2025 PUBLIC HEALTH LAW CONFERENCE

Connection. Collaboration. Community.

The Case for Modernizing Public Health Systems through Better Governance

The Network for Public Health Law

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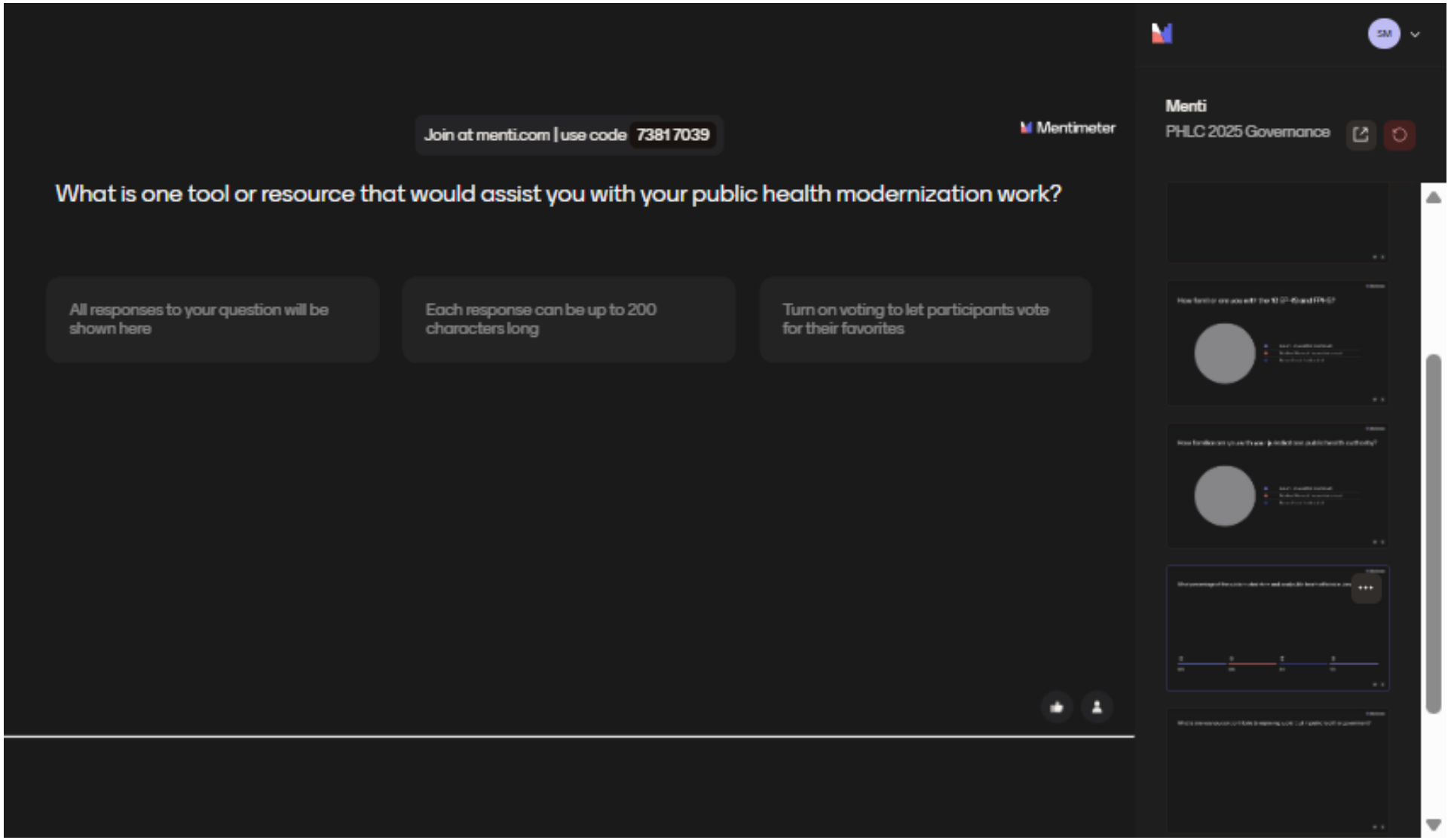
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PHLC 2025 Governance
What is one tool or resource that would assist you with your public health modernization work?
All responses to your question will be shown here
Each response can be up to 200 characters long
Turn on voting to let participants vote for their favorites

Agenda

- Public Health Frameworks
- Legal Authority Underpinning State and Local Public Health
- Advancing Health Equity Through Food Insecurity Strategies in San Antonio
- Institute for Responsive Government: Democracy that Delivers
- Modernization in the Current Environment
- Q&A

Public Health Frameworks for Modernization

September 17, 2025

Network for Public Health Law Conference

Megan McClaire

Chief Program Officer

About PHAB

Accreditation. Innovation. Transformation.

Who we are

The Public Health Accreditation Board (PHAB) is a 501(c)(3) organization and is the sole national accrediting body for public health in the U.S. PHAB supports health departments in their work to serve their communities with many tools and resources and helps strengthen health department infrastructure, workforce, and data modernization efforts to promote public health system transformation.

Mission

To advance and transform public health practice through accreditation and innovation.

Vision

A high-performing public health system that supports all people living their healthiest lives.







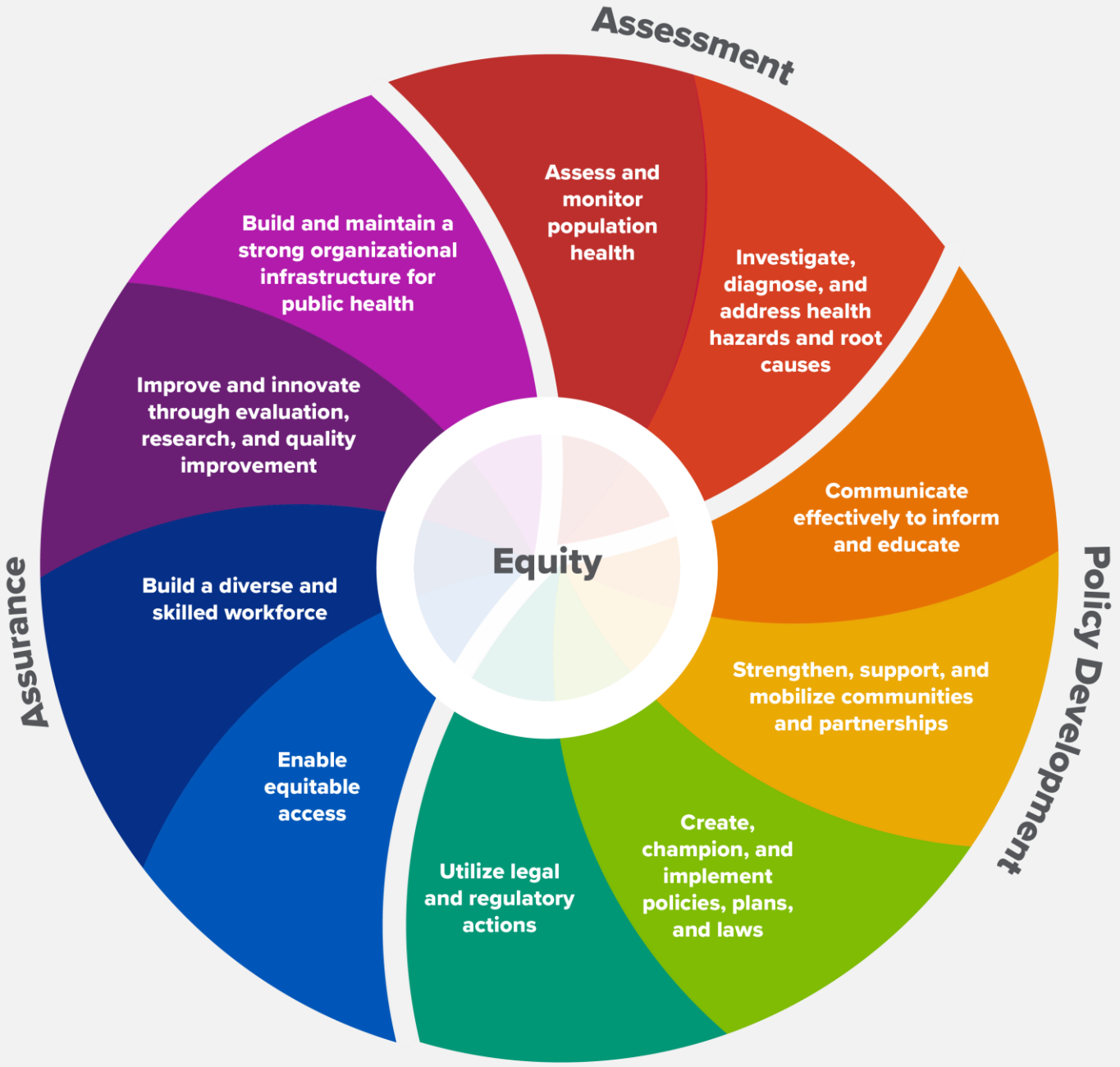




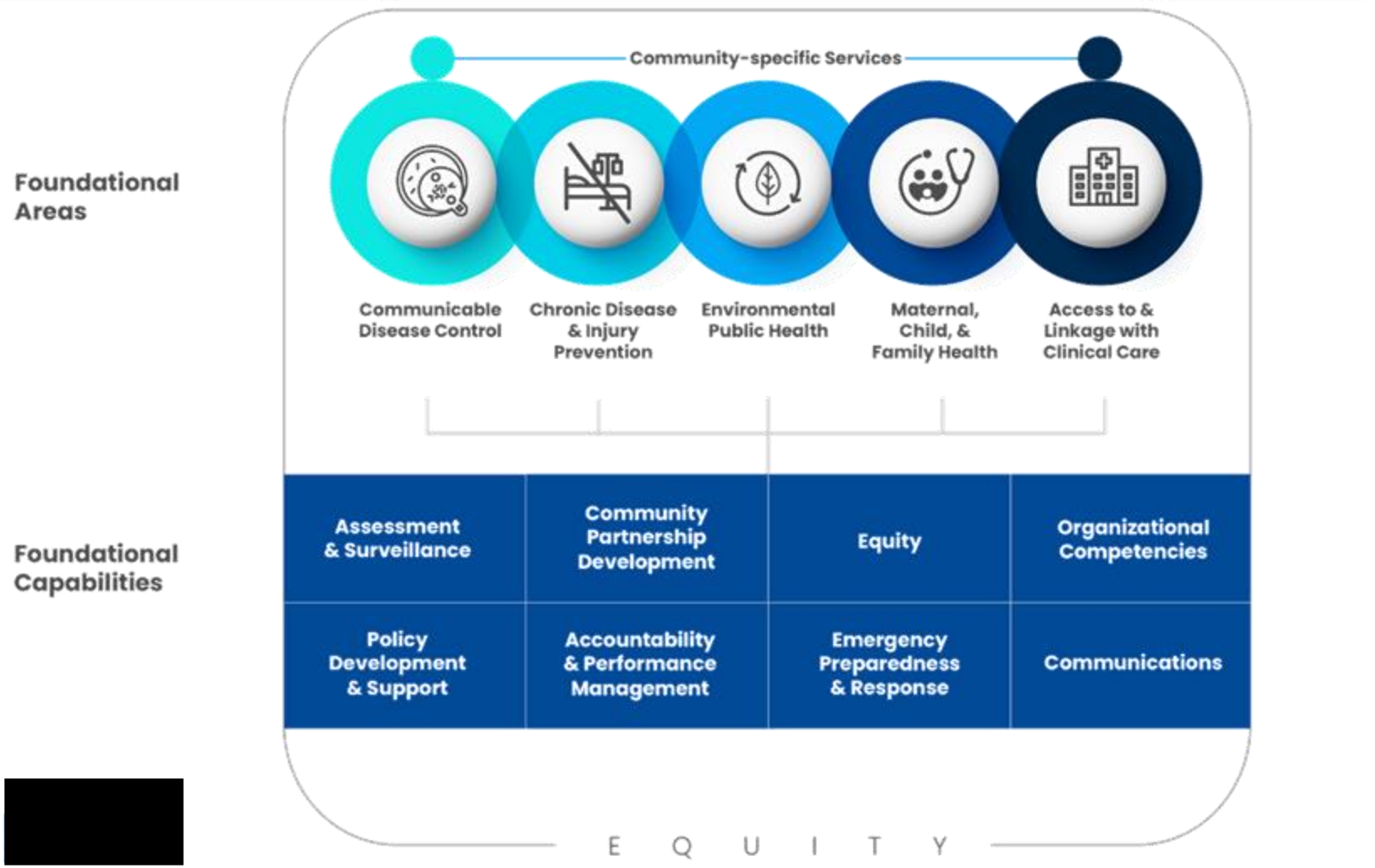

THE 10 ESSENTIAL PUBLIC HEALTH SERVICES

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 equity, the Essential Public Health Services actively promote policies, systems, and overall community conditions that enable optimal health for all and seek to remove systemic and structural barriers that have resulted in health inequities. Such barriers include poverty, racism, gender discrimination, ableism, and other forms of oppression. Everyone should have a fair and just opportunity to achieve optimal health and well-being.



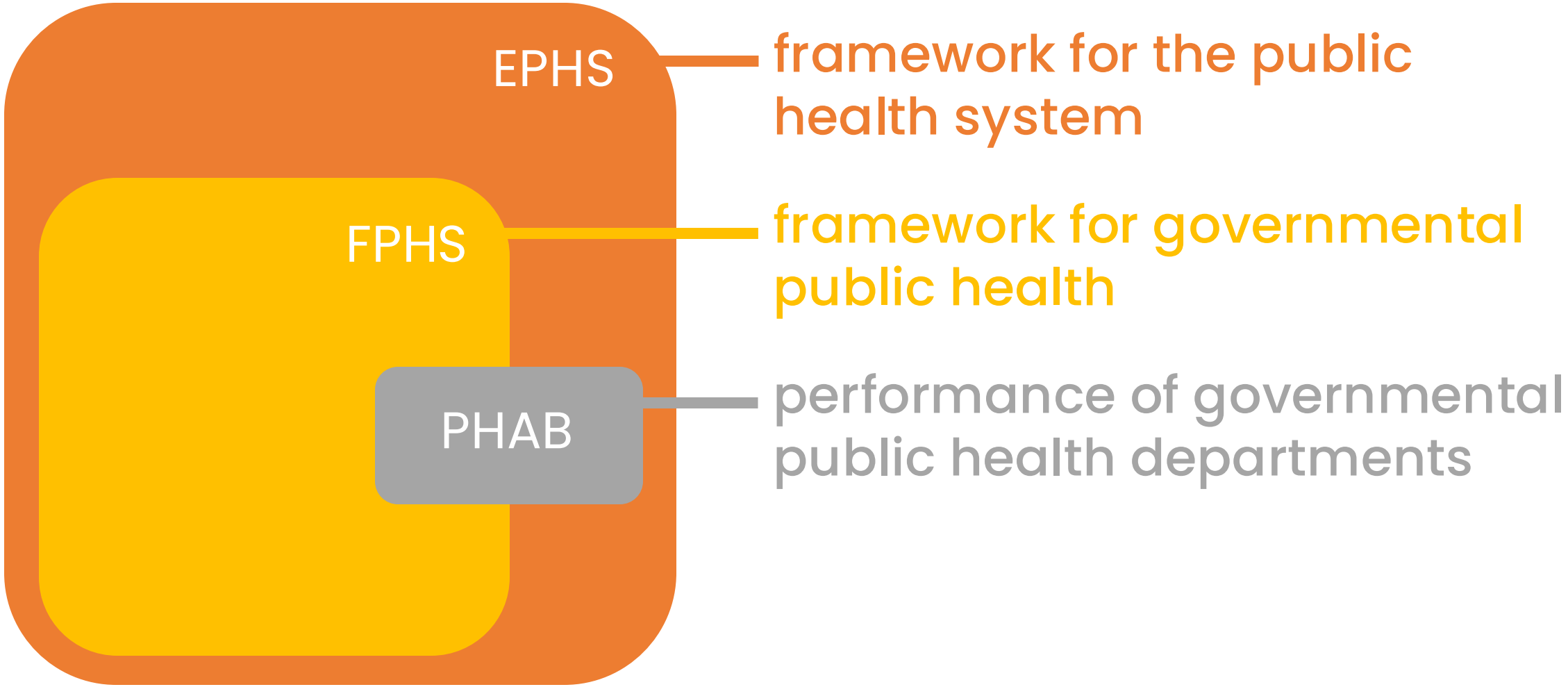
Foundational Public Health Services



Why FPHS?

- Provide a common language and narrative
- Pursue sustainable funding for public health infrastructure
- Set a foundation for what is needed everywhere for public health to function anywhere
- Protect and promote the health of populations
- Serve as a framework to guide transformation and modernization efforts

Framework Connections



Accreditation & Recognition

2025 PUBLIC HEALTH LAW CONFERENCE

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Legal Authority Underpinning State and Local Public Health

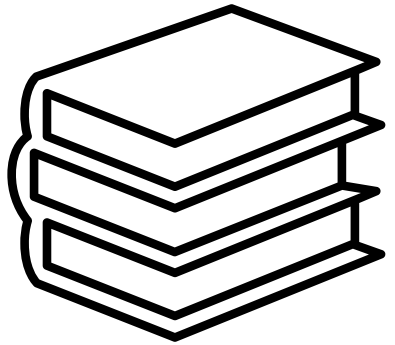
Susan Fleurant, Staff Attorney, Mid-States Region

Darlene Huang Briggs, Deputy Director, Special Projects

The Network for Public Health Law

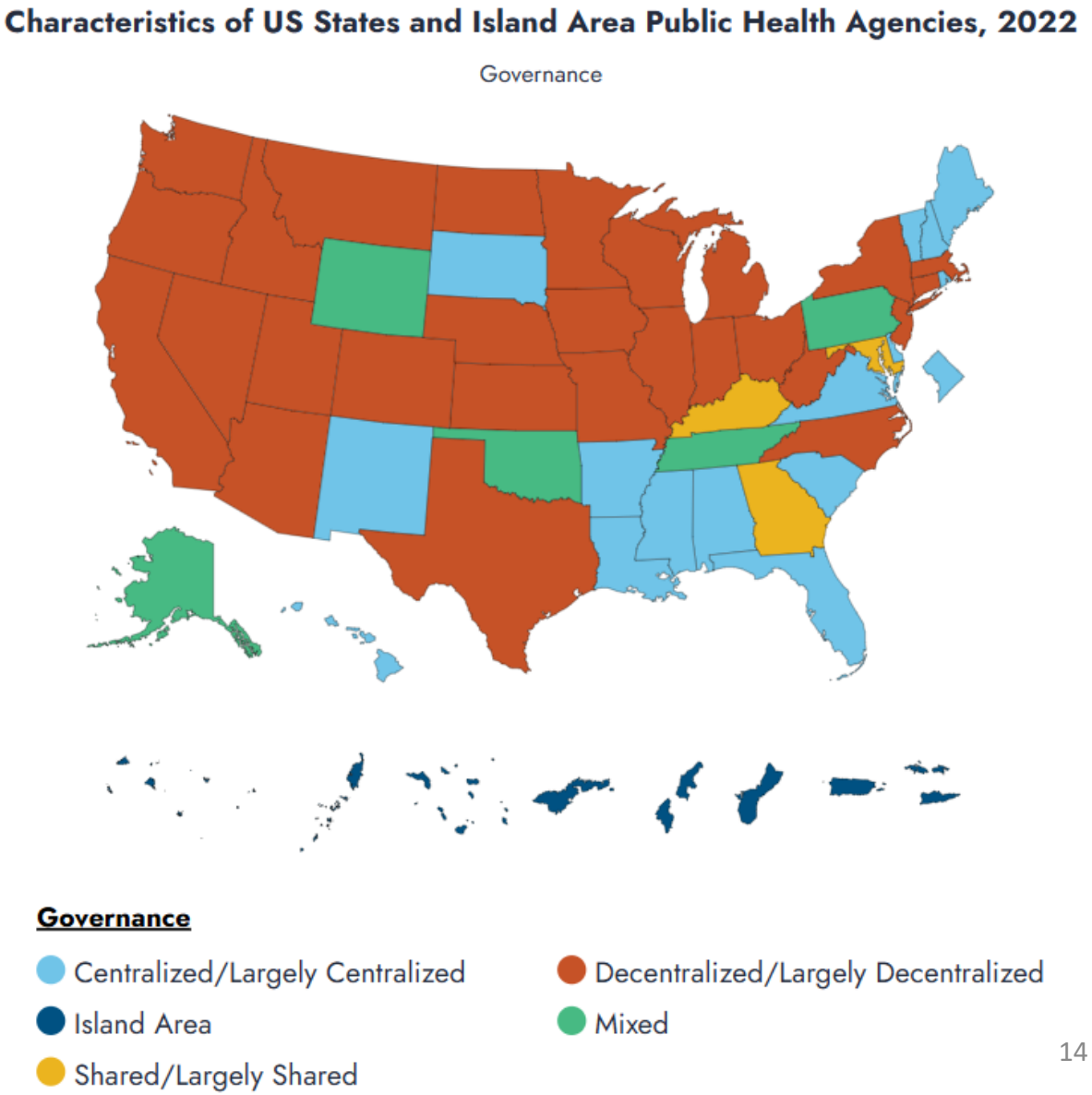
State Law and Policy Frameworks Alignment – Toward Transformation

- Codification of Foundational Capabilities
  - Foundational Public Health Services
  - Accreditation prerequisites
- Specific legal levers vs. general authority
- Transformation activities independent of statute or regulation



Public Health Governance

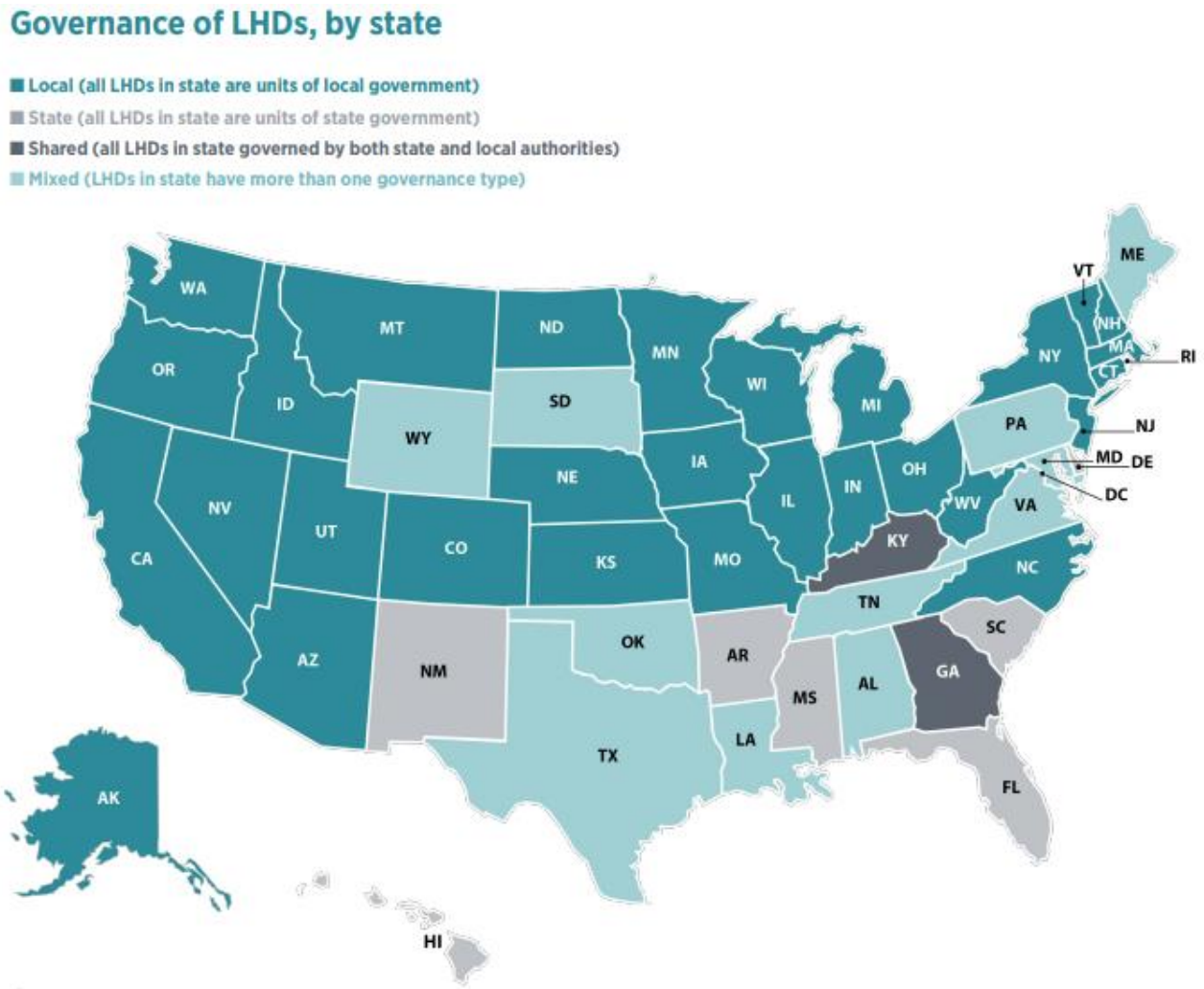
- Foundations of public health law
  - 10th Amendment
- Structure of public health systems
  - ASTHO, 2022 Profile of State and Territorial Public Health
  - NACCHO, 2022 National Profile of Local Health Departments



Public Health Governance

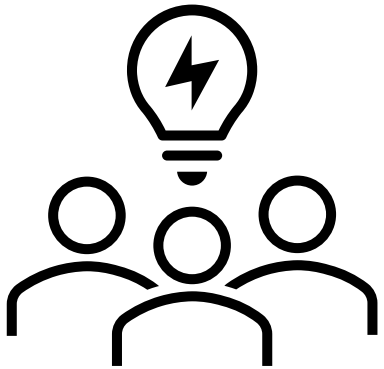
- ASTHO: **Decentralized**
- NACCHO: **Local** *
- Network Analysis of Governance Commonalities and Variation Among 9 Decentralized Statewide Public Health Systems
  - **Who are the key decisionmakers and how are they selected at both the state and local levels?**
  - **What legal authority do they have?**

* Local governance models vary

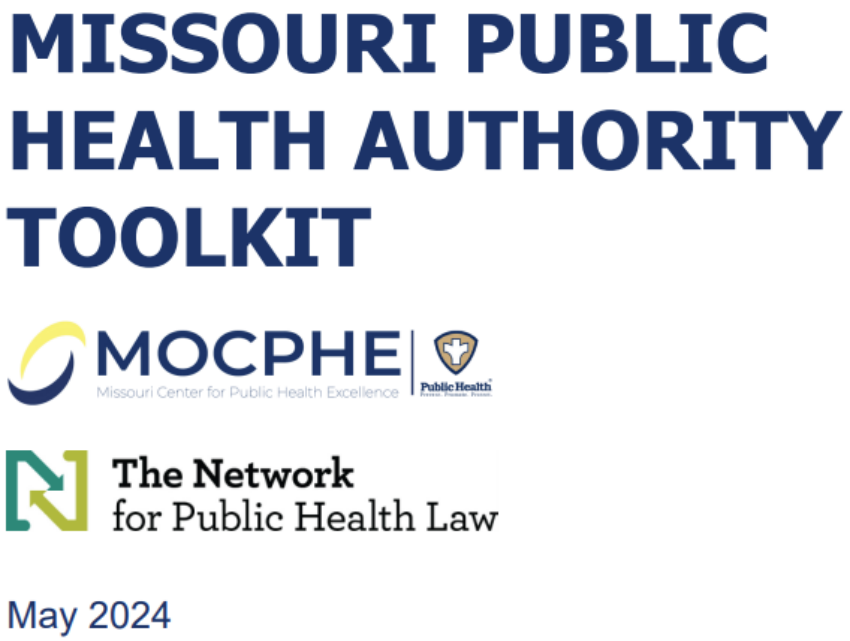


Consensus-building Workgroups and Boards

- Connecting governmental and non-governmental entities
- Established by:
  - Executive order
  - Legislation
  - State public health agency
  - Non-governmental entities
- **Workgroup composition**
- **Strategic policy recommendations**



Examples of Jurisdiction-specific Resources



[Missouri Public Health Authority Toolkit]

[Key Public Health Service Requirements of State and Local Health Departments in Tennessee]

Advancing Health Equity through Food Insecurity Strategies in San Antonio

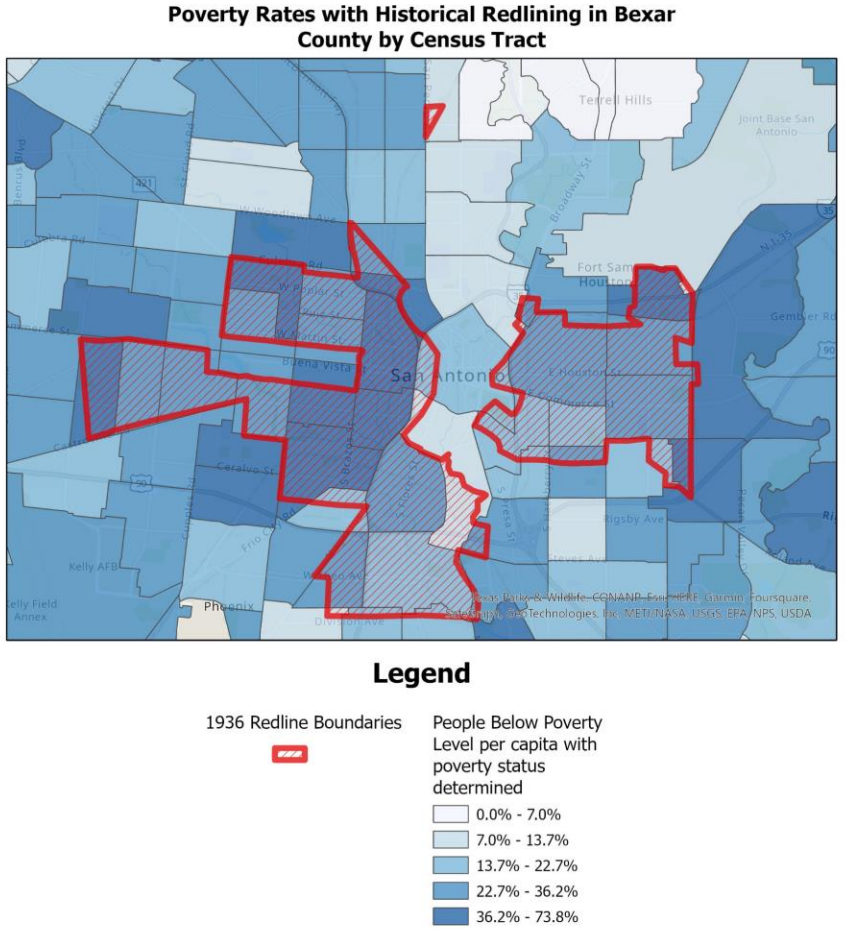
Maria Palma, Nutrition Policy Lead, City of San Antonio Metropolitan Health District

City of San Antonio

- 1.5 million residents
- Vibrant history and culture
- 4th largest growing city
- Deep economic disparities

Redlining in Bexar County

- Historically racist policy against Black or mixed-race neighborhoods
- Generational trauma persists, affecting current health outcomes

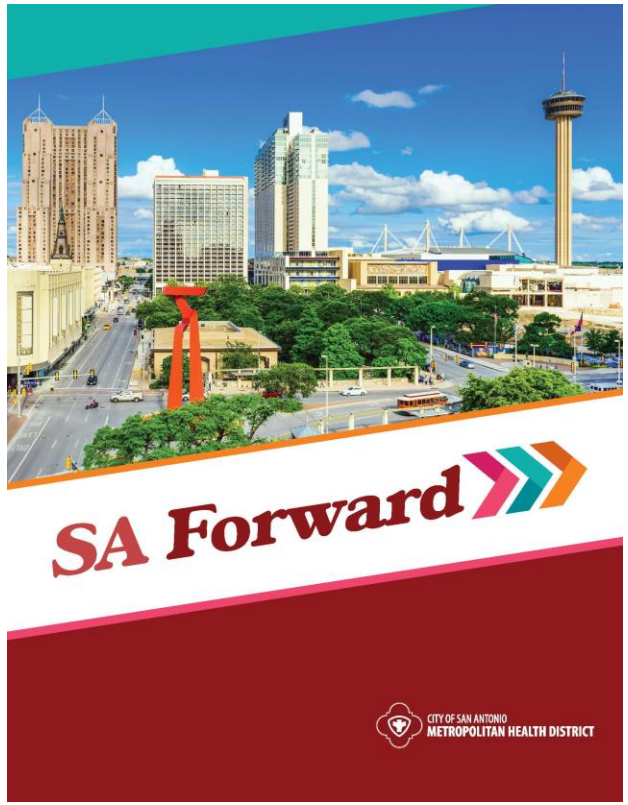


Metropolitan Health District (Metro Health)

- Over 50 programs
- Expanded to 800 staff with covid-era funding

SA Forward: Addressing Disparities

- SA Forward prioritizes Food Insecurity & Nutrition
- Informed by the Community Health Needs Assessment (CHNA)
- High rates of chronic disease in San Antonio
- Food insecurity linked to diabetes, obesity, cardiovascular disease



By the Numbers- Bexar County

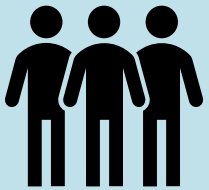
	Bexar Population Total		Food Insecure	
Race/Ethnicity	Count	Percentage	Count*	Percentage
Hispanic	1,243,607	61.3%	248,721	20.0%
NH-White	519,753	25.6%	46,778	9.0%
Black	151,426	7.5%	36,343	24.0%

*Count estimated from ACS data

Sources: 2021 ACS 1-year estimates, Table DP05/2020 Map the Meal Gap - Feeding America

Disproportionality by the Numbers

Based on approximation methods, when compared to non-Hispanic White Bexar County residents:



Black* residents are **3.19 times more likely** to be food insecure than NH White

95% CI: (3.15, 3.24)

Hispanic* residents are **2.53 times more likely** to be food insecure than NH White

95% CI: (2.50, 2.55)

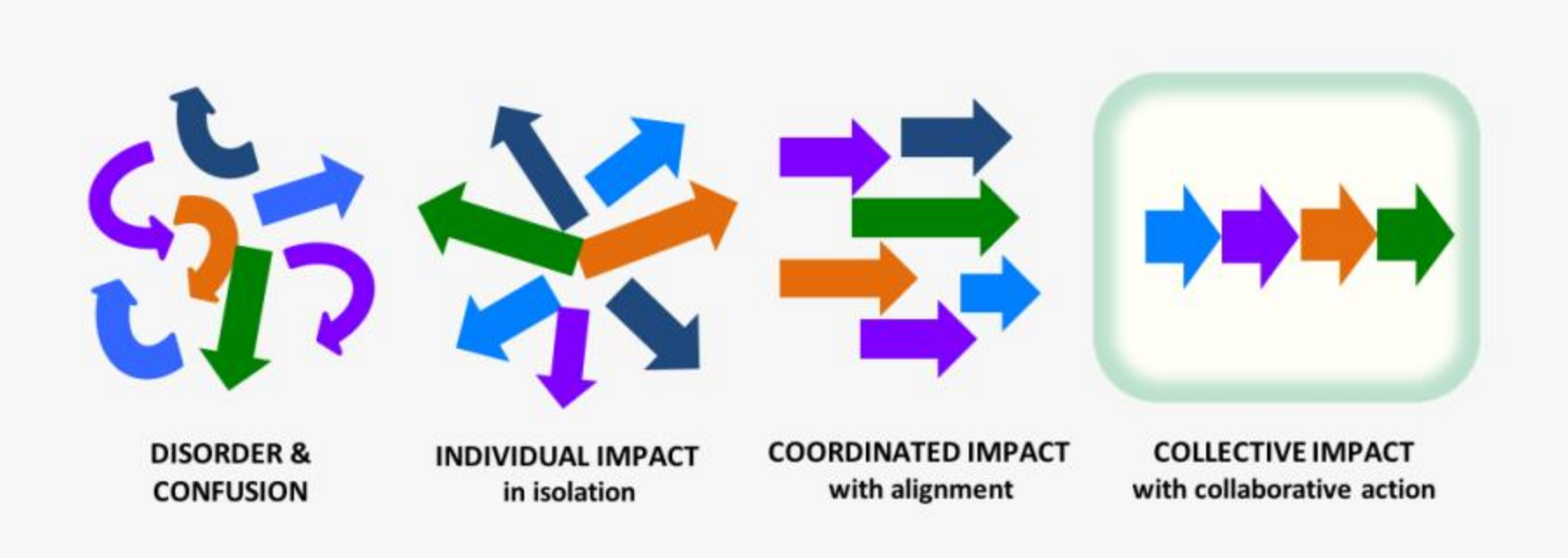
*The Race/Ethnicity categories were not measured in a mutually exclusive manner; therefore Hispanic Black individuals may be counted twice.

Sources: 2021 ACS 1-year estimates, Table DP05/2020 Map the Meal Gap - Feeding America

Centering Lived Experience through Key Informant Interviews

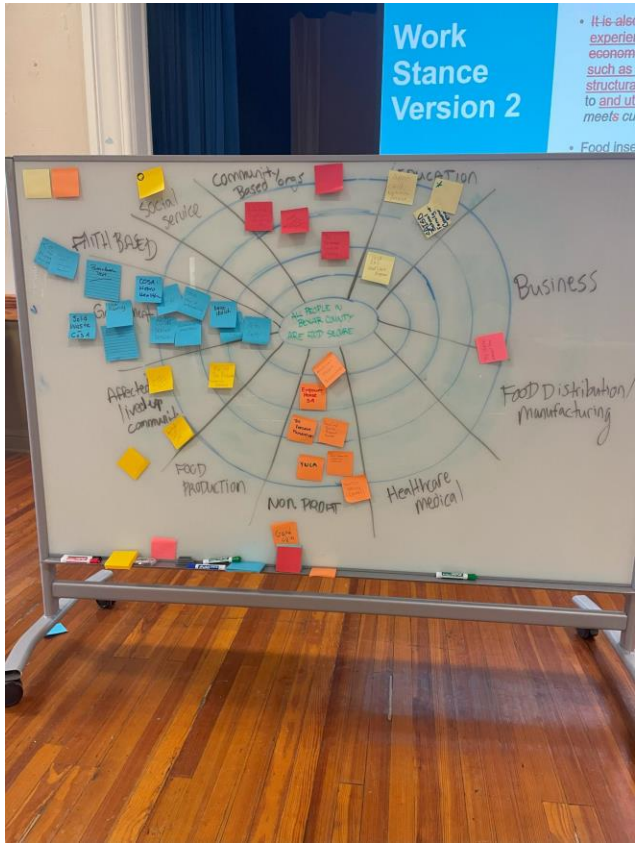
Common Themes	Food insecurity is not just an access issue. It is an economic issue.
	Food insecurity is complex.
	Tradeoffs include housing and rent, utilities, gas, and medical care.
	Diverse sectors should be represented in the Food Insecurity Workgroup.
	We need a bottom-up approach.
	Consider policies around universal basic income or increased minimum wages.

Breaking Down Silos through Collective Impact

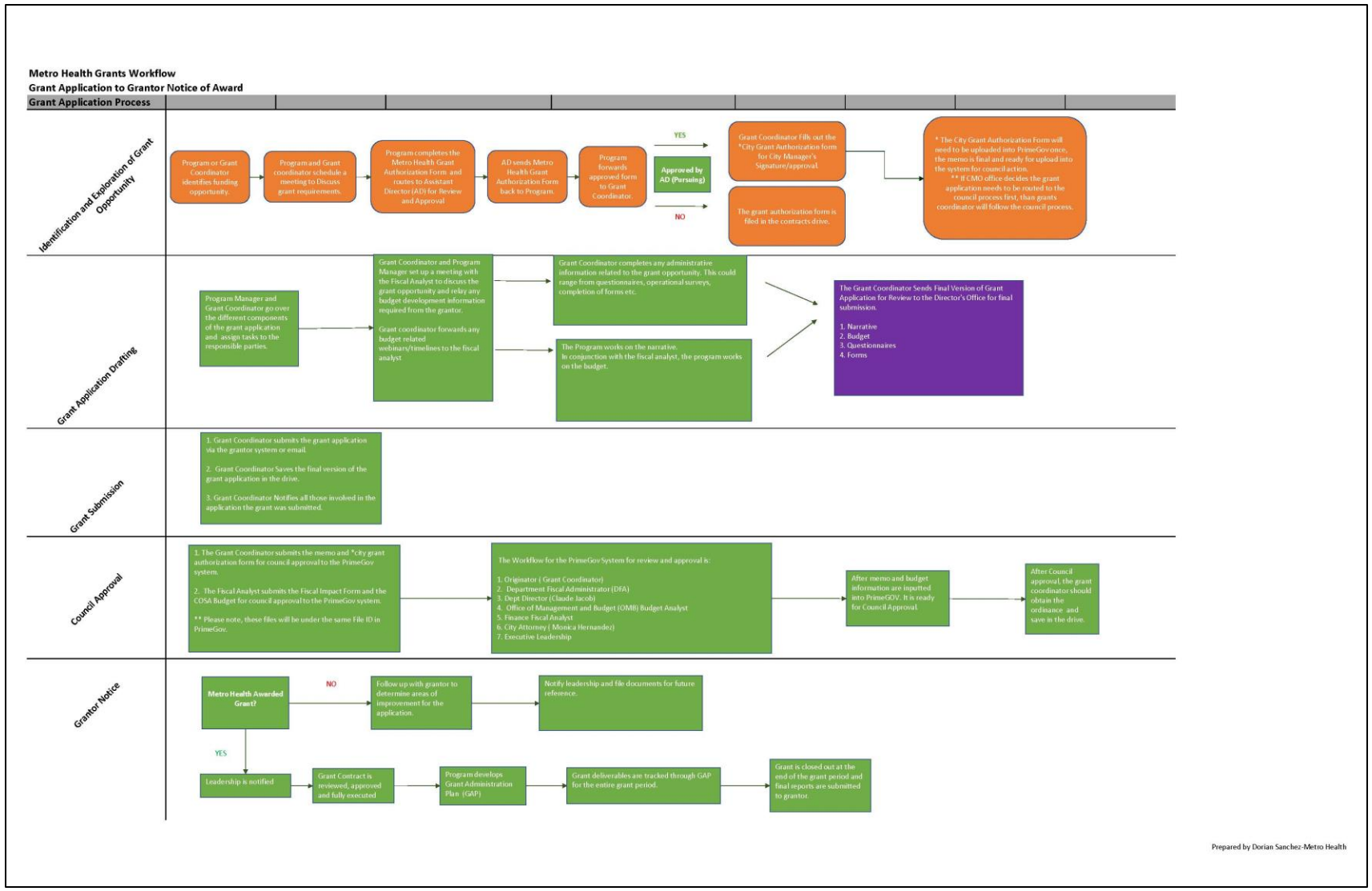


Cross-Sector Collaboration for Equity

- PaCE leads strategic partnerships
- Workgroup created for collective action

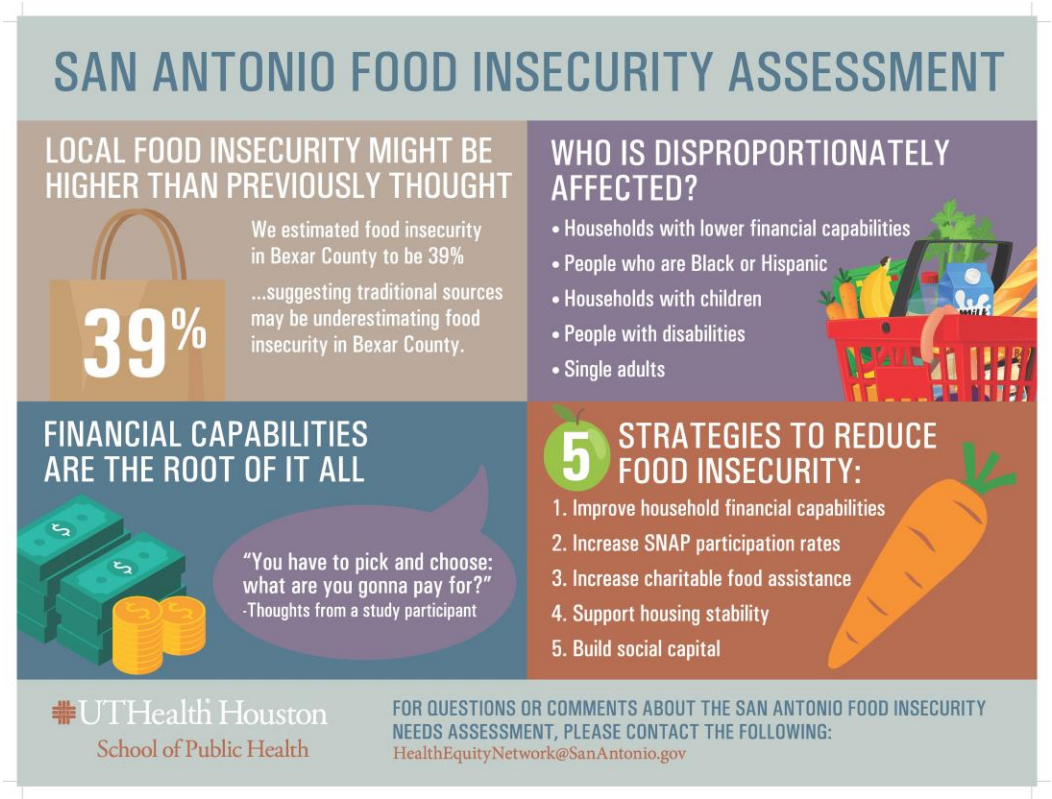


Internal Processes & Challenges



Food Insecurity Assessment

- Partnered with UTHealth School of Public Health
- 40% of residents report food insecurity
- Legal epi review + policy change framework



From Food Insecurity to Health Equity

- Recognize economic tradeoffs
- Shift to health equity framing
- Creation of Health Equity Network

September 2024- June 2025 Data Collected

842 households applied for or requested housing assistance/ resources

790,788 meals distributed
112,551 lbs. distributed

58 applications submitted
78 Legal services provided
6 Advocacy trainings held
16 SNAP navigators trained

106 events hosted
2581 social media impressions
12 Shared Campaigns

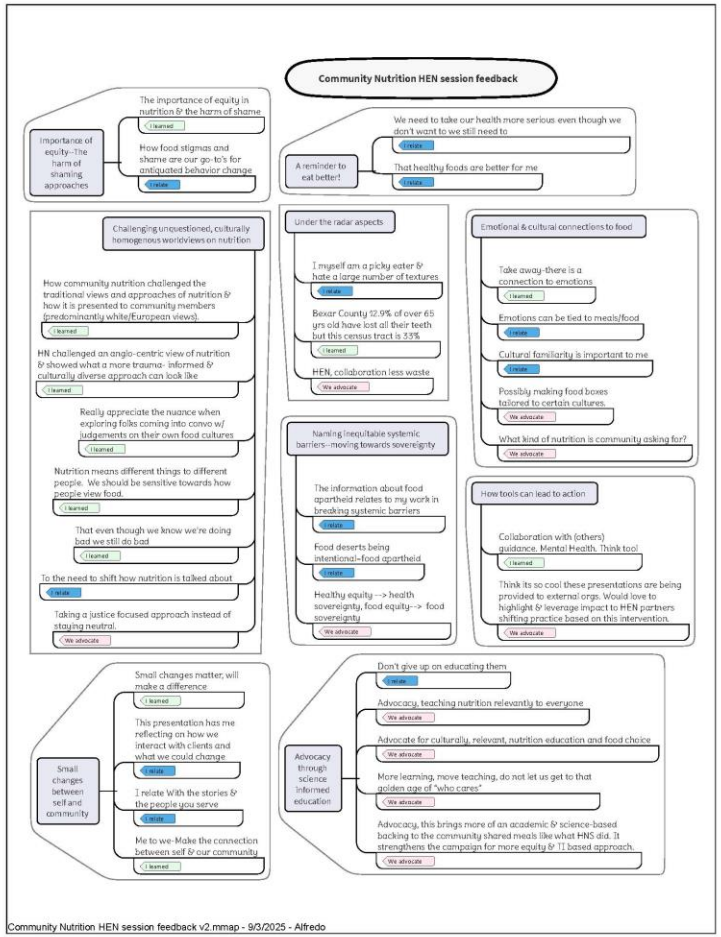
8 policy, practice, resource shifts reported

Community-Led Solutions

- CHIP priorities
- Health Equity Network supports CHIP

Community Based Participatory Action Research

- Modest action experiments
- Change can begin with one individual
- Going from “me to we” → Doing **with** not only for the community
- How are people using this knowledge to change broader systems? → Opportunities for advocacy and community power



Advancing Equity, Together

- Participatory action research: Going from “me to we”
- Inclusive strategies
- A more connected San Antonio

Institute for Responsive Government: Democracy that Delivers

Marisa Bremer, Senior Advisor, Institute for Responsive Government

Who We Are: Responsive Gov

Responsive Gov got its start eliminating administrative burdens for citizens in elections, namely by helping states implement Secure Automatic Voter Registration at key government touchpoints like the DMV.

In response to historically low trust in government, Responsive Gov launched the Democracy That Delivers portfolio to expand those same principles of streamlining, modernization, and increasing accessibility beyond elections.

We apply the lessons learned from our experience in the elections sector to implement common sense reforms for frontline agencies like Medicaid and the DMV, and cut red tape that slows both government and the people it serves.

When individuals experience government that works for them, they're more likely to trust that their vote and civic engagement can lead to real, tangible improvements in their daily lives.

Good Governance, Better Service, Greater Participation

Cross-Sector Innovation–Translating Election Tech into Medicaid Savings

The Problem: Poor system design has led to billions wasted on accidental duplicate Medicaid enrollments, often caused when people move between states due to a lack of mechanisms for interstate data sharing.

The Opportunity: Elections solved a similar challenge with the Electronic Registration Information Center (ERIC), which securely shares data between states to maintain accurate voter rolls. A new provision in H.R. 1 compels CMS to apply this cross-sector innovation to Medicaid, preventing costly duplicate enrollments.

The Next Step: Elections experts, advocates across sectors, policymakers, federal health officials, agency staff, and other stakeholders are working together to implement this new system – ensuring that it is secure, protects enrollee rights and privacy, prevents erroneous terminations, ensures accurate Medicaid coverage, and saves precious state dollars.

Contact

Marisa Bremer | Senior Advisor
Institute for Responsive Government
marisa@responsivegov.org

Resources

- Cross-Sector Innovation—Translating Election Tech into Medicaid Savings
- "ERIC for Medicaid"
- Unbalanced Ledger: Why States Can't Afford Deep Medicaid Cuts
- Overview: Medicaid Eligibility for Non-Citizens

Modernization in the Current Environment

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Megan McClaire

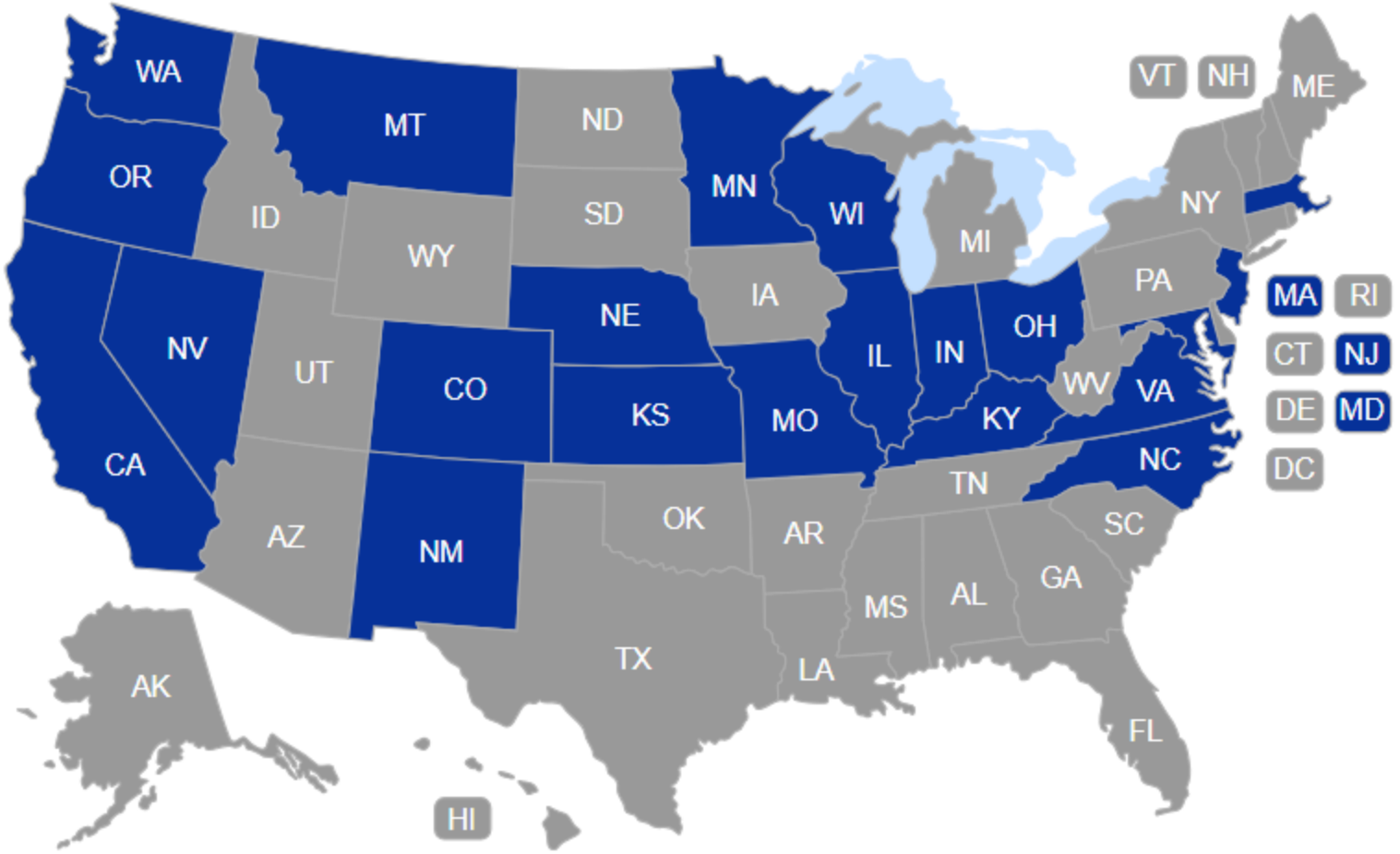
Chief Program Officer

What is Public Health System Transformation?

*Public health transformation requires **reimagining the system** and **creating a shared vision**. The vision must support the mindsets, workforce, capacity, and resources needed to deliver Foundational Public Health Services and 10 Essential Public Health Services—and to promote health and well-being.*

*Transformation occurs through a **fundamental shift in the way public health systems are structured and how parts of the system function and interact**.*

21st Century State Systems Transformation



What's Driving Transformation?

Photo Credits: KFFH Health

The Opportunity

Aligned Strategies

Historical siloes no longer work – an aligned strategy is essential to delivering better health outcomes, reducing costs, and offering quality services to the population.

Cross-Sectional Partnerships

Health Care and Public Health are stronger together, working hand in hand to protect and improve community health – from emergency response, chronic disease management & prevention, and impactful community-based services.

Collective Expertise

By leveraging expertise, resources and workforce across sectors, we can optimize, impact, and increase efficiencies and effectiveness.

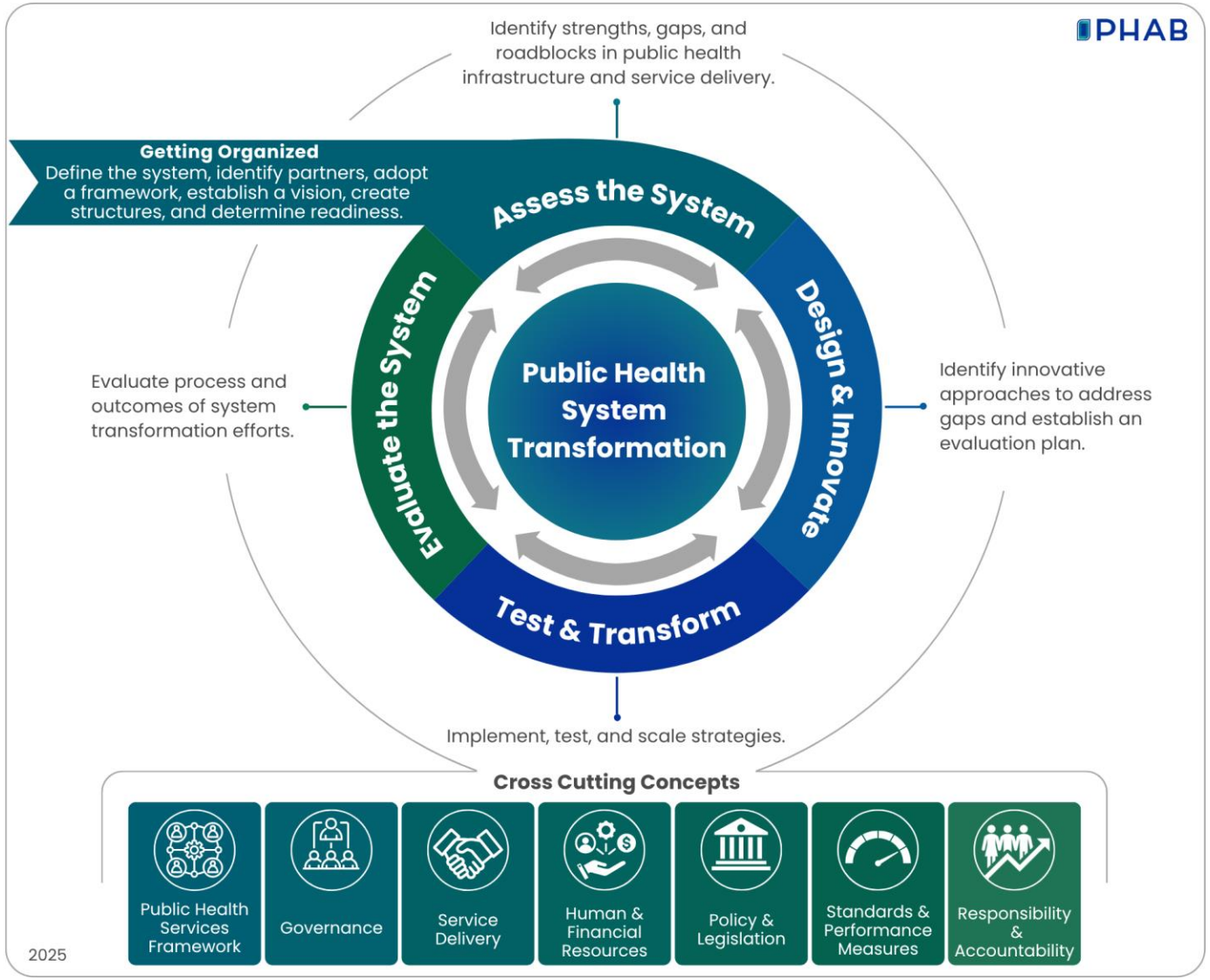
Population Health Focus

Using a public health lens ensures health care systems are not only treating illness but also improving population outcomes.

COVID as the Stress Test

Photo Credits: Amarillo Globe-News, NBC Chicago, NY Times, KQED, Gleaners Community Food Bank

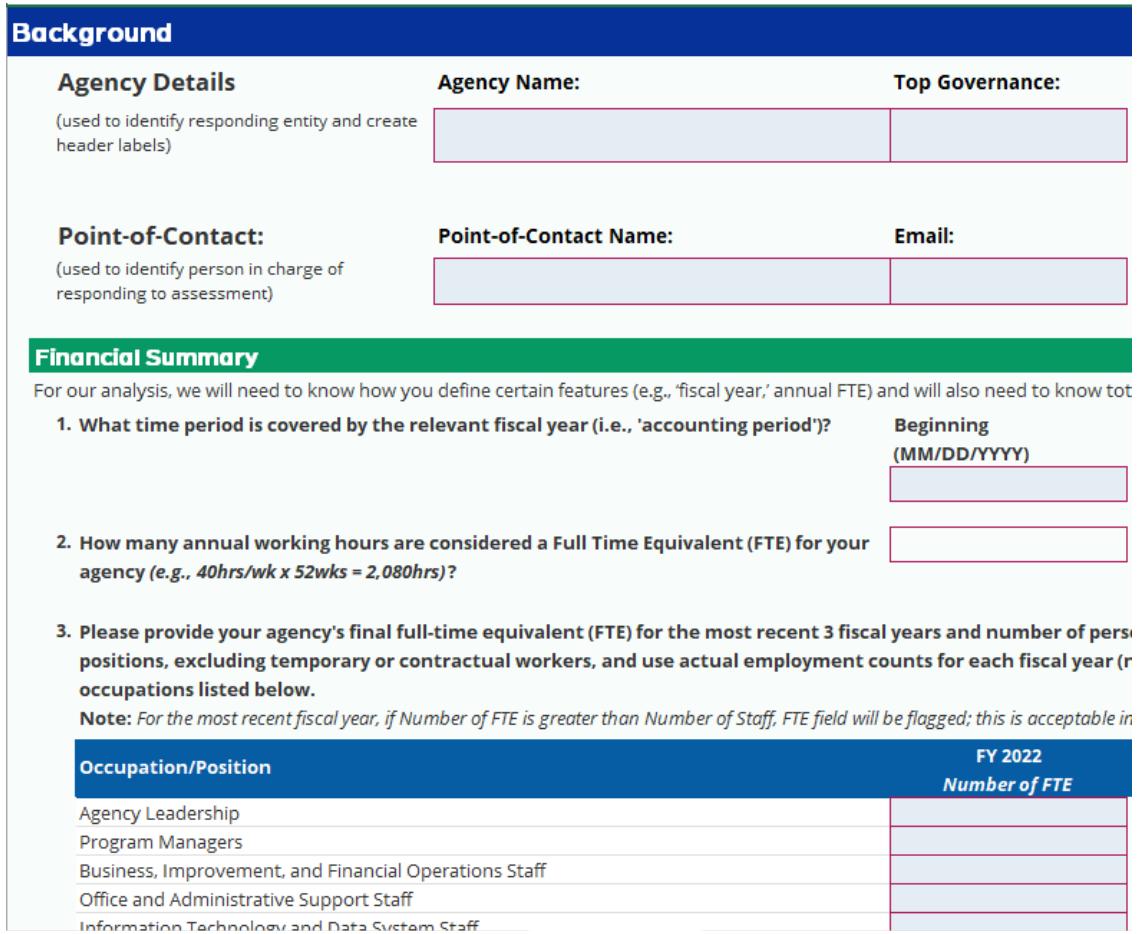
Blueprint for Transformation



ASSESS: Cost & Capacity

Create understanding across a statewide system of:

- Current ability (capacity & expertise) to deliver FCs and FAs
- Current cost/spend towards the FCs and FAs
- What “full implementation” would look like
- Gap between the current and full implementation
- Can complete capacity alone or capacity and cost



Background

Agency Details
(used to identify responding entity and create header labels)

Agency Name: | **Top Governance:**

Point-of-Contact:
(used to identify person in charge of responding to assessment)

Point-of-Contact Name: | **Email:**

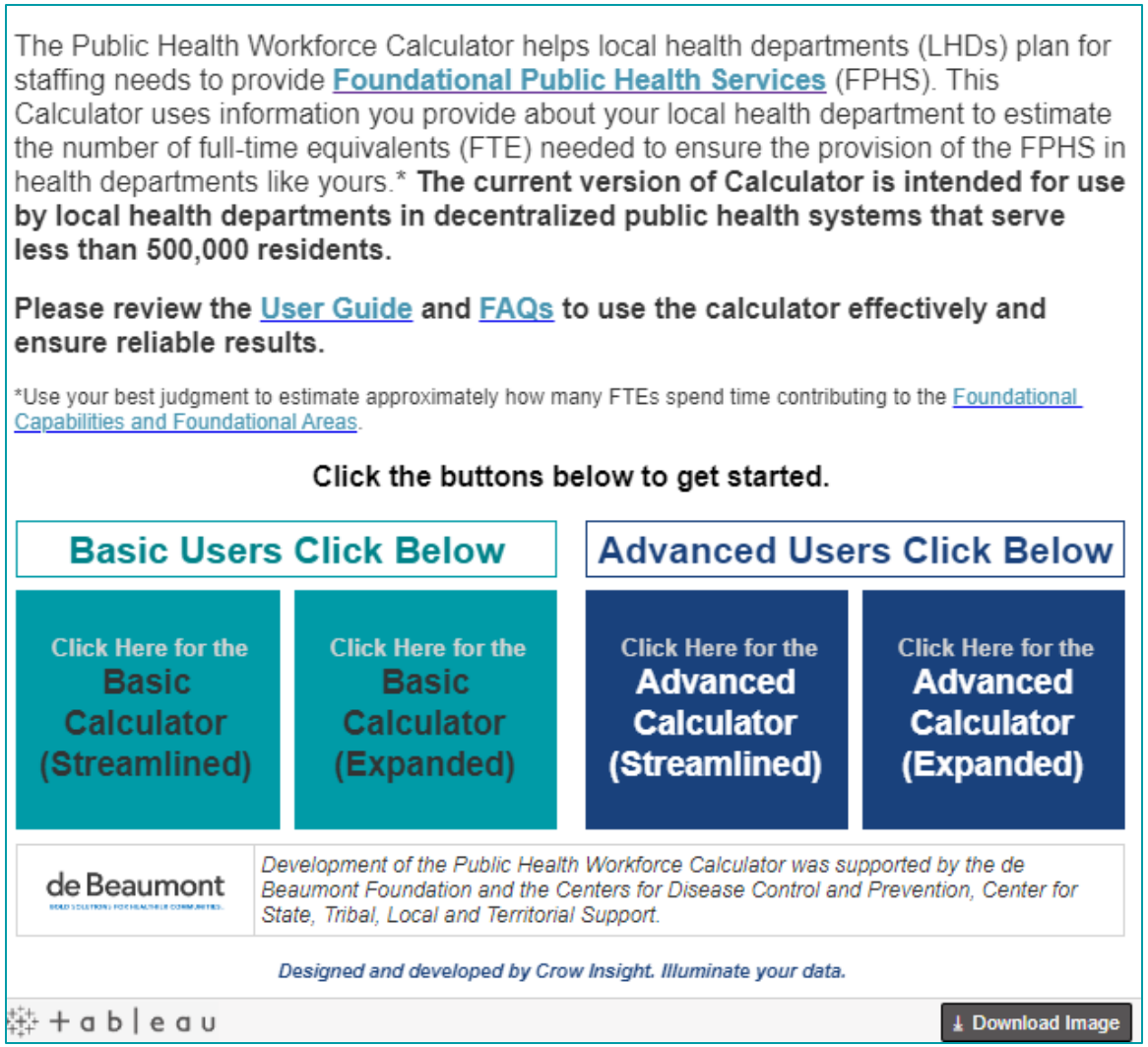
Financial Summary

For our analysis, we will need to know how you define certain features (e.g., 'fiscal year,' annual FTE) and will also need to know tot

1. **What time period is covered by the relevant fiscal year (i.e., 'accounting period')?** — **Beginning (MM/DD/YYYY)**
2. **How many annual working hours are considered a Full Time Equivalent (FTE) for your agency *(e.g., 40hrs/wk x 52wks = 2,080hrs)*?**
3. **Please provide your agency's final full-time equivalent (FTE) for the most recent 3 fiscal years and number of pers positions, excluding temporary or contractual workers, and use actual employment counts for each fiscal year (r occupations listed below.**
   Note: *For the most recent fiscal year, if Number of FTE is greater than Number of Staff, FTE field will be flagged; this is acceptable in*

Occupation/Position	FY 2022 *Number of FTE*
Agency Leadership	
Program Managers	
Business, Improvement, and Financial Operations Staff	
Office and Administrative Support Staff	
Information Technology and Data System Staff	

ASSESS: Workforce Calculator



A tool for local health departments to estimate workforce needs to provide the Foundational Public Health Services

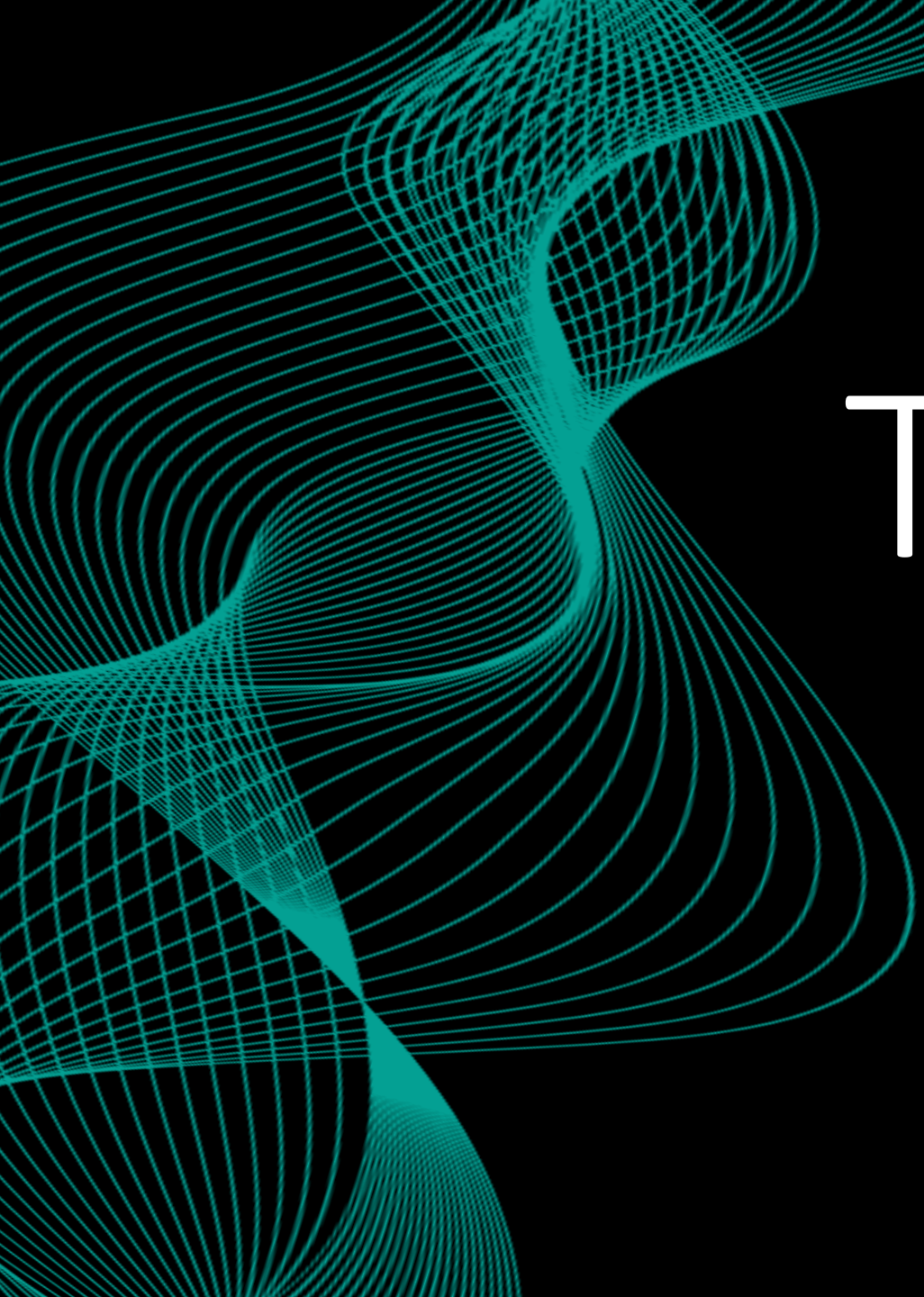
DESIGN/TEST: Service & Resource Sharing

Service and resource sharing occur when **staff, insights, expertise, techniques, and/or tools are shared across organizations, jurisdictions, or service areas**.

- Serve communities more effectively and efficiently
- Accomplish more than one agency could do alone
- Assure that all individuals have access to foundational health services

From Silos to Systems

- Impactful partnerships
- Woven frameworks
- Tailored strategies for those most impacted
- State-local collaboration



PHAB

Thank You

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Q&A

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Please take this survey to evaluate conference sessions.

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THANK YOU