



THE FUTURE OF
THE PUBLIC'S HEALTH
in the 21st Century

INSTITUTE OF MEDICINE
OF THE NATIONAL ACADEMIES

Committee on
Assuring the Health
of the Public in the
21st Century



The committee's vision

Reiterating the vision of
Healthy People 2010:

Healthy people in healthy
communities



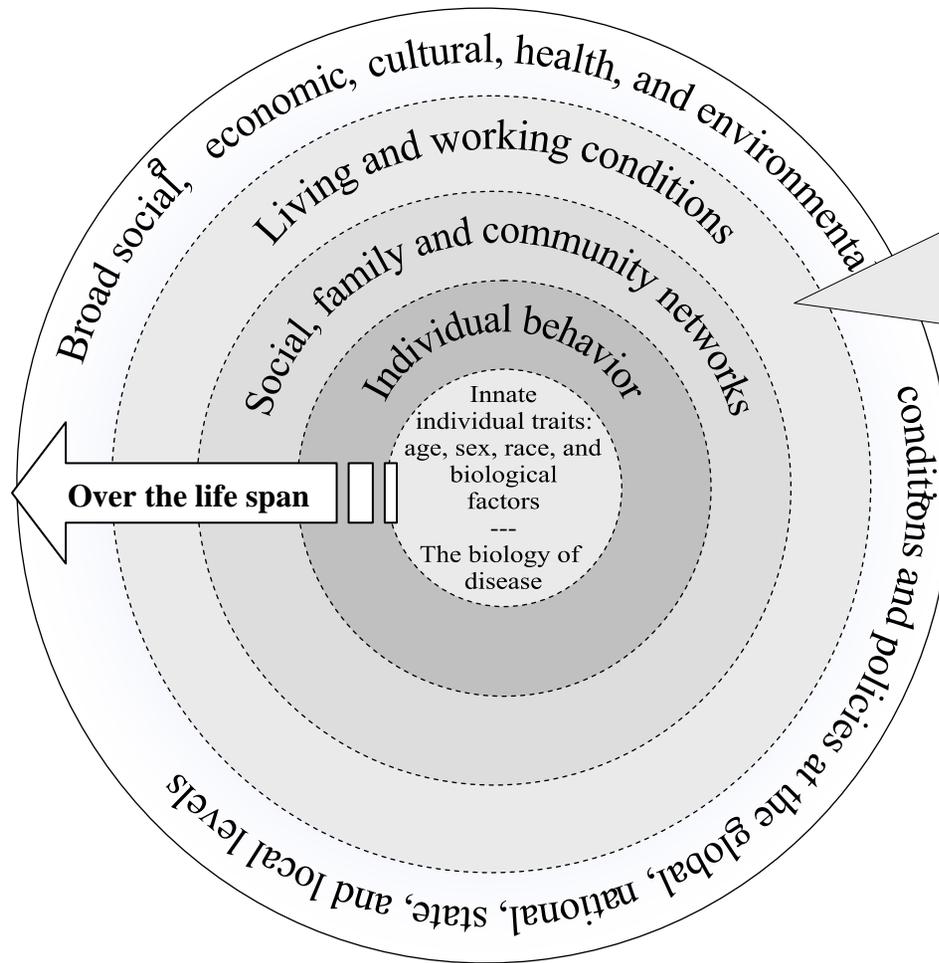
Approach and rationale

- Great national health achievement in the 20th century, *but*
- U.S. falling short in international comparisons
- Poor return on investment in health
- Concern about the government public health infrastructure's ability to meet future health challenges, both local and global



Approach and rationale

A guide to thinking about the determinants of population health



Living and working conditions may include:

- Psychosocial factors
- Employment status and occupational factors
- Socioeconomic status (income, education, occupation)
- The natural and built^c environments
- Public health services
- Health care services

NOTES: Adapted from Dahlgren and Whitehead, 1991. The dotted lines denote interaction effects between and among the various levels of health determinants (Worthman, 1999).



Approach and rationale

The Essential Public Health Services

1. Monitor health status to identify community health problems
2. Diagnose and investigate health problems and health hazards in the community
3. Inform, educate, and empower people about health issues
4. Mobilize community partnerships to identify and solve health problems
5. Develop policies and plans that support individual and community health efforts



Approach and rationale

The Essential Public Health Services continued

6. Enforce laws and regulations that protect health and ensure safety
7. Link people to needed personal health services and assure the provision of health care when otherwise unavailable
8. Assure a competent public health and personal health care workforce
9. Evaluate effectiveness, accessibility, and quality of personal and population-based health services
10. Research for new insights and innovative solutions to health problems

Source: Public Health Function Steering Committee



Approach and rationale

- Health = public good
- Government has fundamental, statutory duty to assure the health of the public, *but*
- Government cannot do it alone
- Need for intersectoral engagement in partnership with government.
- Health = social goal of many sectors and communities



Approach and rationale

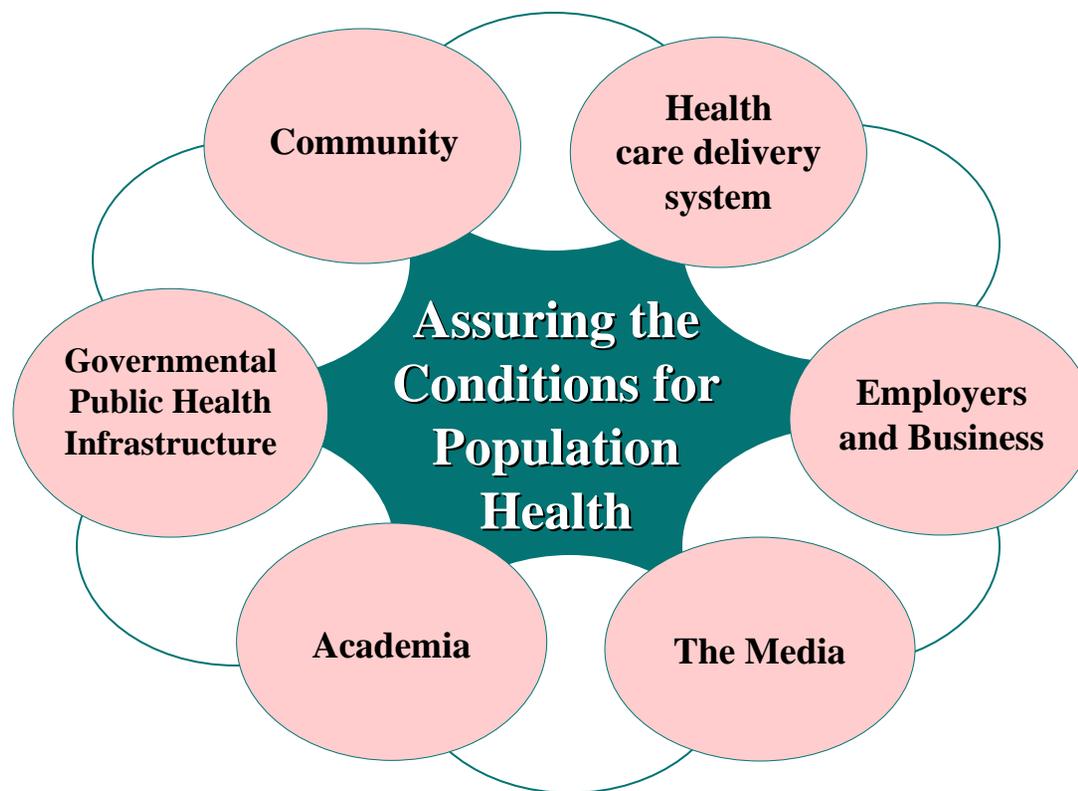
- An intersectoral public health system is needed.
- In 1988 report, public health refers to the organized efforts of society, both government and others, to assure the population's health.
- The 2002 report elaborates on the efforts of the other potential public health system actors.



Approach and rationale

- This report puts forth areas of action and change to help attain the vision.
- These outline a framework for intersectoral public health system action.

The Public Health System





Public health system actors

- **THE SYSTEM BACKBONE:** The governmental public health infrastructure
- The health care delivery system
- Community
- Business and employers
- The media
- Academia (public health and health sciences)



Areas of action and change

- Adopt a population-level approach, including multiple determinants of health
- Strengthen the governmental public health infrastructure
- Build partnerships
- Develop systems of accountability
- Base policy and practice on evidence
- Enhance communication



Infrastructure

Recommendations to Congress

Recommendation 3. Designate funds to support periodic assessment of workforce preparedness, and the provision of needed training.

Recommendation 15. Establish a National Public Health Council comprised of the Secretary of HHS and state health commissioners, to provide a forum for communication and collaboration to achieve national health goals as articulated in Healthy People 2010.

* Unless in quotation marks, recommendations above are abridged.



Infrastructure

Recommendations* to the Secretary of HHS and DHHS agencies

Recommendation 1. Appoint a national commission to develop a framework for state public health law reform.

Recommendation 5. Initiate a broad-based national dialogue, led by a national commission convened by the Secretary of HHS, to explore perspectives on workforce credentialing, and to outline next steps based on decisions reached.

Recommendation 7. Facilitate the development and implementation of the National Health Information Infrastructure (NHII).



Infrastructure

Recommendations to the Secretary of HHS and DHHS agencies

Recommendation 8. Regularly assess the state of the nation's public health system and its capacity to provide the essential public health services to every community.

Recommendation 9. Evaluate the status of the nation's public health laboratory system, including an assessment of the impact of recent increased funding.

Recommendation 10. Develop a comprehensive investment plan for a strong national governmental public health infrastructure; with added infrastructure support from state and local governments.



Infrastructure

Recommendations to the Secretary of HHS and DHHS agencies

Recommendation 12. Appoint a national commission to consider if an accreditation system would be useful for improving and building state and local public health agency capacity, and as appropriate, collaborate with state and local governments in its implementation.

Recommendation 13. Develop a research agenda and estimate the funding needed to build the evidence base that will guide policy making for public health practice.

Recommendation 14. Review the regulatory authorities of DHHS agencies to maximize effectiveness and collaboration across federal departments, and with other state and local health agencies.



Infrastructure

Recommendations to the federal, state and local government public health agencies

Recommendation 2. Develop strategies to ensure and support public health worker competency in the public sector, and to encourage competency development for private sector public health workers.

Recommendation 4. Make leadership training, support, and development a priority within government public health agencies and the academia that prepares the workforce.



Infrastructure

Recommendations to the federal, state and local government public health agencies

Recommendation 6. Recognize communication as a critical core competency of public health practice, and implement steps to enhance communication activities and technologies.

Recommendation 11. Renew efforts by federal and state governments to experiment with clustering or consolidation of categorical grants for the purpose of increasing local flexibility to address priority health concerns, and enhance the efficient use of limited resources.



Community

Recommendations to government and others

Recommendation 16. Local health departments should support community-led efforts to promote and protect health.

Recommendation 17. Government and private funders of community health initiatives should focus on long-lasting change by supporting ongoing community engagement and leadership, and the institutionalization of effective programs.



Health Care Delivery System

Recommendations pertaining to health care and the health care delivery system

Recommendation 18. “Adequate population health cannot be achieved without making comprehensive and affordable health care available to every person residing in the United States. The federal government should lead a national effort to examine the options available to achieve stable health care coverage of individuals and families, and to assure the implementation of plans to achieve that result.”



Health Care Delivery System

Recommendations to government and others

Recommendation 19. “All public and privately funded insurance plans should include age-appropriate preventive services as recommended by the U.S. Preventive Services Task Force, and provide evidence-based coverage of oral health, mental health, and substance abuse treatment services.”

Recommendation 20. Federal government and other major investors in health care should support bold, large-scale demonstrations to test radical new approaches to increase the efficiency and effectiveness of health care finance and delivery systems.



Business and employers

Recommendations to government and business

Recommendation 21. “The federal government should develop programs to assist small and low-wage employers to purchase health insurance at reasonable rates.”

Recommendation 22. The corporate community and public health agencies should engage in joint efforts to strengthen health promotion, and disease and injury prevention programs for employees and their communities, including developing communication and information linkages, enhancing the research base, and recognizing business leadership in employee and community health.



The Media

Recommendations to government and media

Recommendation 23. Medical and public health officials and editors and journalists at the local level and their representative associations nationally should engage in dialogue.

Recommendation 24. “TV networks, stations, and cable providers should increase the amount of time they donate to public service announcements (PSAs), as partial fulfillment of the public service requirement in their FCC licensing agreements.”

Recommendation 25. “The FCC should review its regulations for PSA broadcasting on television and radio to ensure a more balanced broadcasting schedule that will reach a greater proportion of the viewing and listening audiences.”



The Media

Recommendations to government agencies and others

Recommendation 26. “Public health officials and local and national entertainment media should work together to facilitate the communication of accurate information about disease and about medical and health issues in the entertainment media.”

Recommendation 27. “Public health and communication researchers should develop an evidence base on media influences on health knowledge and behavior, as well as on the promotion of healthy public policy.”



Academia

Recommendations to academia and funders

Recommendation 28. Increase integrated learning opportunities for students in public health and other related health science professions.

Recommendation 30. “Federal funders of research and academic institutions should recognize and reward faculty scholarship related to public health practice research.”

Recommendation 34. “Academic institutions should develop criteria for recognizing and rewarding faculty scholarship related to service activities that strengthen public health practice.”



Academia

Recommendations to DHHS agencies

Recommendation 32. “CDC should authorize an analysis of the funding levels necessary for effective Prevention Research Center functioning, taking into account the levels authorized by P.L. 98–551 as well as the amount of prevention research occurring in other institutions and organizations.”

Recommendation 33. NIH should increase the portion of its budget allocated to population- and community-based prevention research.



Academia

Recommendations to Congress

Recommendation 29. Increase funding for HRSA programs that support public health students, the Public Health Training Center, and the National and Regional Leadership Institutes that train public health and community leaders.

Recommendation 31. Increase funding to support CDC in enhancing its investigator-initiated program for prevention research in addition to maintaining a strong program of Centers, Institutes, and Offices (CIO)-generated research.