

# **PUBLIC HEALTH INFRASTRUCTURE**

## **Defining Public Health**

Public health principles prioritize achieving and protecting the health and wellbeing of individuals, communities and populations, which in turn requires economic and social equity and justice, democracy, and equitable access to health-related services. Leaders internationally have vowed to “place people at the center of development and direct our economies to meet human needs more effectively.” Yet widespread threats to global health persist, coexisting with both unprecedented wealth and economic inequality.

## **Public health, medical care, indicators of health.**

Access to affordable medical care is a critical issue, and most health-related funds in the U.S., for example, are allocated to this realm of health services. However, the broader field of public health considers and addresses a wide range of factors that influence people’s health.

The U.S. Institute of Medicine (IOM) has defined public health as “what society does collectively to assure the conditions for people to be healthy.” The objective of public health efforts is to achieve “population health (also referred to as the health of the population, or the public’s health) as measured by health status indicators” such as life span, infant mortality, and quality of life. The IOM noted that:

the health of populations and individuals is shaped by a wide range of factors in the social, economic, natural, built, and political environments. These factors interact in complex ways with each other and with innate individual traits such as gender and genetics. Approaching health from such a broad perspective takes into account the potential effects of social connectedness, economic inequality, social norms, and public policies on health-related behaviors and on health status.

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.<sup>51</sup>

In 2000, recognizing the dramatic change in the world health situation in the latter part of the 20<sup>th</sup> century, the UN Committee on Economic, Social, and Cultural Rights called for consideration of resource distribution and gender differences as determinants of health, as well as such socially-related concerns as violence and armed conflict, new diseases such as AIDS, increasingly prevalent conditions such as cancer, and the rapid growth of the world population as obstacles to realizing the right to health. The statement recognizes that the participation of the population in all health-related decision-making at the community, national and international levels is important.<sup>92</sup>

## **Disparities in health**

Some health conditions strike people disproportionately based on attributes such as gender, race and ethnicity, income, education or age. These differences may be due largely to biological factors, such as conditions related to older age. However, in many other cases the reasons for the differences are complex, reflecting inequalities in economic and social status and in power. These inequalities can in turn affect the health of communities and individuals' health-related behaviors, and are also associated with poorer access to adequate health care. Differences which are related to economic, social and political inequalities are referred to as disparities.<sup>83</sup>

The IOM reports that, "Despite leading the world in health expenditures, the United States is not fully meeting its potential in health status and lags behind many of its peers," due to several factors. "For example, the vast majority of health care spending, as much as 95 percent by some estimates, is directed toward medical care and biomedical research, [despite] strong evidence that health care is just one of several determinants of health." Further, many lack health insurance or access to health care services.

### **Public Health Policies and Activities**

Public health policies and activities include:

Monitoring and surveillance of population health

Preventive approaches that focus on the impact of social, economic, natural, built, and political environments on populations.

- Support for education, adequate housing, living wages, and clean air
- Protection of the food supply
- Assuring a built environment that enables and encourages physical activity
- Preventive health care to prevent and control chronic illnesses
- Reducing social and economic disparities
  - Reducing violence related to gender, race, economic status
  - Reducing disparities in access to health care and in health care treatment
- Tobacco control

Publicly financed or provided clinical health services

- Federal/state: Medicare, Medicaid, SCHIP
- County/local: Primary care clinics, school-based clinics
- Public hospitals
- Screening for sexually transmitted diseases, HIV/AIDS

## **THE PROBLEMS**

### ***Widespread Threats to Public Health Exist***

- Social and economic conditions and policies make people sick and produce health inequities: economic deprivation, discrimination, and adverse conditions at work, in the environment, and in the neighborhood.
- The food safety system in the U.S. is fragmented and flawed. Food-borne illness continues to threaten Americans, affecting 76 million people and resulting in 325,000 hospitalizations and 5,000 deaths every year.
- There is a significant shortage of health care and public health workers in the U.S., including nurses, nurse faculty, family physicians, dentists, nurse midwives, long-term care professionals, epidemiologists and others. Shortages vary both geographically across the nation and by specialty. Laboratory professionals are vital in confirming cases of new and emerging diseases, testing drinking water and soil for toxic substances and screening newborns for metabolic and genetic disorders.
- Public health receives 3 cents for every dollar spent on health in the U.S. to pay for vital public health functions ranging from preventing diseases to responding to natural and manmade disasters.

## **PUBLIC HEALTH POLICIES**

### ***Ensure a Safe Food Supply for Americans***

- **Strengthen the U.S. Food Safety System**  
Strengthen the safety of the U.S. food supply, in areas of data collection, research, prevention, preparedness, response to threats.

### ***Support Health Resources and Services Administration (HRSA) Health Centers Programs***

- **Reauthorize the Federal Health Centers Programs**  
The federal health centers programs were established to provide quality health care for medically underserved populations in this country. For 30 years, these programs have played a crucial role in delivering health care services to primarily low-income, underinsured individuals. Support the reauthorization and expansion of these programs.

### ***Strengthen the Public Health Infrastructure at the Federal, State, and Local Levels***

- **Develop a National and Regional Strategy for Public Health**  
Support the collaboration of governments at all levels, to lead the effort to develop a national and regional strategy for public health, and align funding mechanisms to support its implementation.

- **Increase Research on Policies that Improve the Public's Health**  
Promote and support public health research to optimize organization of the 3,000 health departments in the country.
- Call for the government to examine its agricultural, educational, environmental, and health policies to assess and improve public health.
- **Modernize Public Health Laboratories**  
Strengthen the U.S. public health infrastructure by supporting efforts to improve the national network of public health laboratories. These facilities play a crucial role in the identification and tracking of threats to public health, as well as the coordination of fast and effective response efforts.
- **Increase Funding for Monitoring and Surveillance**  
Fully fund the National Center for Health Statistics (NCHS), a division of the CDC responsible for monitoring the nation's health and providing surveillance information to identify and address public health problems. Increase funding for monitoring and surveillance efforts at the state and local levels.

*Address Shortages in the Health Care Workforce*

- **Support Research on Gender Inequities in the Health Care Workforce**  
Support research to document gender inequities in pay, managerial authority and autonomy per skill set in the health care workforce (i.e., note whether female dominated professions, or women in those professions, are disadvantaged relative to men, despite equivalent competencies).
- **Improve the Organizational Structure of Health Care Institutions**  
Support research to document health care institutions with relatively low rates of turnover and burnout, and replicate relevant organizational features.
- **Create an Office of Health Care Workforce**  
Create an Office of Health Care Workforce, with a subset addressing women health care workers and the needs of women and their health.
- **Support Pilot Projects Aimed at Coordinating Care and Support a Team Approach in Medical Homes**  
Support pilot projects intended to address a largely disorganized and fragmented delivery system characterized by lack of coordination, incomplete patient information, poor communication, uneven quality, and rising costs. Within primary care medical homes, Support a team approach that includes an expert in women's health and offer a broad range of women health services.

- **Enable Home Health Workers to Receive Benefits**  
Enable home health workers to receive many benefits, including health care, by identifying a public sector employer – an approach pioneered by health care unions.
- **Increase Education for Primary Care Providers**  
Increase educational programs for primary care providers, including nurses and nurse practitioners, and geriatricians. Educational programs, including increased support for college education and training, should increase the pipeline for future health care workers.
- **Address the Health Workers Crisis in Africa**  
In the U.S., the quality of care that many nurse practitioners provide is equivalent to that of physicians. Furthermore, nurses can be trained to become nurse practitioners in less time, and at a lower cost than physicians. Therefore, the Administration should support efforts to address the health crisis in Africa that provide advanced education to African nurses, and work to address the “brain drain” loss of health providers from Africa and Asia to the U.S. and other developed nations.

#### **Public Health Programs Senator Obama has Supported:**

- Create a reserve fund for the establishment of a bipartisan Medicaid commission to consider and recommend appropriate reforms to the Medicaid program, and to strike Medicaid cuts to protect states and vulnerable populations.
- Expand access to preventive health care services that reduce unintended pregnancy, including teen pregnancy, reduce the number of abortions and improve access to women’s health care.
- Improve the safety of non-motorized transportation, including bicycle and pedestrian safety.
- Support entitlement programs, including Medicaid, student loan programs and child support enforcement efforts.
- Increase funding to compensate first responders.
- Oppose requiring parental consent to cross state lines to obtain abortion services for minors.
- Oppose provider conscience clauses.

#### **Resources:**

**Closing the Gap in a Generation: Health Equity through Action on the Social Determinants of Health. Commission on Social Determinants of Health.**

[http://www.who.int/social\\_determinants/en/](http://www.who.int/social_determinants/en/)

The Commission on Social Determinants of Health (CSDH) supports countries and global health partners to address the social factors leading to ill health and inequities. It draws the attention of society to the social determinants of health that are known to be among the worst causes of poor health and inequalities between and within countries. The determinants include unemployment, unsafe workplaces, urban slums, globalization and lack of access to health systems.

**HHS in the 21st Century: Charting a New Course for a Healthier America. Institute of Medicine.** <http://www.iom.edu/CMS/28312/55311/60704.aspx>