



Brian Sandoval
Governor



Richard Whitley
Director

State of Nevada

Department of Health and Human Services
Division of Public and Behavioral Health

Public Health Services

Julia Peek, MHA, CPM
Deputy Administrator
Community Services



Items Committee Requested

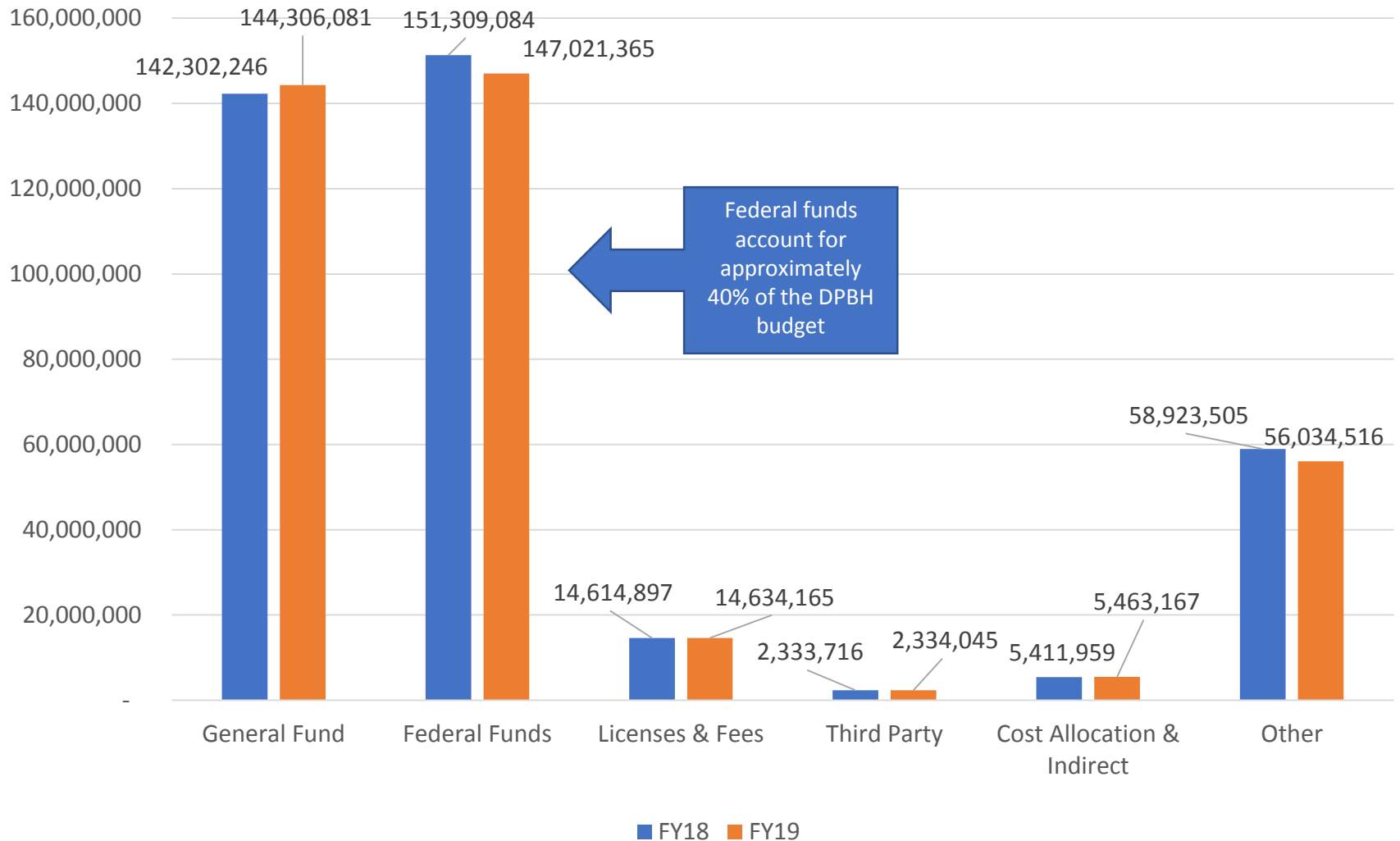
- Current Infrastructure
- Current Funding
- Successes and Opportunities
- Implementing a Comprehensive Public Health System
- Prioritizing Investments in Public Health

Public Health Duties and Responsibilities

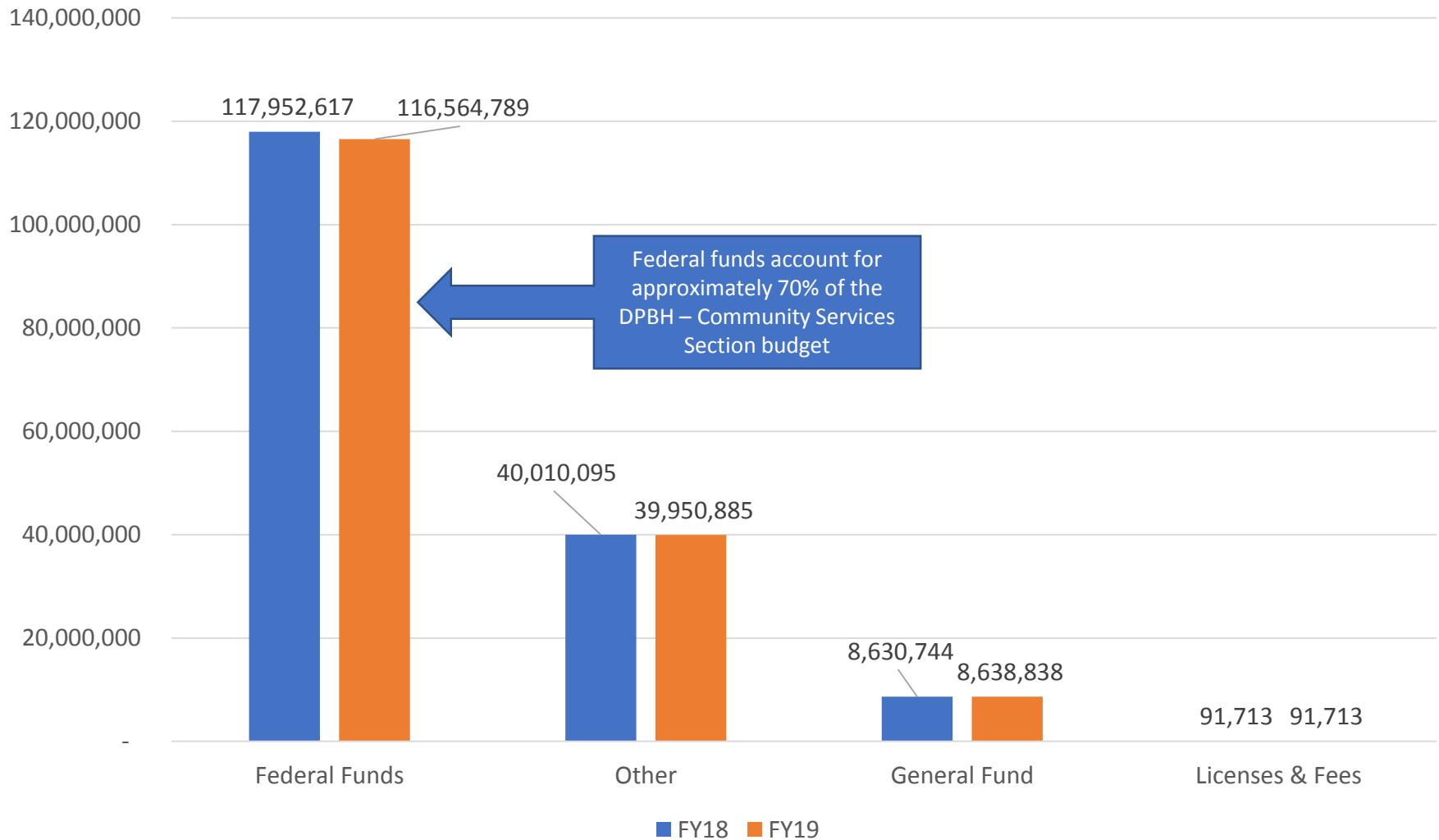


- Hybrid State Health Department
 - Offer some direct services in frontier counties
 - Ex: community health nursing, environmental health services, epidemiology
 - Statewide role
 - Ex: healthcare inspections and infection prevention, cancer registry, biostatistics, statewide oversight on grants/cooperative agreements
- County/District Health Authorities
 - Carson City Health and Human Services
 - Washoe County Health District
 - Southern Nevada Health District

Division Funding Sources, SFY 18 and 19



Community Services- SFY 18 and 19



Public Health Funding in Nevada (FFY 16/17)



- State public health budget in Nevada: \$19.9 million or about \$6.75 per capita:
- US Ave = \$36.11 per capita
- Nevada's state rank: 50th (2nd to last)
- Range: \$5.74 per capita (MO) to \$139.35 (DC)

Source: Trust for America's Health (2017). *Ready or Not? Protecting the Public's Health from Diseases, Disasters and Bioterrorism.*

Federal Spending on Public Health Services and Programs in Nevada

- Federal public health funding in Nevada: \$109.2 million or \$38 per capita
- Centers for Disease Control and Prevention (CDC): \$63.4 million or \$22 per capita
- Health Resources and Services Administration (HRSA): \$45.8 million or \$16 per capita

Source: Trust for America's Health (2017). *A Funding Crisis for Public Health and Safety: State-by-State Public Health Funding and Key Facts.*

Public Health 3.0

Kevin Dick, Health Officer
Washoe County Health District



PUBLIC



HEALTH

What we do together as a society to ensure the conditions in which everyone can be healthy.

PUBLIC HEALTH 1.0

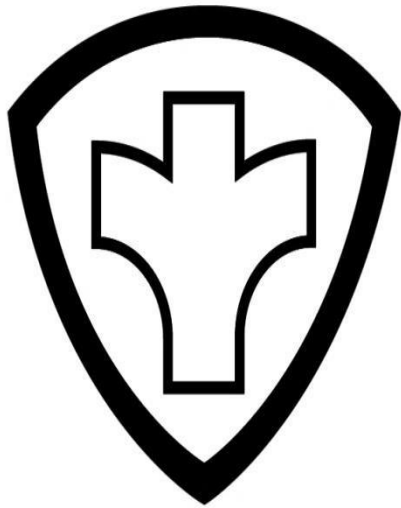


(late 19th/most of 20th Century)

Comprehensive public health protection—from primary prevention through treatment—becomes possible for the first time in history.

Development of an astonishing array of health-protecting **tools** and **capacity** with increasingly sophisticated techniques for ensuring sanitation and food safety.

PUBLIC HEALTH 2.0



(1980s to Present Day)

By late in the 20th century, there was ***tremendously uneven*** public health capacity at the local levels.

Health Departments strained to address new infectious disease challenges as well as the growing challenge of chronic disease prevention and preparedness.

Governmental public health ‘came of age’ – culminating in today’s Health Department accreditation movement.

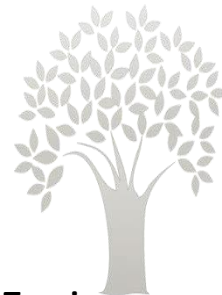
PUBLIC HEALTH 3.0



Economic
Opportunity



Housing



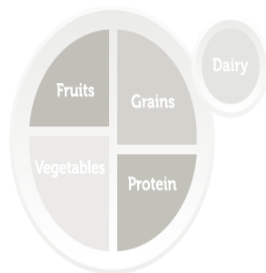
Environment



Education

Social Determinants of Health

are the conditions in which people are born, live, work and age.



Food



Safe Neighborhoods



Transportation

What is PUBLIC HEALTH 3.0 ?

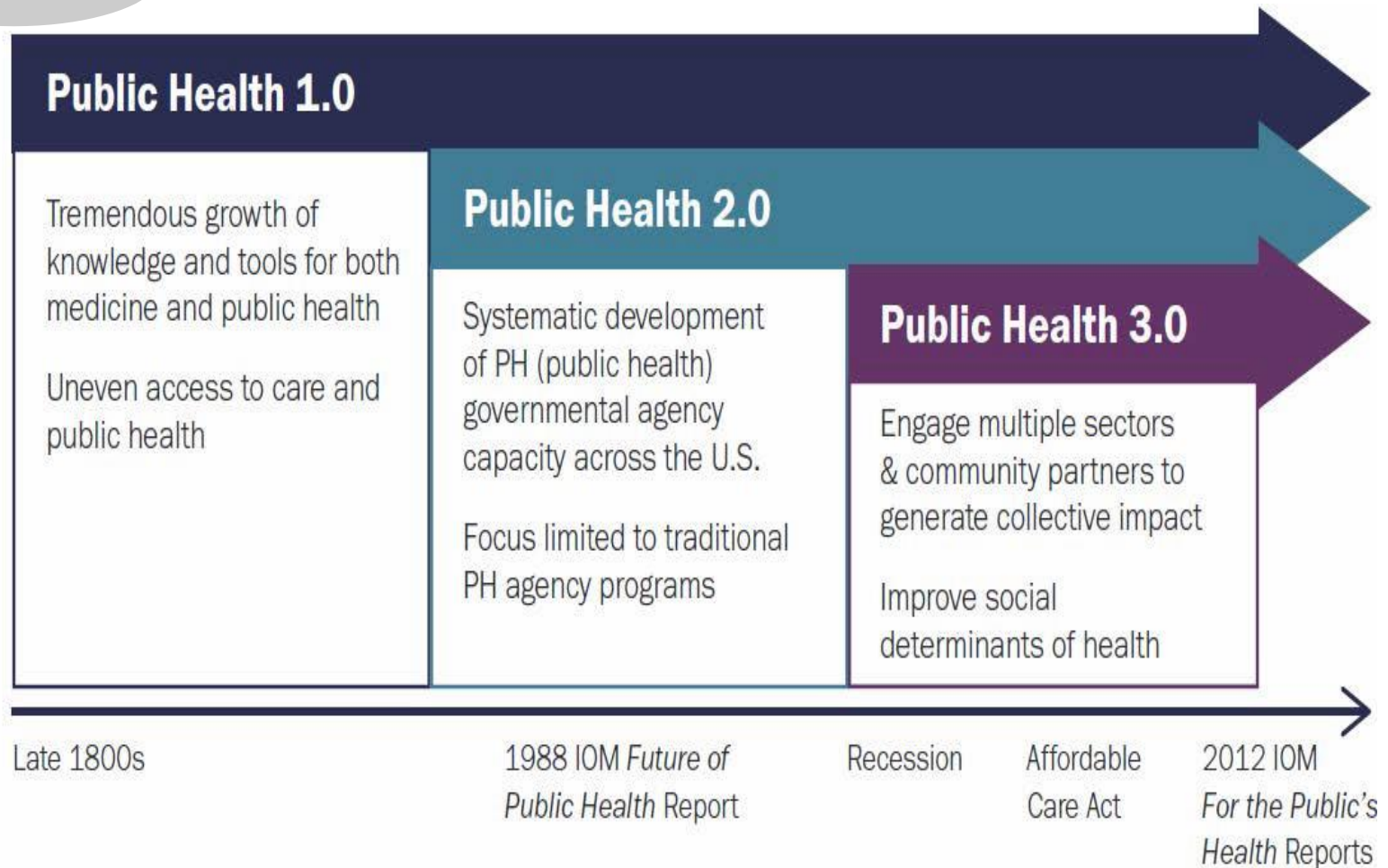


A significant upgrade in public health practice to a modern version that emphasizes **cross-sectorial** environmental, policy- and systems-level actions that directly affect the **social determinants of health**.

Local Public Health Leaders
as the **Chief Health Strategist**

PUBLIC HEALTH 3.0

TIMELINE



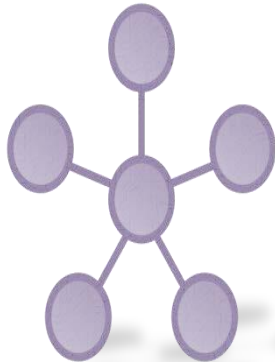
PUBLIC HEALTH 3.0

KEY COMPONENTS



**LEADERSHIP &
WORKFORCE**

**ESSENTIAL
INFRASTRUCTURE**



**STRATEGIC
PARTNERSHIPS**

**DATA, ANALYTICS
& METRICS**



**FLEXIBLE &
SUSTAINABLE
FUNDING**

PUBLIC HEALTH 3.0

SYSTEMS





What is
“upstream”?

**Where’s my
paddle?**





Access to
Healthcare

Access to
Health

Breastfeeding

Active
Living

Lead
Poisoning

Influenza &
Pneumonia

STIs

Healthy
Eating

Tetanus,
Diphtheria
& Pertussis

Violence /
Intentional
Injuries

Mosquitos

Emergency
Preparedness

Intentional
Injuries

Alcohol &
other Drug
Abuse

Falls

Abuse &
Neglect

Immunization
Rates

Unintended
Pregnancy

Cancer

Mental
Health

Rabies

HIV /
AIDS

TB

Asthma

Safe
Housing

Diabetes

COPD

Hepatitis A, B, & C

Gun
Violence

Unaffordable
Healthcare

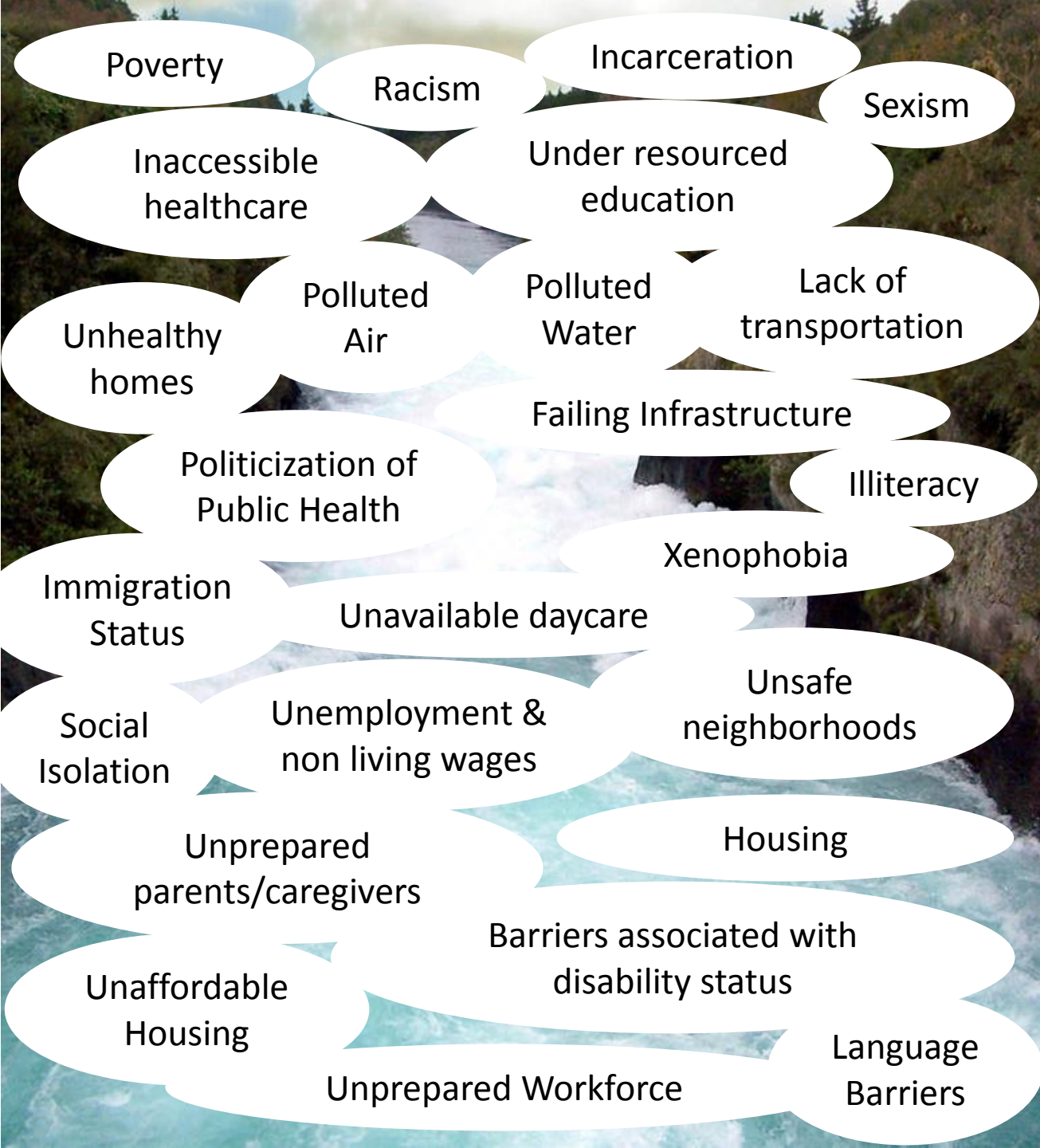
Food
Safety

Infant
Mortality

Workforce

The River's Churn





What is “upstream”?





Planning to head

upstream:

New partners.

New leaders.

New ideas.

New resources.

New strategies.





Organizing the community for the trip upstream will require a change in our thinking.



League of Women Voters

Local Hospital & health systems

Churches/Temples

Local Employers

Chamber of Commerce

Libraries

Restaurants

Institutes of higher learning

Community Clinics

Housing Authorities

Public School Systems

Elected Officials

Philanthropic Organizations

Social Service Agencies

Finance

Community and Economic Development

NGO's

Minority Organizations

Regional Planning Commission

Rotary & Kiwanis Clubs

Trade schools

The Public

Onboarding Partners

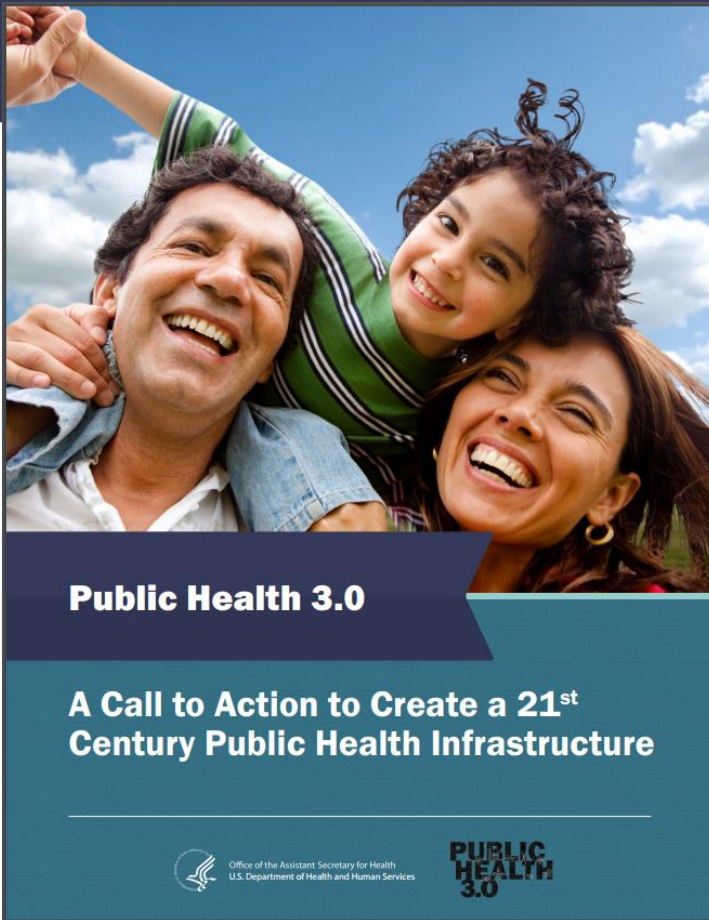




**Whose
agenda is it
anyway?**

**Collaborations are episodic.
Relationships are enduring.**





There are five critical dimensions in the enhanced scope of public health practice:



Strong leadership and workforce



Strategic partnerships



Flexible and sustainable funding



Timely and locally relevant data, metrics, and analytics



Foundational infrastructure

<https://www.healthypeople.gov/sites/default/files/Public-Health-3.0-White-Paper.pdf>

PUBLIC HEALTH 3.0

Public health leaders need to embrace the role of **Chief Health Strategist for their communities**—working with all relevant partners so that they can drive initiatives including those that explicitly address “upstream” social determinants of health.

PUBLIC HEALTH 3.0

Public health departments need to engage with community stakeholders—from both the public and private sectors—to form vibrant, **structured, cross-sector partnerships** designed to develop and guide Public Health 3.0–style initiatives and to foster shared funding, services, governance, and collective action.

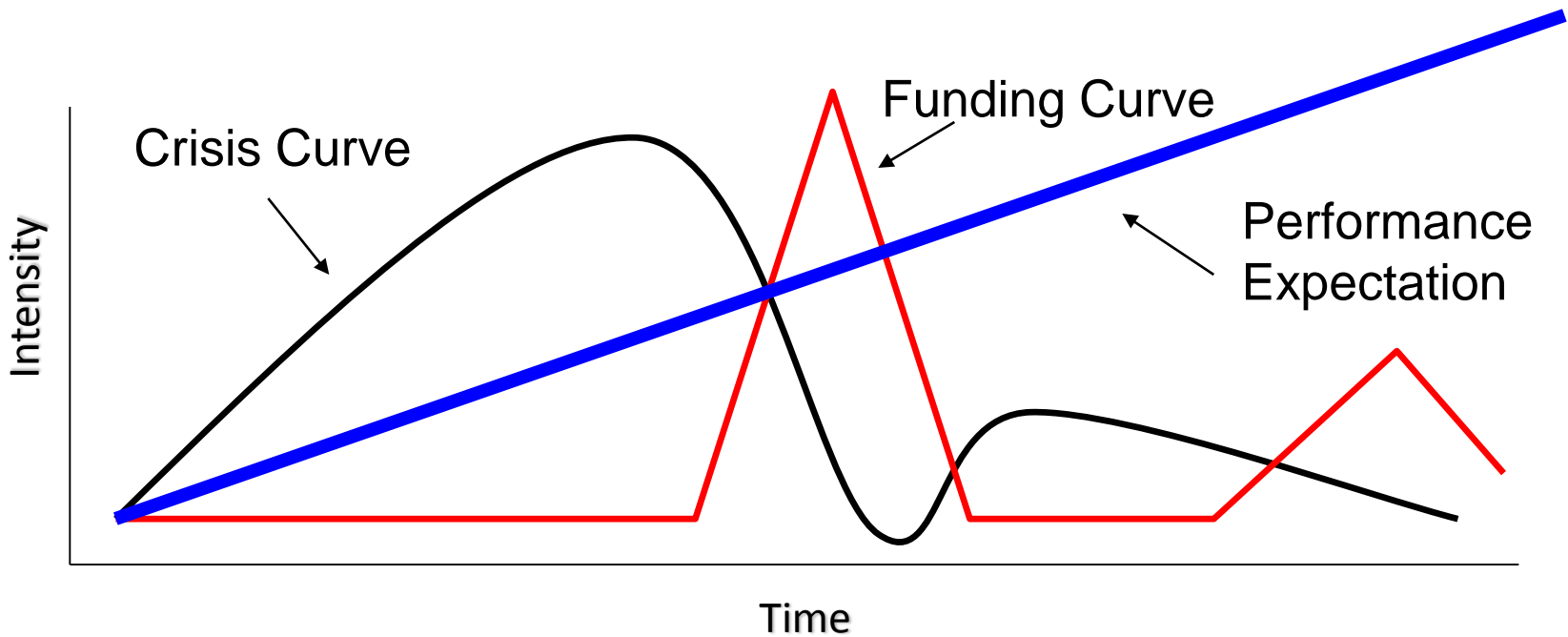
PUBLIC HEALTH 3.0

Timely, reliable, granular-level and **actionable data** need to be made accessible to communities, and clear **metrics** to document success in public health practice need to be developed in order to guide, focus, and assess the impact of prevention initiatives, including those targeting the social determinants of health and enhancing equity.

PUBLIC HEALTH 3.0

Funding for public health needs to be enhanced and substantially modified, and innovative funding models explored so as to expand financial support for Public Health 3.0–style leadership and prevention initiatives. Blending and braiding of funds from multiple sources should be encouraged and allowed. Funding must support core infrastructure as well as community- level work to address the social determinants of health.

Public Health Operates in an Incongruent Environment



TRUCKEE
MEADOWS
HEALTHY COMMUNITIES



- ***An initiative that engages diverse stakeholders to collectively shape a healthier community***

TMHC Partner Organizations

ACTIONN

Boys & Girls Club

Charles Schwab Bank

Children's Cabinet

City of Reno

City of Sparks

Community Foundation of Western Nevada

Communities in Schools

Community Health Alliance

Community Services Agency

Federal Reserve Bank of San Francisco

Food Bank of Northern Nevada

Immunize Nevada

KPS3

Northern Nevada Hopes

Nevada Division of Public and Behavioral Health

Nevada Division of Housing

Northern Nevada Community Housing Resource Board

Northern Nevada Literacy Council

Northern Nevada Medical Center

NV Energy

Praxis Consulting Group

Regional Transportation Commission

REMSA

Reno Housing Authority

Reno Sparks Chamber of Commerce

Reno Sparks Association of Realtors

Renown Health

Social Entrepreneurs Inc.

St. Mary's Medical Center

St. Therese Church of Little Flower

Strategic Progress Inc.

Truckee Meadows Regional Planning Agency

United Way of Northern Nevada

University of Nevada, Reno

United Healthcare - HPN

U.S. Dept. of Housing and Urban Development

Washoe County

Washoe County Health District

Washoe County School District

Wells Fargo Bank, NV

Organizations listed in bold print are members of TMHC Steering committee



Cross-Sector Approach with a Common Agenda



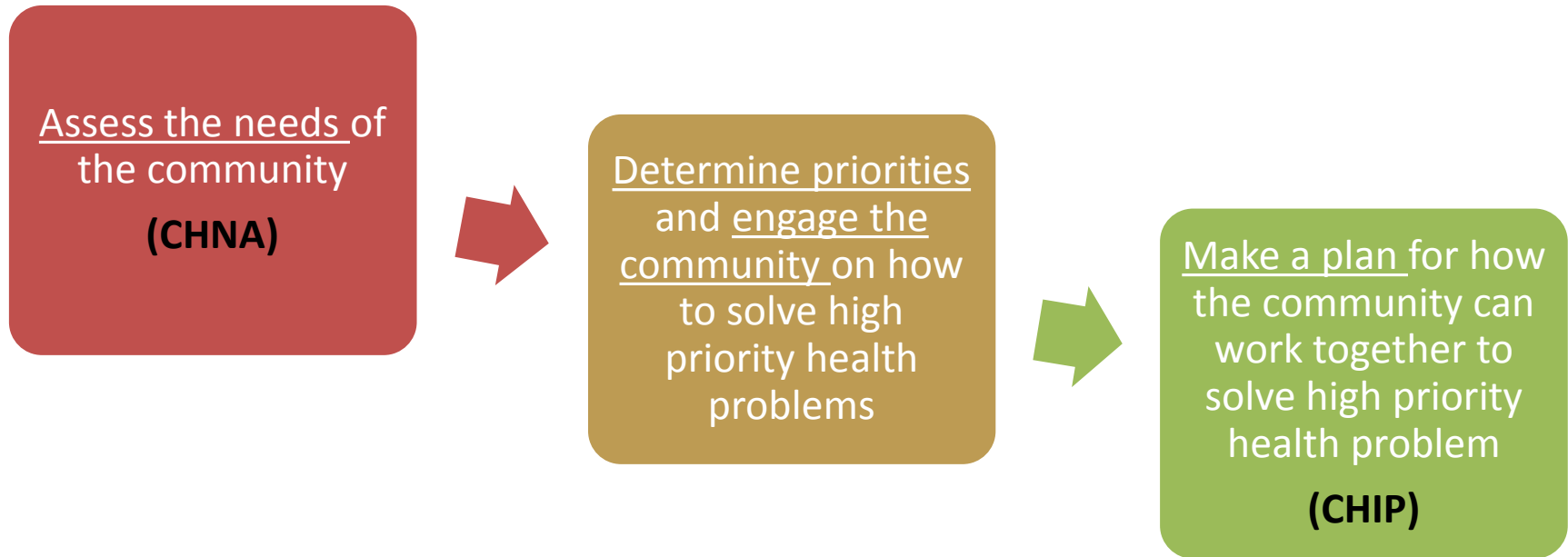

Structured and
Intentional Community
Process

Long-Term
Outcomes*



- Food Security
- Health
- Housing Stability
- Income
- Education

Community Health Roadmap



Community Health Needs Assessments / Community Health Improvement Plans



**CARSON CITY HEALTH AND HUMAN SERVICES
SOUTHERN NEVADA HEALTH DISTRICT
WASHOE COUNTY HEALTH DISTRICT**

**NICKI AAKER, MSN, MPH, RN
DIRECTOR, CARSON CITY HEALTH AND HUMAN SERVICES
APRIL 24, 2018**

**WASHOE COUNTY
HEALTH DISTRICT**
ENHANCING QUALITY OF LIFE



Nevada Local Health Authorities Service Area

36



Carson City, Clark County, and Washoe County Service Area – approximately 93% of Nevada’s Population

Public Health Accreditation

37

- As part of the accreditation process, three documents required:
 - Community Health Needs Assessment
 - Community Health Improvement Plan
 - Agency's Strategic Plan
- Carson City Health and Human Services was accredited May 2016
- Southern Nevada Health District submitted documentation January 2018 and is waiting for a site visit
- Washoe County Health District has submitted their letter of intent and plans to submit documentation October 2018

Carson City Health and Human Services

38

- Carson City – All services provided
- Douglas County – 49,073*
 - ✦ Environmental Health
 - ✦ Disease Surveillance
 - ✦ Public Health Preparedness
- Lyon County –
 - ✦ Disease Surveillance
 - ✦ Public Health Preparedness
- Storey County –
 - ✦ Public Health Preparedness

Carson City Population – 54,709*
Douglas County Population –

Lyon County Population – 53,277*
Storey County Population – 4,122*



*Griswold, T. PhD, Packham, J. PhD, Gunawan, A. MPH, Etchegoyhen, L. MPH, Jorgensen, T. BS, and Marchand, C. MPH. (2017). Nevada rural and frontier health data book. (8th Ed.) Nevada State Office of Rural Health.

Community Strengths and Assets

39

Strengths-

- Food environment
- Commute times
- Vaccination rates among adults 65 years and older
- Syphilis, tuberculosis, measles, mumps and rubella
- Alcohol-related motor vehicle accidents
- Early colorectal cancer diagnosis

Assets –

- Hospital, Federally Qualified Health Center
- Mental and behavioral healthcare providers
- Alternative healthcare providers
- Community parks and recreation facilities

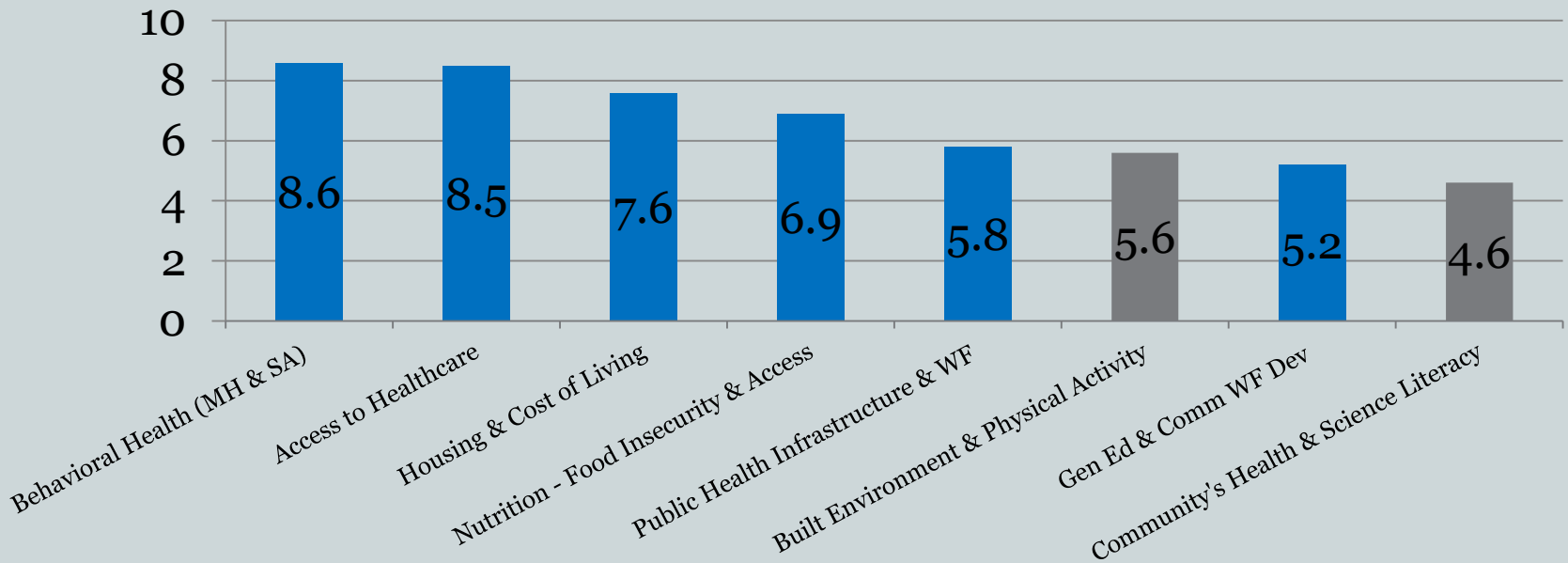
Carson City Areas for Improvement

40

- Poverty rates, food insecurity, high school graduation rates (socioeconomic status indicators)
- Violent crime
- Tobacco use
- Illicit drug use
- Obesity among adults
- Women receiving prenatal care within first trimester
- Teen pregnancy

Overall Common Themes

Overall Health Topic and Ranking



Priority Areas

42

- Access to healthcare
 - Dedicated funding for Family Planning
- Behavioral health and substance use
 - Housing and cost of living
 - Dedicated funding for Tobacco Control and Prevention (substance abuse)
- Nutrition – Food Insecurity and Access
- General Workforce (Public health infrastructure and workforce development/General education and community workforce) development
 - Dedicated funding for Women, Infant and Children (WIC)

Carson City CHIP Partners

43

Karen Abowd, Carson City Supervisor
Carson City Behavioral Health Task Force
Carson City County Health Officer
Carson City Fire Department
Carson City Health and Human Services
Carson City Parks and Recreation
Carson City Public Works
Carson City School District
Carson Tahoe Health
Carson Tahoe Health – Behavioral Health

FISH
Immunize Nevada
JOIN
Moxy Health
Nevada Health Center
Nevada Primary Care Association
Nevada Public Health Foundation
Nevada Rural Health Partners
Partnership Carson City Pathways

State of Nevada, Division of Public and Behavioral Health

Carson City

2012 – 2017 CHIP Accomplishments

44

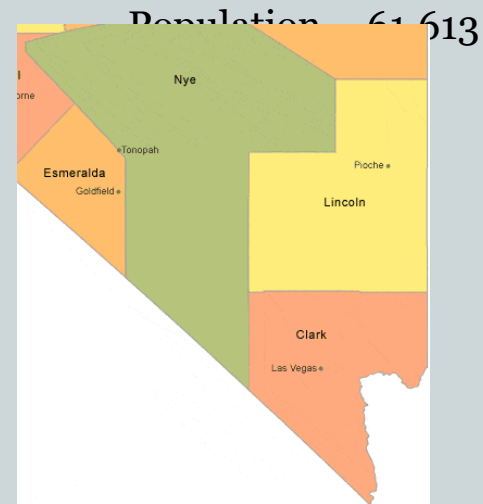
- **Access to Health Information and Health Care/Improving Access to Health Information – Health Resources in Carson City**
 - Lead agency was PCC – website includes a community resource directory
 - Core Indicators created by Nevada Health Data Workgroup - statewide group
- **Improving Access to Health Care – Mental Health**
 - Mallory Crisis Center opened – Carson Tahoe Health
- **Smoking/Tobacco Cessation – Lead by CCHHS**
 - WNC going smoke-free
 - MUH units increased to over 900 units
 - Working on getting regional parks smoke free
- **Teenage Pregnancy**
 - Conduct a class in the high school; PREP classes; Abstinence classes
 - Use data collected to find grants to provide abstinence and comprehensive education in our community; younger individuals utilizing clinic
- **Alcohol and Substance Abuse**
 - Partnership Carson City – provides education at Carson City school
 - Random drug testing is being done for the high school athletic program
- **Pedestrian and Bicycle Safety and Access (Safe Routes To School)**
 - Enhancement of the Safe Routes to School Program

Southern Nevada Health District

45

- Clark County – All services provided 2,134,499*
- Nye, Lincoln, Esmeralda, White Pine Counties – Mobile health and State

Clark County Population –



*Griswold, T. PhD, Packham, J. PhD, Gunawan, A. MPH, Etchegoyhen, L. MPH, Jorgensen, T. BS, and Marchand, C. MPH. (2017). Nevada rural and frontier health data book. (8th Ed.) Nevada State Office of Rural Health.

Community Members Participating

46

- American Heart Association
- Nevada HAND
- Federal Reserve Bank SF
- School of Community Health Services
- March of Dimes
- Dominican Hospitals
- UMC
- SNHD
- RTC
- City of Henderson
- Southern Nevada Strong
- Clark County School District
- Clark County Library District
- Boulder City Hospital
- United Way UNRSOM
- Clark County Social Services
- Many others

Clark County Strengths

47

- Size
- Diversity
- Economic strength
- Fifth largest school district in US
- One CHA previously completed
- Research talents
- Many educational institutions
- Small grant from NACCHO



Clark County Areas for Improvement

48

- Clark County, like Nevada, top of the “bad” lists and bottom of the “good lists”
- Clark agencies and institutions generally function in silos



Overall Common Themes

49

- Access to care not adequate
- Economics with current high unemployment
- Education, especially school district, underfunded
- Healthcare and provider
- Citizens want services but no increase in taxes



Priorities

50

Unable to do an adequate job in all areas...

- Strengthening the LPHS through evaluation, partnership development and collaboration
- Increase understanding of health needs through improved data sources, monitoring and assessment
- Ensure environments that support health and well being
- Decreasing mortality and morbidity associated with maternal/child health

NO FUNDING...

- Improving healthcare access, quality, and continuity
- Provide quality and coordinated mental health service and care
- Decreasing mortality and morbidity associated with preventable injury
- Decreasing mortality and morbidity associated with preventable illness
- Decreasing disparities by recognizing importance of social determinants
- Ensure that policies and funding support health and the LPHS

Priority Areas to Focus On

51

- Maternal and Child Health
- **Chronic Disease***
- Suicide and Drug Poisoning
- Influenza and Pneumonia
- **Healthcare Access***
- **Policy and Funding***
- Healthcare Quality

No dedicated funding for the priority areas selected by the community

* **Chosen as CHIP Priorities by community**

SNHD CHIP Accomplishments

CHIP details are available on www.HealthySouthernNevada.org

52

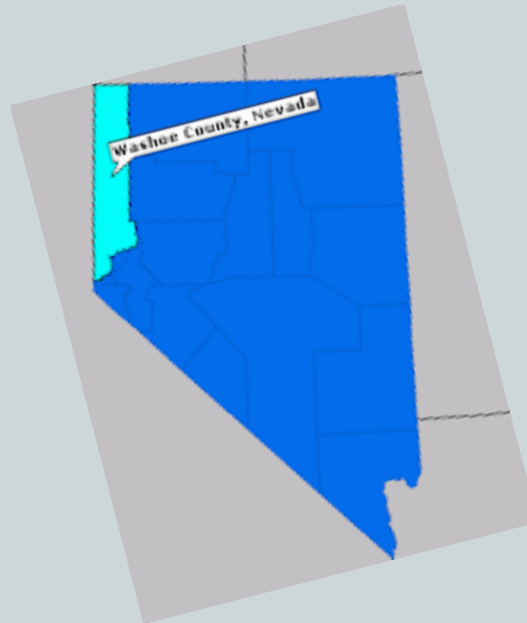
- Chronic Disease
 - ✦ School “Functional Fitness Program”
 - ✦ Increase access to fruits/vegetables
 - ✦ Decrease smoking rates
 - ✦ Expand clean air policies
- Access to Care
 - ✦ Scalable 911 project
 - ✦ Resources for 211
 - ✦ Nevada Health Link
 - ✦ Mobile Services Collaborative
- Policy and Funding Evolving???
- ✦ Increase access to PH funding in Southern Nevada
- ✦ Increase stakeholder understanding of PH funding
- ✦ Increase public access to PH funding in Southern Nevada

Washoe County Health District

53

Washoe County Population – 440,402*

Washoe County – All services provided



*Griswold, T. PhD, Packham, J. PhD, Gunawan, A. MPH, Etchegoyhen, L. MPH, Jorgensen, T. BS, and Marchand, C. MPH. (2017). Nevada rural and frontier health data book. (8th Ed.) Nevada State Office of Rural Health.

Washoe County Strengths

54

- Increasing

- Health Insurance Coverage
- Breastfed Infants
- High School Graduation Rates
- Children's Immunization Rates
- Diabetes and Colorectal Cancer Screening

- Decreasing

- New cases and deaths due to cervical, colorectal, and lung cancer
- Deaths due to prostate cancer
- Poverty and Unemployment
- Food insecurity
- Children living in single-parent households
- Adult Cigarette Use
- Teen Pregnancy Rates
- Infant Mortality Rates

Washoe County Areas for Improvement

55

- **Increasing**

- Limited Funding -
 - ✦ Obesity among adults
 - ✦ Sexually Transmitted Disease Rates
 - ✦ Chronic Diseases
- No Dedicated Funding -
 - ✦ Poor and Fair Health among adults
 - ✦ Poor Mental Health Days (adults)
 - ✦ Adult binge and heavy drinking
 - ✦ Alcohol, prescription and illicit drug related deaths
 - ✦ Suicide rates
 - ✦ Violent Crime Rates
 - ✦ All-Cause mortality rates

- **Decreasing**

- No Dedicated Funding -
 - ✦ Prenatal care in first trimester
 - ✦ Breast and Prostate Cancer Screening Rates

- **Lacking Improvement**

- Limited Funding -
 - ✦ Nutrition
 - ✦ Physical Activity

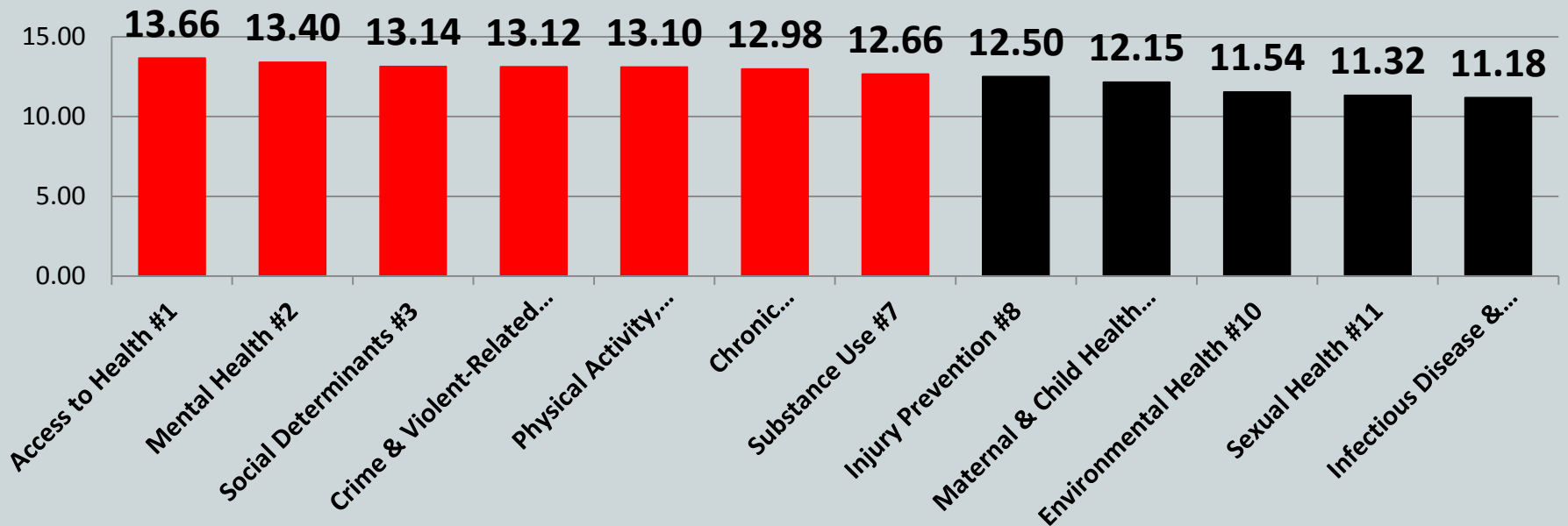
Community Assets

56

- Hospitals
- Federal Qualified Health Centers
- Washoe County School District
- UNR
- RTC
- Washoe County Human Services Agency
- Non-governmental organizations
- Truckee Meadows Healthy Communities

Overall Common Themes

Overall Health Topic Score & Rank



2017 CHIP Partners

58

- ACCEPT
- Big Brothers Big Sisters of Northern Nevada
- Boys and Girls Club of the Truckee Meadows
- Catholic Charities of Northern Nevada
- Children's Cabinet
- Communities in Schools
- Crossroads
- Community Health Alliance
- Education Alliance
- Food Bank of Northern Nevada
- Join Together Northern Nevada (JTNN)
- Nevada Department of Education Nevada Department of Health and Human Services
- Northern Nevada HOPES
- Northern Nevada Literacy Council
- Quest Counseling
- Regional Emergency Medical Services Authority (REMSA)
- Regional Transportation Commission (RTC)
- Reno Justice Court
- Renown Child Health Institute
- Renown Health
- Rise Academy for Adult Achievement
- Safe and Healthy Schools Commission
- Sanford Center Geriatric Clinic
- Social Entrepreneurs, Inc.
- Think Kindness
- Truckee Meadows Healthy Communities
- United Way of Northern Nevada and the Sierra
- University of Nevada, Reno (UNR)
- UNR, School of Community Health Sciences
- UNR, Reno School of Medicine, Department of Psychiatry
- Washoe County School District (WCSD)
- WCSD, Children in Transition
- WCSD, Family Resource Centers
- WCSD, Nutrition Services Department
- WCSD, School Advisory Committee
- Washoe County Sherriff's Office
- Washoe County Human Services Agency
- Washoe County Social Services

2016-2018 CHIP Priority Areas to Focus On

Access to Healthcare and Social Services

1. Improve access to healthcare and social services for individuals on Medicaid and Medicare, and for those who are underinsured or uninsured.

Behavioral Health

1. Improve access to behavioral health services for individuals on Medicaid and Medicare, and for those who are underinsured or uninsured.

1. Create a healthier environment for Washoe County youth.

1. Protect the health and safety of Washoe County youth through the reduction of substance use and abuse.

Education (K-12)

1. Improve health outcomes of Washoe County youth through educational attainment.

1. Support student health, wellness and achievement through nutritious eating habits and physical activity.

Food Security

1. Implement programs that address the immediate need for food and promote long-term health and food security in households and communities.

1. Enhance home-delivered meal programs to seniors to keep on pace with the rising senior population.

2017 CHIP Accomplishments

60

- Remote Area Medical Clinic/Family Health Festivals
- Increase in FQHC healthcare services
- REMSA Nurse Health Line – 28,000 calls
- 7% increase in WCSD graduation rate (84%)
- Social and Emotional curriculum adopted and implemented in 80% of WCSD schools
- Youth drinking, drug use declining
- Community Health Alliance implemented a behavioral health screening during primary care visits
- Lower food insecurity rates
- Prescription Pantry Program
- Increased awareness of mental health challenges and need for more resources
- Improved community engagement across the four priorities

Priority Areas – Limited or No Activity Due to Limited or No Funding

61

- Access to Health Care
- Access to Social Services
- Behavioral Health
- Chronic Disease
 - Cancer
 - Diabetes
 - Heart Disease
 - Stroke
- Community Based Approaches to Address Social Determinants of Health
- Dental Services – preventive and restorative - SNHD
- Domestic Violence
- Food Security across lifespan
- General Workforce
- Improve youth (K-12) health outcomes through educational attainment
- Injury Prevention
- Lab – SNHD (**fully** support public health agencies on laboratory testing issues)
- Nutrition
- Opioids
- Pharmacy (full clinical, including primary care, and specialty – TB and HIV) – SNHD
- Physical Activity - Youth
- Provide some services to neighboring 4 counties - SNHD
- Sexually Transmitted Infections, Disease Investigations Substance Abuse
- Violence

Opportunities Within Our Communities If Funding Was Available

62

- Chronic Disease
 - Cancer
 - Diabetes
 - Heart Disease and Stroke
 - Injury Prevention
- Community-Based Approaches to Address Social Determinants of Health
- Domestic Violence
- Home Visiting/Nurse Family Partnerships – WCHD
- Lab – SNHD (**fully** support public health agencies on laboratory testing issues)
- Opioid Epidemic
- Recreational Marijuana Usage
- Vector Control Programs – More Integrated

Primary Funding Sources (Fiscal Year 2017 – 2018)

63

Carson City Health and Human Services - \$5.75 Million (City Department)

- 35% or \$ 2.03 M from Carson City General Fund
- 47% or \$ 2.75 M from Grants and Other Intergovernmental Revenue
- 17% or \$ 1.0 M from Licenses, Permits and Charges for Services

State Grant Funding is 2.9% or \$ 169,000
(*Most are Human Services grants)



Primary Funding Sources (Fiscal Year 2017-2018)

64

Southern Nevada Health District - \$69.3 Million (excludes capital project funds)

- 30% or \$20.9M from Clark County Property Tax Allocation
- 24% or \$16.6M Grants and Other Intergovernmental Revenue
- 46% or \$31.8M from Charges for Services and Other Regulatory Services

State Grant Funding is <1% or \$ 630,000



Primary Funding Sources (Audited Fiscal Year 2016-2017)

65

Washoe County Health District - \$ 22.4 Million

- 45% or \$10.0M from Washoe County General Fund
- 32% or \$ 7.2M from Grants and Other Intergovernmental Funds
- 23% or \$ 5.2 M from Licenses, Permits and Charges for Services

State Grant Funding is 1.2% or \$268,000





Making the Case for Foundational Public Health Services

Joseph P. Iser, Chief Health Officer
Southern Nevada Health District

Nevada Public Health Changes Since 1991

- 1991 – Health Aid to Counties is decreased from \$1.10 to 55 cents per capita due to budget shortfalls in then Governor Miller’s first full term. The cut was made with the understanding that the funding would be fully reinstated when the economy improved.
- 2001 – John Comeaux, Director of the Department of Administration, Senator Bill Raggio, Chairman of the Senate Committee on Finance, and Assemblyman Morse Arberry, Jr, Chairman of the Assembly Committee on Ways and Means request the 2003-2005 budget include reinstatement of the Health Aid to Counties funding at the original rate of \$1.10. The request is not included in the budget.

Nevada Public Health Changes Since 1991

- 2002 – Health Aid to Counties zeroed out.
- 2005 – Southern Nevada, Washoe County, and Carson City testify in support of reinstating the Health Aid to Counties funding as a Public Health Improvement Fund.
- 2011 – Senate Bill 471 transferred the responsibility for certain public health services to local public health authorities and allowed the Nevada State Health Division (now Division of Public and Behavioral Health) to charge a local health authority for the provision of services in its jurisdiction. Local programs impacted by this transfer included the Health District's TB Treatment and Control Clinic and Sexual Health Clinic.

Public Health Funding System is Broken

- We consider it success when we don't get cut much or have to conduct layoffs
- Inflation and population growth have undermined our budgets
- Not just the Great Recession, it's a long term structural defect, but for Nevada, the big hit was the Recession
- The most basic public health services are threatened



What We Need

- Stable support
- Funding that tracks with population and inflation
- Ensure that every community has “what we need everywhere for the system to work anywhere.”

Recognizing the basics and the mandates aren't all we should do.

This is **Foundational Public Health.**



The Question



Decision makers should want to know what they get for the money



If we say “trust us,” the conversation soon ends



For sustainable funding, assemble an honest list of public health basics

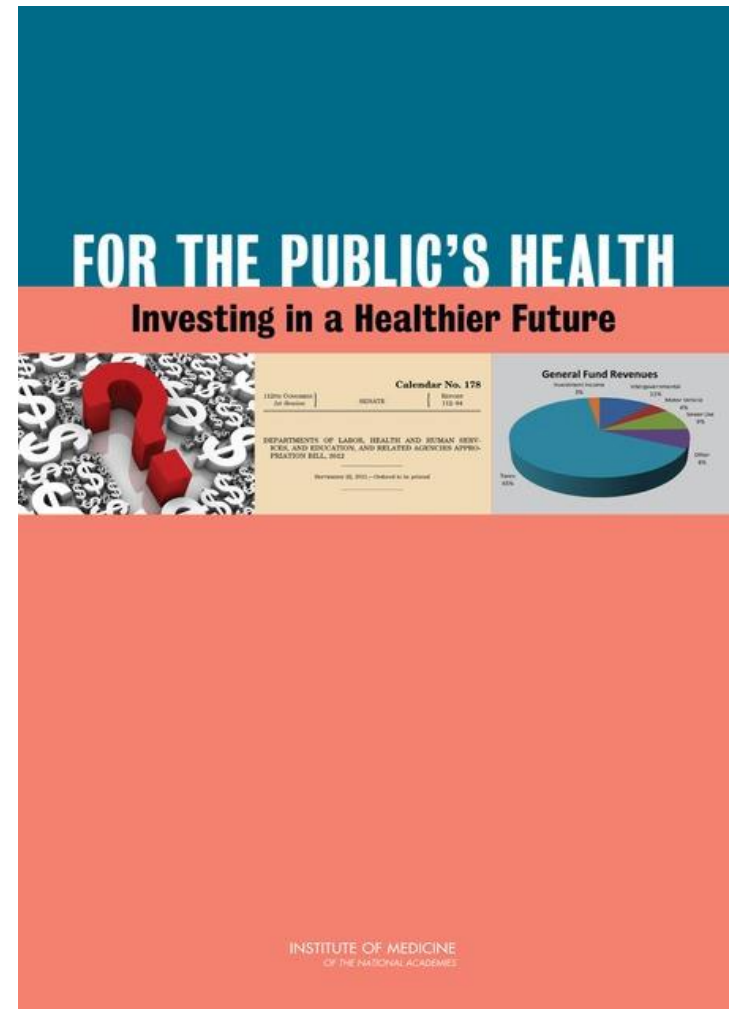
Why Foundational Public Health?

To secure sustainable funding for basic public health services statewide

The Institute of Medicine Agrees

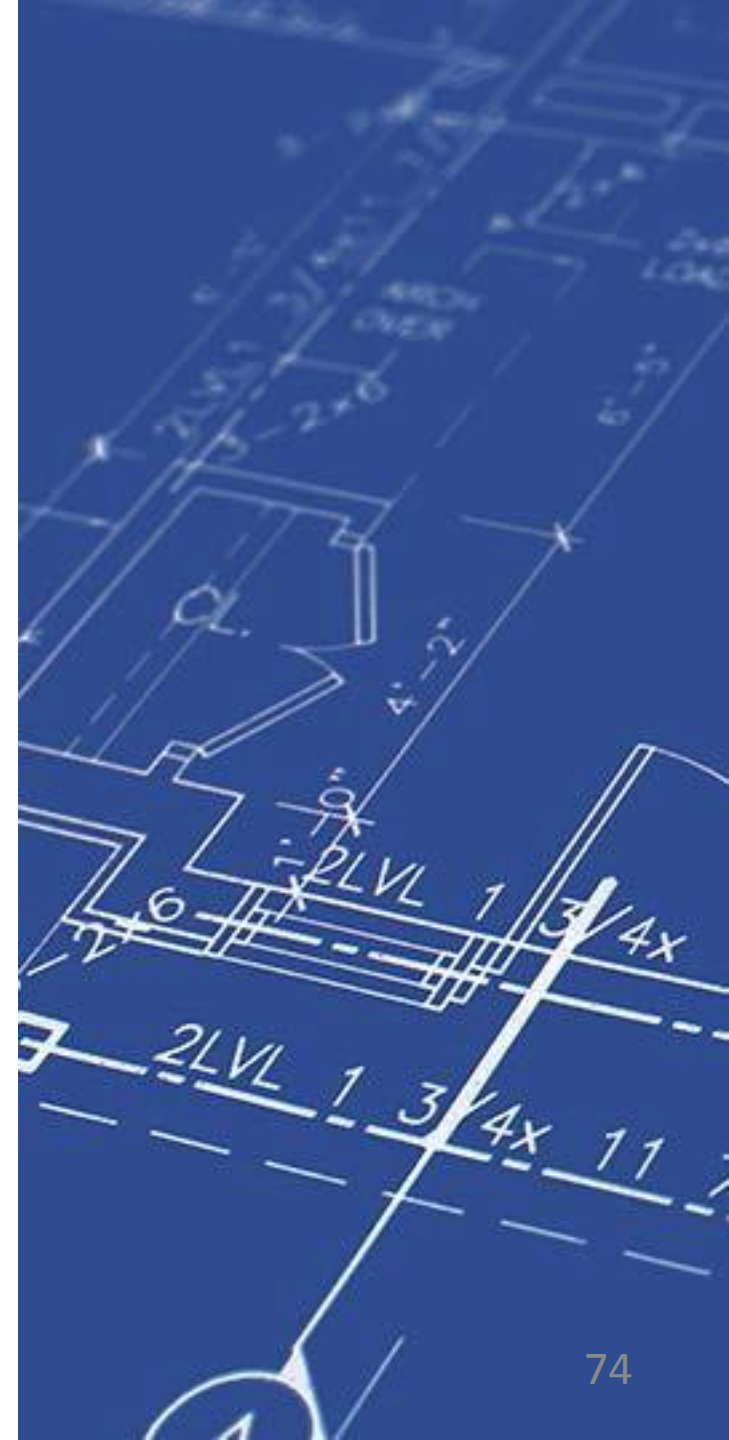
- Basic public health funding is a national problem, but the situation in Nevada is worse
- Need to define the basics in order to fund them

Washington's Foundational list being used as a starting point by CDC/Robert Wood Johnson Foundation workgroup in first round



What We Need To Do

- Define Foundational Public Health Services
- Cost them out
- Develop practical policy options for sustainable Foundational funding
- Develop a broad based coalition of supporters
- Advocate for the necessary legislation
- Don't quit



Foundational Public Health

- “Foundational” instead of “minimum,” “basic,” or “core”
- Not the whole house, but house doesn’t work unless the foundation is solid
- While work on this issue has been done in other states, NONE has been done here

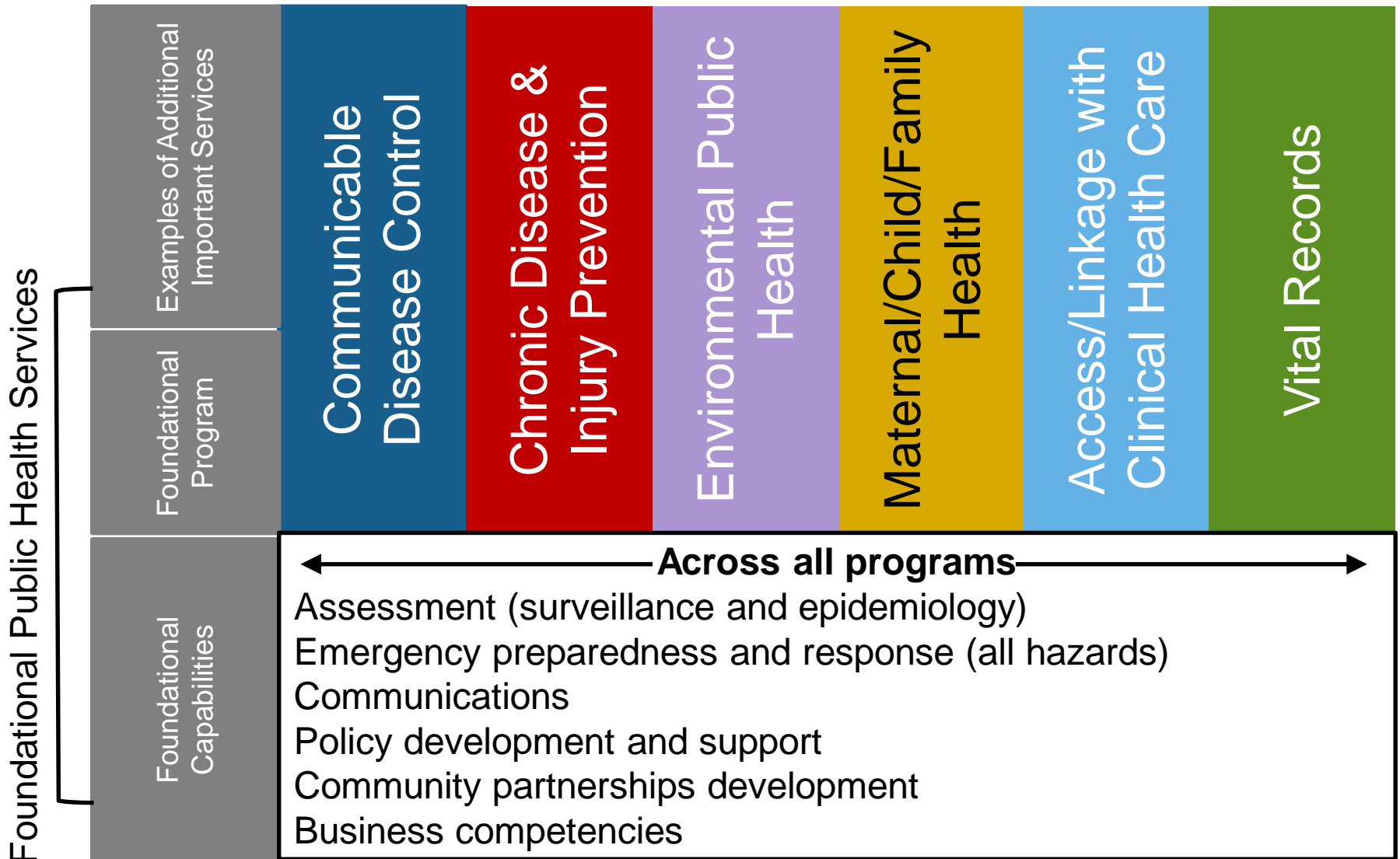
Issues in Defining Foundational Services

- What we need to do everywhere for the system to work anywhere, but not **everything** we need to do
- Capabilities and services have to be specific enough to cost them out
- Must take into account a responsibility for population-based issues and services

Criteria for Determining FPHS

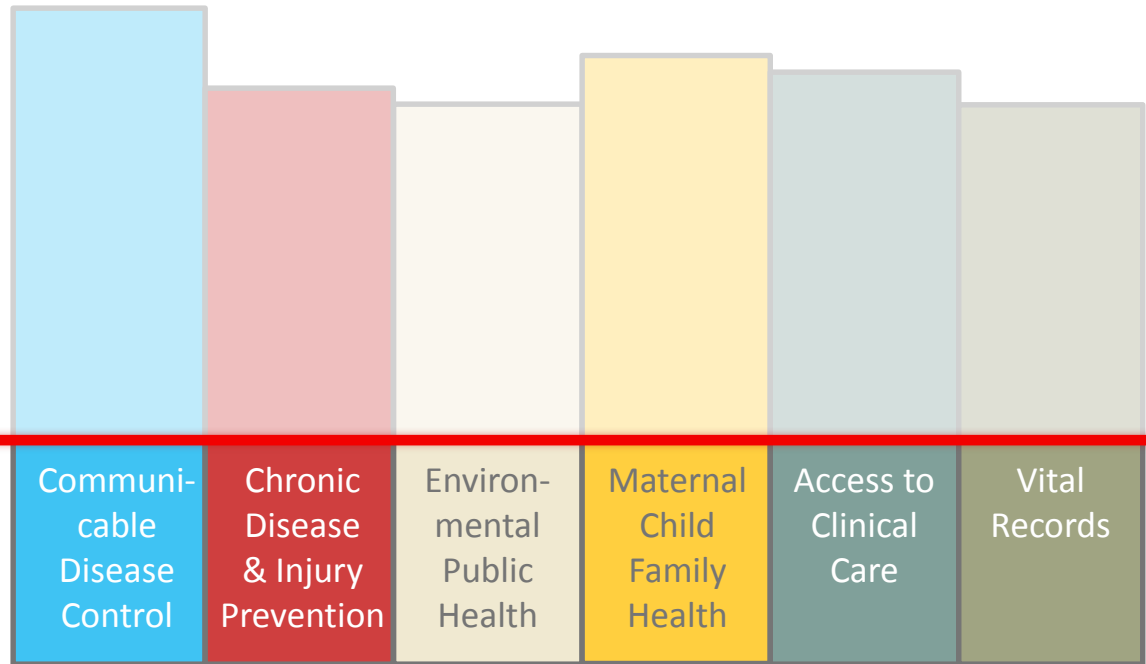
<p>Population-based To what extent is this a population-based service without individually identifiable beneficiaries?</p>	<p>Mainly provides individual benefits</p>	<p>Partially population based, such as an individual health care service the absence of which would pose a significant community health threat</p>	<p>A population-based preventive health service addressing an important health problem, using methods that are evidence-based or best-practices</p>
<p>Governmental public health To what extent is governmental public health the only or primary provider of this service?</p>	<p>Never – many other entities provide this service and they are the most appropriate provider</p>	<p>Sometimes</p>	<p>Often – it has to be addressed by governmental public health to be effectively addressed at all</p>
<p>Mandatory Is it mandated by law or contingent on legal powers granted only to the local health officer/board of health?</p>	<p>Not mandated</p>	<p>Partially or sometimes</p>	<p>Definitely mandated</p>

Foundational Public Health Services



Foundational Public Health Services

Additional Important Services



Foundational Programs

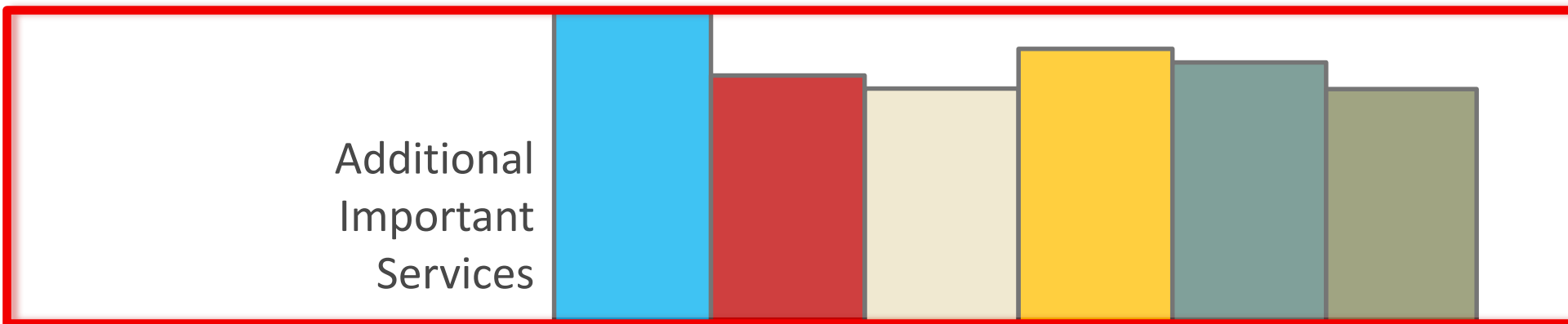
FOUNDATIONAL PUBLIC HEALTH SERVICES

Foundational Capabilities

Across all Programs

- Assessment (surveillance and epidemiology)
- Emergency preparedness and response (all hazards)
- Communications
- Policy development and support
- Community partnership development
- Business competencies

Foundational Public Health Services



Foundational Programs

Communi-
cable
Disease
Control

Chronic
Disease
& Injury
Prevention

Environ-
mental
Public
Health

Maternal
Child
Family
Health

Access to
Clinical
Care

Vital
Records

FOUNDATIONAL
PUBLIC HEALTH
SERVICES

Foundational
Capabilities

Across all Programs

- Assessment (surveillance and epidemiology)
- Emergency preparedness and response (all hazards)
- Communications
- Policy development and support
- Community partnership development
- Business competencies

The Process

- LHAs propose a state-wide public health forum, built upon Accreditation efforts, to evaluate a spectrum of programs and services using both empirical evidence and subject matter experts
- Begin the process during CY 2018 and complete as appropriate but no later than CY 2019
- Key point: our list must be specific enough to be costed out

Example: Environmental Health

The **foundational definition** for Environmental Public Health includes:

1. Provide timely, statewide, and locally relevant and accurate **information to the state and community on environmental public health issues and health impacts from common environmental or toxic exposures.**
2. Identify statewide and local community environmental public health assets and partners, and develop and implement a **prioritized prevention plan** to protect the public's health by preventing and reducing exposures to health hazards in the environment.
3. Conduct mandated environmental **public health laboratory testing, inspections, and oversight** to protect food, water recreation, drinking water, and liquid and solid waste streams in accordance with federal, state, and local laws and regulations.

Environmental Health, Continued

4. Identify and address priority notifiable **zoonotic (e.g., birds, insects, rodents) conditions, air-borne, and other public health threats** related to environmental hazards.
5. Protect workers and the public from **unnecessary radiation exposure** in accordance with federal, state, and local laws and regulations.
6. Participate in broad **land use planning and sustainable development** to encourage decisions that promote positive public health outcomes (e.g. consideration of housing, urban development, recreational facilities, and transport).
7. Coordinate and integrate **other categorically-funded environmental** public health programs and services.

Example: Communicable Disease

The **foundational definition** for Communicable Disease Control includes:

1. Provide timely, statewide, and locally relevant and accurate information to the state and community on **communicable diseases and their control**, including strategies to increase local immunization rates.
2. Identify statewide and local communicable disease control community assets, develop and implement a **prioritized communicable disease control plan**, and advocate and seek funding for high priority policy initiatives.
3. Ability to **receive laboratory reports and other identifiable data, conduct disease investigations, including contact notification**, and recognize, identify, and respond to communicable disease outbreaks for notifiable conditions in accordance with national and state mandates and guidelines.

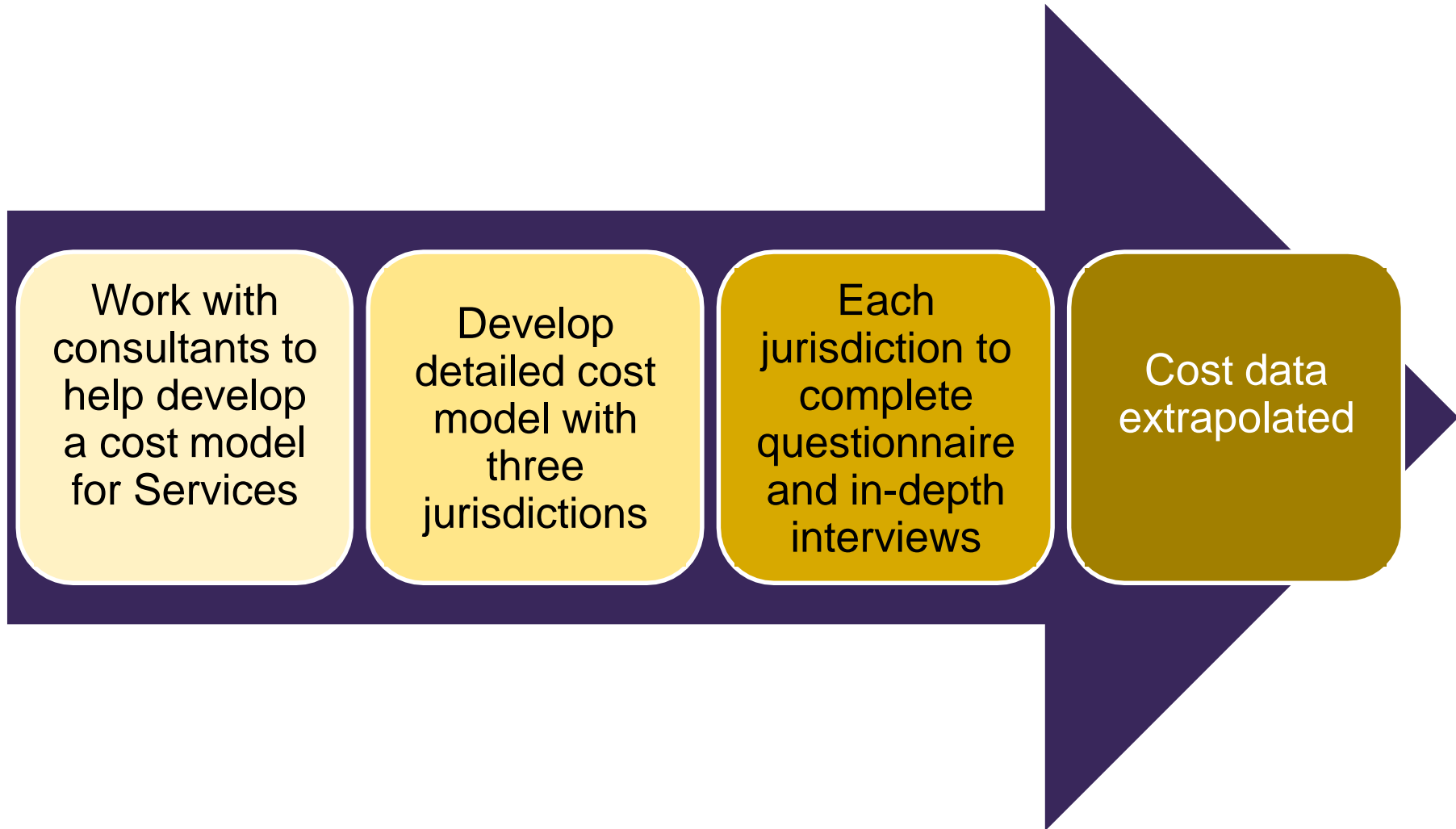
Communicable Disease, Continued

4. Assure the availability of **partner notification services** for newly diagnosed cases of syphilis, gonorrhea, and HIV according to Centers for Disease Control and Prevention (CDC) guidelines.
5. Assure the **appropriate treatment of individuals who have active tuberculosis**, including the provision of directly- observed therapy according to CDC guidelines.
6. Assure availability of **public health laboratory services** for disease investigations and response, and reference and confirmatory testing related to communicable diseases.
7. Coordinate and integrate **other categorically-funded communicable disease programs** and services.

Example: Chronic Disease/Injury Prevention

1. Provide timely, statewide, and locally relevant and accurate information to the state and community on **chronic disease prevention and injury control**.
2. Identify statewide and local chronic disease and injury prevention community assets, develop and implement a **prioritized prevention plan**, and advocate and seek funding for high priority policy initiatives.
3. Reduce statewide and community rates of **tobacco and e-cigarette use** through a program that conforms to standards set by Nevada's laws and CDC's Office on Smoking and Health, including activities to reduce youth initiation, increase cessation, and reduce secondhand smoke exposure.
4. Work actively with statewide and community partners to increase statewide and community rates of **healthy eating and active living** through a prioritized program of best and emerging practices aligned with national and state guidelines for health eating and active living.
5. Coordinate and integrate **other categorically-funded chronic disease and injury prevention programs and services**.

The Cost-Out Process

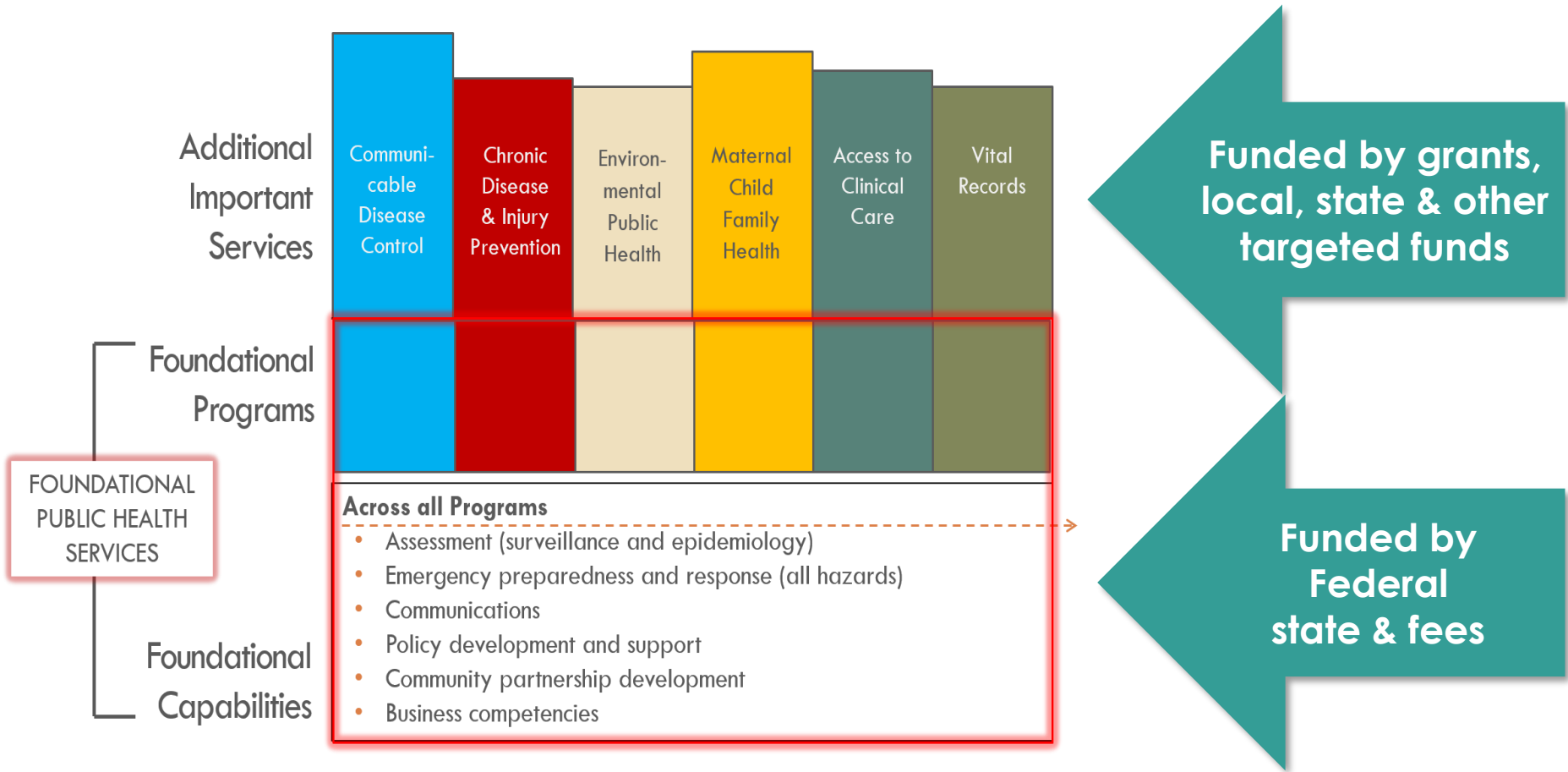


Funding Issues Under Discussion

- Local per-capita costs and contributions
- State contributions to local jurisdictions
- State vs. local responsibilities for foundational public health?
- Can costs be managed through structural changes like consolidation or service sharing?
- New funding sources?



Washington's Model



Next Steps: Policy Options

- Cost out Foundational Services May 2018 until finished
- Secretary of HHS convene stakeholders (e.g., elected officials local Board of Health members) to explore policy issues
- Develop specific policy options and proposals for sustainable funding
- Develop proposals for 2019 legislative session—at worst 2020 interim

Next Steps: Advocacy

- Develop broad support for sustainable funding proposals
- Work with doctors, nurses, hospitals, clinics, major employers, and unions
- Substantial headwinds in the legislature, but **will** be opportunities in future



Next Steps: Don't Quit

Approval by interim committee

Hire experienced contractor

All of us must keep to this program until we have good data



Ask

- We request the Interim Committee propose an initial block grant program to each Health District/Department/State Health of \$5 per capita as a BDR
- Provide approval and funding to proceed with Foundational Health Services
- If we can finish the study on Foundational Health Services to a point of costing out, replace the above with a specific amount based on data
- End result--Develop proposals for 2019 legislative session—at worst 2020 interim

Potential Funding Sources

- Increase per pack cigarette Health Impact Fee
 - Cigarette Health Impact Fee/Pack
 - 2012-13 \$119,071,200
 - 2013-14 \$114,233,400
 - 2014-15 \$131,808,000
 - 2015-16 \$89,281,635
 - 2016-17 \$97,364,850

Potential Funding Sources

- E-cigarette Health Impact Fee
 - Increase to be the same as cigarettes
- Marijuana tax
 - FY18 to date (July 17-Jan 18) total - \$35,918,546
 - State Marijuana Wholesale Excise Tax (15% Rate - Recreational and Medical) - \$13,094,019
 - State Marijuana Retail Excise Tax (10% Rate - Recreational) - \$22,824,527

Investing in Public Health

- On average, the state investment for public health is \$36.11/person (FFY 16/17)
- Nevada's contributions in FFY 16/17 was \$6.75/person, ranking us 2nd to last
- How can we improve?
 - An extra investment of \$1/person would still rank us to 2nd last
 - An extra investment of \$2/person would still rank us to 2nd last
 - An extra investment of \$3/person would rank us to 3rd last
 - An extra investment of \$4/person would rank us to 3rd last
 - An extra investment of \$5/person would rank us to 3rd last

If Nevada invested an extra \$5/person, this would equate to a total investment of \$11.75/person approximately. This would add almost \$15 million dollars to these efforts.

Source: Trust Fund for America's Health:

<http://healthyamericans.org/assets/files/TFAH-2017-ReadyOrNot-Fnl.pdf>



Questions and Discussion

The Promise of Public Health in Nevada

John Packham, PhD
Nevada Public Health Association
April 24, 2018



NPHA's mission: To serve as the voice for public health in Nevada in order to improve health and achieve equity in health status and a healthier Nevada.

NPHA's vision: A healthy Nevada.



NPHA's Advocacy and Policy Agenda

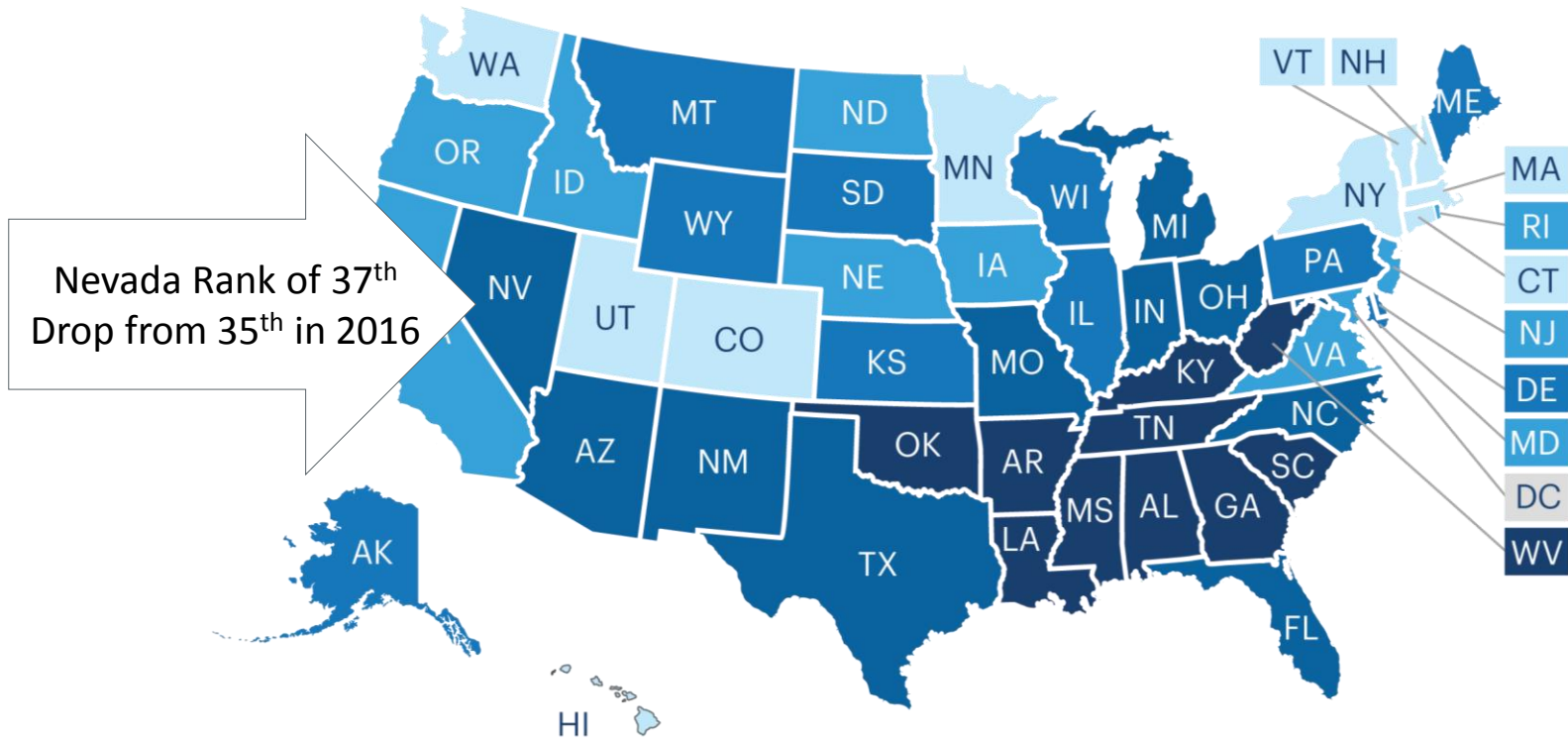
In keeping with our vision of a healthy Nevada, NPHA organizes its advocacy and policy activities around five advocacy and policy priorities:

- **Building public health infrastructure and capacity**
- Creating health equity
- Ensuring the right to health and health care
- Promoting evidence-based policymaking
- Advocating for Health in All Policies

The Challenge for Public Health

- Volatile, uneven funding for public health in the best of times
- Dependence on CDC and other federal dollars for the vast majority of state and local public health funding in Nevada
- Preoccupation with the public health crisis of the moment, e.g., Zika virus, opioid epidemic
- Competition with other worthy health priorities and historically underfunded items, e.g., Medicaid, health professions education

2017 Annual Report State Rankings



RANK: 1 to 10 11 to 20 21 to 30 31 to 40 41 to 50 Not Ranked

Nevada Health Rankings – Strengths

- Prevalence of obesity (8th)
- Low percentage of children in poverty (6th)
- Incidence of infectious disease (8th) and reported *Salmonella* (2nd)
- Preventable hospitalizations (14th)
- Infant mortality (16th)

Nevada Health Rankings – Challenges

- Drop in overall ranking from 35th to 37th
- High school graduation rate (49th)
- Drug deaths (43rd) and violent crime (49th)
- 40th for senior health and 47th for the health of women and children
- Primary care physicians per capita (46th)
- Public health funding (50th)

Nevada Health Rankings – Opportunities

- In the past five years, adult smoking decreased 28% from 22.9% to 16.5% of adults in Nevada
- Over the same time period, the percentage of uninsured Nevadans decreased 46% from 22.0% to 11.9% of the state's population
- Reduced preventable hospitalizations among Medicare enrollees by 27%
- Steady progress in the control of infectious diseases via immunizations and educational campaigns

The Promise of Public Health in Nevada

Through evidence-based prevention and public health services –

- Countless injuries, infectious diseases and illness, and even chronic disease and disability can be avoided
- Lives can be saved and life expectancy extended
- Health care costs can be contained, resources allocated more efficiently and effectively

“...The determinants of health are beyond the capacity of any one practitioner or discipline to manage....We must collaborate to survive, as disciplines and as professionals attempting to help our communities and each other.”

—Institute of Medicine, 1999

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