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 policymakers 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 STATE, TERRITORIAL, AND LOCAL POLICY-MAKERS**

**Financing**

1. **Provide flexible funding and maximize existing assets to support public health services and capabilities, including those needed to address health inequities.**
   
   A. Request assessments on the state of public health systems, specifically nationally agreed-upon core programs and cross-cutting skills needed to support public health everywhere.
      
      i. Devote funds for conducting these assessments, developing and implementing strategies to fill the gaps, engaging in continual quality improvement, and otherwise working toward meeting national public health practice standards.
   
   B. Direct appropriate agencies to work together and support this alignment by co-funding programs and strategies to improve health, based on routine needs assessments and improvement plans.
   
   C. Develop, advocate, and support budgetary mechanisms to facilitate blending and braiding funds from multiple sources, as well as accompanying measures to ensure transparency and accountability.
   
   D. Allocate funding for health departments to hire and retain a health equity leader who will have direct accountability to state, territorial, and local health directors, and develop measures that demonstrate health equity practices and their achievements.

2. **Evaluate the social and economic impact of public health programs and strategies.**
   
   A. Invest in public health system evaluation to illustrate the effects of allocations and investments at the state, territorial, and local levels.

**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. Invest in modern, efficient, and interoperable information technology that equips state, territorial, and local health departments to:

i. Collect, analyze, and share timely, accurate, subcounty data on health and health-related issues disaggregated by race, ethnicity, and other key sociodemographic characteristics.

ii. Work with partners to ensure that data submitted are complete and of high quality.

B. Require that public health data are reported to agencies at all levels of government using interoperable electronic mechanisms.

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

A. Remove or support the removal of technical and legal barriers to data system interoperability with health care systems and Tribal health entities while ensuring that sufficient security safeguards are in place to achieve compliance with the Health Insurance Portability and Accountability Act (HIPAA).

B. Ensure that data sharing regulations are secure without being onerous.

   i. Proactively support and incentivize partnerships that utilize official Memorandum of Agreement (MOU) documents to guide their collaboration.

C. Through legislation, require adherence to standards of the Office of the National Coordinator for Health Information Technology and the Centers for Disease Control and Prevention (CDC) for the collection and sharing of common data points.

**Workforce**

1. **Invest in the recruitment and retention of a diverse and inclusive governmental public health workforce.**

   A. In partnership with local health departments, perform a statewide public health workforce needs assessment and fund public health department assessments of organizational culture.

   B. Establish or promote robust and equitable employment programs on the state, territorial, and local levels to recruit, hire, and retain the next generation of public health practitioners, with a particular focus on individuals from communities experiencing health inequities.

2. **Improve hiring and promotion policies and processes to ensure high-quality public health services.**
A. Modernize existing civil service requirements and institute competitive pay structures to accommodate roles and responsibilities specific or unique to public health.

B. Approve budgets that ensure:
   
i. The training and professional development of the public health workforce involved with implementing core programs and applying all necessary cross-cutting skills.
   
ii. Salary structures that are commensurate with roles and responsibilities and that are competitive with salaries for similar positions in nongovernmental agencies.

Public Health Laws and Governance

1. **Review, evaluate, and modernize public health governance structures and statutory responsibilities.**

   A. Conduct or promote a bipartisan, comprehensive review of existing policies and revise as needed to reflect the current roles and responsibilities of government in protecting and promoting health, including the ability of public health departments to make decisions without undue political influence.

   i. Work across various levels of government to determine the proper federal, state, territorial, and local framework for preemption, establishing minimum and maximum requirements, particularly in light of recent state action to roll back public health powers and place limits on local elected officials.

   ii. Consider how structures, processes, roles, and responsibilities should remain the same or change during a public health emergency; this task should include ensuring flexibility in personnel and procurement processes.

   iii. Examine whether existing funding streams are sufficient to support the revised public health governance structures and statutory authorities; elevate funding needs to relevant appropriators to fill gaps.

   iv. Ensure the law as written promotes trust through the removal of stigmatizing language, particularly as it relates to populations experiencing health inequities.

B. For policymakers in jurisdictions adjacent to or containing sovereign Tribal Nations and health systems, review lines of communication and opportunities for formalized partnerships.

C. Ensure that public health department leaders are empowered to make decisions without inappropriate political influence and have access to counsel with expertise in public health law.
2. **Support and clearly communicate the roles of public health departments to the public.**

   A. Invest in evidence-informed messaging and effective communication by health departments, using multiple platforms.

      i. Use all media outlets, including online and social media vehicles.

      ii. Use media outlets serving subpopulations, including those in different languages.

   B. Coordinate messaging with and across public health departments, both during emergency and non-emergency situations.

      i. Ensure messaging is culturally competent.

      ii. Use language that elicits a sense of trust in government.

   C. Engage with constituents during public health emergencies to correct misinformation and explain the role of public health departments.

   D. Provide forums for stakeholders in public health, the business community, and health care to identify shared goals and strategies that reflect public health authorities, public health protection, and a strong and stable economy.

**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. Allocate funding to support the development and maintenance of partnerships that aim to provide a fair and just opportunity for all to achieve good health and well-being.

2. **Establish a dedicated body charged with routinely monitoring, assessing, and influencing the implications for health in all government sector policy discussions.**

   A. Establish and participate in an advisory board that integrates and articulates health considerations into policymaking across all government sectors to improve the health of people and communities.

   B. Conduct health impact assessments on legislation to identify potential connections between health and factors that affect health (e.g., housing, affordable and nutritious food options, employment, and environment).
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 in Tribal consultation.

   A. Allocate funds to public health departments for community collaboration and develop output measures that account for progress toward building trust and working in partnership.

   B. Engage in routine Tribal consultation to support intergovernmental public health planning that recognizes Tribal authority, autonomy, and self-governance.

   C. Act as liaisons between public health departments and citizen representatives, especially from communities historically experiencing health inequities, who can elevate on-the-ground concerns and offer their input on public health issues.

2. Invest in increasing the capacity of community-based organizations (CBOs) and provide resources to support collaboration with public health departments.

   A. Allocate funds to support the capacity-building of CBOs.

   B. Lead regular town halls and forums with CBOs and public health officials to present evidence-based information that deepens understanding of health inequities, their causes, and their consequences.

Endnotes

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