

MODERNIZING PUBLIC HEALTH

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" PUBLIC HEALTH

is what we, as a society, do collectively

through organized actions

to assure the conditions in which

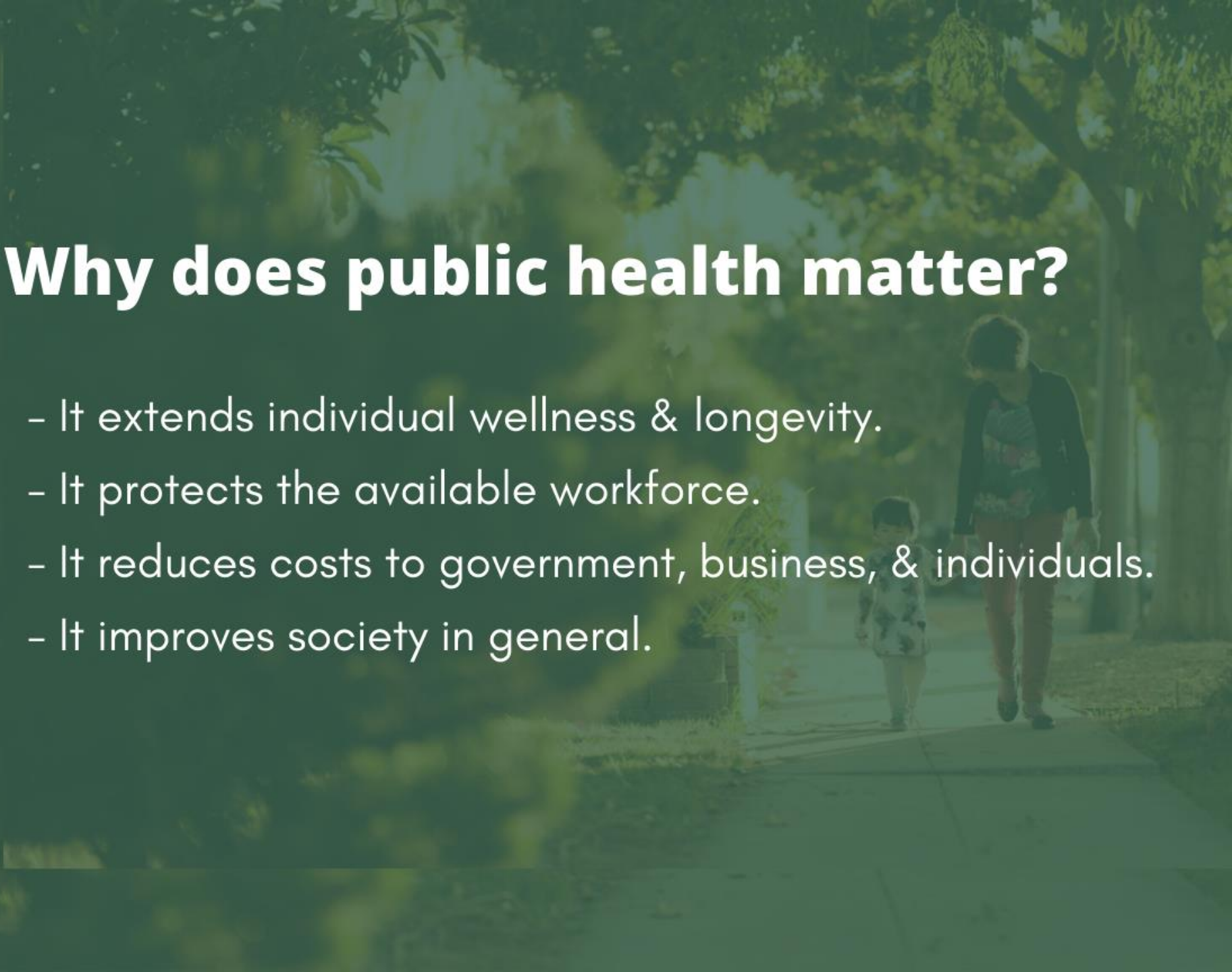
all people

CAN BE HEALTHY."

- Institute of Medicine (1988), Future of Public Health

Why does public health matter?

- It extends individual wellness & longevity.
- It protects the available workforce.
- It reduces costs to government, business, & individuals.
- It improves society in general.





Local health departments (LHDs) meet the challenges and needs of the population by providing leadership in the community.

We convene, provide, and assure based on three values:

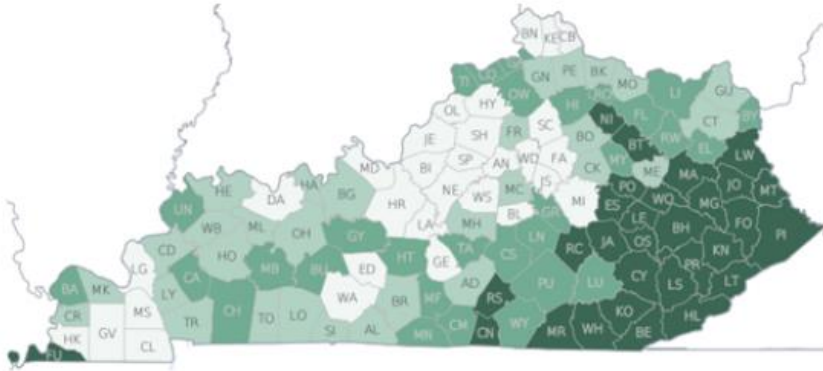
Prevent. Promote. Protect.



Kentucky consistently ranks among
the **worst** states for health.

We can do better.

Measuring Kentucky's Health Status:



Health Outcomes

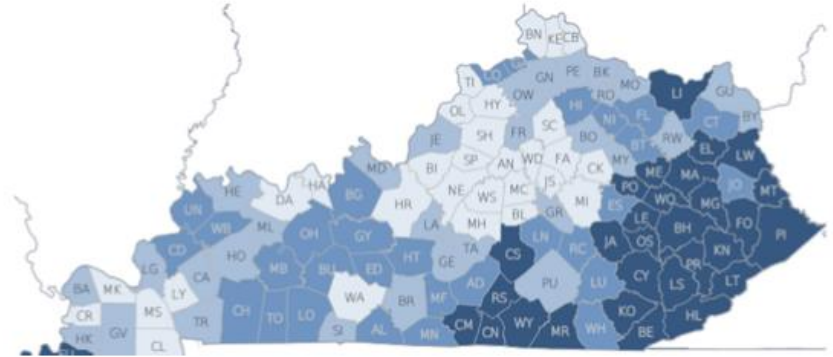
Mortality (50%)

- Measure of how long we live

Morbidity (50%)

- Measure of how well we live

Outcomes = Today's Health



Health Factors

Health Behaviors (30%)

Clinical Care (20%)

Social & Environmental Factors (40%)

Physical Environment (10%)

Factors = Tomorrow's Health

Public Health 1.0

Late 19th century through most of 20th century



Public health protection becomes possible for the first time in history. Development of an astonishing number of **health-protecting tools and capacity** with increasingly sophisticated techniques for ensuring **sanitation and food safety**.

Public Health 2.0

1980s to present day



Tremendously **uneven public health capacity** at local levels. Health departments strained to address new infectious disease challenges as well as the growing challenge of **chronic disease** prevention and preparedness. **Governmental health** "came of age," culminating in today's health department accreditation movement.

Public Health 3.0

Tomorrow

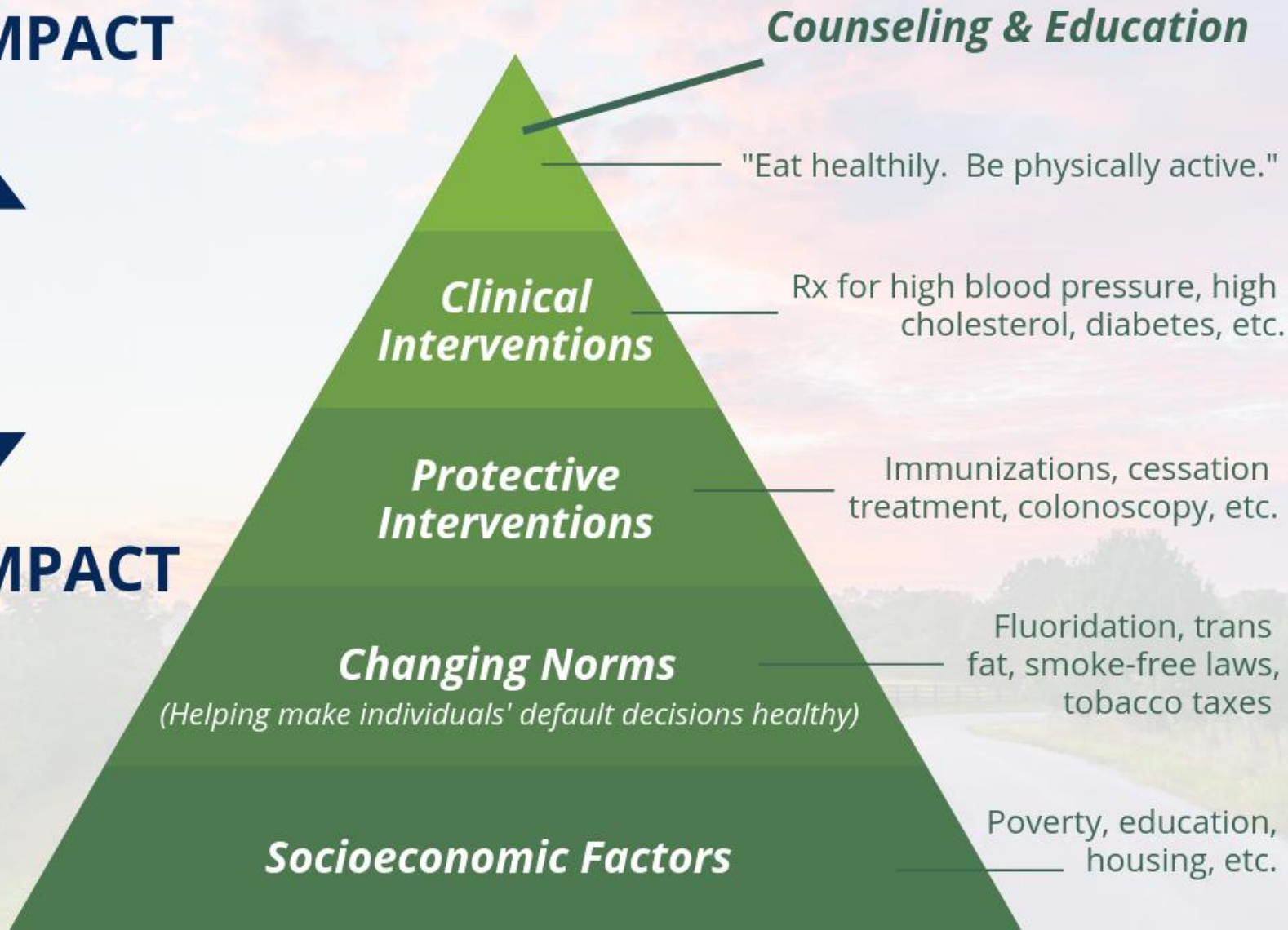
Understanding and emphasizing **social determinants of health**, the conditions in which people are born, live, work, and age.

CDC Health Impact Pyramid: Factors that Affect Health

LEAST IMPACT



MOST IMPACT





HEALTH OUTCOMES

Download the report at HealthEquityReport.com

A stylized tree with a thick brown trunk and a large, rounded green canopy. The trunk is rooted in a brown, textured ground. A black arrow points upwards from the ground level towards the canopy. The text 'HEALTH OUTCOMES' is written in bold black letters inside a white rectangular box at the top of the canopy. The text 'ROOT CAUSES' is written in bold black letters on the ground level.

HEALTH OUTCOMES

ROOT CAUSES



HEALTH OUTCOMES

The diagram features a large tree with a thick brown trunk and a full, rounded canopy of green leaves. The canopy is divided into several rounded sections of varying shades of green. The trunk extends down into a brown soil layer, where it branches out into a network of roots. Above the soil, there is a thin layer of green grass. To the right of the tree, there are two black arrows pointing upwards. The first arrow starts near the 'ROOT CAUSES' text and points towards the 'HEALTH OUTCOMES' text. The second arrow starts near the 'SYSTEMS OF POWER' text and points towards the 'ROOT CAUSES' text. The background is white.

ROOT CAUSES

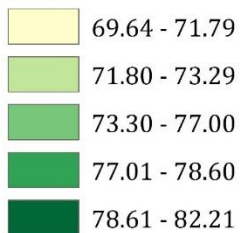
SYSTEMS OF POWER

Life Expectancy

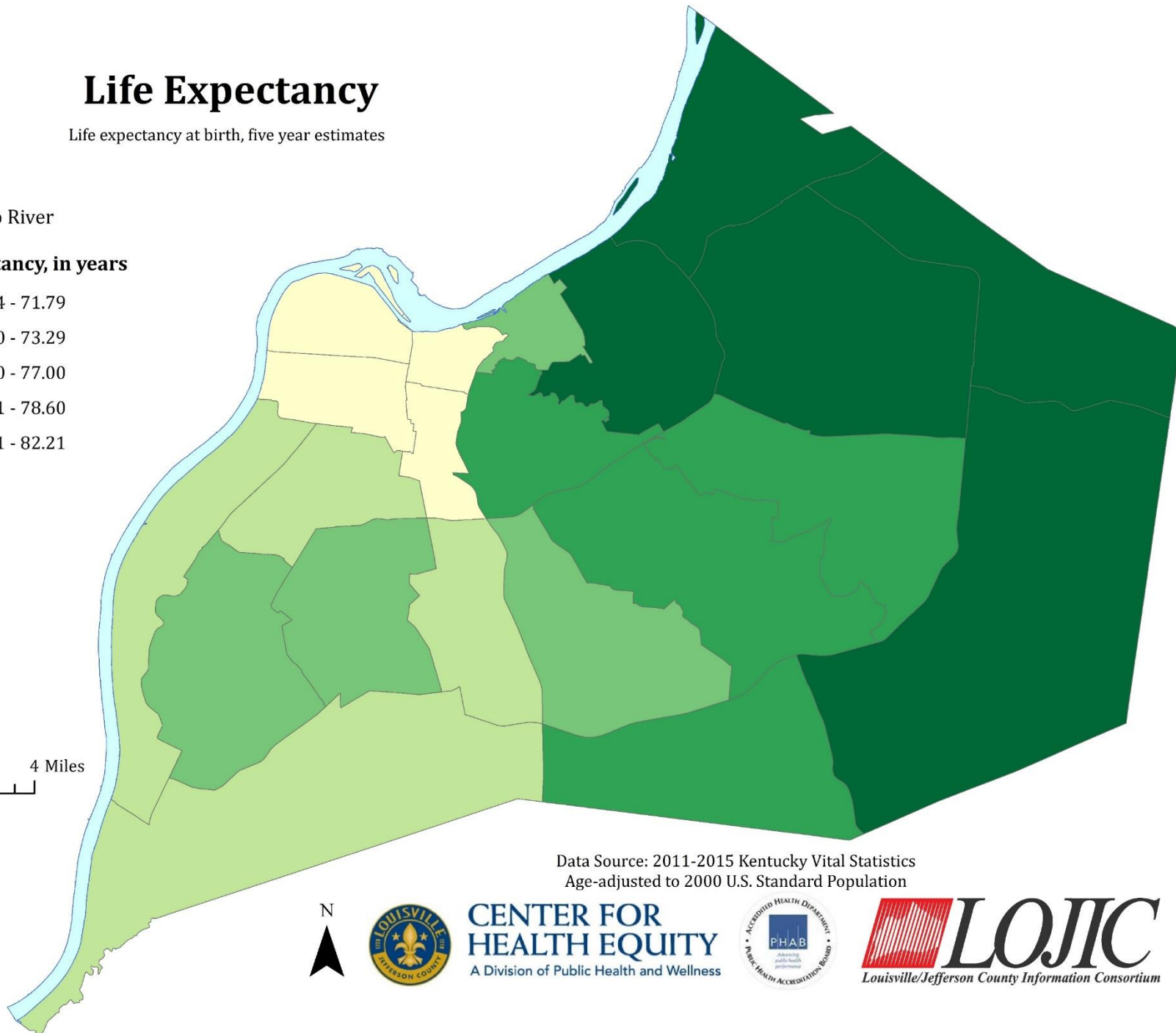

Life expectancy at birth, five year estimates

 Ohio River

Life Expectancy, in years



0 1 2 4 Miles



Data Source: 2011-2015 Kentucky Vital Statistics
Age-adjusted to 2000 U.S. Standard Population



**CENTER FOR
HEALTH EQUITY**
A Division of Public Health and Wellness



 **LOJIC**
Louisville/Jefferson County Information Consortium

CANCER

Cancer Deaths Total 2011 - 2015

	Count	Age-adjusted rate (per 100,000)
Black Male	701	263.08
White Male	3,366	225.01
Louisville Metro	8,240	188.47
Black Female	733	184.89
White Female	3,308	162.04
Hispanic Male	38	113.89
Other Female	36	106.82
Hispanic Female	33	93.60
Other Male	25	85.08

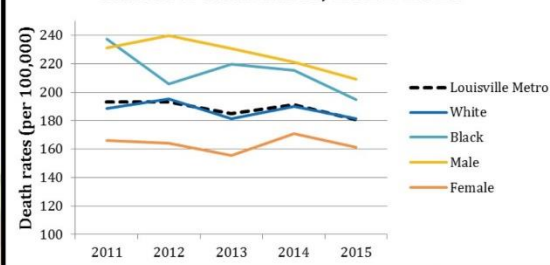
Data Source: 2011-2015 Kentucky Vital Statistics
Age-adjusted to the 2000 U.S. Standard Population.
Racial categories are non-Hispanic.

Cancer Incidence & Death Rates 2011 - 2014

Cancer Type	Louisville Metro Age-adjusted Incidence Rate	Louisville Metro Age-adjusted Death Rate
All Cancers	593.3	191.0
Lung and bronchus	89.0	59.5
Breast (female only)	172.2	23.3
Prostate	135.8	20.1
Colorectal	54.6	15.5
Pancreas	14.3	11.8
Leukemia	17.8	8.0
Liver and intrahepatic bile duct	10.6	7.9
Non-Hodgkin lymphoma	21.7	6.7
Urinary bladder	22.8	4.3
Cervical	8.6	3.2
Melanoma of the skin	38.7	3.1
Oral cavity and pharynx	14.7	2.7

Data source: Kentucky Cancer Registry <http://www.cancer-rates.info/ky>
Rates are age-adjusted to the 2000 U.S. Standard Population per 100,000
for the years 2011-2014.
Incidence describes the number of newly diagnosed cases.

Cancer Death Rates, 2011-2015

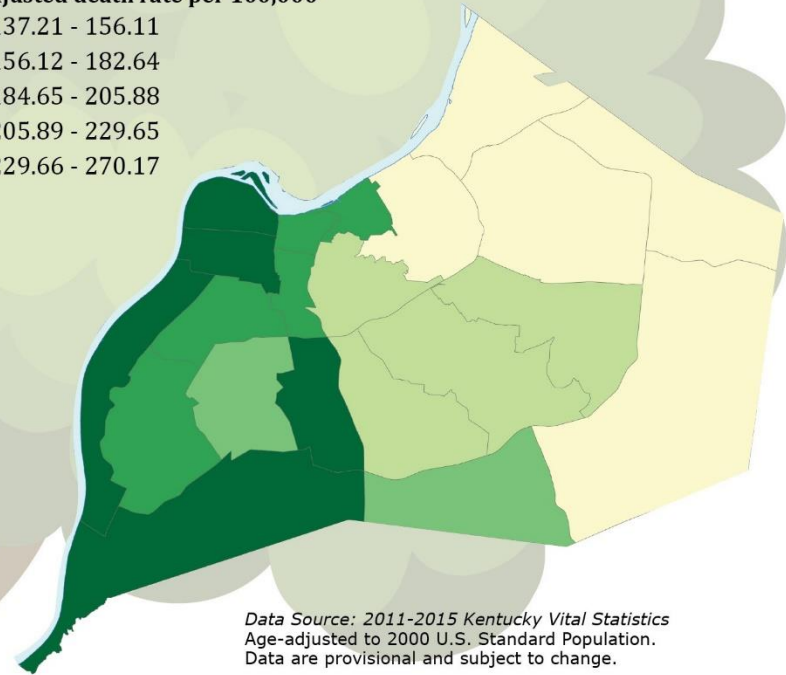


Data Source: 2011-2015 Kentucky Vital Statistics
Age-adjusted to the 2000 U.S. Standard Population.

Cancer

Age-adjusted death rate per 100,000

- 137.21 - 156.11
- 156.12 - 182.64
- 184.65 - 205.88
- 205.89 - 229.65
- 229.66 - 270.17



Data Source: 2011-2015 Kentucky Vital Statistics
Age-adjusted to 2000 U.S. Standard Population.
Data are provisional and subject to change.

Cancer is the leading cause of death for Louisville Metro. Breast and prostate cancers are those that predominantly affect residents. Not all those who get cancer die from it, as the incidence rate (how many new people are diagnosed each year) is almost 3 times higher than the death rate for Louisville Metro, and has slowly been declining. Elevated cancer death rates are clustered in the entire western half of the county. Overall, White and Black men are dying at higher rates than women from any kind of cancer.

The median age of those who died from cancer in Louisville Metro from 2011-2015 was 72.

Root Causes | Health Outcomes



**FOOD
SYSTEMS**



**ENVIRONMENTAL
QUALITY**



**EMPLOYMENT
AND INCOME**



**HEALTH AND
HUMAN SERVICES**



Health & Human Services

People who are uninsured or underinsured are more likely to be diagnosed with cancer at its more advanced stages.



Environmental Quality

Residents who live in communities with concentrated poverty are more likely to live near polluting industries and polluted land and water.



Food Systems

The food we eat can affect our risk of cancer. However, it is incredibly difficult to have a healthy diet when households are food-insecure (have limited access to fresh foods).



Employment & Income

Preventing cancer is much more cost-effective than treating it. However, many families cannot afford the preventative measures.

Best practices are evidence-based.

Public Policy

Connecting with elected officials.

Community

Linking resources together.

Organizational

Changing where you work, play, etc.

Interpersonal

Supporting each other.

Individual

What you can do.

Key Components of Public Health 3.0



Leadership
& Workforce



Essential
Infrastructure



Flexible &
Sustainable Funding



Strategic
Partnerships



Data, Analysis,
& Metrics



Leadership & Workforce

- Public health leaders embrace the role of Chief Health Strategist for their communities
- Shift focus to population health initiatives



Strategic Partnerships

- Form vibrant structures, cross-sector partnerships
- Require local community health improvement plans that identify and include local partners



Essential Infrastructure

- State & local health department accreditation
- Establish accountability performance measures for local health departments
- Statewide strategies to improve outcomes



Strategic Partnerships

- Access to actionable data and clear metrics to document success
- Mandated third-party health-care payers
- Electronic public health record / database



Flexible & Sustainable Funding

- Enhance and substantially modify funding for public health
- Explore innovative funding models



Local health departments (LHDs) are required to provide many services:

Population Health

Partnership development, health equity, chronic disease management, health in all policy, education, community health assessment, community health improvement plans

Enforcement of Regulations

Food safety, water safety, waste management, nuisance investigation

Emergency Preparedness & Response

Mitigation of disease threat, mass vaccination, disaster response

Communicable Disease Control

STD control, tuberculosis control, epidemiology, adult & child vaccinations, disease surveillance

Administrative/Organizational Infrastructure

Finance, governance, IT, communications, HR, performance management, quality improvement

Fees retained by DPH for LHD programs

LHD Program	Estimated Annual Fee
Medicaid HANDS	\$10 per service
Medicaid Preventative	1.25% of preventative + 80% of lab testing
Environmental Services	up to 30% of collections

**Estimated Annual Total
= \$3,636,870 retained by DPH**

Local Health Department Accomplishments

- 13 nationally accredited LHDs
- Many LDHs completing community health assessments & community health improvement plans
- 100% of LHDs participated in the 2018 NALSYS research project by the University of Kentucky





THANK YOU

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Public Health
Prevent. Promote. Protect.



Kentucky Health Departments Association