

---

# Public Health Roles Promoting the Health and Well-Being of Women

---



Public health agencies nationwide implement functions of assessment, policy development, and assurance, with the mission to "fulfill society's interest in assuring conditions in which people can be healthy."<sup>1</sup> Fundamental to improving the health of the population is public health's longstanding orientation to social equity issues, as well as its overarching perspective that addresses population health in the context of social, environmental, and behavioral factors. This perspective is significant, particularly given the need to consider the social and developmental aspects of health unique to women.

The core public health functions, including surveillance of health status and needs, population-based health education and promotion, screening, standards development and quality monitoring, as well as gap-filling personal health services, are important to the overall system of health care for women over the lifespan. These functions have been operationalized with some variation.<sup>2-4</sup> Halverson et al. (1996) describe "assessment" as the systematic collection and analysis of health data, "policy development" as the active process of defining, developing, and instituting public policies relying upon the use of scientific data and public health methods in the decision-making process, and "assurance" as the guaranty that constituents are provided needed services.<sup>5</sup>

Over the years, a number of health issue-specific initiatives and services have been developed, primarily through agencies of the US Department of Health and Human Services, but also within other cabinet agencies such as Agriculture, Justice, and Labor. These activities pertain to all levels of government: many are implemented at the state and community level under the auspices of state and local public health departments, but frequently also via non-profit community agencies. Such concentrated public efforts have been created primarily as categorical programs addressing a broad range of concerns such as family planning, adolescent pregnancy prevention, smoking and drug and alcohol abuse, sexually transmitted disease services, prenatal and perinatal care for women and infants, nutrition, domestic violence prevention, and cancer prevention and early detection.

Public health programming in these areas has evolved to address population concerns that hospitals or office-based medical practice on their own could not.

Grason and Guyer have translated the U.S. Public Health Service's "Ten Essential Public Health Services" into a framework specific to maternal and child health.<sup>6,7</sup> The table that follows provides examples illustrating how each of the ten essential services is operationalized for selected health issues specific to women -- perinatal care, breast and cervical cancer, and partner violence.

## Issues for Policy, Practice and Research\*

Notwithstanding the increasing attention to women's health within legislative bodies and governmental agencies nationally and at the state and local levels, a number of key issues demand study and consideration as we approach the next century. Coordination of governmental leadership and initiatives, the funding base necessary to ensure public accountability for health systems development and monitoring as well as population-based prevention activities, and sorting out of public- and private-sector roles with respect to population health and prevention all warrant thoughtful deliberation in the public policy agenda.

- Proliferation of organizational units within government focused on women's health creates new challenges for coordination and integration of efforts. Many federal programming efforts remain categorically focused, targeted on specific diseases/conditions (e.g., substance abuse, breast and cervical cancers, family planning) or on specific functions (e.g., research, surveillance, primary care services). While many of these offices convene sporadically on various topics that span departments -- such as the effect of managed care on women's health -- no overarching view or locus of accountability for women's health has emerged to date.

---

## Examples of Public Health Functions and Activities Related to Three Specific Women's Health Concerns

Public Health Function/Activity	Perinatal Care	Cervical & Breast Cancer	Partner Violence
<b>Assess &amp; Monitor Health Status</b>	Use vital statistics data to study birthweight-specific infant mortality and to monitor rates of maternal mortality	Enhance state & local utilization of data from the national breast & cervical cancer surveillance system to monitor incidence, stage at diagnosis.	Initiate a national survey of family and intimate violence to address the lack of systematic tracking of violence against women (e.g. CDC-NIOJ survey).
<b>Diagnose &amp; Investigate Health Problems &amp; Hazards</b>	Extend and maintain existing initiatives such as the Pregnancy Risk Monitoring System, Fetal & Infant Mortality Reviews, and Maternal Mortality Reviews which uncover woman-specific and system factors contributing to poor pregnancy outcomes	Conduct epidemiologic reviews of high incidence areas and populations.	Investigate "clusters" of cases to understand the risk factors for violence, including violence against women in the workplace, and violence against pregnant women.
<b>Inform &amp; Educate the Public</b>	Provide resources and technical expertise for the implementation of national and local public information campaigns on the importance of early and continuous prenatal care. with recommended guidelines.	Produce and disseminate culturally appropriate information in community agencies (e.g., senior centers, YWCAs) to improve risk awareness and encourage women to seek screening consistent	Fund community organizations such as domestic violence centers, shelters, and schools to institute collaborative youth violence prevention education programs.
<b>Mobilize Partnerships</b>	Support community/grassroots consortia, such as Healthy Mothers/Healthy Babies Coalitions, which prompt local and state action on problems of infant mortality. of Breast Cancer Organizations, and National Cancer Institute. designed to address it.	Maintain national and local partnerships among the Centers for Disease Control & Prevention, American Cancer Society, Young Women's Christian Association, National Association of partner violence and promising interventions	Develop partnerships with grassroots organizations, educators, employers, and health care providers for educating local and state legislators about the problem
<b>Leadership for Planning &amp; Policy Development</b>	Convene & support statewide commissions focused on perinatal health to heighten public & professional attention and to guide policy development & resource allocation based on scientific evidence.	Designate resources and program authority to assure implementation of the National Strategic Plan for the Early Detection and Control of Breast and Cervical Cancers.	Incorporate data and analysis related to rape and battering into required state MCH program needs assessments and annual planning.

---

Public Health Function/Activity	Perinatal Care	Cervical & Breast Cancer	Partner Violence
<b>Promote &amp; Enforce Protections, &amp; Ensure Public Accountability</b>	Work with professional & hospital organizations to develop standards and designate units for risk-appropriate deliveries.	Establish medical advisory committees and dedicate state health agency resources to monitor mammography & cytological services consistent with the Clinical Laboratory Improvement Act of 1988 (CLIA) & American College of Radiology	Work with police departments to monitor implementation of legislation outlining legal penalties for and restrictions on handgun purchases by perpetrators of domestic violence against women.
<b>Ensure Access to &amp; Linkages Among Services</b>	Provide prenatal care services for immigrant and other women without access to health care.  Develop or maintain a regionalized system of perinatal services.	Establish systems under the National Breast & Cervical Cancer Early Detection Program to provide care efficiently from screening, to diagnosis & follow up care.	Allocate resources for free post-trauma medical examinations for women who are victims of violence by intimate partners.
<b>Assure the Capacity &amp; Competency of the Public and Personal Health Work Force</b>	Promote practice parameters & licensing policies to expand & enhance use of advanced nurse practitioners and nurse-midwives.	Develop educational curricula for primary care physicians & other health care providers, as well as training materials and reminder systems.	Support training for prosecutors, police, and service providers in screening for partner violence in health care and judicial encounters.
<b>Evaluate Personal and Public Health Services</b>	Provide technical expertise to entities such as NCQA, JCAHO, & FAACT in the development of indicators/benchmarks for monitoring the delivery & quality of services provided to pregnant women and their newborns.	Identify barriers and factors facilitating the use of health services.	Examine the effectiveness of primary care providers practicing in MCOs in identifying & treating domestic violence against women (e.g., AHCPH studies).
<b>Support Research and Demonstrations</b>	Allocate discretionary resources for the development & testing of model approaches addressing urgent perinatal concerns such as substance abuse among pregnant women (e.g., MCHB-SAMHSA PPWI Program).	Fund clinical trials to determine treatment outcomes.	Convene expert panels, such as the IOM Panel on Research on Violence Against Women, to analyze scientific evidence and make recommendations for improved policies & strategies for addressing partner violence

---

Conceptualizing governmental structures related to women's health involves the convergence of policies and programs having longstanding leadership roles and statutory mandates with respect to women's reproductive health (maternal health) with those newly emerging. The field of maternal and child health, with roots established in the progressive movement of the early twentieth century and the women's health movement that emerged in the 1960s, has most often pursued independent avenues for its work, and different constituencies for its growth. Whether maternal and child health should be distinguished from women's health, and if so how, is demanding and receiving increased consideration in public health policy deliberations. While the potential for synergy in the integration of the two is clear, the difference in professional cultures, and relative emphasis on women's roles and rights vis-a-vis those of their children, must be addressed as the fields evolve.

In this current environment of heightened attention and activity, the U.S. Department of Health and Human Services is well-placed to bring together the broad array of constituency groups concerned with women's health, maternal health and child welfare to consider organizational structures and roles (among government and constituent coalitions) that can strengthen all efforts on behalf of women and families.

- Over recent years, public policy debates related to health have focused almost exclusively on insurance strategies for improving health status. Availability of insurance is not equal to availability of medical care, and neither insurance nor personal medical care address the core functions of public health. For many years, public health agencies have been able to augment direct support for population-based prevention services and other public health functions (e.g., data/surveillance) with funds received from reimbursements for direct health care provided to publicly-insured and other underserved groups.

However, as the publicly insured are increasingly being channeled into private sector care, resources for public health activities have begun to dwindle. Assuming that many population-based services can and will be appropriately provided through managed care organizations, the issue of public health funding is a critical issue both in the present and future.

- While most insurance purchasers and health plan administrators acknowledge the individual and societal advantages of primary prevention services, such as health education and wellness programming, financial incentives for promoting health plan accountability for such services have yet to be refined.
  - Health education can be expensive if included in the payment rate for physicians and other highly-trained health professionals.
  - Costs for primary prevention services are difficult to capture, and, as a result are not often included in capitated payments made to plans by employer or public sector purchasers.
- Absent universal health insurance for the resident population, funding and organizational accountability for primary prevention cannot effectively rest exclusively in the private sector. Standards development related to health education and promotion and their incorporation into insurance rules and managed care contracts may be useful public health tools for addressing these concerns for those in the population who are publicly insured. Thus, if both public and private sectors are to share in this responsibility, the question remains -- how are prevention and other population-based health services to be coordinated at the individual and community system levels?

- 
- In order to ensure that populations achieve national targets for health status (e.g., Year 2000 Health Objectives), specific strategies are needed for assessing population health in geographic areas where multiple health care plans and provider networks provide care and where some individuals remain uninsured and/or underserved. Because standard benefits and coverage protections may not evolve legislatively, great variability will continue to exist in service delivery and administrative systems. Accountability tools -- such as surveillance, external review and auditing of health data -- will need to be applied to overcome the potential for a singular focus on cost savings and/or other private sector interests.

---

\*Given the formative nature of our research on this topic, this material does not reflect an exhaustive list of potential issues of concern. Rather, the material below reflects selected preliminary ideas generated to stimulate dialogue and further study. In addition, certain issues may have been intentionally omitted from this section in favor of their incorporation in other materials prepared as part of a broader initiative to review the state of the field of perinatal and women's health.

## References

- 1 Institute of Medicine (IOM), Committee for the Study of the Future of Public Health, Division of Health Care Services, 1988. *The Future of Public Health*. National Academy Press, Washington, DC.
- 2 Handler AS, Turnock BJ, Hall W, Potsic S, Munson J, Nalluri R, Vaughn EH, 1995. A strategy for measuring local public health practice. *American Journal of Preventive Medicine* 11(S2)(6): 29-35.
- 3 Miller CA, Moore KS, Richards TB, Monk JD, 1994. A proposed method for assessing the performance of local public health functions and practices. *American Journal of Public Health* 84:1743-1749.
- 4 Miller CA, Richards TB, Christenson GM, Koch GG, 1995. Creating and validating practical measures for assessing public health practices in local communities. *American Journal of Preventive Medicine* 11(S2)(6): 24-28.
- 5 Halverson PK, Miller CA, Kaluzny AD, Fried BJ, Schenck SE, Richards TB, 1996. Performing public health functions: The perceived contribution of public health and other community agencies. *Journal of the Health and Human Services Administration* 18 (3):288-303.
- 6 Dievler A, Grason HA, Guyer B, 1997. MCH functions framework: A guide to the role of government in maternal and child health in the 21st century. *Maternal and Child Health Journal* 1(1):5-13.
- 7 Grason H, Guyer B, 1995. *Public MCH Program Functions Framework: Essential Public Health Services to Promote Maternal and Child Health in America*. Baltimore, MD: Child and Adolescent Health Policy Center, Johns Hopkins University.

This **Issue Summary** is one in a set of thirteen, prepared as part of an initiative -- Perinatal and Women's Health: Charting a Course for the Future -- sponsored by the Maternal and Child Health Bureau in partnership with the Women's and Children's Health Policy Center at the Johns Hopkins School of Public Health. The intent of this work is to highlight policy and program areas needing to be addressed to ensure the continuous improvement of health care and services related to perinatal and women's health over the coming decade.

Copies of this and the additional Issue Summaries listed below can be accessed by contacting: National Maternal and Child Health Clearinghouse at 703/356-1964.

**1** The Social Context of Perinatal and Women's Health

**2** Women's Reproductive Health and Their Overall Well-being

**3** Women's Experience of Chronic Disease

**4** Depression in Women

**5** Abuse Against Women by Their Intimate Partners

**6** The Nutritional Status and Needs of Women of Reproductive Age

**7** Women's Physical Activity in Leisure, Occupational and Daily Living Activities

**8** Effects of Drug and Alcohol Use on Perinatal and Women's Health

**9** Effects of Smoking on Perinatal and Women's Health

**10** Pregnancy Planning and Unintended Pregnancy

**11** Issues in Pregnancy Care

**12** Health Care Services and Systems for Women of Reproductive Age

**13** Public Health Roles Promoting the Health and Well-being of Women

## Public Health Roles Promoting the Health and Well-Being of Women

# 13

Holly A. Grason and Gillian B. Silver

This summary is based on a paper written by Holly A. Grason, MA, Virginia Poole, MA, and Gillian B. Silver, MPH.

Development of this summary was supported in part by a Cooperative Agreement (MCU 249386) from the Maternal and Child Health Bureau (Title V, Social Security Act), Health Resources and Services Administration, Department of Health and Human Services.

©Women's and Children's Health Policy Center, Johns Hopkins University, 1998



Women's and Children's Health Policy Center  
WCHPC