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

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Tell me ....I Forget
Show me....I remember
Involve me....I understand
Engage me…I own it

*Chinese Proverb (modified)*
Universal Priorities – APHA & Affiliates
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)
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
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)

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

WORKFORCE CHALLENGE - Personnel & Finances
• 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
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
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

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

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
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
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
Shaping Effective Public Health Programs and Policies

1. KNOWLEDGE BASE

2. SOCIAL STRATEGY

3. POLITICAL WILL
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
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
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
- 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.