

**Transforming Oregon's Public Health System
Accreditation, Policy Development & Quality Improvement
Portland, Oregon
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***The Long View of Advocacy:
Moving From A Political Kill Zone
To the Great Reset***

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Historical Debate: Public Health & Politics

Late 20th century “academic” debate over whether or not public health should avoid political engagement

“Narrow” Public Health ↔ “Broad” Public Health

See Goldberg, DE. Against the very idea of the politicization of public health policy. *Am J Public Health*. January 2012, Vol. 102, No. 1, pp. 44-49.

<http://ajph.aphapublications.org/doi/full/10.2105/AJPH.2011.300325>

Overview: Historical Context

- In the early 20th century, public health practice was more closely integrated into the political system
- A public health official needed to have an effective political skill set to order quarantines or close public events

Overview: Historical Context

- 100 years ago, lawyers were integral to the practice of public health at the community level
- Example, Teddy Roosevelt and Long Island polio quarantine
- Rotary Club founded by Chicago lawyer – 1905

Ten Greatest Public Health Achievements of the 20th Century

- Infectious Disease Control
- Motor Vehicle Safety
- Coronary Heart Disease/Stroke
- Fluoridation
- Tobacco Control
- Vaccination
- Safer/Healthier Food
- Maternal/Child Health
- Family Planning
- Safer Workplaces



Historical Context

1954-55: Two Ships Passed in the Night!

- **Salk Polio Vaccine – 1955**
 - End in US of community-wide public health control measures – 300 years!
- **Brown v. Board of Education - 1954**
 - Beginning of modern evolution of procedural protections of individual liberties against government action



Overview: Historical Context

- In the 1950s and 1960s, a “golden generation” of health in the developed world began
- Large categorical public health grant programs
- Public health changed its orientation

Historical Context → Current Mentality

- Public health “non-business model” evolved
 - Insular and isolated: “We’re science-based, we do good, so give us the resources.”
 - Dependent on federal funding
 - Distrustful of engagement with political systems, legislatures, courts, and the private sector
 - **“Apolitical”**
- Political skill-sets have atrophied

Consequences

- Public health is unskilled at competing for shrinking discretionary funding streams
 - Agriculture, education, & transportation can politically out-compete public health
- There is a widening gap between public health leaders and elected officials in understanding the role of population health

Significant Political Developments

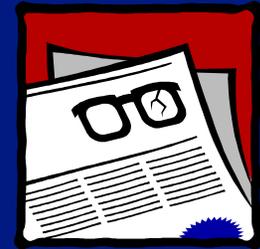


**2007
Economic
Downturn
Began**

Significant Political Developments



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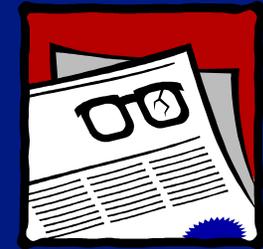
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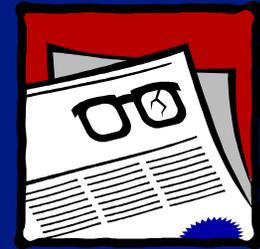
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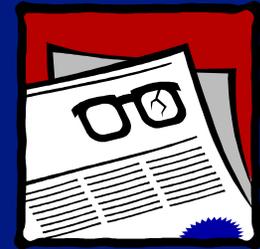
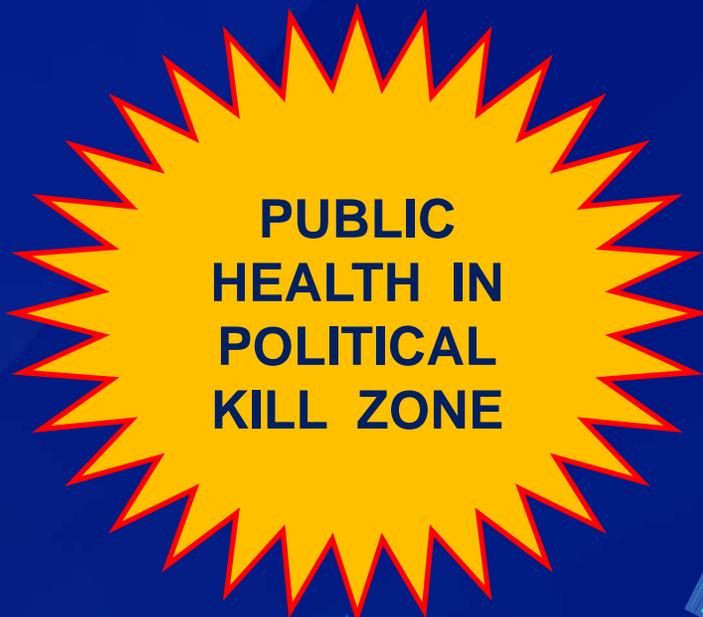
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Significant Political Developments



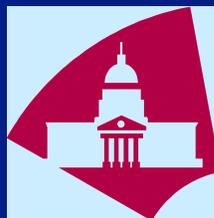
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“Voter Mandate”**



**2010
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“Voter Mandate”**



**TO NEW
PH**

STRATEGIES

Three Uncomfortable Questions

We have about 2,700 LHDs in this country:

1. Do we need 2,700 LHDs in the US?
2. Can we afford 2,700 LHDs in the US?
3. Is it politically feasible to change current LHD structuring?

Traditional LHD Governance/Organizational Options

- Cross jurisdictional sharing arrangements
- Merging of LHDs and other agencies into consolidated human services agencies
- Creation of quasi-independent public health authorities
- Changing or eliminating boards of health
- Outsourcing services to contractors

Examples of Variation in Practice from NC Public Health System Research

Buncombe County

- Boards share some members, hold some joint meetings
- Integrated administrative services
- Some co-location
- Selected service coordination

Greene County

- County staff for some required EH services
- Staffing agency contract for other services
- Agreement with neighboring county to contract for additional help as needed

Findings from PHSSR Report Comparing NC Local Public Health Agencies

- Stakeholders stressed the importance of strong leadership in making any type of local public health agency succeed.
- Stakeholders emphasized that when public health practitioners, county administration, and local elected officials understand one another and work well together, the agency will be stronger regardless of agency type.

www.ncphagencies.unc.edu

Movement Towards Outcome-Based Health Care & Billing Arrangements

- Collaboration with FQHCs
- Collaboration with hospitals
- Alignment with new ACA entities
- Adding or removing clinical care

Areas of Legal Assistance and Training

- Health care information/electronic data sharing
- Application of state inter-local agreement acts
- Health care service reimbursement rules
- Affordable Care Act implications for LHDs
- Creation of “backbone organizations” to support LHDs developing new collaborations

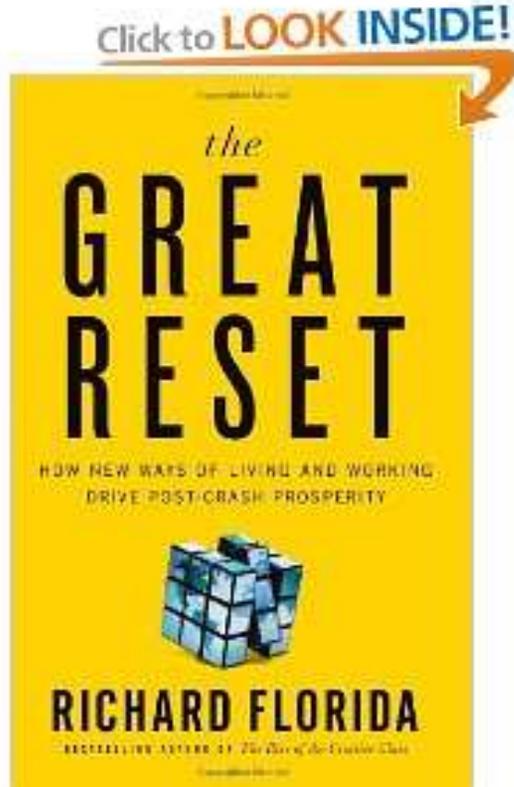
(See “collective impact theory” at

http://www.ssireview.org/blog/entry/channeling_change_making_collective_impact_work)

Four Recovery Strategies: “Broad Public Health”

1. Restructure to stop the bleeding
2. Make the “jobs case” for elected officials
3. Relearn and reclaim our political skill set
4. Anticipate the “Great Reset”

The Great Reset: How New Ways of Living and Working Drive Post-Crash Prosperity by Richard Florida



- The Panic of 1873 & the “Long Depression”
- The Great Depression
- The Great Recession

A New Initiative in Development to Assist Public Health Agencies

STRUCTURE AND ORGANIZATION OF LOCAL HEALTH AGENCIES

<http://www.networkforphl.org>

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DISCUSSION

*The arc of the moral universe is long—
but it bends toward justice*

Rev. Martin Luther King

Gandhi



*(national equality + doctrine
of political non-violence)*

1947

1963

1985

1990

2010



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Arc of the moral universe is long—

Civil Rights Act

M.L.King



Gandhi



*(national equality + doctrine
of political non-violence)*

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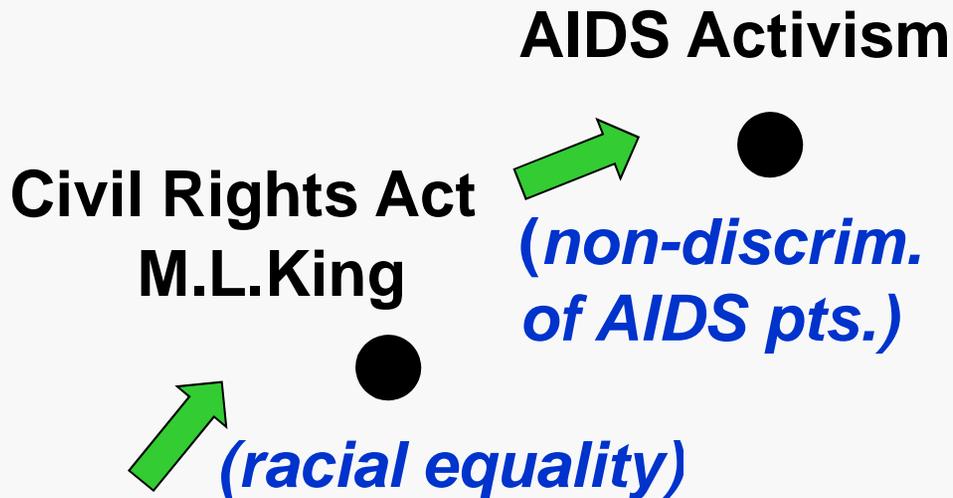
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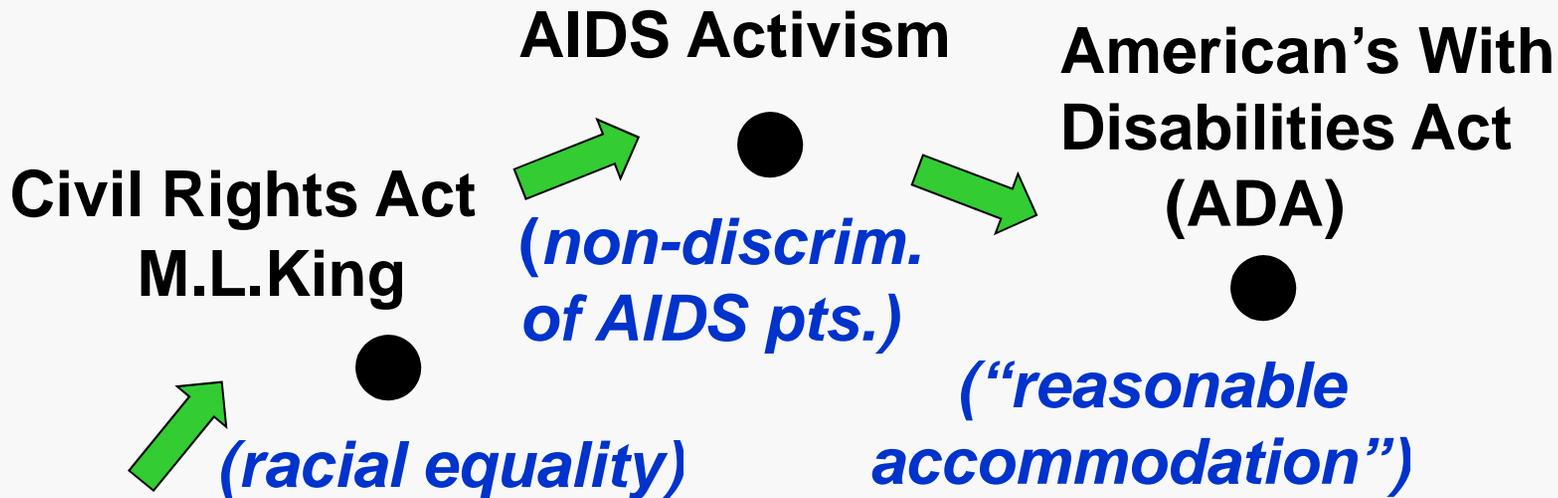
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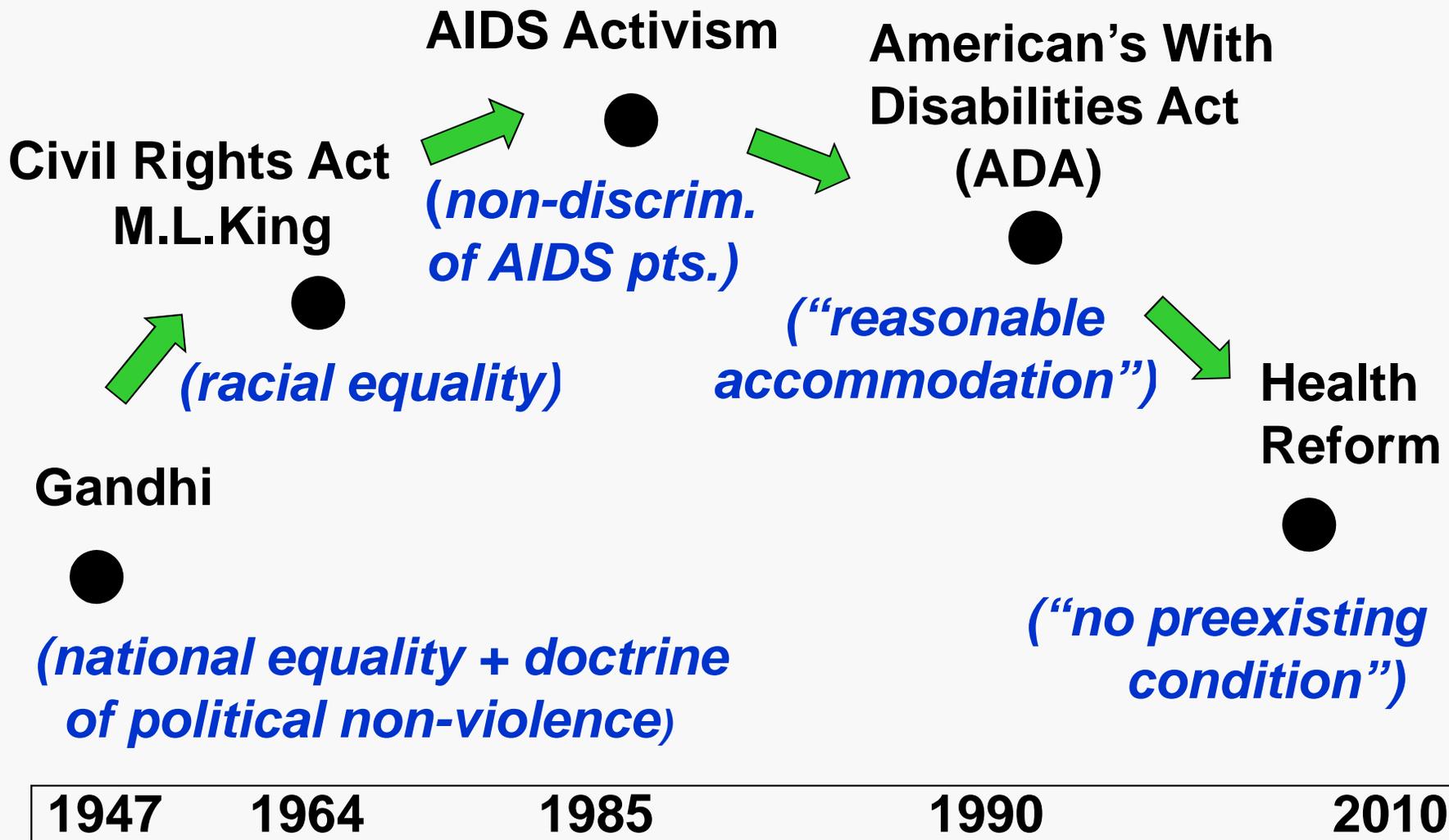
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1947	1964	1985	1990	2010
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*Arc of the moral universe is long—
but it bends toward justice* (MLK)



MLK's Original Source

*I do not pretend to understand the moral universe;
The arc is a long one,
My eye reaches but a little ways;
I can not calculate the curve and complete the figure
by experience of sight;
I can divine it by conscience.
And from what I see,
I am sure it bends toward justice*

Theodore Parker – 1853



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