Charting New Public Health Directions: CDC Looks to the Future

Directors of Health Promotion and Education -- 23rd National Conference

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Produced by the Alabama Department of Public Health
Video Communications Division

Faculty

George A. Mensah, M.D.

National Center for Chronic Disease Prevention and Health Promotion

SAFER • HEALTHIER • PEOPLE™

Key DHPE Contributions to CDC and to Public Health

A DHPE Assessment Report

July 2003

Funded by the Directors of Health Promotion and Education (formerly ASTDHPPHE) through a cooperative agreement with the CDC

Prepared by Marshall W. Kreuter, Ph.D.

A Report of the Ad Hoc Committee:

The Recommendation to Establish a Health Promotion Focal Point within the Centers for Disease Control and Prevention (CDC)

Conducted by
Directors of Health Promotion and Education
Centers for Disease Control and Prevention
March 30, 2004

The 2003 DHPE Assessment Report

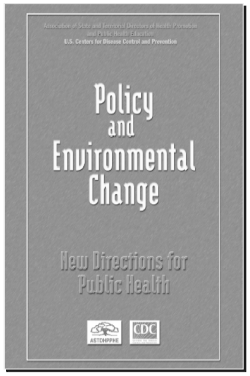
- Assess the perceived health promotion capacities of those carrying out programs in state health agencies.
- Ascertain their priority needs for professional development.
- Propose actions to strengthen health promotion activities and programs.

The 2004 Ad Hoc Committee Report

- Establish an official CDC focal point for health promotion.
- Assure that health promotion components of CDC programs employ common:
  - Guidelines
  - Standards
  - Terminology

  in their program grants and training programs.

Policy and Environmental Change: New Directions for Public Health



Health Promotion and Education at the Crossroads: New Public Health Directions

- A perfect theme for public health in the 21st Century.
- Key challenges include:
  - Aging population; rising costs
  - Limited resources
- "*New Directions*" a basis for the CDC Futures Initiative.

Futures Initiative: Re-Tooling CDC for 21st Century

Futures Initiative: Strategic Imperatives

- CDC will be a customer-centric organization.
- Health impact.
- Public health research.
- Leadership for the nation's health system.
- Global health.
- Effectiveness and accountability.

Strategic Imperative: CDC Will Be a Customer-Centric Organization

CDC's primary customers are the people whose health we are working to protect.

Why the Need to Become Customer-Centric?

- People do not understand or appreciate – and thus do not advocate for – public health.
  - In good economic times, public health infrastructure gets little attention.
  - In tough economic times, even effective programs get de-funded.

Why the Need to Become Customer-Centric?

- People and partners have trouble navigating CDC and finding information to help them make good health decisions.
- CDC's information is too complicated, too scattered, not actionable, not personally relevant.

HHS Secretary Mike Leavitt's Plan

Goal: Transform Health Care System

The Secretary sees a nation in which consumers are better informed and have more choices.

A Focus on Our Customers: How Can DHPE Help?

- Help CDC to engage partners in communicating the benefits of public health.
- Help CDC to provide an obvious "front door" to partners and customers.
- Help CDC to focus more on translating, packaging, and humanizing its information.

Strategic Imperative: Health Impact

- CDC will prioritize its science, research, and programs to:
  - achieve measurable health impact for the public.
  - emphasize risk factor prevention.
  - support healthy behaviors.

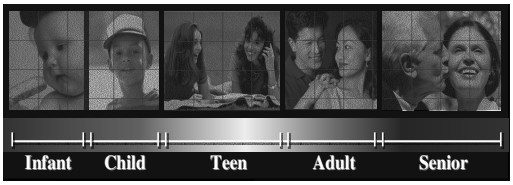
Demonstrating Health Impact - 1

- We are entering era of scarce resources and competing priorities in states, we must:
  - build the case for public health.
  - demonstrate the impact we make.

Demonstrating Health Impact - 2

- We must therefore focus on:
  - linking resources to outcomes – a necessary (but not sufficient!) criterion for continued funding.
  - documenting and communicating successes in improving wide range of health outcomes – across all life stages.

Improving Health Impact Across the Lifespan



Health Across the Stages of Life

- Health gives life its potential – making health equity and the elimination of disparities critical.
- People view health NOT as absence of disease, but as quality of life.
- Challenge of aging population: extend years of healthy life, reduce medical costs at the end of life.

Measures of Health Impact

- Mortality
- Morbidity
- Disability
- Quality of life
- Economic costs/cost effectiveness

Measuring Health Impact: Need to Draw on and Develop Fresh Approaches

- Self-rating of health.
- Self-rating of quality of life.
- Connectedness.
- Social capital.
- Major economic forces.
- Population-based quality of care.
- Disability/activities of daily living.

Health: Not Just the Absence of Disease

"… the complete physical, emotional, and social well-being, not merely the absence of disease or infirmity."

"Health is created and lived by people within the settings of their everyday life; where they learn, work, play and love."

Improving Health Impact How Can DHPE Help?

- Help reframe "health" not as an absence of disease, but as complete well-being and satisfying, high quality life.
- Help develop improved measures of health impact.
- Help identify best practices for attaining greater health impact.

Strategic Imperative: Public Health Research

Science will remain the foundation on which all CDC programs, policies, and practices are based.

Public Health Research – 1

- What issues in public health are in greatest need of focused research attention?
- What areas of public health research are likely to yield early pay-offs?
- What research issues can CDC address uniquely?

Public Health Research – 2

- How can we better document the impact of NOT acting?
- When an effective program is discontinued, can we document the community impact?
- How do we best learn from natural experiments?

Protecting and Expanding Our Science Base

- Economic analyses.
- Synthesis of research evidence.
- Translation and dissemination research.
- Health systems and policy research.
- Marketing and communications research.

Public Health Research: How Can DHPE Help?

- Help CDC develop and refine its agency-wide research agenda.
- Help identify research areas uniquely suited to CDC.
- Help translate the best science into practice.

Strategic Imperative: Leadership for the Nation's Health System

- CDC must assume greater leadership to strengthen the health impact of the state and local public health systems.
- How?
  - Partnering; Convening.
  - Facilitating; Innovating.

Leadership for the Nation's Health System

- CDC views "public health system" as very broad:
  - State and local public health agencies.
  - Hospitals and medical systems.
  - Wellness and health promotion providers.
  - Community organizations.
  - Environmental groups.

Health Systems Leadership

Leadership can take many forms:

- Strategic vision/priorities.
- Research and evaluation.
- Centralized services/technical assistance.
- Cross-cutting campaigns with local tie-ins.
- Evidence-based best practices.
- Coordination.

Leadership for Nation's Health System: How Can DHPE Help?

- Help identify the leadership skills and competencies needed for effective health promotion and education.
- Help identify areas for improved coordination and guidance.
- Help develop tomorrow's public health leaders.

Strategic Imperative: Effectiveness and Accountability

CDC will modernize its management and business practices to become more efficient, effective, and accountable.

Effectiveness and Accountability

- Opportunities for CDC, states, and partners to:
  - Tie management and business practices to health outcomes
- Achieve synergies and efficiencies across:
  - Diseases
  - Risk Factors
  - Populations
  - Funding streams

Effectiveness and Accountability: How Can DHPE Help?

Your feedback on our processes is crucial.

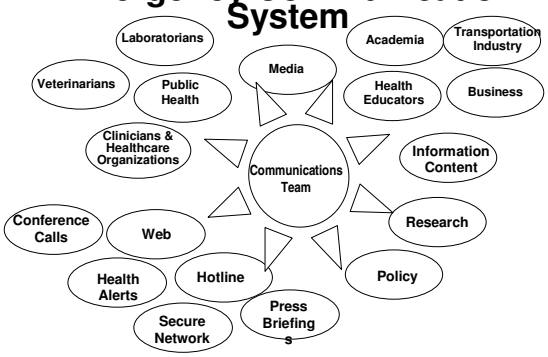
- Procurement and grants
- Management
- Hiring practices
- Other business practices

Strategic Imperative: Global Health

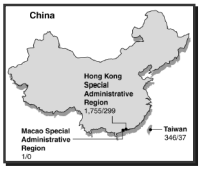
CDC will establish clear priorities for its global programs and increase global connectivity to ensure rapid detection and response to emerging health threats.

CDC SARS Investigation Fast Communication: Marcus Emergency Operation Center for Incident Command

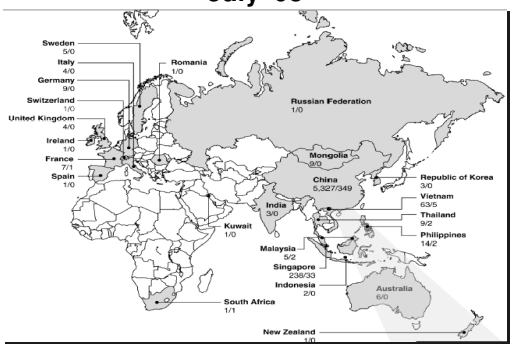
Fast Communication: CDC's Emergency Communication System



SARS Cases and Deaths, November 2002–July 2003; China and the Americas

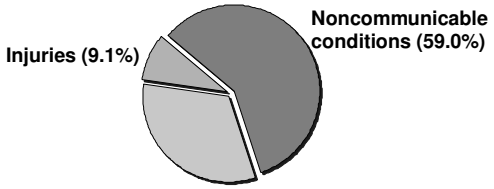


SARS Cases & Deaths November '02–July '03



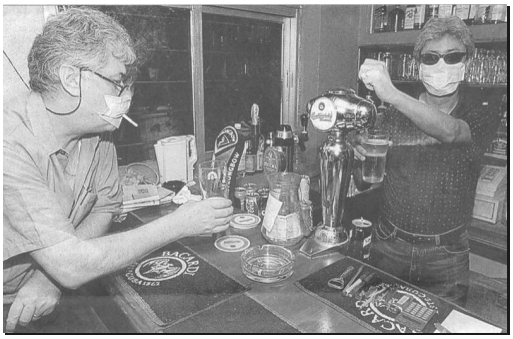
Death by Broad Cause Group (2000)

Total deaths: 55,694,000

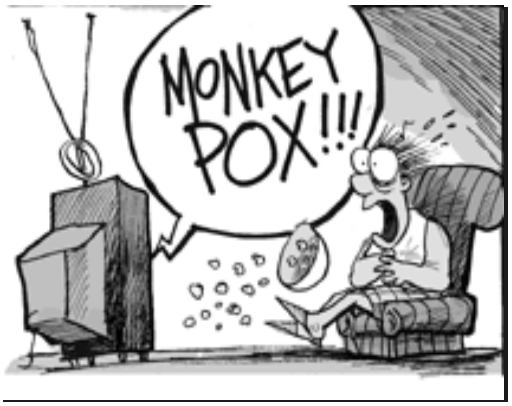


Communicable diseases, maternal and perinatal conditions, and nutritional deficiencies (31.9%)

Source: WHO, World Health Report 2001



HK resident smoking through SARS mask



Global Health: How Can DHPE Help?

- Help CDC develop a focus on chronic diseases and injuries as important areas of global preparedness.
- Build state infrastructure national preparedness for addressing.

The Futures Initiative and Health Promotion?

- Established focal point for health promotion at CDC: Coordinating Center for Health Promotion.
- Ensuring health promotion principles are applied and integrated CDC-wide.
- Providing an easy entry point to CDC for DHPE and other public health partners.

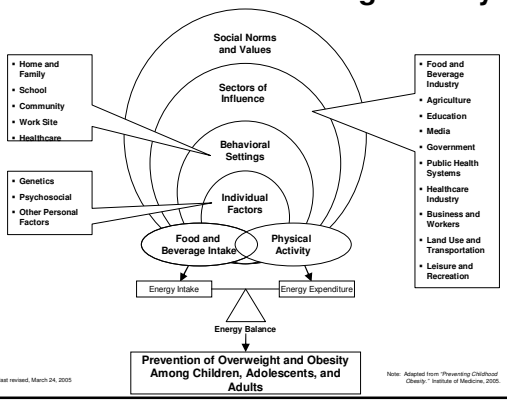
Special Focus Areas of *Futures*

- Influenza
- Preparedness
- Adolescent health
- Overweight and Obesity

Challenges to Obesity Prevention

- Clarify scientific basis of obesity-related mortality and morbidity.
- Prioritize research agenda and program delivery to achieve measurable health impact.
- Bridge gap between clinical care and public health practice.

Framework for Addressing Obesity



Draft – last revised, March 24, 2005

Note: Adapted from *Preventing Childhood Obesity*. Institute of Medicine, 2005.

Reasoned Guidance as Basis of the CDC Response to Obesity Epidemic - 1

- Provide the scientific evidence.
- Provide the evidence, interpret it, and identify gaps as basis for further research.
- Provide reasoned guidance for action based on available science – *we must act while building the science base.*

Reasoned Guidance as Basis of the CDC Response to Obesity Epidemic - 2

- Take an integrated, comprehensive approach.
- Engage all sectors.
- Focus on physical activity, nutrition, and healthy weight, not just obesity as outcomes.
- Reach directly to the public.
- Address health disparities.

Public Skepticism and Controversy

- The science of obesity, unlike that of tobacco, is imperfect.
- The science of obesity is evolving.
- There is a perception of a "risk factor rivalry" between obesity and tobacco.
- Some voices are very loud and very skeptical of CDC actions in obesity.