

**Remarks from the Chief Public Health Officer
HRSA Public Health Training Center (PHTC) Program Annual Meeting
Wednesday, August 29, 2012**

Thank you for the gracious introduction. It is my pleasure to be here today.

I bring greetings from Dr. Mary Wakefield –HRSA’s Administrator. While her schedule prevents her from being with us today, I want to salute you on her behalf for all of the wonderful work you do, and energize you to explore how you can do even more. In addition, I want to say personally how excited I am to be able to stay and participate for most of the two day meeting. As the Chief Public Health Officer of HRSA, I look forward to learning and collaborating with you.

As Public Health Training Center grantees, individually and collectively, you are key partners in helping HRSA meet its mission “to improve health and achieve health equity, through access to quality services, a skilled health workforce, and innovative programs.”

Each of you plays an instrumental role in the process of training the workforce - nurses, epidemiologists, health educators and administrators, and others – who are well prepared to bring about improvements in public health during this transformational era in which we live and work.

It is HRSA’s pleasure to support and collaborate with you in all that you have done and will yet do. It was rather impressive to read some of your impact stories and learn about the curricula you are creating, the conferences you are hosting, the social media you are using, the students you are placing in the field, the needs

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assessments you are conducting, the cultural competencies you are developing, the collaborations you are establishing....you are indeed busy!

Now more than any other time in history, public health is on the national radar screen, and we look forward to your leadership as you strengthen the workforce in State and local health departments and improve the capacity of a range of trainees to carry out core public health functions and deliver essential services to people in need across populations. And, of course, as the theme of your meeting suggests, sustaining strategic partnerships will be a critical factor in your success. But, more on that in a minute.

First, I would like to address the theme of this particular portion of the agenda – National Public Health Priorities. For those of you who attended this meeting last year, you may recall I presented HRSA’s Five Public Health Priorities. If you don’t remember, please don’t feel badly, I don’t remember all of what I said either. And, don’t worry -- there is no quiz!

HRSA’s Five Public Health Priorities are:

- 1) Achieving Health Equity and Improving Outcomes**
- 2) Linking/Integrating Public Health and Primary Care**
- 3) Strengthening Research & Evaluation, Assuring Availability of Data and Supporting Health Information Exchange (HIE)**

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4) Assuring a Strong Public Health/Primary Care Workforce

5) Increasing Collaboration and Alignment of Programs within HRSA and Among Our Partners

As you can see, based on our mission, these priorities, the fact that the position of Chief Public Health Officer is part of the core team of HRSA's senior most leadership, and not to mention the fact that my colleague and the leader of the Bureau that supports your program has her doctorate in Public Health, there should be no doubt in anyone's mind about HRSA's commitment to public health.

At HRSA, we share the vision of the Assistant Secretary for Health Dr. Howard Koh as he said when talking about Healthy People 2020: *"the health of the individual is almost inseparable from the health of the larger community. And the health of each community and territory determines the overall health status of the Nation..."* (Source: Koh; A 2020 vision for healthy people. N Engl J Med 2010).

Rather than provide you a list of all the fantastic things HRSA is doing in each of our Public Health priority areas, I would like to spend a few minutes talking about Priority #2 - integrating public health and primary care.

Sometimes, when people hear the word "integration," they think "take over." As Dr. Lloyd Michener will no doubt explain further in his talk following this session,

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integration is not a “take-over” at all, but rather a continuum that includes degrees such as mutual awareness, cooperation, collaboration, and partnership.

Why is the integration of primary care and public health important and timely? Several landmark reports, including the 1996 Institute of Medicine (IOM) report, *Primary Care: America’s Health in a New Era*; the 2002 IOM report, *The Future of the Public’s Health in the 21st Century*; and the almost still “hot off the press” 2012 IOM Report, *Primary Care and Public Health: Exploring Integration to Improve Population Health*, clearly identified the need to bridge the chasm between primary care and public health. By the way, Dr. Michener served as a committee member for this recent IOM report. Thank you again, Sir.

We all know that the nation’s health system is expensive and does not translate into excellent outcomes for all of us. Furthermore, both primary care and public health currently focus on chronic non-communicable diseases that we know are impacted greatly by social, physical, and environmental determinants of health and therefore are responsive to efforts in prevention. So, integration will enable us to enhance, catalyze, and transform our health system toward substantial and lasting improvements in both individual and population health.

At the Health Resources and Services Administration (HRSA), our concept of effective system integration is consistent with IOM’s, namely: *“Public health and primary care should function as one system . . . two groups as part of a single*

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system and members of a collaborative team with common objectives—improving population and community health, sharing the same information systems, and serving the same patients and populations at the same time.”

On this continuum—integration could take the form of basic program referral, to co-location of services, to fully integrated systems involving seamless data and administrative systems, to a collective community approach through joint community health assessment, and putting health improvement plans in action.

So, my question to you is, where do YOU see yourself on this continuum?

The 2012 IOM Report found that development of a workforce including training primary care and public health professionals in aspects of each other's fields was a key opportunity to integrate the two fields and advance population health. The IOM recommended that HRSA and the Centers for Disease Control and Prevention (CDC), who co-sponsored this study with HRSA, should work together to develop training grants and teaching tools that can prepare the next generation of health professionals for shared practice. The IOM also recommended that we should link public health training programs between our two agencies with our own primary care training programs.

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We are busily exploring our opportunities to take action on these valuable recommendations, and I challenge you to explore some of these opportunities yourselves.

As an example of some of our efforts, HRSA and CDC have already shared a couple of funding opportunity announcements with each other before they have gone public to make sure we are including language that supports integration.

CDC has an initiative bringing public health content into primary care training programs, some of which HRSA funds. HRSA is sharing this content more broadly with our community health centers, the National Health Service Corps, and through our many networks including rural health, maternal and child health, HIV-AIDS providers, and others. No need to re-invent CDC's wheel on this, rather, let's help that wheel roll down lots of roads!

As another example, HRSA's National Health Service Corps program, which places primary care providers in medically underserved areas, is working with CDC's Epidemic Intelligence Service Program, which trains health professionals in the practice of applied epidemiology, to place EIS officers in NHSC sites for their experiential learning opportunities. Of course, the primary care practitioners stand to benefit as well in learning on the job about how better to assess and manage the population of patients in their practice, all with the eye of improving population health.

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Within HRSA, we are preparing to launch a pilot learning management system to create efficiencies and extend the reach of training developed in the areas of public health and maternal and child health.

So, how do the IOM recommendations inspire you? And, how do the Impact Stories from your sister Training Centers challenge your thinking? What are you doing well? What could you be doing differently? Are you working with the right partners? Are you setting the right goals? How are you determining whether you are meeting those goals, and what is the impact of reaching them? Are you getting the best return on your investment? Who else could benefit from the efforts of your labor? Where are you going with what you are doing? Where are your weak areas? Who can help you strengthen those weak areas? Can you help another PHTC strengthen their weak areas?

These questions are strategic in nature, which brings us to the theme of your meeting, sustaining strategic partnerships.

Sustainability was one of five essential principles for successful integration that the IOM identified in their report. The other four are:

1. A shared goal of population health improvement;

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2. Community engagement in defining and addressing population health needs;
3. Aligned leadership; and
4. Sharing and collaborative use of data and analysis.

And while these principles were specifically identified in the context of primary care and public health integration, they can also be applied to integration within the Public Health Training Center system.

Sustainability requires thoughtful, purposeful and timely planning. It does not necessarily mean that the activities or program continue in the same form as originally conceived, funded or implemented. Programs often evolve over time to adjust to the changing levels of support and needs of the community.

Organizations may start with one approach, but end up sustaining a different model as time goes on.

Another important feature of sustainability is the long-term impact or effects that may or may not result from the program, its continuation, or its discontinuation. These effects may be the educational modules you develop, or could include changes in the way you work with your partners to serve community members, cultural shifts and practice changes, changes in knowledge, attitudes and practices of community members and providers, and policy changes.

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Planning for sustainability requires long-term commitment to a process that starts at the beginning of grant funding and continues throughout the life NOT of your grant but of your program and partnerships.

In order to sustain successfully, here a couple of thoughts to consider. These are adapted from a sustainability primer developed by HRSA's Office of Rural Health Policy for their rural health grantees, but they are widely applicable to any program.

1. Provide a program or collaboration that makes a measurable impact.

One of the best ways to increase likelihood of sustainability is to produce positive outcomes (e.g., changes in health status, health behaviors, utilization of services), not just outputs (e.g., number of classes held, number of pamphlets distributed, number of meetings attended). Evidence is key to engaging influential partners, communicating your story, and justifying the need to potential future funders.

2. Create shared ownership for sustainability.

Planning for sustainability is most effective when partners and key stakeholders are engaged early and often to maintain a long-term focus. The right partners not only represent the operative agencies and organizations, but also have leverage to effect the change(s) needed, and are in a position to make commitments of

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time and resources. Of course, you must anticipate and be intentional about working through conflict and challenges through open and honest communication.

Speaking of partners, I looked at the key partners listed in your Impact Stories. I would encourage each of you to consider your sister PHTCs as partners if you haven't already done so and to look at partners of other Training Centers to provoke your thinking about additional partners you should engage with... Community Health Centers, Teaching Health Centers, School-Based Health Clinics, Community Hospitals, and/or Primary Care Offices and Associations.

3. Adopt a strategic mindset.

Be able to put day-to-day interactions and decisions into a broader context and take into account the impact of short-term activities and their ultimate impact on long-term success. Don't limit your vision to the implementation of a three-year grant, but rather see the grant-funded activities as one step in a longer-term vision for change in your community.

4. And finally, be nimble.

Being aware of changing needs and circumstances that impact programs and organizations will enable you to evolve to remain relevant and viable. Build in a

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process for revisiting the vision and goals regularly to keep the partners engaged and create opportunities for feedback and midcourse corrections.

http://www.raconline.org/pdf/sustain_primer508.pdf

In closing, again, thank you for your wonderful work in strengthening the public health workforce, in being open-minded about integrating with your primary care colleagues, in being proactive about building and sustaining strategic partnerships and, ultimately, thank you for your dedication every day to improving population health.