



PUBLIC HEALTH 3.0

KHA QUALITY CONFERENCE

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OBJECTIVES

- Describe Public Health 3.0
- Address challenges facing Public Health nationally and in Kentucky through a PH 3.0 lens
- Describe Public Health Transformation in Kentucky
- Discuss opportunities for community partnerships and collaboration

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 1.0

HYGIENE AND INFECTIONS DISEASE CONTROL

- Post industrial revolution
- Late 19th to 20th century
- Public Health- essential government function
- Sanitation, food & water safety, immunization
- Scientific advances, understanding of disease
 - Prevention and treatment of acute illnesses
- Vaccines and antibiotics
- Expanded capability in epidemiology and laboratory science



PUBLIC HEALTH 2.0

- Late 20th century- poor health behaviors & chronic diseases
- 1988 Institute of Medicine Report- The Future of Public Health
- “The Nation has lost sight of its public health goals and has allowed the system of public health activities to fall into disarray.”¹
 - Described challenges of American Public Health system
- Mission of Public Health- fulfilling society’s interest in assuring conditions in which people can be healthy
- Defined core functions: **Assessment, Assurance, Policy Development**
- But...little emphasis on how public health leaders might work across sectors to address social, environmental or economic determinants of health²



PUBLIC HEALTH CHRONICALLY UNDERFUNDED

- 2002 IOM Report- The Future of the Public's Health in the 21st Century
- Called for strengthening governmental public health capabilities and requiring accountability from and among all sectors of public health system³
- No funding...
- Recession
- 2012 survey- local health departments with at least one critical program with significant budget cuts



WHERE ARE WE NOW? PROGRESS?

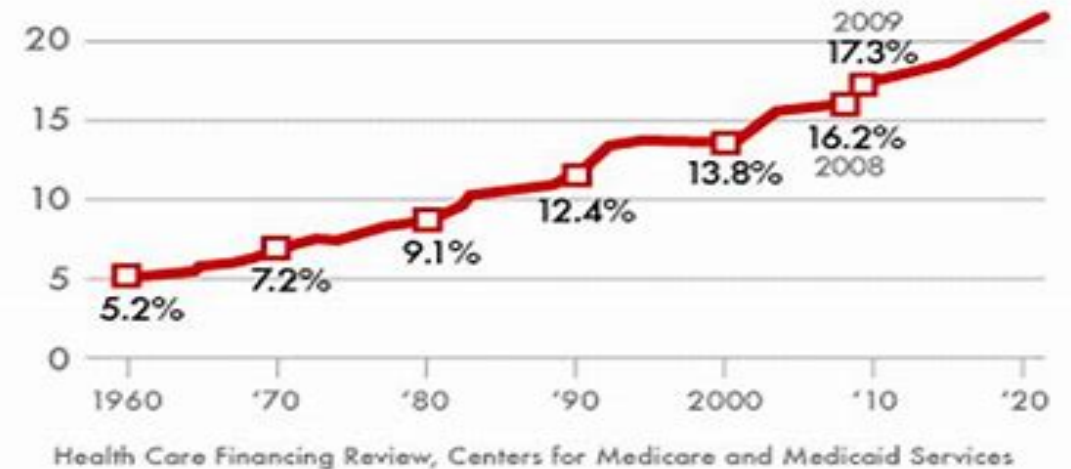
- Life expectancy 2020: 78.93 years⁴
- 1950 68.14
- 1990: 75.19
- Smoking prevalence 2018 13.7% (CDC)
- 1965 42.4%
- 1997 24.7%
- People without insurance at historic lows
- However...success falls short
- Have we ensured that everyone in America can achieve an optimal and equitable level of health?



PROGRESS HAS ITS LIMITS...

- Poor health outcomes despite enormous health care spending
- Disparities persist across many health outcomes and conditions
- Life expectancy- can differ by as much as 20 years in neighborhoods just a few miles apart⁵
- Infant mortality rate for infants of black mothers > 2X that of infants of white mothers⁶
- Chronic diseases
- Exposure to environmental pollutants

Health Care Spending As A Percent of GDP



PUBLIC HEALTH MUST ADDRESS FUNDAMENTAL CHALLENGES: SOCIAL DETERMINANTS OF HEALTH

- Investing in safe and healthy communities makes a difference, especially for disadvantaged populations.
- The **social determinants of health** are the conditions in which people are born, grow, live, work and age.⁷

- Education
- Safe environments
- Housing
- Transportation
- Economic development
- Access to healthy foods



- These challenges are going to require community- based interventions beyond health care.

PUBLIC HEALTH MUST ADDRESS CHALLENGES

- Public health agencies are increasingly working with others in the broader health system to address social determinants of health
- Public health significantly underfunded
 - 2008 Recession- large, sustained reduction in state/local PH funds
- Kentucky- local health departments affected by state pension crisis
- Changing population health threats (HIV/ AIDS, infectious disease outbreaks, opioid/ SUD)
- Changes resulting from ACA
- Public health must reinvent itself → PUBLIC HEALTH 3.0
 - In partnership with the community



PUBLIC HEALTH 3.0

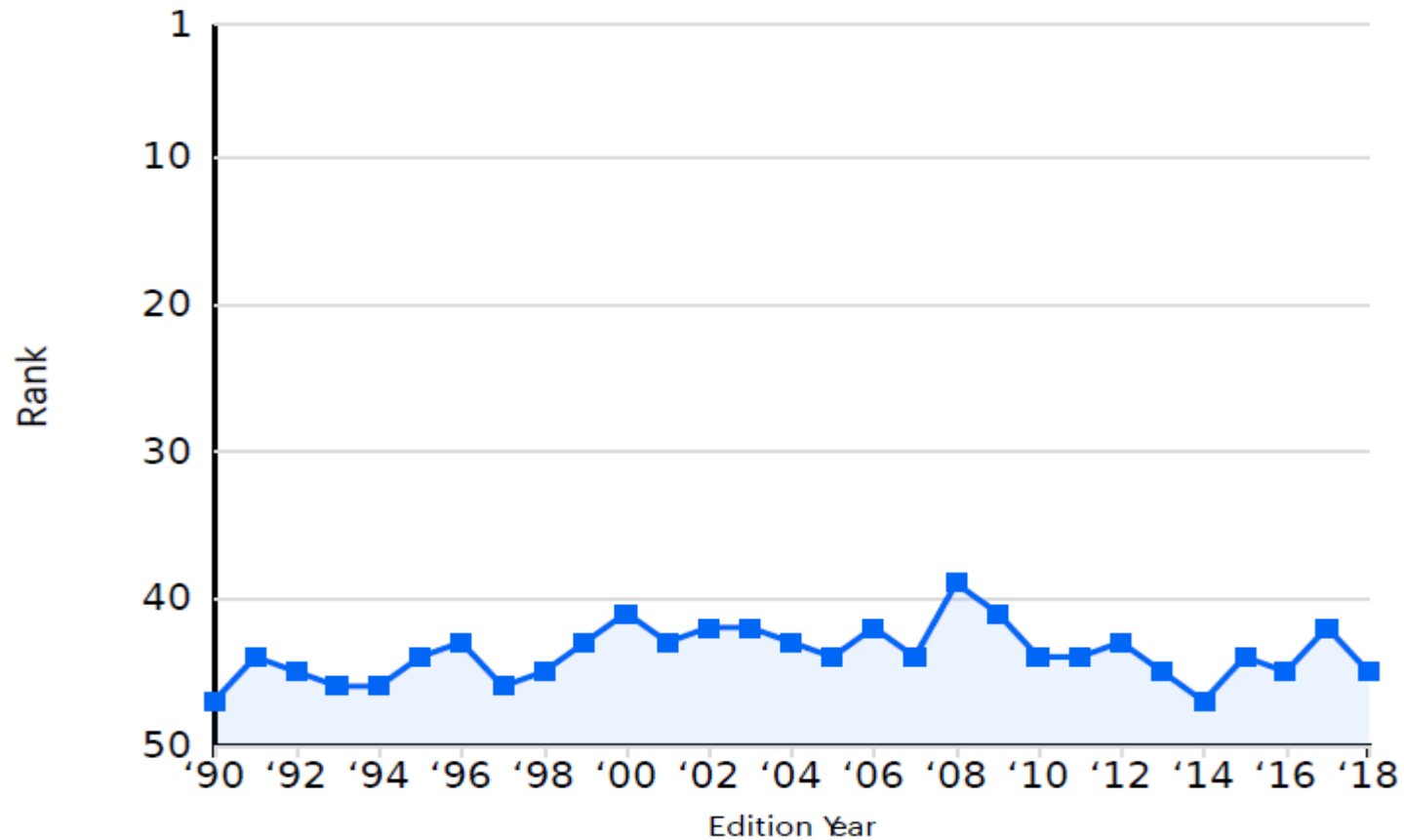
- Office of the Assistant Secretary (OASH) 2016: New model of Public Health^{8,9}
- Characterize key components, identify actions needed to support transformation of Public Health
- Public Health 3.0 Regional Meetings- 5 communities aligned with PH 3.0 vision
 - Spokane, WA
 - Santa Rosa, CA
 - Kansas City
 - Nashville
 - Allegheny Co., PA
- Shared strategies/ exchanged ideas to move PH 3.0 forward
- Multiple partners: public health, non- profits, businesses, social services, medical community, academia, state/ local government agencies, transportation and environmental services

PH3.0 FIVE RECOMMENDATIONS

- 1. Public health leaders should embrace the role of Chief Health Strategist for their communities.
- 2. Public Health departments should engage with community stakeholders (public & private) to form structured, cross sector partnerships.
- 3. PH Accreditation Board criteria and processes for accreditation should be enhanced to foster PH 3.0 principles.
- 4. Timely, actionable data should be accessible for communities; clear metrics to document success should be developed .
- 5. Funding for public health should be enhanced and substantially modified.

RECOMMENDATION 2: PUBLIC HEALTH DEPARTMENTS SHOULD ENGAGE WITH COMMUNITY STAKEHOLDERS (PUBLIC & PRIVATE) TO FORM STRUCTURED, CROSS SECTOR PARTNERSHIPS

- Core of PH 3.0: Local communities will lead the charge of taking public health to the next level
- Leading health improvement strategy for a community requires a shift from organizational thinking to community focused thinking
- No room for silos!
- Multiple sectors- Public and Private
 - **Non- traditional partners-** Behavioral health, business owners/ developers, elected officials, faith- based, housing, media/ marketing professionals, public safety/law enforcement, school systems, substance disorder treatment programs, transportation
 - “The person/ group you never thought to ask.”
- **Neutral back- bone entity**
- Building relationships takes time
- Need opportunities for developing skills in cultivating partnership, collaboration & leadership
- Collective impact- PH and other sectors can exchange skills/ cross- pollinate professional development activities



WHAT ABOUT PROGRESS? KENTUCKY'S HEALTH STATUS



2016-2018 KY BRFSS Data

- Adult smoking prevalence- 24%
- Adult obesity prevalence- 35%
- Lack of physical activity- 32%
- Hypertension prevalence 39%

KY Leading Causes of Death, 2017 CDC

- Cancer- 1st
- Lower respiratory disease- 1st
- Diabetes- 5th
- Kidney disease- 5th
- Heart disease- 9th

PUBLIC HEALTH IN KENTUCKY NEEDS TRANSFORMATION

- KY pension crisis threatens solvency of up to half of the state's local health departments
- Current programmatic services are not reflective of community health needs
 - Federal grant cycles and priorities
 - Local health departments must use local \$\$ to match or supplement federal funds
 - May lead to duplication of effort/ waste of resources
 - Mismatch with community public health needs/ priorities
- KY PH system adjustment to how Medicaid expansion and ACA changed the role of Public Health
 - More Kentuckians with insurance

KENTUCKY PUBLIC HEALTH TRANSFORMATION

- PHT: Modernize, Simplify and Prioritize Kentucky's PH system using PH 3.0 principles
 - Work of local health department directors, KY Health Dept. Association, KY Dept. for Public Health
 - Former Health Commissioner, Dr. Jeff Howard
- Relieve the fiscal instability of the current system
- Introduce a simplified and focused PH model with clearly defined priorities
- Create accountability at all levels of the system
- Prevent duplication of effort and reduce waste
- Support and emphasize data- driven decisions to best promote community health outcomes

CORE PUBLIC HEALTH

FOUNDATIONAL PUBLIC HEALTH

Five focus areas with
statutory and regulatory
defined services:

1. Population Health
2. Enforcement of Regulation
3. Emergency Preparedness & Response
4. Communicable disease control
5. Administrative and organizational infrastructure

Community Health Assessment

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HANDS

HARM REDUCTION
& SUD

Local Public
Health Priorities

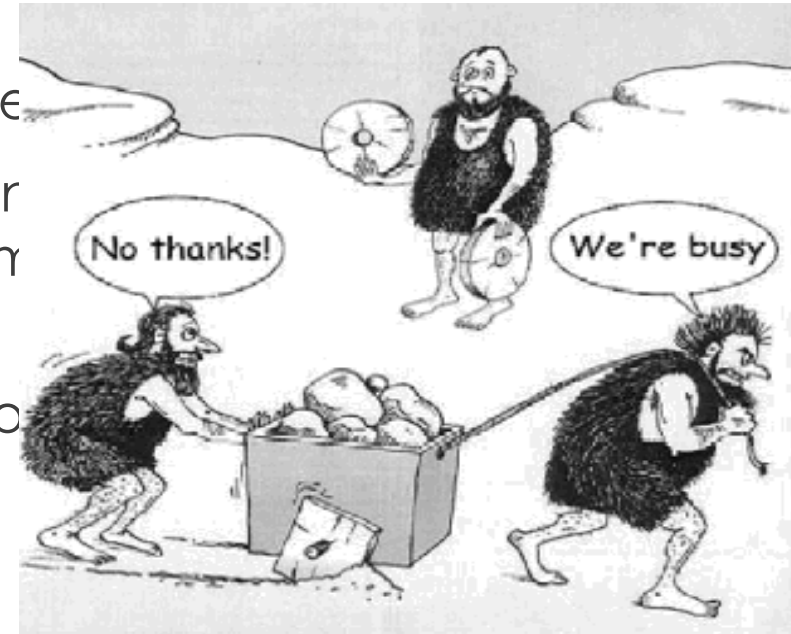
LOCAL PRIORITIES- LOCAL COMMUNITY

- Community Health Assessment- identify local priorities
- Environmental scan- Is need being met?
- If yes, support and complement
- Engage community stakeholders!
- Practical application of PH 3.0

Local
Public
Health
Priorities

COMMUNITY HEALTH ASSESSMENTS

- Under ACA, non-profit hospitals must perform community health needs assessment and develop an implementation strategy
- “...persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health.”
- Perfect opportunity to collaborate and make use of each entity’s assets, capabilities and capacities
- A community wide comprehensive needs assessment would be
- Cooperation → Collaboration → Exchanging information, altering sharing resources and enhancing the capacity of another for n and to achieve a common purpose
- Local health department- a neutral convener when there is more than one hospital in a community



HOSPITAL COMMUNITY BENEFIT

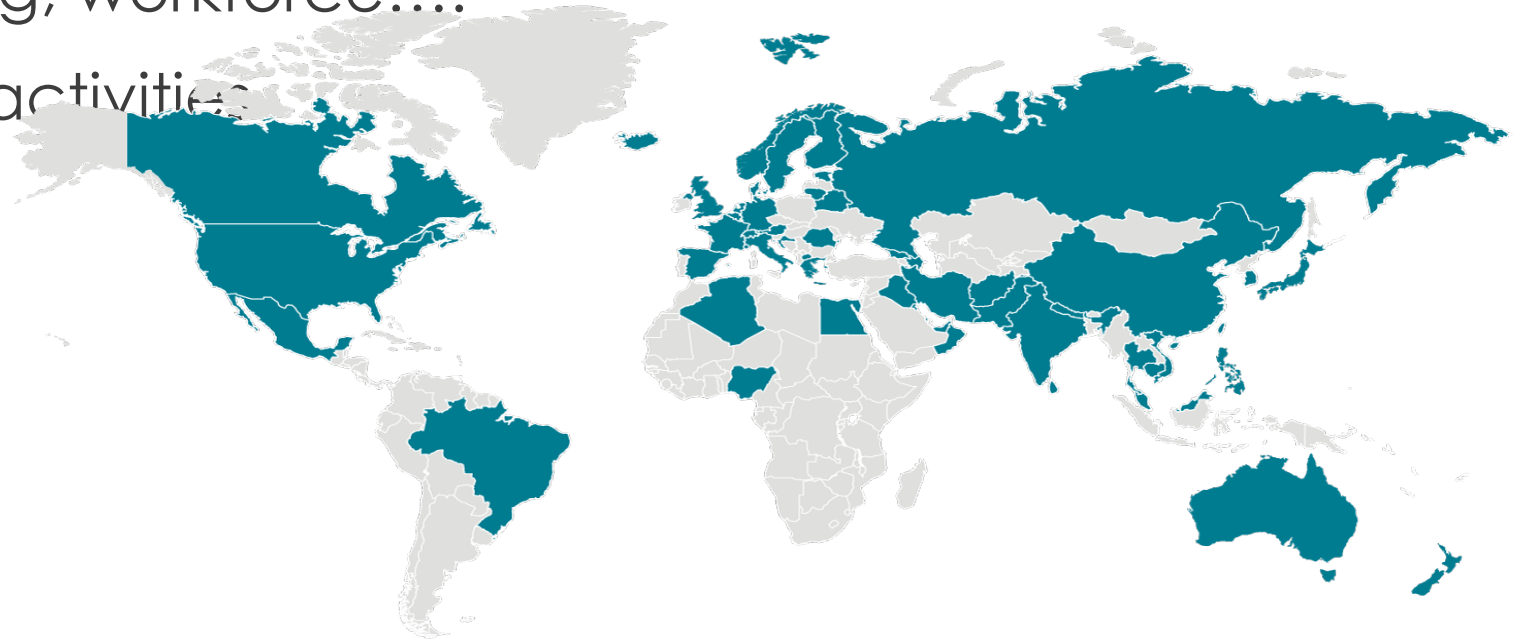
- IRS requires non-profit hospitals to provide charitable community benefits in exchange for their tax exemptions. Non-profit hospitals are required to engage in activities that benefit community health.
- Hospital Community Benefit refers to the *initiatives, activities, and investments* undertaken by tax-exempt hospitals to improve health in the communities they serve.
- Majority spent on “charity care”- direct clinical care
- Hospital- local public health collaboration (based on community needs)
- Partner with LHDs to test for HIV and Hepatitis C in high risk patients in the ED
- LHDs poised to connect new HIV cases to care, do contact investigations, and link to other services

HARM REDUCTION

- KY has 70 syringe service programs
- Hospitals can refer their patients to the local health department for harm reduction services
 - Overdose prevention education
 - Link to Substance Use Disorder treatment
 - Refer for treatment of HIV, Hepatitis C
 - Refer for other medical, social, mental health services
- Hard to reach population- opportunity to serve their medical and prevention needs

OUTBREAKS AND DISASTERS

- Infectious disease outbreaks- COVID-19, Influenza, Measles, HIV
- COVID-19: - has your hospital connected with the local health department?
- PPE, lab resources, reporting, workforce....
- Emergency preparedness activities



PURCHASE AREA HEALTH CONNECTIONS

- Purchase Area Health Connections: A network of partners dedicated to improving the health and well-being of individuals in the Purchase Area
- Ballard, Calloway, Carlisle, Fulton, Graves, Hickman, Marshall, McCracken counties
- County coalitions (Get Fit Graves, Healthy Paducah, Marshall County Health Coalition)
- Partners: local health departments, local hospitals, local school systems, head start, local/ state colleges, local law enforcement, parks, chamber of commerce, United Way, Medicaid, corrections, KY courts, and more...
- Purchase Area District Health Department- Neutral convener, source of epidemiologic data, skills in organization and facilitation
- Healthy Park, Substance Use Disorder, Community Health W
- Addressing needs of their communities



KENTUCKY PERINATAL QUALITY COLLABORATIVE

- The Kentucky Perinatal Quality Collaborative (KyPQC) is a statewide network working to improve the quality of care during pregnancy, delivery and throughout the first year of life.



Public Health 3.0

A Call to Action for Public Health to Meet the Challenges of the 21st Century



 @theNAMedicine

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To solve the fundamental challenges of population health, **we must address the full range of factors that influence a person's overall health and well-being.** Education, safe environments, housing, transportation, economic development, access to healthy foods--these are all the major social determinants of health, comprising the conditions in which people are born, live, work, and age.

-DeSalvo et al., 2017



nam.edu/Perspectives

CITATIONS

- 1. Institute of Medicine. 1988. *The Future of Public Health*. Washington, DC: The National Academies Press. <https://doi.org/10.17226/1091>.
- 2. DeSalvo et al. Public Health 3.0 Time for an Upgrade. *AJPH* April 2016, 106(4).
- 3. Institute of Medicine. 2002. *The Future of the Public's Health in the 21st Century*. <http://www.nationalacademies.org/hmd/Reports/2002/The-Future-of-the-Publics-Health-in-the-21st-Century.aspx>. Retrieved 2020-01-30.
- 4. Life Expectance By Country. <https://www.macrotrends.net/countries/USA/united-states/life-expectancy>>U.S. Life Expectancy 1950-2020. www.macrotrends.net. Retrieved 2020-01-30.
- 5. Chapman, DA, Kelley L, Woolf SH. Life expectancy maps 2015-2016 VCU Center on Society and Health. <http://www.societyhealth.vcu.edu/maps>
- 6. Schoendorf, et al. Mortality of Black Infants as Compared to White College- Educated Parents. *N Engl J Med* 1992; 326:1522-1526.DOI: 10.1056/NEJM199206043262303
- 7. Social Determinants of Health. <https://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-of-health>
- 8. Public Health 3.0 A Call to Action to Create a 21st Century Public Health Infrastructure. <https://www.healthypeople.gov/sites/default/files/Public-Health-3.0-White-Paper.pdf>. Retrieved 2020-01-30.
- 9. DeSalvo KB, Wang YC, Harris A, Auerbach J, Koo D, O'Carroll P. Public Health 3.0: A Call to Action for Public Health to Meet the Challenges of the 21st Century. *Prev Chronic Dis* 2017;14:170017. DOI: <http://dx.doi.org/10.5888/pcd14.1700>
- 10 NACCHO: PH 3.0 Issue Brief. <https://www.naccho.org/uploads/downloadable-resources/NACCHO-PH-3.0-Issue-Brief-2016.pdf>. Retrieved 2020-01-30