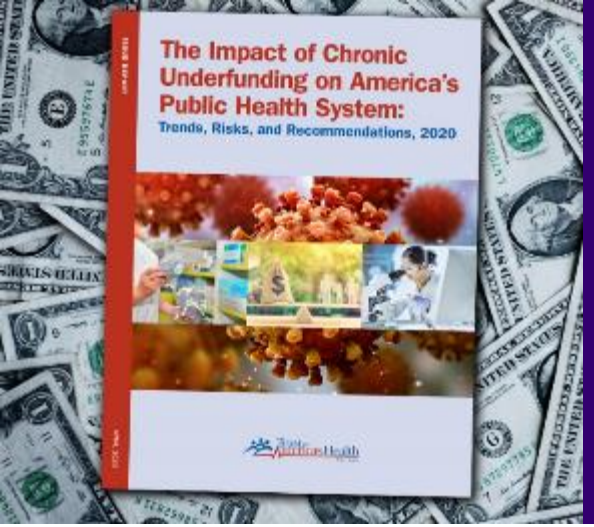


Reinvesting in a 21st Century Public Health System

John Auerbach, MBA

President and CEO

Trust for America's Health

Trust for America's Health

Question for the Viewers

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

A. Increasing

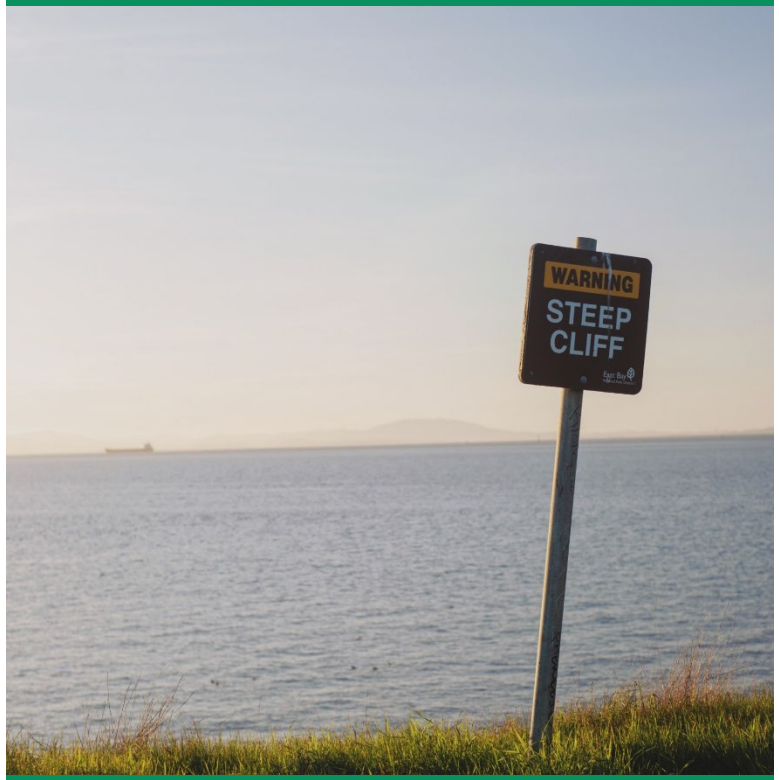
B. Stable

C. Decreasing

D. Other (please type in chat)

Historical Trends of Public Health Funding

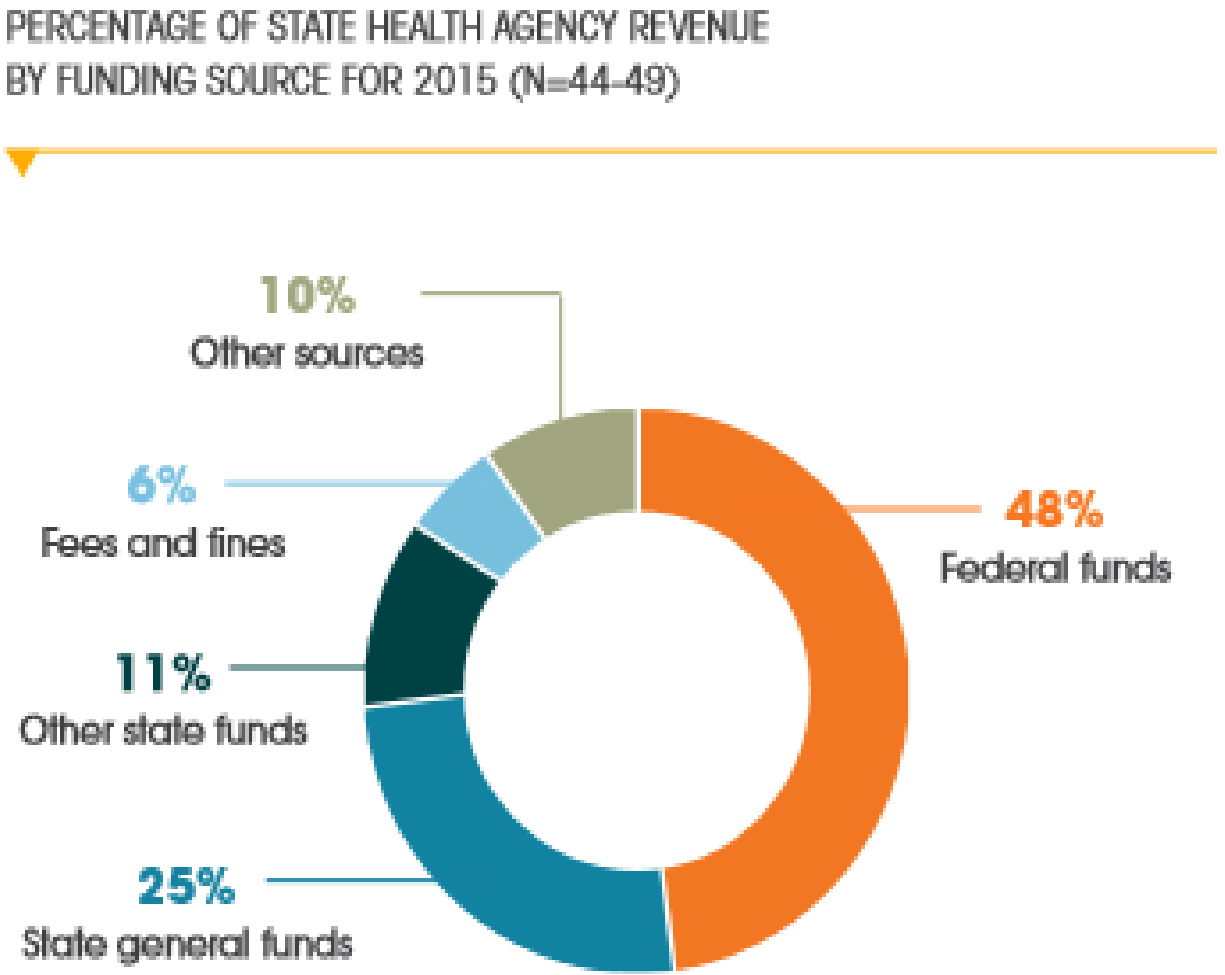
Risks and Consequences of Disinvestment



Priorities for Reinvestment

Historical Trends of Public Health Funding

Revenue Sources of Public Health Funding



Primary Funding Source:

Federal funds – 48%

Secondary Funding Source:

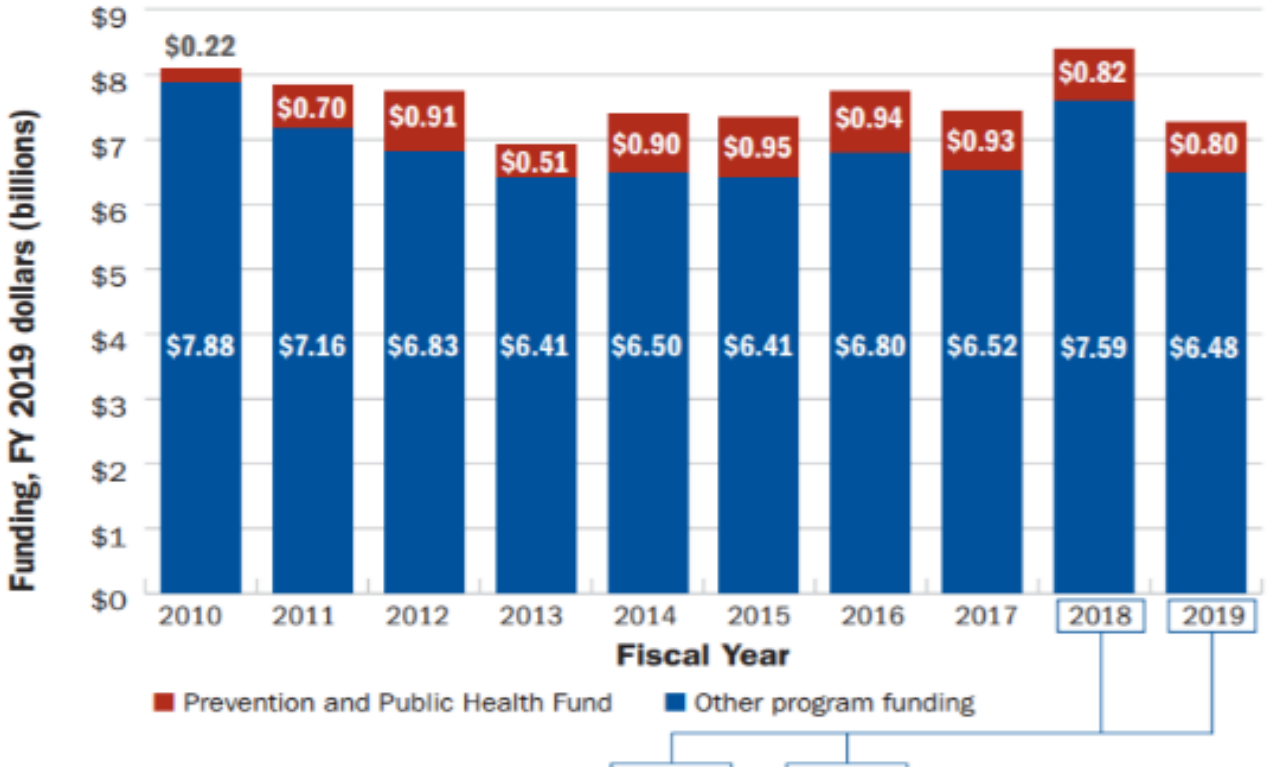
State general funds – 25%

Source: Trust for America's Health – https://www.tfah.org

CDC Program Funding

Figure 2: CDC Program Funding Fell Over Decade

CDC program funding, adjusted for inflation, FY 2010-19



Note: Appropriately comparing funding levels in FY 2018 and FY 2019 requires accounting for the transfer of funding for the Strategic National Stockpile from the CDC to the Assistant Secretary for Preparedness and Response in FY 2019, and excluding one-time lab funding in FY 2018.

Data were adjusted for inflation using the Bureau of Economic Analysis's implicit price deflators for gross domestic product

Source: CDC annual operating plans

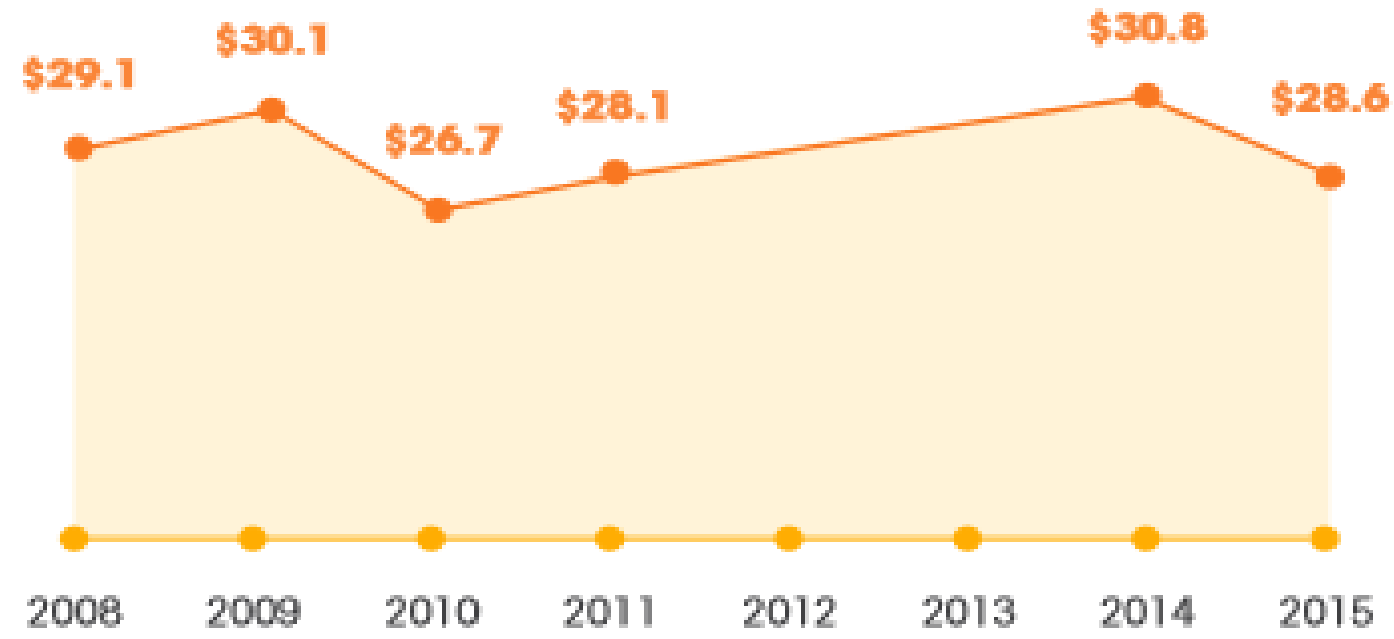
Core program funding for the CDC has **fallen** over the past decade

Source: Centers for Disease Control & Prevention – https://www.cdc.gov

State Public Health Funding Over the Years

FIGURE 6.1

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

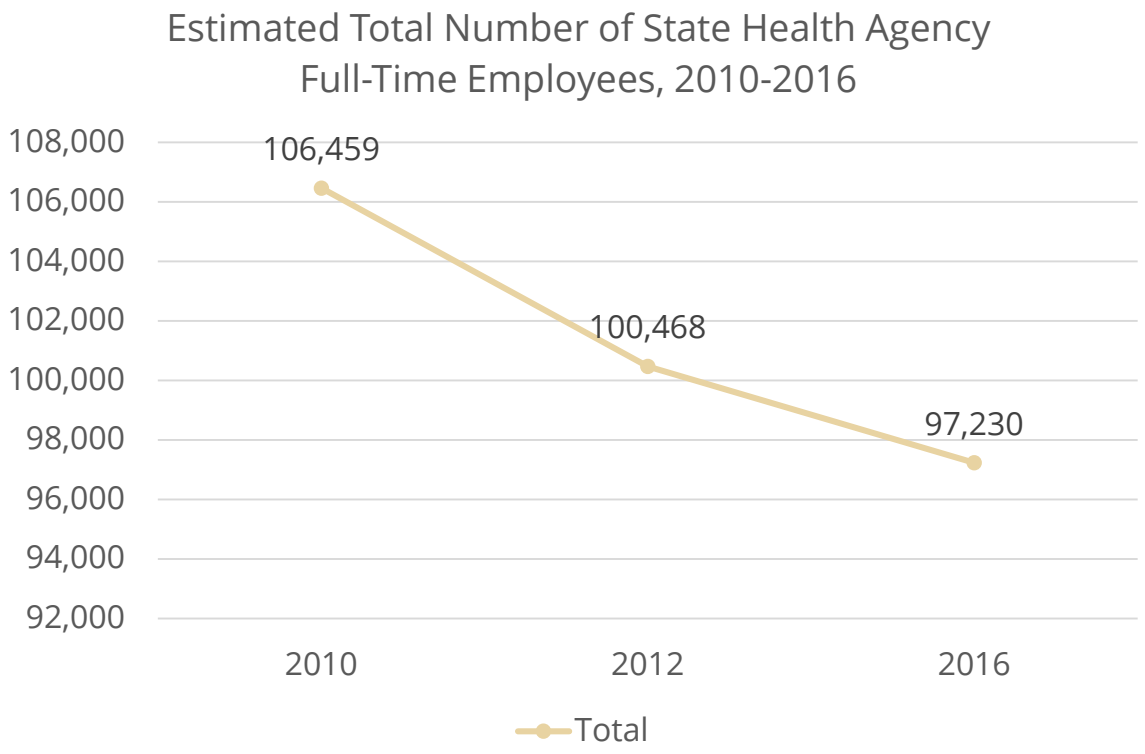


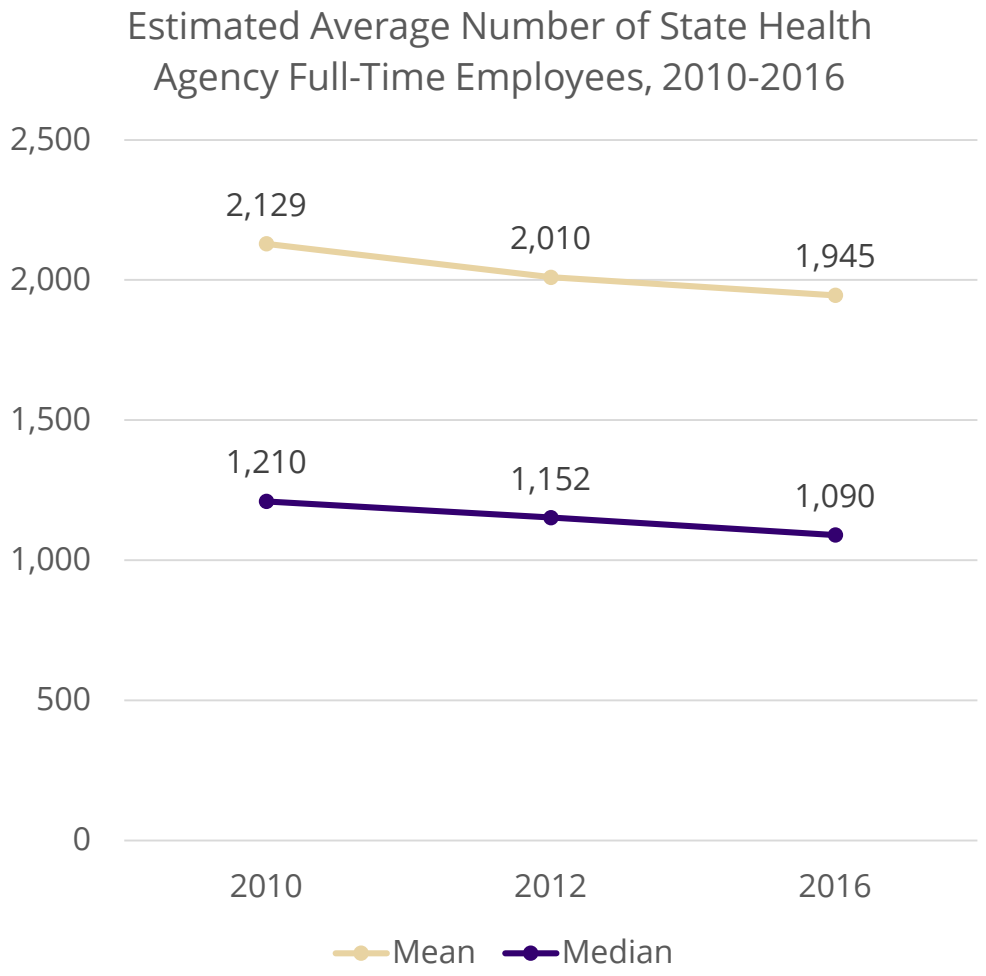
State funding has been **historically unstable**, and is lower today than in 2008

Source: Trust for America's Health – https://www.tfah.org

State Public Health Workforce

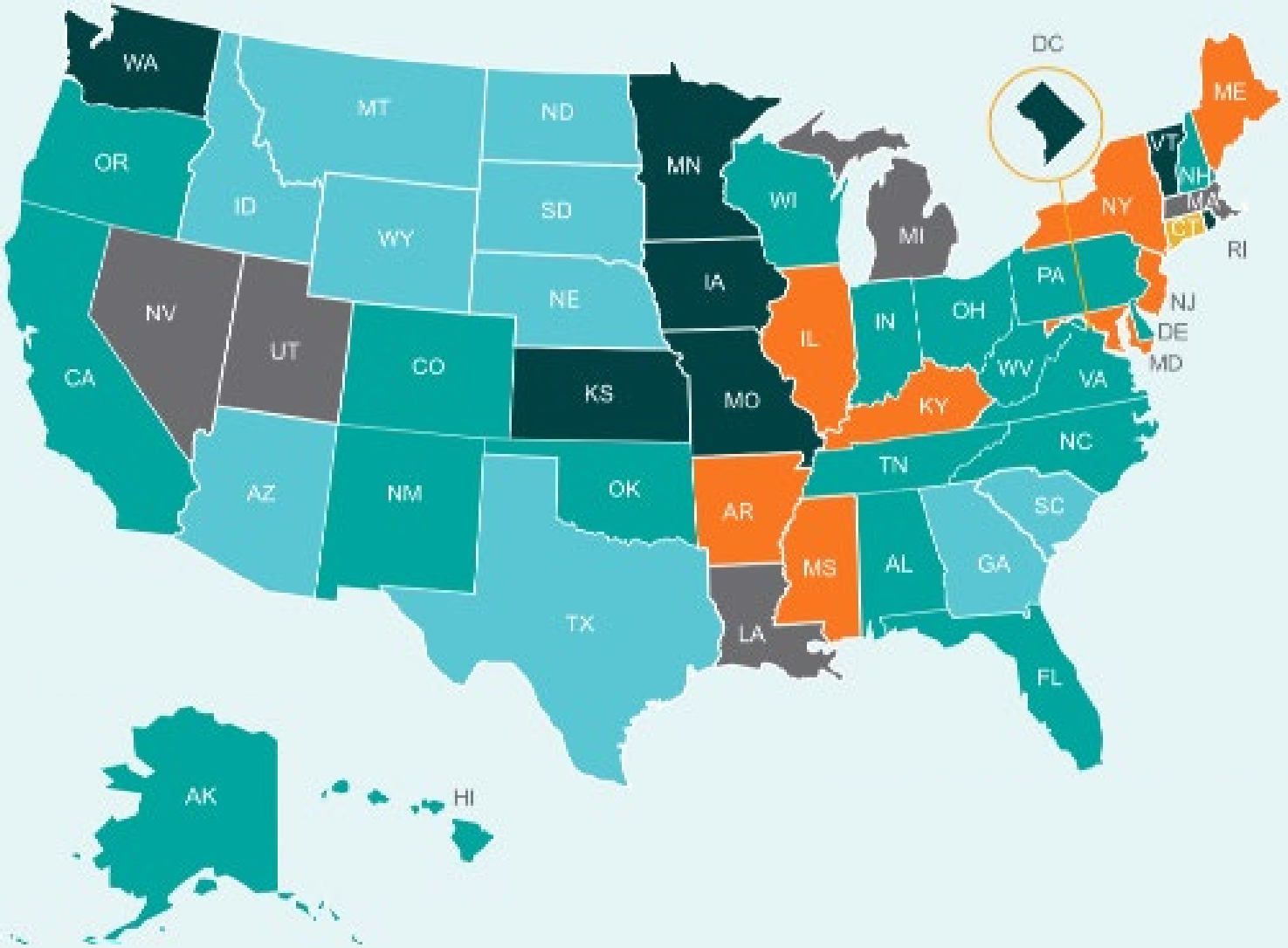
Staffing capacity at state departments has **decreased steadily** over the past decade:





Source: Trust for America's Health – https://www.tfah.org

State Public Health Workforce



Percentage of state health agency positions vacant:

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

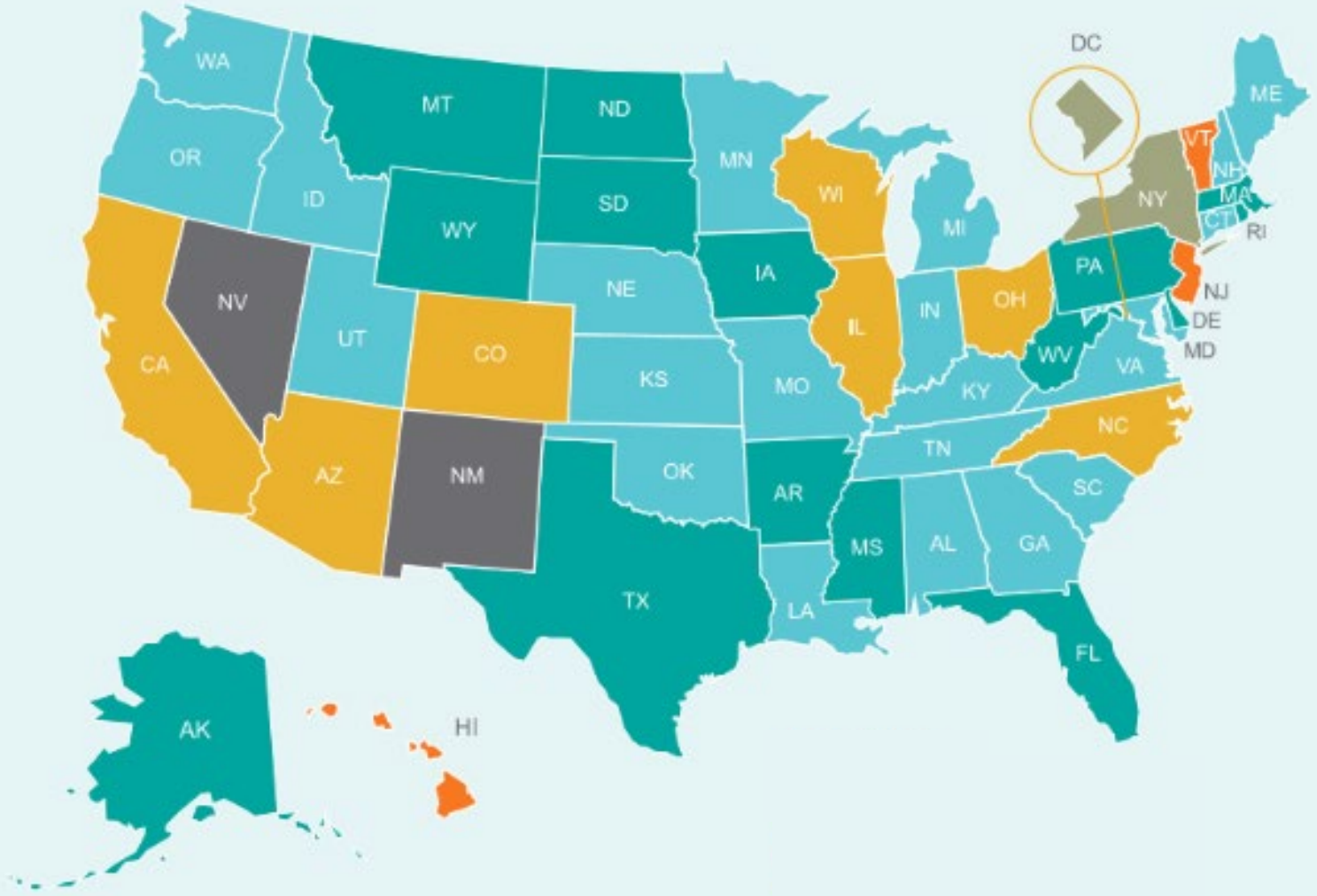
Source: Trust for America's Health – https://www.tfah.org

Per Capita Investment in Public Health

Investment in public health varies by state, but is **trending downward**

Per capita expenditures for 2015 (N–49):

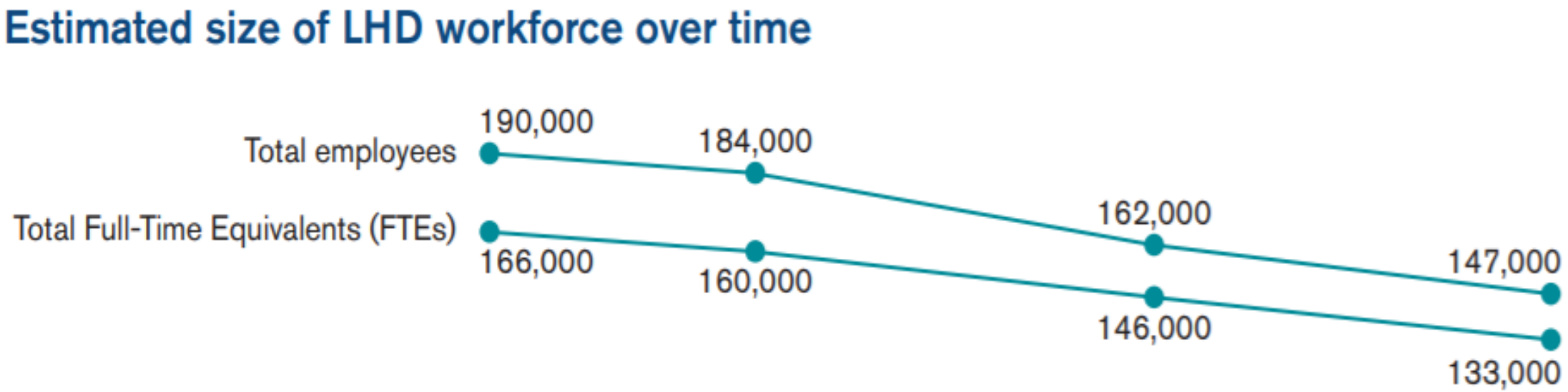
- $201 or higher
- $151 – $200
- $101 – $150
- $51 – $100
- $1 – $50
- No data



Source: Trust for America's Health – https://www.tfah.org

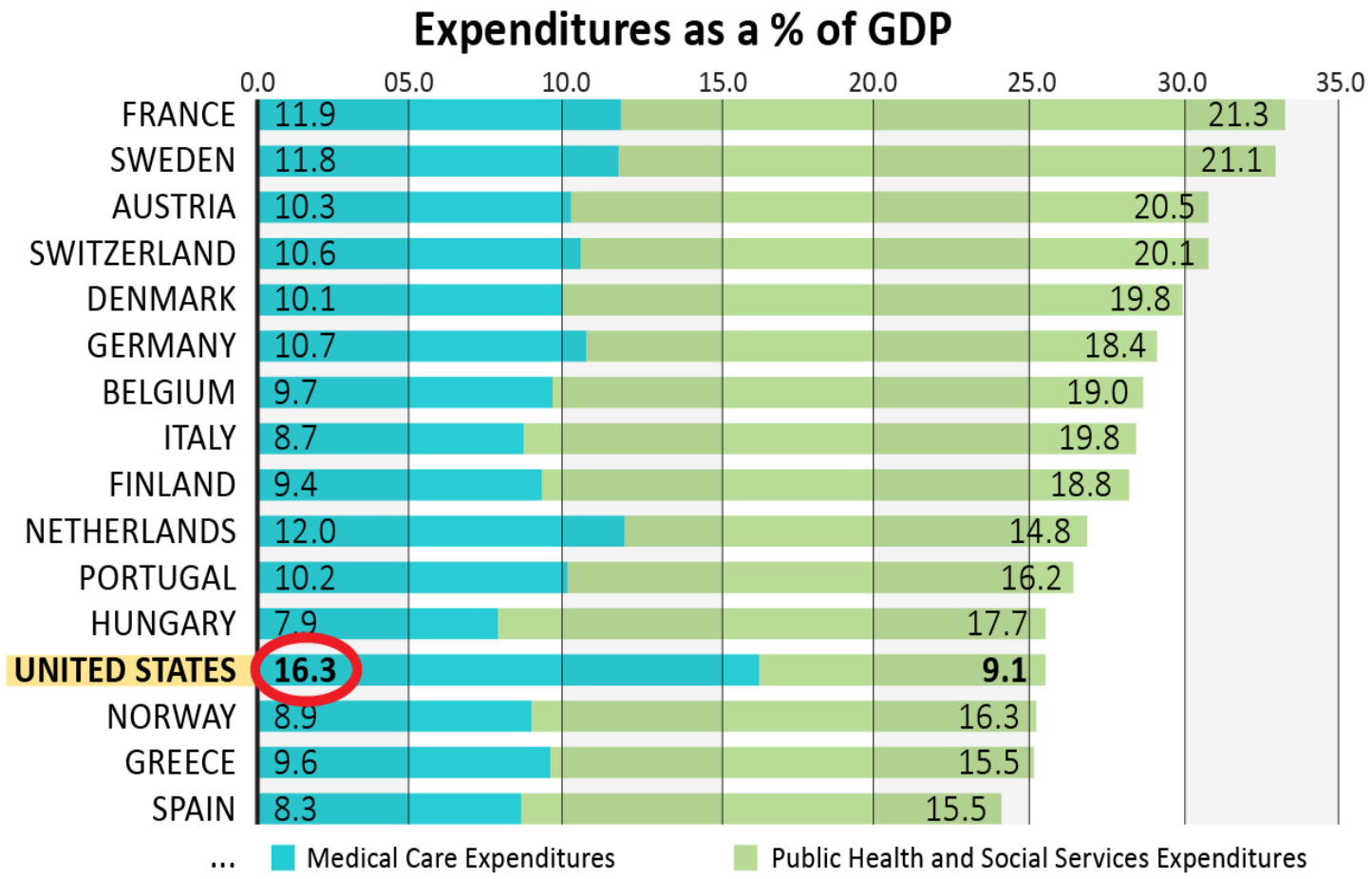
Local Health Department Workforce

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



Source: Trust for America's Health – https://www.tfah.org

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.**

Source: Trust for America's Health – https://www.tfah.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

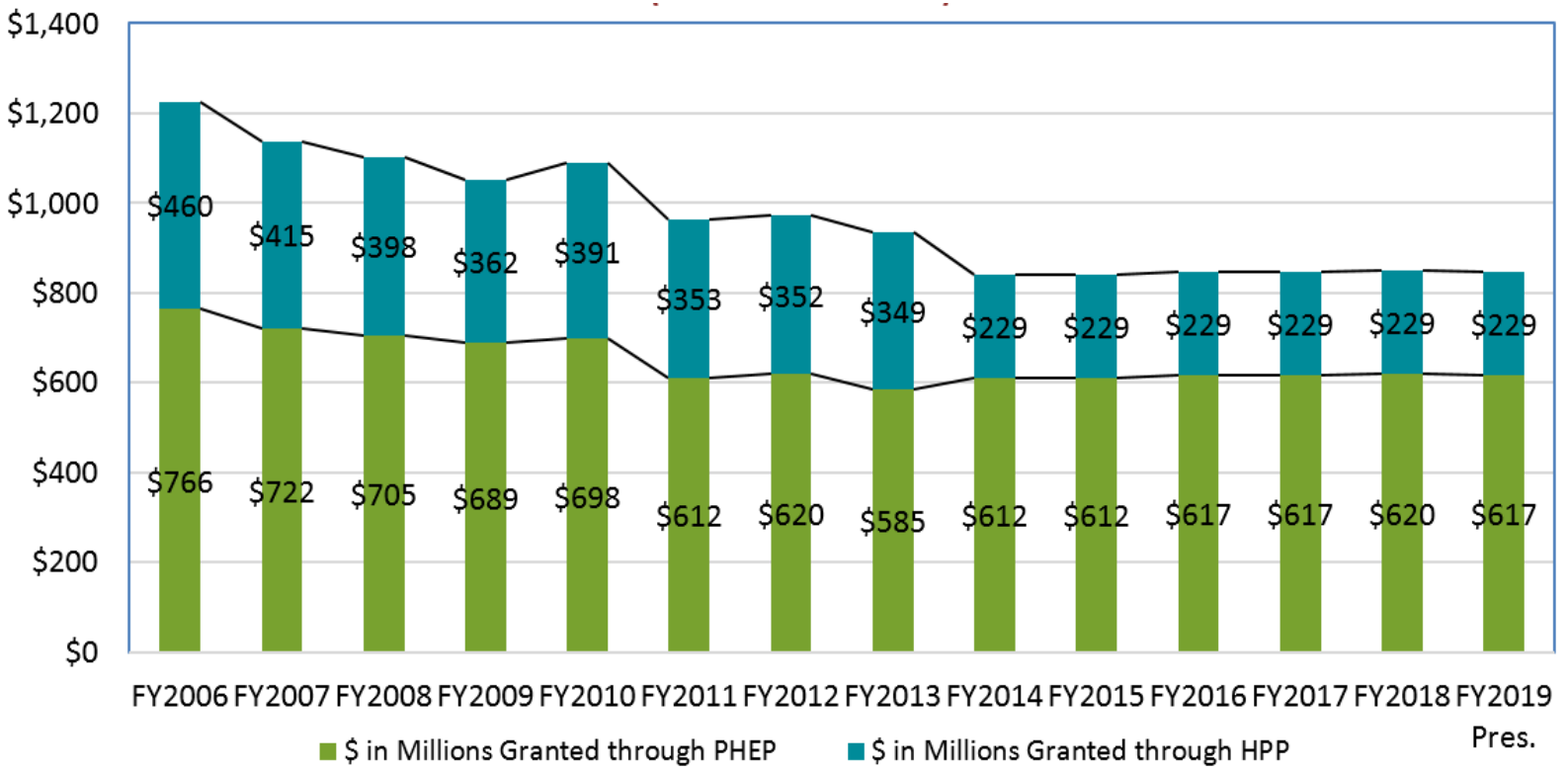
D. Very unprepared

E. Other (please type in chat)

Risks and Consequences of Disinvestment

CDC Emergency Preparedness Funding

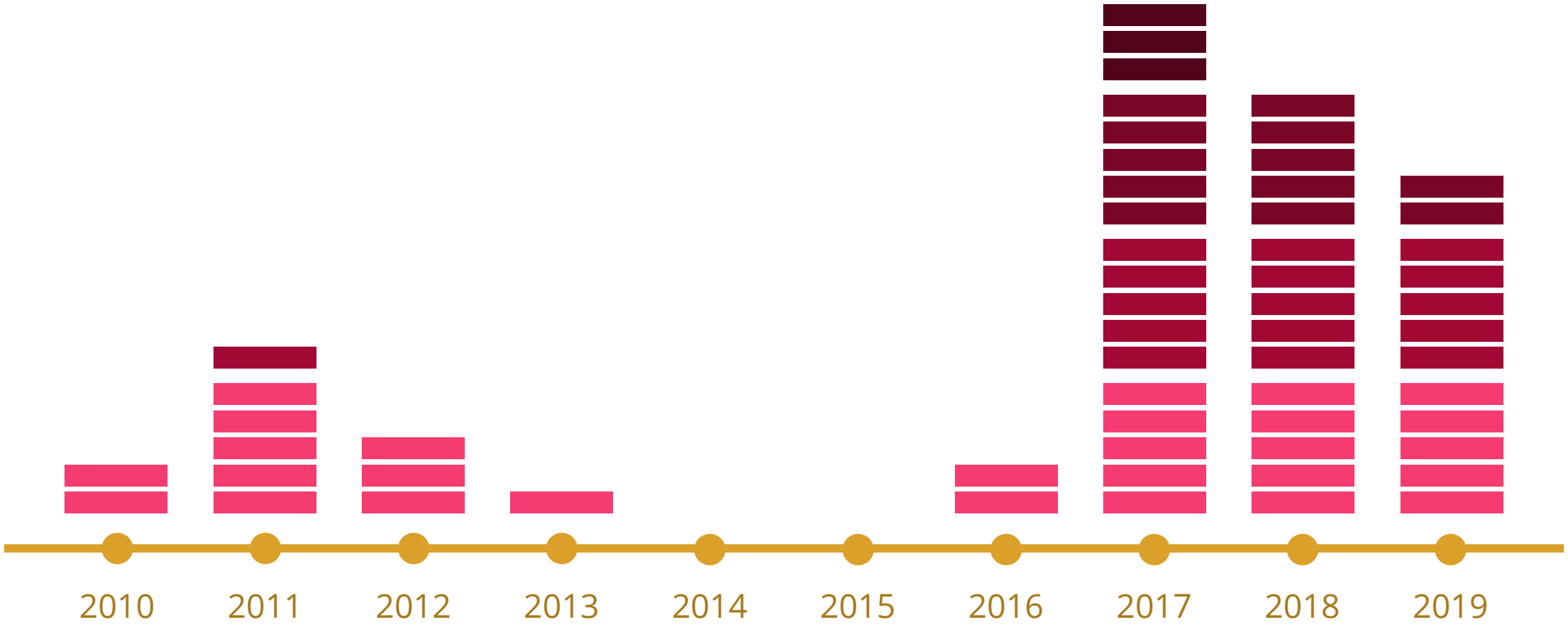
Emergency preparedness and hospital preparedness funding has been cut **31% over the past decade:**



CDC Public Health Emergency Preparedness and ASPR Hospital Preparedness Program Grant Funding, FY2006–FY2019

Source: Centers for Disease Control & Prevention – https://www.cdc.gov

Emergencies Are Increasing

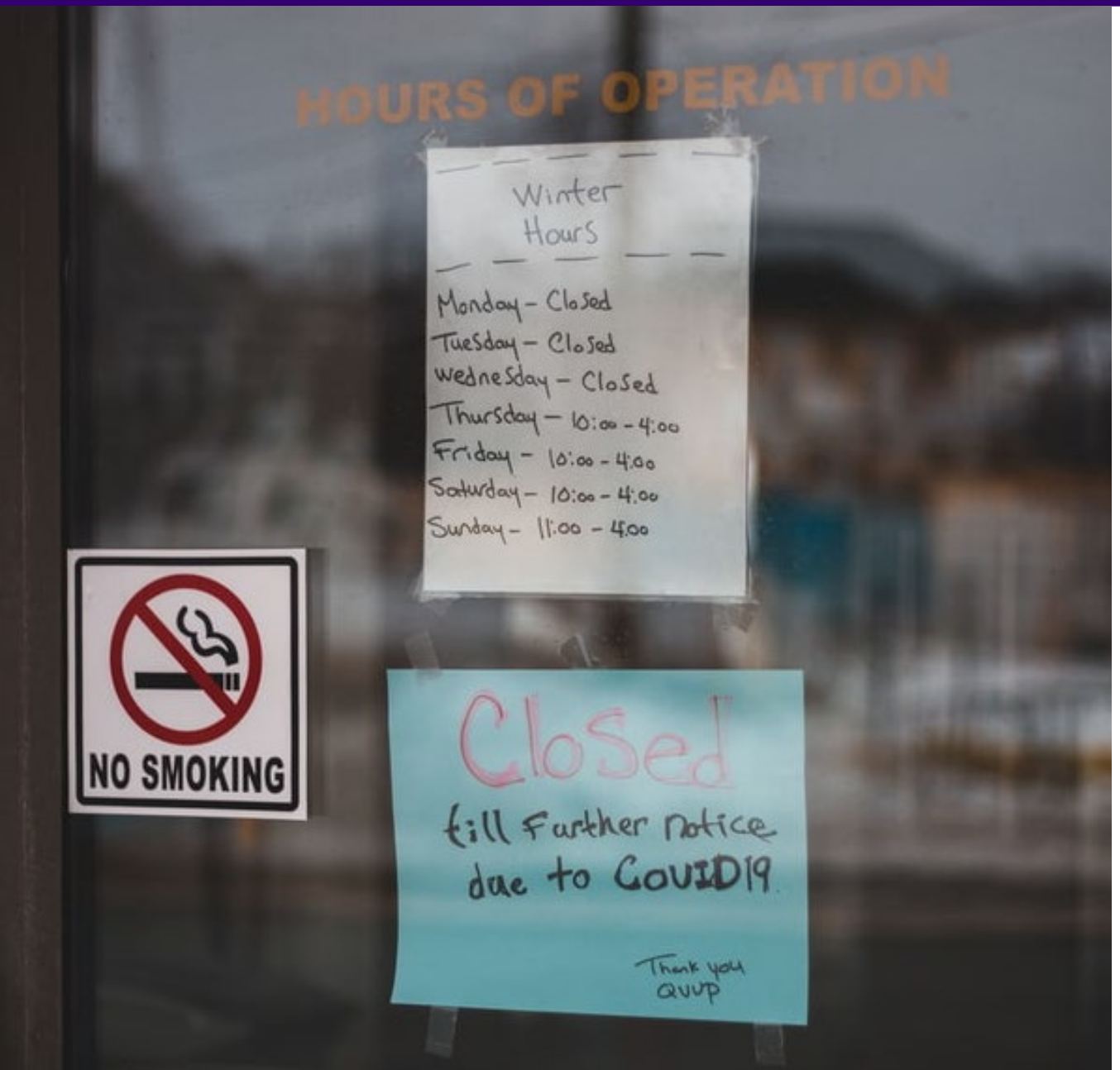


Federal public health emergencies per year

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

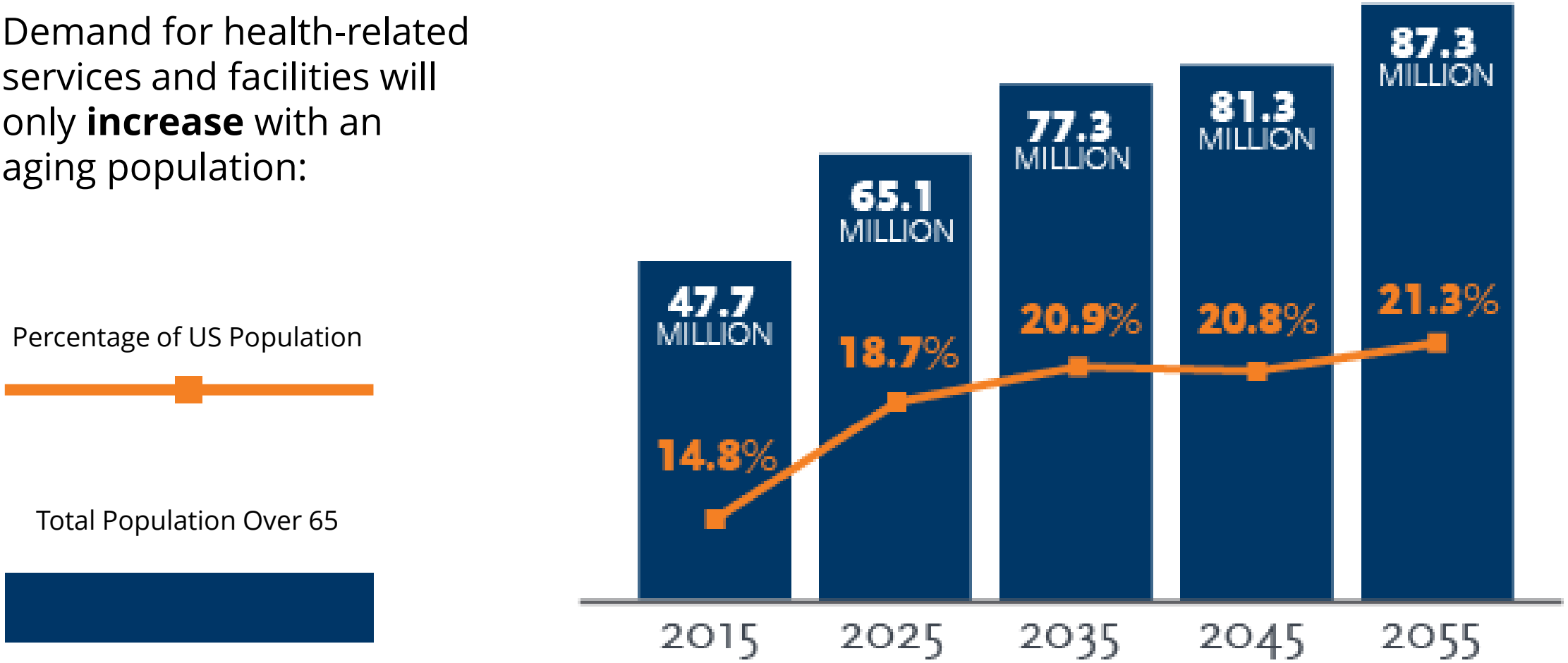
Public health agency leadership roles must transform to better meet upstream challenges.

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

Source: Trust for America's Health – https://www.tfah.org

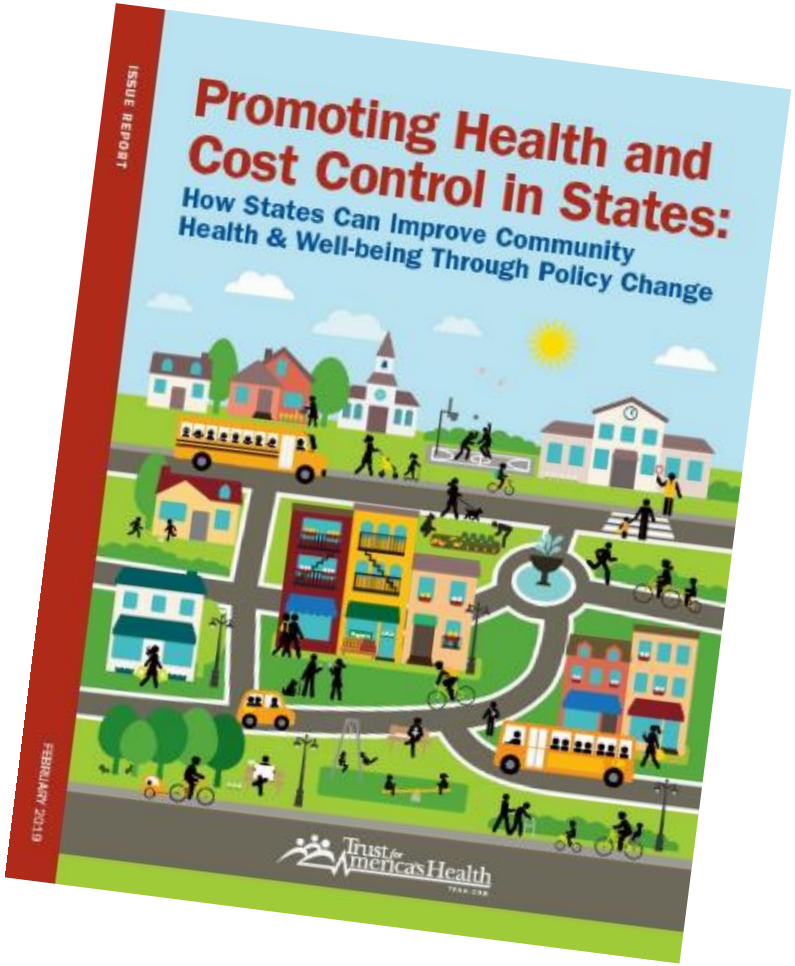
Assess the Needs of the Community

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



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

cityhealth

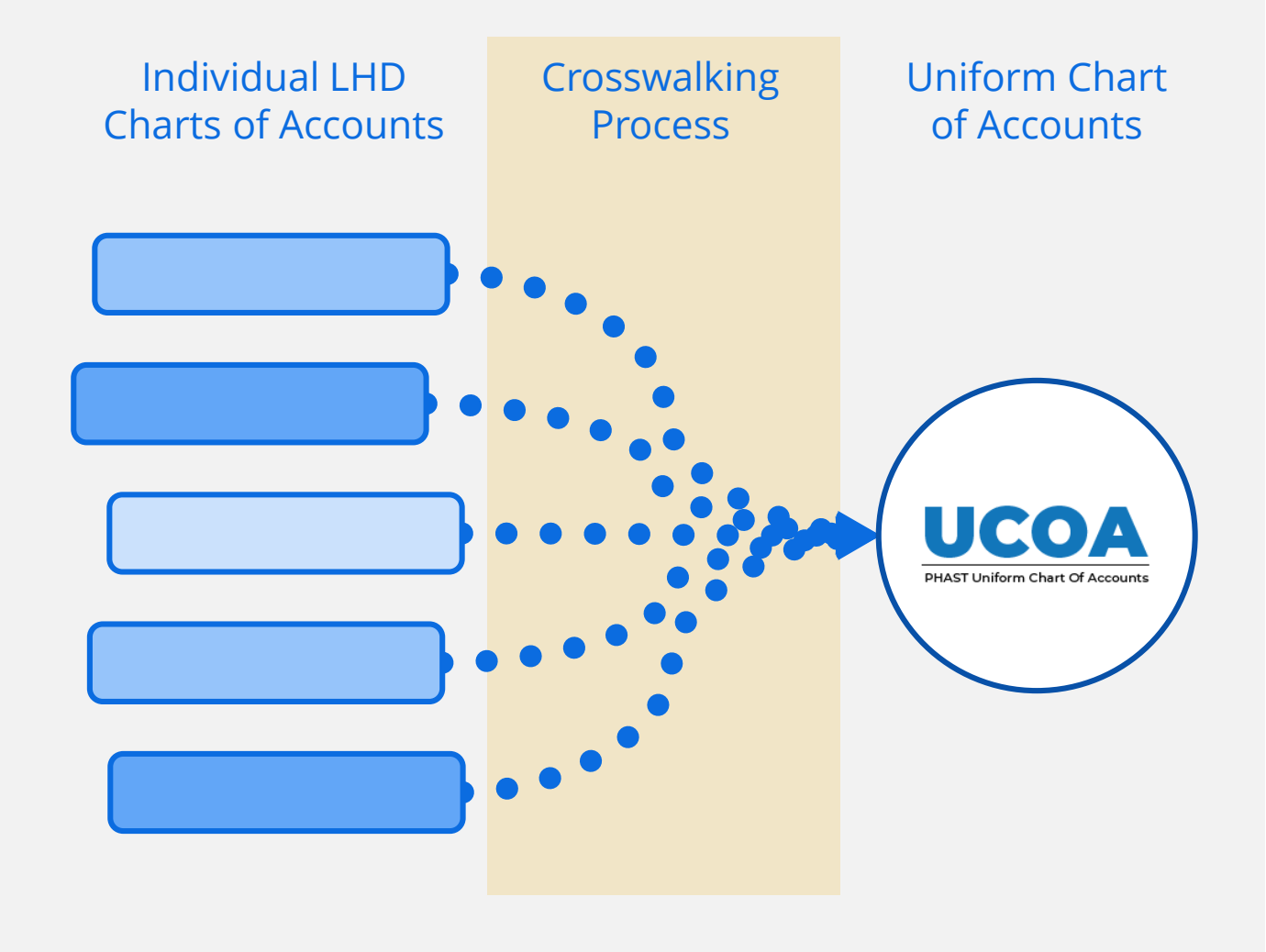
Example: City Health, an initiative of the de Beaumont Foundation and Kaiser Permanente

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/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://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.nwcphp.org/sites/www.nwcphp.org/files/training/TFAH2020PublicHealthFunding.pdf