The Public Health Department of the Future

Adapted to the Changing Conditions

November 2018

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President & CEO
Trust for America's Health

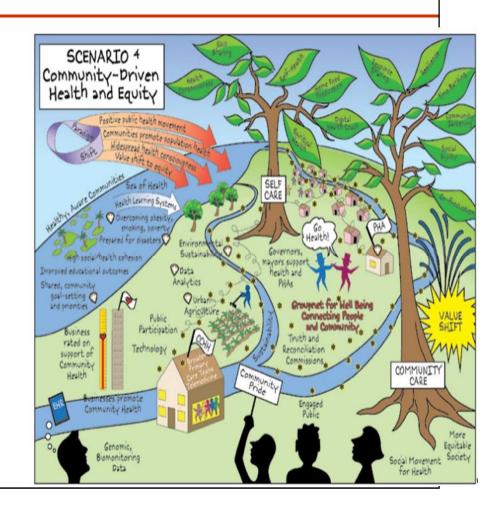


What's the Context And Its Meaning For Public Health?



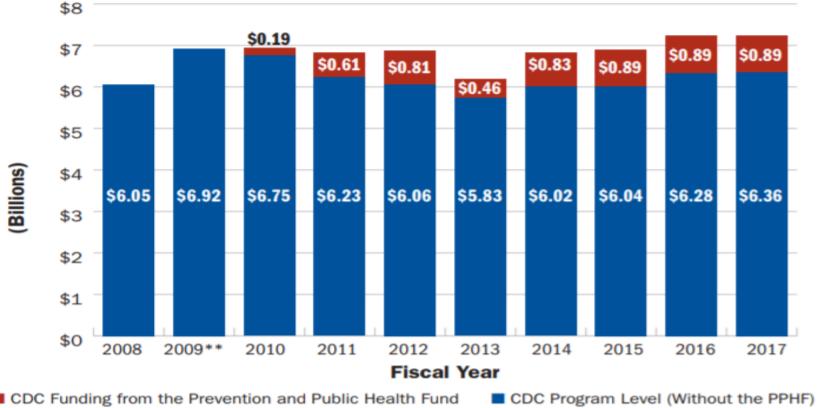
Public Health Is At A Precipice

- □ Growing number of health issues
- Fewer resources from local and state
- Danger of large CDC budget cut
- □ Current needs demand new skills & resources



Federal Funding Flat and At Risk





^{*}This chart does not account for inflation, numbers are rounded

^{**}FY 2009 includes the 2009 Recovery Act

State and Local Public Health Budgets

(source: ASTHO & NACCHO latest reports)

□ Funding:

- State budgets: down 8% 2014-2015 cuts from federal contracts & direct state funds
- Local depts: 23% had cut in last fiscal year; estimated 30% will in coming year

□ Workforce:

- State: down 3% employees from 2012-2016
- Local/state: 60,000 jobs lost in last 8 years

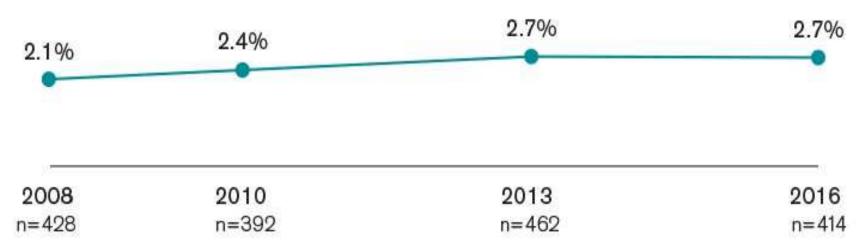
MA Public Health Funding Down 5% in Last 10 Years



The Workforce Is Aging

- □ **Age:** The average PH worker is 47 years old—7 years older than US workforce
- **Retirement:** workers eligible to retire in 2020 will go from 17% to 25%

Percentage of total workforce retired over time



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The Workforce Is Changing

Estimated size of select occupations over time

Number of Full-Time Equivalents (FTEs)

7.400

Registered nurses
32,900
27,700
23,600

Environmental health workers

15,300 13,300 13,000

2008	2010	2013	2016	2008	2010	2013	2016
n = 1,992	n=1,855	n=1,704	n=1,611	n=1,925	n=1,802	n=1,573	n = 1,645

Behavioral health staff

Health educators

	5,000			
- Fi		4,000	3,200	4,4
2008	2010	2013	2016	20
n = 1.831	n = 1.766	n=1.388	n=1.804	n=1

4,400 4,900		5,100	5,700		
4,400	4,900				
2008	2010	2013	2016		
n = 1.899	n = 1.754	n = 1.441	n = 1.652		

Core Mission of Health Departments Remains the Same

Reduction of leading causes of preventable deaths, illnesses, injuries Special emphasis on underserved populations & equity



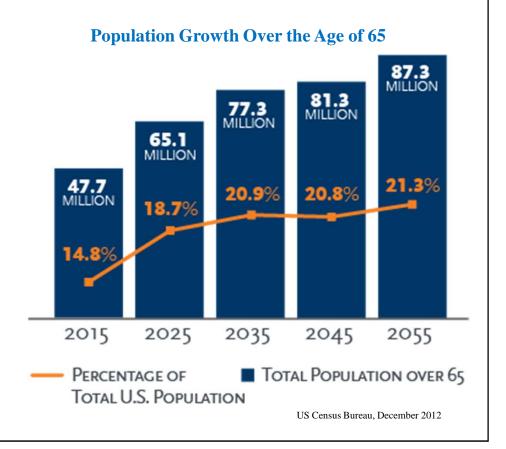
Public Health 3.0

- □ Chief Health
 Strategist
- ☐ Timely, granular data
- □ Health care links
- □ Policy-oriented
- □ Upstream



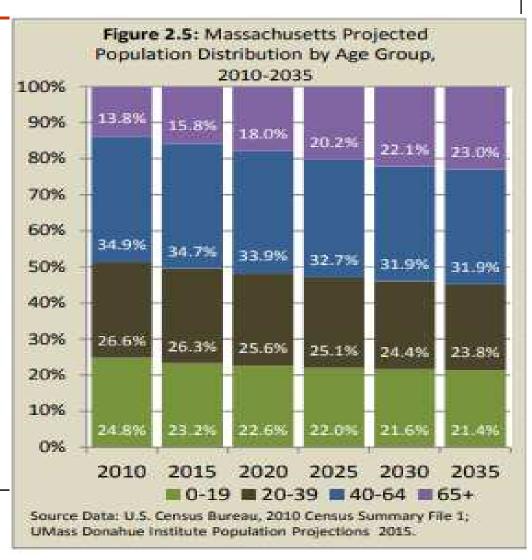
Chief Health Strategist of the Future

Practice #1: Adopt and adapt strategies to combat the evolving leading causes of illness, injury, and premature death

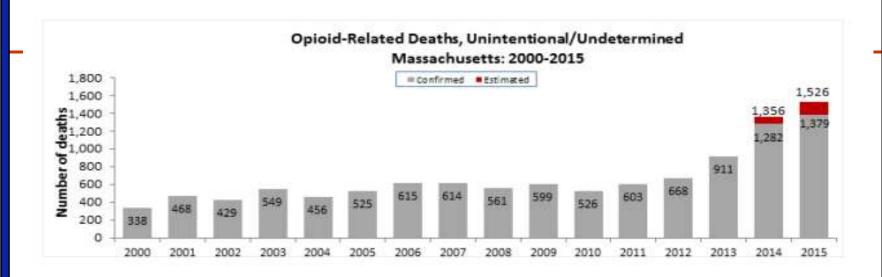


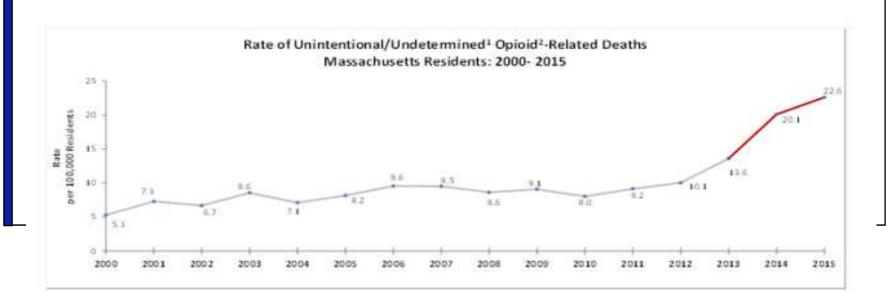
Changing Demographics and Health Needs

- □ Aging of the population (e.g. social isolation & independent living)
- Chronic disease prevalence grows



Opioid-Related Deaths Increase

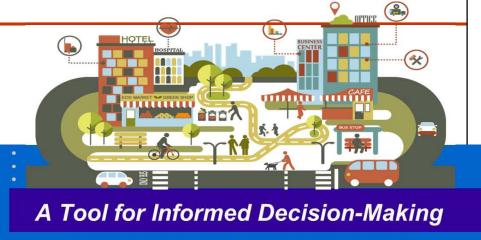




Chief Health Strategist of the Future

Practice #2:

Develop strategies for promoting health & well-being that work most effectively for communities of today & tomorrow





The *Community Guide* provides a set of evidence-based recommendations for public health action to improve community health.

The *Community Guide* summarizes what is known about the effectiveness and feasibility of community-based health interventions by conducting systematic reviews of the intervention literature.

Communicating Success

EXAMPLES OF RETURN ON INVESTMENTS FOR PREVENTION EFFORTS

Five Strongest School-based Substance Misuse Prevention Programs

3.80:1 to 34:1 Community-based Nutrition, Activity and Tobacco Prevention Programs

5.60:1

Lead Abatement Programs 17:1 to 221:1

Supportive Housing Programs for High-Need Patients

2:1 to 6:1 Community Health Worker Navigator, Referral and Case Management Programs

2:1 to 4:1 Early Childhood Education Programs 4:1 to 12:1⁵⁵

Child Asthma Prevention Programs 1.46:1 to 7:1 WIC Program Savings in Healthcare Costs for Infants

2:1 to 3:1 Nurse Home Visiting for High Risk Infant

5.70:1

Chief Health Strategist of the Future

Practice #3: Identify, analyze, and distribute information from new, big, and real-time data sources



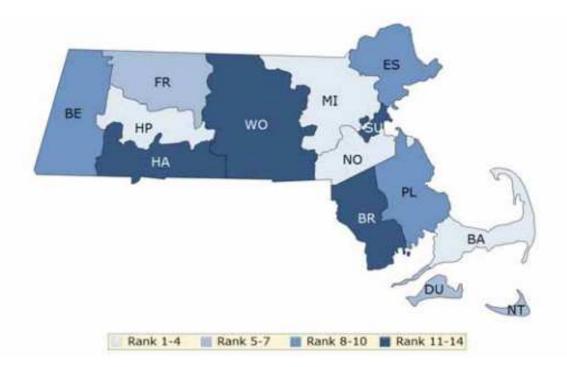
DASH is a national Robert Wood Johnson Foundation program

Examples of Creative Data Usage (County Health Rankings/City Health Dashboard)

Differences in Health Factors within States by Place and Racial/Ethnic Groups

How Do Counties Rank for Health Factors?

Health factors in the County Health Rankings represent the focus areas that drive how long and how well we live, including health behaviors (tobacco use, diet & exercise, alcohol & drug use, sexual activity), clinical care (access to care, quality of care), social and economic factors (education, employment, income, family & social support, community safety), and the physical environment (air & water quality, housing & transit).



Chief Health Strategist of the Future

Practice #4: Build a more integrated, effective health system through collaboration between clinical care and public health



Widespread Coverage and Value-Based Contracting Expands Prevention Services

Massachusetts	has accepted federal Medicaid expansion						
1,589,897	Number of people covered by Medicaid/CHIP as of July 2018						
302,538	Increase in the number of people covered by Medicaid/CHIP fall 2013 to July 2018						
24%	Reduction in the uninsured rate from 2013 to 2017						
health insurance .Org							

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Practice #5: Collaborate with a broad array of allies to build healthier and more vital communities



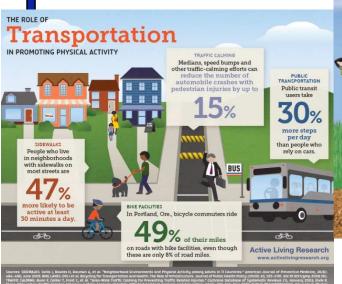


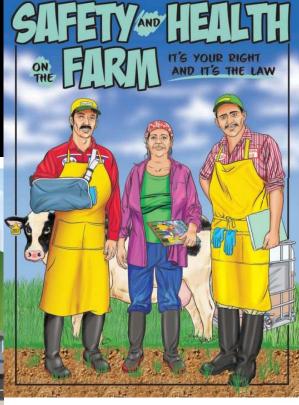
Social Determinants Of Health: More Widely Recognized

Social Determinants of

Health and Equity

The Impacts of Racism on Health











The 3 Buckets of Prevention

Traditional Clinical Prevention

1

Increase the use of clinical preventive services

Health Care

Innovative Clinical Prevention

2

Provide services that extend care outside the clinical setting

Community-Wide Prevention

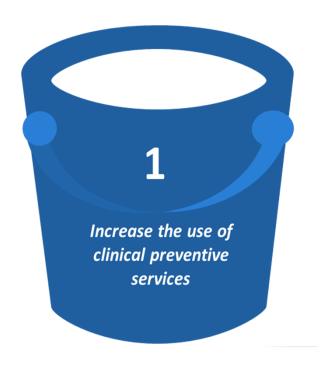
3

Implement interventions that reach whole populations

Public Health

Bucket 1: Traditional Clinical Approaches

Focus on Preventive Care



Development of 6|18 Initiative

- □ Focus on 6 highcost, highprevalence conditions
- Review of CIO evidence-based clinical interventions
- 18 interventions identified



Provide All Tobacco Cessation Meds Without Cost



Bucket 2: Innovative Patient-CenteredCare

Focus on Preventive Care



To Address Asthma: Healthy Home Risk Reduction

Common asthma triggers in the home



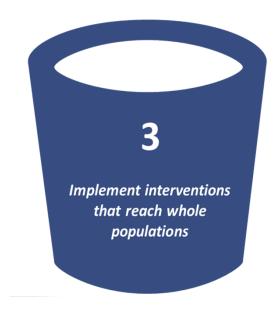


Home visit by CHWs to

- ☐ Provide additional education/ encouragement
 - ☐ Assess risk factors in the home
 - Assist in removing risk factors

Bucket 3: Community-Wide Health

Focus on Preventive Care



Health In & Beyond the MD Office

- → School-Based Programs to Increase Physical Activity
- → School-Based Violence Prevention
- → Safe Routes to School
- → Motorcycle Injury Prevention
- → Tobacco Control Interventions
- → Access to Clean Syringes
- → Pricing Strategies for Alcohol Products
- → Multi-Component Worksite Obesity Prevention

 (\pm)

Counseling and Education

Clinical Interventions

Long Lasting Protective Interventions

Changing the Context

Making the healthy choice the easy choice

- → Early Childhood Education
- → Clean Diesel Bus Fleets
- → Public Transportation System
- → Home Improvement Loans and Grants
- → Earned Income Tax Credits
- → Water Fluoridation

Social Determinants of Health



HEALTH IMPACT IN 5 YEARS

Optimal Health for all With Equity Focus



Optimal health and well-being for all people in Massachusetts, supported by a strong public health infrastructure and healthcare delivery.

MISSION

Prevent illness, injury, and premature death; to ensure are to high quality public health and its lith care services and to promote wellness and be anti-equity for all people in the Commonwealth.

DATA

We provide relevant, timely access to data for DPH, researchers, press and the general public in an effective manner in order to target disparities and impact outcomes.

DETERMINANTS

We focus on the social determinants of health - the conditions in which people are born, grow, live, work and age, which contribute to health inequities.

DISPARITIES

We consistently recognize and strive to eliminate health disparities amongst populations in Massachusetts wherever they may exist.

EVERYDAY EXCELLENCE

PASSION AND INNOVATION

INCLUSIVENESS AND COLLABORATION

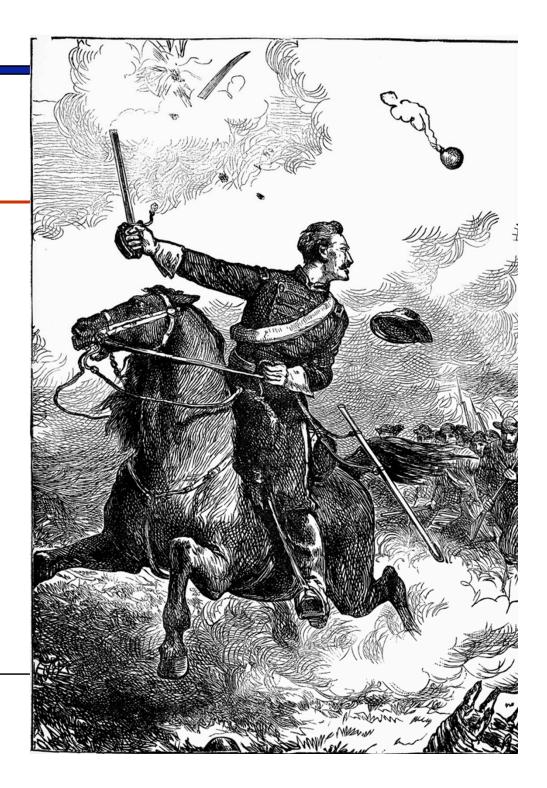


Equality

doesn't mean

Equity

What's The National Response?





Educational Reports for Policy Makers



Congressional Visits and Briefings

- □ The Public Health Response to the Recent Hurricanes
 October, 2017
- □ Obesity November, 2017
- □ Lead Poisoning October,2017
- □ Emergency Preparedness –March & June, 2017



Executive Branch Visits and Briefings









Critical CDC Public Health Investments are at Risk:

The Impact in Massachusetts

Total Amount to Massachusetts:

\$17,106,585

329 jobs

Are estimated as supported by these funds annually*

\$4,624,238

to support

the Department of

Public Health for

vaccines for

needy children

and adults

\$4,372,600 to \$961,559 in

infectious disease prevention

including health

care-associated

identified needs

core state-

infections

\$5,118,704 in

chronic disease prevention including diabetes,

heart disease and

tobacco cessation

stroke, and



^{*}Evidence-based health economic formula utilizing state-specific personnel costs and impact variables

^{**}Dollar amounts come from publically available governmental data on the Prevention Fund and the grants it supports

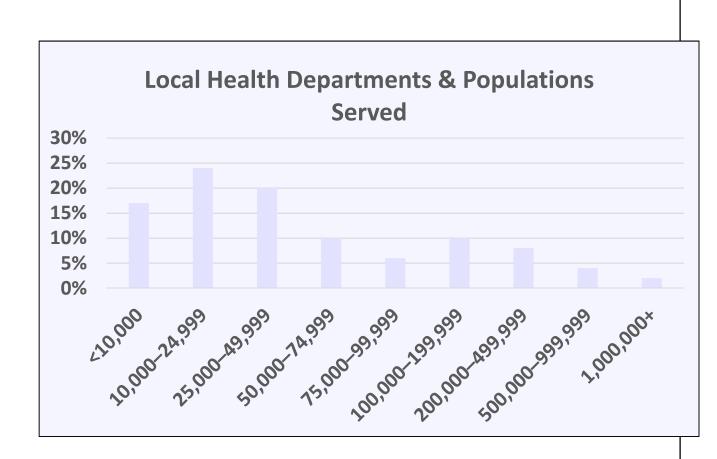
АН	o'low's	US Representative (District)		Jason Chaffetz (UT-3) Ro Khanna (CA-17)	Jackie Speier (CA-14)	Zoe Lofgren (CA-19)	Mia B. Love (UT-4)	Anna G. Eshoo (CA-18)	Chris Stewart (UT-2)	Rob Bishop (UT-1)	Adam Smith (WA-9)	Eric Swalwell (CA-15)	Julia Brownley (CA-26)	Jamie Raskin (MD-8)	Nancy Pelosi (CA-12)	Barbara Lee (CA-13)	Judy Chu (CA-27)	Edward R. Royce (CA-39)	J. Luis Correa (CA-46)	Mimi Walters (CA-45)	▼
AG	% of Adulte Who Currently Cmoke	e State		Otah California		S California	Utah	. California	Utah	Utah	0 Washington	1 California	1 California	1 Maryland	2 California	4 California	5 California	5 California	5 California	6 California	
AD AE AF	#IIIPV 30 %	Rank Rate		1 7.9 2 8.3	3.5 8.8	3.5 8.8	5 9.2	6 9.4	7 9.5	8 9.9	9 10.0	11 10.1	11 10.1	11 10.1	13 10.2	14 10.4	16 10.5	16 10.5	16 10.5	18 10.6	-
AC	Adulte Who Had a Chalacteral Caraganing	US Representative (District)		Jamie Raskin (MD-8) Leonard Lance (NI-7)	Vern Buchanan (FL-16)	Daniel Webster (FL-11)	Thomas R. Suozzi (NY-3)	Josh Gottheimer (NJ-5)	Rodney P. Frelinghuysen (NJ-11)	Christopher H. Smith (NJ-4)	William R. Keating (MA-9)	Thomas MacArthur (NJ-3)	Bill Posey (FL-8)	Andy Harris (MD-1)	Lois Frankel (FL-21)	Kathleen M. Rice (NY-4)	James A. Himes (CT-4)	Seth Moulton (MA-6)	Brian J. Mast (FL-18)	Charlie Crist (FL-13)	
AB	d) c bcH od/W	State	USA	Maryland New Jersev	Florida	Florida	New York	New Jersey	New Jersey	New Jersey	Massachusetts	New Jersey	Florida	Maryland	Florida	New York	Connecticut	Massachusetts	Florida	Florida	Sheet1 +
AA		Rate	C.L.S	84.7	84.2	84.2	84.1	84.1	83.4	83.4	83.1	83.1	83.1	83.0	83.0	87.8	87.8	87.8	82.7	82.7	

Easier Said Than Done Challenges in Meeting the Needs

40% of HD average 4 FTEs

20% average 15 FTEs

ource: NACCHO. 2013 National rofile of Local Health Departments; ttp://nacchoprofilestudy.org/wpcotent/uploads/2014/02/2013 Natioal Profile021014.pdf



You Need Our Support (and Vice Versa)

