Kentucky’s Public Health Strategic Plan: Strengthening Foundational Services & Improving Population Health

Glen P. Mays
University of Kentucky, glen.mays@uky.edu

Click here to let us know how access to this document benefits you.

Follow this and additional works at: https://uknowledge.uky.edu/hsm_present

Part of the Health and Medical Administration Commons, Health Economics Commons, Health Policy Commons, and the Health Services Research Commons

Repository Citation
https://uknowledge.uky.edu/hsm_present/116

This Presentation is brought to you for free and open access by the Health Management and Policy at UKnowledge. It has been accepted for inclusion in Health Management and Policy Presentations by an authorized administrator of UKnowledge. For more information, please contact UKnowledge@lsv.uky.edu.
Kentucky’s Public Health Strategic Plan: Strengthening Foundational Services & Improving Population Health

Friedell Committee for Health | 2015 Annual Fall Meeting
Lexington, KY • October 26, 2015

Glen Mays, PhD, MPH
Vicious cycles in public health delivery

Limited public understanding & political support

Incoherence in missions, responsibilities & expectations

Complex, fragmented, variable financing & delivery systems

Large inequities in resources & capabilities

Variable productivity and efficiency

Resources incongruent with preventable disease burden

Gaps in reach & implementation of efficacious strategies

Difficulties demonstrating impact, value & ROI
Articulating Foundational Services in public health

2012 Institute of Medicine Recommendations

- Identify the components and costs of a minimum package of public health services
  - Foundational capabilities
  - Basic programs
- Implement a national chart of accounts for tracking spending and flow of funds
- Expand research on costs and effects of public health delivery

Vicious cycles to learning systems

1. Limited public understanding & political support
2. Incoherence in missions, complex, fragmented, variable responsibilities & expectations, financing & delivery systems
3. Large inequities in resources & capabilities, variable productivity and efficiency
4. Resources incongruent with preventable disease burden
5. Gaps in reach & implementation of efficacious strategies, difficulties demonstrating impact, value & ROI

Identify resource requirements
Build evidence on contributions to population health & wellbeing
Define a core package of services & capabilities every community needs
New incentives & infrastructure are in play

Next Generation Population Health Improvement

- Hospital community benefit regs
- Innovation Center Funding
- Funding constraints
- ACOs and PCMHs
- Employer wellness incentives
- Value-based payment
- Health insurance expansions
- Community Transformation Grants
- Health information exchange
- Public health Accreditation
Foundational Services & Population Impact

- Socioeconomic Factors
- Changing the Context to Make Individuals’ Default Decisions Healthy
- Long-Lasting Protective Interventions
- Clinical Interventions
- Counseling and Education

Increasing Population Impact
Increasing Individual Effort Needed

U.S. Centers for Disease Control and Prevention (CDC) 2014
Foundational Services & Next-Gen Public Health

Public health agency as chief health strategist for the system:

- Articulate population health needs & priorities
- Engage community stakeholders
- Plan with clear roles & responsibilities
- Recruit & leverage resources
- Develop and enforce policies
- Ensure coordination
- Promote evidence-based practices
- Monitor and feed back results
- Mobilize performance improvement
- Ensure transparency & accountability: resources, results, ROI
Articulating Foundational Services

**Foundational Areas**

- Communicable Disease Control
- Chronic Disease & Injury Prevention
- Environmental Public Health
- Maternal, Child, & Family Health
- Access to and Linkage w/Clinical Care

**Foundational Capabilities**

- Assessment (Surveillance, Epidemiology, and Laboratory Capacity)
- All Hazards Preparedness/Response
- Policy Development/Support
- Communications
- Community Partnership Development
- Organizational Competencies (Leadership/Governance; Health Equity, Accountability/Performance Management, QI; IT; HR; Financial Management; Legal)

Variation in Delivery of Foundational Services

National Longitudinal Survey of Public Health Systems

Percent of U.S. communities

Percent of activities performed

National Longitudinal Survey of Public Health Systems, 2014

Mays et al. 2011; 2015
Prevalence of Public Health System Configurations, 1998-2014

National Longitudinal Survey of Public Health Systems

Scope
- High
- Mod
- Low

Centralization
- High
- Mod
- Low

Integration
- High
- Mod
- Low

Comprehensive
(High Foundational Services)

Conventional

Limited
Mays et al. 2011; 2015
### Changes in Foundational Services prevalence and coverage

**National Longitudinal Survey of Public Health Systems**

<table>
<thead>
<tr>
<th>System Capital Measures</th>
<th>1998 % of communities</th>
<th>2006 % of communities</th>
<th>2012 % of communities</th>
<th>2014 % of communities</th>
<th>2014 (%&lt;100k)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Comprehensive systems</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>% of communities</td>
<td>24.2%</td>
<td>36.9%</td>
<td>31.1%</td>
<td>32.7%</td>
<td>25.7%</td>
</tr>
<tr>
<td>% of population</td>
<td>25.0%</td>
<td>50.8%</td>
<td>47.7%</td>
<td>47.2%</td>
<td>36.6%</td>
</tr>
<tr>
<td><strong>Conventional systems</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>% of communities</td>
<td>50.1%</td>
<td>33.9%</td>
<td>49.0%</td>
<td>40.1%</td>
<td>57.6%</td>
</tr>
<tr>
<td>% of population</td>
<td>46.9%</td>
<td>25.8%</td>
<td>36.3%</td>
<td>32.5%</td>
<td>47.3%</td>
</tr>
<tr>
<td><strong>Limited systems</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>% of communities</td>
<td>25.6%</td>
<td>29.2%</td>
<td>19.9%</td>
<td>20.6%</td>
<td>16.7%</td>
</tr>
<tr>
<td>% of population</td>
<td>28.1%</td>
<td>23.4%</td>
<td>16.0%</td>
<td>19.6%</td>
<td>16.1%</td>
</tr>
</tbody>
</table>

Mays et al. 2011; 2015
Comprehensive systems do more with less

National Longitudinal Survey of Public Health Systems

Expenditures per capita

% of recommended activities performed

Expenditures per capita

Comprehensive, Conventional, Limited, Very limited

Mays et al. 2011; 2015
Public health investments produce larger gains in communities with Foundational Services

Impact in Communities with Low vs. High Public Health Infrastructure

Log IV regression estimates controlling for community-level and state-level characteristics

Mays et al. 2011; 2015
Public health investments generate larger health & economic gains in low-resource communities

Impact in Low-Income vs. High Income Communities

Log IV regression estimates controlling for community-level and state-level characteristics

Mays et al. 2011; 2015
Estimating Resource Requirements for Foundational Services
Pilot Results from a National Costing Study

Current

Projected

Unmet Financial Need
Foundational Services: the bottom line

- Business as usual is increasingly not an option in public health

- Foundational Services are catalytic functions that can improve public health’s reach, influence, engagement, & coordination

- Expanded implementation of Foundational Services may improve public health impact, equity & efficiency – but only with adequate financing.

- If not governmental public health, then who will perform these vital functions for the health system?
For More Information

Glen P. Mays, Ph.D., M.P.H.
glen.mays@uky.edu

Email: publichealthPBRN@uky.edu
Web: www.publichealthsystems.org
Journal: www.FrontiersinPHSSR.org
Archive: works.bepress.com/glen_mays
Blog: publichealththeconomics.org