

Your homework for the Health Care Session day will be to read the following excerpt from the article, “The Future of the Public’s Health in the 21st Century”. The full text can be found at: <http://www.dhs.wisconsin.gov/hw2020/health/chronic/iomreport.pdf>

The article was written in 2002 as a reflection of “The Future of Public Health” written in 1998 by the Institute of Medicine. A committee was established to address the concerns that the report found. Consider the article, as a “look back in time” and comparing it to our current health status.

As you are reading through the article consider the following:

-How have the recommendations from the committee addressed the concerns from the 1988 article? How do the recommendations fit with what we have learning in the previous session days?

-What could have been further recommended from the committee?

-Do you see any of these recommendations implemented today? If so, how?

THE FUTURE OF THE PUBLIC’S HEALTH IN THE 21ST CENTURY

In 1988, the Institute of Medicine (IOM) published its landmark report The Future of Public Health. The report defined public health as what society does collectively to assure the conditions for people to be healthy and presented strong evidence to indicate that the public health system—the organizational mechanism for achieving the best population health—was in disarray. Although the report described the public health system as the governmental public health agencies and “the associated efforts of private and voluntary organizations and

individuals,” it focused specifically on ways to strengthen governmental public health infrastructure.

The Committee on Assuring the Health of the Public in the 21st Century was convened with the charge to create a framework for assuring population health¹ in the United States that would be more inclusive than that of the 1988 report and that could be effectively communicated to and acted upon by diverse communities. In the new report, the Committee uses the term “public health system” in a manner that builds on the 1988 usage, but reflects present realities.

The Future of the Public’s Health examines both the governmental component of the public health system and the potential contributions of other sectors and entities.

Health care services and biomedical technologies can generally only address the immediate causes of disease—for instance, controlling high blood pressure to prevent heart attacks—and do so on an individual basis. Preventive approaches that focus on populations are likely to have broader impact. Such approaches may include “healthy” policies that support education, adequate housing, a living wage, or clean air. In addition, they can address some of the pervasive socio-economic inequities that appear to be associated with profound disparities in health status, access, and outcomes.

If assuring the conditions that support population health is an important social and political undertaking, as this committee believes, the government and its partners must be committed to a broad array of activities in order to change the conditions for health.

ACTORS IN THE PUBLIC HEALTH SYSTEM

Work on this report began well before the autumn of 2001, but the systemic deficiencies ... highlighted at that time underscore the report’s central message: in order to protect and promote health and well-being, the nation needs a strong governmental public health infrastructure. The glare of a national crisis highlighted the state of the infrastructure with unprecedented clarity to the public and policy makers: outdated and vulnerable technologies; a public health workforce lacking training and reinforcements; antiquated laboratory capacity; lack of real-time surveillance and epidemiological systems; ineffective and fragmented communications networks; incomplete domestic preparedness and emergency responsive capabilities; and communities without access to essential public health services. Although these problems became apparent in a time of crisis, they gave rise to concerns about the integrity of the day-to-day functioning of the structures that promote and protect the public’s health in the face of food safety issues, exotic or reemerging microbes,

and escalating chronic disease.

Government public health agencies, as the backbone of the public health system, are clearly in need of support and resources, but they cannot work alone. They must build and maintain partnerships with other organizations and sectors of society, working closely with communities and community based organizations, the health care delivery system, academia, business, and the media.

RECOMMENDATIONS²

The Committee found that the governmental public health infrastructure has been neglected, and health law is needed to ensure quality of services and optimal performance. Therefore, the Committee recommends:

1. The Secretary of Health and Human Services (HHS), in conjunction with the states, should appoint a national commission to develop a framework for state public health law reform.
2. The federal, state, and local government public health agencies should 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.
3. Congress should designate funds to support the periodic assessment of workforce preparedness and the provision of needed training.
4. The federal, state, and local government public health agencies should prioritize leadership training, support, and development within government public health agencies and the academic institutions that prepare the workforce.
5. The Secretary of HHS should initiate a broad-based national dialogue to explore perspectives on workforce credentialing outlining next steps based on decisions reached.
6. The federal, state, and local government public health agencies and their partners should recognize communication as a critical core competency of public health practice, and implement steps to enhance communication activities and technologies.
7. The Secretary of HHS should facilitate the development and implementation of the National Health Information Infrastructure (NHII) under the leadership of the Secretary of HHS.
8. The Department of Health and Human Services (DHHS) should regularly assess the state of the nation's public health system and its capacity to provide the essential public health services to every community.
9. DHHS should evaluate the status of the nation's public health laboratory system, and include an assessment of the impact of recent increased funding.
10. DHHS should develop a comprehensive investment plan for a strong national governmental public health infrastructure, with added infrastructure support from state and local governments.
11. The federal and state governments should renew efforts 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.

12. The Secretary of HHS should 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.

13. The Centers for Disease Control and Prevention (CDC) should develop a research agenda and estimate the funding needed to build the evidence base that will guide policy making for public health practice.

14. The Secretary of HHS should review the regulatory authorities of DHHS agencies to maximize effectiveness and collaboration across federal departments and with other state and local health agencies.

15. Congress should establish a National Public Health Council comprised of the Secretary of HHS and state health officers, to provide a forum for communication and collaboration on action to achieve national health goals as articulated in Healthy People 2010.

The committee found that communities have traditionally been passive recipients of services or subjects of research. To fully include communities as potential actors in the public health system and to sustain change in the conditions for health, the committee recommends:

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

17. Government and private funders of community health initiatives should focus on long-lasting change by supporting ongoing community engagement and leadership through supportive mechanisms and realistic expectations.

The committee found that the health care delivery system and the government public health agencies interface in many areas, but their relationship is often strained or fragmented and inefficient. In recognition of the important role of the health care delivery system in promoting and protecting the public's health, the committee recommends:

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.

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.

20. The 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.

The committee found that the corporate community can positively or negatively shape the conditions for health, through employment and the provision of health benefits, through

environmental impacts, and through products and services. The committee believes that employers and businesses can play a pivotal role in furthering population health goals, and recommends:

21. The federal government should develop programs to assist small and low-wage employers to purchase health insurance at reasonable rates.
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 at their communities, including developing communication and information linkages, enhancing the research base, and recognizing business leadership in employee and community health