

Indiana Case Study: Advocacy for Government Investment in Public Health.

Interview with Professor Paul Halverson (P); Dean Nir Menachemi (N) by Prof David Bishai (D)
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D: David Bishai here. I'm a professor at the Hong Kong University School of Public Health. We're here in Minneapolis at the American public health association annual meeting to have a discussion about how one can improve the position of public health funding in a context where there's a lot of data and a lot of people who want to get that done.

I have joining me, Professor Paul Halverson who's the dean at the Oregon Health Sciences University School of Public Health and served up until just a few years ago as the Dean at the Fairbanks School of Public Health in Indiana. Also with me is the current Dean at the Fairbank School of Public Health of Indiana Nir Menachemi. Good morning gentlemen.

P, N: Morning.

D: And I think a lot of the audience has heard something about what's going on in Indiana, where Indiana was able to increase Public Health funding by 1,500%. Often the stories we tell ourselves are, this is because of political will, and we throw up our hands and say there's nothing we can do. How did a group of people in Indiana acquire the audacity to hope that they could change that?

P: Well, you know it's interesting because I do think that there are a number of people that just throw up their hands but I think it starts by actually creating some visibility around. One of the things that we found was that in Indiana, what we had was a state that was very proud of the work that they were doing, in creating a very positive business plan. We had a governor that really were very focused on economic development. They wanted to try to create a terrific climate for the success of business. The perception of Indiana was business friendly, a great place to come, to live, to bring a family, to be able to enjoy your life. And yet, even if by almost all of the indicators on business success of being in a very high level, what we saw in Indiana was health rankings that were near the bottom, and it just was a disordinate situation and people couldn't understand. And particularly, this is not that unusual where it did not occur to them that health would have any impact on their ability to be successful in their business, nor in their family. And yet there were enormous indications that there was this collision course between business success and the lack of support from a health perspective. So what we tried to do was to spend some time creating the story around why health matters, and what the relationship is between good health and wealth; and good health and business success; good health and quality of life. But that itself wasn't enough, it was an important sort of baseline understanding to begin to create some awareness about the association between health and business; health and wealth; health and quality of life. But to say that there was a great visibility around public health would be an overstatement. There really wasn't. And therefore, it wasn't surprising to those of us in public health that we were towards the bottom of the list in terms of our per capita spending of public health. It wasn't important, so why would we spend money on it? So that's where we

started. And I would say that was one of the reasons why frankly the School of Public Health was created. CEO of the Fairbanks Foundation asked Dr Judy Monroe who's State Health commissioner, "What could we do to help Indiana?" Judy was great in saying, you know, we're one of the few states in the country that doesn't have a School of Public Health. So there was, after a period of time, the creation of School of Public Health and it was created in large part to address this issue of the poor health rankings, the lack of visibility, the lack of trained health workforce in public health. So all of those things were sort of the foundation upon which this work that we were able to do in collaboration with a whole lot of people across our state. And again, I think that it was not coincidental that the school was very visibly involved with efforts around Covid-19 and all of the issues that surrounded Covid. I think what we were able to demonstrate, to people that our School of Public Health was an active partner with the State Health Department, and with local Health departments. We were all working together to support the protection for the health of the people of Indiana, and that made a huge difference, I think. It laid the groundwork for what we did with our legislation.

D: Thank you. Nir, do you have a response to the question?

N: Yeah, as soon as the pandemic was mentioned, I'd like to think about the fact that there's another pandemic that hasn't been resolved yet. And I refer to it as a vitamin T deficiency. That's rampant across the globe, where T is trust. There's a lack of trust across the world when you think about a lot of the divisions, whether it's political, economic, sociological etc. I think part of our success was since the inception of our school, which at the point of the story was only about a decade old. We have been spending a lot of time building up trust, and I think that contributed to our visible role during the pandemic. It contributed to some of the seed work that we did, where not only was the message trusted but the messenger was trusted also. And you can just think about relationships between people, between organizations, between nations. If you don't have trust, you don't have anything. And so I think a critical component was the deliberate attempt to build trust, so that public health can be improved by bringing people together.

D: Well can we put some meat on those bones? Everyone says trust but what did Fairbank school do to actually create the trust?

P: I think a lot of things we did, part of it just kind of showing up, right? I mean when there's a public health meeting, you're part of it. When the Chamber of Commerce meets and talks about business climate, we're there because we're there to talk about how health fits into business success. When the Rotary Club meets and they're talking about quality of life issues and trying to create a positive business climate, you know we're there. The point of it is that, you have to be visible, you have to care about more than just the transactions at the time but you need to be part

of the solution. People need to believe that you have something of value and that you're worth listening to. And frankly I think it's one of the things that I've seen a lot in public health. We show up where we have to show up, you know. There is a public health emergency, where we take care of whatever needs to be taken care of, and then we're gone but the reality is that doesn't work. I mean if you really want to make system change, you need to be part of a system that actually people recognize, that they believe that you're worth investing in. And so I think it's what Nir said, it's really spending the time to create visibility, to create an understanding of what you are, why you are, what part you play in this whole thing. And then when there is the opportunity to be of service, I think it's natural. And I think that's the reason why our School of Public Health was very involved in Covid. If we would have just shown up on the scene and said, "Oh hi we're School of Public Health, we're here to help you take care of this problem." I think they would have been very nice and kind but they would have said, you know, see you later. We were there, people knew us, we were part of the success of the solution, if you will. It was a tough thing, it wasn't perfect by any means but I think we were better in Indiana because we all worked together. And it's on that basis actually, that we began this work and the reality is that actually this report, that the foundation funded, it was essentially a framework for understanding public health in Indiana, with recommendations for making improvement. And we spent a lot of time talking to CEOs of businesses and organizations around the state, we spent a lot of time talking to policy makers, we really pulled together the data that we thought people were interested in. And that created the backdrop, if you will, to build on a solid scientific foundation that ultimately laid out the framework for moving forward. And one of the things that we recommended in the Fairbanks report, was that there needed to be established a Governor's commission, to really bring stakeholders together and ultimately define a plan of action moving forward. Not just to address the low public health funding, but to try to define what it is that Indiana needed in order to change the health status of the people within the state. And to, you know, try to create more advantageous living conditions for people in the state. And I think all of that actually came in some ways, it kind of came together in Covid. You know, when you get the question, so what role did Covid play in it? I think Covid was an example of how people who trust each other came together, made things happen and supported the people. I think that the whole Covid and the response to Covid was a way in which we bring together trusted partners who ultimately made a difference. And then when it came ultimately to the governor's commission, and then to legislation, it was building on the success of those working steps.

D: Step zero was the building of partnerships that went back (P: yeah) from the founding of the school. I will move into where we are with the governor's commission but I wanted, you know- Nir, you're leading a School of Public Health, why is it in anybody's interest to step out of their lane and go out and show up at a chamber of commerce? Assistant professor, a student, a postdoc, they got papers to write, grants to write, why should they go to a rotary club meeting and build? And for that sake, why should any county health officer who has to do their grants and deliverables on coming to lock zone distributions, to do in the lock zone land? Why would you

go to a rotary club meeting when it's not about your clock grant to do your thing? You're talking about moving out of our key performance indicators to build trust and mobilized community partnerships, why was Indiana this miraculous place where people did that? Are you guys just gifted in this area in Indiana?

N: Well, let me answer the question: why should anyone show up to these community based organizations and activities? Because that's the heart of Public Health. You know, I frequently say if it doesn't matter to people right now, it is not public health almost by definition, right. We're not only looking at things 20, 40, 50 years down the road, and we're certainly not looking at things that are in the past. Public health is a science and discipline focused on the right here, and the right now. And so I would ask what are the implications of having public health professionals of any kind, researchers or practitioners, not knowing what the local community is talking about, what the issues are right now, with either businesses or hospitals or any other organization. You just simply can't be in tune with what's happening locally if you're not engaged.

P: I think this was also one of the unique aspects of the mission of Fairbanks for Public Health. We were created because of an interest in improving the health of the people of Indiana. And our school really adopted a mission that transcended what we traditionally think of, what a School of Public Health does. We graduate students, we do great research but at the end of the day, I think the School of Public Health in Indiana said, yeah we're going to do all of that but the end result is the protection and improvement of the health of the people of Indiana, which is I think kind of out there a little bit. It's going beyond our traditional lane but that's what matters right? And if we're not doing what matters, then you know, we're just one more School of Public Health that, you know, offers classes and does good things, but that doesn't make us extraordinary. It doesn't actually even return value. At least in the terms that the people in Indiana could understand.

D: So I would say there's a shared vision, that somehow maybe you created it, the shared vision of this is what we do.

N: And let me even just add to that. As part of the Fairbank school report where we laid out the public health infrastructure deficiencies in the state of Indiana, one of the things that we learned from talking to stakeholders is how much lack of clarity there is on what public health even needs. And we talk to legislators and business leaders and elected officials at the local level, there's just misunderstandings between the differences of the medical care system and the public health system. And very frequently, people within public health understand this so intuitively, I think we sometimes forget that folks, you know, operating outside of public health, don't have a full understanding of the differences, and or even how the two systems are designed to complement each other. And so I think that realization of how misinformed some very smart

people are, about the differences between the two systems, led to concerted efforts to also educate. You know, I think, and Paul would agree a lot of the times when people talk about public health, some folks just thought that meant we're asking for more dollars in Medicaid. And in fact that was far from what I think we were advocating.

D: Okay now let's get over to after the groundwork is laid, some trust and partnerships. We've got a report that comes out of the Fairbanks Commission, really showing the people of Indiana that they could perform better. Health Commission lays this down. How was the road map from that point on acted out, was there a strategy committee? Was there planning? You talk to this one, I'll talk to that one? How did you...

P: Well yeah, so there's an important aspect of the governor's Commission that I think we need to talk about, and that is, this was a very open process. That meant the meetings themselves were noticed, they were webcast, they were recorded and also included in this process, was a series of listening sessions all over the state, where stakeholders, some of whom were darn mad about the issues of Covid, for example, closing schools, closing down businesses, restricting activities of people. And you know, to say that was popular would not be true. I mean, these were very unpopular and there were people that were pretty mad about it and they showed up, but they were heard right. And they had the opportunity to participate in a process that ultimately called for substantial increase in investment in public health and a relatively high level of engagement. The other thing that I think was really incredible about the governor's Commission process, and I give a lot of credit to the governor who I think was masterful in the way that he laid out the commission, which included co-chairs of the committee with a former State Health Commissioner Dr Judy Monroe, who was at the time the president and who is still the president of the CDC Foundation; along with a very seasoned state senator who had just recently retired, a former chair of the Senate budget committee, extremely well-respected legislator who together co-chaired this committee that ultimately represented an incredible cross-section of people throughout the state of Indiana, business leaders, political leaders, public health leaders, healthcare workers, minority health commissions and so forth. All of those people came together to be part of what is ultimately the solution, which was very inviting of public comment, criticism, and awareness building. And then as a result of those listening sessions, which included by the way, very deliberate intention of talking with the Association of County Commissioners, the Association of Mayors, the Chambers of Commerce, and the various stakeholders, the people that would pay the bills, the people that would be involved, with having legislation approved. And then one of the things that I think that the co-chair did, our state senator, he was so smart in the way that he laid out the formula, which was to say, as we begin getting enthusiasm for improving the funding, we needed to do at least two things. One of which was to make sure that there were built-in accountabilities. Nobody at the state legislature, I don't know of any state, where they're just anxious to give increases in funding without really providing some feedback around whether or not the investment was good. So they built in

accountabilities. But then the second thing that was done was to create a mechanism so most of the increase in funding would actually go back to the county. So the legislators who were voting on the increase in appropriation, were going to see a benefit. And that benefit would come back to their town, and that was important right. So that benefit essentially had to be agreed. You have to agree to accept the money. And there was a small co-pay, or matching, that you needed as a county to contribute. And as it turns out, although there were some of us that were skeptical, and I was probably among them at the beginning saying, well I don't know, we don't want people to opt in for public health. That's kind of ridiculous. We need everybody to be there and of course we did and do. But the way that this was laid out, each of the County Commissioners had to come together in an official session and say yes, we will participate, we will accept the money, we will contribute a certain amount of money, our baseline, you know, essentially, investment that we make. Then they've got a stake in the outcome, and they are affirmatively moving towards being able to accept the money, and to be part of the solution. And that was interesting because the co-chair, our state senator, basically said, you know we did this with roads. It was remarkable, it worked. All of a sudden you know it wasn't just what the legislature was doing, it wasn't people coming down and hanging us for more money. It was actually the people in the county who felt like they had something to say about it, and they're proud of being part of the solution. So ultimately, the way that it was laid out, the way the money would be paid, the way that people would have to work together, I think was one of the reasons why it was successful. Nir? I'll be interested in your thoughts.

N: Yeah I would also add that the state health commissioner was on the governor's commission, and backing up the commission was a very dedicated and talented staff at the Indiana Department of Health who made sure that all the information was flowing to the right people. They met with folks offline, outside of the commission, that had questions. They invited very purposefully every time. The commission went around and did the listening tours. Business leaders from that district, elected officials, mayors, other city council people, to engage in the process. And if anyone had any reservations, they were encouraged, including by the governor, to come and engage in earnest, in the process to have discourse, to understand each other on these issues. The State Department of Health also engaged with keeping legislators up to date with very carefully crafted short messages of things they need to know that just happened including in their district if there was a meeting there, including if any stakeholders that they represent, had issues or engagements or even compliments. They just made sure everyone was constantly aware, and so that momentum could be built and that no one was left behind with not knowing what just happened or what we were leaning towards or where people's issues are at any given time. And I think that was also critical for that momentum that was occurring.

P: Well and the governor was personally involved. There was not a time when it wasn't the governor who was asked "Can we do this?" "Oh yeah here you go, go ahead and do it, and you know have fun." The governor was very involved, Senator Kenley I mentioned already who was

the co-chair, was very involved. There were a lot of communications between the senator and the governor and the State Health commissioner and the leadership. And so this was very much a team effort. And the governor made it clear that it mattered, it mattered to him. He was involved. He was personally invested in the outcome. He was willing to sort of put his reputation on the line, that this was something of value and importance to the people of Indiana. And I think that made a huge difference.

D: Of course it did. Listeners are now going to think, well, I'm in a place where the governor is not a champion so I should just give up. Should they just give up?

P: No! Absolutely not! The governor was not- I would just say to you that interest by the governor was intentionally developed over time. It wasn't that he became the governor and said, "Oh I'm really interested in public health". It wasn't that he wasn't interested but I think there was a very strong intention to engage the governor in the issues of public health. Of course when Covid happened, the governor took a pretty prominent role again because I think it was clear to him that the work, that this was a crisis and the people were looking to him and to the State Health Department for answers during Covid. And I think that Covid was a way in which to sort of ring the bell for public health to say, you know, you need public health. We need a stronger public health system. And this is something that we can do to actually remedy that, but I also think that there were very deliberate actions taken by people to engage the governor, to get his interest and to get him involved. But yeah I've seen and I've been in a lot of other states where the governor may not have seen health as their number one priority. But you cultivate that and you create some interest. And again it's one of those reasons why we talk about the fact this is not an overnight thing. This takes time to develop strong levels of trust. Could you do it without the governor's support? I suppose but boy, it's a whole lot easier when the CEO of the state, the governor, says "this is important and we should do it". Because ultimately legislation is about making tradeoffs right? I mean, you can't have everything. You can't have an increase in public health and education and roads and you know there's a limit, and so you have to make choices. And that's where the governor needs to be involved and engaged. And I would say again, Senator Kenley was really important to this process because legislators are besieged by everybody who wants more money for everything, all good intentions right. But to have a legislator who was known as a fiscal conservative, who really came to the table to say, this is important, made a huge difference. So all of those things taken together, I think are important. And if the governor is not supportive, that's a problem but then you need to begin working on the government.

N: And I will go back to the original point that Paul was making about being a business friendly climate, as a state with a long sort of standing history of governors supporting business friendliness. When you make arguments and show the evidence on how businesses are harmed, when the population health is- so far, not only are healthcare costs higher but absenteeism and

presenteeism is higher. In Indiana, we showed how a decreased life expectancy in that critical group of workers, 25 to 64, life expectancy was going down and the number of people who were lost to prevent the prams, really, I think caught the attention of business leaders including the governor who said our economic goals as a state, the prosperity of, the economic development of the state is tied like almost difficult to separate from the population's health. And while I think people in public health, people outside of public health do not, these seem to be separate issues as well.

P: And to Nir's point, one of the great ways, I think, to engage the governor, is to engage the CEOs of the companies in Indiana. And that's what we did. In particular, there's a group of CEOs that get together as part of what's called the CICP, the Central Indiana Corporate Partnership. This is made up of a group of CEOs who have a strong vested interest in the success of the region. They saw the need for a stronger public health system. They saw the need for an improvement in health because they were seeing, they're paying the premiums, they're paying the cost of poor health. So they recognized it, they got it. I mean, we saw- I remember very distinctly a terrific presentation made by Dave Ricks, the chairman of Lilly, at an Economic Club luncheon, where he basically laid it out. And he said, you know, we're one of the most unhealthy states in the country yet we're growing our business here. You know, there's a disconnect. We need to work on this. Well if that doesn't get the attention of the governor and the legislator, nothing will, you know. So when the CEOs become aware, when they become vocal, when there is a shared interest in a problem, that's where you create a right for change. And I think that's what happened. One of the things that we learn is it's not just the data. You can write reports all day long, a bunch, you know. We're great as academics writing reports but if you don't prepare the ground for the reception of that report, and if you don't have a plan for what people can do, then you know it's a great article, put it in the journal but what have you really accomplished in terms of improving the health of the people that you're interested in?

N: So it also didn't hurt that the state and even the city was going after a high visibility opportunity to bring a headquarters of a major US business to town. And we were unsuccessful. And while we had a pretty strong application, one of the obvious places where we were weak was population health. And so that also, I think, came into the narrative of "This is bad for the development of our region. This is bad for business. Poor health is bad for everyone".

P: Yeah well I remember Dr Kane, Jenny Kane, who's our health officer for Marion County and she loves sports but one of the things that Indianapolis, was the home to the final floor right, and and basketball is a really big deal. We actually had the final four playoffs in the midst of Covid, remember. And so again, sports are really important, you know. Sports also generate a lot of revenue, I mean it's an important part of the economy. And so again, when you create these linkages where people understand it's not just health, as if you know your Aunt Sally doesn't feel good. This is, all this is actually a huge part of the economic engine that ultimately needs to be

fixed so that that we can continue to enjoy the things we really appreciate. And you know, Dr Kane's always talking about the business of sports and her engagement with things but what we've got to do is to be able to make health part of the equation, not just a forgotten element but it's actually part of the success of the state, success of our business, and productivity and quality of life.

D: So we're winding down and I wanted us to summarize. I've taken several important messages which is not just data. Data coming after the ground has been prepared through years of partnerships- because there's a vision of that's what we do. We're in public health but we can't just stay in our lane. We have to get out and show up. That's preparatory. But then once you do have the data, you also were in Indiana, you had some good political guidance from the Governor, from the former state senator that could say we know this playbook, we're here, we're in legislation, we know who you should talk to, this one, this one, this one with that playbook, you're way ahead then without that type. (P: that's exactly right)

And not just okay spend more but spend more and listen to what's required for accountability and have some detailed legislation on what that would look like. Make it friendly to the powers in the county so that the delegates from each location would say, this is me helping my jurisdiction, helping my voters. You made it sellable. You made it sellable to the corporate world, this is how it's good for business, this is how we can recruit. We can lower insurance premiums, how we can bring those big corporations to Indiana. So you've got a lot lined up. Now, how do we help listeners and people in other places? What should they take to their future? What if they're at ground zero where they don't have trust and they don't have- what do they, how do they start?

N: Yeah so let me take a stab at this. And this was critically important in Indiana. In fact I would even go as far as saying the game changing tactic that hasn't come up yet in this morning's conversation. You know we are a conservative state, we are a very Republican state and also let's not forget that the time period here involves a post pandemic time where trust in government, trust in public health, trust even in science was pretty low among the conservative electorates. And what we did was we changed the language of public health. When you think about how public health has historically been criticized, how we are, what our past has been- And there's been a very negative message that's been backwards. Our focus, including when we have been engaging with the legislator, was a very positive future oriented message. We didn't change anything about what public health stands for. We didn't change anything about the importance of Public Health but we framed everything about the positive future that could be envisioned. Should we, you know, move forward together in this way? And it was a lesson for me at least, that I don't think the message of public health was wrong but the envelope that it sometimes traveled with, with a very critical and negative lens on the past, doesn't resonate well with a lot of folks including not a lot of elected officials, certainly not in Indiana. And so this brought up the whole concept of the words that we use, that trigger political narratives. And we

were very careful not to trigger any narratives in anyone's mind because we wanted to have discourse. We wanted people not to be defensive because they perceive you as being from a different political focus or ideology or party but instead to really engage in legitimate bidirectional communication and understanding. And I think that took a lot of foresight of using, you know, creativity and how to describe things. Over time I think the field of public health has relied too much on just one way of saying things over and over. And if it didn't work then why would we expect it to work now?

P: We just keep saying it louder...

D: So what are the new words that we should use?

N: "So wouldn't it be great for everyone if people could be healthy and businesses can thrive and families can thrive and individuals can thrive?", as opposed to being critical at the system and how it used to be and talking about you know- Not that disparities don't exist but for example when you use words, certain words trigger some people's minds, a defensive posture that shuts down the ability for active discourse to quo.

P: You're not going to shame people into feeling good about doing something, right? It's not, I think that there is this sort of idea that if you make people feel bad enough, then maybe they'll change their ways but that's not how you're going to get the kind of funding that I think occurred in Indiana. It's not how you're going to get excitement. I think you build it by building on the strengths and the aspirations that people have. The other thing is, I would say, for people that maybe don't have the relationships or don't have the track record, it starts with small wins. I'm a big believer in the theory of small wins. You don't start with increasing your appropriation by \$100 million. You start by saying, could we do something to maybe increase the percentage of people that get a flu shot this year? Could we help people understand the importance of keeping their blood pressure under control? Could we do some sort of an effort that would move the needle, a small amount but that could actually demonstrate value? And get some wins in your corner, create something that is seemingly valuable, that you contribute, that ultimately could then be a stepping stone to do other things.

N: And examples of how we work with communities to strengthen the safety of playgrounds where kids play, to prevent emergency department visits when someone falls off of the swing or the monkey bars or one of the other activities at the playground? Almost always people don't think about playgrounds as contributing to injury prevention but you know in public health, we know it as a critical piece of it. And so while there's the clinical examples, I think there's got to be also the community based, non-clinical examples as people are getting educated on what is public health and how it resides in every corner of society.

D: Any last words before I close?

P: No- I think you know, thank you so much for your interest, I'm very excited that your students get an opportunity to talk about these things. And to me, this is the essence of what we do in public health. It's creating a consensus. It's creating a positive movement. Some of the greatest advances that we've had in public health come as a result of changing policy, of creating a new norm. And so you can be technically brilliant but if you can't move the needle in terms of changing policy, the impact in public health would be limited, so getting this part right is important. But you don't have to hit a home run the first time you are at bat, it starts by you know, just starting where you're at, getting some success and then building confidence. That over time, you'll be able to make a positive impact.

N: That's yeah. I think the experience we had in Indiana really shows that we can up the trend. When we go back to us, Paul just mentioned some of the public health 101 concepts: bringing people together, talking through issues, having the data but not relying on it exclusively, creating a shared understanding, engaging with elected officials. It's basically back to the basics, yeah basics.

D: Well I wanted to thank you both for coming and sharing And to our listeners, please take this to mind and go back to the basics and build those places where people can be healthy. Thank you so much.