Advancing and Transforming Public Health Practice

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Question for the Viewers

How would you describe your knowledge of current transformation efforts in public health practice?

A. High level
B. Moderate
C. Low level
D. Other (please type in chat)
The public broadly believes the activities of public health agencies are important to the health of the United States and supports substantial increases in spending on public health programs but has serious concerns about how the system functions now. The public lacks the high level of trust in key public health institutions necessary to address today's and future challenges.

— The Public's Perspective on the United States Public Health System
Harvard T.H. Chan School of Public Health and RWJF, 2021
Current Transformation Landscape

Unprecedented new resources
Need for core public health funding
Multiple co-occurring pandemics

About PHAB

PHAB is building trust in public health and ensuring excellence in scalable innovation

Mission:
Advance and transform public health practice by championing performance improvement, strong infrastructure, and innovation

Vision:
A high-performing governmental public health system that supports all people living their healthiest lives.

Values:
Trust | Respect | Innovation | Collaboration | Growth-mindset

Principles:
Excellence | Diversity, Equity, and Inclusion | Transparency | Accountability

The 10 Essential Public Health Services provide a framework for public health to protect and promote the health of all people in all communities.
Seek to remove systemic and structural barriers that have resulted in health inequities:

- Poverty
- Racism
- Gender discrimination
- Ableism
- Other forms of oppression

Everyone should have a fair and just opportunity to achieve optimal health and well-being.

National Transformation Initiatives
21C Learning Community Member States

21C is a learning community of 19 states focused on intentional state-wide public health system transformation, including:
- Capacity and costing assessment
- Legislative funding
- System redesign and transformation

Source: PHNCI Website, 2021
Steps to FPHS Transformation

1. Organize the effort
2. Identify core services
3. Identify capacity gaps
4. Estimate costs
5. Develop financing model
6. Make a budget request
7. Develop legislation
8. Implement the model

Examples of Efforts

Washington
- State investments: $147 million in the 2021-2023 biennium and $148 million per year ongoing starting in FY2024

Missouri
- COVID-19 response: key findings and recommendations for state action

Minnesota
- Equity: defined core public health, centered equity, beginning costing

Oregon
- Partnerships: regional infrastructure and Tribal plans

North Carolina
- Federal funding: FCs, workforce, and ARPA

Ohio
- Costing: developed costing for OH, tying to financial data, connection to PHAB accreditation

Question for the Viewers

Do you know how many staff your health department needs?

A. Yes
B. No
C. Unsure
Staffing Up

Local Staffing Estimates
Needed to implement the Foundational Public Health Services

Public Health Workforce Calculator
Will allow health departments to determine the number and type of staff to provide sufficient levels of public health services

Expected Summer 2022

Staffing Estimate

- How many FTEs are needed in state and local health departments to perform the Foundational Public Health Services (FPHS)
- Generate totals and ratios based on the number of staff needed per 100,000 people
- Recommendations are intended to provide an infrastructure that you can surge on during a crisis (e.g., a pandemic), but not inclusive of that surge

The Findings

State and local governmental public health agencies need an 80% increase in workforce to provide minimum public health services to the nation.

- Local health departments need 54,000 additional FTEs
- State health departments need 26,000 additional FTEs

This estimate does not account for additional workforce needs beyond core infrastructure and programs.
New FTEs Needed by Population Served

<table>
<thead>
<tr>
<th>Population served or Organization</th>
<th>Current FTEs for core public health services</th>
<th>Total FTEs needed for full implementation</th>
<th>Additional FTEs needed for full implementation</th>
<th>Percentage change needed</th>
</tr>
</thead>
<tbody>
<tr>
<td>CHI=0</td>
<td>4,000</td>
<td>13,000</td>
<td>9,000</td>
<td>230%</td>
</tr>
<tr>
<td>25,000 – 49,999</td>
<td>5,000</td>
<td>15,000</td>
<td>10,000</td>
<td>200%</td>
</tr>
<tr>
<td>50,000 – 99,999</td>
<td>6,000</td>
<td>17,000</td>
<td>11,000</td>
<td>180%</td>
</tr>
<tr>
<td>100,000 – 199,999</td>
<td>7,000</td>
<td>20,000</td>
<td>13,000</td>
<td>150%</td>
</tr>
<tr>
<td>200,000 – 499,999</td>
<td>8,000</td>
<td>25,000</td>
<td>17,000</td>
<td>120%</td>
</tr>
<tr>
<td>500,000+</td>
<td>9,000</td>
<td>30,000</td>
<td>21,000</td>
<td>90%</td>
</tr>
<tr>
<td>Local Health Departments</td>
<td>14,000</td>
<td>35,000</td>
<td>21,000</td>
<td>70%</td>
</tr>
<tr>
<td>State Health Departments</td>
<td>10,000</td>
<td>30,000</td>
<td>20,000</td>
<td>60%</td>
</tr>
<tr>
<td>Totals</td>
<td>103,500</td>
<td>183,500</td>
<td>80,000</td>
<td>80%</td>
</tr>
</tbody>
</table>

Source: [PHNCI](https://www.phnci.org), 2021

New FTEs Needed by Category

<table>
<thead>
<tr>
<th>Infrastructure</th>
<th>Local</th>
<th>State</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assessment</td>
<td>0,000</td>
<td>0,000</td>
<td>0,000</td>
</tr>
<tr>
<td>All Hazards</td>
<td>0,000</td>
<td>0,000</td>
<td>0,000</td>
</tr>
<tr>
<td>Other Foundational Capabilities</td>
<td>17,000</td>
<td>8,000</td>
<td>25,000</td>
</tr>
<tr>
<td>Foundational Areas</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chronic Disease &amp; Injury</td>
<td>9,000</td>
<td>5,000</td>
<td>14,000</td>
</tr>
<tr>
<td>Communicable Disease</td>
<td>0,000</td>
<td>1,000</td>
<td>1,000</td>
</tr>
<tr>
<td>Environmental Health</td>
<td>0,000</td>
<td>0,000</td>
<td>0,000</td>
</tr>
<tr>
<td>Maternal and Child Health</td>
<td>5,000</td>
<td>1,000</td>
<td>6,000</td>
</tr>
<tr>
<td>Access/Linkage to Care</td>
<td>0,000</td>
<td>0,000</td>
<td>0,000</td>
</tr>
<tr>
<td>Totals</td>
<td>54,000</td>
<td>26,000</td>
<td>80,000</td>
</tr>
</tbody>
</table>

Source: [PHNCI](https://www.phnci.org), 2021

Public Health Workforce Calculator

Health departments can use the public health workforce calculator to estimate their own workforce needs to provide the [foundational public health](https://www.phnci.org) services within their current context.

* Resource for health departments to plan for the type and number of staff they will need to support their communities, provide the FPHS, and ultimately, work toward accreditation
* Supports advancing equity among health departments so that they have the adequate staff to provide the FPHS
“Every system is perfectly designed to get the results that it gets.”

— W. Edwards Deming

Value of Accreditation in Crisis Response and Recovery

- Framework for communication of what public health is and does: transparency and accountability
- Focus on partnerships
- Organizational culture built around CQI and performance improvement

Version 2022 PHAB Standards and Measures

Version 2022 PHAB Standards and Measures was adopted on February 11th, 2022
- Initial Accreditation and Reaccreditation
- Effective July 1, 2022
What are the Headlines for Version 2022?

- Incorporate key lessons from practice
- Equity in every domain
- Alignment on preparedness & response
- Clarify & simplify
- Removed redundancy
- Reduced required documents
- Promote accountability
- Foundational Capability measures

Putting Health Equity and Anti-Racism Into Practice

Examples:

- Addressing factors that contribute to specific populations' higher health risks and poorer health outcomes.
- Policies and procedures regarding health department operations and inclusion, diversity, equity or anti-racism, reviewed regularly and accessible to staff.
- Disaggregating/analyzing data to understand disproportionate risks.
- Demonstrating cultural humility in communications.
- Engaging with the community.

Opportunities for Practitioners
PHAB Pathways Recognition Program

Pathways is a recognition program for local, Tribal, and territorial public health departments whose purpose is to:

- Support performance improvement efforts, strengthen infrastructure, and facilitate public health system transformation, including state-based improvement efforts.
- Serve as a performance improvement milestone for local, Tribal, and territorial health departments not yet ready for accreditation.
- Facilitate accreditation readiness for those intending to seek accreditation.

Pathways: Two Tracks

**Track 1: Services and Partnerships**
- 19 measures
  - Assessment/Surveillance
  - Preparedness/Response
  - Communications
  - Policy Development
  - Community Partnerships

**Track 2: Health Department Systems**
- 15 measures
  - Organizational/Administrative
  - Accountability
  - Performance Management

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If we want change, we need to do different things or do things differently.

— NHS Institute for Innovation and Improvement
Funding Opportunity

CDC-RFA-OE22-2203
Strengthening U.S. Public Health Infrastructure, Workforce, and Data Systems (DHHS, CDC, CISELS)

- Estimated Total Program Funding: $3,745,000,000
- Non-categorical
- Intended to support infrastructure and workforce needs (short-term) to lead to longer term improvements

Key Takeaways

✓ Digest
✓ Our tools can help
✓ We are here and we want to hear from you
✓ Seize the moment
✓ Keep on keepin' on
A Chat with Jessica Solomon Fisher

Betty Bekemeier
Jessica Solomon Fisher

QUESTIONS?

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

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Resources

21C Learning Community
PHNCI:
www.phnci.org/national/frameworks/21c-learning-community

Focus on Equity One Pager
PHAB

Pathways Recognition Program
PHAB
https://phaboard.org/pathways/

Public Health Forward Report
Bipartisan Policy Center
https://bipartisanpolicy.org/report/public-health-forward/

CDC-RFA-OH22-2263 Grant
CDC
https://www.grants.gov/webgrants/view-opportunity.htm?oppid=340034