

The High Achieving Governmental Health Department in 2020 as the Community Chief Health Strategist

Public Health Leadership Forum

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Executive Summary

Reduce the leading causes of preventable death and disability, with a special emphasis on underserved populations and health disparities – this mission is the perpetual north star for state and local health departments. But, by 2020 – a mere six years in the future – how health departments achieve this mission will have significantly changed to meet the demands of our changing world and the populations we serve, and will require improvements to our proven and ongoing current skills, as well as several new skills and abilities.

In 2020, state and local health departments will be more likely to design policies than provide direct services; will be more likely to convene coalitions than work alone; and be more likely to access and have real-time data than await the next annual survey.

These new required skills and abilities characterize a new role for health departments as the “*chief health strategist*” for a community.

Health departments as chief health strategists will lead communities’ health promotion efforts by catalyzing, conducting, supporting, and sustaining health protection and promotion activities, and in partnership with health care clinicians and leaders in widely diverse sectors, from social services to education to transportation to public safety and community development. As such, health departments will play a vital role in promoting the *reorientation of the health care system towards prevention and wellness.*

Health departments will also be deeply engaged in addressing the underlying causes driving tomorrow's health challenges. The emphasis will be on changing policies and taking actions that improve community health and well-being.

While many new practices will be important for high achieving health departments to become chief health strategists of their communities, seven are particularly critical:

- **PRACTICE #1:** Adopt and adapt strategies to combat the evolving leading causes of illness, injury and premature death.
- **PRACTICE #2:** Develop strategies for promoting health and well-being that work most effectively for communities of today and tomorrow.
- **PRACTICE #3:** Become the primary provider of community health information using data from new, big, and real time sources.
- **PRACTICE #4:** Build a more integrated, effective health system through collaboration between clinical care and public health.
- **PRACTICE #5:** Collaborate with a broad array of allies – including those at the neighborhood-level and the non-health sectors – to build healthier and more vital communities.
- **PRACTICE #6:** Replace outdated organizational approaches with state-of-the-art business, accountability, continuous quality improvement, and financing systems.
- **PRACTICE #7:** Work with corresponding federal partners – ideally, a federal Chief Health Strategist – to help health departments meet the needs of the community.

The final practice (#7) suggests that the relevant federal agencies must modify and adapt as well, as a virtual federal chief health strategist, both to meet the new health needs and conditions in the nation and to optimize, through unified goals, policies, and funding, the likelihood that local and state health departments will be modernized and well prepared.

These practices, further detailed throughout the full paper, call for rethinking the role of local and state health departments and the role of the chief health strategist, suggesting an increasingly critical set of responsibilities that should be adapted to meet the actual conditions of the future.

It is not that long between now and 2020. As health departments persevere under the stressful conditions of several years of budget cuts and the simultaneous increase in the number of issues they must address, they may be skeptical about the possibility of a major transformation in the short run.

For some health departments, their limited size and relatively narrow scope of activities may seem too high a hurdle to overcome when thinking about how to meet such an ambitious set of goals. Such departments may want to explore combining resources with others in their state or region. It may simply be unrealistic for health departments below a certain size to make the necessary changes, take on the mantle of the chief health strategist and manage the division of labor and flexibility to adapt to the new circumstances.

Many health departments are already embracing the new opportunities outlined in the full report. They will recognize in our concept of a chief health strategist the new roles they have begun to assume. They may be engaging in strategic planning, applying to the Public Health Accreditation Board (PHAB), and already considering the departmental changes they must make.

To all we would emphasize this: the world has changed and more change is coming fast. We have little choice but to evolve. Even if unprepared for a top-to-bottom makeover, every health department regardless of size can begin the process of adapting to the new world in which we live and advance their health departments toward serving as chief health strategists.