

Call to Action for State, Territorial, and Local Public Health Departments to Move Public Health Forward

THE OPPORTUNITY

COVID-19 exposed numerous, long-standing, and deep fractures in our public health system and highlighted pervasive disparities among communities regarding factors that affect an individual's physical and mental health – access to affordable and nutritious food options, safe and affordable housing, financial security, and quality, affordable medical care. The infusion of federal relief funds presents policymakers with a historic opportunity to correct these problems and set a new course for health in the United States that advances health equity and enables each person to achieve their best health.

Public health serves a critical yet often invisible role in health. Although a disproportionate amount of attention is placed on medical care and the treatment of diseases, illnesses, and injuries, public health takes a community-wide approach to improving health and the social factors that contribute to good health. Healthy behaviors, social and economic factors, the physical environment, and other issues account for 80% of health outcomes, while clinical care is responsible for only 20%.¹ Through such activities as promoting healthy eating and active living, controlling infectious disease outbreaks, and preventing injuries, public health efforts allow Americans to live longer, healthier lives and is essential to the viability and prosperity of communities across the country. However, many Americans do not recognize the value that public health systems bring to their communities until these systems are most needed.

Public Health Forward: Modernizing the U.S. Public Health System defines a vision for health in the 21st century and provides a practical, prioritized, bipartisan

set of actions for policymakers and public health officials to guide strategic investments and decision-making to achieve this vision. These actions are informed by evidence, build on previous consensus frameworks and objectives, and represent work by national thought leaders that has the support of public health practitioners across the country. **The nation's safety, security, and economic prosperity depends on a strong public health system.** We respectfully urge state and local public health officials to act now to fully realize the potential of this unique moment and secure the future of the public's health.

THE VISION

In 2026, the United States is becoming a healthier nation because elected and public health officials seized the historic opportunity to invest in new and transformative ways to modernize the governmental public health system. The system is prepared to respond to a range of public health challenges, including a pandemic, obesity, mental illness, substance abuse, and climate change. In a healthier America:

- Advances in health equity continue to be made because public health departments partner with various sectors (e.g., housing, food, transportation), stakeholders (e.g., businesses, faith-based organizations, community-based organizations (CBOs), health care), and community members, and also engage in Tribal consultation, toward the shared goal of providing a fair and just opportunity for all to achieve good health and well-being.
- Sufficient, predictable, and flexible public health funding supports the public health system to sustain healthy communities. States, territories, and localities act quickly to protect the public from expected and unexpected health issues. This means that all public health departments have the necessary resources to support nationally agreed-upon core programs and cross-cutting skills and to meet national public health practice standards.
- A robust, modern, interoperable, and secure public health information system delivers real-time, accurate, and actionable data to help public health officials detect new or growing threats, identify groups that may be at risk, and respond quickly with tailored policy, practice, and program interventions. Public health departments also translate and share data with policymakers and other stakeholders in a timely manner.
- Modernized laws, policies, and statutes protect and promote the public's health in a manner that reflects ongoing threats and challenges, enables public health officials to make decisions without political influence, and ensures public health responsibilities remain intact and protected.

• A highly skilled, trained, and diverse public health workforce provides evidence-informed programs and services that address community health needs, encourage healthy behaviors, and act swiftly to respond to emerging threats. Staff feel valued and incentives exist to pursue long careers in governmental public health.

RECOMMENDED ACTIONS FOR PUBLIC HEALTH DEPARTMENTS

Financing

- 1. Provide flexible funding and maximize existing assets to support public health services and capabilities, including those needed to address health inequities.
 - A. Develop accountability measures for all funding streams.
 - B. Assess public health systems, including evaluating current investments and capacity, identifying gaps in core programs and cross-cutting skills, and analyzing whether they meet national public health standards.
 - C. Embed principles of health equity in core programs and crosscutting skills and dedicate resources as needed to ensure they are operational.
 - D. Collaborate with the state Medicaid agency to identify opportunities to co-fund health initiatives targeting communities experiencing health inequities.
 - E. As appropriate, explore resource sharing arrangements with neighboring departments to fill in gaps or increase effectiveness and efficiency of foundational public health services.
- 2. Evaluate the social and economic impact of public health programs and strategies.
 - A. Develop a dashboard to track high-level expenditures and progress toward meeting shared goals and targets.

Data and Information Technology

- 1. Strengthen the collection of timely and actionable public health data to guide programs, respond to emergencies, and address health inequities.
 - A. Consistently collect data needed to identify, document, and address health inequities in local communities.
 - B. Work with partners to submit data to public health departments that is timely, accurate, and complete.
 - C. Share and display this data in real time, with user-friendly data

dashboards available to other governmental agencies and the public.

2. Invest in data sharing between public health departments and health care entities.

- A. Develop and implement policies and procedures that adhere to the standards of the Office of the National Coordinator for Health Information Technology (ONC) and the Centers for Disease Control and Prevention (ONC/CDC).
- B. Ensure that those reporting data are adhering to ONC/CDC standards.
- C. Enter into data-sharing agreements with Medicaid agencies.

Workforce

- 1. Invest in the recruitment and retention of a diverse and inclusive governmental public health workforce.
 - A. Determine the number and type of staff needed to provide public health services.
 - B. Formalize partnerships and programs with academic institutions including Historically Black Colleges and Universities, Hispanic-Serving Agricultural Colleges and Universities, and Tribal Colleges and Universities—local boards of health, and technical training programs to build a cross-disciplinary workforce and provide students with experiential opportunities in public health.
 - C. Work with partners to expand internships, fellowships, workforce pipeline, loan-repayment, and other career on-ramp programs.
 - i. Provide tailored opportunities to individuals in under-represented populations.
 - D. Hire outreach workers who live in communities experiencing health inequities to assist with building trusting relationships and engaging community members.
 - E. Assess organizational culture and make changes as needed to ensure the workplace is culturally competent and supportive of all staff.

2. Improve hiring and promotion policies and processes to ensure high-quality public health services.

- A. Partner with leaders in government reform to update merit systems, civil service requirements, position descriptions, and human resources systems.
- B. Provide professional development opportunities, giving public

health workers the skills and knowledge needed to meet modern public health challenges (e.g., change management, data science skills, and cultural and linguistic competencies).

C. Work to secure a full complement of health supports to prevent burnout and turnover, including mental health services and comprehensive paid leave.

Public Health Laws and Governance

- 1. Review, evaluate, and modernize public health governance structures and statutory responsibilities.
 - A. Direct counsel with public health law expertise to review existing regulations and ensure they are relevant, provide the ability to protect the health of the public, and are legally sound.
 - B. Ensure that opportunities for public input in rule-making processes are widely publicized, transparent, and easily accessible.
 - i. Specifically solicit feedback from those who will be most affected by new rules.
- 2. Support and clearly communicate the roles of public health departments to the public.
 - A. Develop and maintain ongoing relationships with local and statewide media.
 - B. Develop, routinely update, and implement a communications plan that articulates public health responsibilities.
 - C. Maintain the expertise to develop and implement a risk communications strategy.

Partnerships

- 1. Incentivize partnerships between public health departments and other sectors (e.g., housing, food, transportation) and stakeholders (e.g., business, faith-based organizations, health care).
 - A. Clearly delineate shared goals, respective responsibilities, and collaboration guidelines for decision-making, conflict resolution, and data sharing; use this as a foundation for sustainable collaborations.
- 2. Establish a dedicated body charged with routinely monitoring, assessing, and influencing the implications for health in all government sector policy discussions

A. Provide examples and evidence-informed practices to support

health impact assessments and policy discussions.

Community Engagement

- 1. Invest in long-term relationship-building and partnership development with residents and community-based organizations, particularly those serving communities experiencing health inequities, and engage in Tribal consultation.
 - A. Dedicate staff time to long-term community engagement efforts.
 - B. Compensate community members and organizations for their time and expertise on planning and implementing health improvement strategies and actions.
 - C. Invest in and formalize consultation practices between state and local health departments and Tribal health departments to address community-wide health planning and decision-making.
- 2. Invest in the capacity of community-based organizations (CBOs) and provide resources to support collaboration with public health departments.
 - A. Formalize public health planning and processes that rely on input from, and share decision-making with, CBOs and the people they serve.
 - B. Work with CBOs to identify opportunities to strengthen their organizational capacity and dedicate staff time and funds to mentor and train on topics such as grant writing, grant reporting, data collection and analysis, project evaluation, and publishing academic papers.

Endnotes

 Sanne Magnan, "Social Determinants of Health 101 for Health Care: Five plus Five." NAM Perspectives 7(10), 2017. Available at: <u>https://doi.org/10.31478/201710c</u>.



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