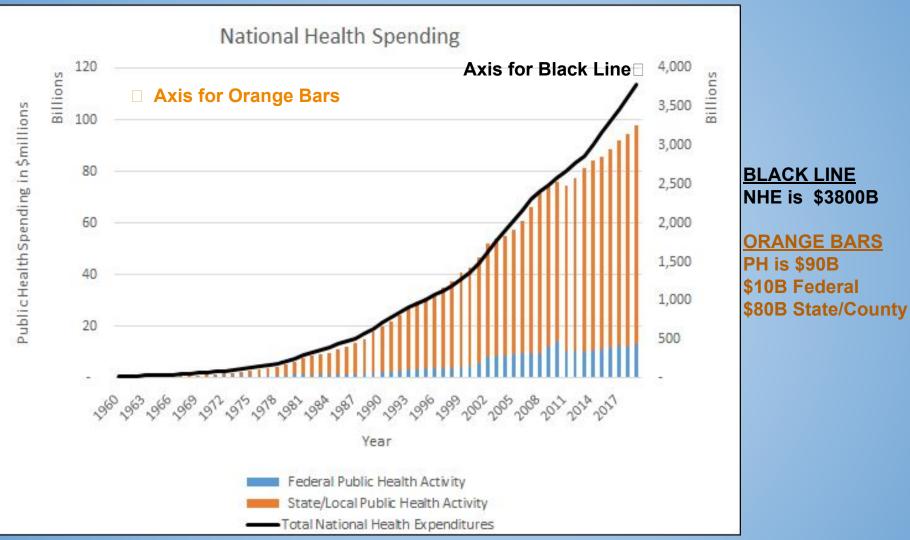
Investing in Local Public Health Infrastructure

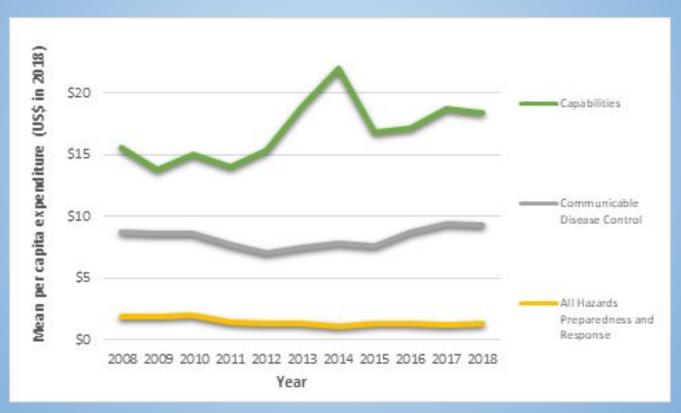
David Bishai, MD, PhD, MPH Larry Polsky, MD, MPH

Outline

- 1. Past trends in US public health funding
- 2. Present systemic failure due to earmarked funds
- 3. Future
 - a. Advocating for local capacity
 - b. Institutionalizing advocacy



Trends in State Public Health Spending 2008-2018



National Voices Advocating for Public Health

Trust for America's Health,

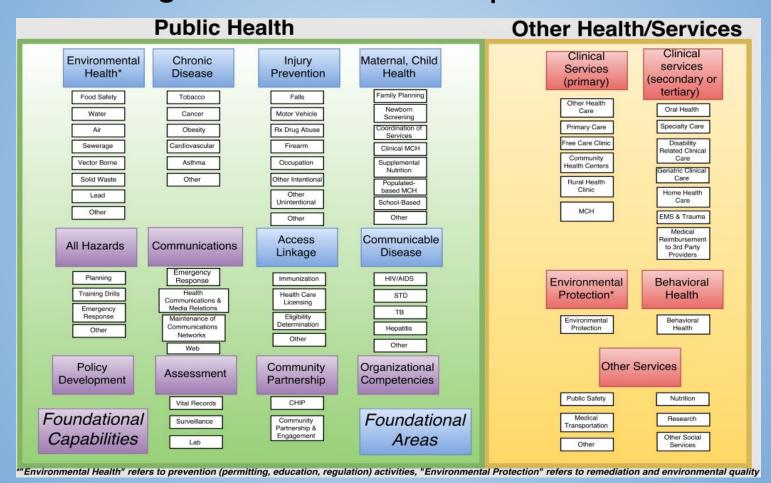
National Association of City and County Health Officials (NACCHO)

American Public Health Association

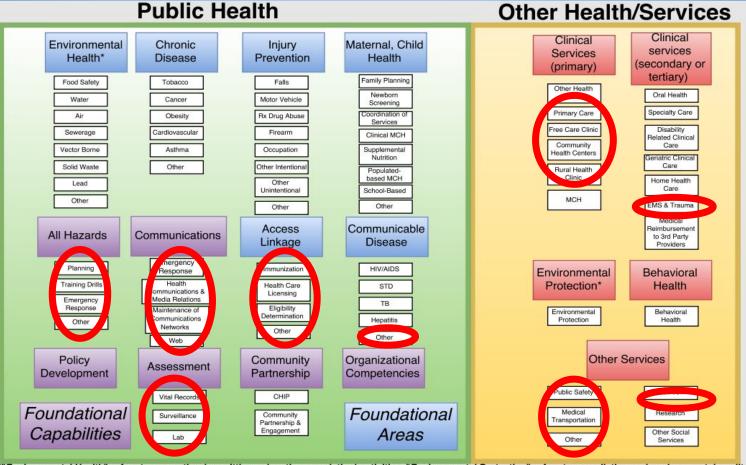
- Message is "Public health needs more money"
- Advocates unable to address structural problems in PH like the systemic earmarking of public health funds that locks us to outdated ways

Part 2: The problem of earmarked public health funds

Things that Public Health Departments Do

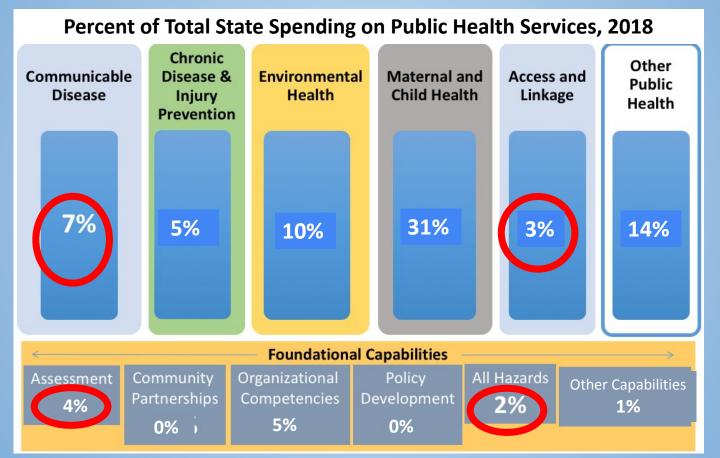


Varying Relevance of Public Health Funding to Pandemic Control



^{*&}quot;Environmental Health" refers to prevention (permitting, education, regulation) activities, "Environmental Protection" refers to remediation and environmental quality

Results

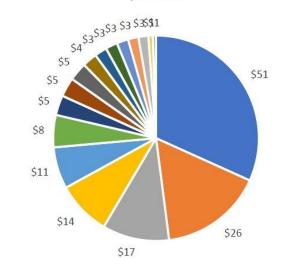


^{*}Only public health component using the FPHS coding framework, as a percentage of Code 32 spending

System Failure:

Earmarks Lock in Inflexibility

Baltimore Ciy Health Department Recommended Budget 2020 (\$Millions). Total \$160M.



- HIV treatment for the uninsured
- School Health Administration- Health
- Emergency Services-Health Clinical Services
- Health for Seniors Community Services for Seniors
- Substance Use Disorder Animal Services
- Environmental Inspection Services Senior Centers
- Healthy Homes Direct Care and Support Planning
 - Youth and Trauma Services Chronic Disease Prevention
- Advocacy for Seniors

Public Health Infrastructure = Public Health 3.0

PH 3.0 calls on public health departments to:

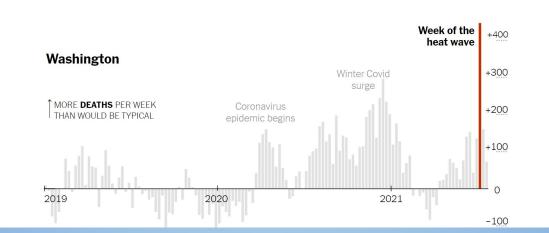
- Convene partners to understand and build solutions to local problems
- Local epidemiology
- Local contextual partners
- Spend decades building trusting relationships with churches, businesses, schools, providers, law enforcement...
- No way to fund and sustain these activities

Illustration: Getting Ready for the Next Threat

The New York Times

Hidden Toll of the Northwest Heat Wave: Hundreds of Extra Deaths

By Nadja Popovich and Winston Choi-Schagrin Aug. 11, 2021



Still not ready for a predictable threat

What We Have	What We Need
Weather forecasts	AC access plans for at risk groups
County robocall system	Epidemiology of who is at risk
Library based- cooling centers	Partnerships
Hospital has a cooling blanket	 Churches (listing risk home dwellers and plans)
Preparedness coordinator	 Pharmacists (counsel for at risk medications)
COVID-based CHWS	Athletic clubs (counsel for game cancellation)

How Core Public Health Funds Help

- Devote staff to partnership formation and maintenance
 - Churches, Pharmacies, Athletic clubs, Hospital, EMS, Neighborhood Associations
- Devote epidemiologists
 - Geography of homes with no AC
- Devote CHWs
 - Canvassing to set up AC access plans

Part 3 Opportunities to Engage

Statewide voices

- Some public goods have advocates
 - > Police
 - > Fire
 - Maritime safety
 - > Road
- There is no reason that local public health cannot have a constituency
 - Especially in Maryland!
- Building an advocacy network for local public health is a low cost investment with immense dividends

Incubators for Advocacy

- Maryland Association of County Health Officers
- Maryland Public Health Association
- Maryland's Schools of Public Health
- Maryland Association of County Officials
- Minority Advocacy Groups
- Women and Children's Advocacy Groups
- Business Groups- "Public health is public wealth."
 Benjamin Franklin

Timeliness of the issue

The Washington Post

Democracy Dies in Darkness

The nation's public health agencies are ailing when they're needed most

By Chelsea Janes and William Wan

August 31, 2020 at 4:00 p.m. EDT

Public Health's Ailment goes beyond needing money

- Yes "Public health needs more money" but just money is not infrastructure
- Reform must also address
 - Systemic earmarking of all local public health funds by fed and state
 - Reform of outdated HR restrictions on number of MPH's in local health departments
 - Stabilizing career ladders in local public health
 - Building a Public Health 3.0 workforce alongside the old workforce