

## **Transforming Public Health:**

### ***Emerging Concepts for Decision Making in a Changing Public Health World***

#### About this Project

The Transforming Public Health project, funded by The Robert Wood Johnson Foundation (RWJF) and convened by RESOLVE, tasked a small group of public health thought leaders with *developing guidance for public health officials and policymakers in prioritizing vital public health functions in a shifting political and fiscal landscape.*

A cross-section of diverse public health stakeholders, including state and local health officers, academics, federal agency representatives, and public health advocates (see participant list in Appendix A) attended three day-long meetings over six months with the goal of reaching consensus on guidance for public health decision makers. The dialogue among project participants reflected in this paper was in the context of recent and ongoing budget and staffing cuts at health departments across the country, as well as new opportunities provided by a reforming health care system and ever present concerns about health care costs.

*This paper is not a “how to” guide, but is meant to offer governmental public health practitioners concepts to consider and help guide difficult resource allocation decisions while also trying to adapt to ever changing challenges, demands, and opportunities.*

While some participants would prioritize transformation as essential to meet the current public health opportunities and pressing challenges, others emphasize shoring up current efforts and tackling transformation only when additional resources can be found. These different emphases reflect ongoing tension within the governmental public health community.

*The emerging concepts discussed in this paper are offered as suggestions for state and local officials, and where applicable those at the federal level, to consider in making decisions about what is best for, and most needed in, their localities with the resources they have or may be able to obtain.*

This paper is not the end of a conversation, but an additional discussion frame intended to work in concert with other similar documents and/or projects, such as the recent IOM report, *For the Public’s Health: Investing in a Healthier Future.*

The concepts in this paper are based on the group’s discussion and are not attributable to any one participant or his or her organization. They are conclusions the group reached via a variety of discussions outlined in this report, and while participants had the opportunity to edit and comment, RESOLVE is the author of this report.

## Introduction

In the 20<sup>th</sup> century, average life expectancy of Americans increased by more than 30 years, and some have attributed 25 years of that gain to non-clinical related public health interventions.<sup>1</sup> In June 2011, the National Prevention, Health Promotion, and Public Health Council, through its National Prevention Strategy, articulated an overarching goal for the nation’s health in the 21<sup>st</sup> century: to “increase the number of Americans who are healthy at every stage of life.”<sup>2</sup> To achieve this goal will require a strong and vital public health system – with governmental public health at the local, state, and federal level taking a leadership role.

This is an unprecedented period of change and opportunity for governmental public health.

- The health system is going through major transformations, not just due to the passage and implementation of the Affordable Care Act (ACA), but also driven by the need to create more integrated approaches to prevention, primary care, and overall health to be more efficient and effective. *This requires reassessing the role of governmental public health departments in relationship to the larger health system of which both clinical health care and public health must be integral parts, along with nonprofit and for profit organizations in the community.*
- The health challenges facing Americans in the 21<sup>st</sup> century are increasingly chronic, rather than infectious, diseases. Responding to this shift requires a different approach in both the clinical and community settings. While public health strategies play an integral role in preventing and detecting infectious disease, influencing the quality and length of life for Americans will require *a greater focus on the systems, policies, and program changes that will reduce the prevalence of chronic diseases.*
- There is growing recognition that where people live, learn, work, and play can be as important to health outcomes as medical intervention. Indeed, improving educational opportunities, assuring stable housing, improving access to healthy foods, and creating walkable communities are public health interventions, and *governmental public health departments need to embrace new tools and train or retrain a workforce with new skills in order to lead a “health in all policies” approach that also addresses the social determinants of health.*
- Technology, particularly health information technology, provides new opportunities for understanding and improving the public’s health. These advances also require *reassessing and re-envisioning how we currently access and work with data, and communicate with colleagues, health care providers, policymakers, and with the public.*

Amid these new opportunities also come challenges for public health departments. The worst global recession since the Great Depression has cut investments in public health and other services across all levels of government, threatening governmental public health departments’ capacity including in new areas of emphasis. Increased skepticism about government’s role and ability to effect meaningful change is relevant to governmental public health activities as well.

*Now is the time to make a compelling case for investing in public health as a means to achieve a healthier nation, improve the value of dollars spent, and potentially reduce health care costs.*

To achieve a healthier nation, governmental public health departments must:

- Refocus their efforts – and build skills sets – to address the 21<sup>st</sup> century’s principal health challenges, while at the same time, protecting the great successes in communicable disease and maternal child health, for example, in an era of declining resources;
- Demonstrate the unique skills and expertise that public health practitioners bring to the table and be leaders;
- Build strategic partnerships with the reforming health care system and the key players outside the health system – across all sectors of society – to address the health needs of Americans and those factors that determine health; and
- Make a compelling case for investing in governmental public health departments and interventions, as well as evidence- and experience-based community prevention strategies as a means to achieve the national goal of improved length and quality of life through system wide health reform.

This paper enumerates emerging concepts identified by the Transforming Public Health meeting participants, driven by the numerous changes and opportunities governmental public health officials are facing and addressing each day. While each community will need to assess the particular challenges and opportunities before them, these emerging concepts are presented, along with some examples of what and how these concepts are being shaped and implemented by governmental public health officials now, as options to consider. These examples are not intended to dictate how to implement these concepts, but to inform and, as appropriate, be adapted to the specific needs of communities at different levels so that all governmental public health officials and their partners can better meet the challenges of – and lead transformation to – a 21<sup>st</sup> Century public health system.

### Foundational Capabilities for Today and Tomorrow

Changing circumstances require governmental public health officials to be deft and flexible — in the face of current financially austere times *and* in future times of adequate funding — in order to meet traditional and changing public health needs. Health departments must possess and preserve the foundational public health capabilities – those skills that are necessary to provide basic public protections, like clean air, safe food and water, and prevention of infectious diseases or bioterrorism, critical to the health of their communities, while adapting to and effectively addressing changing health threats.

Briefly, these include (and are further described below): developing policy; using integrated data sets; communicating with the public and other audiences to disseminate – and receive – information; mobilizing the community and forging partnerships; cultivating leadership – along with organization, management, and business – skills; demonstrating accountability; and protecting the public in the event of an emergency or disaster.

Health departments must ensure they possess certain foundational capabilities that are crosscutting and integral to the effective functioning of a health department. These foundational capabilities are reflected in, but different from, the Ten Essential Services,<sup>3</sup> Core Functions,<sup>4</sup> and the national voluntary public health accreditation standards.<sup>5</sup> The capabilities differ from these in that they are prioritized, not all inclusive, and are amenable to costing.

Health departments across the country vary in their capacity to carry out these foundational capabilities, in part because they have little reliable or sustainable funding to do so – and therefore for many, building these foundational capabilities, as well as new skills, may be incremental and based on local need. But the Transforming Public Health participants believed that, ultimately, *these capabilities are central to a health department’s capacity to improve the public’s health.*

The recent IOM report, *For the Public’s Health: Investing in a Healthier Future*, also called for defining, prioritizing, and financing a set of foundational capacities, including: information systems and resources; health planning; partnership development and community mobilization; policy development analysis and decision support; communication; and public health research, evaluation, and quality improvement.<sup>6</sup> The capabilities identified as most important by the participants in this project are similar to those highlighted in the IOM report; this illustrates that while there is general consensus about where governmental public health departments need to go, getting there can (and should) be done in slightly different ways, while attending to differing community-based priorities. *However, it should be the goal of all governmental health officials across the country to have the following identified capabilities present in their departments.*

- ***Developing policy to effectively promote and improve health.*** Policy development is the ability to identify, formulate, and achieve what needs to be done to help people make healthier choices and change the condition of peoples’ lives. Most public health departments need to become more sophisticated at doing both. Affecting and ultimately changing policy is a challenge and requires particular analytical and strategic skills. The recent IOM report suggests a robust role for governmental public health in policy development saying, “...many health departments have played a smaller role in policy development than they should have.”<sup>7</sup> Doing so requires cultivating skills for identifying, developing, and implementing tested and legally feasible public health policy recommendations, as well as developing and implementing strategies to inform or influence those policies.

Policy development is both internal and external: internal to assure that health agencies leverage their policy powers to promote health, and external to assure a “health in all policies approach,” or collaborating with non-health agencies and partners from other sectors to develop policies and programs that promote improved health outcomes through informing and influencing. One state health department, for example, assigned a staff person to participate in the state transportation department’s meetings leading to the adoption of a health impact assessment for all major statewide transportation projects. This effort took a year of relationship building and learning about the priorities and processes of the transportation department by the health staffer.

- ***Using integrated data sets for assessment, surveillance, and evaluation to identify critical health challenges, best practices, and better health.*** The ability to access and analyze data sets such as census reports, vital records, reportable disease registries, and hospital discharge records is critical. And, as HIT expands in numerous ways – including the widespread use of electronic medical records and laboratory reporting of disease and the adoption of meaningful use standards – there are rapidly growing opportunities for health departments to access and use timely data for health planning and resource targeting. This means strengthening capacity and infrastructure for IT, both in regards to hardware and software, as well as a trained workforce.

The challenges facing governmental public health departments today necessitate redefining assessment, surveillance, and evaluation to reflect the growing understanding of the breadth of what affects health, while at the same time making sure that surveillance of traditional public health concerns remains robust. Needed is the ability to collect, integrate, and make use of data sets from a variety of sources, as well as competencies in health economics and sub-population analysis for effective decision making. These skills are essential for going beyond observing trends and understanding and addressing the root causes of problems.

- ***Communicating with the public and other audiences to disseminate – and receive – information in an effective manner for health, including health promotion opportunities, access to care, and prevention.*** Governmental public health departments must have appropriate, proactive, effective, valid, and reliable means to communicate with the public, policy makers, and others, on a variety of issues and topics that effectively convey messages, as well as promote input to health departments from others. Public health departments need the skills to execute a media strategy and communicate and interact with multiple audiences, taking full advantage of the internet and continually evolving new approaches from social media to video production to blogging and tweeting. For example, one local health department has assisted its adolescent advisory group in developing their own YouTube-based videos and twitter messaging regarding the health issues of most concern to teenagers.

Additionally, health departments need to put systems in place to receive information from the public promoting effective two-way communication, such as through ongoing public engagement processes or routine data gathering and sharing. For example, when residents call their local health department to ask questions about flu symptoms or symptoms possibly related to food-borne illness, this should alert health officials to a potential issue in the community. This input from the public is integral to effective communication.

Finally, health department staff needs to better understand the contextual and analytical meaning of data so that critical information can be extracted and translated for the public in real time. Public health communications need to be strategic, relevant, and nimble, with an ability to “seize the moment” in the face of breaking news events or effectively communicating with policy makers—in both pushing a health-focused agenda and briefing various audiences on what is happening in the community in times of calm and crisis. For example, health departments should have materials ready to go in the event of a severe flu outbreak – and use the opportunity to

educate the public about the importance of prevention, including vaccinations for priority populations.

- ***Mobilizing the community and forging partnerships to leverage resources (funding and otherwise).*** Governmental public health departments must work in thoughtful, creative, and effective ways with important partners, including community-based organizations, health care providers, insurers, local businesses, and other governmental agencies and leaders (in and out of health). Most health departments need to become more engaged in building partnerships with key leaders in the community – and not just with those who are focused on health. Developing the ability to work in sectors outside of health in a thoughtful, creative, and effective manner is integral to achieving and broadening impact. This collaborative approach should encourage mutual respect of different views, values, and priorities, as well as identification and development of mutually beneficial actions and policies.

*Community mobilization in and of itself has a health impact and can almost always lead to better health outcomes.*

Ideally, collaboration and expanded partnerships would result in health departments leveraging activities and resources outside the public health department (and perhaps even outside the health system) to promote more effective policymaking activities. For example, one local health department is partnering with its local hospital to do a joint community health assessment and improvement plan. The department is engaging the community in such planning, and in so doing, will move closer to meeting voluntary accreditation standards.

Through skillful convening and facilitating, governmental public health departments can add value by helping to mobilize the community. For some health departments, this skill will require development of additional expertise and new funding mechanisms to support such initiatives.

- ***Building new models that integrate clinical and population health.*** National efforts to implement health and payment reform create a timely opportunity to connect clinical and population health in ways not previously possible. Governmental health departments may want to consider their role in the promotion, training, and certification of community health workers who may be members of clinical teams, involved in neighborhood-based activities, and/or both. The increased availability of HIT in the clinical setting may also result in enhanced surveillance of the community's health, for example, aggregating illness reporting data and the determination of chronic disease prevalence. Likewise, public health interventions taking place in community settings that reinforce clinical guidance may be of interest to health care providers.
- ***Cultivating leadership – along with organization, management, and business – skills needed to build and sustain an effective health department and workforce to effectively and efficiently promote and improve health.*** Successful organizational leadership requires many skills, including those deployed externally and internally. Internal leadership includes having the human resources staff to develop and maintain, recruit and retain, and train and retrain a competent workforce. It

also means having the financial resources and oversight ability to comply with requisite standards and policies.

Coordinating governmental public health efforts outside of the more traditional boundaries where work historically has been conducted requires skills that can add value – and leading when necessary – to the work being done in the public and private sectors, across cabinet agencies, and across issues areas. One state health officer, for example, leads a planning team that includes state health, housing, transportation (and other) departments as well as Tribal liaisons, the state chamber, and other key stakeholders in determining and achieving key health (and other) outcomes, as well as developing policy and legislative priorities.

Governmental public health departments can lead, convene, and facilitate in areas where they do not possess direct authority, but where there has been and can continue to be influence, or as the IOM put it, “(be) the definitive source of population health expertise in intersectoral collaborations.”<sup>8</sup> For example, several local health departments in one state routinely use health impact assessments in partnership with other city agencies when reviewing proposed new development.

- ***Demonstrating accountability for what governmental public health does directly and for those things that it oversees through accreditation, continuous quality improvement, and transparency.*** This does not just pertain to governmental public health departments, but to health care providers across the health system, as well as other participants in, and areas of, government and beyond that affect health. Accountability needs to exist at the systems level.

Further, accountability includes being able to account for public dollars, as well as for health outcomes. Achieving voluntary accreditation from the Public Health Accreditation Board is a process through which governmental public health departments can begin to demonstrate accountability. Data sets and systems against which to measure health outcomes and the performance of health departments are not widely available, and the workforce has varying degrees of expertise in working with such data when they are available. Thus, governmental public health departments have had difficulty in the past illustrating accountability and demonstrating value. The recent IOM report recognizes this and suggests that HHS establish data collection mechanisms to aid in developing accountability measures.<sup>9</sup>

- ***Protecting the public in the event of an emergency or disaster, as well as responding to day-to-day challenges or threats, with a cross-trained workforce.*** Health protection includes the ability to operate in, and lead a response to, acute and ongoing events; lead and conduct preparedness drills; and undertake routine activities, such as responding to foodborne illness outbreaks. Governmental health departments need the skills to effectively work in partnership with other organizations and agencies in an emergency, including multi-level governmental public safety and emergency management units and private sector health care providers. For example, local and state health departments responded to the impact of devastating tornados, focusing attention on the tasks established by an emergency management-led incident command structure. The

delegated tasks included addressing the health concerns of those living in shelters and coordinating the triage of patients to hospitals and other health care facilities.

Protecting the public is a central function of a public health department – absent a strong, efficient, and effective governmental public health presence, communities will suffer. Without public support for this presence, the broader mandate for governmental public health diminishes.

### Prioritizing Programs and Services for Today and Tomorrow

With foundational capabilities in place, public health practitioners are better positioned to work smarter and more efficiently – and to begin to broaden their lens. From this expanded and more integrated perspective, public health officials can think creatively, strategically, and pragmatically as they confront the challenges and opportunities of a reforming health care system and fiscal challenges while building a cohesive and *integrated health system* to better protect people in their community. Keeping a broader, more strategic framework in mind can help prioritize and implement initiatives and programs to more effectively meet goals. Prioritizing is the only way to be able to take on new challenges in a time of declining resources.

Important considerations for governmental public health departments in developing a framework include: (1) ensuring what is being done is being done well and as efficiently as possible; (2) coordinating across all levels of the governmental public health system, other governmental agencies, and jurisdictions to maximize impact; and (3) cultivating and/or training a workforce that can deliver foundational capacities when implementing programs.

Governmental public health departments have a clear responsibility to perform and/or mobilize the community to conduct activities that protect health and prevent disease and injury on a population wide basis, such as restaurant inspections or initiatives increasing access to healthy food or promoting physical activity. The role of governmental public health is less clear around the direct delivery of services. Participants generally agreed that governmental public health departments may need to directly deliver both clinical and non clinical services in cases where they are:

- Effective in promoting health and preventing disease/injury to individuals, as well as the broader community – for example, tobacco cessation and vaccination;
- Can be delivered efficiently by a public health department; and
- Are not sufficiently provided by others in the community.

Resource allocation and the activities undertaken by a health department should be prioritized and purposeful, and must be an appropriate and effective use of public funds. Thus, governmental public health departments need to make choices regarding what to stop doing, what to start doing, and what to continue to do based on these and other community-based needs and parameters. In practice, prioritization will require strong alignment and greater flexibility on the part of federal public health agencies to support redirection of resources.

Health departments need to further identify those programs or activities that are done well and determine if they are being carried out in the most effective and efficient manner. In conducting this review, health officials may find that even a successful program may not be efficient, and certain activities may need to be modified or evolved to better meet the current needs of the community. For example, a few years ago, a local health department undertook a strategic planning process to help shift their overall focus from a reactive to a *proactive* framework. The health department’s planning process took the “opportunity to re-invent itself... carefully and strategically” to help prioritize its work.

Governmental public health departments should focus on those activities that they not only do well, but those that they are uniquely qualified or positioned to do – such as undertaking data analysis, evaluation, and surveillance; addressing social determinants; and engaging and convening the community. Moving away from direct delivery of services when they can be provided by others in the community more efficiently or effectively, and focusing on systems and policy change with partners in and outside of government to develop and implement population-based health improvement strategies will help spur the change that needs to be achieved.<sup>10</sup>

Addressing the social determinants of health and combating the chronic disease challenge is not going to be solved by simply trying to help one person at a time – these are truly population level problems that need to be addressed as such. Governmental public health leaders understand what it takes to improve conditions and peoples’ lives and should actively lead in these areas.

### Other Considerations

Transforming Public Health project participants also identified a variety of other issues important for governmental health departments to consider, which are discussed below.

#### *Quality Improvement*

A meaningful culture of continuous quality improvement should be a goal for every health department and is a demonstration of an effective and well trained workforce. The standards and measures associated with the voluntary accreditation process should help guide health departments to focus on critical priorities for their states and local communities. While the standards were not explicitly designed as such, anecdotal evidence suggests that at least a few governmental health departments are using them as a tool in making difficult prioritization decisions spurred by budget cuts. A Midwestern county, for example, has used the accreditation standards to help outline what their health department can and cannot continue to do.<sup>11</sup>

#### *Coordination Across all Levels of Government to Foster Synergy and Efficiency*

As currently constituted, the governmental public health system, like the clinical care system, is fragmented, and the lack of coordination among various levels of government is a barrier to effective and efficient practice. In most cases, the manner in which governmental agencies at all levels work together needs to fundamentally change. There needs to be ongoing and more robust information exchange between and across various agencies and levels of government, and activities and funding mechanisms need to be streamlined to be less duplicative (where appropriate) and more efficient.

Local, state, and federal governmental public health agencies need to engage in discussions regarding activities and funding, identifying overlapping programs and gaps in services.

*Each level of government has its role to play in the public health system and responsibilities are going to vary by state and across jurisdictions, but, as a principle, it is central that the efforts of each level of government complement each other.*

It is vital that public health departments ensure all governmental agencies (and their non-governmental partners) understand and are engaged in their roles contributing to improved health outcomes, whether directly (such as through schools providing healthier lunches or transportation departments promoting public and active transit) or indirectly (by improved high school graduation rates or stable housing). Fostering health considerations in all policymaking leads to improvements in the community's health, and builds a stronger overall health system.

### *Workforce Development*

Participants repeatedly raised the need for a competent, well-trained workforce with new and different skills essential for an effective governmental health department. Some of the skills identified as requiring more training or retraining of the current or future workforce include policy development, business and management/administrative skills, the use of technology and understanding it, and communications. A better- and cross-trained public health workforce, more versatile and well equipped to handle various public health challenges or threats, enhances the capacity and effectiveness of governmental public health at all levels. Additionally, greater understanding of other disciplines that interact and overlap with public health, such as education, transportation, and the environment, is important for identifying and leveraging opportunities to create an effective health system.

### *Making the Case and Demonstrating Value*

Public health departments generally have not demonstrated the skills necessary to make the case and articulate their value to policymakers and the public. Some of this inability is a gap in training, but much of it is due to lack of data and funding for a comprehensive public health services research agenda. The IOM Committee on Public Health Strategies to Improve Health addressed both of these issues in their recent report suggesting that both a research agenda and funds for infrastructure should be a priority.<sup>12</sup>

As data and accountability systems are upgraded and established, governmental public health departments at all levels must use metrics and milestones to better show efficiency and value. Timeframes for demonstrating that value at all levels of government must be realistic. Practitioners, researchers, and funders across the field must work together to provide tools to answer such basic questions as, "what are the costs?" and "what are the benefits?" as well as to develop realistic metrics for measuring performance and demonstrating accountability. Once these systems and metrics are in place, they need to become an integral part of governmental public health departments' knowledge base and skills and be applied in real-world situations.

Technology can and should assist with building robust data and accountability systems and is integral to making an effective case that demonstrates value. Technology facilitates the collection of relevant data regarding service delivery and health outcomes and can support real-time decision making, as well as continuous quality improvement. Just as the Office of the National Coordinator at the U.S. Department of Health and Human Services has made resources available to incentivize the adoption of electronic health records among clinical providers, so must resources be made available to local and state governmental health departments to incentivize the participation in new data systems and development of technology to manage and evaluate the work of governmental public health practitioners. In June of 2011, the Centers for Disease Control and Prevention and the Department of Labor began an interagency collaboration to establish a fellowship programs in public health informatics. This program will help address workforce shortfalls and establish and promote career pathways, as well as develop specific and actionable public health informatics position descriptions.

### *Funding*

As the IOM public health funding report recently stated, “Sufficient, stable, (and) sustainable funding is needed” for state and local health departments.<sup>13</sup> Governmental public health has always been funded in a program-by-program manner, a big part of why achieving foundational capabilities is so challenging. Unless or until this appropriation structure changes, funds are in danger of disappearing as categorical programs are further cut. As these funds diminish, both the need for, and challenge in, “transforming public health” becomes acute.

While there is little doubt additional resources are needed, in the current fiscal environment increasing funds will be difficult at best. Going forward, governmental public health departments need to think more creatively, and in partnership with others, about ensuring adequate funding in order to protect and promote the public’s health. Participants outlined the key points below as possible funding streams and issues to consider on the path to sustainability, which likely involves considering a combination of options, particularly as they relate to efficiencies and financing reform.

- *Billing for services and using discretionary public health dollars as a last option for those services which are reimbursable:* As governmental public health departments shift away from direct service, and more and more of the population becomes insured, the clinical services that public health provides should be billed for whenever possible. This activity will likely require building the infrastructure within public health departments to bill for services or contracting out such services. Further, discretionary dollars should not be used for such services if they can be reimbursed unless there is a clearly articulated and appropriate population health reason for doing so.
- *Leveraging categorical programs:* The aforementioned IOM report posited that health departments need to be able to “shift funds between categories.”<sup>14</sup> Participants in this project also support flexibility of funds to allow a certain percentage of any given categorical funding stream be applied toward strengthening foundational capabilities rather than have each categorical program address these capabilities individually (i.e. each program having its own

dedicated policy advisor, data program, etc.). This flexibility of funding could support health departments pooling dollars from several categorical grants to fund an entire FTE. Additionally, such flexibility would provide the opportunity for health departments to focus on the social determinants of health, or other cross cutting areas, where there are common steps that might be taken to benefit work across a variety of health issues (or categorical program areas).

- *Looking to the Prevention and Public Health Fund:* In a time of shrinking budgets, the Prevention and Public Health fund has contributed to strengthening core capacity and funding innovation at governmental health departments across the country. Community Transformation Grants, which were directly allocated from the Fund, have received almost uniformly positive reviews in the work that is being done to improve health across the country. Only 61 states or localities received funding, but those that did were active in their work. The Fund has the potential to continue to provide additional core funding and incentivize innovation through new and/or different models – losing it altogether or any significant diminishment of resources would be a set back to innovation and related improvements in the health of the nation.
- *Making the case for core budget support from state and local dollars:* The federal government should use its power to encourage states and localities to spend their own funds on important public health protections. Increased flexibility in the use of federal resources to address local and state public health needs would positively contribute to any such use of power. Doing so will create incentives for spending local dollars on important public health protections, for example through matching requirements or conditions of an award.
- *Leveraging opportunities within, and/or contributions from, the health care delivery system:* Such opportunities create the potential for new and different partnerships and funding streams. As the health care delivery system moves toward greater financial accountability for population *health* outcomes, the value of prevention and public health to reducing health care costs has become more apparent. This provides the opportunity for public health practioners to form more collaborative relationships – programmatically and financially – with public and private insurers, Accountable Care Organizations, hospital community benefit programs, and others. . Governmental public health departments can help ensure that investments by the health care delivery system in community health promotion and prevention are coordinated and integrated with other public and private mechanisms – and are beneficial to the health of the public.
- *Establishing creative arrangements such as 501 (c) (3) organizations:* The creation of 501 (c) (3) organizations allows for flexibility in both raising and spending funds and allows for program implementation to be done in an innovative manner outside of the traditional funding and regulatory environments. These organizations can and should support collaborative partnerships. For example, in one area of the country, a local health department has built a wellness campus that brings together public health, education, and health care delivery services, while addressing a variety of other community needs through public-private partnerships.

- *Recognizing the value to health of non-health dollars, like transportation or community redevelopment funds:* As a “health in all policies” approach becomes more accepted, and the definition of health and its determinants is broadened, it will be important to recognize that not all health promotion functions run through a health department’s budget. Recognizing – and advocating for – other investments as contributors to health is an important role for public health leaders in any fiscal discussions.

## Conclusion

Governmental public health is an essential component of an *integrated health system*. As the nation continues to seek strategies that produce quality health outcomes for all individuals, the public health community is responsible for looking at the health of the population as a whole. Doing so means having available, appropriate, effective, and efficient public health programs delivered by governmental public health actors, by partners across government, or by others in the private sector. This paper has outlined emerging concepts that should be considered as governmental public health departments at all levels continue to think about how to adapt to growing challenges and opportunities with ever shrinking funds. Thinking through effective resource allocation will help assure the public’s health today and in the future, regardless of funding levels.

Governmental public health practitioners currently do many things well under difficult circumstances. As the landscape continues to change, governmental public health officials must provide leadership and expertise to create innovative agendas and build on successful accomplishments, while at the same time develop new skills and strategies for creating a *comprehensive and integrated health system* that achieves better health outcomes within communities and across the nation.

As stated at the outset, this paper is not to be viewed as the final chapter of any one public health transformation discussion, but instead should be regarded as a clarion call that the time is ripe to continue discussion – and more importantly to act – on the best ways for the public health community to contribute to an integrated health system. Doing so will mean developing, implementing, and maximizing strategies to improve and promote the health of the public with governmental public health departments working in concert with its partners across the spectrum.

## **Appendix A: Public Health Thought Leader Group Participants**

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### **Observers, Funders, and Staff**

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## End Notes

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<sup>1</sup> Bunker JP, Frazier HS, Mosteller F. Improving health: measuring effects of medical care. *Milbank Quarterly* 1994; 72:225-58.

<sup>2</sup> National Prevention Council. *National Prevention Strategy*, Washington, DC: U.S. Department of Health and Human Services Office of the Surgeon General, 2011. Accessed 5 April 2012. <<http://www.healthcare.gov/prevention/nphpphc/strategy/index.html>>

<sup>3</sup> See: <<http://www.cdc.gov/nphpsp/essentialServices.html>>.

<sup>4</sup> Institutes of Medicine, *The Future of Public Health*, 1988

<sup>5</sup> See <<http://www.phaboard.org/>>.

<sup>6</sup> Institutes of Medicine, *For the Public's Health: Investing in a Healthier Future*, 2012.

<sup>7</sup> Ibid.

<sup>8</sup> Ibid.

<sup>9</sup> Institutes of Medicine, *For the Public's Healthy: Investing in a Healthier Future*, April 2012.

<sup>10</sup> Institutes of Medicine, *For the Public's Healthy: Investing in a Healthier Future*, April 2012.

<sup>11</sup> Kuehnert, P and McConnaughay, K. Touch choices in tough times: enhancing public health value in an era of declining resources. *Journal of Public Health Management and Practice* 2012; 18:2.

<sup>12</sup> Institutes of Medicine, *For the Public's Healthy: Investing in a Healthier Future*, April 2012..

<sup>13</sup> Ibid.

<sup>14</sup> Institutes of Medicine, *For the Public's Healthy: Investing in a Healthier Future*, April 2012.