

# Strengthening and Modernizing the Public Health System

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September 16, 2022

# PARTNERS



# JOIN THE CONVERSATION



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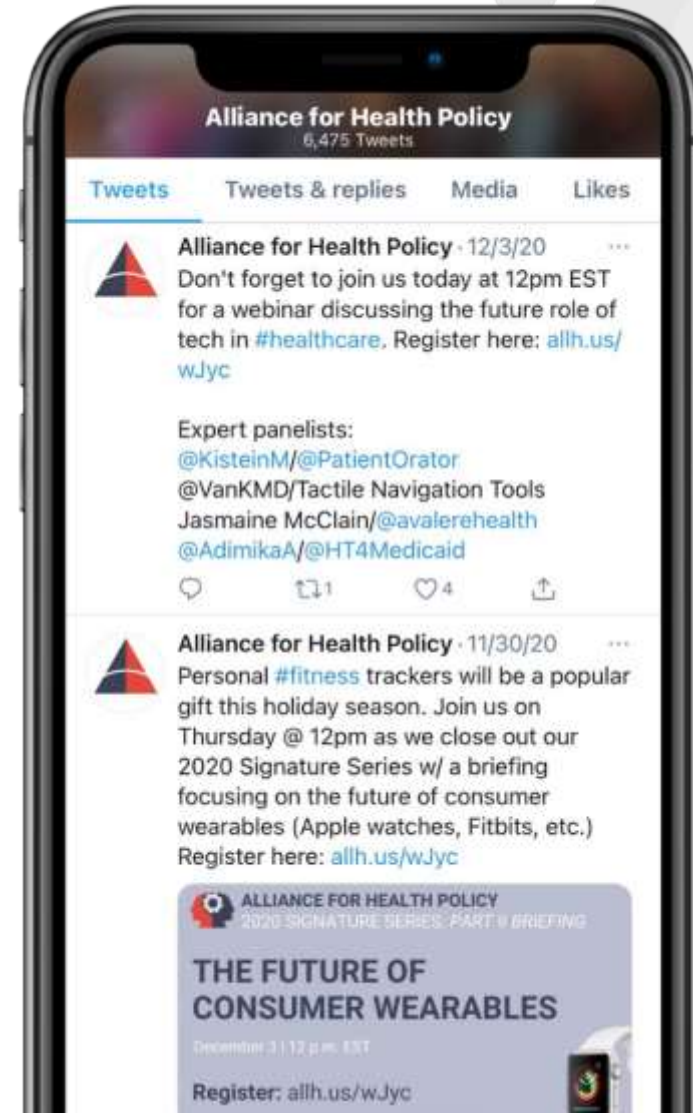


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# PARTICIPATING



To mute yourself, click the microphone icon. The icon will appear orange when muted.

To ask a question, click the ? icon and enter your question in the chat box below.



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# Strengthening and Modernizing the Public Health System

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# Key questions

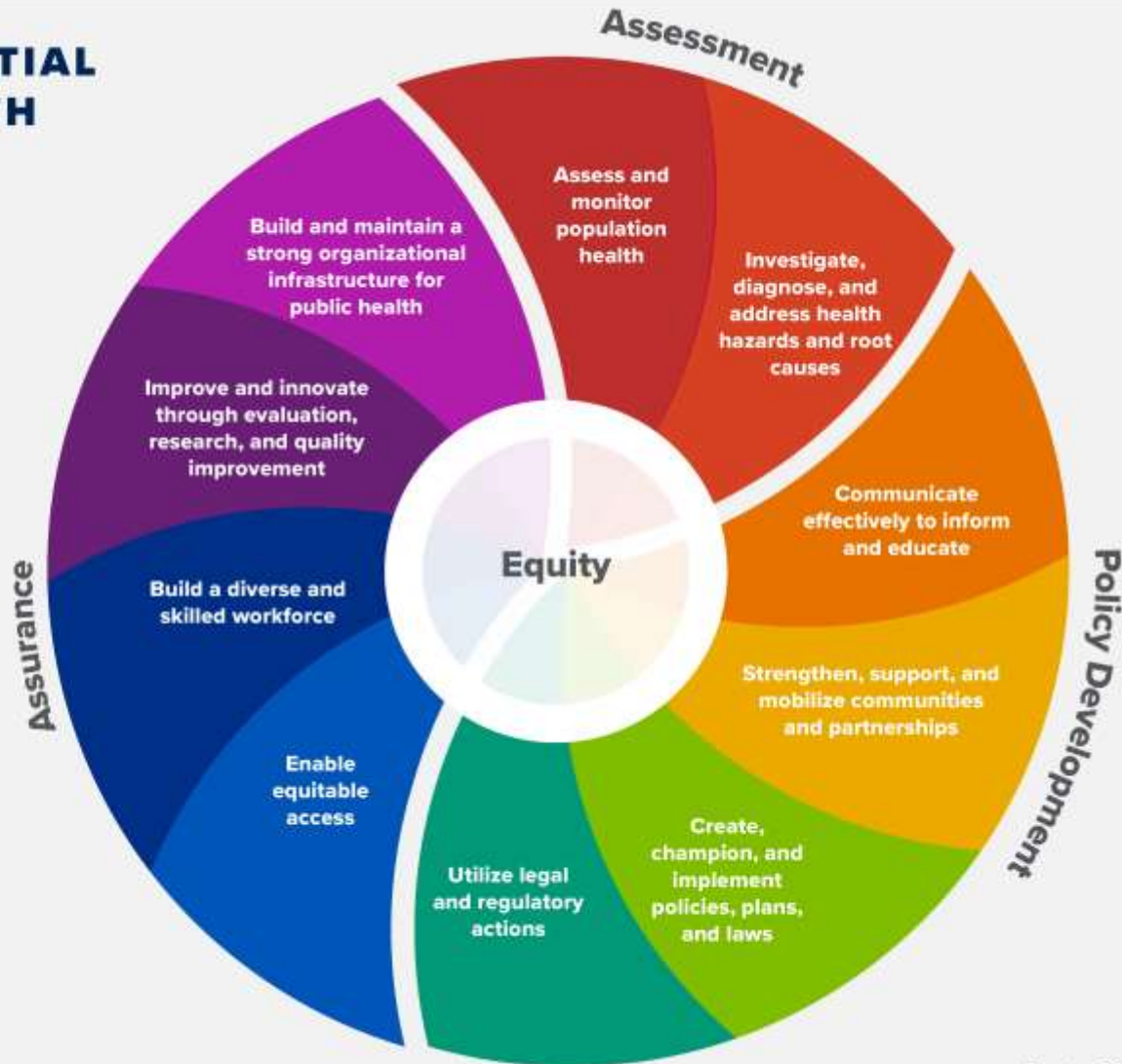
- What does the public health system do?
- What does a robust public health system look like?
- How do we strengthen our public health system?



## THE 10 ESSENTIAL PUBLIC HEALTH SERVICES

*To protect and promote the health of all people in all communities*

The 10 Essential Public Health Services provide a framework for public health to protect and promote the health of all people in all communities. To achieve optimal health for all, the Essential Public Health Services actively promote policies, systems, and services that enable good health and seek to remove obstacles and systemic and structural barriers, such as poverty, racism, gender discrimination, and other forms of oppression, that have resulted in health inequities. Everyone should have a fair and just opportunity to achieve good health and well-being.



## ➤ Governmental public health agencies

- ~3,000 local health departments and regional offices
- 59 state and territorial health departments including DC
- Tribal health departments
- CDC

## ➤ Partners include:

- Healthcare settings
- Community-based organizations
- Law enforcement
- Other sectors



Figure 5 | Evolution of Public Health Practices



Source: DeSalvo et. al. (2016) Public Health 3.0: Time for an Upgrade. AJPH

Source: DeSalvo, Public Health 3.0, A Call to Action to Create a 21<sup>st</sup> Century Public Health Infrastructure

[https://www.cdc.gov/pcd/issues/2017/17\\_0017.htm](https://www.cdc.gov/pcd/issues/2017/17_0017.htm)



# Strengthening the public health system



Stable funding for public health infrastructure

Workforce training, recruitment, and retention

Strategic cross-sector partnerships

Information technology and data modernization

Evidence-based decision-making and quality improvement

Funding research on public health services and systems



# Stable funding for public health infrastructure

- Only 5.4% of \$4.1 trillion in health spending in 2020 went towards public health and prevention (TFAH, 2022)
  - Typically, 2-3% of annual national health expenditures
- Chronic underfunding of governmental public health agencies at all levels
  - Compounded by funding gaps for social services to address social determinants of health
- Disease-siloed approach to funding, with allocations not proportional to public health needs

**The Impact of Chronic Underfunding on America's Public Health System:**  
Trends, Risks, and Recommendations, 2022



# Workforce training, recruitment, and retention

- Recruit and maintain sufficient staffing
- Address workforce burnout
- Establish pathways to leadership
- Support training for analytics (e.g., informatics, data visualization) and management (e.g., budgeting & financial management, systems & strategic thinking)
- Ensure diversity, equity, and inclusion among staff and leadership

Infographic source: <https://debeaumont.org/staffing-up/>

## Staffing up: Investing to improve public health services and protections

A lack of consistent investment in state and local governmental public health has resulted in a

# 15%

decrease in staffing, leaving the nation unable to provide basic public health protections.



According to a new analysis by the de Beaumont Foundation and the Public Health National Center for Innovations, the nation needs

# 80,000

more full-time-equivalent positions in state and local health departments to provide basic community services.



# 80%

That's an increase just to provide a minimal set of services that every community needs.



**Now is the time to invest in our nation's public health workforce.**

To see the full analysis, visit  
**staffingup.org**



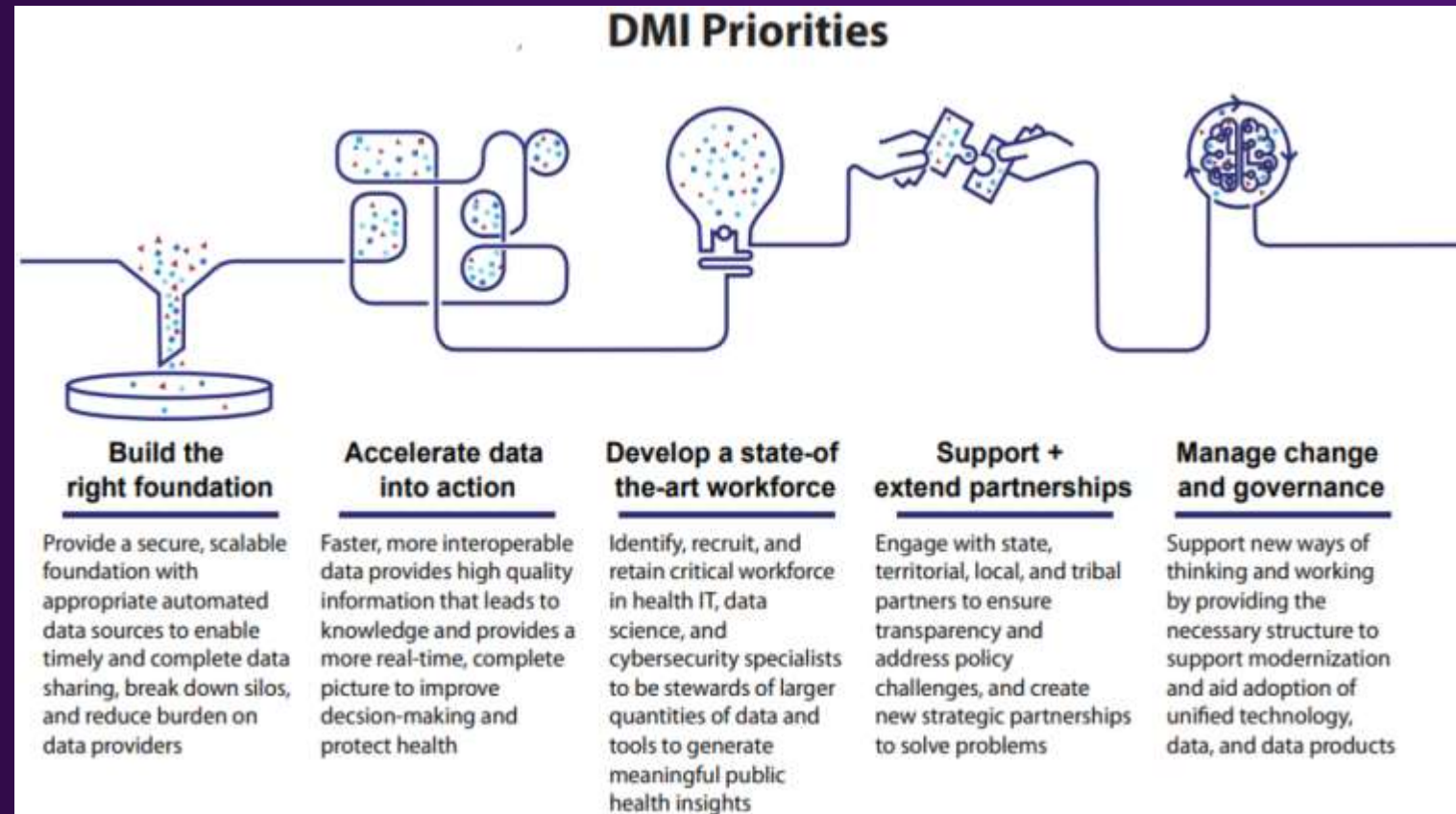
## Strategic cross-sector partnerships

- **Public Health 3.0 emphasizes engagement with multiple sectors and community partners to generate impact**
  - Richland, OH partnered with public libraries for *blood pressure* monitoring
  - Barry Easton District Health Department, MI partnered with local disability service providers and schools to offer *“sensory-friendly” COVID-19 vaccination* clinics
  - Douglas County, NE collaborated with Omaha Public Library system, community centers, correctional facilities, and large event venues to deliver *free STI testing*
  - Boston Public Health Commission leverage relationships with business owners, public libraries, college and campus safety, and security at tourist destinations for *opioid overdose prevention*



# Information technology & data modernization

- Many local health departments use outdated information systems, non-interoperable systems, paper records
- Data modernization and interoperability are priorities in CDC and ASTHO strategic plans





# Evidence-based decision-making & quality improvement

## ➤ Leverage data and metrics

- Monitor trends in population health
- Evaluate the impact of public health initiatives
- Guide implementation and decision-making
- Document successes and the value of public health investments

## ➤ Pursue voluntary accreditation through Public Health Accreditation Board

- Public health department accreditation
- Vital Records/Health Statistics unit accreditation



## Funding research on public health services & systems

- Scientific evidence about “what works” needed to guide practice and measure returns on investment
- PHSSR is primarily foundation-funded
- No centralized mechanism to cultivate the PHSSR community and address strategic research priorities
  - PCROI and AHRQ focus on patient centered outcomes and healthcare services
- The PHSSR funding promised in the Prevention and Public Health Fund has not materialized





# Strengthening the public health system



Stable funding for public health infrastructure

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Executive Director

National Association of Community Health Workers



**Advancing and  
Sustaining the CHW  
Profession to  
Strengthen and  
Modernize Public  
Health**

**Denise Octavia Smith, CHW, PN, MBA  
Executive Director**





# SIX PILLARS OF THE CHW PROFESSION

## A Unique Field

CHWs are a one-of-a-kind group of public health workers. As a profession they have designated workforce classifications with multiple government organizations. With a unique set of core competencies, CHWs are an underappreciated yet crucial workforce that promote social justice and help to achieve health equity and wellbeing for all.

## Community-based

CHWs build relationships with those around them and build treatment capacity to bolster their local communities. Trust, respect, dignity, community advocacy — these values and more drive CHWs in their mission to alleviate the social determinants of health and achieve equity.

## Historic and Diverse

The history of CHWs goes back centuries — the first were tribal healers. Today CHWs are known by many different names, such as promotoras, peers, and aunties. As a reflection of the country they call home, they are diverse in ethnicity, language, and culture — and have similar lived experiences as their ancestors.

## Cross-sector Workers

CHWs reduce barriers to healthcare and build capacity in underserved areas. The social determinants of health are of particular interest to them — they embrace a holistic health philosophy that considers societal factors, and establish networks to leverage their collective strength in their mission to achieve true health equity.

## A Proven Workforce

CHWs have proven how integral they are to clinical, public health, and social systems. 60 years worth of study and research have shown just how important they are in various fields, including maternal and child health, chronic disease interventions, immunization, and many other disciplines.

## ...And a Precarious One

As a majority female workforce, CHWs face challenges like low pay and discrimination. Work exposes them to possible violence and disease. A lack of identity and poor legislative protections only exacerbate these issues. Given the field's issues, it's not surprising that the CHW profession lacks sustainability in recruitment and retention.

# CHWS AND COVID: GLOBAL CALL FOR OUR ROLES AND INTEGRATION



**COVID-19 RESPONSE**  
Strengthening public health emergency response with Community Health Workers

"Testing millions of people per week will require hiring a large number of Community Health Workers."  
*The Kaiser Family Foundation, 2020*

**3 Ways to Amplify the Work of CHWs**

-  Classify CHWs as "essential, critical infrastructure workers" and pay them to respond to COVID-19.
-  Mobilize funding to scale CHW networks and association capacity for contact tracing and care coordination training and services.
-  Recognize CHWs as leaders in COVID-19 community recovery & health system transformation efforts.

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COMMUNITY HEALTH WORKERS  
Community Health Workers (CHWs) united nationally to support communities in achieving health equity & social justice.  
[www.nachw.org](http://www.nachw.org)

Logos: LAST MILE HEALTH, Partners in Health, IMPaCT, itech@ogra, community health, Health Leads



**HEALTH AFFAIRS BLOG**

RELATED TOPICS:  
COVID-19 | PUBLIC HEALTH | PANDEMICS | ACCESS TO CARE | SYSTEMS OF CARE

**To Strengthen The Public Health Response To COVID-19, We Need Community Health Workers**

Denise O. Smith, Ashley Wennerstrom

MAY 6, 2020 10.1377/hllog.20200504.336184

To Strengthen The Public Health Response To COVID-19, We Need Community Health Workers | Health Affairs

# CHWS' CORE ROLES DURING COVID

## COVID-19 RESPONSE

Strengthening public health emergency response with Community Health Workers.

### PARTNER WITH CHWs



#### CHWs Communicate Trust

Reach most vulnerable populations through trusted community relationships.

Provide essential, culturally tailored information and education on health care and social services.

Use insights to develop effective engagement strategies.

Coordinate care in complex systems and deliver care through phone, telehealth, social media, and online platforms.



#### CHWs Enhance Public Health and Safety Net Capacity

Facilitate access to shelters, food pantries, call centers, coverage and preventive services.

Conduct COVID-19 contact tracing.

Provide social supports for Medicaid and Medicare members.

Monitor symptoms and help cope with social isolation.

Provide vital self-management support for patients with chronic conditions.



#### Protecting CHWs

Ensure appropriate supplies of personal protective equipment (gloves, masks, etc.).

Protect CHWs with underlying conditions.

Encourage self-care and provide stress-related resource and supportive services.

Provide a living wage and access to Care Act, health care coverage and other benefits.

Provide workflow protocols and training.

Provide appropriate supervision with realistic case loads and work schedules.

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[www.nachw.org](http://www.nachw.org)

## C3 Project Findings: Roles & Competencies

The C3 Project recommendations include a total of ten roles and eleven skills, as listed below. New skills are indicated with an asterisk. You can download a complete checklist, including sub-roles and sub-skills, here or on the [resources page](#).

We note that roles and skills are not intended to match each other; multiple skills may support several roles.

The C3 Project team did not re-evaluate CHW qualities. Instead, the Project team asked for affirmation and endorsement of existing knowledge about CHW qualities, with "connection to the community served" being the most critical quality. A word cloud of endorsed qualities is found at the bottom of this page.

### Core CHW Roles

1. Cultural Mediation Among Individuals, Communities, and Health and Social Service Systems
2. Providing Culturally Appropriate Health Education and Information
3. Care Coordination, Case Management, and System Navigation
4. Providing Coaching and Social Support
5. Advocating for Individuals and Communities
6. Building Individual and Community Capacity
7. Providing Direct Service
8. Implementing Individual and Community Assessments
9. Conducting Outreach
10. Participating in Evaluation and Research

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# CHWS AND COMMUNITY VIOLENCE DURING COVID

## Stop AAPI Hate Reporting Center



We encourage all who have witnessed or experienced micro-aggressions, bullying, harassment, hate speech, or violence to help us document. The more information we have, the better we can respond and prevent further incidents from occurring.

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**LEADERS IN  
COMMUNITY  
HEALTH**

## COMMUNITY HEALTH WORKERS AND COVID19

THREE WAYS TO SUPPORT ASIAN AMERICAN AND PACIFIC ISLANDER COMMUNITIES

### BACKGROUND

Asian Americans and Pacific Islanders (AAPI) represent nearly 5.6% of the US Population and are expected to grow to 10% by 2050, faster than any other racial or ethnic group. Far from being a monolith, these communities have diverse cultures, languages and lived experience, and trace their origins to at least 19 countries in East and Southeast Asia. The "myth of the model minority" promotes a belief that AAPI's have few problems with health and with racism when in fact they share significant disparities in both areas.

The National Association of Community Health Workers offers three ways that Community Health Workers can inform and advocate for AAPI communities to improve their health and well-being during the pandemic and beyond.

01

**Language Access:** Title VI of the Civil Rights Act requires interpreter services for all patients with limited English proficiency who are receiving federal financial assistance, however in most states these services are an unfunded mandate.

**What CHWs Can Do:** Inform AAPI communities with Limited English Proficiency of their rights and connect them to high quality resources. Learn more about the Cultural and Linguistic Access Service Standards.

Visit <https://nachw.org/covid-19-resources/> for more COVID19 resources for CHWs



At Khmer Health Advocates a CHW provides telemedicine services

02

**Data Disaggregation:** Data collection analysis and reporting are needed to understand the impact of COVID-19 and ensure that Asian American, Native Hawaiian and Pacific Islander communities are visible and heard.

**What CHWs Can Do:** Data collection is one of the critical roles of the CHW profession and can improve services and outcomes. CHWs can advocate with employers and in communities for data collection that reflects the diverse communities we serve.

03

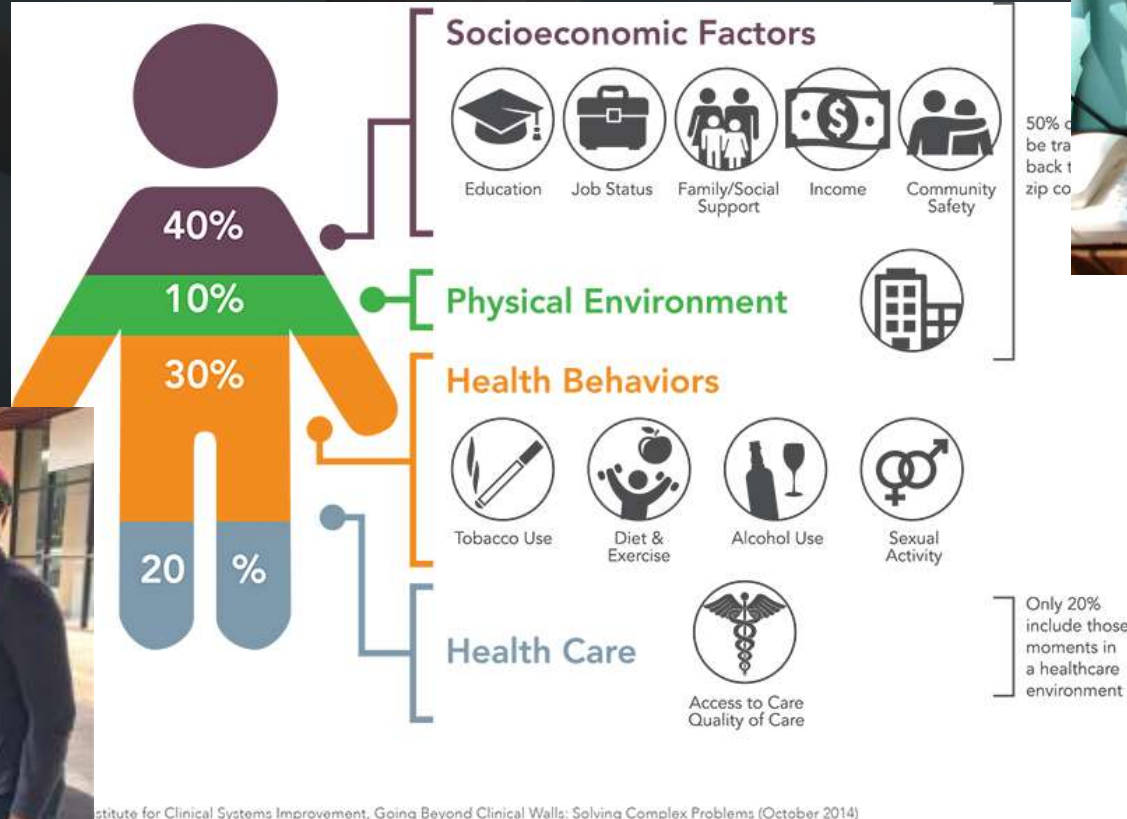
**Racial Discrimination:** AAPIs are more likely to report negative experiences because of their race or ethnicity since the coronavirus outbreak, including being subject to slurs or jokes, and fearing someone might threaten or physically attack them.

**What CHWs Can Do:** Use and share local and national Stop AAPI Hate Reporting Center website with AAPI communities and service providers (available in English and 11 other languages).


Developed in partnership with the Austin Asian Community Health Initiative and Khmer Health Advocates

The mission of NACHW is to unify the voices of the community health workers and strengthen the profession's capacity to promote healthy communities.

# CHWS ADDRESS SOCIAL DRIVERS OF WELL BEING DURING COVID



# CHWS MAINTAIN CLINICAL, PUBLIC HEALTH AND BEHAVIORAL HEALTH SERVICES DURING COVID



## The role that CHWs play as first responders in the outbreak of COVID-19

Expert Panel

Betsy Rodriguez, BSN, MSN, DCES  
Centers for Disease Control and Prevention

Colleen Barbaro, PhD  
Centers for Disease Control and Prevention



Denise Octavia Smith, MBA, CHW, PN  
National Association of Community Health Workers

Recording

### Role of community health workers and COVID-19







## Community Health Workers: Evidence of Their Effectiveness

Community health workers (CHWs) are critical to improving individual and community health through their ability to build trust and relationships and deepen communication between patients and providers. CHWs have a deep understanding of their communities through lived experience, which makes them uniquely qualified to address social and behavioral determinants of health.

As states advance efforts to expand financing for and use of this workforce, it will be critical to make an evidence-based business case for policymakers and providers. Existing studies on CHWs focus on assessing their effectiveness in improving health outcomes, reducing healthcare costs, and bridging the gap in health disparities. The number of research articles on the impact of CHW-led interventions and programs has escalated dramatically over the past fifty years, and the scientific rigor of study designs has improved notably.

**Figure 1. Number of studies on community health workers.**

1964–1973	14	+	1994–2003	252	+	2014–2016	574
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Source: Medline Search

This section below serve as a summary of research studies demonstrating the effectiveness of CHWs across multiple settings and health issues. This wide array of research allows CHW champions to demonstrate what research already exists or to select evidence that is most resonant with their audience.


#### SYSTEMATIC REVIEWS ON CHW INTERVENTIONS

- Effects of CHW Interventions to Improve Chronic Disease Management and Care Among Vulnerable Populations**  
Interventions by CHWs appear more effective when compared with alternatives and are cost-effective for certain health conditions, particularly among underserved communities.
- CHW Interventions to Improve Glycemic Control in People with Diabetes: Findings from 13 Randomized Controlled Trials (RCTs)**  
CHW interventions showed a modest reduction in hemoglobin compared to usual care.
- Mental Health Interventions with CHWs: Findings From Nine Studies in the United States**  
CHW-supported interventions show promise, particularly given evidence of feasibility and acceptability with underserved populations.

#### RANDOMIZED CONTROL TRIALS (RCTs):

- Patient-Centered CHW Intervention to Improve Posthospital Outcomes (RCT Study) Through the Development of Individualized Action Plans for Recovery and Tailored Support**  
Increased likelihood of obtaining primary care, increased mental health improvements, and reduced likelihood of multiple 30-day readmissions from 40% to 15.2%.
- CHW Support for Disadvantaged (High-Poverty and Publicly Insured Patients) with Multiple Chronic Diseases (RCT Study)**  
Improvements in mental health, increased support for disease self-management (80% compared to 38% control group), lower hospitalization (16% compared to 17.8% after six months, 23% compared to 32% after one year).

Association of State and Territorial Health Officials | astho.org



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# CHWS ADDRESS HISTORIC MISTRUST AND MISINFORMATION DURING COVID

## Why Black and Indigenous Americans are skeptical of a vaccine

Their fears are anchored in the past.

By Anagha Brilliant | Oct. 25, 2023



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The New York Times

## *'I Won't Be Used as a Guinea Pig for White People'*

Mistrust of vaccines runs deep in African-American communities. Against formidable odds, Father Paul Abernathy and his teams are trying to convince residents of Pittsburgh's historic Black neighborhoods to volunteer for trials testing a Covid-19 shot.

# CHWS BUILD PUBLIC HEALTH CAPACITY FOR EQUITABLE VACCINE DISTRIBUTION

## Joint Statement On Ensuring Racial Equity In The Development And Distribution Of A COVID-19 Vaccine

10.26.2020



## Webinar: Overcoming Barriers To Equitable And Effective COVID-19 Vaccine Distribution

12.07.2020



Overcoming Barriers to Equitable and  
Effective COVID-19 Vaccine Distribution

DECEMBER 17TH (11:00 - 12:00PM PST / 2:00 - 3:00PM EST)

## FOUR WAYS CHWS CAN ADDRESS EQUITY AND SUPPORT VACCINE DISTRIBUTION

- 01 CHW Associations can recruit, hire, train and supervise CHWs in vaccine communication and distribution campaigns.
- 02 CHWs can help develop materials and strategies that appropriately respond to community health beliefs, misinformation and cultural concerns.
- 03 CHWs can remove technology, literacy, language, enrollment and transportation barriers to ensure access to vaccines and health care coverage.
- 04 CHWs can administer screenings for food, housing, financial needs and mental health services and help navigate to these services.

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PRESIDENT JOSEPH R. BIDEN, JR.

# NATIONAL STRATEGY FOR THE COVID-19 RESPONSE AND PANDEMIC PREPAREDNESS

JANUARY 2021



THE WHITE HOUSE



PRESIDENT BIDEN'S PLAN TO PROVIDE DIRECT RELIEF TO AMERICANS,  
CONTAIN COVID-19, AND RESCUE THE ECONOMY

# COVID-19 Health Equity Task Force

- |            |  |
|------------|--|
| Priority 1 | Empower and Invest in Community-Led Solutions to Address Health Equity   |
| Priority 2 | Enforce a Data Ecosystem that Promotes Equity-Driven Decision-Making   |
| Priority 3 | Increase Accountability for Health Equity Outcomes   |
| Priority 4 | Invest in a Representative Health Care Workforce and Increase Equitable Access to Quality Health for All   |
| Priority 5 | Lead and Coordinate Implementation of the COVID-19 Health Equity Task Force Recommendations from a permanent health equity infrastructure in the White House |

# NATIONAL COVID-19 PREPAREDNESS PLAN

MARCH 2022



BRIEFING ROOM

## FACT SHEET: President Biden to Announce Strategy to Address Our National Mental Health Crisis, As Part of Unity Agenda in his First State of the Union

MARCH 01, 2022 • STATEMENTS AND RELEASES

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# CHWS AND COVID: RESPECT AND SUSTAINABILITY BARRIERS TWO YEARS INTO THE PANDEMIC



NOVEMBER 15, 2021 BY VACCINEEQUITY

## Blog: Addressing Systemic Inequities and Racism in Community-Based Organization Funding

It has never been more critical to document and amplify lessons learned from our nation's pandemic response in order to shift how we perceive, value and fund CBOs and CBWs.



## PANDEMIC FUNDING IS RUNNING OUT FOR COMMUNITY HEALTH WORKERS

ANALYSIS | BY KAISER HEALTH NEWS | MARCH 31, 2022

## COVID-19 front lines need community health workers, yet they're not getting needed support

*Amid the pandemic, I spent the past year gathering insights about the mental and emotional challenges for those saving lives against the coronavirus.*

Denise Octavia Smith Opinion contributor

Published 6:01 a.m. ET May 4, 2021

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# CHWS: LACK OF SUSTAINABILITY

- ▶ Despite nearly 60 years of research on Community Health Workers (CHW) effectiveness, two decades of public health recognition, landmark workforce development studies, and a national labor classification, CHWs face national professional identity, policy and organizational capacity barriers.



The background of the slide features a close-up, slightly blurred image of several hands of different skin tones being stacked on top of each other in a supportive gesture. The hands are positioned in the center and lower-left area of the frame. The overall color palette is dark, with a teal geometric shape in the top-left corner.

# COMMUNITY HEALTH WORKERS ARE THE WORKFORCE WE NEED FOR THE WORLD WE WANT TO:

- address growing U.S. public health worker shortages
- weakness in pandemic readiness - *especially at the community level*
- reduce cost and disease by prioritizing the social drivers of health and well being and to
- achieve racial and health equity for marginalized communities

# ENSURING CHW SUSTAINABILITY DURING COVID AND BEYOND:

**Opportunities exist in the CDC 2103, 2109 and Strengthen PH Infrastructure Awards, HRSA Training NOFOs, and current Public Health Service Act amendments in the Senate (3799) and House (HR8151)**

- Adopt CHW definitions that centers our history, identity, and self-determination
- Align CHW funding, roles, scope, recruitment, training, supervision, career ladders and leadership to the NACHW National Policy Platform
- Acknowledge the structural racism that de-professionalizes CHWs and creates barriers based on language, academic achievement, justice involvement and cultural preferences
- Advance CHW leadership and capacity



**Thank You**

**Denise Octavia Smith, MBA, CHW, PN**

**Executive Director**

**Info@NACHW.org**

**www.NACHW.org**



@TheABFM

## **Andrew Bazemore, M.D., MPH**

Senior Vice President of Research & Policy  
American Board of Family Medicine

# Strengthening & Modernizing the Public Health System

## *A Primary Health Care Perspective*

Andrew Bazemore, MD, MPH

Sr Vice President for Research & Policy  
Co-Director, Center for Value & Professionalism in  
Healthcare  
American Board of Family Medicine



# Concepts: Global Health & Pandemic

- Global Health Security Index (GHSI)

- Measures national preparedness for pandemics or epidemics, published its scores in October 2019, just before the covid-19 pandemic was declared, updated 2021

- Epidemic Preparedness Index (EPI, 2019)

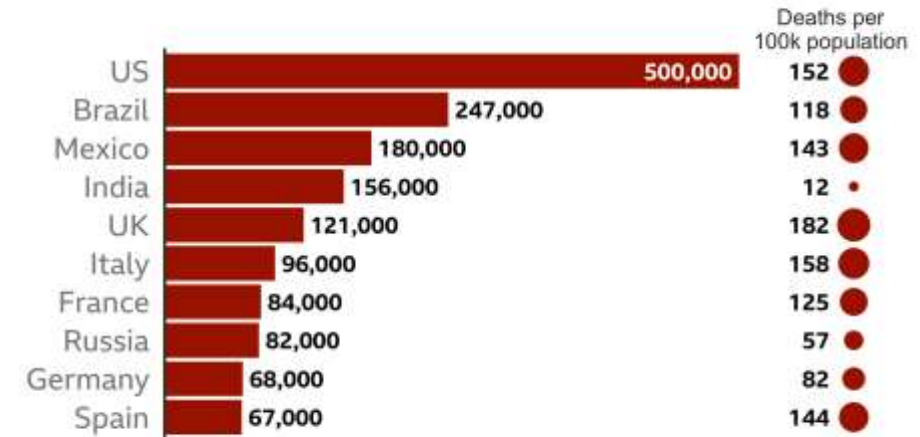
- Grouped countries into five levels of preparedness

- Correlation with actual performance in pandemic?

- Both indices placed the US and the UK (and others that have fared poorly in the covid-19 pandemic) in the highest categories

- Why?

**Top 10 countries by coronavirus deaths**  
Per capita figures show differences in the scale of outbreaks



Note: Country death totals have been rounded to the nearest 1,000

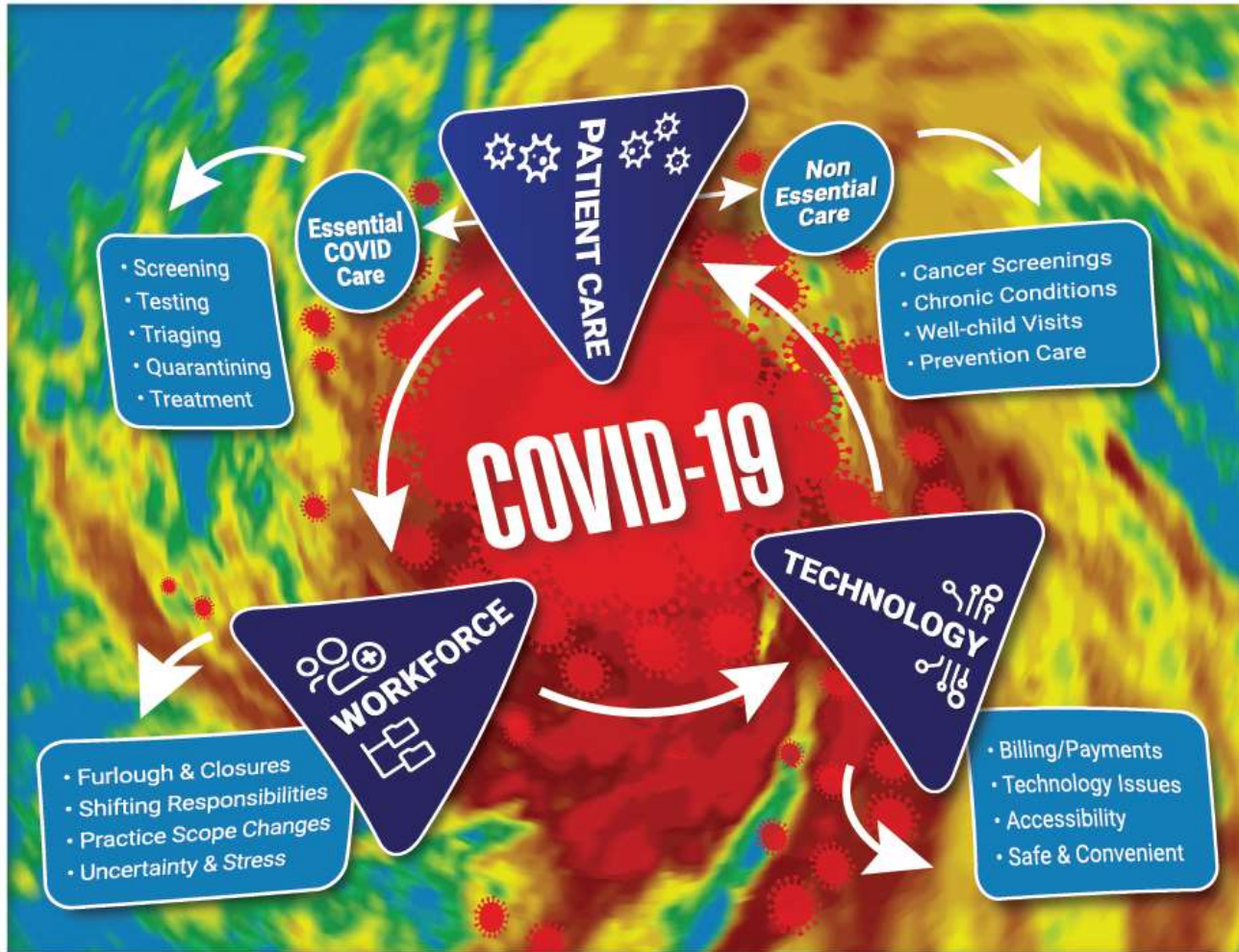
Source: Johns Hopkins University, 22 February

BBC



American Board of Family Medicine, Inc.





Investment that doesn't match the U.S. health and medical Ecology

% of all Health Expenditures:

- Public Health 2.25%, 2014
- Primary Care 5-7%, 2020

## THE ECOLOGY OF MEDICAL CARE\*

KERR L. WHITE, M.D.,† T. FRANKLIN WILLIAMS, M.D.,‡ AND BERNARD G. GREENBERG, PH.D.§

CHAPEL HILL, NORTH CAROLINA

February 9, 2021

# The COVID-19 Pandemic as an Opportunity to Ensure a More Successful Future for Science and Public Health



# Health Is a Community Affair

REPORT OF THE NATIONAL COMMISSION  
ON COMMUNITY HEALTH SERVICES

HARVARD UNIVERSITY PRESS

Cambridge, Massachusetts 1967

## Communities of Solution: The Folsom Report Revisited

The Folsom Group  
American Board of Family Medicine Young  
Leaders Advisory Group

### ABSTRACT

Efforts to address the current fragmented US health care structure, including controversial federal reform, cannot succeed without a reinvigoration of community-centered health systems. A blueprint for systematic implementation of community services exists in the 1967 Folsom Report—calling for “communities of solution.” We propose an updated vision of the Folsom Report for integrated and effective services, incorporating the principles of community-oriented primary care. The 21st century primary care physician must be a true public health professional, forming partnerships and assisting data sharing with community organizations to facilitate healthy changes. Current policy reform efforts should build upon Folsom Report’s goal of transforming personal and population health.

*Ann Fam Med* 2012;10:250-260. doi:10.1377/afm.1350.

### INTRODUCTION

The current fragmented US health care sector provides lower quality care than most industrialized nations and at a higher cost.<sup>1,2</sup> Efforts to address this low value, including the Patient Protection and Affordable Care Act, cannot succeed without a reinvigoration of a primary-care-based, community-centered health system.<sup>3,4</sup> The Affordable Care Act provides multiple provisions for supporting a patient-centered medical system, improving training and enhancing reimbursement of the primary care workforce, and enabling community involvement. With an increasingly fragmented health system at every level, however, what is lacking is a policy blueprint for systematic implementation of integrated, community health services that meet the unique needs of every community. Such a guiding document exists: the 1967 Folsom Report.<sup>5</sup> Revival and modernization of Folsom and his commission’s vision at this crucial time can help guide reform efforts and maximize health information technology’s potential to improve the health of Americans.

The Folsom Report was developed by the private National Commission on Community Health Services and sponsored by the American Public Health Association and the National Health Council. From 1961 to 1966, Chairman Marion Folsom (the prior treasurer of Eastman Kodak and US Secretary of Health, Education, and Welfare) enlisted the 33-person commission to propose provision of more comprehensive health care, improvement in housing and transportation, as well as enhancement of urban and rural life—issues that resonate clearly today. The 252-page Folsom Report released in 1967 provided a wide-ranging set of recommendations to address 14 critical areas of concern.

The first recommendation of the report was that “the planning, organization, and delivery of community health services be both unified and

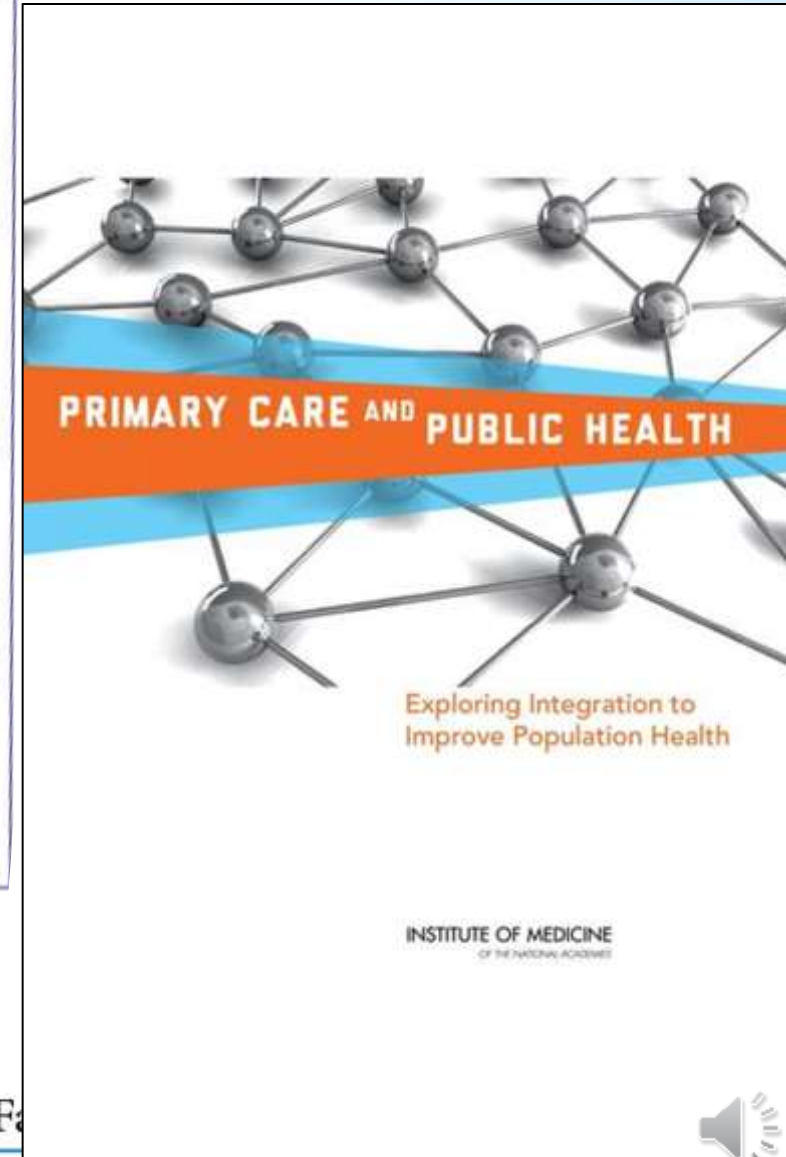
ASCP Annual Clinical Club selection; see inside back cover at <http://www.ascpintended.org/ACC/>.

Conflicts of interest: the authors report none.

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# Primary Health Care

American Board of Family Medicine



# Framing Integrated PHC & It's

## Definition: Declaration of Alma Ata, 1978

“Primary care is essential health care based on practical, scientifically sound and socially acceptable methods and technology made *universally accessible* to individual and families in the community through their *full participation* and at a cost that the *community and country can afford*...

It forms an integral part of both the country's health system, of which it is ***the central function*** and main focus, and overall *social economic development* of the community







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Volume 23, Issue 2

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## Article Contents

Abstract

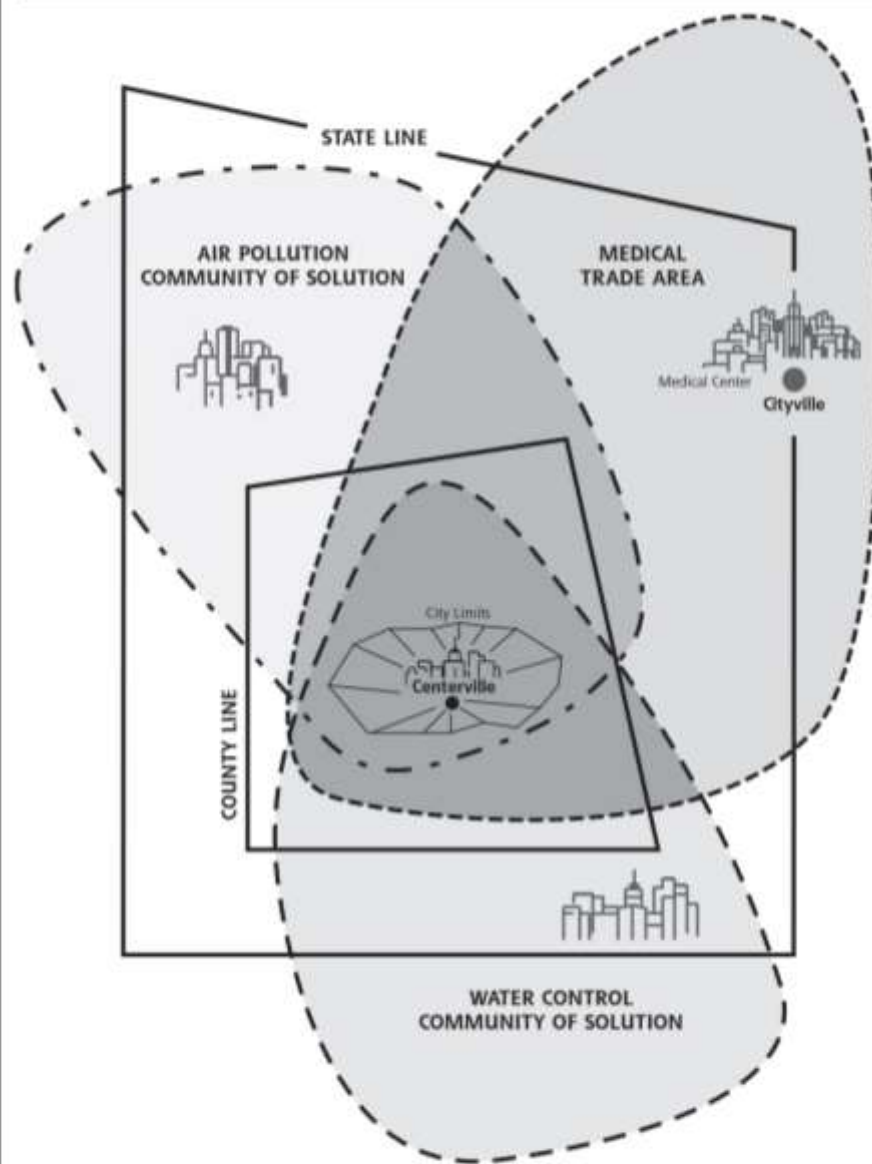
# “Community vital signs” : incorporating geocoded social determinants into electronic records to promote patient and population health FREE

Andrew W Bazemore, Erika K Cottrell, Rachel Gold, Lauren S Hughes, Robert L Phillips, Heather Angier, Timothy E Burdick, Mark A Carrozza, Jennifer E DeVoe

Journal of the American Medical Informatics Association, Volume 23, Issue 2, March 2016, Pages 407–412, <https://doi.org/10.1093/jamia/ocv088>

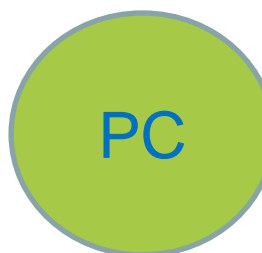
Published: 13 July 2015    Article history ▼

Figure 1. One city's communities of solution.

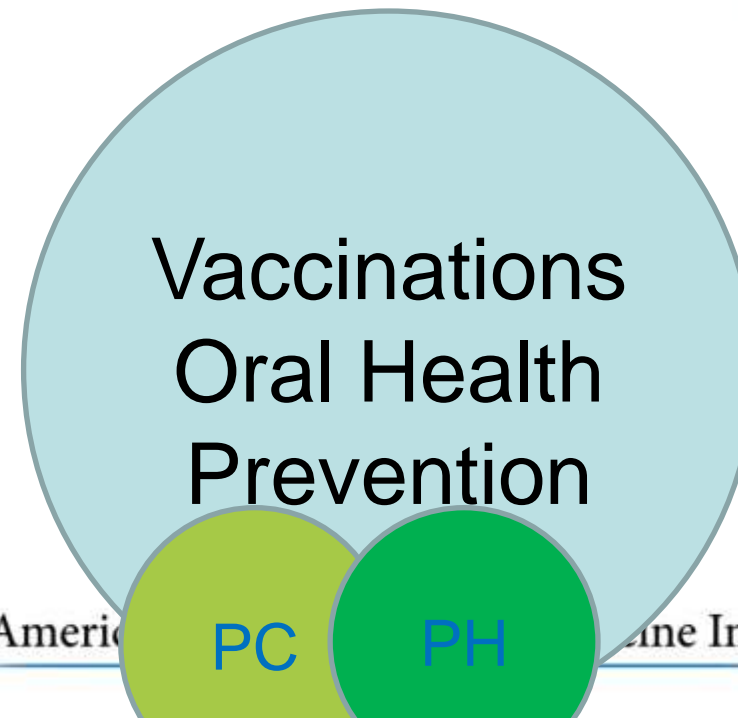
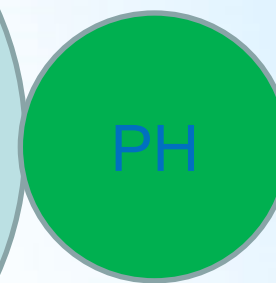


Note: Political boundaries, shown in solid lines, often bear little relation to a community's problem-sheds or its medical trade area.

Reproduced and adapted with permission from: Folsom M. Health is a Community Affair: Report of the National Commission on Community Health Service. Cambridge, MA: Harvard University Press; 1967:3, Fig 1.



Vaccinations  
Oral Health  
Prevention



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# Primary Care & Public Health: Improving Vaccine Response

Nearly 6 in 10 routine vaccines are administered in primary care offices as a part of continuous, longitudinal relationships between patients and trusted primary care teams and clinicians

Primary care offices remain small on average, but are increasingly integrated into larger organizations/systems (Chief Pop Health Officers are increasingly the norm in systems/larger primary care enterprises)

Public health and primary care leaders should be working together in preparedness planning and primary care should be incorporated as an integral part of pandemic planning from the beginning

Digital and data infrastructure investments (shared vaccine registries and pop health tools to stratify target populations) to enhance collaboration are needed to facilitate primary care service delivery in pandemic in coordination with public health.

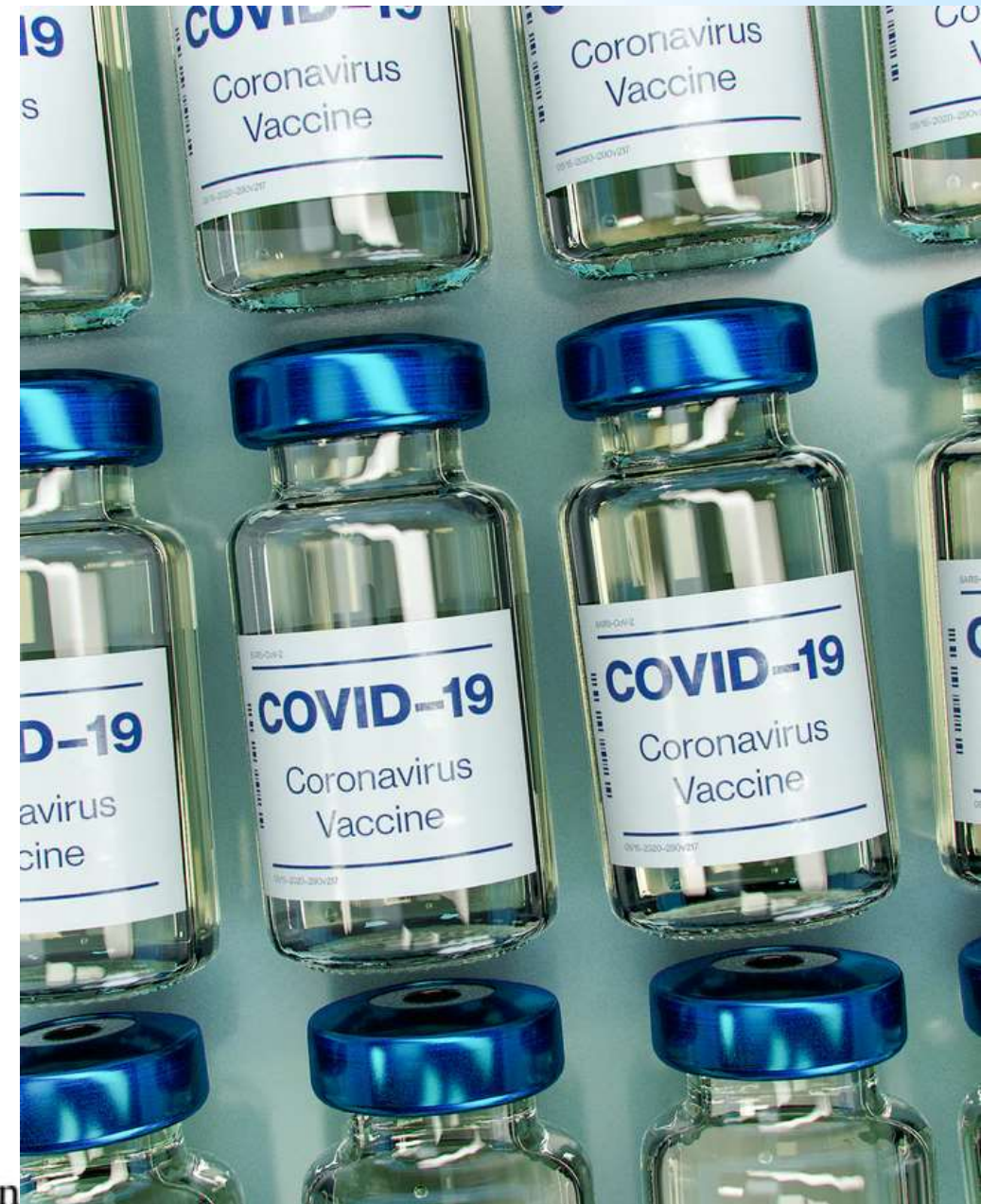
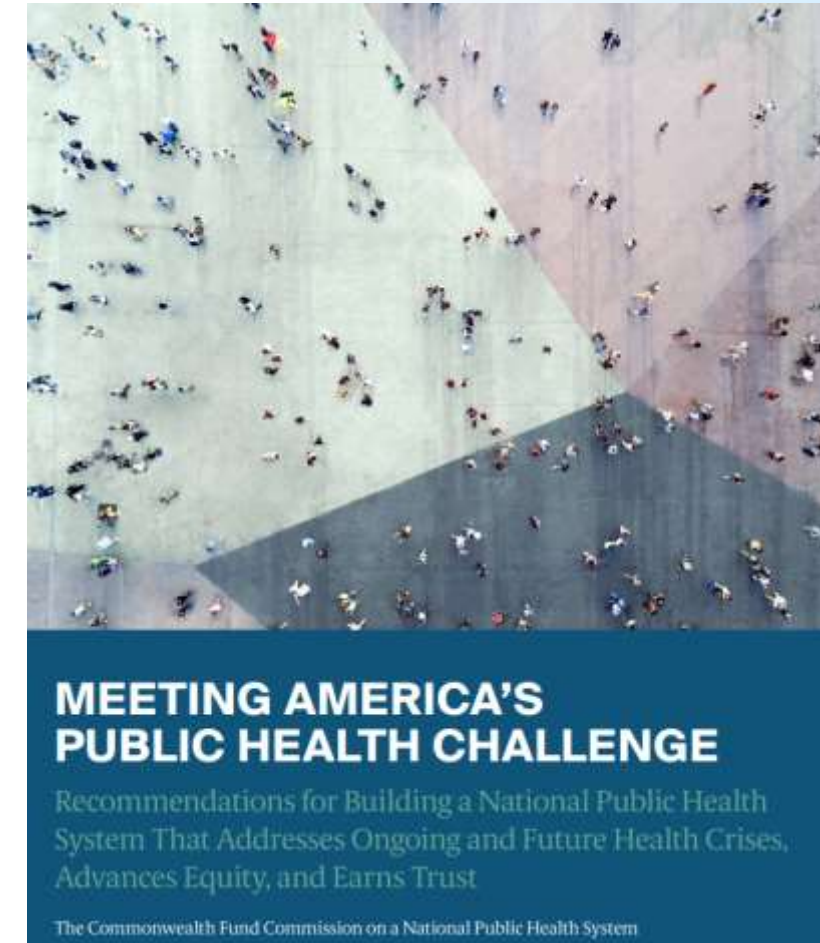


Photo by Daniel Schludi @schluditsch on Upsplash



# Thoughts on Commonwealth Report Recommendations & PH/PC Integration

“As the pandemic has illustrated, the health care system must be a vital partner to the public health system. Progress requires data sharing, engagement of the workforce, and establishing expectations for integration into public health efforts”



# Thoughts on Commonwealth Report Recommendations & PH/PC Integration

- To earn and maintain people's trust, a national public health system should:
  - 1) make communities integral partners in public health efforts;
  - 2) build multisector partnerships to address drivers of health;
  - 3) address misinformation as part of an expanded communications program; and
  - 4) prioritize ethics and integrity in decision-making.

# Thoughts on Commonwealth Report Recommendations & PH/PC Integration

- Commonwealth & NAM call: a) Reconvene the National Prevention and Public Health Council. b) Create a Secretary's Council for Primary Care... integrate efforts?
- “Data Sharing” – Invest in digital infrastructure that supports Public Health/Primary Care integration for crisis mitigation (vaccine registries for pandemic, e.g.)
- ‘engage workforce’: Integration of PH/PC teams (↑ training \$ for CHWs & PHOs, team-based training & engagement)
- ‘expectations’: Chg payments to accommodate social risks that incentivize primary care teams to identify social determinants of health and coordinate

# Thank you



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## THE CENTER FOR PROFESSIONALISM & VALUE IN HEALTH CARE

Health care in the United States is going through stormy changes that threaten health professionals' wellbeing and the public trust. The ways in which health care workers are currently measured and valued often work against the behaviors and relationships that patients want and expect from their providers.

The Center for Professionalism & Value in Health Care aims to study relationships between professionalism and value, promote their alignment, reduce health professionals' burden, and better support outcome and quality improvement.

Key aims of our work are:

- ▶ Testing the **state of the social contract** between health
- ▶ To understand **alignment** between how **value** is

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# UPCOMING EVENT

October 6 | 12 pm – 1:30 pm ET

## **Better Health through Data: Opportunities and Limitations of Health Data**

To advance health equity, we must be able to understand and identify the health disparities that exist in our communities. Health data is crucial to addressing public health needs but also in understanding the various backgrounds and socioeconomic statuses of beneficiaries covered by federal and state health care programs and models. Across Medicare, Medicaid, commercial insurances, and federal delivery systems, health data varies in completeness and usability. This event will review the importance and use of health data in addressing health disparities, the main barriers that persist in limitations to health data, and policy levers that can improve health data collection and utilization at the federal level including changes to data standards and systems, incentives and requirements, education and technical assistance, and regulation.

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