Becoming the Chief Health Strategist:
The Future of Public Health

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Improve health security at home and around the world

Better prevent the leading causes of illness, injury, disability, and death

Strengthen public health/healthcare collaboration
National Trend #1: Increased Access

20 million Americans have gained insurance for the first time

Meaning for Public Health
Decreased need for public health safety net programs and services

National Trend #2: Payment Reform Is Widespread

Shift from “Volume-Based” Payment Model (Fee-for-Service) to “Value-Based” Payment Model

**Meaning for Public Health**
Possibility of paying for more preventive services
National Trend #3: Emerging Clinical Care Models

50 million patients are currently being served by federally qualified health centers and accountable care organizations.

**Meaning for Public Health**

Increased opportunities to link clinical care and communities.
National Trend #4: Other Conditions Demand an Overhaul

Demographic characteristics and healthcare needs of the US population are changing

Meaning for Public Health
Alignment of public health policies and services to address these changing needs
National Trend #5: Public Health Evolution

Public health funding has been declining since 2008

Meaning for Public Health
Evaluation of core public health functions
Public Health as Chief Health Strategist

- Less direct care—more policy
- Programs tailored to emerging needs & populations
- Convening coalitions
- Partnering with healthcare and diverse sectors
- Upstream focus
- Real-time and new data
Key Practices of the Chief Health Strategists of the Future

Practice #1: Adopt and adapt strategies to combat the evolving leading causes of illness, injury, and premature death.

Population Growth Over the Age of 65

US Census Bureau, December 2012
Key Practices of the Chief Health Strategists of the Future

Practice #2: Develop strategies for promoting health and well-being that work most effectively for communities of today and tomorrow.

The 3 Buckets of Prevention

1. Traditional Clinical Prevention
   - Increase the use of clinical preventive services

2. Innovative Clinical Prevention
   - Provide services that extend care outside the clinical setting

3. Community-Wide Prevention
   - Implement interventions that reach whole populations
Key Practices of the Chief Health Strategists of the Future

Practice #3: Identify, analyze, and distribute information from new, big, and real-time data sources

DASH is a national Robert Wood Johnson Foundation program
Key Practices of the Chief Health Strategists of the Future

• **Practice #4**: Build a more integrated, effective health system through collaboration between clinical care and public health

[618] Evidence-based interventions that can improve health and save money

[6] High-burden health conditions
SIX WAYS TO SPEND SMARTER FOR HEALTHIER PEOPLE

- Reduce tobacco use
- Control blood pressure
- Prevent healthcare-associated infections (HAI)
- Control asthma
- Prevent unintended pregnancy
- Control and prevent diabetes
### Examples of 6|18 Interventions

#### Bucket 1 Examples: In Clinical Settings
- Improve access to medications (e.g., via elimination of cost sharing)
- Expand access to comprehensive tobacco cessation treatment
- Remove barriers to use of long-acting reversible contraceptives

#### Bucket 2 Examples: Outside of Clinical Settings
- Self-measured home blood pressure monitoring
- Diabetes Prevention Program
- Home visits for asthma care (to reduce home triggers)
Key Practices of the Chief Health Strategists of the Future

• **Practice #5:** Collaborate with a broad array of allies—including those at the neighborhood-level and the non-health sectors—to build healthier and more vital communities.
Addressing the Social Determinants of Health
Community-Wide Health Improvement Initiatives
Coming Soon! Population Health Initiative

A core set of 24 evidence-based community population health interventions that aim to

• Improve the health of the larger community (as contrasted with approaches that are clinical and patient-oriented)
• Demonstrate health and cost impact
• Address social, economic, or environmental conditions
Key Practices of the Chief Health Strategists of the Future

**Practice #6:** Replace outdated organizational practices with state-of-the-art business, accountability, and financing systems.
Practice #7: Work with corresponding federal partners—ideally, a federal chief health strategist—to effectively meet their communities’ needs.
Meet Fran Edwards

• Newly insured
• At MD for first physical in 5 years
• 55 years old, married, smokes, overweight, little exercise
• Asthmatic, high blood pressure
• Stopped taking medications in past due to cost
Insurance and Quality Care Help . . .

But the Following Also Contribute to Her Health

• **Income**—Low-income family of 5

• **Barriers to fitness**—Rising crime rate, few parks, no nearby supermarket

• **Under stress**—Child with behavioral health concerns, worried about money

• **Sub-par housing**—Mold and ventilation problems
How Can Each Sector Help Ms. Edwards?

- **Payers and providers**
  - *Bucket 1*: No co-pay for her medications
  - *Bucket 2*: Home visits to reduce asthma

- **Hospitals**
  - *Bucket 3*: Invest in healthy housing options; support for community policies

- **Public health**
  - *Buckets 1 & 2*: Participate in meetings of insurers; support for 6|18
  - *Bucket 3*: Support for equity; health-promoting policies in lower-income communities