

APHA, Affiliates responding to and shaping Public Health in the US - Now and the Future

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AMERICAN PUBLIC HEALTH ASSOCIATION

Tell meI Forget

Show me....I remember

Involve me....I understand

Engage me...I own it

Chinese Proverb (modified)

Universal Priorities – APHA & Affiliates



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Public Health Universal Priorities

- Access to Health Care
- Eliminating Disparities in Health
- Long-Term and Emerging PH Issues: Mental Health, Substance Abuse, Child Health and Development, Informatics and Genomics
- Building the PH Infrastructure
- Building PH Workforce and Leadership at the Local and National Levels

National Advocacy Agenda 2017 - 2020

Focused on becoming the healthiest nation (1)

- Defend the Affordable Care Act & expand health insurance coverage (Reauthorize CHIP; protect Medicaid & Medicare, prevention fund, stop block grants) – **Reinstate subsidies**
- Build Public Health 3.0 (Leadership, funding, accreditation, data systems)
- Address climate change & environmental needs (lead, other toxic exposures)

National Advocacy Agenda 2017 - 2020

Focused on becoming the healthiest nation (2)

- Stop regulatory rollbacks (e.g. nutrition labeling, environmental health, etc.)
- Protect women's health & access to reproductive health services
- Address the next new public health crisis of the day
– OPEN
- Continue our health equity, racism & discrimination work

Building Public Health Infrastructure - Local/State Workforce Personnel



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Local Health Department (LHD)

- LHD Full Time Equivalents (FTE) employed by LHDs that serve urban areas
 - 73%, or 97,400 FTEs
- LHD FTEs are employed by LHDs that serve rural populations
 - 5% (6,700 FTEs)

Reference: 2016 National Profile of Local Health Departments NACCHO

Local Health Department (LHD)

- 94% LHDs employ registered nurses
- 91% LHDs employ office and administrative support staff
- 15% LHDs employ laboratory workers
- 13% LHDs employ behavioral health staff
- 10% LHDs employ animal control workers

Reference: 2016 National Profile of Local Health Departments NACCHO

State Health Department Size and Scope

- In 2012, 49 state health agencies reported having a total of 97,127 FTEs
- Occupational Classifications: The occupational classifications at state health agencies with the highest average number of FTE staff are
 - administrative and clerical staff (average of 396 FTEs),
 - public health nurses (average of 224 FTEs), and
 - environmental health workers (average of 117 FTEs)

Reference: ASTHO. Retrieved from <http://www.astho.org/Profile/Volume-Three/> 2014

State Health Department

- The state health agency workforce was comprised of approximately 101,000 full-time equivalents (FTEs) in 2012
- From 2010 to 2012, both the number of FTEs and the number of staff members have shown a decrease of more than 5,000
- From FY 2012 to FY 2016, the percentage of state health agency employees who are eligible to retire is expected to increase from 18 to 25 percent

Reference: ASTHO. Retrieved from <http://www.astho.org/Profile/Volume-Three/> 2014

WORKFORCE CHALLENGE - Personnel & Finances



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- Regular assessment of the size and composition of the U.S. public health workforce has been a challenge for decades
- 24 states decreased PH budgets in 2015-16
- CDC budget down \$500 M since 2010

Reference: 2016 National Profile of Local Health Departments NACCHO

Local Health Department

- Among all LHDs **net loss** of
 - 6,270 jobs in 2011
 - 410 jobs in 2012
- Number of jobs added exceeded the number of jobs **eliminated** in 2015
 - **increase** of 850 jobs across all LHDs
- The number of **jobs added** was **similar** in all three time periods
 - between 3,500 and 3,700

Reference: 2016 National Profile of Local Health Departments NACCHO

Local Health Department

- The decreasing number of jobs lost accounts for the differences in the net job change during these three years
- LHDs in all jurisdiction size categories showed net losses of staff during 2011 and net gains of staff during 2015
- LHDs serving small and medium jurisdictions showed net losses of staff during 2012
- LHDs serving large jurisdictions showed a net gain during 2012

Reference: 2016 National Profile of Local Health Departments NACCHO

Local Health Department

- Since 2008, average per capita revenues from local, state, and clinical sources have decreased
- Notably, LHD mean per capita revenues from clinical sources decreased by one-third since 2008
- Mean and median revenue per capita from federal sources (direct and passed through from state agencies) has remained relatively consistent since 2008

Reference: 2016 National Profile of Local Health Departments NACCHO

State Health Department

- **Age and Length of Service:**
 - The average age of employees at state health agencies is 47
 - The average number of years of service by a state health agency employee is 12

Reference: ASTHO. Retrieved from <http://www.astho.org/Profile/Volume-Three/> 2014

State Health Department

- State health agencies are on average only actively recruiting for 24 percent of vacancies
- In FY11, an average of 274 non-temporary employees separated from state health agencies
- In 2012, on average 12 percent of positions at state health agencies were vacant, representing on average 303 positions per state health agency

Reference: ASTHO. Retrieved from <http://www.astho.org/Profile/Volume-Three/> 2014

State Health Department

- **59%** of the SHD HR directors indicated that an agency workforce development plan - staff training needs, core competency development had been developed
- **Half** of state health agencies also report having a designated workforce development director
- **Represents - Pipe Line and Competence Need Gap**

State Health Department

- More than half of state health agency revenue (53%) was sourced from federal funds with the U.S. GOV
- Department of Agriculture and CDC providing the greatest percentage of those funds
- States health agencies do not generally share resources with each other
 - When they do, it is typically for all-hazards preparedness and response (58%) and epidemiology or surveillance (36%)

Quality Improvement and Workforce Development



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Local Health Department

- Large LHDs are more likely to be involved in all policy areas than small LHDs
- This difference is greater for areas that relate to the social determinants of health than for other health-related areas
- For example
 - large LHDs are 2 times as likely as small LHDs to be involved in policy activities related to
 - affordable housing,
 - access to health care, and
 - safe and healthy housing

Reference: 2016 National Profile of Local Health Departments NACCHO

State and Local Health Departments

- There exists an urgent need for enhanced commitment to informatics as a core competency for all public health workers, and particularly the small percentage of public health workers who are “informatics specialists”
- There exists an urgent need to enhance management and leadership skills and practices central to the “business of public health

The Work of PH is Complicated & Changing – Our Uncertainties & Reality



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What we Know (1)

- Less direct care more policy
- Changing demographics/needs
- New data sources
- Focus on linkage to health care/insurance
- Focus on work with other sectors
- Equity/SDOH are priorities

What we Know (2)

- The public health workforce plays a critical role in ensuring the health and well-being of our communities
- Yet lack of formal training in public health and high turnover impede the ability of the workforce to do its job

EVIDENCE?

- In 2008, the Association of Schools and Programs of Public Health (ASPPH) estimated that
 - 250,000 more public health workers will be needed by 2020 to maintain capacity (ASPPH, 2008).
- Recent ASTHO Public Health Workforce Interests and Needs Survey (Sellers, 2015), survey data
 - 79% of workforce respondents stated they were somewhat or very satisfied with
 - their job,
 - yet 42% were still planning to retire before 2020
 - or leave their organization within the next year

WHY?

- Federal budget cuts
- Prevention Fund raiding and cuts
- Almost half of states Governor's Legislator's cut their public health budgets in 2015
- Ten years ago we couldn't have predicted: H1N1 Ebola Zika, Scope/extent natural disasters, etc.
- ASTHO 2012 Profile of State Public Health,
 - on average 12 percent of positions at state health agencies were vacant,
 - representing on average 303 positions per state health agency

Practical and Advocacy-based Actions Underway Fighting for the Public Health Infrastructure



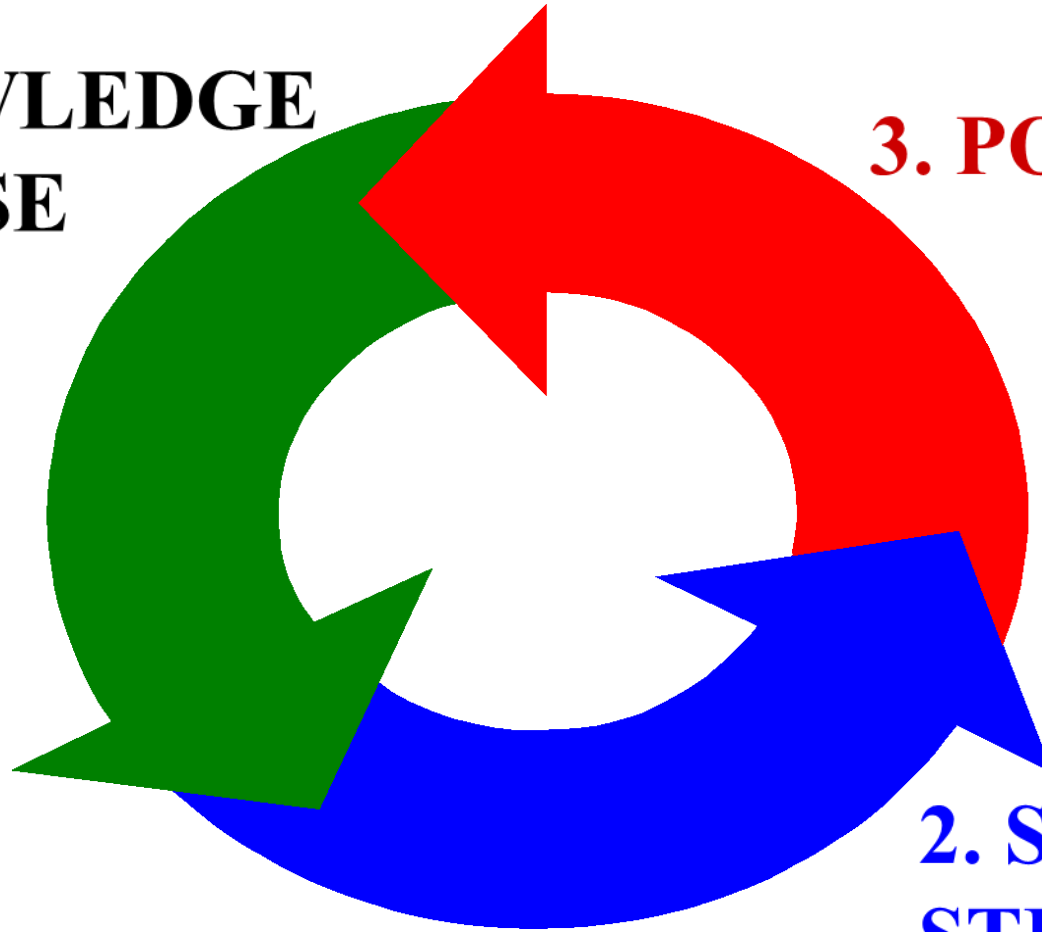
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Shaping Effective Public Health Programs and Policies

**1. KNOWLEDGE
BASE**

**3. POLITICAL
WILL**



**2. SOCIAL
STRATEGY**

Council on Linkages and Others efforts to:

- To improve the performance of individuals and organizations within public health (2017) by:
 - Fostering, coordinating, and monitoring collaboration among the academic, public health practice, and healthcare communities
 - Promoting public health education and training for health professionals throughout their careers
 - Developing and advancing innovative strategies to build and strengthen public health infrastructure

Practical and Advocacy-based Actions Underway

Fighting for the PH Infrastructure (1)

- Recent studies show a positive correlation between self reported business skill proficiency and advanced education, higher annual earnings, and a supportive worksite training environment.
- Recognition that change is needed to create a core foundation of business skill knowledge that reaches a broader audience of the public health workforce

Practical and Advocacy-based Actions Underway

Fighting for the PH Infrastructure (2)

- Information systems and technologies are revolutionizing the delivery of health care as well as the practice of public health
- Improvement of data sources and development of a standardized study methodology is needed for continuous monitoring of public health workforce size and composition

Innovative Approaches – What Can We Do

- **Support for funding**
 - Defend the Prevention Fund and CDC budget
- **Support for training**
 - Use Council on Linkages, ASPPH, others training
 - Revisit of Public Health School curricula – relevance, focus on practice, partnerships
 - Create opportunities for worker support & well-being
- **Support for bringing in new people**
 - CDC's Public Health Associate Program
 - Increase workforce diversity – All categories
 - Support Student, Lay/Community Persons training and recruitment

APHA, Affiliate Shared Priorities



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Shared Priorities - 1

- Addressing issues surrounding the social and health inequities –
 - Support/Participate in Advocacy, Socially Equal, Healthy America and Global Community
 - What we need most
 - to sustain our ability to continue to make the contributions that influence the health and well-being of people
 - not just in our country, but every country in the world

Shared Priorities - 2

- Increasing the educated/trained workforce at the local, state, national and global levels –
 - Strengthen PH workforce, Active Education/ Training at Meetings, through other Opportunities
 - Work on - address, advocate, contest and find solutions for
 - number of critical challenges from outreach and engagement of persons working in public health at all levels

Shared Priorities - 3

- Increasing, Association, Affiliate membership through outreach and engagement of persons working in public health at all levels (local, state, national, academic, government)
 - Local Affiliate efforts, National Efforts – APHA, Partners, Others
 - We continue to face challenges as we work towards making the national and state associations an identified and accessible reality for everyone

Shared Priorities - 4

- Continuing, Developing efforts to build a strong, diverse and sustained leadership pipeline at all levels within APHA
 - Personal, Organizational, Formalized Efforts
 - Achieving this understanding has required
 - we who are in positions of leadership and influence work to have organizational structures in place
 - Assure there is a sustained, highly functional, engaged and well trained cadre of future workers and leaders

Shared Priorities - 5

- Initiating, engaging in efforts to work with diverse persons and groups that may or may not share my passion, beliefs or point of view –
- **Individual, Organizational, Creative Efforts - it requires we engage**
 - Decision-makers, researchers, advocates, practitioners, politicians and persons at all levels in our society
 - In efforts to understand health is not just a right, but a civil right
 - It requires we engage collaboratively with anyone who desires to achieve the outcome of caring for those in need, to reduce structural and social inequities

IN CLOSING



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In Closing - 1

I am reminded by the quote from the great civil and educational rights advocate Booker T. Washington who said:

"Success is to be measured not so much by the position one has reached in life as by the obstacles which have been overcome while trying to succeed."

In Closing - 2

As a message for our time

We, the members of the public health community understand this quote oh so well!!

- It is how we know our work has made a mark in the way our communities and society view and treat our citizens – **Impact**
- We know our work has led to sustained and real change that address many of the health challenges that affect those we advocate for in the short and long run - **Legacy**

TAKE AWAY

I am a Public Health Professional

What's your Super Power?

Questions And Discussion

References

- 2016 National Profile of Local Health Departments NACCHO
- Association of State and Territorial Health Officials. (2013). ASTHO Profile of State Public Health Volume Three. Retrieved from <http://www.astho.org/Profile/Volume-Three/>
- National Association of County & City Health Officials. (2010). The Local Health Department Workforce- Findings from the 2008 National Profile of Local Health Departments. Retrieved from http://archived.naccho.org/topics/infrastructure/profile/upload/NACCHO_WorkforceReport_FINAL.pdf
- Public Health Foundation. (2017). Council on Linkages Between Academia and Public Health Practice Meeting. Retrieved from http://www.phf.org/events/Documents/Council_Meeting_2017July_Slides.pdf
- Trust for America's Health, Investing in America's Health; Trust for America's Health, Prevention and Public Health Fund at Work in States; U.S. Census Bureau, 2013, 2014, and 2015 1-Year American Community Surveys; United Health Foundation, America's Health Rankings.