

CAMPAIGN FOR PUBLIC HEALTH

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HEALTH REFORM AND PUBLIC HEALTH KEY ISSUES AND CONSIDERATIONS

AN OVERVIEW OF PUBLIC HEALTH NEEDS

BACKGROUND

In an effort to influence the ongoing “health care reform” debate, the Campaign for Public Health and the co-chairs of the Congressional Study Group on Public Health organized five meetings on Capitol Hill between the months of September and December of 2008. These meetings brought together more than 60 interested stakeholder organizations. The open discussion of the important role public health should play in any health reform debate resulted in this document.

A complete list of participating groups and more background information can be found at www.FundCDC.org.

OUTCOMES

CPH and Study Group staff members will present House and Senate health committee staff these findings during January to brief them on this effort. A substantial list of priority considerations was collected over the past four months. This document lists key public health points submitted by the participants or discussed during the meetings. The list does not cover all comments or suggestions made in the meetings.

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SECTION ONE USEFUL TERMS

Public Health: “the science and art of preventing disease, prolonging life and promoting physical health through organized community efforts...” – C.E.A. Winslow, founder of modern public health

Community-Based Public Health Programs: public health programs designed to protect a defined group and that engage multiple sectors of a community. These programs are generally based on geography.

- EXAMPLE: A local public health department works with the department of transportation, the schools, local businesses in an effort to improve sidewalks to help increase physical activity.

Population-Based Public Health Programs: public health programs designed to impact the health of groups of people regardless of their geographic proximity.

- EXAMPLE: Public Health Research showed an increase prevalence of birth defects among Hispanics. As a result, public health leaders worked to include folic acid in corn products, which were more commonly consumed by this minority group.

Clinical Preventive Services: a health care service delivered in a clinical setting for the purpose of preventing the onset or progression of a health condition or illness.

Public Health Research: research that investigates and supports improved understanding of health promotion, prevention of injury, disability, and diseases, and preparedness activities. This study often tracks the health outcomes of a group involved in, or that would benefit from, a public health program. Some efforts focus on cost effectiveness and health benefits.

SECTION TWO HEALTH REFORM RECOMMENDATIONS (not prioritized)

Health reform must **focus on wellness and prevention** in addition to addressing “care” issues

- For far too long, our nation’s health system has focused resources on treating the ill and given little attention to limiting the impact of preventable conditions.

Regarding “prevention,” **recognize the important of community-based public health** and prevention-focused programs, not simply clinical preventive services.

- In order to be successful, many clinical preventive interventions require a strong community-based support structure. Critical to the success of prevention and wellness at the clinical level is the ability to link patients who receive clinical advice from their providers to community resources that will facilitate and encourage their health promotion behaviors.

EXAMPLE: A doctor can encourage a person to be more physically active, including writing a prescription for a person to get more exercise. However, unless a person has access to a safe, accessible place to engage in activity, they will not be able to “fill” this prescription.

Every effort should be made to **ensure communities are investing in the most effective programs** possible by including performance measures and independent assessments.

- Public health efforts save lives and can be very cost effective. A series of community-based disease prevention programs for improving rates of physical activity, nutrition, and smoking cessation have been identified by Trust for America's Health that could dramatically reduce the prevalence and/or severity of the most expensive chronic diseases in the U.S. today. This same study found that an investment of \$10 per person per year in effective programs to improve physical activity and good nutrition and prevent smoking could result in more than \$16 billion savings in health care costs annually within 5 years. This is a return of \$5.60 for every \$1.

Promote, develop and use science and scientific research findings as the foundation of public health interventions

- Public health policy directives from government bodies must be science-based, not based on political ideology.
- Public health research is not the same as traditional bench research (as done at the National Institutes of Health) and this difference should be recognized.
- A shift toward prevention based on translating evidenced-based research into practice would require increased funding for the Centers for Disease Control and Prevention (CDC) and the Agency for Healthcare Research and Quality (AHRQ).
- The Task Force on Community Preventive Services and the US Preventive Services Task Force have clearly defined what works in prevention. A more robust health infrastructure would ensure these recommendations are translated into practice.

Strengthen health surveillance, health IT and data collection systems, which are critical to tracking health indicators as well as monitoring and evaluating disease trends

- Our system of surveillance has developed piecemeal and significant gaps exist. Health reform must address the weaknesses in our nation's public health infrastructure.
- A comprehensive surveillance package to monitor changes in our health care status as a result of coverage and other health care interventions would be critical in evaluating what works to improve our nation's health.
- Electronic health records contain invaluable health information and have the potential to enhance public health related surveillance significantly. While individual privacy must be protected, aggregate information about the health of communities would provide public health officials with crucial information to investigate health trends, threats, patterns of disease.
- The U.S. lacks a reliable and up-to-date two-way electronic reporting and alert system that links state and local public health laboratories to state epidemiologists and the CDC. Public health's seamless incorporation into developing electronic health record standards and guidelines must be a priority.

Formalize and **integrate public health's role in non-traditional areas**

- Foster inter-agency and inter-departmental cooperation for public health issues.
- A formalized structure better enabling federal departments to work together on public health issues should be formed. Governmental public health efforts could be more effectively

integrated across a variety of federal departments outside of the Department of Health and Human Services, including: the Departments of Education (i.e. school lunch policy), Transportation (i.e. safe routes to schools), Agriculture (supporting healthy food choices and limiting foodborne illness) and several other non-traditional areas.

Fortify our nation's public health infrastructure

- Funding to our nation's capacity to detect, analyze, and respond to a range of infectious, environmental, chronic and other conditions of public health importance has been cut or eroded by inflation significantly since 2005.
- The United States lacks an adequate number of public health workers and an economic downturn is exacerbating the problem through layoffs, staffing freezes or attrition at the state and local level.
- We must adequately equip and support our public health laboratories, health departments, quarantine centers and other governmental public health recourses.

Project future health problems and set public health priorities accordingly

- Taking a long-term view of health problems and setting public health priorities now to avert future problems will save future resources. The rise of childhood obesity among our youth is the most tangible example of our lack of attention on what we know will become a problem in the future.

"Score" the cost savings associated with prevention and public health programs

- The Congressional Budget Office is considering "scoring" prevention programs, an effort that would help to validate the cost savings that many of these programs provide over the long term.

Consider dedicated funding streams for serious public health threats as was done for childhood immunizations

- The human and financial impact of several issues (ie, the rise of obesity, the impact of chronic disease, health disparities and health inequities) may warrant a more predictable funding source than the annual appropriations bill if the federal government truly hopes to address these issues. Public health programs addressing critical health issues would benefit from a more predictable and sustainable funding stream.

Federal prevention and public health policy should **address health inequities**

- Health inequities are differences in health status that have been shown to be directly related to such factors as income, race and ethnicity, disability, housing, environment, and/or the particular community in which an individual lives.
- Policy makers should address the root causes of these inequities, rather than merely providing access to medical care.
- It is necessary to fund the collection and dissemination of health status data at the community or census level, broken down by such factors as ethnicity, disability and household income, in order to gain a systematic understanding of the problem and enable targeting of community-based interventions where they are most needed and will have the greatest effect on health status.

Recognize importance of **public health preparedness**

- The reformed health system must contribute to critical public health functions such as surveillance (integrating into other electronic health systems the mechanisms that identify new or urgent crises), surge capacity (by providing ongoing financial support for health centers to support a sudden increase in demand) and appropriate reimbursement for preparedness and response.
- The states, with support from DHHS, should adopt real time, ongoing regional monitoring of ER crowding, hospital surge capacity and on-call specialist coverage to assure timely flow of ambulances, and referral of acutely ill and injured patients from rural hospitals and smaller facilities to tertiary care facilities. This information is also vital for mounting an efficient and coherent response to disasters, bioterrorism, and other mass casualty events.

SECTION THREE STRUCTURAL CHANGES (not prioritized)

Strengthen public health leadership at the federal level.

- Strengthen the Centers for Disease Control and Prevention, our nation's premier health protection agency. The CDC's core programs have been significantly cut in recent years – failing to keep up with inflation. These cuts come at a time when the CDC's mission is expanding to meet the ever-growing health threats facing Americans. Now more than ever, we must provide the CDC with the resources it needs to fulfill its public health duties.
- Explore the possibility of authorizing the entire CDC budget rather than reauthorizing its various parts. Doing so would give the agency much needed congressional attention and allow for a unified force of support for the agency.
- Strengthen the Office of the U.S. Surgeon General.

Expand public health workforce development efforts to meet the current and predicted shortage

- The public health system is facing a critical workforce shortage. Bolstering the public health workforce must be included in efforts to fortify the nation's overall workforce of health professionals.
- Several observers have already predicted a shortage of care providers - physicians and nurses - due to the aging of the population, but we should also pay close attention to the need for those meant to keep this population out of the care system through prevention focused activities.
- Public health physicians play an integral role in improving awareness, availability, and utilization of prevention and wellness services and are uniquely positioned to translate evidence-based prevention into actionable public health programs.

Strengthen the public health laboratory system

- Our nation's public health laboratories are critical to ensuring timely and accurate identification of health threats, allowing for adequate disease surveillance, as well as serving a variety of other vital public health functions. As a result, they need to be strengthened to ensure they can meet the vast public health challenges they face.

SECTION FOUR SPECIFIC AREAS OF INTERESTS (not prioritized)

Ensure **mental health services** are transformed into a system focused on early intervention and recovery

- Mental illness is very common and ranks first in terms of causing disability in the US.
- The President's Commission on Mental Health calls for transforming fragmented public mental health services into a system focused on early intervention and recovery. Funding community-based services, like those identified as model programs in the Commission's report, would ensure that the CMHS can provide Americans with proven prevention and treatment programs.

Injury is a leading cause of death and disability, particularly for younger Americans. The vast majority of injury is preventable, particularly with proper public health interventions.

- Injury is the leading cause of death for Americans between the ages of 1 and 44, costs \$406 billion in medical expenses and lost productivity, and results in an average of 55 emergency department visits every minute.

Recognize the value of **workplace wellness** efforts and the importance of ensuring a healthy workforce

- Investment in programs to assure a healthy, capable, and available U.S. workforce inclusive of people with disabilities should be a priority. The workforce is the engine that drives our economy and more should be done to ensure our nation has healthy, productive workers.
- Workplace wellness programs should go beyond generic "wellness", to bring a convergence of primary, secondary and tertiary prevention activities to the workplace.
- Workplace wellness programs for federal employees and their families should include confidential counseling for behavioral or mental health concerns.

More than 84 million American are affected by **a mental health or addictive disorders** and as such, behavioral health must be given higher priority as a major public health concern.

- Mental health and addictive disorders are the leading cause of combined death and disability for women and the second-leading cause for all men.
- Behavioral health experts should be represented on any public health taskforces or groups at the national level.
- In organizing its new leadership, DHHS should develop and implement a coordinated effort between behavioral and physical health. This effort should occur across all federal agencies that have an interest in health.
- National measures must be developed to determine how well community-level interventions and other government programs are working to improve behavioral health.

Animal health and zoonotic diseases directly affect human health. Seventy-five percent of the 175 species of pathogens classified as emerging are zoonotic.

- Public health officials, veterinarians, physicians, and others should be better educated about zoonotic diseases and the impact they can have on animals and humans.
- Emerging zoonotic diseases are a growing concern in the public health community.
- Additionally, classic disease threats such as rabies and plague pose continued enzootic disease threats within the U.S.

Antimicrobial resistance

- Antimicrobial resistance is a growing public health concern and should be given a higher priority.

Obesity in children and adults is a major public health issue that has serious implications for our nation's health care system. Resources must be directed towards combating it.

- Overweight and obesity are major risk factors for a variety of negative health conditions including heart disease, diabetes, high blood pressure and some cancers.
- According to Trust for America's Health, obesity rates have doubled among adults and nearly tripled among children since 1980. Currently, 30% of adults and 16% of children are obese.
- Children who are obese in childhood and adolescence are likely to become obese adults, setting a course for poor health throughout their lifetime.
- Health care related costs directed towards obesity total \$61 billion, which significantly impacts the U.S. economy, making prevention efforts to reduce this health threat essential.

Childhood, adolescent and adult immunizations play a critical role in protecting the health of Americans and must be strengthened.

- Immunizations are one of the most cost effective disease prevention tools available.
- Much more should be done with respect to educating the population about the importance of vaccinations and their safety.

SECTION FIVE SPECIFIC LEGISLATIVE INITIATIVES OF INTEREST (not prioritized) (Bill numbers are from the 110th Session of Congress unless noted)

Need to better coordinate animal and human health surveillance systems

HR 6905, Section 2825: Evaluation of Best Practices in Public Health Surveillance

HR 6905, Section 3: Evaluation of Best Practices in Public Health Surveillance

Direct the Secretary of HHS to coordinate public health surveillance of zoonotic diseases

S.1804: Natural Agriculture and Food Defense Act

Enhance the nation's ability to prevent, prepare for, detect, and respond to agriculture and food emergencies

S.1804: Natural Agriculture and Food Defense Act

Develop an independent, dedicated funding stream for a Wellness Trust
S.3674: 21st Century Wellness Trust Act

Strengthen the Office of the U.S. Surgeon General as the leader of the nation's public health workforce
HR 3447: Surgeon General Independence Act

Address the need for more veterinarians in the public health workforce
HR 1232, S. 746: Veterinary Public Health Workforce Expansion Act

Establish various programs for the recruitment and retention of public health workers
S.1882, HR 5496: Public Health Preparedness Workforce Development Act

Strengthen Public Health Infrastructure at all levels: local, state and federal (CDC)
H.R. 6905 S. 3476) the National Integrated Public Health Surveillance Systems and Reportable
Conditions Act

Childhood, adolescent and adult immunizations need to be strengthened
HR 4990: Vaccines for Children Access Act of 2008
HR 4992: Medicare Improvement Act of 2007
HR 4993: Vaccines for the Uninsured Adult Act of 2008

Antimicrobial resistance and infections
HR 3697, S. 2313: Strategies to Address Antimicrobial Resistance Act