Public Health Transformation
Sentinel Network

Executive Summary
Year 2 Findings

NACCHO
Public Health Transformation
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Executive Summary

NACCHO created the Public Health Transformation Sentinel Network in 2014 to collect information and feedback regarding the role of local health departments (LHDs) in the transformation of local public health systems. Sentinel Network members participate in regular surveys and conference calls designed to explore a number of public health transformation factors at the local level.

The Sentinel Network – a vital link to a broad range of local health officials, state health departments, public health institutes, academic institutions, public health associations, and primary care associations – is composed of 40 members from 32 states. Sentinel Network members completed three surveys between December 2015 and June 2016. Each survey instrument included open- and close-ended questions exploring public health transformation topics. Each survey was developed with support from the Centers for Disease Control and Prevention and NACCHO’s Research and Evaluation team. Each of the three surveys yielded an average of 18 responses, representing 16 states. After each survey, NACCHO presented in a conference call a preliminary analysis of the findings to Sentinel Network members.

The first survey, Federal Funding to Address Upstream Public Health Issues, examined LHD use of federal funds to take on upstream public health issues. Respondents described how LHDs in their states use federal funding to address the social determinants of health and the challenges faced when addressing these issues. The challenges that are preventing LHDs from leveraging federal funding to address social determinants of health include no funding or limited funding being awarded to local health departments; duplication of efforts among organizations and misunderstanding of the role of LHDs; and overall focus on addressing short-term health outcomes in a short period of time. Other issues explored in the first survey include the State Innovation Models Initiative and Section 1115 Medicaid Demonstration Waivers.

“The push to achieve outcomes in a short period of time typically yields a focus on indicators more likely to change in a short period of time – whether those be clinical service delivery or short-term health outcomes. It is typically difficult to leverage federal funding to address social determinants of health in a robust and meaningful way. We are continuing to work towards having meaningful conversations and creating the conditions for achieving population health goals, but we are in the very early stages of this transformation.”
The second survey, **Partnerships Between Local Health Departments and Managed Care Organizations**, explored how LHDs collaborate with managed care organizations (MCOs) to ensure the health of their communities. Respondents described the opportunities for LHDs in their states to partner with MCOs, and the most important facilitators and barriers to successful collaboration. Sentinel Network members cited partnerships including completing community health assessments and community health improvement plans, leveraging data analytics to address health disparities, and conducting primary prevention initiative activities. The most frequently mentioned factor for successful collaboration was a shared understanding of each organization, as well as the organization’s missions, visions, and values. The most common barriers to successful collaboration were lack of knowledge about the other organization, difficulties in linking data systems, and low prioritization of collaboration between organizations.

“We recently completed a survey asking local health departments and primary care about the topic areas in which they would like to partner more – where there is opportunity – and mental health, as well as targeting social determinants of health were topics where public health was seen as bringing additional value to healthcare.”

The third survey, **Multisector Collaboration Between Local Health Departments and Community Partners**, assessed opportunities for multi-sector collaborations between LHDs and various community partners. Respondents described the most valuable opportunities for community partnerships, as well as the most difficult partnerships for LHDs to cultivate. Members indicated that the most valuable partnerships are community-based nonprofits, hospitals, and physician practices and medical groups. Academic institutions, health insurers, and economic and community development agencies were also considered valuable partners. Members noted that partnerships with business, physician practices and medical groups, health insurers, and mental health providers were particularly difficult for LHDs to cultivate and sustain.

“There are many business interests and goals that are totally not focused on health or community good. Getting business leaders to understand how public health influences own work and success and sustainability is a national challenge.”