



# FORCES AND TRENDS IN PUBLIC HEALTH



FORCES AND TRENDS IN PUBLIC HEALTH

**A. PURPOSE**

The purpose of this phase of the community health analysis was to identify those forces and trends that pose potential threats or opportunities for public health in Oneida County. This cursory represents a critical phase of the larger analysis as it brings to light some of the parameters under which the current public health system operates. In one sense, the forces and trends represent the current “givens” of public health in Oneida County, and if not considered, they might render action in the other areas of the Community Health Assessment futile.

**B. APPROACH**

This phase began with the planning of the Health Department’s internal Forces of Change Subcommittee, which planned the Forces of Change Brainstorming Session. To this Brainstorming Session, approximately 50 leaders in the community attended, representing community agency directors, mayors and town supervisors, hospital CEO’s, representatives from the business community, and school district superintendents. These leaders met in a two-hour session in September 2004, where they created a table listing the forces and trends prevalent in Oneida County and the threats and opportunities those forces and trends pose. Over thirty forces were identified. The Health Department’s internal committee completed, consolidated, and categorized the list and electronically sent that revised table to all Brainstorming Session participants for their review and comments. The internal committee took those comments and finalized the forces and trends table to its present form.

**C. FINDINGS**

The Oneida County Health Department and its Brainstorming Session attendees identified six categories of forces and trends that are currently or could potentially impact the local public health system. While some of these trends may pose threats to public health, others may create opportunities that would strengthen the system.

**1. CHANGING DEMOGRAPHICS**

Oneida County’s population and the make-up of that population has changed dramatically in the past two decades. These changes require new approaches in serving the community and the provision of new services that public health system has either not provided or not focused on. The Brainstorming Session attendees arrived at four significant changes in the demographics of Oneida County that affect public health: the aging County population; the declining County population; the high level of poverty in the County; and the influx of refugees and the resultant high refugee population. These forces are likely intertwined, either being the cause or result of each other.

- FORCES AND TRENDS**
- *Changing Demographics*
  - *Financial and Economic Forces*
  - *Consolidation, Reorganization, and Changes in Approach*
  - *Medical Conditions and Diseases*
  - *Non-Health Forces that Affect Health*
  - *Attitudes and Perceptions*

**Aging County Population:** Increasing life expectancy and the growing elderly population is placing increase demands on the health care and public health systems. In Oneida County, these trends are exacerbated in part by the many young people who leave this area to obtain employment. This aging of the populace poses numerous problems to public health, including the need to focus on health and other issues relating specifically to the elderly; increased cost of providing service to the elderly with no increase in resources to provide them; decreased tax base; and a lack of service providers for the elderly.

**Declining County Population:** While the Oneida County population is aging, it is also declining. This decline is due to the exodus of major employers and a significant decrease in jobs. A major



ONEIDA COUNTY HEALTH DEPARTMENT  
2005-2010 COMMUNITY HEALTH ASSESSMENT

FORCES AND TRENDS IN PUBLIC HEALTH

population that has decreased is the young adult population, as area college graduates seek jobs elsewhere instead of staying in Oneida County. This decreased population affects health in a variety of ways: there is a smaller tax base to support public health and rising Medicaid costs; there are fewer skilled employees available, including in the public health and general health care industries; and poverty is rising, as are the negative health effects associated with poverty.

**High Level of Poverty in County:** Due in part to the aforementioned exodus of major employers, as well as other factors, poverty continues to rise in Oneida County and the Mohawk Valley in general. Problems posed by this high poverty level include a rise in the cost of Medicaid; a decrease in the quality of housing stock; increased reliance on government support; a smaller tax base; an increased number of people unable to purchase prescription medication; an increase in crime and addiction; schools with inadequate resources and, as a result, a less educated workforce; less disposable income going back to the community; poorer health and nutrition; and an increase in stress and mental health issues.

**Influx of Refugees:** The Mohawk Valley Resource Center for Refugees located in Utica has brought many refugees of varying ethnicities and nationalities into Oneida County. While the cultural diversity of the County has surely increased, that increase has not occurred without problems, including for public health. These refugees face cultural and language barriers when seeking health care and treatment. Some refugees from developing countries tend to seek health care later than they should, causing more severe and costly medical problems. These refugees also tend to bring diseases with them that are not normally prevalent in Oneida County, including tuberculosis.

**OPPORTUNITIES**

- Strengthen partnerships with private and other public agencies that deal with the aging, impoverished, and refugee populations.
- Assess and assure the adequacy of resources for the aging, poor, and refugees.
- Recruit and promote a diverse public health workforce at all levels of the health and public health professions.

**2. FINANCIAL AND ECONOMIC FORCES**

The increasing costs of health care and the lack of funding for public health activities pose a significant burden on the public health system. These rising costs and decreases in funding make it difficult for public health agencies to perform their job adequately. Many of these forces are unique to the County and/or New York State, while others mirror nationwide trends. At the Brainstorming Session, seven money-related forces were identified: the high and rising cost of Medicaid; the imbalance between resource allocation for treatment vs. prevention; public health funding; more under- and uninsured people; rising cost of medical care in general; and the lateness of the New York State budget.

**High and Rising Cost of Medicaid:** Across the County, State, and Nation, the number of patients on, and cost of, Medicaid is steadily rising. At the County level, the cost of Medicaid is overwhelming to County budgets. This affect on the County budget extends to other areas as well. There is less money available for public health, as that money must support Medicaid. There are fewer providers willing to accept Medicaid, forcing many Medicaid recipients to go untreated, especially when services are already limited to Medicaid recipients. Finally, the focus on Medicaid and its problems takes the focus off of other necessary public health initiatives, to the detriment of those initiatives.

**Imbalance Between Resource Allocation for Treatment vs. Prevention:** Concerns exist about the focus of available public health funding, particularly the imbalance in allocations between prevention and treatment dollars. While prevention is regularly less expensive than treatment, the

ONEIDA COUNTY HEALTH DEPARTMENT  
2005-2010 COMMUNITY HEALTH ASSESSMENT

FORCES AND TRENDS IN PUBLIC HEALTH



significantly greater availability of funds to support treatment activities creates a tension between prevention and treatment services. Yet while it is agreed that prevention funding is inadequate, funding for public health services overall is insufficient and there is concern that in the search for additional prevention dollars, some will look to draw from the pool of treatment resources.

A factor that further complicates matters is the focus of those prevention dollars that do exist. Existing prevention dollars tend to support more personal preventive services than those prevention activities with a broader community, or population-based, focus. Thus, there is a tendency not to think about community-level activities that should be funded.

**Public Health Funding:** In recent years, funding for public health services has remained relatively flat. Flat funding in the midst of increasing costs often leads public health providers to reduce both the numbers of persons they can serve and the amount of services they can deliver.

This flat funding is made worse by a limited pool of resources. County, State, and Federal budgets are being cut annually. There is less money for *all* public agencies, including public health. Agencies are competing for public funds. Frequently, if funding is not stagnant, then that funding is being reduced, forcing public health to do more with less.

Changes in funding mechanisms also hampers public health activity. Block grants and categorical funding has increasingly focused limited resources quite narrowly on specific issues. These types of “silo” funding create a disproportionate allocation of public health resources relative to overall public health need. As one example, even though heart disease is a leading cause of death, to a greater extent than AIDS, more funding is dedicated to AIDS prevention. Such AIDS prevention funding cannot be used for heart disease prevention despite the need for that funding in that area. These narrow funding streams also prevent public health from providing a comprehensive and holistic approach to public health service delivery. Instead, such funding forces the delivery of discretely focused programs that often fail to acknowledge the relationships between conditions. This approach hampers collaboration among providers by creating “turf” issues and unhealthy competition for limited funds.

**More Under- and Uninsured People:** While many people in Oneida County are now receiving Medicaid, many more have either no or too little health insurance coverage. This leads to multiple problems, including increased health risks and disease burden in the County; the forcing of funding to go toward treatment, which is more expensive than prevention; the creation of disparities in health access and quality of care; and the need for government to fund and/or to provide services to those people (i.e., public health becomes a provider of last resort).

**Rising Cost of Medical Care in General:** As with many other costs, the cost of medical care is generally on the rise. This causes increased reliance on Medicaid; causes people to be under- or uninsured; forces taxpayers to support the cost of those who cannot afford health care; and causes people to miss out on health care opportunities that they cannot afford.

**Lateness of the New York State Budget:** Annually for the last decade, the New York State Budget has been finalized later and later each year. As a result, public health agencies are hindered in their ability to budget properly, as they do not know their funding levels. Moreover, the State Legislature passes its budget in such haste that public health does not receive the consideration it deserves. That is, lawmakers are more concerned with finally passing a budget that there is little concern for whether the public health aspects of that budget fit the needs of the public health agencies that rely on State Aid to support their programs.

FORCES AND TRENDS IN PUBLIC HEALTH

**OPPORTUNITIES:**

- Create partnerships with private agencies to maximize the effective of the flat and limited funding public health receives.
- Increase communications and relationships with policymakers and the public to garner support and increased funding for public health.
- Promote prevention over treatment and push to reallocate money towards prevention.
- Promote innovative payment to provide and pay for health care.
- Support changes in the way budgets and funding formulas for public health are developed.

**3. CONSOLIDATION, REORGANIZATION, AND CHANGES IN APPROACH**

Changes to both the public health system and the health care delivery system have affected public health both locally and nationwide. The Brainstorming Session attendees noted that of particular impact to Oneida County are the changing definition of the domain of public health, the reorganization of the Oneida County Health Department, and the consolidation of local hospitals and other health care institutions.

**Changing Definition of the Domain of Public Health:**

Over the past three decades, public health practice has been defined and re-defined, with recent examples including the three core functions and the ten essential public health services. These newer definitions and frameworks are not uniformly agreed upon within the public health community and, to some practitioners, appear to narrow the scope of the field in which they practice. To others, such as those whom public health attempts to engender as partners,



repeated efforts to redefine public health make it all the more difficult for them to identify with its activities and more importantly, what is being asked of them as partners of public health. These factors both contribute to and reflect the failure of public health to adequately market itself.

**Potential Reorganization of the Oneida County Health Department:**

In early 2004, the Oneida County Executive tasked the County Health Department, among other county agencies, with reorganizing their Departments with a focus on reducing the size of County government. The Health Department's efforts to shift its focus from a medical-based to a community-based, has brought the services it provides to the forefront for the Department, the public, and the political leadership. Worries about the loss of control, the lessening in quality of service, and the creation of service gaps have arisen. The Health Department has promoted the increased competition among the County's health care providers and the Department's ability to assume a greater leadership capacity within the community. While the reorganization is not complete, it has fostered a greater concern for and discussion about public health in Oneida County.

**Consolidation of Local Hospitals and Other Health Care Institutions:**

Due to the declining and changing population of the County, several health care institutions have consolidated and merged in recent year. Most notable of these changes is the merger of two Utica-area hospitals. These changes have led to concerns about a decreased access to care and fewer medical choices for the community. The decrease in the number of facilities, necessitated by the decreasing area population, has reduced a duplication of services and the overhead associated with such duplication. Hopefully, this will allow the cost and quality of health care to increase.

**OPPORTUNITIES:**

- Transition the Oneida County Health Department from a medical care service model to a community/ population based model.
- Public health serving in more of a leadership capacity, focusing on core functions of public health rather than direct service.

## FORCES AND TRENDS IN PUBLIC HEALTH

- Reduce unnecessary duplication of services.
- Take a fresh look at the provision of health care services.
- Increase partnerships and collaborations among health system entities.

### 4. MEDICAL CONDITIONS AND EMERGING DISEASES

There are several medical conditions and emerging diseases that drive the public health system to change its focus and approach. The Brainstorming Session attendees recognized three areas: vector-borne and other infectious diseases; increasing non-infectious diseases; and increasing in teen pregnancy.

**Vector-borne and other infectious diseases:** Since the late 1990s, the increased number and frequency of vector-borne diseases, including rabies, West Nile virus, and monkeypox, have become problematic nationwide. On top of the need to treat those who contract such diseases, other health issues arise. The issue of whether widespread spraying to kill mosquito populations is healthy and appropriate has been hotly debated. Public health's role in monitoring and enforcement of public health laws to prevent these diseases has been highly publicized, costly, and occasionally controversial.

*The emergence of new infectious has been a major concern in public health since September 11, 2001*

The potential for smallpox to return, and the emergence of new infectious diseases like SARS, has also been a major concern in public health in recent years, particularly since September 11, 2001. This concern has caused public health to look for ways to roll out mass immunization programs. The role of public health agencies in isolating and quarantining infected and exposed persons has been re-visited for the first time in decades, in the process creating debate on the civil and individual rights problems that quarantine and isolation create. Finally, the threat of these diseases has caused the general public great concern, which forces the public health agencies to educate and allay the public's fears.

**Increasing non-infectious diseases:** There are also a number of non-contagious diseases and health conditions that are becoming the focus of public health due to their increased frequency, including in Oneida County. Diabetes, asthma, and obesity are three of the most common of these conditions. All three are at least somewhat preventable, allowing public health an opportunity to educate and inform the public in preventing them. However, the fact that these conditions are on the rise shows that public health may have failed in its efforts to prevent their occurrence in the first place. This trend also shows the need to promote prevention, exercise, better nutrition, and better living conditions. The rise of asthma, in particular, shows the need to improve the County's housing stock and indoor air quality, areas in which public health can play a vital role.

**Increasing teen pregnancy:** Brainstorming Session attendees noted that Oneida County's teen pregnancy rate is on the rise. Attributable at least in part to the rising poverty level and lack of adequate education on the topic, teen pregnancy brings several public health concerns. First, the health risks posed to children born to teenage mothers is great. Next, there is a greater likelihood that these children will need public assistance, furthering the cycle of poverty and increasing costs, which consumes resources otherwise available to public health agencies.

### OPPORTUNITIES:

- Increase the awareness and surveillance of these diseases and conditions.
- Develop faster and/or more appropriate responses to outbreaks, epidemics, and other problems.
- Improve education, particularly on the benefits of nutrition and exercise.
- Find and/or create new programs to address these problems more effectively.

## FORCES AND TRENDS IN PUBLIC HEALTH

### 5. ENVIRONMENTAL AND OTHER EXTERNAL FORCES THAT AFFECT HEALTH

The Brainstorming Session revealed numerous external forces that, although not directly associated with the public health system, have a direct affect on that system. These forces are greatly varied, ranging from environmental conditions such as urban sprawl and aging infrastructure to advancements in technology to the effects following the 9/11 disasters. The effects caused by these forces include increased health problems, changes in funding for public health, and changes in the focus of public health departments.

**Aging infrastructure:** Oneida County's infrastructure, including its roads, bridges, sewers, water mains, and housing stock, is simply old. This state leads to simple safety issues, such as fire and traffic hazards. But it also promotes health hazards, such as high lead poisoning and asthma rates, risk of disease outbreaks from poor water and sewage disposal systems. These issues cause problems including increased health care costs, the need to provide more treatment, and the need for repair, renovation, and replacement of this aging infrastructure before health will improve.

**Urban Sprawl:** Matching the national trend, Oneida County has experienced a great deal of "urban sprawl" – the exodus from cities to suburban and rural areas – in recent years. Like the



aging infrastructure in cities and older suburban areas, the urban sprawl trend poses public health problems as well. Increased development creates many environmental problems such as increased reliance on septic systems and private wells, which must be maintained and monitored; increased water run off due to fewer trees and vegetation; and reduced green space. Urban sprawl also increase vehicular traffic, which increases pollution, increases the risk of motor vehicle accidents, and decreases exercise as people are more reliant on car travel.

Urban sprawl also increases the number of facilities that public health agencies must regulate and monitor. Additionally, as the population spreads, people are located further away from health care providers, which may cause people not to get the health care they require.

**Technology:** While technology is constantly evolving and churning out new advancements for society in general, recent technological advancements have affected public health as well. While frequently helpful, technological advance also brings about problems for public health. New technologies are expensive for public health agencies to purchase and to maintain, particularly in light of the ever-decreasing pool of public health resources. Technology is advancing faster than public resources can afford. Also, public health's reliance on new technologies has overshadowed the need for personal skill and training (i.e., people rely on computers rather than personally diagnosing a problem).

#### **Terrorism threat, post 9/11, and the resultant focus on disaster and bio-terrorism**

**preparedness:** While every aspect of American life has been affected by the tragic events of September 11, 2001, public health has been one area affected the most. The increased desire for emergency and bioterrorism preparedness has made public health agencies leaders in the push to make people safer and feel safer. As a result, public health agencies are delving into areas they have never or only barely addressed in the past. Those agencies have had to focus more on emergency preparedness and less on their normal duties. Training and new equipment needs have required additional spending. Thankfully, grants are in place to fund most of this preparation, which has also led to more public health jobs. Unfortunately, some members of the public have become scared – sometimes to the point of paranoia – making public health's role as a leader in preparedness difficult. On the whole, though, public health's position in society has been bolstered in the wake of this tragedy.

FORCES AND TRENDS IN PUBLIC HEALTH

**New York State Clean Indoor Air Act:** On July 24, 2003, New York State became one of the few state in the country to go “smoke-free” statewide. While surely beneficial from a public health standpoint, this “Smoking Ban” has caused considerable controversy, particularly here in Oneida County. First, businesses, particularly bars and restaurants, claimed to be financially harmed by the law and sought waivers from the counties tasked with enforcing the law. In Oneida County, the waiver process was deeply scrutinized and the Oneida County Health Department took much of the criticism for the waiver process, for which the law did not provide clear guidance. Nonetheless, public response has generally been favorable and bar and restaurant patrons, in general, have enjoyed smoke-free meals and work places. While it is too soon to determine the long-term affects of the law, now that the initial shock of the law has worn off, the benefits to patrons and workers alike seem to outweigh the financial hardship the law may have caused.

**OPPORTUNITIES:**

- Increase collaborations and partnerships, especially between agencies that have not previously worked together.
- Promote healthier, safer, and better infrastructure, including sanitation systems (i.e., sewers, water mains).
- Get rid of environmental hazards, such as lead paint, second-hand smoke, and poor sewers.
- Increase emergency preparedness and make County more secure and, in the process, healthier.
- Disseminate health information quicker and to more people.
- Detect medical problems and environmental hazards quicker.

*Forces of change related to attitudes and perceptions include the lack of understanding of public health*

**6. ATTITUDES AND PERCEPTIONS**

The Brainstorming Session attendees observed that multiple attitudes and perceptions (or misperceptions as the case may be) held by people in Oneida County affect the way public health is administered and utilized within the County; the failure of private providers to recognize themselves as part of the public health system; the politics of Oneida County and New York State; the inadequate marketing of public health; and the “we’ve always done it that way” attitude.

**Lack of Understanding of Public Health:** In Oneida County, as elsewhere, there is a significant gap between how public health workers view public health and how others understand it. While the general public tends to understand and appreciate specific public health activities (e.g., influenza vaccinations), they typically do not identify the multitude of activities as falling within the domain of “public health.” There is also a tendency to view public health quite narrowly as activities such as anti-smoking campaigns, nuisance control, and restaurant inspections, all of which have negative connotations and encourage antiquated notions of public health. One result is that people tend not to view public health favorably and see “public health” as something less desirable than “private health.”

**The Failure of Private Providers to Recognizes Themselves as Part of the Public Health System:** The aforementioned lack of understanding of public health is not unique to the general public. Oneida County has a number of quality social service and medical care providers, many of whom, in the course of their daily work, deliver public health services. However, these workers do not always view themselves as providers of public health services. Consequently, they focus narrowly on only one aspect of any particular health problem rather than taking into consideration the complex web of behaviors and societal forces that affect the public’s health.

ONEIDA COUNTY HEALTH DEPARTMENT  
2005-2010 COMMUNITY HEALTH ASSESSMENT

FORCES AND TRENDS IN PUBLIC HEALTH

**The Politics of Oneida County and New York State:** Policymakers represent another segment of the population where a gap in the understanding of public health is apparent. Few legislators have been exposed to the basic foundations that underlie the work of public health and most are unable to distinguish personal from population-based services. Thus, when advocacy efforts are focused on increasing public health resources, legislators may recall their recent support for a health care facility and erroneously believe they have indeed been supportive of public health. Without a complete understanding of public health, legislative support is most likely to continue to come only for those problems that tug most strongly at the heartstrings or, perhaps, affect their own family members.



**The Inadequate Marketing of Public Health:** One of the reasons for the lack of understanding about public health is public health's own failure to market itself appropriately. Agencies like the Oneida County Health Department are unable to properly inform the public of the services they offer. This inadequacy is caused by numerous factors, including lack of funding for such marketing, too much focus on providing service and not enough focus on self-promotion of those services, private agencies' unwillingness to assist in marketing public health. This lack of marketing lowers the Health Department's credibility and causes the Health Department to miss opportunities to educate and serve those who do not know what public health services are available.

**The "We've Always Done It That Way" Attitude:** Brainstorming Session attendees recognized that Oneida County, both its leadership and its general public, is plagued by the attitude that "since we've always done it that way, we should continue to do it that way." This reluctant and unwilling-to-change approach applies to public health as well. In particular, this approach prevents public health system from moving forward; discourages the community from expanding programs; discourages creativity and innovation, especially in the area of public health; promotes negative attitudes and unhealthy behavior; encourages progressive people to move out and discourages such people from wanting to move into the area; and causes infrastructure and public health system in general to decline due to reluctance to improve over the years.

**OPPORTUNITIES:**

- Redefine public health's goals and objectives.
- Develop a marketing plan to position the Health Department as a credible, reliable health resource.
- Coordinate services through the schools and other institutions
- Educate political leadership on role of public health.
- Redistribute public health responsibilities so that there are more entities with which to form coalitions and additional funds to spend on health issues outside of Health Department budgets.
- Look at new ways to tie public health into what is important politically, i.e., economics.
- Encourage creativity and innovation.
- Promote healthy behavior.