

**17<sup>th</sup> Annual**  
**Public Health Finance Roundtable**  
**Tales from the Trenches of Public Health**

Sunday, Oct 24, 2021

3:00pm to 5:30pm MST

(Session: 245.0)

Zoom: <https://lsuhsc.zoom.us/j/96649844290?from=addon>



**Moderator: Peggy A. Honoré, DHA, MHA, Endowed Professor**

**Co-Moderator: Patrick Bernet, PhD, Associate Professor, Florida Atlantic University**

**Co-Moderator: JP Leider, PhD, Center Director, University of Minnesota School of Public Health**

# 2021 AGENDA

<b>Training &amp; Access in Underserved Populations</b>	Debra Oliver (Maternal and Child Health, Palm Beach County FL) <a href="#">T. Leroy Jefferson Medical Society</a>
<b>Strategy for State Plan Waivers to Increase Medicaid Revenues</b>	Sami Jarrah (New York City DOH, NY). CFO/Deputy Commissioner, NYC Department of Health and Mental Hygiene. <a href="#">Sami Kamal Jarrah - de Beaumont Foundation</a>
<b>Comments from the Field</b>	Dr Bob England (Health Director, Pima County AZ). <a href="#">(County bids farewell to Dr. Bob)</a>
<b>Turbulent Times</b>	Leon F. Vinci, DHA, DAAS (Health Promotion Consultants)
<b>Staffing Up</b>	Mac McCullough, PhD (Health Economist, Maricopa County AZ)

# Strategy for a state plan waiver to increase Medicaid revenue

APHA 17th Annual Public Health Finance Roundtable  
Takes from the Trenches of Public Health

October 24, 2021

**Sami Jarrah, MPH**  
Chief Financial Officer, Deputy Commissioner  
New York City Department of Health and Mental Hygiene



# Declarations

- I have no financial relationships or conflicts of interest to declare related to this presentation.
- The views presented are my own and do not necessarily represent the official positions or policies of any organizations named.

# Introduction

- Multnomah County (Portland), OR – Deputy Division Director
- Philadelphia, PA – Chief Operating Officer, Deputy Commissioner
- New York, NY – Chief Financial Officer, Deputy Commissioner

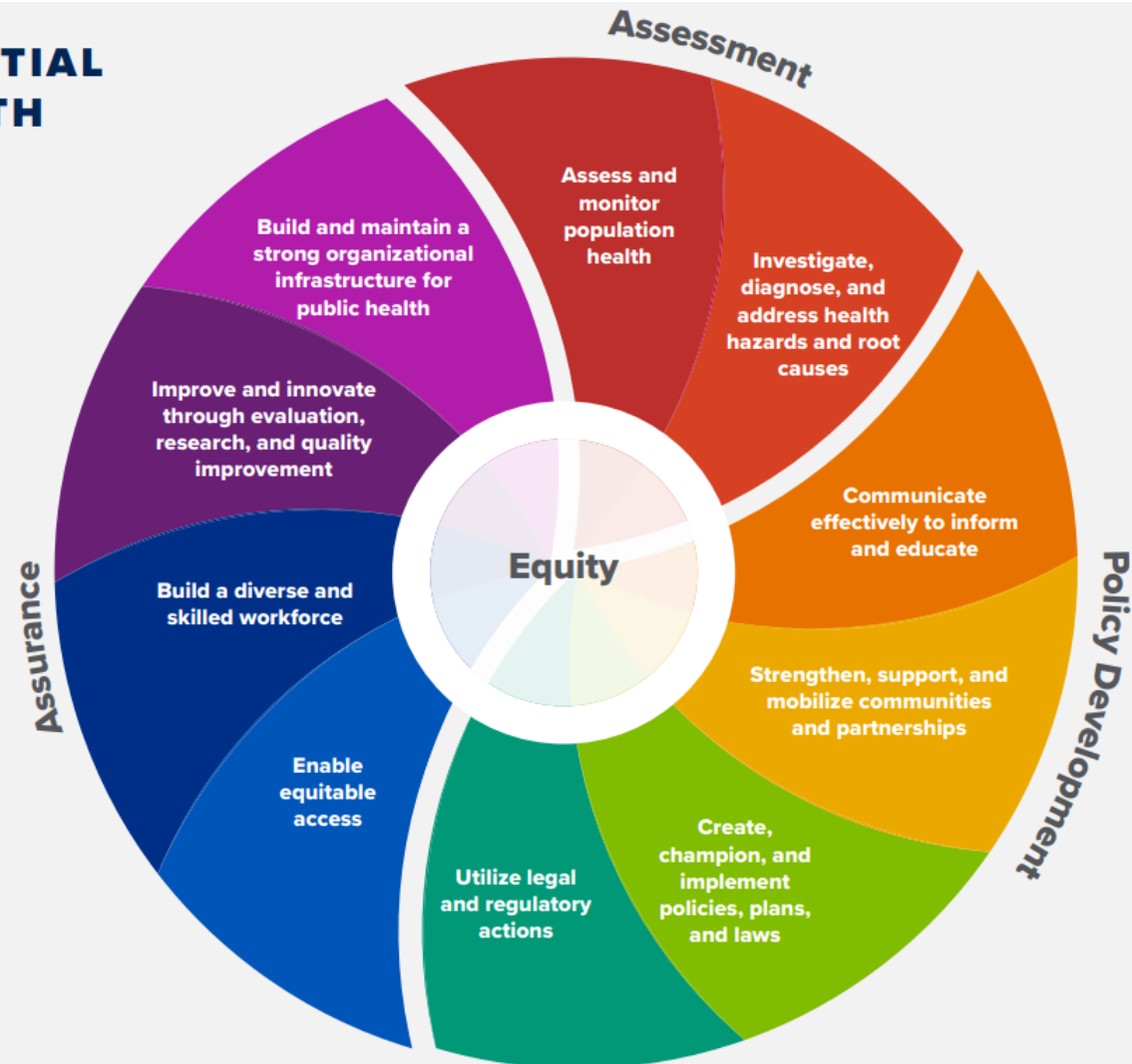


# A framework to consider

## THE 10 ESSENTIAL PUBLIC HEALTH SERVICES

*To protect and promote the health of all people in all communities*

The 10 Essential Public Health Services provide a framework for public health to protect and promote the health of all people in all communities. To achieve optimal health for all, the Essential Public Health Services actively promote policies, systems, and services that enable good health and seek to remove obstacles and systemic and structural barriers, such as poverty, racism, gender discrimination, and other forms of oppression, that have resulted in health inequities. Everyone should have a fair and just opportunity to achieve good health and well-being.



Created 2020

# Case study

- Philadelphia partnership with state
  - Medicaid
  - FQHC embedded within a local public health department
- Years-long investment:
  - Internal advocacy within City: Budget Office, Law Department, Risk, etc.
  - External partnership with state Medicaid agency – slow, fits and starts, etc.

# Stakeholders

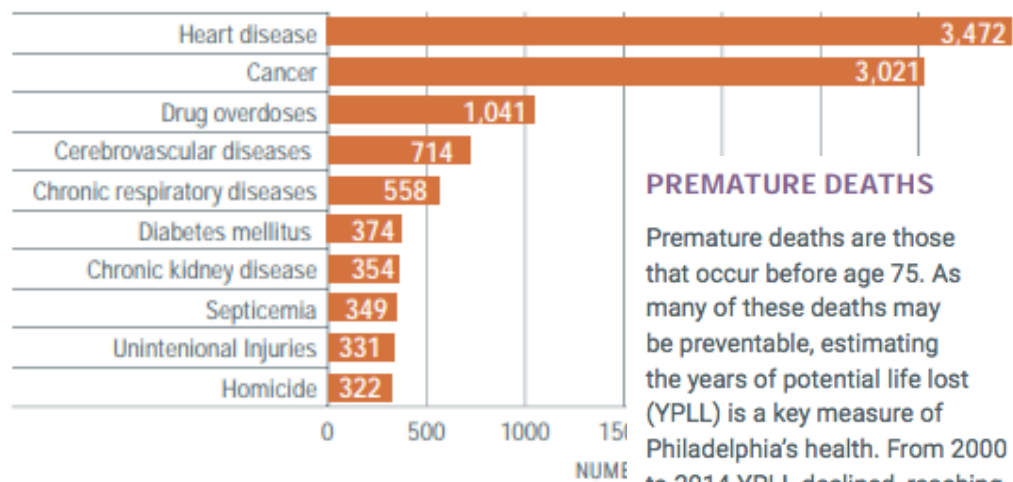


# Case study

- Evidence-based, equity-focused approach
  - Disability-adjusted life year (DALY) investments, through racial justice lens
- Started with high-level examination of:
  - Funding gaps
  - Equity-focused examination of needs
  - Revenue opportunities
  - Assets

# Case study

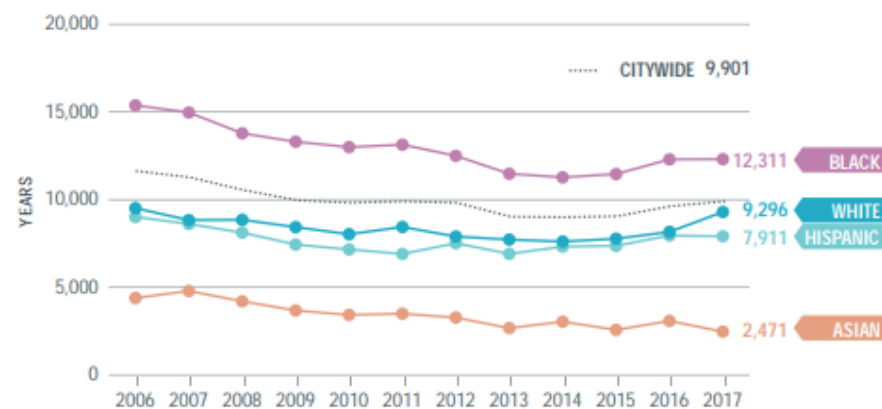
## LEADING CAUSES OF DEATH IN PHILADELPHIA | 2017



### PREMATURE DEATHS

Premature deaths are those that occur before age 75. As many of these deaths may be preventable, estimating the years of potential life lost (YPLL) is a key measure of Philadelphia's health. From 2000 to 2014 YPLL declined, reaching a low of 9,004 years in 2014. In 2015, this trend reversed and has continued to increase due to increasing deaths from drug overdoses and homicides among young adults.

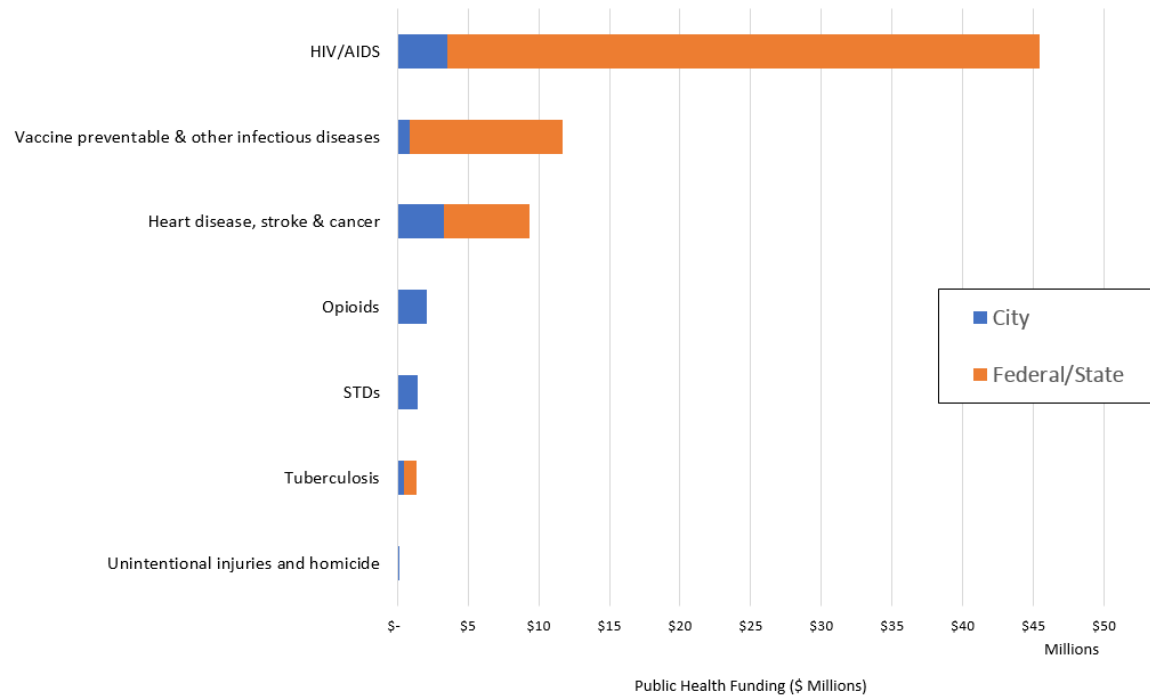
### YEARS OF POTENTIAL LIFE LOST BEFORE AGE 75 BY RACE/ETHNICITY | 2006-2017



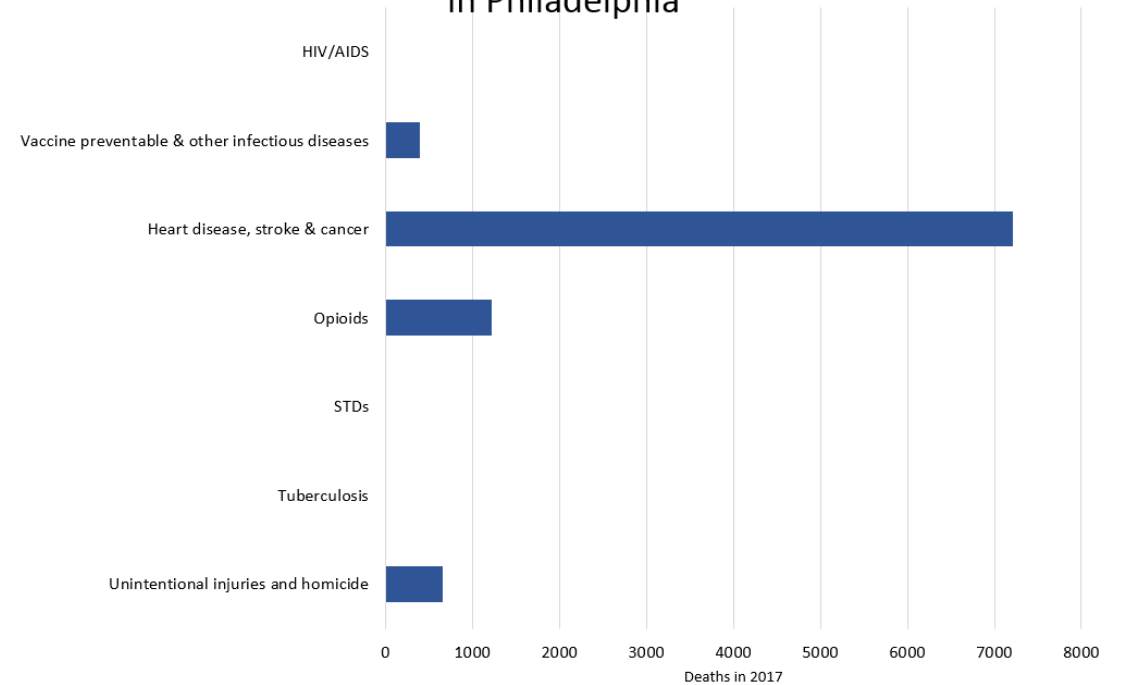
SOURCE: 2007-2017 Vital Statistics, PDPH

# Case study

## Funding to Prevent Public Health Problems in Philadelphia



## Deaths from Public Health Problems in Philadelphia



# Results

- \$15-20M in recurring annual, flexible revenue
  - Freedom to invest in “un-sexy” but proven programs, race-explicit strategies
  - Capital improvements, new facilities
  - Investment shift away from clinical services toward public health programs

# Lessons learned

- Challenges:
  - Politics
  - Bravery
  - Endurance
  - Usually not the financial stuff

# Lessons learned

- “Tucking” critical agency investments
  - Infrastructure and administration
  - Mission-aligned agencies (more advocates)
  - External pressure (more advocates)
- Stakeholders
- Timelines

# The Reality of Public Health Decision-Making in Our Time

Public Health Finance Roundtable

October 24, 2021

Bob England, MD, MPH

[benglandaz@gmail.com](mailto:benglandaz@gmail.com)

The opinions expressed here are *mine* alone.

Public Health  
is *PUBLIC*





# AN ENEMY OF THE PEOPLE

By Arthur Miller, Adapted from Henrik Ibsen's play  
Directed by Teresa Durbin-Ames

# Tobacco-Free College Campuses



~20% decrease in smoking  
when colleges go tobacco free

Given current rates,  
~9,800 students will quit

=\$980 million in  
health care savings

Repeat every 2-4 years  
with each new cohort

(Cost ~\$400K -- ~2,500-to-1 payback)



to learn more visit:  
[asu.edu/tobaccofree](http://asu.edu/tobaccofree)



# Economic effects of the pandemic may kill more than COVID itself

**Table 5:** Cumulative changes of life expectancy and age-adjusted death rates over different horizons following the COVID-19 unemployment shock

	(1) Percentage change in life expectancy			
	5 years	10 years	15 years	20 years
Overall population	-0.42 [-0.95,0.01]	-0.80 [-1.97,0.00]	-0.83 [-2.27,0.00]	-0.83 [-2.29,0.00]
African-American	-0.58 [-1.13,-0.16]	-1.20 [-2.64,-0.32]	-1.16 [-3.16,-0.25]	-1.09 [-3.17,-0.28]
African-American (M)	-0.84 [-1.46,-0.33]	-1.57 [-3.06,-0.58]	-1.53 [-3.64,-0.52]	-1.47 [-3.70,-0.54]
African-American (W)	-0.62 [-1.21,-0.14]	-1.34 [-2.97,-0.27]	-1.32 [-3.65,-0.16]	-1.21 [-3.66,-0.15]
White	-0.37 [-0.94,0.10]	-0.72 [-2.01,0.15]	-0.75 [-2.34,0.16]	-0.76 [-2.41,0.17]
White (M)	-0.40 [-0.93,0.07]	-0.85 [-2.14,0.09]	-0.94 [-2.66,0.11]	-0.94 [-2.85,0.12]
White (W)	-0.52 [-1.28,0.16]	-0.99 [-2.74,0.28]	-1.01 [-3.16,0.34]	-1.00 [-3.15,0.35]

[https://www.nber.org/system/files/working\\_papers/w28304/w28304.pdf](https://www.nber.org/system/files/working_papers/w28304/w28304.pdf)

# Risk for COVID-19 Infection, Hospitalization, and Death By Race/Ethnicity

Updated Apr. 23, 2021

Rate ratios compared to White, Non-Hispanic persons	American Indian or Alaska Native, Non-Hispanic persons	Asian, Non-Hispanic persons	Black or African American, Non-Hispanic persons	Hispanic or Latino persons
Cases <sup>1</sup>	1.6x	0.7x	1.1x	2.0x
Hospitalization <sup>2</sup>	3.5x	1.0x	2.8x	3.0x
Death <sup>3</sup>	2.4x	1.0x	1.9x	2.3x

<https://www.cdc.gov/coronavirus/2019-ncov/covid-data/investigations-discovery/hospitalization-death-by-race-ethnicity.html> downloaded 5/5/2021

## Risk ratios for mortality, pandemic vs. non-pandemic time, California, by occupation, through October 2020

<u>Occupation</u>	<u>Deaths</u>	<u>Risk Ratio</u>
• Cooks	828	1.60
• Packaging and filling machine	172	1.59
• Agricultural workers	617	1.55
• Construction laborers	1,587	1.49
• Sewing machine operators	127	1.44
• Grounds maintenance workers	712	1.40
• Customer service representatives	562	1.37
• Licensed practical nurses	109	1.34
• Bartenders	148	1.28

The table is restricted to occupations with 100 or more pandemic-time deaths.

<https://www.medrxiv.org/content/10.1101/2021.01.21.21250266v1.full.pdf>

# Racial Disparities of COVID

## CDC: COVID-19 Racial and Ethnic Health Disparities

- <https://www.cdc.gov/coronavirus/2019-ncov/community/health-equity/racial-ethnic-disparities/index.html>

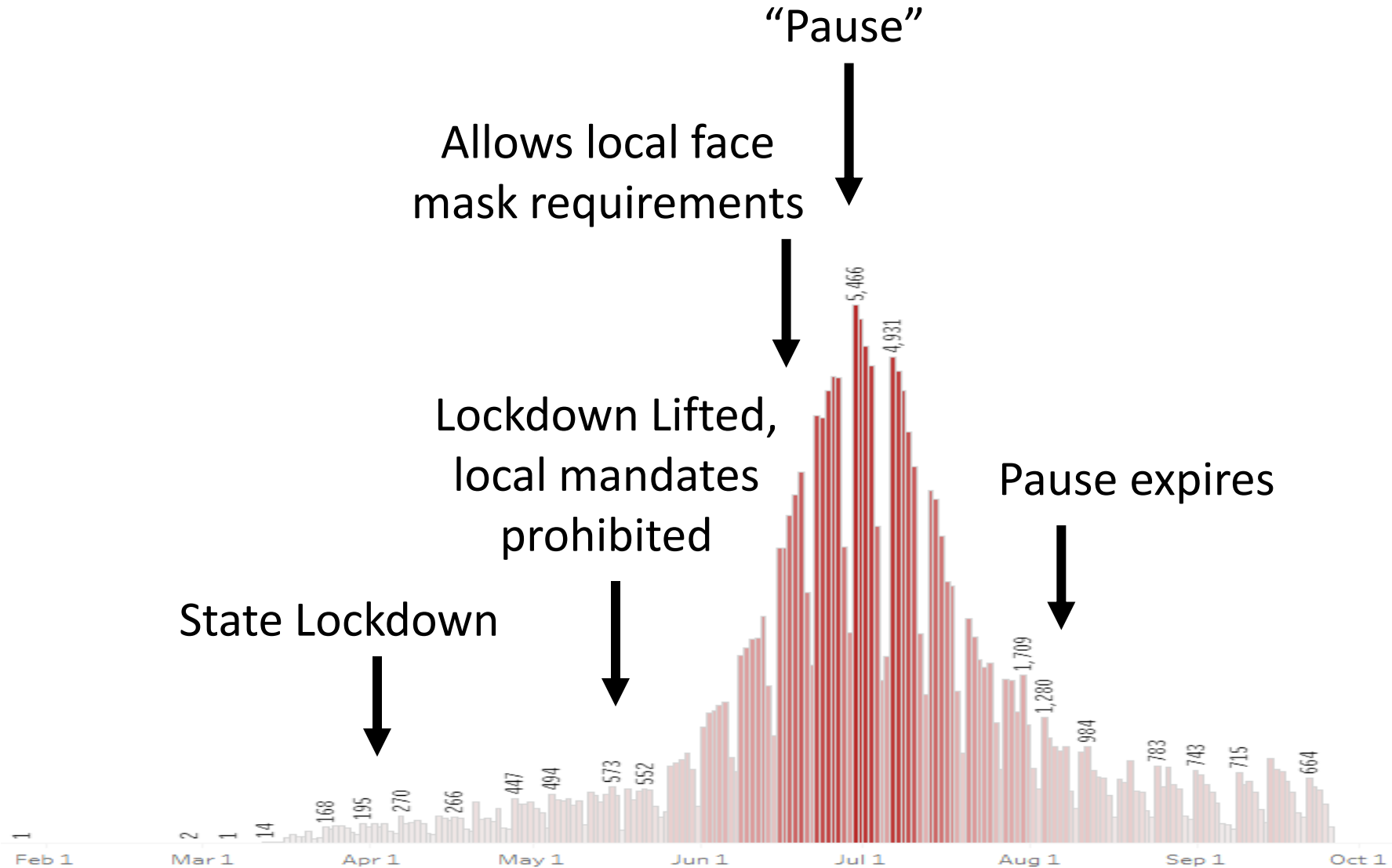
## AMA: COVID-19 health equity resources

- [https://www.ama-assn.org/delivering-care/health-equity/covid-19-health-equity-resources?gclid=CjwKCAiA9vOABhBfEiwATCi7GP55FrFr78rp9L3dvGSwEmsHYoxm7OYppfGDxH2nnkv3mX5htukdxoColcQAvD\\_BwE](https://www.ama-assn.org/delivering-care/health-equity/covid-19-health-equity-resources?gclid=CjwKCAiA9vOABhBfEiwATCi7GP55FrFr78rp9L3dvGSwEmsHYoxm7OYppfGDxH2nnkv3mX5htukdxoColcQAvD_BwE)

## The racial impacts of COVID-19: Regularly updated news articles

- [https://www.embracerace.org/resources/disproportionate-racial-impacts-of-covid?gclid=Cj0KCQiA0-6ABhDMARIsAFVdQv-k\\_j4k8eU51MZn4dgcLH8-97BwohRl0l02Jk1WaLve6NJvdl0nNfwaAiafEALw\\_wcB](https://www.embracerace.org/resources/disproportionate-racial-impacts-of-covid?gclid=Cj0KCQiA0-6ABhDMARIsAFVdQv-k_j4k8eU51MZn4dgcLH8-97BwohRl0l02Jk1WaLve6NJvdl0nNfwaAiafEALw_wcB)

# First Wave of COVID-19 Cases in Arizona



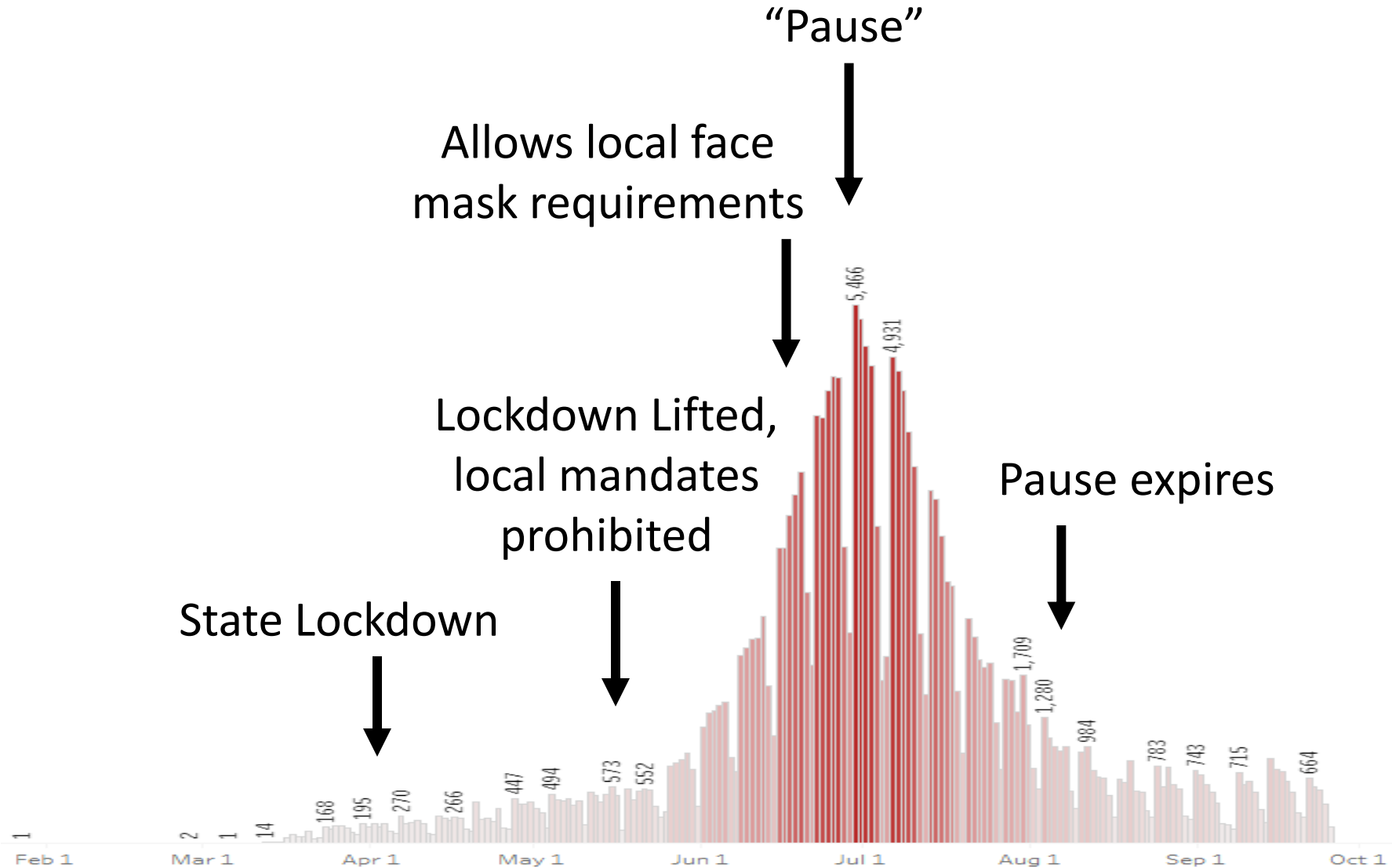
# By June 2020, COVID in Pima County Long-Term Care Centers

- ~25% of all cases
- ~nearly 50% of hospitalizations
- ~60% of all deaths

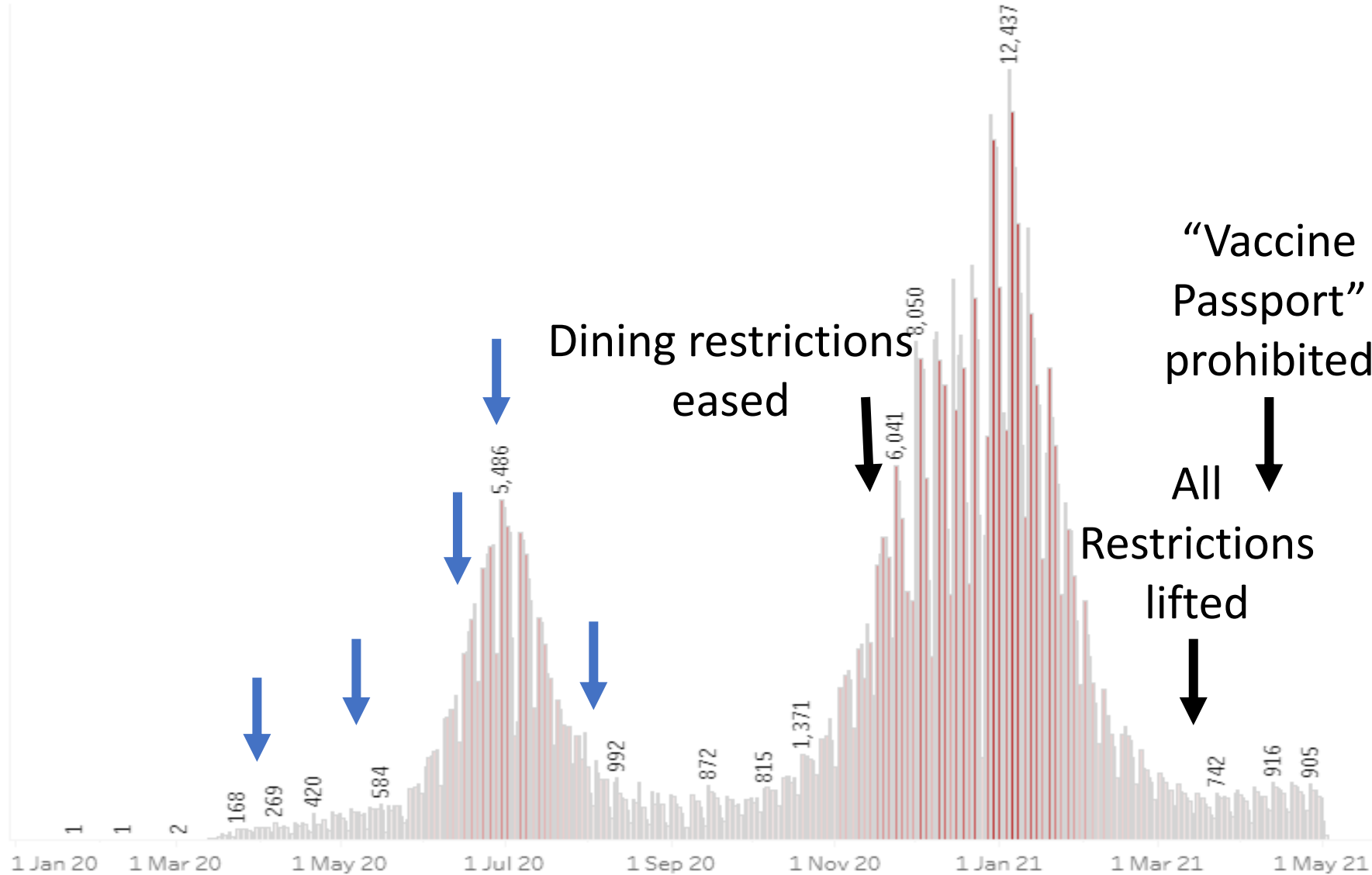
# By June 2020, COVID in Pima County Long-Term Care Centers

- ~25% of all cases
- ~nearly 50% of hospitalizations
- ~60% of all deaths
  
- >1/3 of all these cases were staff

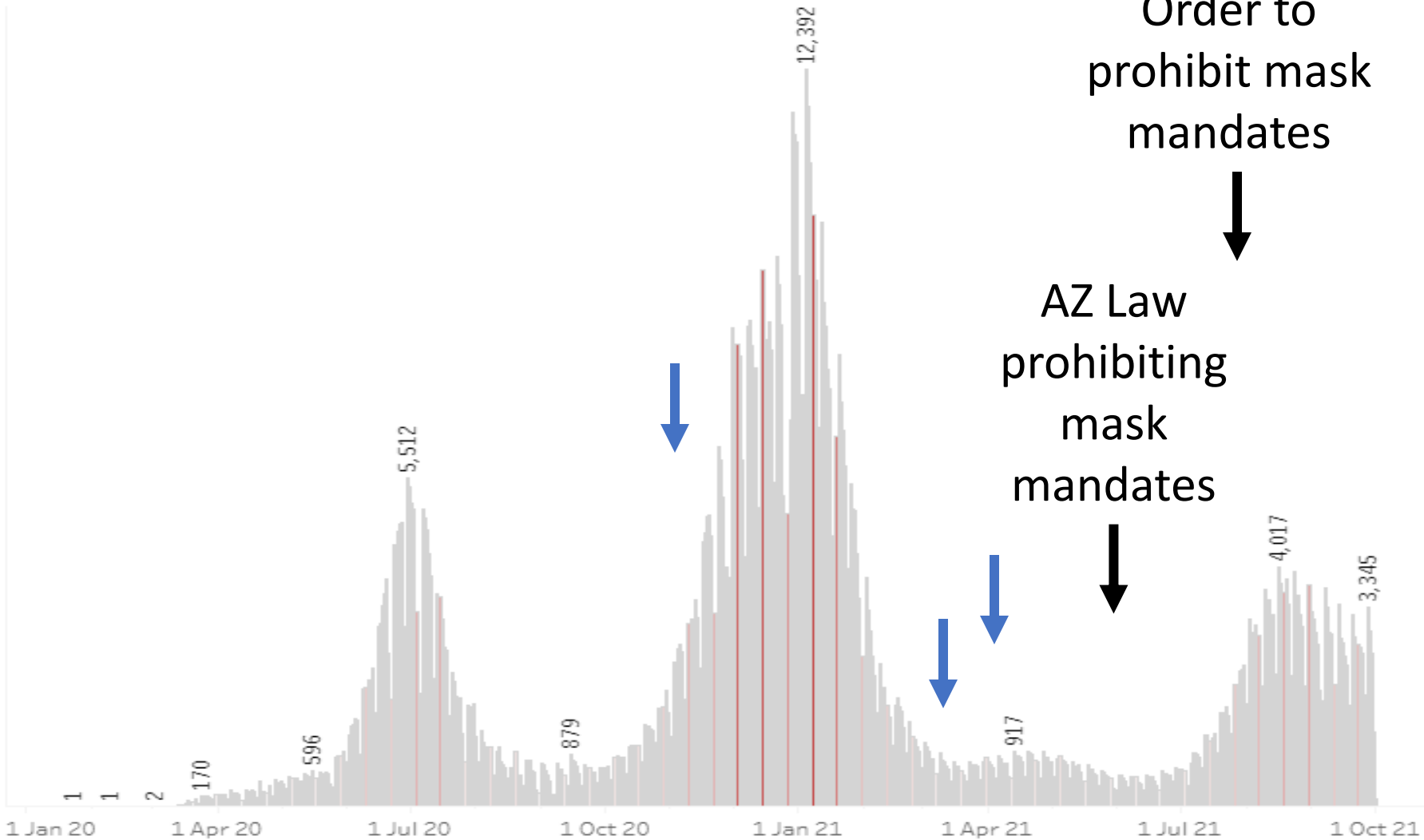
# First Wave of COVID-19 Cases in Arizona



# Through the 2<sup>nd</sup> Wave...



# And to date...



## Best summary of decision points:

- <https://static1.squarespace.com/static/56ec8d2562cd9413e14c0019/t/60103500446e8b1a6813570a/1611674880880/Ultimate+Pandemic+Year+in+Review+2020+1.pdf>

## And of the total toll:

- <https://static1.squarespace.com/static/56ec8d2562cd9413e14c0019/t/600c9d47c6ff8351451b5d71/1611439432103/Final+Final+AZMortalityRates+2020.pdf>

Arizona Public Health Association

AzPHA.org

## Best Arizona modeling reports (weekly)

- <https://publichealth.arizona.edu/news/2021/covid-19-forecast-model>  
(Joe Gerald, U. of Arizona)

# So now what?

- Not the same political overreach in every state, but...
- Confirmation bias in the extreme
- Changes seen as evidence of prior “lies”
- Ferocity of opinion over minimal interventions
- HCW & PH exhaustion and trauma
- Sizable chunk of population for whom science is invalid
  
- How do we get past this tribalism?

# Public Health Finance Roundtable

## TALES FROM THE TRENCHES OF PUBLIC HEALTH

*TURBULENT TIMES : LOCAL PUBLIC HEALTH FINANCING*

Leon F. Vinci, DHA, MPH

Denver, CO

October 24, 2021



# *Turbulent Times : Local Public Health Financing*

## ▶ Two Case Examples

▶ Loss/Reinstatement of Health Education

▶ Senior Health Services

# Turbulent Times: Local Public Health Financing

- ▶ Community Health Educator

Existing Position ..... cut due to City Cutbacks  
(convenience -- vacant)

3/2 Years -- Reinstated (Data, Collaboration)

# Turbulent Times: Local Public Health Financing

## ▶ Health-Wellness Services to Senior Citizens

Existing Program ..... cut due to 'Mayor's Agenda'  
(convenient)

Priority List -- 10 Items (picked #9) (?)

Full-court-press -- 11.9<sup>th</sup> Hour

# Turbulent Times: Local Public Health Financing

## ▶ Health-Wellness Services to Senior Citizens

Informed Mayor's Aide (Save Face)

Reinstate via City & County Commissioners

Public Arena, Boxed-in, Testimony

"Their" Budget vs "Mayor's"

# Turbulent Times: Local Public Health Financing

## ▶ PUT IN THE MIDDLE

### Whipping Post

- Take the hits
- Directed me to review/cut/etc
- Come back

# Turbulent Times: Local Public Health Financing

- ▶ Scrambling Actions (SUCCESS)
  - Review of Visit : (Timing & Services)
  - State Grant -- permission
  - Workable Alternatives

# Turbulent Times: Local Public Health Financing

## ▶ TAKE HOME MESSAGES :

Patience

Data

Health Risks

Collaboration

Alternative Financing

Public Support

Take the Hits

Perseverance

# Public Health Finance Roundtable

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