## Public Health 3.0

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HEALTHIER TEXAS SUMMIT

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What we do <u>together</u> as a society to ensure the conditions in which everyone can be healthy.



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*Cornerstone has been governmental public health* 

### Public Health I.0



(late 19<sup>th</sup>/most of 20<sup>th</sup> Century)

Comprehensive public health protection —from primary prevention through treatment—becomes possible for the first time in history.

Development of an astonishing array of health-protecting **tools** and **capacity** with increasingly sophisticated techniques for ensuring sanitation and food safety.

### Public Health 2.0



(1980s to Present Day)

By late in the 20<sup>th</sup> century, there was *tremendously uneven* public health capacity at the local levels.

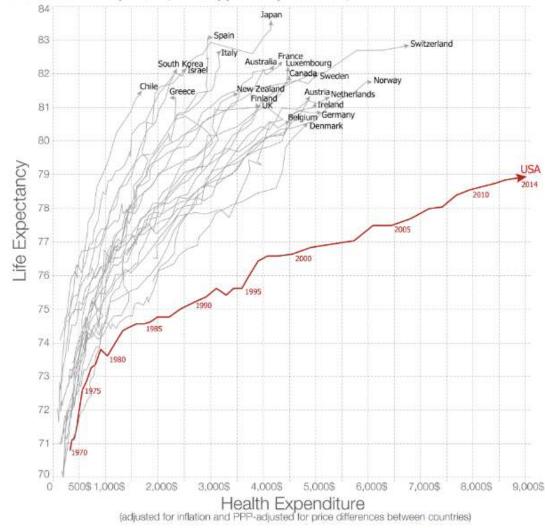
Health Departments strained to address new infectious disease challenges as well as the growing challenge of chronic disease prevention and preparedness.

*Governmental* public health 'came of age' – culminating in today's Health Department accreditation movement.

We are losing the battle for the public's health.

#### Life expectancy vs. health expenditure over time (1970-2014) Our World in Data

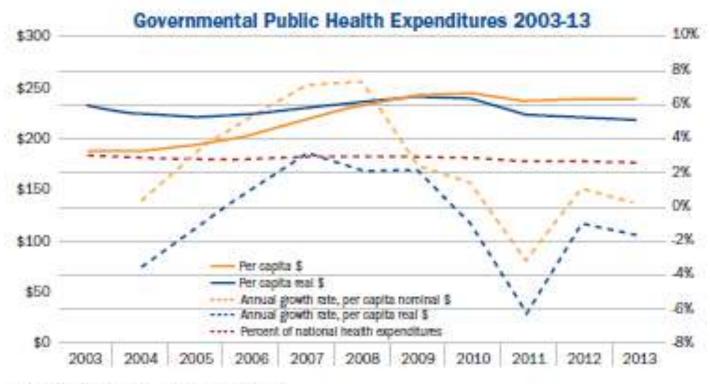
Health spending measures the consumption of health care goods and services, including personal health care (curative care, rehabilitative care, long-term care, ancillary services and medical goods) and collective services (prevention and public health services as well as health administration), but excluding spending on investments. Shown is total health expenditure (financed by public and private sources).



Data source: Health expenditure from the OECD; Life expectancy from the World Bank Licensed under CC-BY-SA by the author Max Roser. The interactive data visualization is available at OurWorldinData.org. There you find the raw data and more visualizations on this topic.

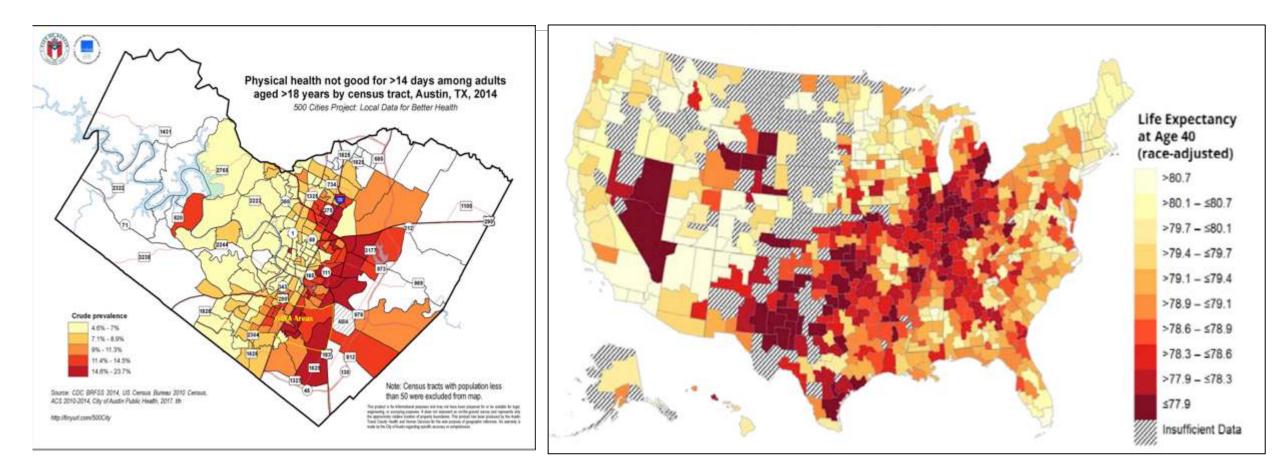
### External Pressures on Public Health

- Great Recession
- Affordable Care Act
- Delivery System Reform
- Data and Technology
- Epidemiology shifts



Source: Public Health Economics, 2015

# *Our Zip Code Affects Our Health More Than Our Genetic Code...*



#### **DEATHS OF DESPAIR**



#### **BROOKINGS NOW**

Working class white Americans are now dying in middle age at faster rates than minority groups

Alison Burke · Thursday, March 23, 2017

#### Midlife 'Deaths Of Despair' In The U.S., 2000 and 2014 Deaths by drugs, alcohol and suicide among non-Hispanic whites, ages 45-54 DEATH RATE PER 100,000 25 50 75 100 2000 2014

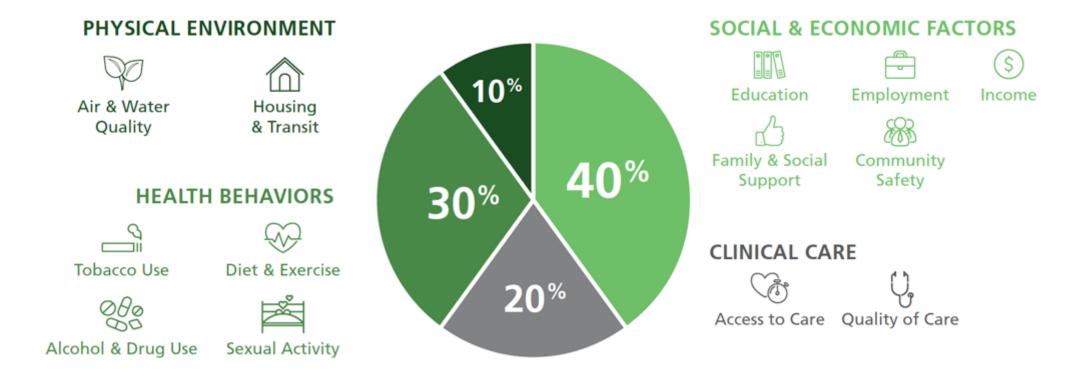
#### Notes

The geographic units represented are a blend of county boundaries and Public Use Microdata Areas.

Source: Anne Case and Angus Deaton, Brookings Papers on Economic Activity Credit: Brookings, adapted by NPR

### SOCIAL DETERMINANTS

"conditions in the environments in which people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks." - Healthy People 2020





A significant upgrade in public health practice to a modern version that emphasizes cross-sectorial environmental, policy- and systems-level actions that directly affect the social determinants of health. Local Public Health Leaders

as the Chief Health Strategist





#### LEARN MORE ABOUT THE **NEW ORLEANS SMOKE-FREE ORDINANCE**

mmunity Health Improvement Iomen, infants, and Children Bicycle and Pedestrian Safety lealth Care for the Homeless Health Care Access

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#### impke-Free Ordinance Complaints

ead

Hotel Smoke Free Guidance

#### New Orleans has joined almost 700 cities nationwide in going smoke free. In January 2015, the New Orleans City Council unanimously passed and Mayor Landrieu signed into law a new, comprehensive smoke-free

ordinance. The City's new ordinance went into effect on April 22, 2015. In addition to smoking restrictions that already exist under state law, there will be new restrictions on smoking and vaping (use of electronic smoking devices) in many locations across the City.

#### Why This Ordinance is Important

Smoke-Free Ordinance

This ordinance protects the public's health by reducing exposure to secondhand smoke and encouraging smokers to quit. Tobacco use is the leading preventable cause of death in the United States. It causes cancer, heart disease, stroke, lung diseases (such as emphysema), and diabetes. More than 20 million people in the United States have died from smokingrelated diseases since 1964, including 2.5 million nonsmokers as a result of exposure to secondhand smoke.

Report a Violation Please click here to report a violation of the Smoke Free Ordinance.

health

#### Contact Us

For more information, contact the New Orleans Health Department.

Phone: 311 or toll-free: (877) 286-6431 E-mail: smokefreetingla.mv

#### Resources to Quit Smoking

 Louisianta Tobacco Outline: Smoking Cessation Trust Ochaner Smoking Cestation

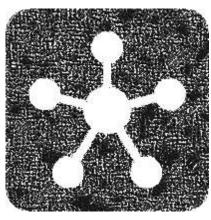
### Public Health 3.0 Components



LEADERSHIP & WORKFORCE

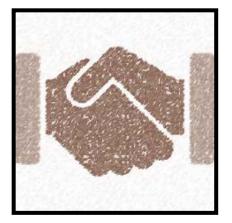
DATA, ANALYTICS & METRICS





ESSENTIAL INFRASTRUCTURE FLEXIBLE & SUSTAINABLE FUNDING





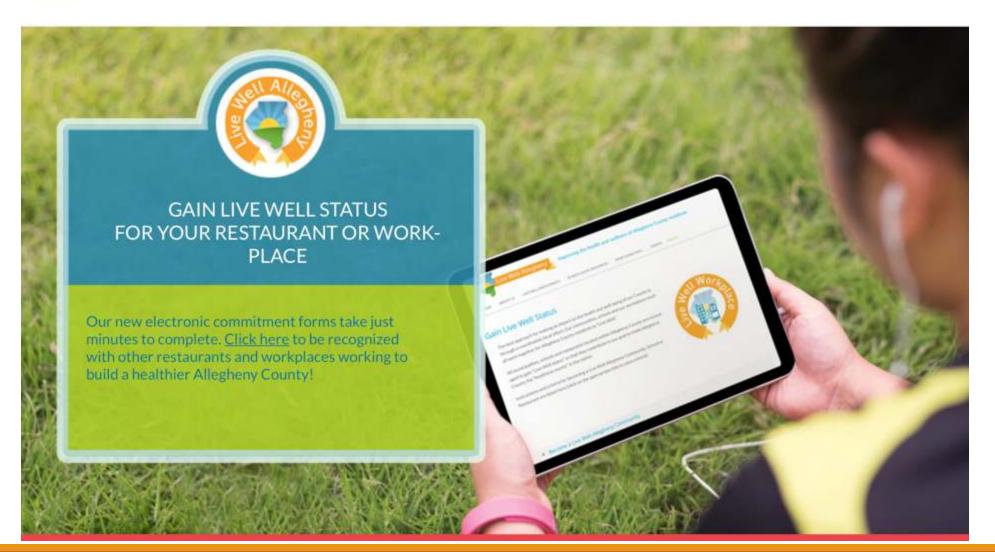
STRATEGIC PARTNERSHIPS

### Learn From Field

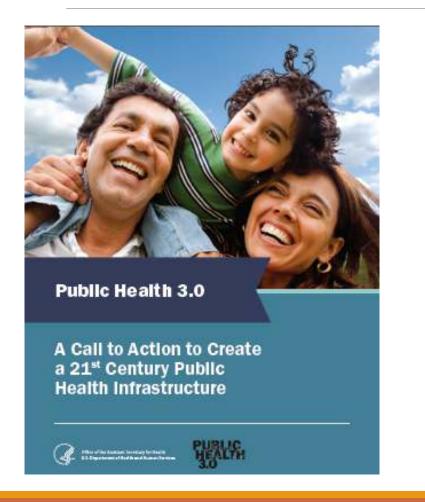


2016





### Public Health 3.0 Recommendations



- I. Adopt the chief health strategist model
- 2. Seek accreditation and efficiency
- **3.** Acquire actionable **data** and establish clear **metrics**
- **4.** Enhance and de-silo **funding** for public health
- 5. Establish structured, cross-sector **partnerships**

DeSalvo & Benjamin. Public Health 3.0: A Blueprint For The Future Of Public Health. Health Affairs blog. 2016; DeSalvo, et al, Prev Chronic Disease, 2017

#### Five Strategic Moves to get there...

From programs to populations
From small data to big data
From clinic to community
From patients to policies
From regionalization to rationalization

### What success looks like by 2025...

- •Every state health department and half of all local health departments have a **health strategist** at the helm
- •100% of the US is supported by an **accredited** health department
- •100% of health departments have access to timely, actionable data
- •Funding available to support core public health functions
- •Vibrant public private **partnerships** support 50% of the US population

### 1. Chief Health Strategist

*Public health leaders should embrace the role of chief <u>health strategist</u> for their communities, working with all relevant partners so that they can drive initiatives, including those that explicitly address upstream social determinants of health.* 

Qualities:

Work strategically Take appropriate risk Work outside of comfort zone Entrepreneurial

Nimble :

Ready to lead or follow, but always at the table

### de Beaumont Foundation and the Aspen Institute Launch the PHRASES Initiative

FOR IMMEDIATE RELEASE July 13, 2017

Contact: Avalon Swindell Jones avalon@prcollaborative.com, 202-339-9598

#### de Beaumont Foundation and the Aspen Institute Launch the PHRASES Initiative

Former Acting Assistant Secretary for Health Karen DeSalvo and Longtime News Anchor Soledad O'Brien to Co-Chair Project Advisory Committee

Washington, D.C. – Today, the de Beaumont Foundation and the Aspen Institute's Health, Medicine and Society (HMS) Program are launching the **Public Health Reaching Across Sectors** (PHRASES) Initiative, a multiyear project designed to provide the tools and training public health practitioners need to effectively engage, communicate, and work with local partners, like mayors, housing commissioners, hospital executives, and school superintendents.

### 2. Accreditation and efficiency

70% of US supported by an accredited health department

Mostly at state level and in large cities

Linked to better organizational performance

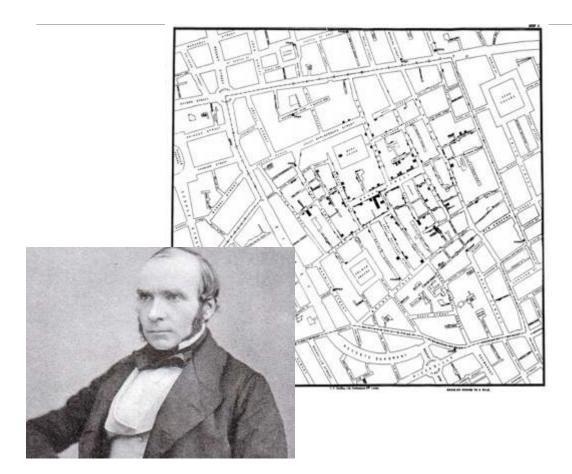
Also, rational approach to shared services, consolidation, regionalization

New models?

• Academic health departments



#### 3. Data and Metrics



Foundational for public health

Leverage new data sources

Perfect as the enemy of the good

### 3. NYC Macroscope Project

•Partnership between governmental &academic PH

- •Leverage data from primary care EHR on nearly 700,000 New Yorkers
- •Correlate prevalence with NYC HANES and validated with chart review
- •Strong correlation with key chronic disease indicators

#### 3. Community Level Metrics





#### Affordable Housing/Inclusionary Zoning

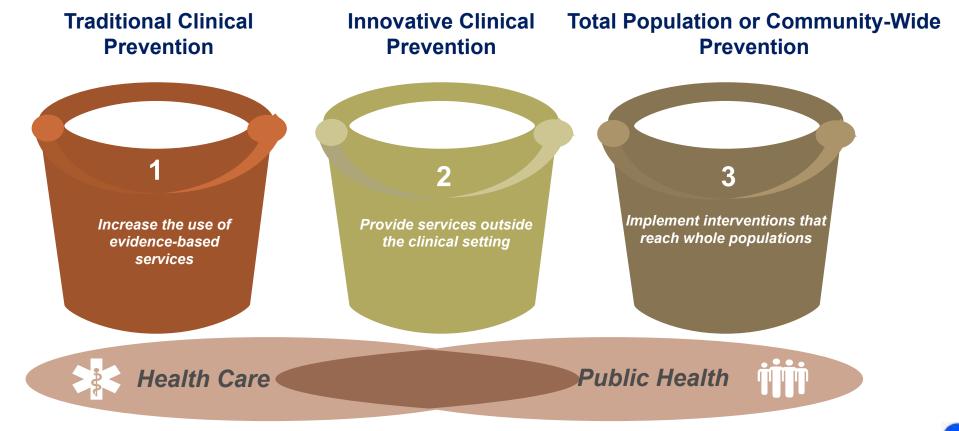
As cities grow, it's important that residents of all income levels have access to affordable housing that sets them up for good health.

### 4. Funding for Public Health

- •Most focus on CDC funding including of the Prevention Fund
- •State level advancement of the notion of funding foundational capabilities
- •Nationally working on a bipartisan effort to define the baseline needs and gap
- •Innovation in blending and braiding funds in PPP

**Foundational Capabilities** Assessment (including Surveillance, Epidemiology and Laboratory Capacity) All Hazards Preparedness Policy Development/Support Communications **Community Partnership Development** Organizational Competencies (Leadership/ Governance; Health Equity) Accountability/Performance Management (Quality Improvement; Information Technology; Human Resources; Financial Management; Legal)

#### **The 3 Buckets of Prevention**



To read more: http://journal.lww.com/jphmp/toc/publishahead

### 5. Cross Sector Partnerships



#### HEALTH IMPACT IN 5 YEARS

### Our call to action

We are losing the battle for the public's health

Reversing these trends will require systematically and strategically addressing <u>all</u> the determinants of health

Bigger than any one sector

Requires strong, modernized public health

In partnership with others

PH3.0 is blueprint for this future world of collective action

# PUBLIC HEALTH

What we do together as a society to ensure the conditions in which everyone can be healthy.



## TEXAS IS BEST WHEN TEXANS ARE HEALTHY

IMPACT

JOIN OUR CAUSE

Join us for access to free tools, resources, and community support. Together, we'll make living healthy easier in Texas and beyond!

JOIN OUR CAUSE

Thank you! @kbdesalvo