Public health government structure

• See readings
• Executive branch
  – Federal – Public Health Service
    • Also EPA, OSHA, CMS, Ag, Transportation, NHTSA . . .
  – State – Dept. of Public Health
    • Also DSS, DMHAS, Comptroller, DDS, . . .
  – Local – local health dept.s
• Legislative
  – Federal -- Congress – Senate HELP, House Energy & Commerce/Health Subcommittee
    • Also Ways & Means, Appropriations
  – State -- Public Health Committee
    • Also Human Services, Insurance, Appropriations
  – Mayors, legislative councils
Roles

• Federal Public Health Service
  – Office of Preparedness & Response
  – NIH – biomedical research
  – CDC – main public health agency
  – HRSA – works across programs
  – Indian Health Service
  – SAMHSA
  – AHRQ – policy research, CER
  – Agency for Toxic Substances and Disease Registry

• Strategic plan – Healthy People 2020
**Centers for Disease Control and Prevention (CDC)**

**CDC’s Mission** is to collaborate to create the expertise, information, and tools that people and communities need to protect their health – through health promotion, prevention of disease, injury and disability, and preparedness for new health threats.

- Detecting and responding to new and emerging health threats
- Tackling the biggest health problems causing death and disability for Americans
- Putting science and advanced technology into action to prevent disease
- Promoting healthy and safe behaviors, communities and environment
- Developing leaders and training the public health workforce, including disease detectives
- Taking the health pulse of our nation
State Roles

• CT Dept. of Public Health
  – Provider, facility licensure, inspection
  – OHCA – CON, history
  – Disease surveillance, reporting
  – Public health lab
  – Environmental health
  – Community health & prevention
  – Emergency preparedness, response
  – Administer federal programs, block grants
Strategic plan – **CT Health 2020**

- Healthy CT 2020 State Health Improvement Assessment and Plan
- March 2014, CT Dept. of Public Health
- Set by a coalition of 182 organizations – includes cities/towns, agencies, nonprofits, providers

Sections:
- Maternal, Infant, and Child Health
- Environmental Risk Factors and Health
- Chronic Disease Prevention and Control
- Infectious Disease Prevention and Control
- Injury and Violence Prevention
- Mental Health, Alcohol, and Substance Abuse
- Health Systems
State Roles

• CT Dept. of Social Services –
  – Biggest state agency in $$$$  
  – Medicaid, HUSKY  
  – Food security  
  – Child care assistance  
  – Domestic violence shelters  
  – Behavioral health  
  – Energy assistance  
  – Long term services and supports  
  – Senior housing
Local Roles

- CT uses decentralized model
  - Local health dept.s part of local government
- 72 CT local health departments, 20 health districts
  - Permits, inspections, fines, penalties for PH code violations
  - Emergency preparedness
  - Health education, promotion
  - Local health planning
  - Clinical prevention
State of Connecticut
Local Health Departments and Districts
July 2014

Health Districts
1. Bristol-Burlington Health District
2. CT River Area Health District
3. Central Connecticut Health District
4. Cheshire Health District
5. Coginchaug Health District
6. East Shore Health District
7. Eastern Highlands Health District
8. Farmington Valley Health District
9. Ledge Light Health District
10. New Britain Valley Health District
11. Newington Health District
12. North Central Health District
13. Northwest District Dept. of Health
14. New Haven-Stratford-Regional Health District
15. Panhandle Health District
16. Quinnipiac Valley Health District
17. Torrington Area Health District
18. Trumbull-Massena Health District
19. Union Health District
20. West Hartford-Enfield Health District
21. Westport-Weston Health District

Sovereign Nations
A. Mashpee Tribe
B. Mohegan Tribe

Local Health Departments and Districts
Local Health District
Full-Time Municipal Health Director
Part-Time Municipal Health Director
Sovereign Nations

August 25, 2014
Proposed changes for local public health

- Decentralized model may be changing
- DPH has proposed to consolidate local health districts
- Resources are a problem
  - CT has the 4\textsuperscript{th} highest median income, but is 28\textsuperscript{th} in public health investment
  - In 2013 CT spent <\$15 per person on local public health, US median \$39
- 33 full time municipal health dept.s, 19 part time
- 172,123 CT residents are not served by a full-time local health dept.
  - Staff at local health dept.s vary from <1 to 60 FTEs
- Most not fulfilling all the functions in law, inconsistent service
Proposed changes for local public health

• DPH proposes consolidating into 9 districts, along COG boundaries
• Would have a local governing board of providers, health director and community rep.
• Would consolidate funding
• All state residents would have full time local public health
• Everyone keeps their jobs
• Enhances standardization of services
• CHNA every 3 years will drive activities
CT General Assembly Committees

- **Public Health** --
  - matters relating to health, including emergency medical services, all licensing boards within the Department of Public Health, nursing homes, pure food and drugs, and controlled substances, including the treatment of substance abuse.
  - Bill Book

- Human Services
- Appropriations, Finance
- Children, Aging
Financing US public health

**FIGURE 1**
Fiscal Year 2012 Budgets for Programs of HHS (left) and the PHS Agencies (right), in Percent

Source: National Health Policy Forum

Financing public health in CT

FY 2015 appropriated, $ millions, state funds

Source: Office of Fiscal Analysis
Theme -- collaboration

- Most public health policy will be implemented with (or entirely by) other agencies
- Agencies may not see public health as their responsibility or priority
- Requires integration, respect other perspectives/goals
- Leadership, give up credit
- Engage champions, partners
  - elected officials
  - police chiefs
  - hospitals, providers,
  - business leaders, employers
  - educators, academia
  - labor
  - First Lady
CDC – 10 greatest PH achievements

• Vaccine-preventable diseases
• Prevention, control of infectious disease
• Tobacco control
• Maternal and infant health
• Motor vehicle safety
• Cardiovascular disease prevention
• Occupational safety
• Cancer prevention
• Childhood lead poisoning prevention
• Public health preparedness and response
• All required collaborations with other sectors, health and outside health
Role of medicine in health

- Determinants of health outcomes
  - Medical care 10 to 20%
  - Behaviors 50%
  - Social circumstances
  - Genetics
  - Stress
  - Environment – 5%, only determinant less than medical care
Financing public health in CT

FY 2015 appropriated, $ millions, state funds
Source: Office of Fiscal Analysis

- Medicaid, $2,388
- DDS, $1,097
- DMHAS, $613
- State employees' health plan, $567
- DPH, $112

Medicaid, $2,388

DDS, $1,097

DMHAS, $613

State employees' health plan, $567

DPH, $112
Regulatory capture

• When a regulatory agency becomes overly concerned with the interests of industry over the public good
• Federal and state
• Commonly happens when staff move between industry and agencies
• Led to revolving door laws, but they tend to be weak
Weak revolving door laws

- Jan. 25 article STAT News
- New HHS Secretary former VP Eli Lilly
- 100’s of people move between drug industry, Capital Hill and HHS