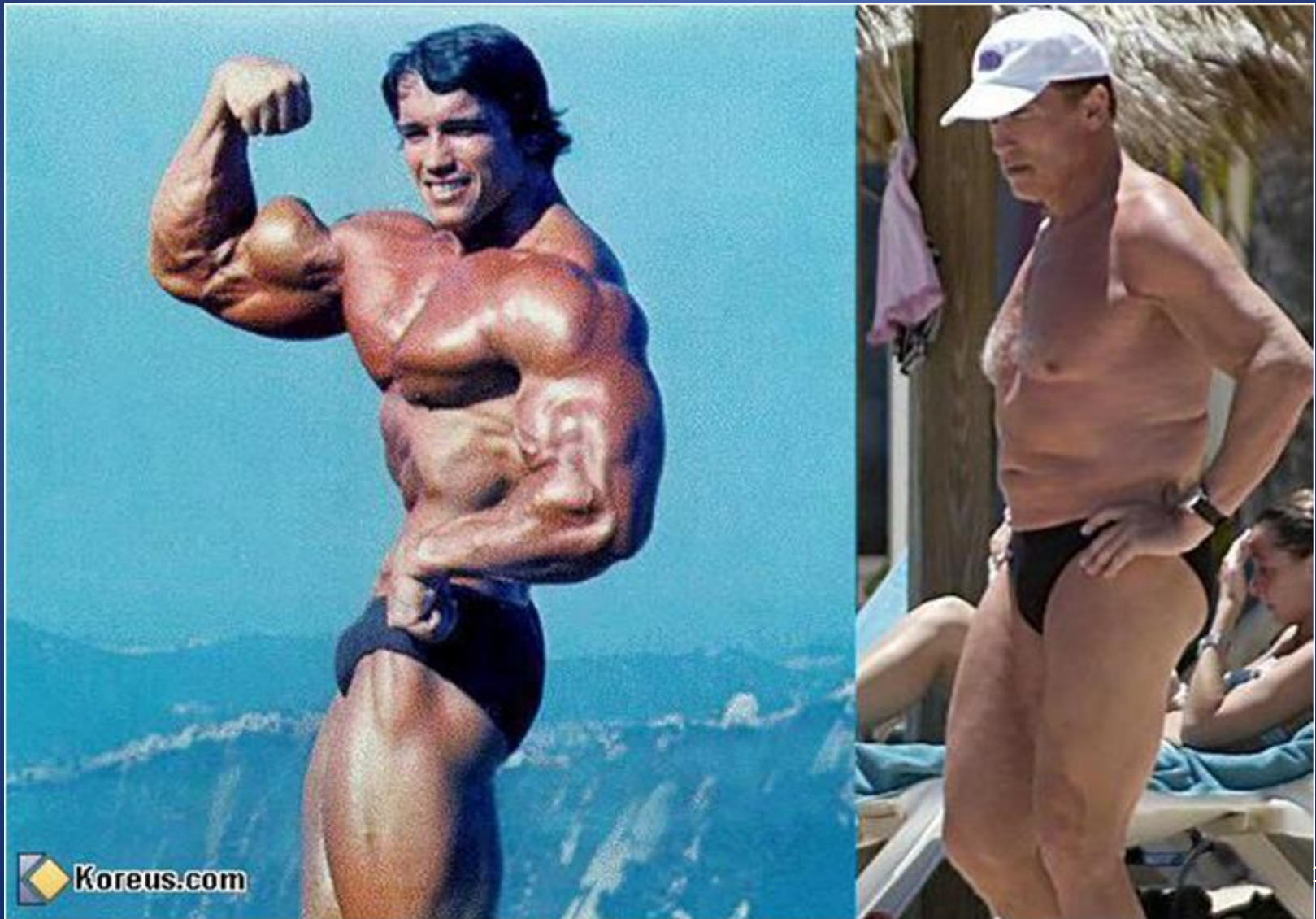
# Six Sigma

- Process must not produce more than 3.4 defects per million opportunities.





# Quality Requires an Ongoing Commitment



# Management Questions



# Wrapping Up



## HEALTH POLICY AND MANAGEMENT

Health policy and management is a multidisciplinary field of inquiry and practice concerned with the delivery, quality and costs of health care for individuals and populations. This definition assumes both a managerial and a policy concern with the structure, process and outcomes of health services including the costs, financing, organization, outcomes and accessibility of care.

**Competencies:** Upon graduation a student with an MPH should be able to...

1. Identify the main components and issues of the organization, financing and delivery of health services and public health systems in the US.
2. Describe the legal and ethical bases for public health and health services.
3. Explain methods of ensuring community health safety and preparedness.
4. Discuss the policy process for improving the health status of populations.
5. Apply the principles of program planning, development, budgeting, management and evaluation in organizational and community initiatives.
6. Apply principles of strategic planning and marketing to public health.
7. Apply quality and performance improvement concepts to address organizational performance issues.
8. Apply "systems thinking" for resolving organizational problems.
9. Communicate health policy and management issues using appropriate channels and technologies.
10. Demonstrate leadership skills for building partnerships.

# Health Policy and Management

1. **US Health Care Delivery System**
  - A. Continuum of Care – Primary through Long-Term Care
  - B. Not-for-profit, For-profit, Government Organizations
  - C. Health Care Financing, Public and Private
  - D. Federal programs – Medicare, Medicaid, Tricare, Social Security, Children’s Health Insurance
  - E. Patient Protection and Affordable Care Act
    1. HIPAA
  - F. Health Care Utilization, Elasticity of Demand
  - G. Basic Insurance Concepts
2. **Access, Cost and Quality Considerations**
3. **Global Health Care Systems**
  - A. Financing and Delivery Models
4. **US Health Policy**
  - A. Policy-Making Process
    1. Federal
    2. State
    3. Local
  - B. National Advocacy Organizations
  - C. Stakeholder Participation
  - D. Advocacy – Federal, State and Local Levels
  - E. Social Ethics
  - F. Health Economics
5. **Management and Leadership**
  - A. Organizational Management
    1. Organizational Structure
    2. Strategic Management and Leadership
    3. Program Planning and Marketing
    4. Organizational Ethics
    5. Accountability

B. Human Resources Management

1. Staffing Principles
2. Recruitment, Motivation, Retention
3. Performance Improvement

C. Financial Management

1. Resource Allocation and Control
2. Budgeting



# Health Care Systems

**1. Being awarded Certification in Public Health (CPH) from the NBPHE as a result of successfully passing its examination is an example of:**

- a. Structure**
- b. Environment**
- c. Process**
- e. Outcome**



# Health Care Systems

**1. Receiving Certification in Public Health (CPH) from the NBPHE is an example of:**

- a. Structure**
- b. Environment**
- c. Process**
- e. Outcome**

# Health Care Systems

**2. The smallest percentage of U.S. health care spending addresses:**

- a. Nursing services**
- b. Public health services**
- c. Physician services**
- d. Pharmaceutical services**
- e. Hospital services**

# Health Care Systems

2. The smallest percentage of U.S. health care spending addresses:

a. Nursing services

**b. Public health services**

c. Physician services

d. Pharmaceutical services

e. Hospital services

# POLICY

**3. Potential Injury to research participants is best addressed in the *Belmont Report* by:**

- a. Respect
- b. Justice
- c. Litigation
- d. Assessment of Benefits
- e. Beneficence

# POLICY

3. Potential Injury to research participants is best addressed in the *Belmont Report* by:

- a. Respect
- b. Justice
- c. Litigation
- d. Assessment of Benefits
- e. Beneficence**

# POLICY

**4. The U.S. Constitution empowers the detention of contagious individuals entering the U.S.**

**a. True**

**b. False**

# POLICY

4. The U.S. Constitution empowers the detention of contagious individuals entering the U.S.

a. True

**b. False**

# DELIVERY SYSTEMS

**5. Paying a monthly fee for all medical care needed is typical of:**

- a. Fee-for-service**
- b. A health maintenance organization**
- c. A preferred provider organization**



# DELIVERY SYSTEMS

5. Paying a monthly fee for all medical care needed is typical of:

a. Fee-for-service

**b. A health maintenance organization**

c. A preferred provider organization

# DELIVERY SYSTEMS

6. Shriner's Hospital for Children would be classified as:

- a. Sectarian
- b. Investor owned
- c. State Government
- d. Non sectarian
- e. Federal Government

# DELIVERY SYSTEMS

6. Shriner's Hospital for Children would be classified as:

- a. Sectarian
- b. Investor owned
- c. State Government
- d. Non sectarian**
- e. Federal Government

# MANAGEMENT

7. “By February 1, 2017 there will be a 0.2% reduction in HIV infections” is an example of:

- a. Mission
- b. Vision
- c. Objective
- d. Goal
- e. Program

# MANAGEMENT

7. “By February 1, 2017 there will be a 0.2% reduction in HIV infections” is an example of:

- a. Mission
- b. Vision
- c. Objective**
- d. Goal
- e. Program

# MANAGEMENT

**8. Budgeting for the recurring monthly restocking of 10,000 doses of Flu Vaccine would be a:**

- a. Variable cost**
- b. Charge**
- c. Fixed cost**
- d. General cost**

# MANAGEMENT

8. Budgeting for the recurring monthly restocking of 10,000 doses of Flu Vaccine would be a:

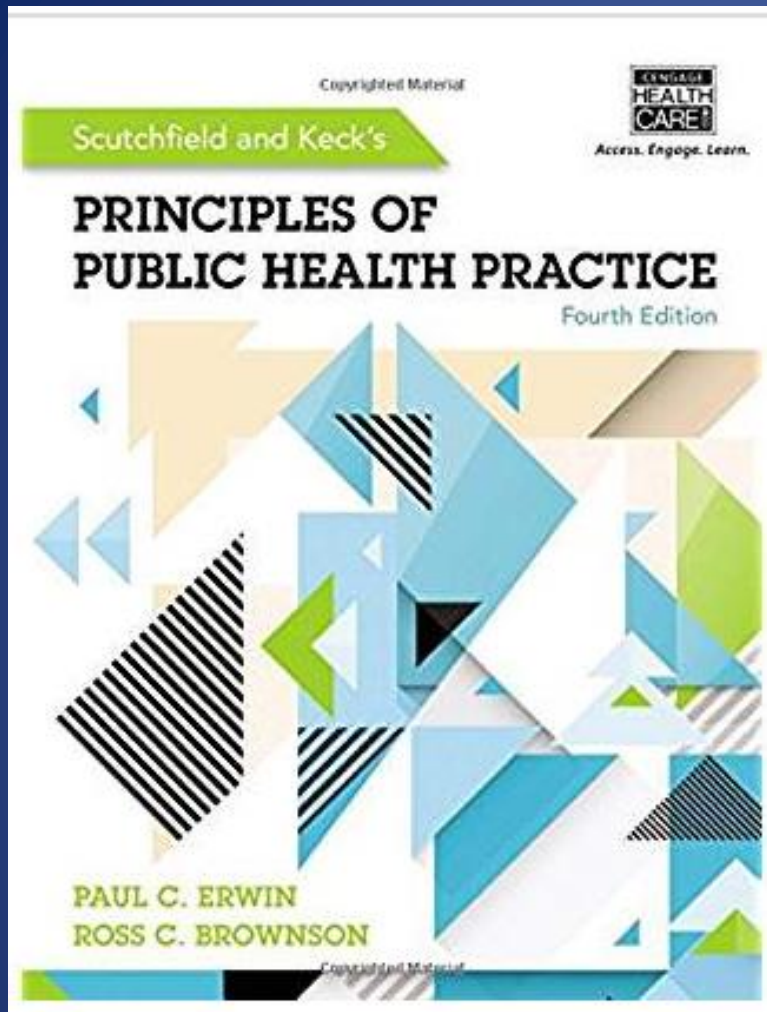
- a. Variable cost
- b. Charge
- c. Fixed cost**
- d. General cost

A graphic with a blue background and a white circle containing the text "MORE resources". The word "MORE" is in yellow with a black outline, and "resources" is in white with a black outline, both on a black diagonal banner.

**MORE**

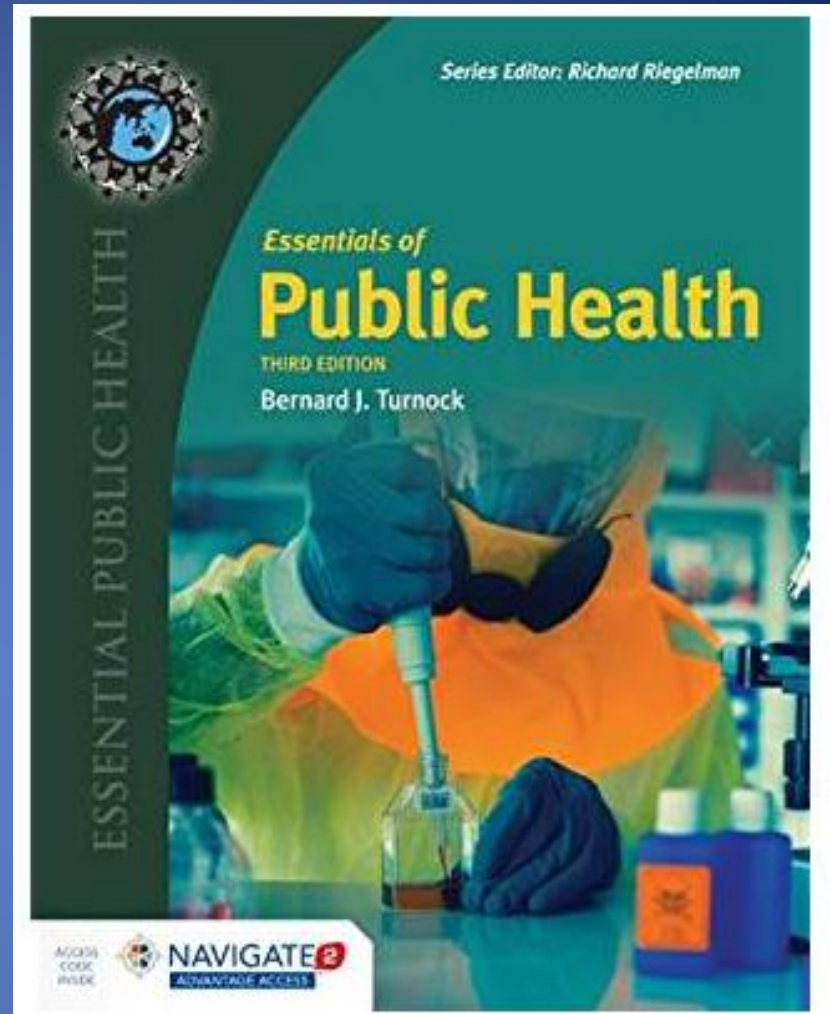
**resources**



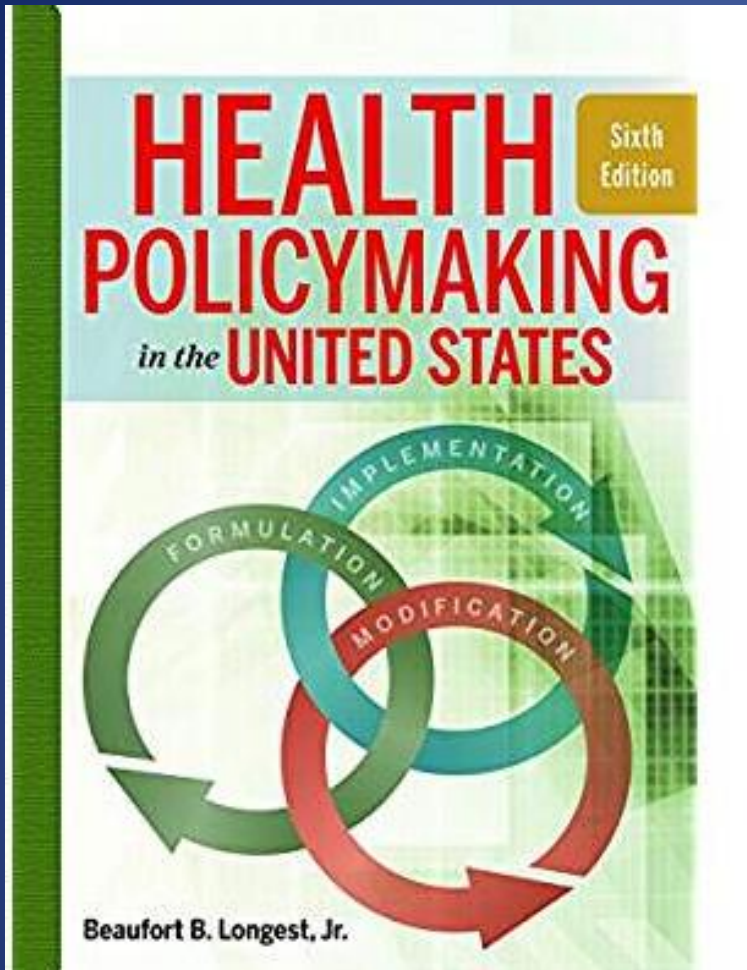


Scutchfield and Keck's Principles of Public Health Practice

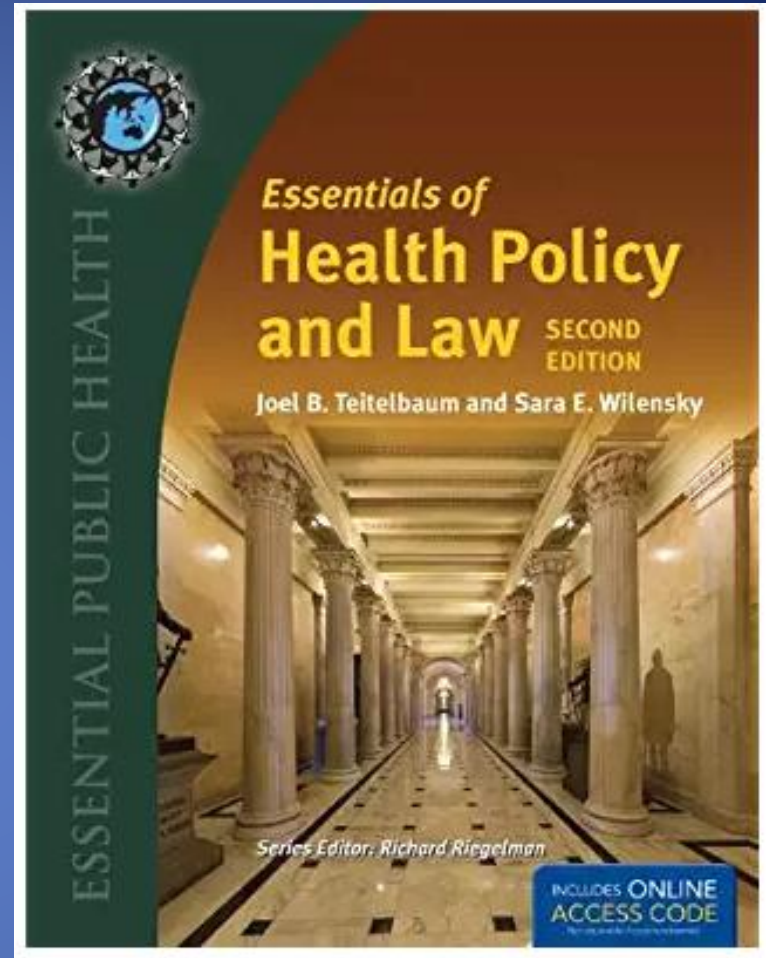
Paul C Erwin and Ross C. Brownson



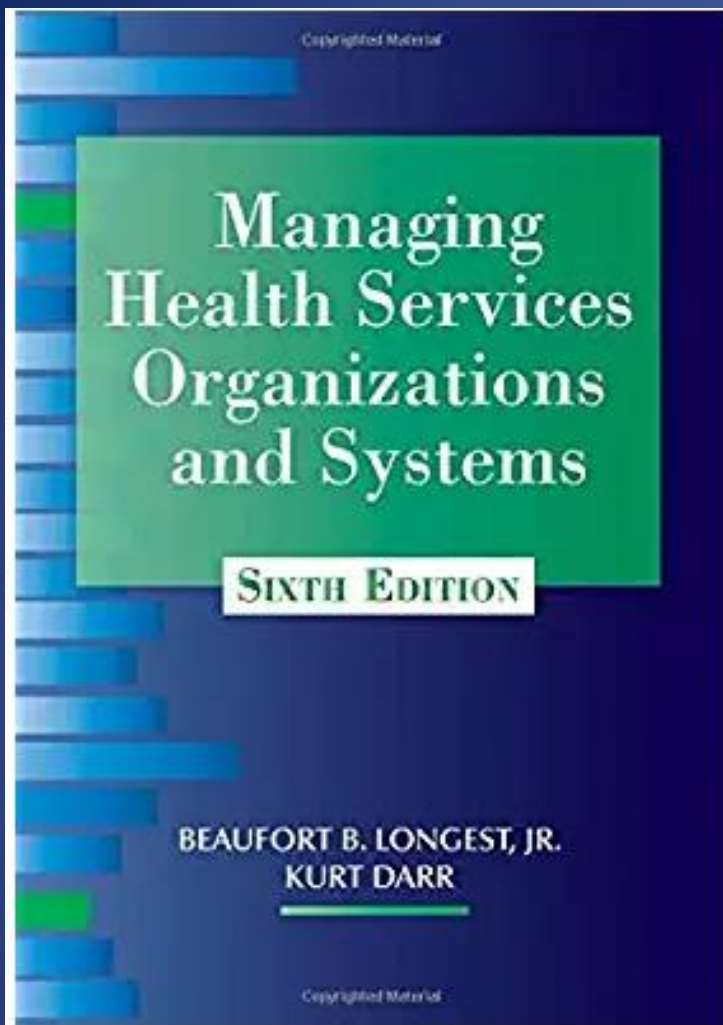
Essentials Of Public Health - Third Edition  
by Bernard J. Turnock



Health Policymaking in the United States  
Beaufort B. Longest

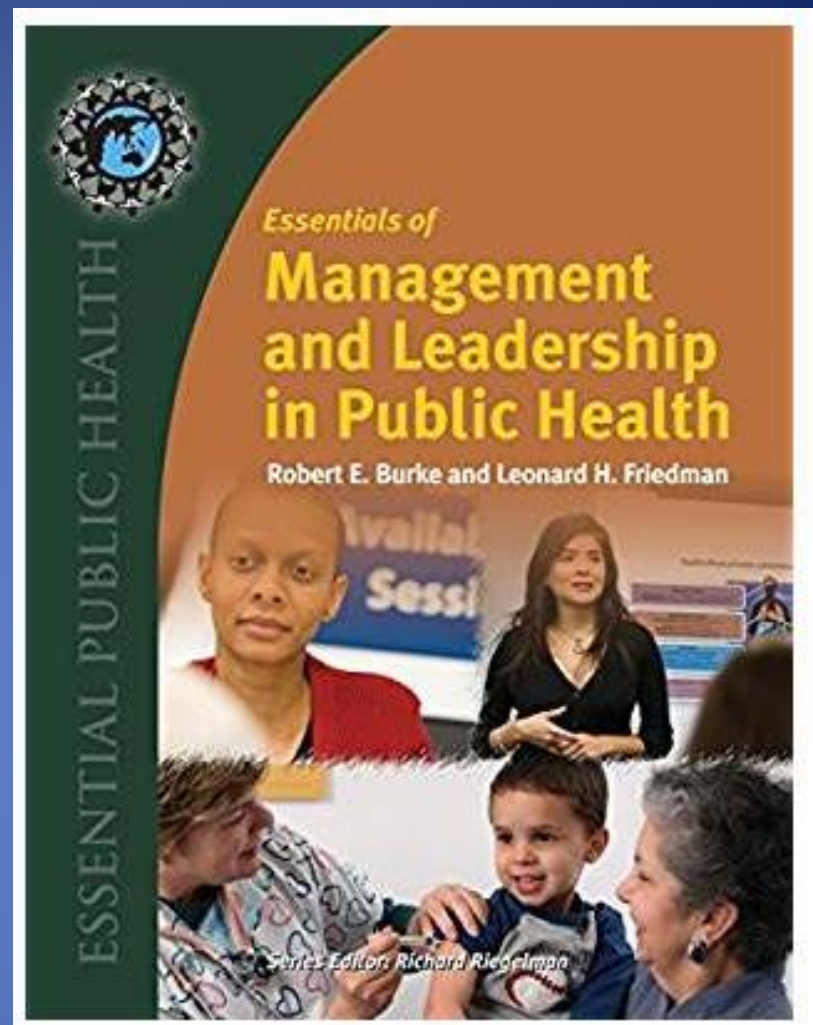


Essentials Of Health Policy And Law  
Joel B. Teitelbaum and Sara E. Wilensky



**Managing Health Services Organizations and Systems**

Beaufort Longest Jr. and Kurt Darr



**Essentials Of Management And Leadership In Public Health**

Robert E Burke and Leonard H. Friedman

# Quality



# Thank You



