



# BASIC NEEDS

## PUBLIC HEALTH

**3%** of all US health care spending goes to public health

**51%** of Americans are served by a comprehensive public health system

**30,000** local public health jobs have been lost since the Great Recession

**12** public health emergencies were federally declared in 2019, compared with only 2 in 2010

**\$4.5B** is needed to modernize the foundational capabilities of state, local, tribal, and territorial health departments

*Facts adapted from the Basic Needs: Public Health Deep Dive*

**THE GOVERNMENTAL PUBLIC HEALTH SECTOR** has agencies at the federal, state, local, tribal, and territorial levels focused on the protection and promotion of good health among all the members within its jurisdictions, with special attention to those at elevated risk of poor health. All agencies are engaged in core activities: data collection and analysis; disease and injury prevention and control; and the promotion and/or implementation of health-oriented policies and practices.

In addition to core activities, health departments are:

- Addressing a variety of new issues: the opioid epidemic, the dramatic rise in suicides, widespread vaping and vaping-related lung injuries, weather-related emergencies, and the reemergence of vaccine-preventable infectious diseases, like measles
- Developing partnerships with other sectors that impact health and well-being, such as health care, education, criminal justice, housing, transportation and economic development

More health agencies have refocused their attention on the promotion of equity. Systemic inequities have led to higher rates of underlying medical conditions in Communities of Color, increasing vulnerability for severe COVID-19 illness. While everyone is at risk for COVID-19, Black people, Latinos, American Indians/Alaska Natives, Asian Americans, Native Hawaiians, and Pacific Islanders are at elevated risk. The root causes of racial and ethnic health and health care disparities are complex and interconnected, and these inequities existed long before COVID-19.

### KEY ISSUES

- **Chronic underfunding of public health** has limited health departments' ability to:
  - Modernize labs, surveillance systems, and informatics
  - Hire and retain workforce
  - Address the underlying health conditions that put communities at heightened risk from COVID-19
- **Root causes of racial and ethnic health and health care disparities** limit communities' ability to be prepared against and recover from public health emergencies, like COVID-19.
- **Public health is increasingly focused on equity** and the vital conditions for community well-being.

# PIVOTAL MOVES

A SELECTION OF IDEAS FOR CHANGING COURSE

## STOP SHORT-CHANGING PUBLIC HEALTH

We need to ensure state, local, tribal, and territorial health departments have the tools, workforce, and systems in place to address existing and emerging health threats.

## REDOUBLE EQUITY EFFORTS

We need to collect and publicly report comprehensive demographic data, and information related to COVID-19 cases, hospitalizations, and deaths. This disaggregated data is necessary for identifying impacted areas and supporting outreach, prevention, and access to care.

## END AGENCY SILOS

Prevention, health screening, and treatment services have been siloed in specialized agencies. A transformative approach is needed: All federal agencies impacting any aspect of behavioral health need to collaborate.

## EXPAND AGE-FRIENDLY PUBLIC HEALTH

COVID-19 has exposed the need for a specialized public health focus on the growing older adult population. Public health agencies at the federal, state, and local levels need funding to protect older adults from COVID-19 infection, as well as from the consequences of social isolation and interruptions in care.

## PREPARE FOR THE NEXT MAJOR THREAT

To avoid a repeat of the COVID-19 public health emergency, we must increase funding to build preparedness capabilities in all states, territories, and Tribal Nations.

## CONNECTIONS

### MEANINGFUL WORK & WEALTH

Lack of sick leave benefits may result in workers coming to work when they should be in quarantine or isolation. Low-income workers are much less likely to receive paid sick leave even though these workers are often less able to miss work when they are sick because they rely on their full pay.

### PATH TO RENEWAL

Public health departments are uniquely situated to build collaborations across sectors, identify priorities in communities, and help address policies that inhibit health.

ADAPTED FROM THE [BASIC NEEDS: PUBLIC HEALTH](#) DEEP DIVE

There is growing momentum for public health to contribute to programs, policies, and innovative interventions to promote health and well-being for people as they age. Although public health efforts are partly responsible for the dramatic increases in longevity over the 20th century, historically there have been limited collaborations across the public health and aging fields.

## TRUST FOR AMERICA'S HEALTH



**Trust for America's Health** is partnering with the Florida Department of Health to implement a public health framework to improve the health and well-being of older adults, focusing on areas where public health can support, complement, or enhance aging services. Our work strives to engage the public health system in efforts to address the health and well-being of older adults individually and, importantly, by creating the conditions at the community level that older adults need to achieve and maintain their optimal health and well-being.