Reinvesting in a 21st Century Public Health System

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Question for the Viewers

How would you describe the funding situation for your health jurisdiction in recent years?

A. Increasing
B. Stable
C. Decreasing
D. Other (please type in chat)
Historical Trends of Public Health Funding

Revenue Sources of Public Health Funding

Primary Funding Sources:
- Federal funds – 48%
- State general funds – 25%
- Other state funds – 11%
- Other non-federal funds – 6%
- Fees and fines – 0%
- Other sources – 10%

Secondary Funding Source:
- Federal funds

Core program funding for the CDC has fallen over the past decade.
State Public Health Funding Over the Years

State funding has been historically unstable, and is lower today than in 2008.

State Public Health Workforce

Staffing capacity at state departments has decreased steadily over the past decade:

- Estimated Average Number of State Health Agency Full-Time Employees, 2010-2016
- Estimated Total Number of State Health Agency Full-Time Employees, 2010-2016

State Public Health Workforce

Percentage of state health agency positions vacant:
- 0%
- 1-5%
- 6-10%
- 11-20%
- 20% or higher
- No data
Investment in public health varies by state, but is trending downward.

Per capita expenditures for 2015 (N=49):

- $201 or higher
- $151 – $200
- $101 – $150
- $51 – $100
- $1 – $50
- No data

Local Health Department Workforce

Since the 2008 recession, local staffing has decreased by over 20%:

Estimated size of LHD workforce over time:

- Total Full-Time Equivalents (FTEs)
- Total employees

Medical Care vs. Public Health Investment in America

- In Europe, for every $1.00 spent on health care, $2.00 is spent on public health and social services.
- In the US, for every $1.00 spent on health care, $0.55 is spent on public health and social services.

The United States spends more on medical care than on social services and public health combined.
Question for the Viewers

Based on current funding levels, how would you rate your state’s preparedness for PH emergencies?

A. Well-prepared
B. Generally prepared
C. Generally unprepared
D. Very unprepared
E. Other (please type in chat)

Risks and Consequences of Disinvestment

CDC Emergency Preparedness Funding

Emergency preparedness and hospital preparedness funding has been cut 31% over the past decade:

Source: Centers for Disease Control and Prevention – https://www.cdc.gov
Emergencies Are Increasing

Federal public health emergencies per year

State and Local Response: COVID-19

- Epidemiology - investigating cases
- Laboratory - testing specimens
- Quarantine - setting policies, identifying locations to house people
- Screening - staffing at airports & other sites
- Collaborating with clinical sites - screening, diagnosing, and treating patients
- Media - providing information
- Policy-making - advising elected officials & taking emergency action

Consequences of Underfunding for COVID-19 Response

For communities, underfunding results in:
- Slowed response
- Limited capacity to test
- Low capacity for contact tracing
- Outdated data systems
- Old-school communications systems
Consequences of Underfunding for Health Equity

For communities, underfunding results in:

- Elevated chronic disease - diabetes, heart disease, obesity
- Elevated infectious disease - COVID, HIV
- Lack of timely and/or accurate data by race/ethnicity
- Inadequate resources in affected communities
- Lack of culturally/linguistically appropriate efforts
- Limited community input

Priorities for Reinvestment

Public Health as Chief Health Strategist

Public health agency leadership roles must transform to better meet upstream challenges.

Chief health strategists must understand and address the primary causes of illness, injury, and premature death.
Assess the Needs of the Community

Demand for health-related services and facilities will only increase with an aging population:

<table>
<thead>
<tr>
<th>Year</th>
<th>Percentage of US Population</th>
<th>Total Population Over 65</th>
</tr>
</thead>
<tbody>
<tr>
<td>2015</td>
<td>14.8%</td>
<td>67.7 million</td>
</tr>
<tr>
<td>2025</td>
<td>18.7%</td>
<td>65.1 million</td>
</tr>
<tr>
<td>2035</td>
<td>20.9%</td>
<td>77.3 million</td>
</tr>
<tr>
<td>2045</td>
<td>30.8%</td>
<td>81.3 million</td>
</tr>
<tr>
<td>2055</td>
<td>21.3%</td>
<td>87.3 million</td>
</tr>
</tbody>
</table>

Source: United States Census Bureau – https://www.census.gov/data.html

Use Effective Approaches

✓ Use evidence-based interventions
✓ Respect the culture, language and experience of communities
✓ Track impact

Example: City Health, an initiative of the de Beaumont Foundation and Kaiser Permanente

Find and Use Varied Data Sources

✓ Access data from health care and non-health sectors
✓ Strive to get closer to real-time
✓ Aim for standardization and consistency

Example: PHAST Uniform Chart of Accounts
- PHAST is a Public Health Activities and Services Tracking project housed at the University of Washington
- coa.phastdata.org
Collaborate with a Broad Array of Allies

- Integrate with the health care system
- Develop strong partnerships with non-health sectors
- Assure input from community members

Promote Equity and Address Social Determinants

- Promote racial equity and combat structural racism
- Promote policies that alter conditions in communities, workplaces, and schools

Current Efforts with Congress

- Increase public health infrastructure by $4.5 B (150 groups endorse)
- Improve data collection & analysis systems, including by race/ethnicity
- Establish scaled up contact tracing initiative
- Strengthen focus on impact of systemic racism/other discrimination
- Change socioeconomic conditions to promote health (SDOH line item)
- Use COVID attention to drive long-term change
A Chat with John Auerbach

Betty Bekemeier

John Auerbach

QUESTIONS?

To ask a question, please click the icon in the Zoom toolbar to open your Q&A Pod.

Resources

Centers for Disease Control & Prevention
Cross-jurisdictional Sharing of Public Health Services
https://www.cdc.gov/stltpublichealth/cjs

City Health
Helping Cities Thrive – An Initiative of the de Beaumont Foundation and Kaiser Permanente
https://www.cityhealth.org/

Data Across Sectors for Health (DASH)
Nationwide collaborative for sharing public health data
https://dahconnect.org/

PHAST Uniform Chart of Accounts
Public Health Activities & Services Tracking
https://coa.phastdata.org/

Trust for America's Health
The Impact of Chronic Underfunding on America's Public Health System: Trends, Risks, and Recommendations (2020 Report)