THE CHANGES NEEDED TO CONTINUE PUBLIC HEALTH’S PROUD HISTORY

John Auerbach
President and CEO
Trust for America’s Health
Causes of Death 1900

1. Pneumonia and influenza
2. Tuberculosis
3. Diarrhea, enteritis
4. Diseases of the heart
5. Intracranial lesions of vascular origin
6. Nephritis /kidney disease
7. All accidents
8. Cancer and other malignant tumors
9. Senility
10. Diphtheria
Causes of Death - 2017

1. Diseases of heart
2. Cancer
3. Chronic lower respiratory diseases /COPD
4. Accidents (unintentional injuries)
5. Stroke
6. Alzheimer’s disease
7. Diabetes mellitus
8. Influenza and pneumonia
9. Nephritis/kidney disease
10. Intentional self-harm (suicide)
Why did it change?

- **Science/medicine/nursing**
  - Vaccinations
  - Diagnosis and treatment

- **Public Health/focus on the social determinants**
  - Safe water laws/regulations
  - Improved sanitation laws
  - Housing laws/regulations
  - Home visits by RNs
And where are we now?
Insurance Expansion: Uncertain Future

- Nearly 20 M newly insured
- Pressures to both decrease & increase
- Maine votes to expand
- 10 states apply for work requirements

How did Michigan’s Medicaid expansion affect the health of low-income people and their ability to work?

- 40% said their mental or dental health improved in the first year
- 50% said their physical health improved in the first year
- 55% of those who were out of work said the coverage made them better able to look for a job
- 69% of those who had jobs said they did better at work once they got covered
Payment Reform is Moving Ahead But Slower

Michigan: $ 70 M SIM Model Test from CMMI in 2015 to implement multipayer delivery and value-based payment reforms

Fee-for-Service or “Volume-Based” Payment Model

Value-Based Payment Model

- Population Health
- Experience of Care
- Per Capita Cost
Emerging Clinical Care Models
Changing Demographics and Health Needs

- Changing demographics of the country
- Changing health care needs
- New health crises
- Growing role of non-health sector roles
Public Health At A Precipice

- Fewer resources from local and state
- Danger of federal budget cuts
- Current needs demand new skills & resources

**States' Public Health Budgets**

<table>
<thead>
<tr>
<th>State</th>
<th>FY 2016-2017 State Public Health Budget</th>
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<tbody>
<tr>
<td>Alabama</td>
<td>$274,290,949</td>
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The Public Health Department of the Future

Chief Health Strategist

Public Health 3.0
Core Mission of Health Departments Remains the Same

Reduction of leading causes of preventable deaths, illnesses, injuries
Special emphasis on underserved populations & equity
Optimal Health for all
With Equity Focus

Equality doesn’t mean Equity
Public Health 3.0

- Chief Health Strategist
- Timely, granular data
- Health care links
- Policy-oriented
- Upstream
Study the demographics and epidemiology - NOT the available funding

Look towards the future NOT just the immediate
Practice #2: Develop strategies for promoting health & well-being that are effective for communities.

Factors That Affect Health

- **Smallest Impact**
  - Counseling & education
  - Clinical interventions
  - Long-lasting protective interventions

- **Largest Impact**
  - Changing the context: To make individuals’ default decisions healthier
  - Socioeconomic factors

**Examples**
- Eat healthy, be physically active
- Medication for high blood pressure, high cholesterol, diabetes
- Immunizations, brief intervention, cessation treatment, colonoscopy
- Fluoridation, 0g trans fat, iodization, smoke-free laws
- Poverty, education, housing, inequality
Social Determinants & Equity

- Conditions in the lives of the public
- Poverty: limits access to healthy foods, safe housing, education & jobs
- Racism/discrimination: physiological changes & environmental risks
Adverse Childhood Experiences (ACEs)

- Traumatic events including violence or substance use in family.
- Each ACE increases risk of health problems
Practice #3: Identify, analyze, and distribute information from new, big, and real-time data sources

DASH is a national Robert Wood Johnson Foundation program
Many Sources of Information

THE COMMUNITY GUIDE
Guide to Community Preventive Services
What Works to Promote Health

WHAT IS HEALTHY COMMUNITY DESIGN?
Integrating evidence-based health strategies into community planning, transportation, and land-use decisions.

HI-5
HEALTH IMPACT IN 5 YEARS

Trust for America’s Health
TFAH.ORG
Practice #4: Build a more integrated health system thru collaboration between clinical care & public health

SIX WAYS TO SPEND SMARTER FOR HEALTHIER PEOPLE

- Tobacco Use Reduction
- Blood Pressure Control
- Infection Prevention
- Asthma Control
- Unintended Pregnancy Prevention
- Diabetes Prevention and Control

*Healthcare-Associated Infections
To Address Asthma: Healthy Home Risk Reduction

Home visit by CHWs to

- Provide additional education/ encouragement
- Assess risk factors in the home
- Assist in removing risk factors
It's not just public health: Health care plays a critical roles

- In clinical practices: prevention
- In innovative approaches: home/community
- In establishing multi-sector partnerships:
- In policy change: as advocates
- In public health: as leaders
Practice #5: Collaborate with a broad array of allies to build healthier and more vital communities
Michigan Early Child Care: Improving Nutrition and Physical Activity Standards

SUMMARY
The Michigan Department of Health and Human Services (MDHHS) is partnering with state and community organizations to improve healthy eating and physical activity standards in early care and education settings (ECEs) across the state. Participating ECEs worked with Nutrition and Physical Activity Self-Assessment for Child Care (NAP SACC) consultants to enhance nutrition and physical activity practices. Program changes could benefit as many as 24,000 children at the end of the 5-year project.

YOUR INVOLVEMENT IS KEY
MDHHS is taking steps to expand healthy eating and physical activity improvements in all child care centers and homes in Michigan. For more information about NAP SACC or to get involved, visit www.mihealthtools.org/childcare
This project is supported by the State Public Health Actions to Prevent and Control Diabetes, Heart Disease, Obesity, and Associated Risk Factors and Promote School Health cooperative agreement (DP13-1305).
Practice #6: Adopt state-of-the-art business, accountability & financing systems

- Barry-Eaton District Health Department (Charlotte)
- Central Michigan District Health Department (Mount Pleasant)
- District Health Department #10 (Hart)
- Kent County Health Department (Grand Rapids)
- Livingston County Health Department (Howell)
- Mid-Michigan District Health Department (Stanton)
- Washtenaw County Public Health (Ypsilanti)
Which is the Future?