

PUBLIC HEALTH PRIORITIES FOR AMERICA

EXECUTIVE SUMMARY

ASPH's Five Priority Areas for Strengthening America's Health

The Association of Schools of Public Health, which represents the 41 accredited public health schools in the United States, believes there is tremendous opportunity to improve the nation's health through strategic investments in five priority areas:

1. Ensuring every American an opportunity for a healthy life through two interrelated commitments:
 - Providing access to affordable, quality health care.
 - Eliminating health disparities linked to race, ethnicity, socioeconomic and other factors.
2. Strengthening the public health infrastructure, with special attention to integrating health care delivery and public health, and to workforce development.
3. Increasing investment in efforts to prevent disease, injury, and disability.
4. Increasing investment in public health research, including prevention, public health systems, and population health.
5. Strengthening American leadership and investment in global health.

Key Recommendations for Action

ASPH recommends two steps for immediate action by the Obama administration:

- Expand the State Children's Health Insurance Program (SCHIP), as proposed in the last Congressional session, to provide coverage for the four million-plus children who are currently uninsured.
- Invest \$200 million from an economic stimulus package to strengthen the public health system. These funds should be used to:
 - Develop the public health workforce through loan repayment programs, scholarships, and stipends that promote service, training fellowships, and worker retraining.
 - Strengthen the public health infrastructure, including support for additional Federally Qualified Health Centers and health department clinics that deliver primary care and prevention services to underserved populations.

Building on these initiatives, ASPH recommends these additional steps at the federal level:

- Enact legislation that will achieve health insurance coverage for all Americans, both children and adults, within two years.
- Reduce health disparities through initiatives that target populations of color, including African-Americans, Hispanics, and American Indians, and that confront the social determinants of health, such as lack of education and poverty.
- Promote wellness and prevent disease through expanded research, educational initiatives to improve health literacy, and evidence-based prevention interventions. Tobacco should remain an area of special focus.
- Dramatically increase investment in public health research, especially in the Centers for Disease Control and Prevention, the Agency for Health Research and Quality, Environmental Protection Agency, Food and Drug Administration, Health Resources and Services Administration, and the National Institutes of Health, as well as in the many other federal agencies with health-related missions.
- Create a new White House Office for Global Health to bring coherence to global health programs across the Departments of State, Health and Human Services, Defense, and Homeland Security.

Funding: Many of the investments recommended in this document can be funded with a \$2/pack increase in the federal cigarette excise tax. Along with reducing smoking more than any other available policy measure, a substantial tax increase will support the SCHIP program at the level envisioned in the original legislation; return approximately \$4 billion to the states to compensate for lost tax revenues as cigarette sales drop; and provide a pool of money, in the form of a Public Health Trust Fund, to support ongoing public health priorities.

ASPH's proposed \$2/pack increase is in line with the tax imposed by many states, as well as by other developed nations.

About ASPH: These recommendations reflect the consensus of the Association of Schools of Public Health. A critical national resource, the nation's 41 accredited Schools of Public Health educate the next generation of public health leaders; conduct cutting-edge research; and translate knowledge into public health policy and practice. They currently enroll 22,000 students, produce more than 7,300 graduates a year, and employ 9,600 faculty.

ASPH is committed to collaborating with the public health practice community, governmental agencies, academic medicine, non-profit organizations, and business groups. Watch for future ASPH policy papers exploring the public health priorities outlined here.

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Overview: The Public Health Challenges

A combination of immediate and long-term action is essential to address looming public health challenges in the United States:

- Forty-six million Americans are uninsured.
- On many measures, health outcomes in the United States lag behind those of other developed countries. Yet per-capita spending on health care is higher here than any place in the world.
- The health care system is not organized or financed to adequately support primary care, preventive care, or health promotion at the individual or population level. Although investments in disease prevention have a *sixfold* return, just five cents of every health care dollar is spent on prevention and public health. By contrast, 75 cents is spent to treat preventable diseases (a figure that rises to 96 cents in Medicare and 83 cents in Medicaid).
- Chronic disease is the dominant driver of both disease burden and health care costs:
 - One in three Americans -- 133 million people – have some kind of chronic health condition. As the population ages – 20% of the U.S. population will be 65 or older by 2030 – that figure is certain to grow.
 - Five chronic conditions – heart disease, cancer, stroke, chronic obstructive pulmonary disease, and diabetes – account for more than two-thirds of all deaths each year.
 - Obesity, a cause of multiple chronic health problems, is responsible for 30% of the growth in health care expenditures since 1987.
- Tobacco use continues to be the leading cause of death in the United States, and a leading contributor to chronic illness, especially among less-educated and lower-income individuals.
- Infectious diseases – including HIV/AIDS, drug-resistant tuberculosis, SARS, and pandemic influenza – pose a threat that knows no geographic boundaries, yet the capacity for well-coordinated global surveillance and response is inadequate.
- By 2020, the U.S. will face a shortage of 250,000 public health professionals, with gaps in the ranks of practitioners, researchers, and leaders. Almost one-quarter of the current workforce – 100,000 people – is eligible to retire in the next five years.
- Current federal spending in public health research is estimated at less than three percent of all government-funded health research.

ASPH's Five Priority Areas: Issues and Strategies

A strong public health system is built on a shared vision and mechanisms for collaboration among local, state and federal governmental agencies, as well as academic, community, corporate, and private partners. All of these players should be engaged in the five priority areas identified by ASPH to protect and promote health at the population level.

1. Ensuring every American an opportunity for a healthy life by improving access to care and eliminating health disparities.

Provide access to affordable, quality health care for all Americans: ASPH urges the new administration and Congress to make health care reform a priority, with an eye towards ensuring that all American adults and children be covered by insurance within two years. Health insurance coverage for children should be mandatory, and can be achieved in part by expanding the SCHIP program to reach the four million-plus children without insurance.

Reform efforts should focus not only on payment reform but on restructuring the system to increase investment in prevention and public health measures, as noted elsewhere in this report.

Eliminate health disparities: Significant health disparities exist among ethnic and racial groups, and across socioeconomic lines, especially among individuals living in poor and medically underserved communities. ASPH is committed to eliminating those disparities, which are linked to higher rates of many chronic diseases. To meet that goal:

- Government agencies engaged in health, education, housing, and environmental protection should collaborate to address the social determinants of health.
- Continued research into the root causes of disparities is essential, as are efforts to translate findings into practice and policy.

2. Strengthening the public health infrastructure, with special attention to improving the integration of public health and health care delivery, and to workforce development.

Integrating public health and health care delivery: The health care system currently focuses on acute/post-event care, and emphasizes high technology, rather than supporting the cost-effective primary care, preventive care, and health promotion activities that have a broader impact on population health. ASPH recommends steps to integrate public health more effectively with health care delivery.

In the short term, support is needed for additional Federally Qualified Health Centers and health department clinics that reach underserved populations.

Over the longer term, an evidence-based redesign of the public health system should be undertaken to emphasize health maintenance and improvement. The ASPH supports recommendations in the Institute of Medicine report, *The Future of the Public Health in the 21st Century*, to strengthen and integrate key components of the system. Where medical care is required, it should be well-coordinated, with follow-up occurring in the most appropriate and cost-effective setting.

Develop the public health workforce: A workforce prepared to provide leadership and prevent and respond to public health emergencies is the foundation of a strong public health system. The necessary personnel include public health nurses and doctors, epidemiologists, biostatisticians, health program administrators and educators, policy experts, and occupational and environmental health specialists.

ASPH supports passage of the “Public Health Preparedness Workforce Development Act,” introduced in the 110th Congress (S.1882 Durbin/Hagel, H.R. 5496 Matsui and others). This legislation would support educational loan repayment for students pursuing a degree in public health in exchange for service in a state, local, or tribal health department.

In addition, ASPH calls for federal investment to support:

- Dual training of health professionals – including nurses, physicians, and veterinarians – in public health principles and practice.
- Educational initiatives that introduce the concepts of public health in grade school and continue at every educational level.
- Workforce programs to educate and train individuals from underrepresented minorities, who return to their communities and dedicate their careers to often-underserved populations.
- Expanding the cadre of educators available in accredited Schools of Public Health to train the next generation of teachers and public health research scientists. To address the predicted shortage of 250,000 public health professionals by 2020, Schools of Public Health would have to increase their graduates threefold over the next 12 years.

3. Increasing investment in efforts to prevent disease, injury, and disability.

ASPH believes that much higher priority should be given to prevention research and practice, with special attention to chronic diseases. Appropriate investments will decrease health care costs and improve health outcomes for Americans without comprising the availability of high-quality, compassionate care for those who need it.

As President-elect Obama has said, prevention "...is a shared responsibility among individuals and families, employers, the medical and public health workforce, and federal, state and local governments." Towards that goal, ASPH supports research and educational initiatives to:

- Achieve a high level of health literacy among Americans so that they can make good choices about their personal health.
- Increase the number and type of evidence-based interventions at the individual, organizational, and community levels, including in schools and the workplace.
- Identify effective strategies for rapidly translating public health knowledge into practice.

The climate crisis: In light of a weakened public health system, the potential health impacts of the climate crisis are especially troubling. ASPH urges the federal government to raise awareness of current and future risks; inform the general public and policymakers about the evolving science; and develop preparedness plans, building on work that has already been done at the state level.

The special case of tobacco: Strengthening policies to reduce smoking, and protect the public from the consequences of tobacco use, should remain a national priority.

A sizable increase in the federal cigarette excise tax – ASPH recommends \$2/pack -- would reduce smoking more than any other available policy measure while providing revenue to expand the SCHIP program and fund numerous other public health initiatives.

4. Increasing investment in public health research – including research focused on prevention, public health systems, and population health.

While public health measures have the potential to save the health care system substantial dollars, a scientific base to guide action is missing in many areas. An absence of data about strategies for preventing childhood obesity is particularly notable.

Rigorous research to build the evidence for prevention strategies, practice approaches, health policies, and system designs requires immediate investment, with benefits to be realized in years to come. ASPH urges that resources for the key federal agencies with health research missions be dramatically increased. In addition to the Department of Health and Human Services (via the Centers for Disease Control and Prevention, the Agency for Healthcare Research and Quality, Food and Drug Administration, Health Resources and Services Administration, and the National Institutes of Health), these include the Department of Homeland Security, the Department of Defense and the Environmental Protection Agency.

5. Strengthening American leadership and investment in global health.

Recognizing that Americans can only be as healthy as the world in which they live, ASPH believes this nation must take the reins of leadership in global health. To ensure well-coordinated action and swift exchanges of information, American efforts should promote collaborative partnerships with governments and non-governmental organizations around the world.

To meet those goals, ASPH calls for the following measures:

- Create a new White House Office for Global Health to bring coherence to global health programs across the Departments of State, Health and Human Services, Defense, and Homeland Security. By recognizing the national security and strategic dimensions of global health, such an office would be a key force for “smart power.”
- To predict, detect, and contain infectious diseases at their source, the United States should promote international public health, and epidemiological training, build and staff collaborative global research programs, and strengthen international health organizations.
- Expand the availability of trained public health workers worldwide, focusing their skills on prevention, health systems, and program management. The President’s Emergency Program for AIDS Relief (PEPFAR) is an important model of such activities, but more is needed.
- Capitalize on the surge of interest in global health on the nation’s campuses by expanding undergraduate and graduate programs to educate and train students and provide opportunities for global service. Such programs help to train future leaders in problem-solving and bridging social and cultural divides, while providing “person-power” for ongoing global health efforts

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