

Public Health Modernization

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Learning Objectives

- Become familiar with past and current views of public health modernization.
- Understand the pressures and challenges to public health that are creating the need for change.
- Visualize how the local health officer can be the main health strategist in the community.
- Consider how the foundational capabilities and Public Health 3.0 can inform governmental public health priorities and structures.

History



Institute of Medicine's (IOM) The Future of Public Health, 1988

- Recognition of a public health system in "disarray"
- Vision of attainable public health

History

- Defined **Public Health** as, "what we as a society do collectively to assure the conditions in which people can be healthy" (IOM, 1988:1).
- Three Core Functions: Assessment, Policy Development, and Assurance.
- Led to the Ten Essential Services.



History

Institute of Medicine's The Future of the Public's Health in the 21st Century, 2002

- Recognition of "neglected" governmental public health infrastructure
- Multiple determinants for the health of a population



IOM's 2002 Recommendations



- Government public health agencies must build and maintain partnerships with community-based organizations, the health care delivery system, academia, business, and the media.

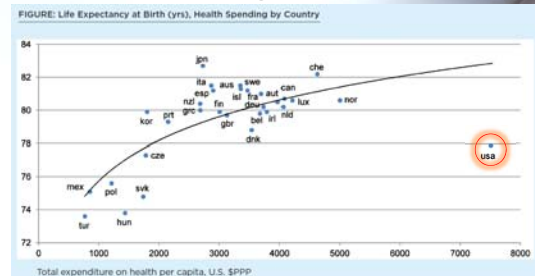
Recent History



Institute of Medicine's For the Public's Health: Investing in a Healthier Future (2012)

- Increased focus and prioritization among governmental public health agencies
- A set of "foundational capabilities" for governmental public health

IOM's 2012 Findings



IOM's 2012 Conclusion

To improve health outcomes:

- Pay more attention to population-based prevention efforts.
- Ensure stable funding for public health departments.
- Position public health departments to help communities examine and take action on the multiple factors that shape their health. (Social determinants of health, Health Equity)

Public Health Challenges

- Changing health care needs
- Skyrocketing chronic disease
- Changing demographics
- Enhanced access to clinical care
- Information and data revolution
- Non-health sectors will influence public health

Public Health Leadership Forum, The High Achieving Governmental Health Department in 2020 as the Community Chief Health Strategist

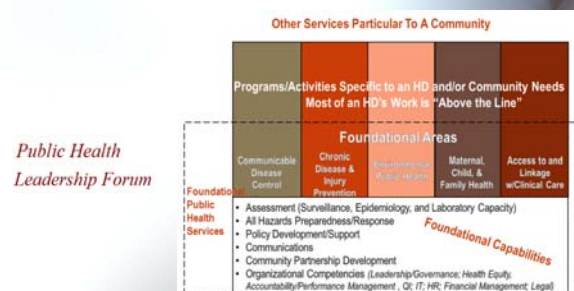
Pressures on Governmental Public Health

- Emphasis on cost containment
- Expansion of insurance coverage of preventive care
- Government budget and workforce cuts
- Growing focus on accountability and accreditation
- Adoption of new technologies, including electronic health records
- Allowance for data integration



Trust for America's Health, Define "Foundational" Capabilities of Public Health Departments (2013)

Foundational Public Health Services Model



Foundational Areas

From NACCHO's Statement of Policy on Foundational Public Health Services, "Mandatory programs" provided by the local health department:

- Communicable disease control
- Chronic disease prevention
- Environmental health
- Maternal and child health promotion
- Access to care



Foundational Capabilities

- Foundational Capabilities: Cross-cutting skills needed in state/local health departments everywhere for the health system to work anywhere; essential skills/capacities to support all activities.



Population Health Opportunity



"...a potent opportunity for health care delivery systems, public health agencies, community-based organizations, and many other entities to work together to improve health outcomes in the communities they serve."

Stoto, Micheal A., "Population Health in the Affordable Care Act Era", Academy Health, February 21, 2013

Social Determinants of Health

Social Determinants of Health: The complex, integrated, and overlapping social structures and economic systems that are responsible for most health inequities. These social structures and economic systems include the social environment, physical environment, health services, and structural and societal factors.



Commission on Social Determinants of Health. 2008. World Health Organization.

Social Determinants of Health

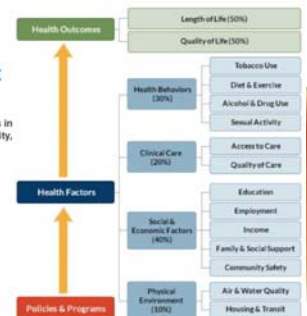


Population Health

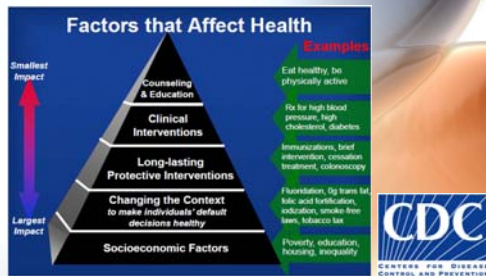
True Population Health Management

Requires a collaborative strategy between leaders in healthcare, politics, charity, education, and business

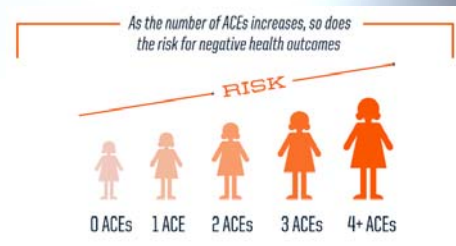
Robert Wood Johnson Foundation, 2014



Social Determinants of Health



Adverse Childhood Experiences (ACEs)



Source: Robert Wood Johnson Foundation,
<https://www.rwjf.org/en/library/infographics/the-truth-about-aces.html#/download>

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Adverse Childhood Experiences (ACEs)



Source: Substance Abuse and Mental Health Services Administration

Health Equity

When all people have "the opportunity to 'attain their full health potential' and no one is 'disadvantaged from achieving this potential because of their social position or other socially determined circumstance.'"



Braveman, P.A. Monitoring equity in health and healthcare: a conceptual framework. Journal of Health, Population, and Nutrition, 2003, 21(3): p. 181.

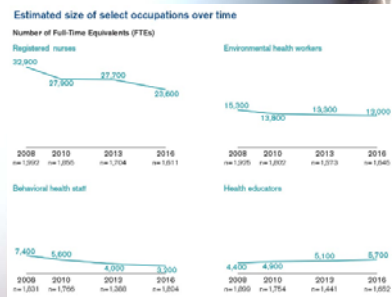
Workforce Composition, 2016

Position/Title	Percent of Workforce
Registered Nurses	18%
Office Support Staff	18%
Other Occupations not in Profile	18%
Environmental Health Workers	10%
Agency Leadership	5%
Business Operations Staff	5%
Health Educators	4%
Community Health Workers	4%
Preparedness Staff	2%
Behavioral Health Staff	2%



Source: National Association of County and City Health Officials (NACCHO) 2016 National Profile of Local Health Departments

Workforce Composition, Trends



Modernization Recommendations

Trust for America's Health (January 2013):

- The Health Department becomes the chief strategist in the communities.
- Partner within the community to make healthier choices easier.
- Develop a public health workforce to meet modern demands.
- Use modern technology to identify health problems and determine causes.
- Public health departments should only pay for direct services when they cannot be paid for by insurance.



The Community's Chief Health Strategist

Public Health Leadership Forum

- **PRACTICE #1:** Adopt and adapt strategies to combat the evolving leading causes of illness, injury and premature death.
- **PRACTICE #2:** Develop strategies for promoting health and well-being that work most effectively for communities of today and tomorrow.
- **PRACTICE #3:** Become the primary provider of community health information using data from new, big, and real-time sources.

The Community's Chief Health Strategist

Public Health Leadership Forum

- **PRACTICE #4:** Build a more integrated, effective health system through collaboration between clinical care and public health.
- **PRACTICE #5:** Collaborate with a broad array of allies – including those at the neighborhood level and the non-health sectors – to build healthier and more vital communities.
- **PRACTICE #6:** Replace outdated organizational approaches with state-of-the-art business, accountability, continuous quality improvement, and financing systems.

Public Health 3.0

- A new term took hold in September 2017.
- Initiated by Karen B. DeSalvo, the Acting Assistant Secretary for Health at U.S. Department of Health and Human Services.
- Promoted by the Centers for Disease Control and Prevention (CDC), National Association for City and County Health Officials (NACCHO), and the American Public Health Association (APHA).

Public Health 3.0

Public Health 3.0

A Call to Action to Create a 21st Century Public Health Infrastructure



Office of the Assistant Secretary for Health
U.S. Department of Health and Human Services

PUBLIC HEALTH 3.0

Public Health 3.0

...a new term for the “Chief Health Strategist” approach.

Public Health 3.0



Health Impact in Five Years



Public Health 3.0

- Enhanced and broadened public health practice that goes beyond traditional public health department functions and programs
- Cross-sector collaboration
- Chief Health Strategist
- Affect the upstream determinants of health through policy and systems-level actions



Public Health 3.0 Recommendations

- Strong leadership and workforce
- Strategic partnerships
- Flexible and sustainable funding
- Timely and locally relevant data, metrics, and analytics
- Foundational infrastructure



1. Strong Leadership and Workforce

- Strong, diverse and policy-oriented public health workforce
- Skills for:
 - Building structured partnerships, coalitions, task forces, etc.
 - Leveraging actionable data and evidence
 - Communicating new approaches
- Leading for collective impact
- Creative and forward thinking



2. Strategic Partnerships

- Form cross-sector organizational structures aimed at achieving a collective vision of community health
- Politically neutral backbone entity (structure, timelines, work plans, mechanisms to pool and deploy funding/resources)
- Cultivating new and existing relationships (authenticity, aligned values, trust, investment in communication)
- Identifying collective goals and defining value (drive collective action and impact)



3. Flexible and Sustainable Funding

- Leverage shared goals
- Break funding silos
- Explore alternative financing models



4. Timely and Locally Relevant Data, Metrics and Analytics

- Addressing current data gaps and access challenges
- Exploring new types of data (data on upstream challenges related to income, education, housing, crime, interpersonal violence and trauma, environmental hazards, and transportation)
- Supporting data sharing and analysis



5. Foundational Infrastructure

- Creating a mission-based collaborative infrastructure
- Focusing on equity and cultural competence
- Articulating foundational infrastructure and the public health "brand" (forward-thinking change makers, institutionalize Public Health 3.0 operations and leadership)



NACCHO's Public Health 3.0 Issue Brief – Health Equity

- Health Equity and the Social Determinants of Health
- Upstream shifts to confront the causes of inequity and system or oppression.
- Integration of social justice



Wisconsin Innovations

Winnebago County Health Department

- Workforce Modernization
- Greater use of Public Health Educators
- Two Coalition Coordinators
- Public Health Planner
- Communications Specialist (promotion, engagement, material development, and social media)



Wisconsin Innovations

Wood County Health Department

- Workforce Modernization
- Addition of Public Health Educators
- Community Health Planner position
- Evolution into Community Health Planner and Health Promotion Supervisor
- Minimal direct care services



Wisconsin Innovations

Greendale Health Department

- Addition of Public Health Specialist position
- Integrated Electronic Health Records for billing, scheduling and activity tracking



Wisconsin Innovations

Rock County Public Health Department

- Workforce modernization
- Two Public Health Nursing positions converted into Public Health Educators.
- One Public Health Nursing position converted to a Public Health Epidemiologist position.
- New focus on strategic planning, partnerships, health promotion, and disease prevention.



Wisconsin Innovations

Oneida County Health Department

- Creating Community Health Specialist positions
- Seven Community Health Specialists
- ~50% of the Health Department workforce
- Activities focus on: coalition building, community assessment, changing community behaviors



As Leaders, have a vision...

- "The very essence of leadership is that you have to have vision. You can't blow an uncertain trumpet." – Theodore M. Hesburgh
- Where is your department going?
 - Clear vision and planning
 - Communicate your future outlook to staff, BOH, and stakeholders.



In Summary...

- Public Health is moving into a data-informed population health space with health care.
- The local health department can and should become the chief strategist for health in the community.
- Local public health agency should mobilize, collaborate with, and leverage partners in the community for improved health outcomes.
- Adapt, adopt, evolve, strategize and collaborate.

Moving Public Health Forward...

- Accreditation and Re-Accreditation
- Evidence Based
- PH3.0
- Community and Target Population Input
- Cross-Jurisdictional Sharing
- Ethics
- Health Equity
- Research
- PM, QI, Strategic Planning, Preparedness, WFD, CHA/CHIP



Source: Linda Conlon, Health Officer – Oneida County Health Department

Thank You

- David Pluymers, Rock County Public Health Department
- Carol Quest, Watertown Health Department