


Reinvesting in a 21st Century Public Health System

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hot topics in practice www.nwcenterforph.org **Northwest Center**
FOR PUBLIC HEALTH PRACTICE

Question for the Viewers

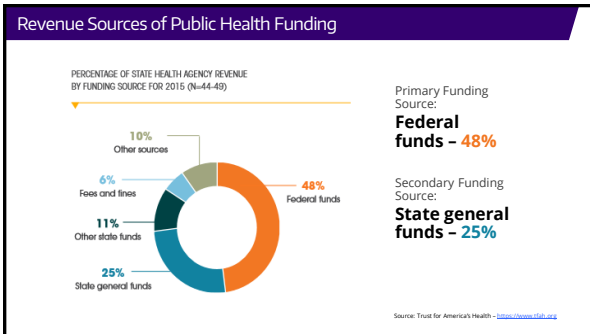
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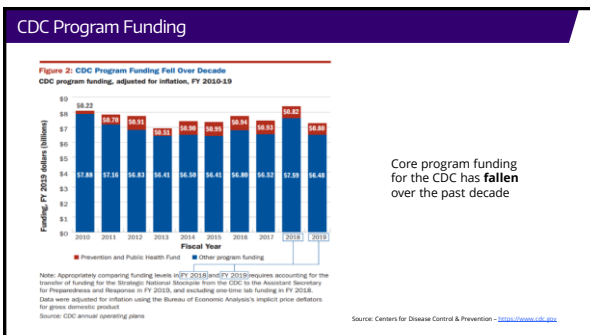
How would you describe the funding situation for your health jurisdiction in recent years?

- A. Increasing
- B. Stable
- C. Decreasing
- D. Other (please type in chat)

<h4>Historical Trends of Public Health Funding</h4> 	<h4>Risks and Consequences of Disinvestment</h4> 	<h4>Priorities for Reinvestment</h4> 
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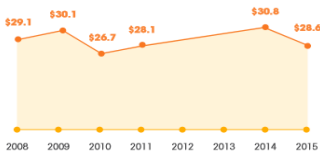




State Public Health Funding Over the Years

FIGURE 6.1

TOTAL STATE HEALTH AGENCY REVENUE, IN BILLIONS, 2008-2015 (N=46-49)

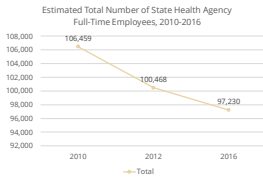


State funding has been **historically unstable**, and is lower today than in 2008

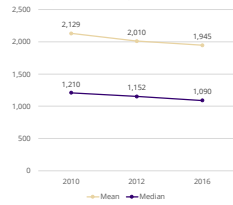
Source: Trust for America's Health - <https://www.tah.org>

State Public Health Workforce

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

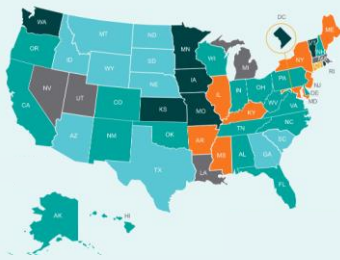


Estimated Average Number of State Health Agency Full-Time Employees, 2010-2016



Source: Trust for America's Health - <https://www.tah.org>

State Public Health Workforce



Percentage of state health agency positions vacant:

- 0%
- 1-5%
- 6-10%
- 11-20%
- 20% or higher
- No data

Source: Trust for America's Health - <https://www.tah.org>

Per Capita Investment in Public Health

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

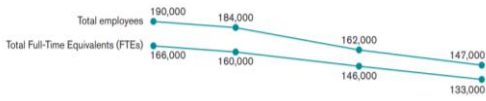


Source: Trust for America's Health - <https://www.tah.org>

Local Health Department Workforce

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

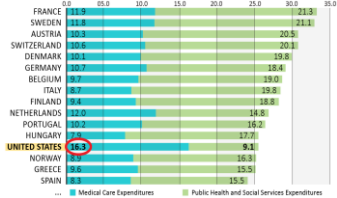
Estimated size of LHD workforce over time



Source: Trust for America's Health - <https://www.tah.org>

Medical Care vs. Public Health Investment in America

Expenditures as a % of GDP



- 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.**

Source: Trust for America's Health - <https://www.tah.org>

Question for the Viewers

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

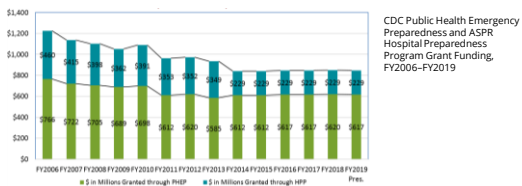
- A. Well-prepared
- B. Generally prepared
- C. Generally unprepared
- D. Very unprepared
- E. Other (please type in chat)

Risks and Consequences of Disinvestment



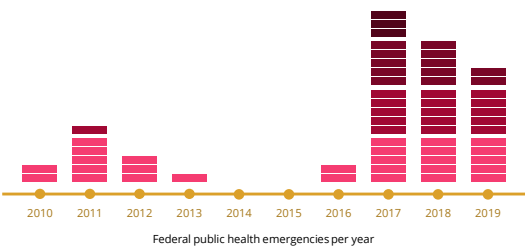
CDC Emergency Preparedness Funding

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



Source: Centers for Disease Control & Prevention - <https://www.cdc.gov>

Emergencies Are Increasing



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



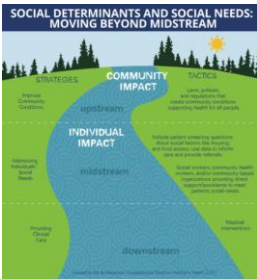
For communities, underfunding results in:

- 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.

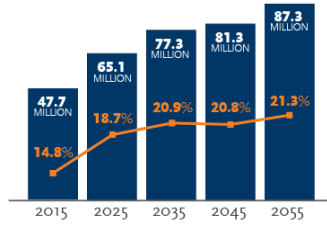
Source: Trust for America's Health - <https://www.tfah.org>

Assess the Needs of the Community

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

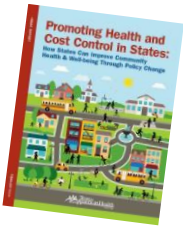
Percentage of US Population

Total Population Over 65



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



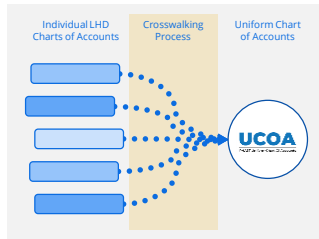
Example: City Health, an initiative of the de Beaumont Foundation and Kaiser Permanente

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 the *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 social/economic 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/stp/publichealth/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://dashconnect.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)
<https://www.nwcp.org/sites/www.nwcp.org/files/training/TFAH2020PublicHealthFunding.pdf>
