

Community Health Program Planning 2009 Field Action Report

An Analysis of Goals and Values of Stakeholders in Community Health

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Introduction

Adequately meeting the health care needs of the public is a difficult responsibility. The U.S. public health care system faces the enormous task of providing high quality health services, regulating one of the largest and most complex health care and food systems in the world, and reducing widening gaps in access to and quality of care. This report examines the guiding principles, goals, and inherent challenges of integrating key stakeholders as their interests pertain to the health care of the community. Each entity and its primary objectives are considered independently as well as in relation to other stakeholders involved in ensuring public health.

Key stakeholders

Organizations with a strong responsibility and interest for community health include state and federal government agencies, public and private managed care organizations, health care providers, external researchers and community-based organizations (CBOs).

Conclusions

Maintaining and improving the public's health requires the efforts of numerous actors and stakeholders. The diverse interests, skill sets, and objectives unique to each of these actors means that these entities sometimes have competing interests, and despite a shared aim of achieving improved health outcomes at all levels, one stakeholder often succeeds at the expense of another. Better understanding these relationships and competing interests can optimize attainment of desired health outcomes in future.

Overview of Actors and Stakeholders

Ensuring high standards of public health in the United States demands the attention and commitment of numerous stakeholders. It relies on the skill sets and resources provided often only by certain sectors of society, many of whom bring with them unique, and at times opposing interests and motivations. In addition, attaining ideal standards of public health relies on open recognition of the diversity of needs and health challenges that face the citizens and communities throughout the U.S.

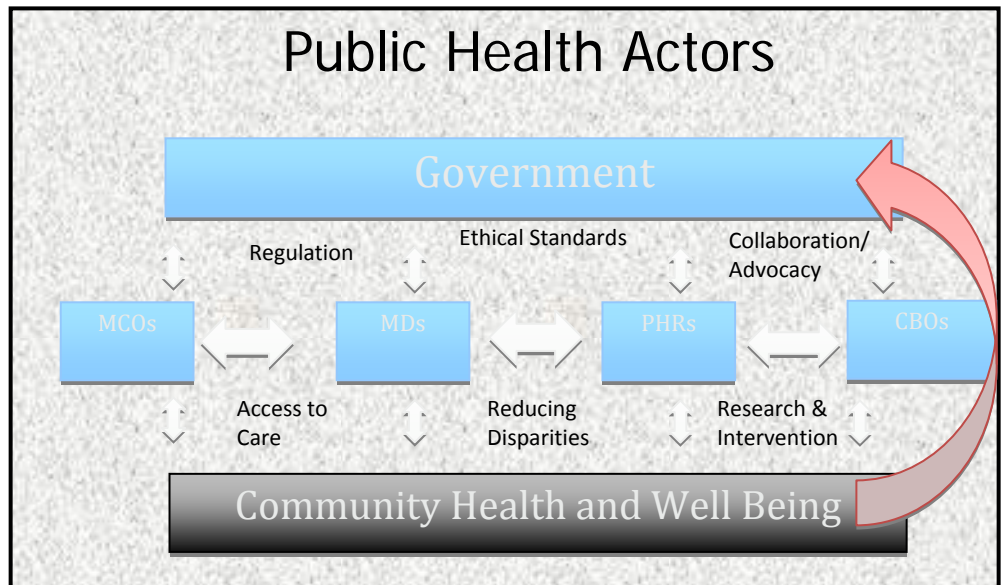
As the chief oversight and public service body, the U.S. government is nearly ubiquitous in health care delivery and provision, whether it be in immediate, direct form (outbreak investigations by CDC), or indirect (i.e. as a funding source or regulatory force). In addition to local, state and national government, another key stakeholder in the U.S. public health care system is health care providers. Elsewhere, innovation and advancements in public health are owed to medical scientists and health researchers focusing on population level health. In terms of delivery and access to care, managed care entities, both public (i.e. Medicare, Medicaid) and private (i.e. Blue Cross Blue Shield, Aetna, etc.) play an increasingly important role. Finally, community-based organizations are perhaps the most directly involved with and, therefore, often most aware of the evolving health needs of the public at the local level. These stakeholders are essential components of the public health care system in the U.S. As such, all must interact with and engage each other in their effort to achieve better public health outcomes. However, it is often the case that stakeholders responsible for ensuring the public's health do not hold that as their primary or even ultimate goal.

Ideal Relationships and Practical Challenges Between Health Actors

In principle, the aforementioned actors operate in an interdependent manner to provide the foundation of the public health infrastructure. The reality of the situation, however, has revealed inherent competing interests that at some times act as barriers to public health implementation. For example, the government regulates the operations of managed care organizations (MCOs) to ensure safe and ethical practices of delivery of health care. One of the core principles of MCOs is to provide incentives to clinicians to provide cost-efficient health care services thus maximizing quality of care while minimizing unnecessary medical expenditures.

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The underlying assumption here is that quality of care is uniform across all strata of the socioeconomic ladder. In reality, the disadvantaged populations often face great challenges in obtaining the same quality of care as their more affluent counterparts. Consequently, the government must strive to better enforce regulations to reduce these disparities. This relationship between MCOs and the government has a direct impact on clinician behavior. Health professionals are placed in the unfortunate position of being faithful to the MCO in which they participate and trying to best meet the health needs of their patients. This tension is complicated when the pressure contradicts the code of ethics physicians are required to undertake. Nonetheless the issue of understanding the root of the disparities is the responsibility of the public health researchers. Public health researchers must often work in collaboration with several of these actors



(clinicians, CBOs, the local department of health) to develop the tools to address these issues. Ideally, a public health research project should be able to increase knowledge on a given problem, deliver the results to the legislature as an impetus for policy change or increase funding to implement an intervention for this specific problem. In reality, different public health problems receive differential consideration by legislators. This is understandable since the government must direct attention to a multitude of issues, which are always in flux. For this reason, advocacy remains one of the most essential components to induce greater acknowledgment of the given community health problem. CBOs serve many roles, including one of the main components of community health advocacy. CBOs are far ranging, and include community health centers that may deliver direct care. They serve as the liaison between the community and the rest of the actors involved in community health. CBOs often implement interventions, provide the services to the community, and are the most aware of the community's health concerns. As such, in theory and in practice they are often critical to ensuring the health and wellbeing of those members of the public who are most in need. Yet, the advocacy role of many CBOs means that they may come to be viewed less positively, namely as agitators, in the eyes of other actors involved in upholding high standards in public health. In addition, CBOs often compete with other essential community service providers for funding, public space, and essential human resources. In turn, this raises still further challenges among community stakeholders.

References

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Seifer, S. D. (2006). "Building and sustaining community-institutional partnerships for prevention research: findings from a national collaborative." *Journal of Urban Health*. 83(6), 989-1003.

Resources

<http://ctb.ku.edu/en/> Community Tool Box, University of Kansas.