

Public Health Call to Action

Recommendations from the Michigan Public Health Advisory Council, 2023

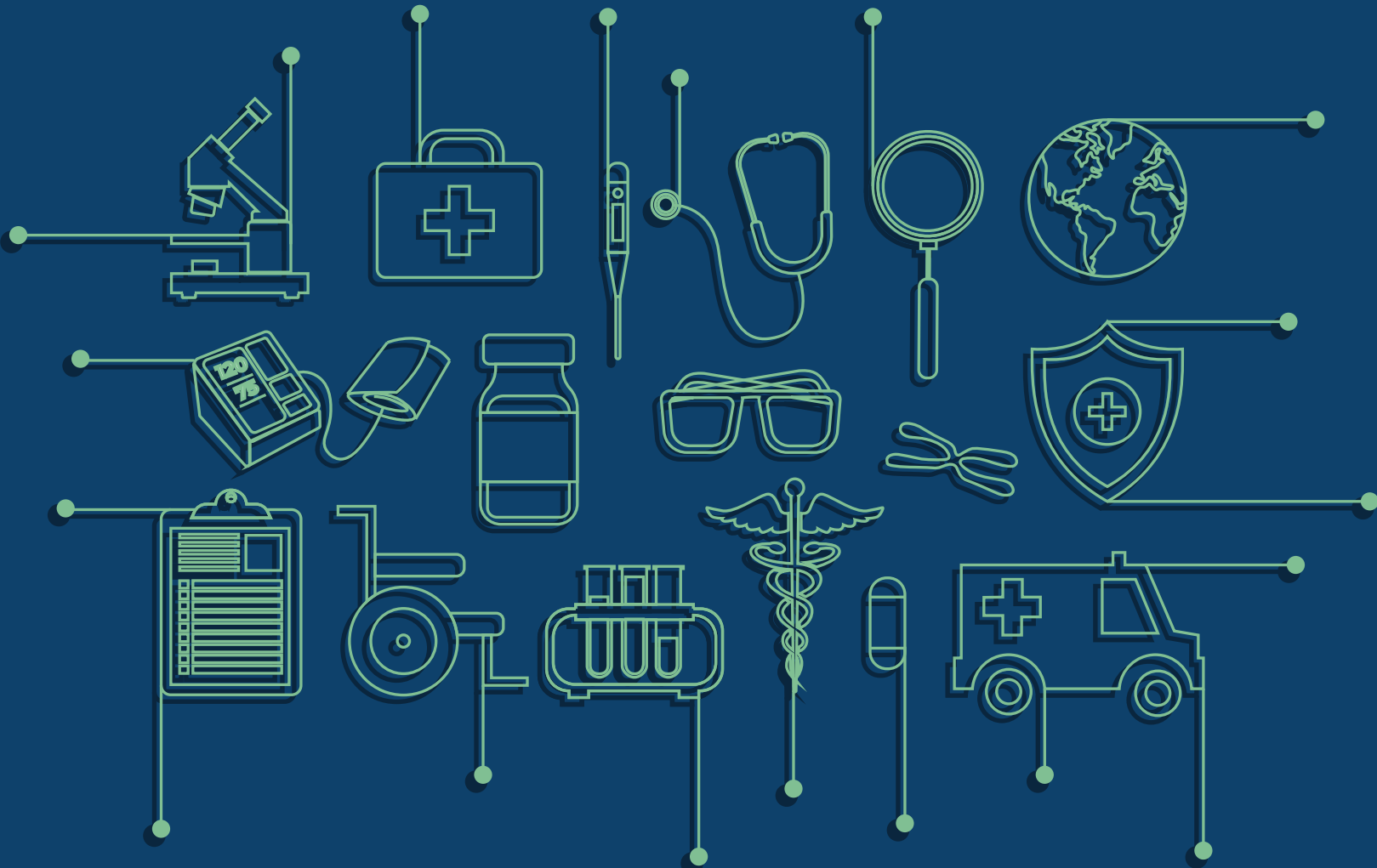


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Message from the Chair

The COVID-19 pandemic highlighted the importance of a robust and well-funded public health system that can cope with future crises. COVID-19 profoundly impacted vulnerable populations and exacerbated existing health disparities; only if we eliminate existing health disparities can we prevent similar outcomes in future public health crises.

While the pandemic accentuated public health vulnerabilities, with increased public attention to public health, there is also opportunity for improvement, and a chance to build back a stronger post-pandemic public health system.

The Public Health Advisory Council (PHAC) is committed to leveraging this opportunity and is well positioned to support Michigan as we navigate the issues of strengthening public health infrastructure, messaging, relationships with communities, and creating partnerships, while prioritizing health equity in all of our goals.

In 2022 the PHAC met to discuss the consequences of the pandemic and the ways to leverage the lessons learned. We developed a framework, and identified partners and stakeholders (including those who had been vocal critics of public health) to provide input. The input received from local public health officers, a bipartisan group of state legislators, health care providers, health plan leaders, and individuals from law enforcement and health care advocacy organizations was a critical step to strengthening Michigan's public health system.

We used the resulting input to develop a list of recommendations to strengthen public health in Michigan with a focus on equity. We believe that these recommendations represent well defined next steps that we can accomplish together. We believe that through collaboration, we can strengthen our public health infrastructure, increase trust in public health messaging, address health disparities, and create opportunities to rebuild relationships with our community members.

Sincerely,

Natasha Bagdasarian MD, MPH, FIDSA
Chair, Public Health Advisory Council
Chief Medical Executive
Michigan Department of Health and Human Services

Public Health Advisory Council Members

Gubernatorial Appointees, Category Representing

Dr. Natasha Bagdasarian (Chair), State of Michigan Chief Medical Executive
Marianne Udow-Phillips (Vice Chair), General Public
Eric Adelman, General Public
James Averill¹, Veterinarians
Dr. Nancy Barr, Veterinarians
William Bohlen, Local Director of Public Works
Shenlin Chen, General Public
Denise Chrysler², School of Public Health and Institution of Higher Education in the State
Jayne DeBoer-Rowse, Registered Nurse
Cheryl Dickson, Nationally-Accredited Medical School
Denise Fair-Razo, Local Public Health Official
Dr. Farah Jalloul, Licensed Pharmacist
Justin Klamerus, Hospital Administration Experience
Rory Lafferty, Non-Profit Health or Environmental Organization
Rita Loch-Caruso, Toxicologist
Janet Olszewski, General Public
Ashley Redding, Epidemiologist
Tanya Rule, Environmental Health Expert
Kristen Schweighoefer, Food Safety Expert
Dr. Sarju Shah, Physician
Dr. Herbert Smitherman, General Public
Linda Vail³, Local Public Health Official

Non-Voting Ex Officio Members, Department

Jennifer Bonsky, Agriculture and Rural Development
Jacqueline Hampton, Michigan State Police
Larry Horvath, Licensing and Regulatory Affairs

¹ Term ended November 1, 2022

² Term ended April 1, 2023

³ Term Ended February 17, 2023

Dr. Sarah Lyon-Callo, Health and Human Services
Eric Oswald, Environment, Great Lakes and Energy
Michele Sosinski, Michigan State Police

Staff

Robin Gregory, Health and Human Services
Dr. Annette Mercatante, Health and Human Services
Jared Welehodsky, Health and Human Services

Key Partners

Nancy Baum, Center for Health and Research Transformation
Norm Hess, Michigan Association for Local Public Health
Jimena Loveluck, Washtenaw County Health Department

Introduction

Public health is the science of protecting and improving the health of all people and the communities in which they live. Public health connects us all to one another.

This document affirms the principle that the strengths of government should be utilized to meet the needs of its people. It represents a willingness on the part of public health to take a leadership role in a collaborative process that nurtures partnerships; that proactively moves us closer towards social and healthcare delivery alignment; and ultimately towards better health for the State of Michigan.

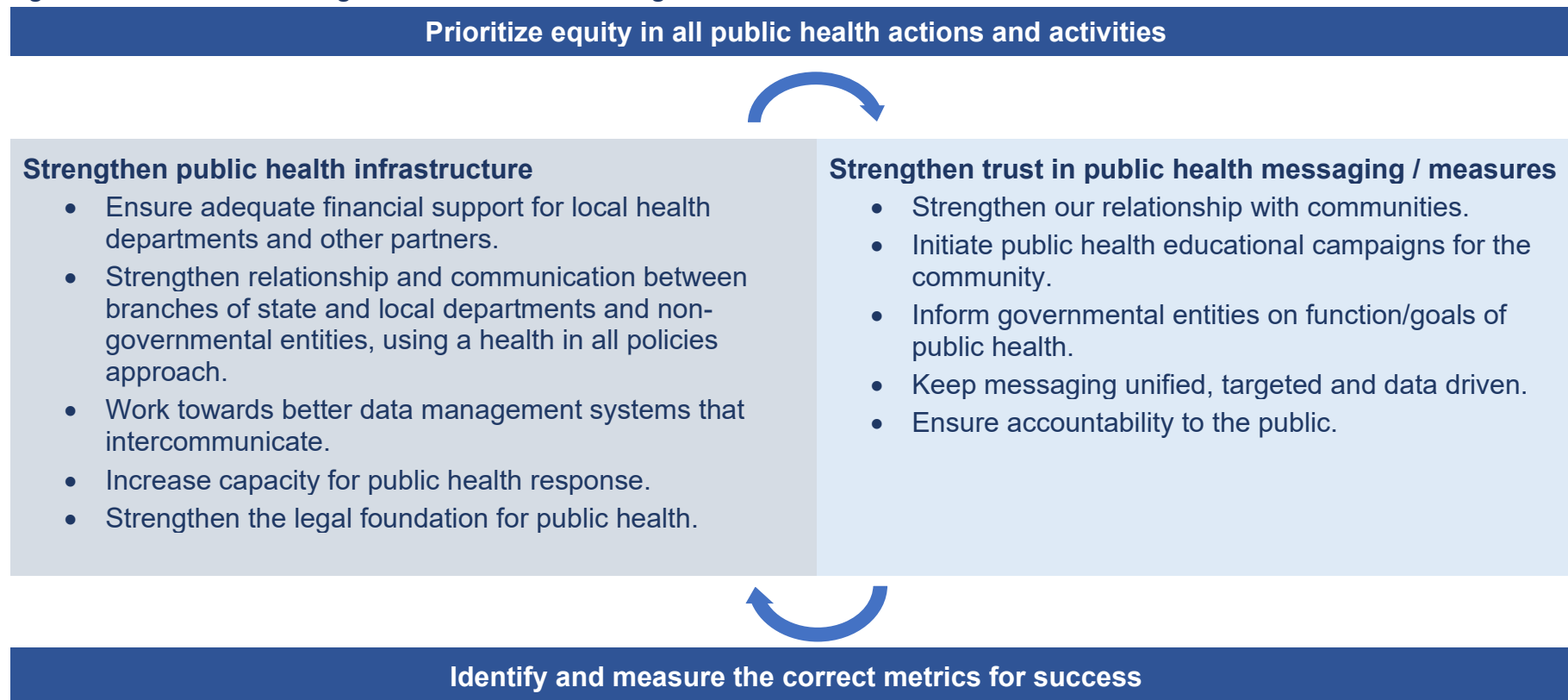
Recommendations to Strengthen Public Health in Michigan

From the Public Health Advisory Council

The Public Health Advisory Council (PHAC) was established in 2017 by Executive Order of the Governor of The State of Michigan. It is chaired by the Chief Medical Executive for the State of Michigan and charged with providing advice about public health issues and making recommendations to the Governor to improve public health.

The COVID-19 pandemic highlighted weaknesses in Michigan's public health system that limited effective responses to the public health emergency. In 2022, the PHAC created a framework, centered on improving health equity, that included ways to strengthen public health infrastructure and trust in public health messaging and measures, while identifying metrics for success:

Figure 1. Framework to Strengthen Public Health in Michigan



In the fall of 2022, the PHAC worked with experts from the Center for Health and Research Transformation (CHRT) to gather insights from state leaders and stakeholders through semi-structured interviews. The interviews were designed to identify system barriers, describe elements of a highly effective public health system, and to identify the resources necessary to strengthen the public health system in Michigan. Over 30 individuals were interviewed, including: **local public health officers, state legislators, health care providers, health plan leaders, and individuals from law enforcement and from health care**

advocacy organizations. In many cases, individuals interviewed provided critiques of their own sector. This work was supported by the Total Health Care Foundation. The interview questions employed are listed in the appendix.

Summary of Interview Results

Interviewees shared their experiences and expertise both from their professional and personal perspectives. Interviewers recorded interviews, analyzed all responses, and created the following aggregated statements of findings:

- Highly effective public health systems should be resources for everyone, represent diverse populations, and help communities to flourish.
- Public health agencies need strong surveillance systems, clear roles, good communication, and be more present/visible/known in their communities.
- It is crucial to build relationships during non-crisis periods.
- State-level public health should provide guidance, technical assistance, data sharing capability, and disperse funding. The state should co-create policies with local public health.
- Partnerships between public health and other sectors (medical care/primary care; local community leaders) are essential for effectiveness.
- Public health categorical funding is too limiting; overall funding levels are inadequate to deliver essential services, pay comparable wages. “Boom or bust” funding of public health is not scalable during crises.
- Legislators requested information about public health needs in their districts. It would be helpful to include additional clarity on the distinction between Medicaid and public health.
- Public health data systems are lacking, and public health and medical data are not integrated.
- Trust is lacking between public health and medical care leadership.
- Politicization of public health has taken a toll on the workforce and public trust.
- Communication challenges include a lack of clarity in messaging; conflicting and confusing messages and substantial misinformation.
- Local public health staff expressed an increased need for public health visibility at the local level and felt that leaders needed more training in effective public communication.
- The central focus of public health services should be/remain at the local level.

Recommended Actions

The PHAC analyzed and discussed the interview findings and developed a set of recommended actions. Each included a description of a course of action as well as a way to determine whether each action achieved its intended effect. The PHAC members unanimously approved the seven recommendations as described in the following table.

PHAC Recommendations

	<i>What do we want to do?</i>	<i>How will we get there?</i>	<i>Recommendations</i>	<i>How will we know our actions were effective?</i>
1.	<p>Improve connection of public health to the health care system.</p> <ul style="list-style-type: none"> • Improve the health-system’s knowledge of public health priorities and initiatives, as well as sharing of statewide data. • Improve PHs understanding of what is happening on the ground in health systems. 	<p>Partnering with Michigan Health and Hospital Association (MHA) workgroup, Michigan State Medical Society (MSMS), Michigan Primary Care Association (MPCA), medical schools, and Area Health Education Centers (AHECs) to align and advance shared goals, Priority groups, physicians, and health leadership.</p> <p>Sharing knowledge and building relationships.</p>	<p>MDHHS and local health departments should form a statewide “Health Delivery Coalition”, with the goal to partner with medical groups (including MHA, MSMS, CMHA, MPCA) and large health systems, on public health initiatives.</p> <p>MDHHS and Michigan Association for Local Public Health (MALPH) should specifically reach out to the groups above by end of Q2 2023.</p> <p>By the end of Q3, we request convening of the group, as well formation of subgroups for specific projects (i.e., vaccine hesitancy).</p> <p><i>We request quarterly feedback from MDHHS-PHA and MALPH to the PHAC.</i></p>	<ul style="list-style-type: none"> • Direct and sustained relationships exist between all partners. • Partners are sharing common messages. • Strategic planning is occurring on a regular basis between partners. • Partners have developed and aligned goals on key health outcomes as well as communications on key health priorities. • Bilateral communication and engagement are occurring consistently.
2.	<p>Improve knowledge of public health among legislators.</p>		<p>We recommend that MDHHS launch public health community profiles in the form of a district-level dashboard that legislators receive training on and can access at will; with a goal to make this dashboard live by the end of 2023.</p>	<ul style="list-style-type: none"> • More engaged and aware legislators around public health needs and roles.

			<i>We request quarterly feedback from MDHHS-PHA to PHAC</i>	
3.	<p>Improve knowledge of what public health does among the public.</p>	<p>Launching a “what is public health” media campaign.</p> <p>Engaging with other trusted voices.</p> <p>Emphasizing that public health initiatives are about health and not politics.</p>	<p>We recommend that MDHHS identify a path forward for a “what is public health campaign” in 2023, in partnership with local public health, and relevant community-based organizations.</p> <p>MDHHS should look at opportunities for grant- funding for such activities.</p> <p>The campaign should integrate the following:</p> <ul style="list-style-type: none"> • Partnering with trusted messengers from diverse communities. • A robust social media campaign on a variety of popular platforms - this should include short informational videos incorporating popular social media trends and replies to questions from the public. • Providing a monthly public health summary (“MI Prescription for Public Health”) to news media outlets and posting on social media - to raise public awareness of issues impacting the state. <p><i>We request quarterly feedback from MDHHS-Comms to PHAC</i></p>	<ul style="list-style-type: none"> • More engaged and aware public around public health needs and roles.
4.	<p>Improve public health data systems to better tell the story of public health in Michigan, including the scope of</p>	<p>Providing stakeholder feedback (local public health; health systems) on the core elements needed for more effective data reporting and</p>	<p>We recommend that MDHHS includes individuals from LHDs and other health care partners to participate in any ongoing data improvement initiatives at MDHHS moving forward in 2023 and beyond.</p>	<ul style="list-style-type: none"> • Both public health and health system leaders have access to timely, accurate data to make informed decisions.

	various problems and the impact of successful solutions.	feedback systems to the data reporting team.	<i>We request quarterly feedback from MDHHS-PHA to PHAC.</i>	<ul style="list-style-type: none"> Improved EMR data sharing Including interoperability of data between public health and health systems. Development of processes to address legal barriers and clarify between agencies about what is shareable.
5.	Enhance technical assistance and leadership training to local health departments.	Establishing an ongoing curriculum for local health officers to improve knowledge and skills.	<p>We recommend that the MALPH surveys local health departments to identify priority areas for technical assistance and to identify priorities for leadership, legal and communication skill development with a focus on rural communities.</p> <p>MALPH should work with MDHHS and other state departments (e.g., MDARD) to identify opportunities for training.</p> <p>We recommend that LHDs should establish partnerships with schools/programs of public health.</p> <p><i>We request biannual feedback from MALPH to PHAC.</i></p>	<ul style="list-style-type: none"> Local public health departments feel comfortable accessing existing (or requesting new) information and materials they require to be successful.
6.	Improve communications between MDHHS, local health departments.	<p>Improving effectiveness of existing meetings between MDHHS, MALPH and other partner organizations.</p> <p>Improving coordinated communications between state and local public health.</p>	<p>We recommend that MDHHS and MALPH develop a strategic plan between state agencies (including MDARD, EGLE, LARA and others) and local public health in 2023 to determine priorities, systems, and best practices to improve routine and crisis communication.</p>	<p>Clear and open lines of communication between local and state public health entities.</p> <p>Consistency in messaging by all parties during a public health response.</p>

			<i>We request biannual feedback from MDHHS-PHA and MALPH to PHAC.</i>	
7.	Improve advocacy for more flexible funding for public health.		<p>We recommend that the state government advocates for more flexible federal, state, and local funding for public health. MDHHS legislative affairs should develop a coordinated strategy for legislative and regulatory advocacy with providers, health systems, and MALPH.</p> <p><i>We request biannual feedback from MDHHS-Legislative Affairs to PHAC.</i></p>	Annual coordinated legislative strategy developed focused on increased and more flexible funding.

Appendix

Semi-Structured Interview Questions

- What does public health mean to you? What does a high functioning public health system look like?
- What are the most important roles and responsibilities for federal, state and local government?
- What resources are needed to enable effective public health services and response?
- What data/data systems are needed to manage public health?
- How can state/local public health build stronger relationships with local communities?
- How can we strengthen relationships and communication between state and local public health and non-governmental entities? With the public?
- How can public health leaders establish a more unified message and goals?
- What could be gained by better connecting public health with medical care communities?