

PCH 358 – Public health policy

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Public health government structure

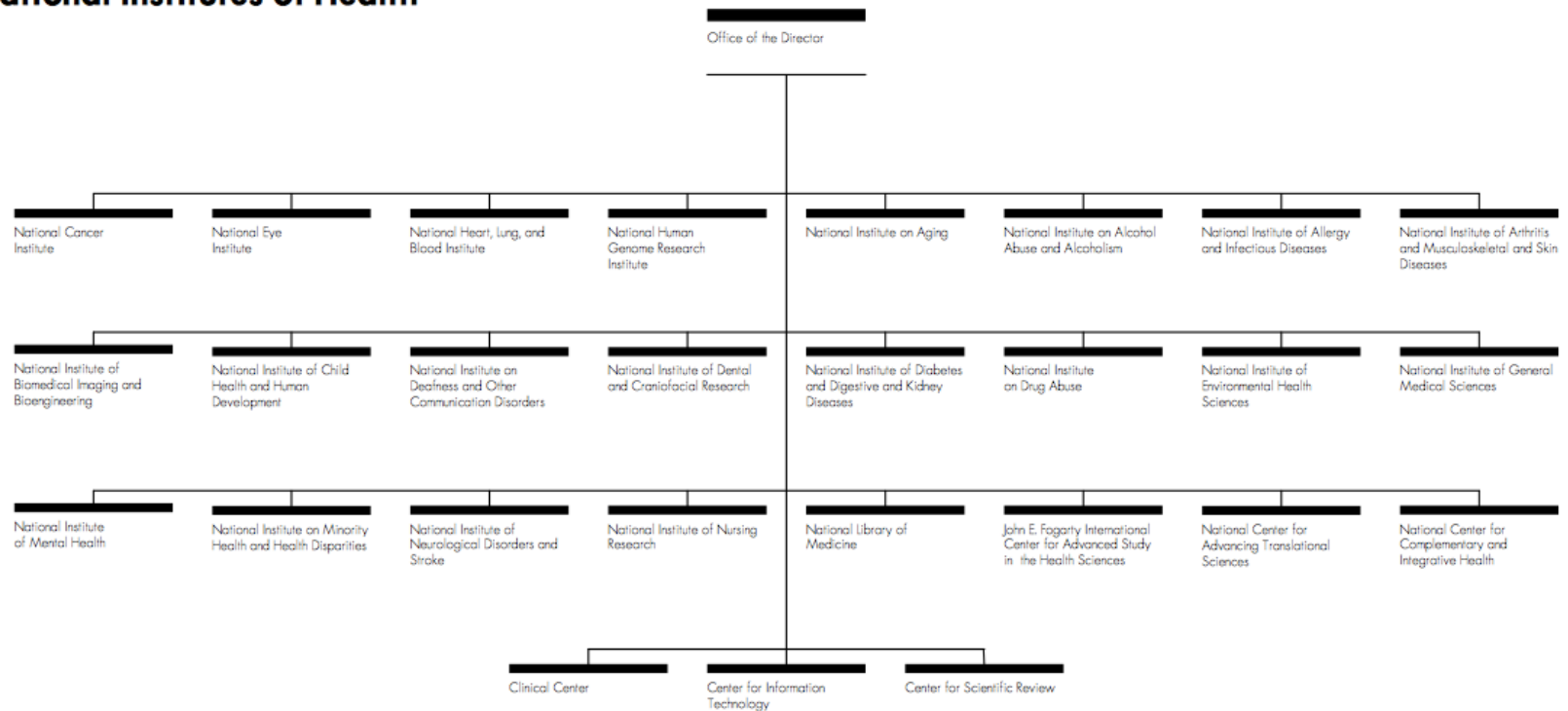
- See readings
- Executive branch
 - Federal – Public Health Service
 - Also EPA, OSHA, CMS, Ag, Transportation, NHTSA . . .
 - State – Dept. of Public Health
 - Also DSS, DMHAS, Comptroller, DDS,
 - Local – local health dept.s
- Legislative
 - Federal -- Congress – Senate HELP, House Energy & Commerce/Health 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

National Institutes of Health (NIH)

National Institutes of Health



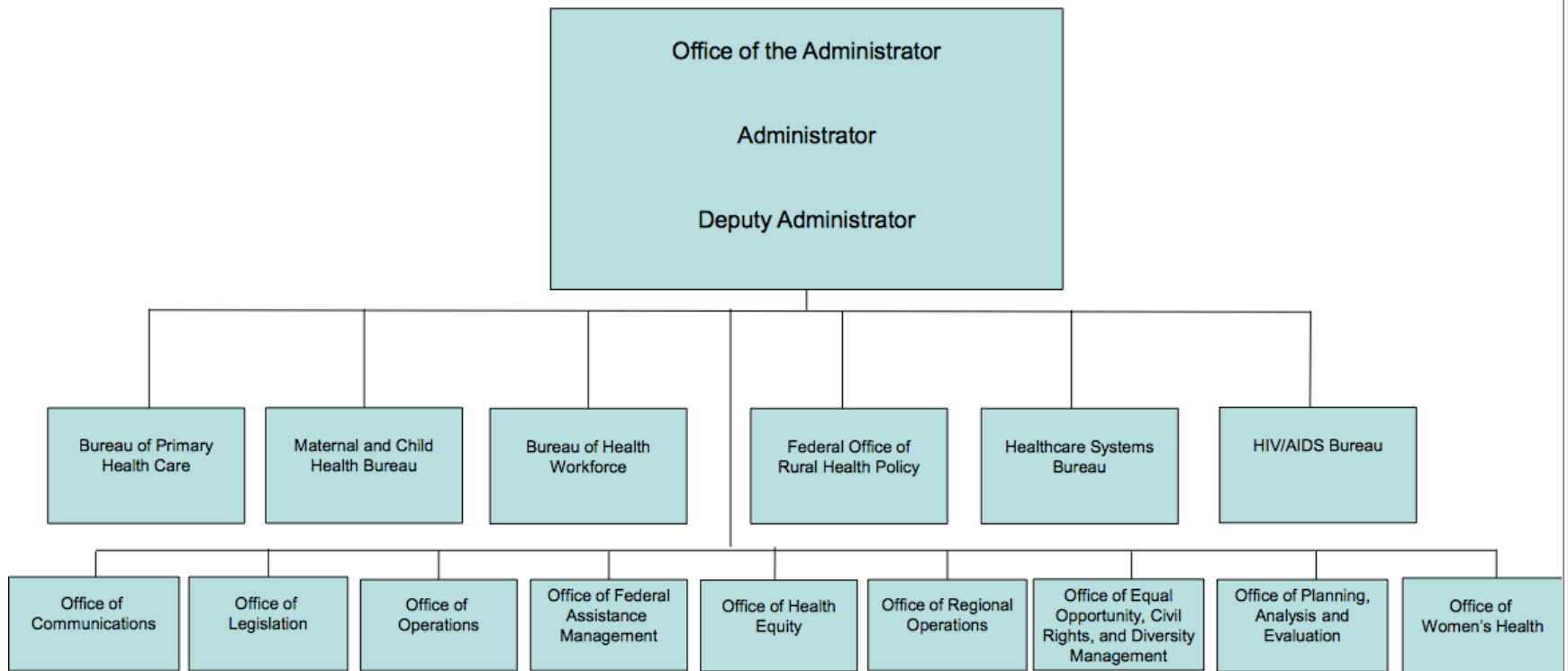
Source: NIH website

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

Health Resources and Services Administration (HRSA)



Source: HRSA website

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

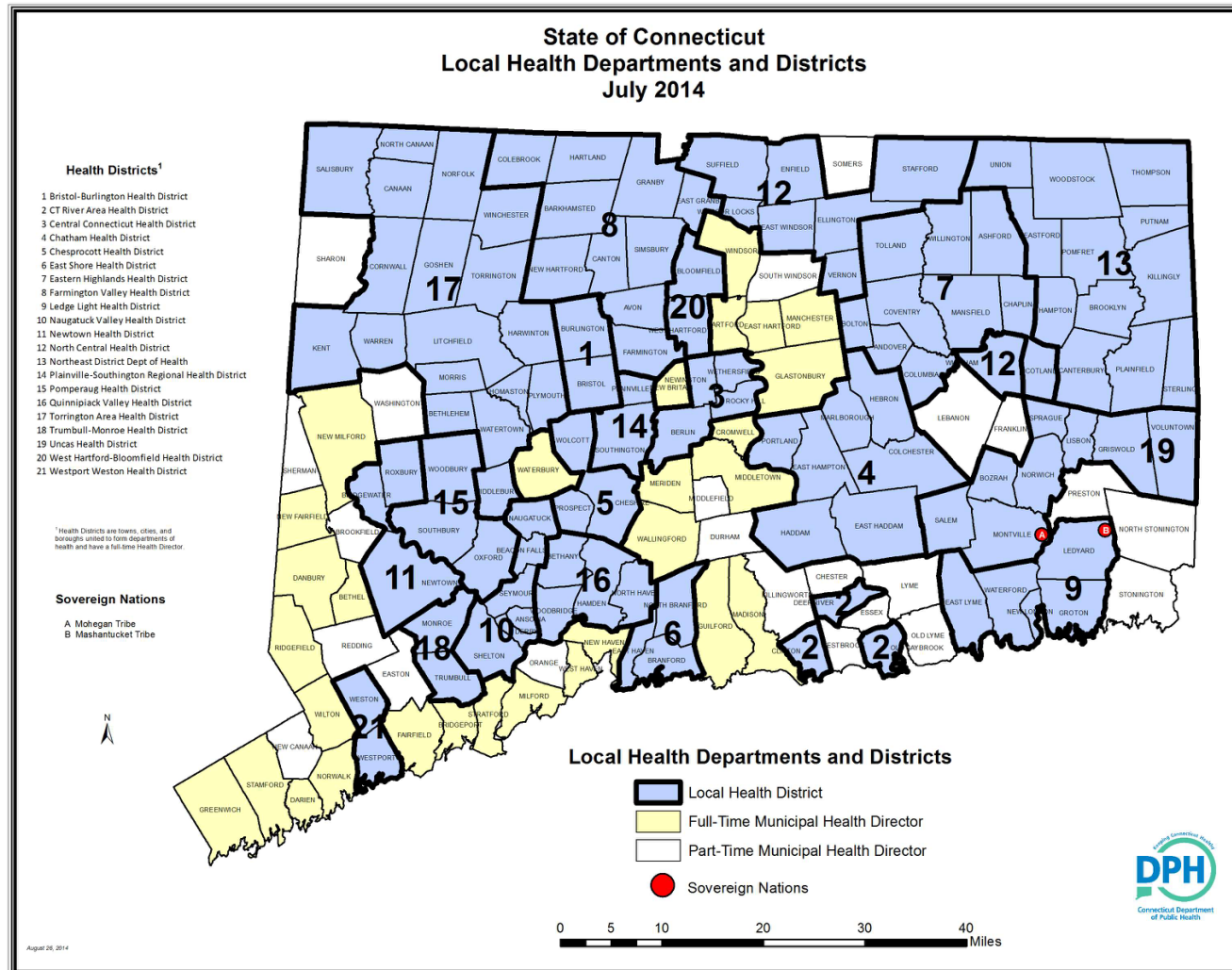
State Roles

- 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

CT local health dept.s



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 4th highest median income, but is 28th 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

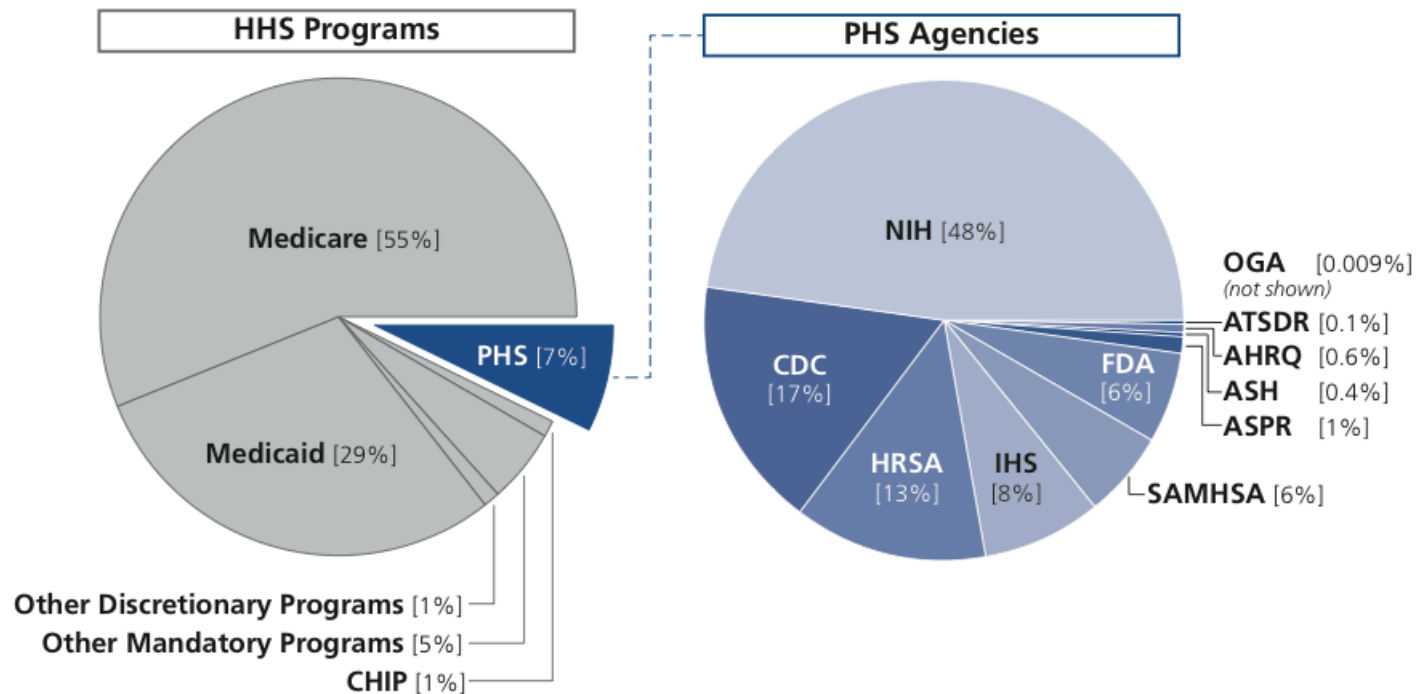


CT General Assembly Committees

- 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
- Housing, Insurance, GAE, Energy & Environment, PRI, Education, Higher Ed, Labor

Financing US public health

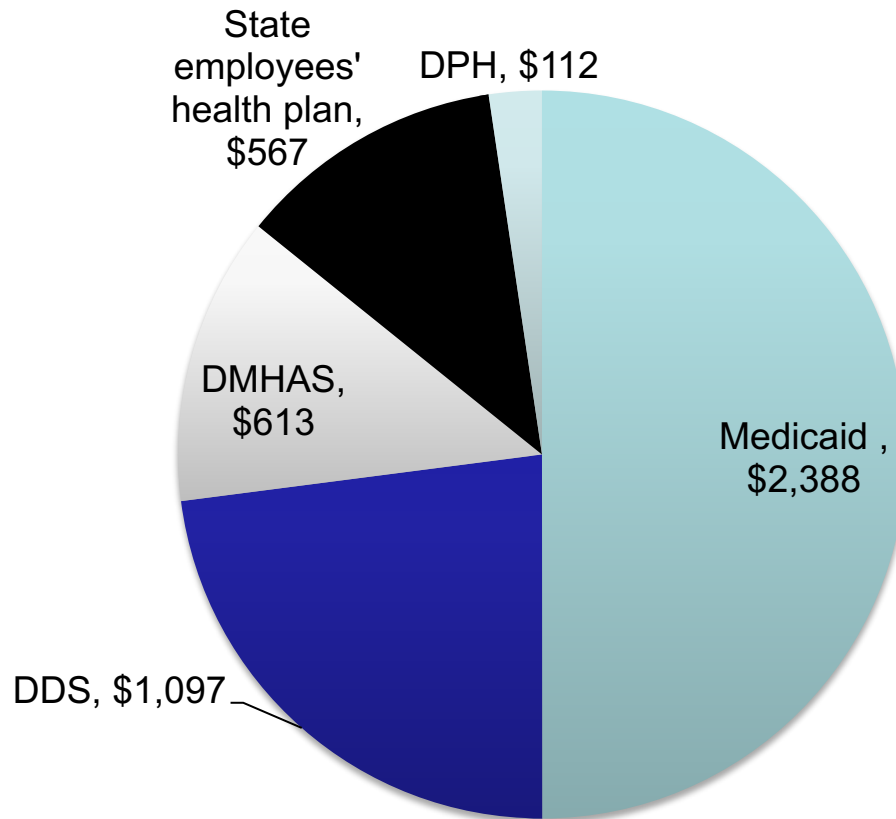
FIGURE 1
Fiscal Year 2012 Budgets for Programs of HHS (left) and
the PHS Agencies (right), in Percent



Source: HHS, Fiscal Year 2013: Budget in Brief, available at www.hhs.gov/budget/budget-brief-fy2013.pdf

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

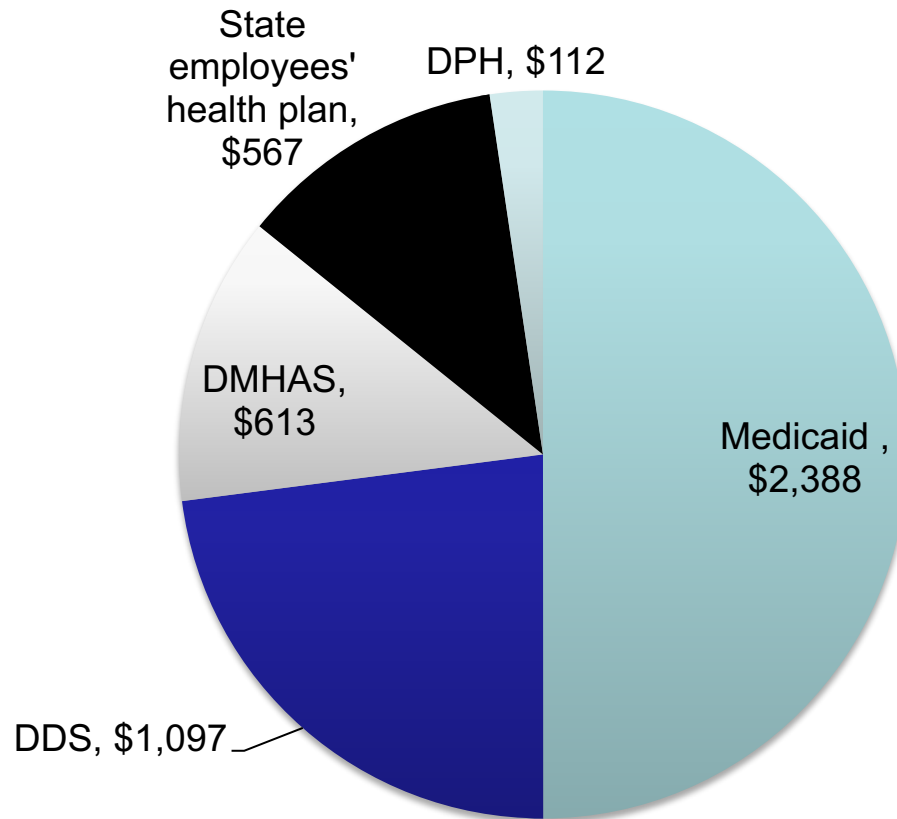
CDC – 10 greatest PH achievements

- 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

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

POLITICS

STAT+

Big pharma greets hundreds of ex-federal workers at the 'Revolving Door'

By SYDNEY LUPKIN — KAISER HEALTH NEWS / JANUARY 25, 2018



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