

# THE CHANGES NEEDED TO CONTINUE PUBLIC HEALTH'S PROUD HISTORY

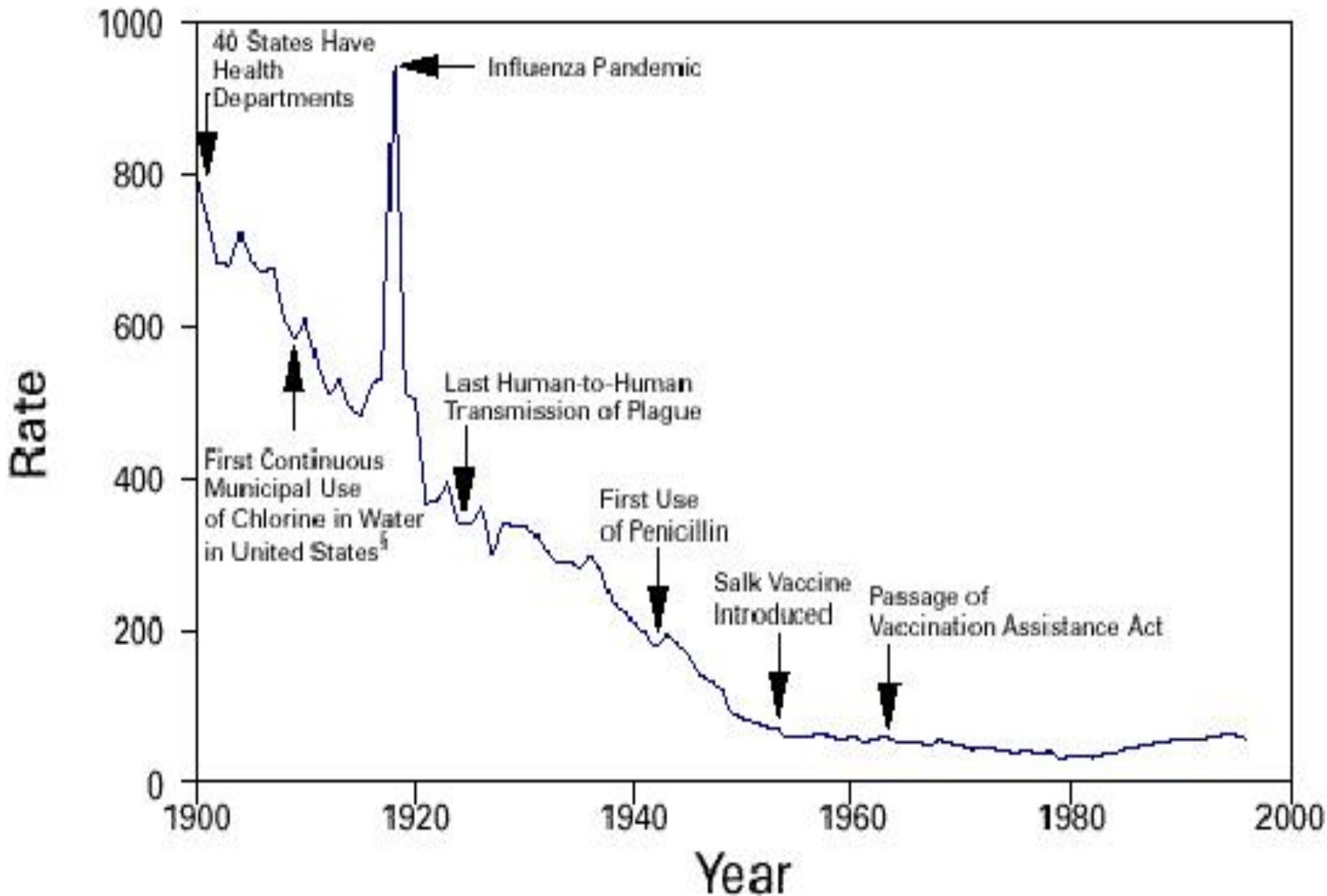
**John Auerbach**  
President and CEO  
Trust for America's Health

# 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

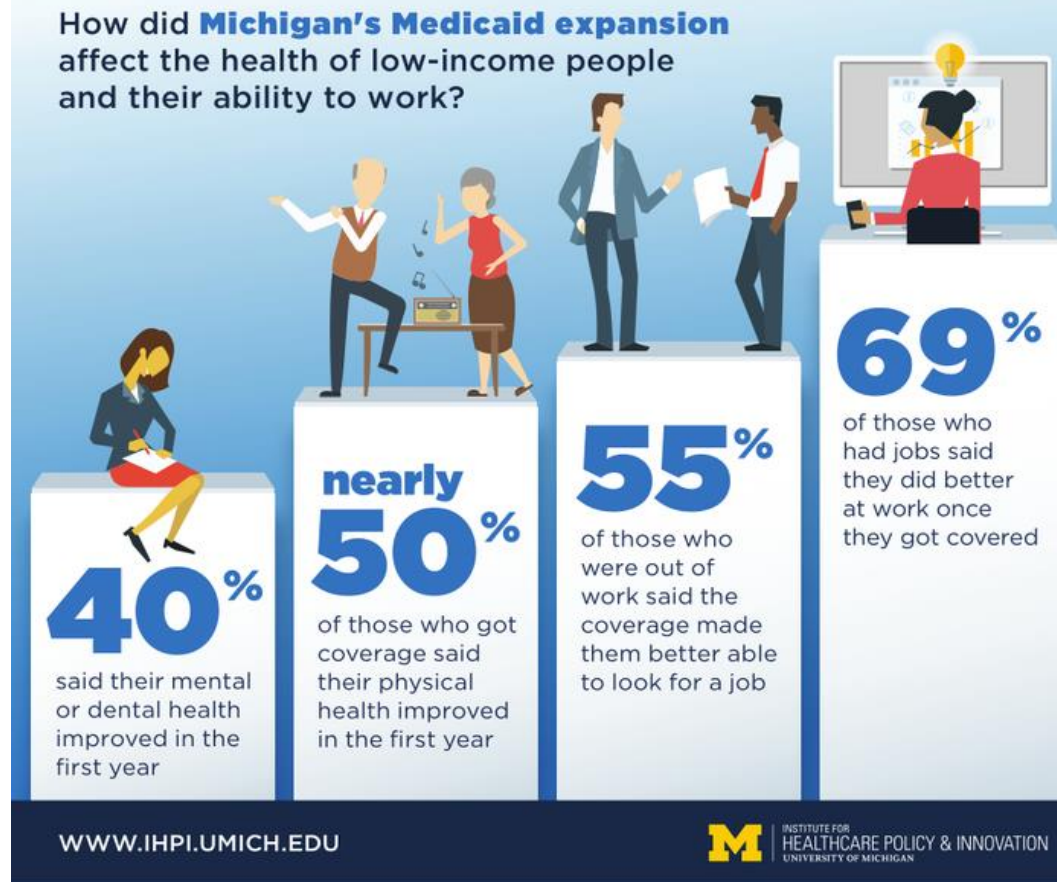


# And where are we now?

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# Insurance Expansion: Uncertain Future

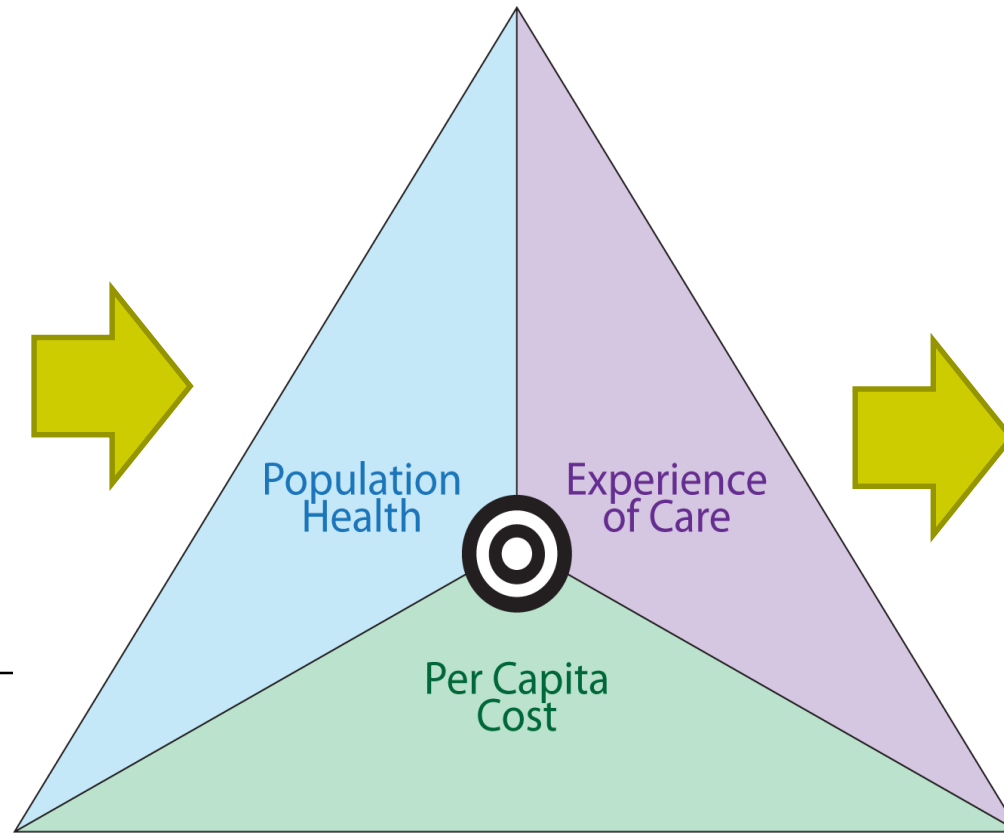
- Nearly 20 M newly insured
- Pressures to both decrease & increase
- Maine votes to expand
- 10 states apply for work requirements



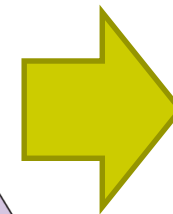
# Payment Reform is Moving Ahead But Slower

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

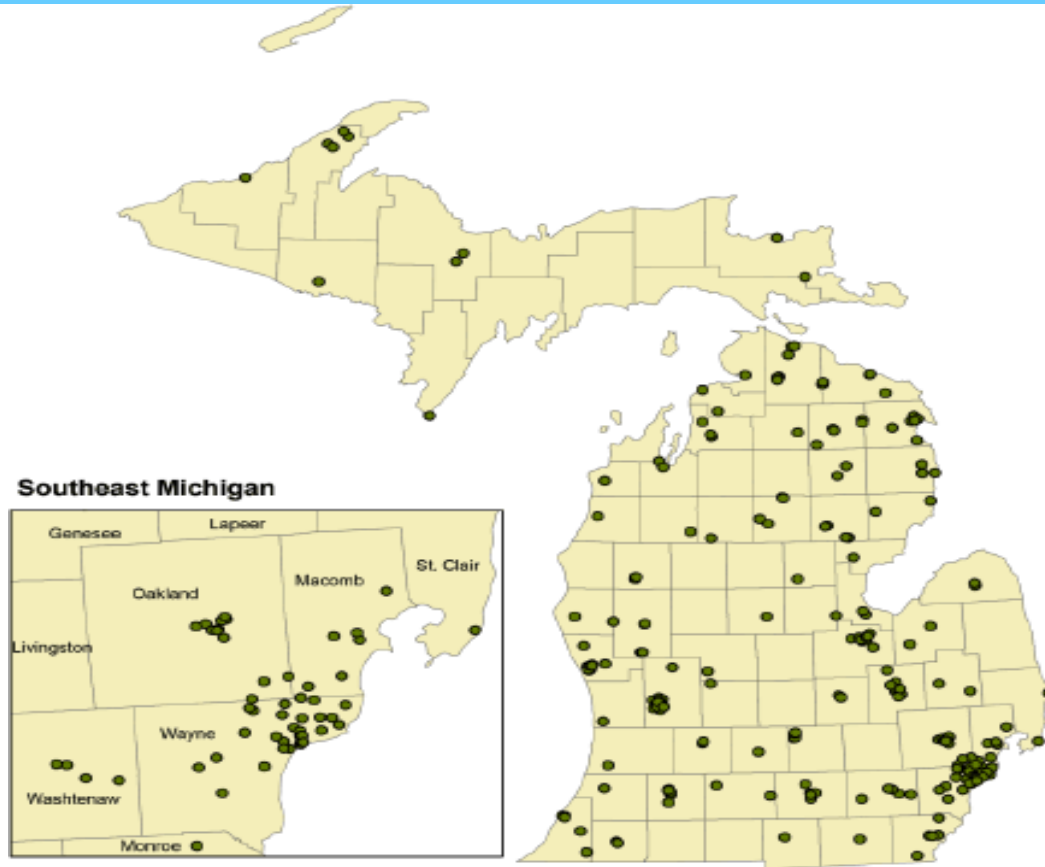


Value-  
Based  
Payment  
Model





# Emerging Clinical Care Models



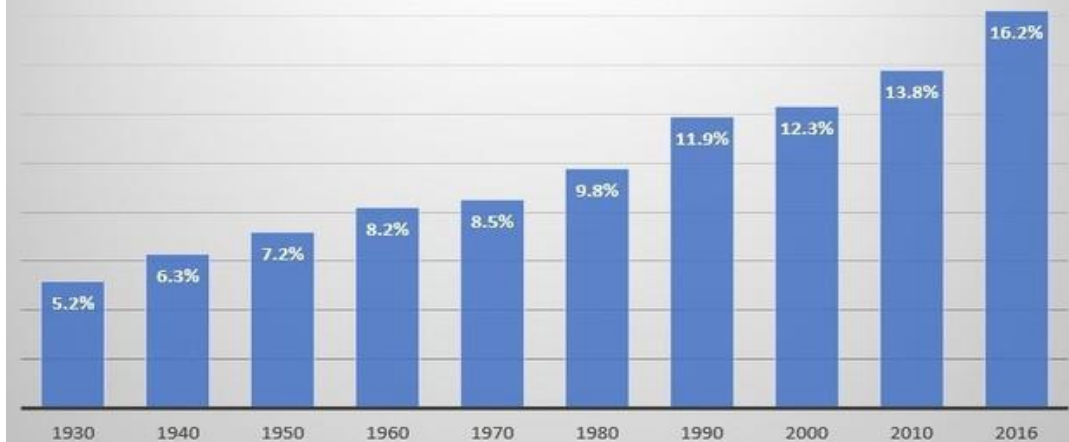
Source: CHRT analyses of HRSA Delivery Site Data, 2016

# Changing Demographics and Health Needs

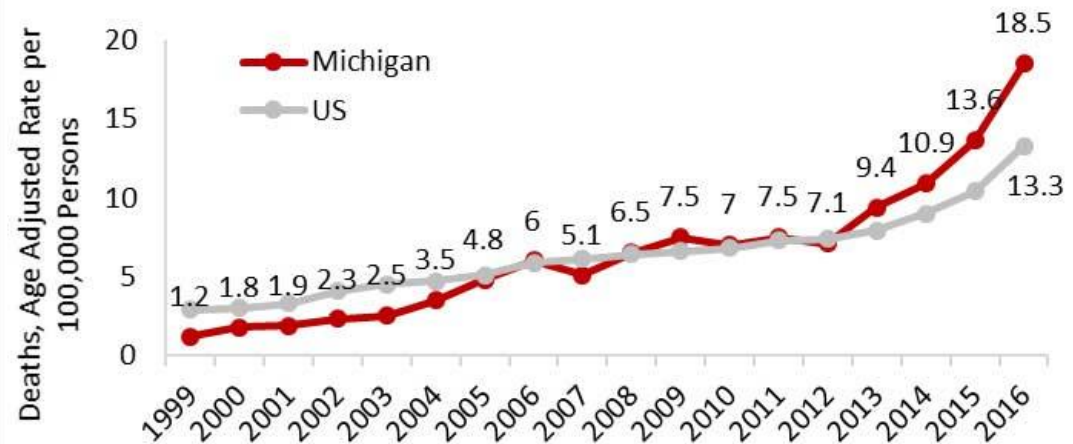
- Changing demographics of the country
- Changing health care needs
- New health crises
- Growing role of non-health sector roles



% of Michigan's population age 65 and older



Rate of Opioid Related Overdose Deaths in Michigan



Source: CDC WONDER

# 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

	FY 2016-2017 State Public Health Budget
Alabama	\$274,290,949
Alaska	\$84,857,300
Arizona	\$61,023,300
Arkansas	\$156,264,435
California	\$2,424,431,000
Colorado	\$278,276,006
Connecticut	\$104,214,695
Delaware	\$39,745,800
D.C.	\$94,923,000
Florida	\$387,656,410
Georgia	\$219,395,730
Hawaii	\$159,900,025
Idaho	\$151,217,000
Illinois	\$327,241,300
Indiana	\$84,205,745
Iowa	\$219,770,221
Kansas	\$35,179,495
Kentucky	\$185,502,795
Louisiana	\$98,660,306
Maine	\$28,006,490
Maryland	\$243,358,946
Massachusetts	\$364,200,373
Michigan	\$128,282,100

# 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

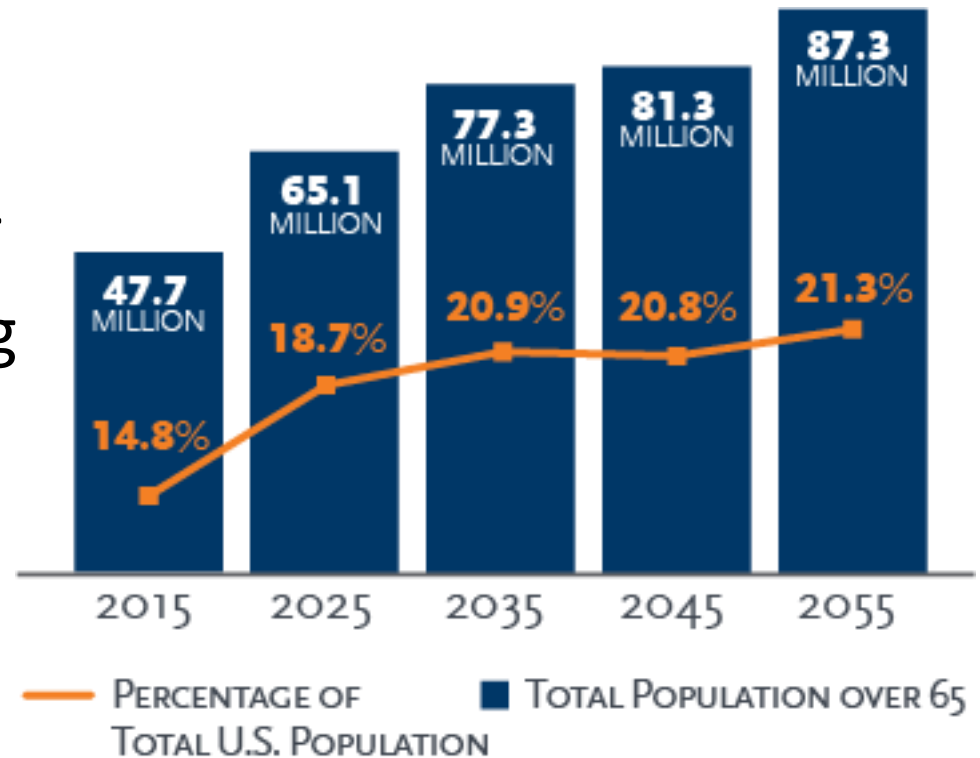
- ❑ Chief Health Strategist
- ❑ Timely, granular data
- ❑ Health care links
- ❑ Policy-oriented
- ❑ Upstream



# Practice #1: Identify the key future and current needs of the community

- Study the demographics and epidemiology - NOT the available funding
- Look towards the future NOT just the immediate

Population Growth Over the Age of 65

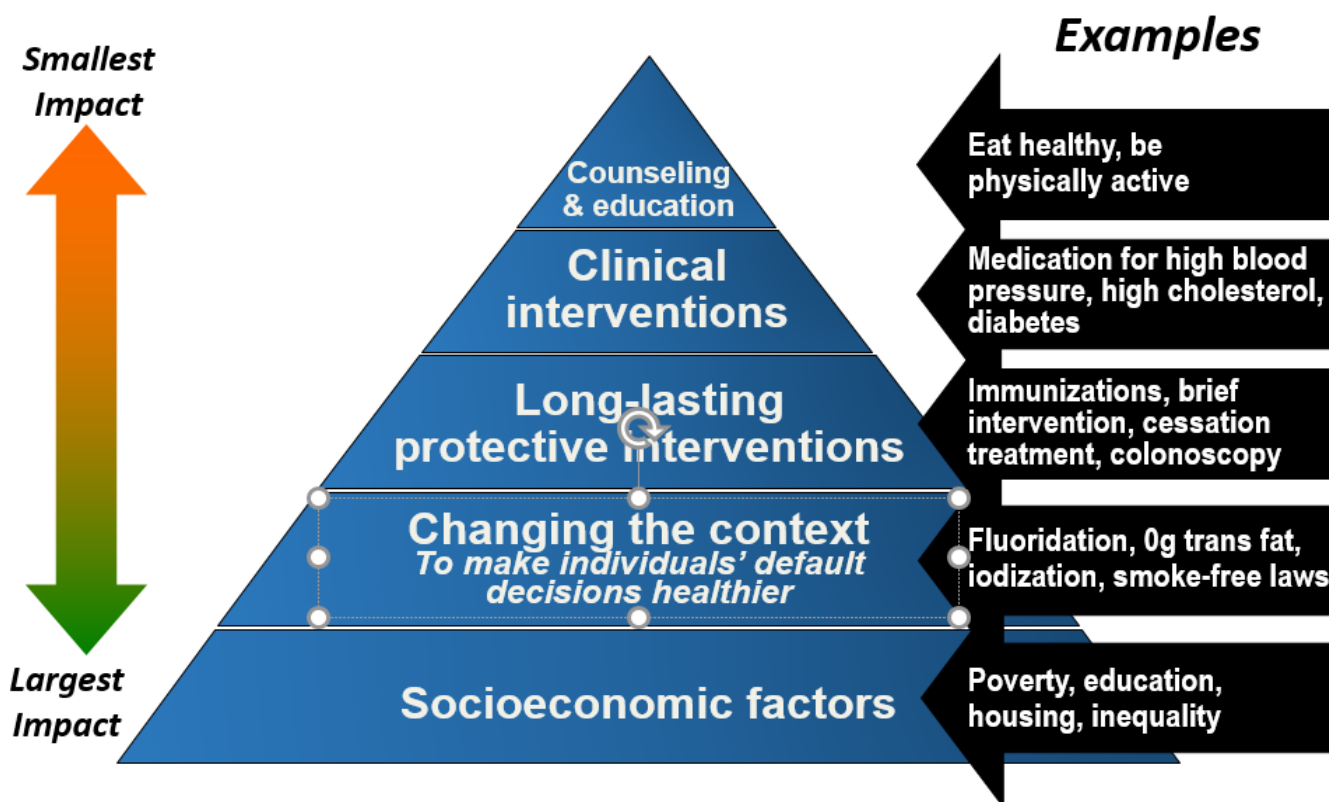


US Census Bureau, December 2012



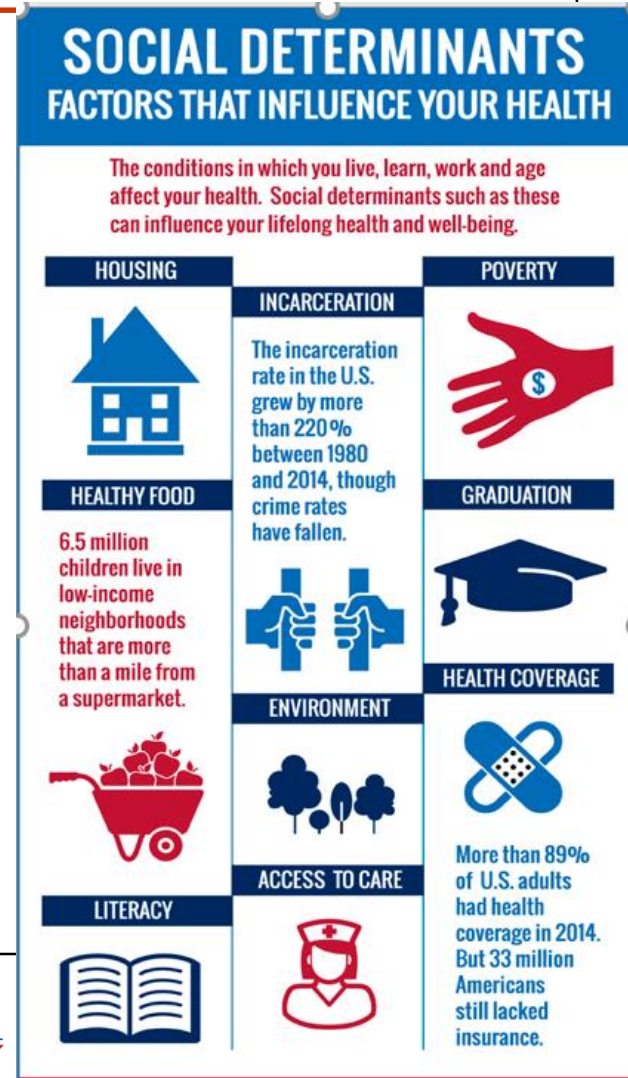
## Practice #2: Develop strategies for promoting health & well-being that are effective for communities

### Factors That Affect Health



# 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

## ABUSE



Physical



Emotional



Sexual

## NEGLECT



Physical



Emotional

## HOUSEHOLD DYSFUNCTION



Mental Illness



Incarcerated Relative



Mother treated violently



Substance Abuse



Divorce

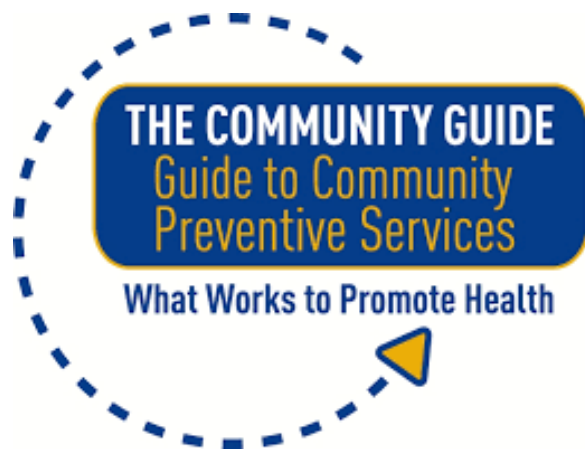
## **Practice #3:** Identify, analyze, and distribute information from new, big, and real-time data sources

**Data Across  
Sectors** *for* **Health**



DASH is a national Robert Wood Johnson Foundation program

# Many Sources of Information



# 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



\*HEALTHCARE-ASSOCIATED INFECTIONS

ASTHMA CONTROL



UNINTENDED PREGNANCY  
PREVENTION

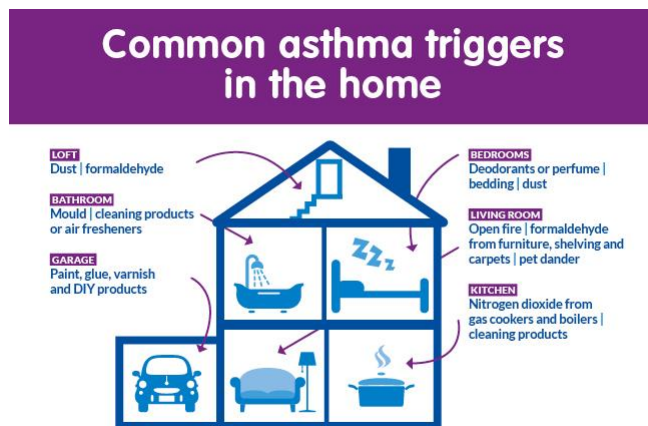


DIABETES PREVENTION  
AND CONTROL





# 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

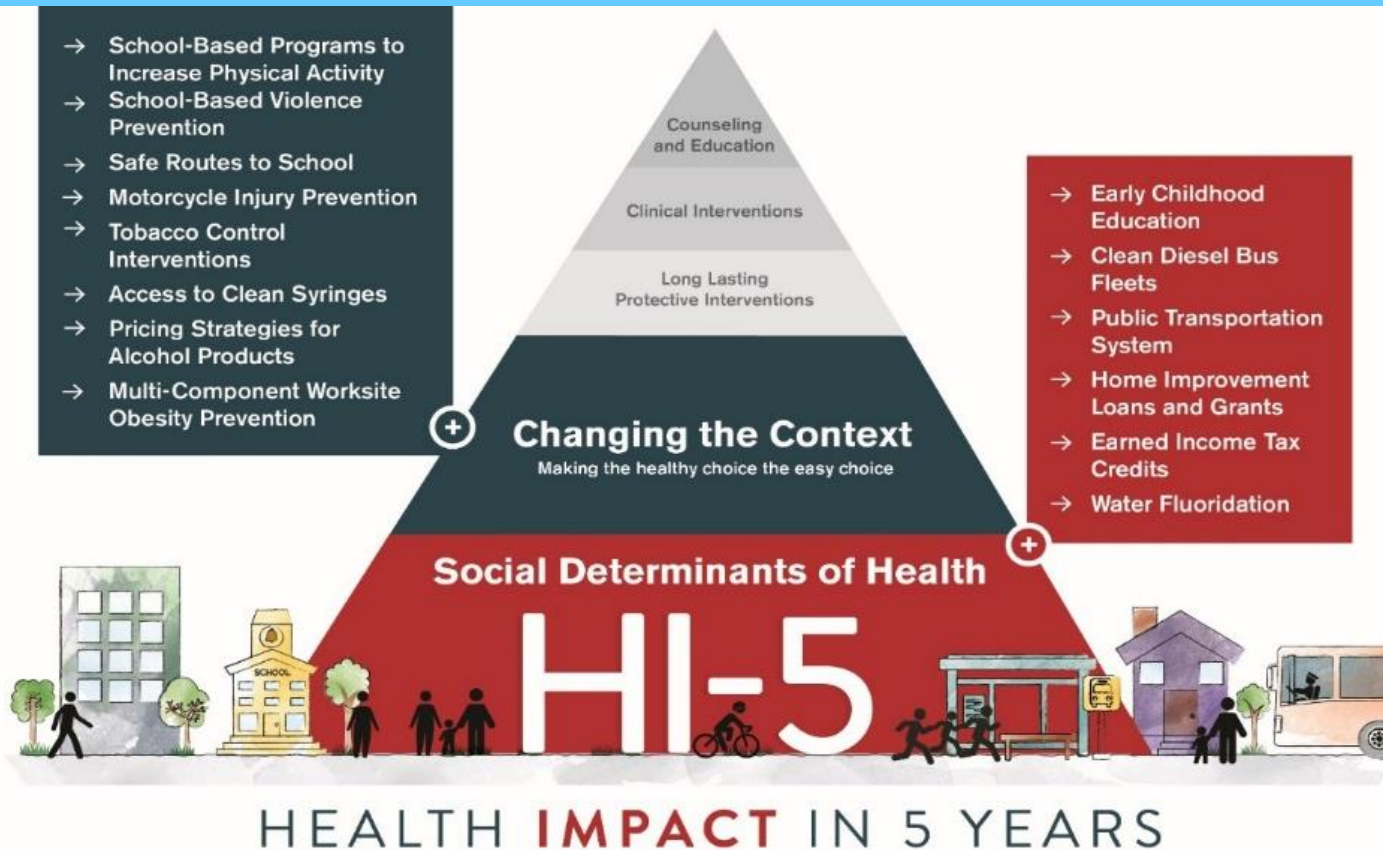
# It's not just public health: Health care plays a critical roles

- ❑ **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

by: Lonias Gilmore, MPH

## 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.

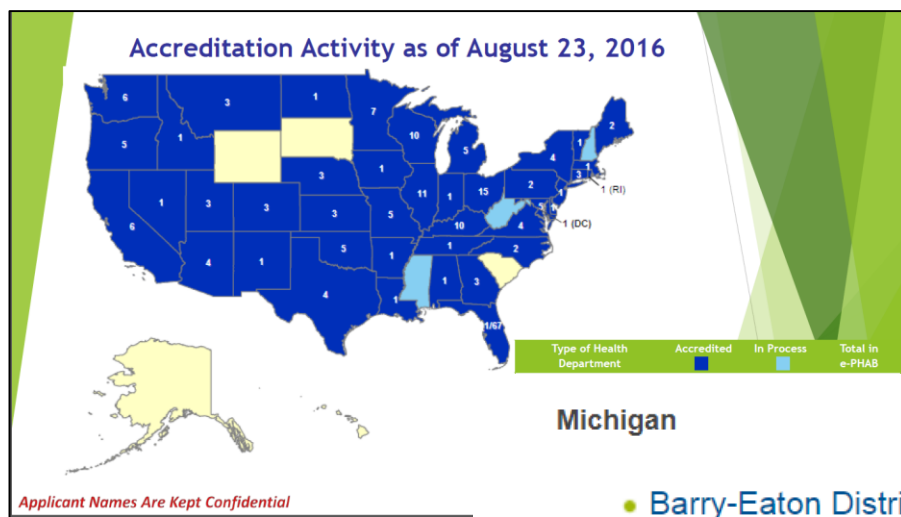


## YOUR INVOLVEMENT IS KEY

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](http://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?

