

Institute of Medicine

Committee on Public Health Strategies to Improve Health

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About the Institute of Medicine (IOM)

The Institute of Medicine is part of the National Academies and was founded in 1970.

The National Academy of Sciences was established by Congressional charter in 1863.

IOM serves as adviser to the nation to improve health.

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Study Overview

- § **Sponsor: The Robert Wood Johnson Foundation**
- § **Project duration: 2 years**
- § **Project deliverables: 3 reports on 3 related topics (measurement, law, financing)**
- § **Committee of 18: convened October 2009, includes expertise in: public health practice and research, corporate wellness, medical care quality measurement, public health systems research, public health law, primary care, medical care system management, health economics and financing, public health information systems**

Charge to the Committee: Report 1 (Measurement)

The committee will review population health strategies, associated metrics, and interventions in the context of a reformed health care system. The committee will review the role of score cards and other measures or assessments in summarizing the impact of the public health system, and how these can be used by policy makers and the community to hold both government and other stakeholders accountable and to inform advocacy for public health policies and practices.

Charge to the Committee:

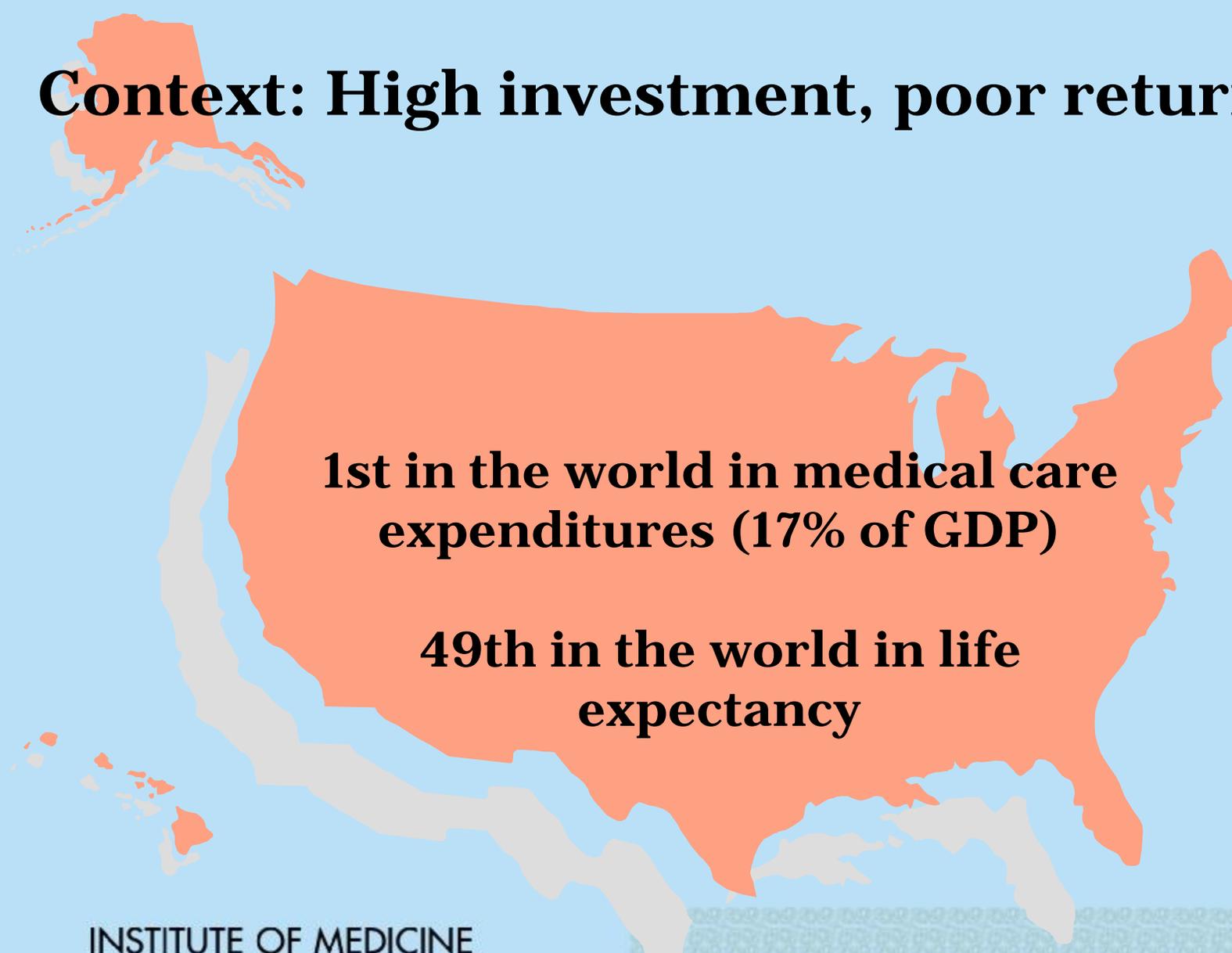
Report 2 (Law)

The committee will review how statutes and regulations prevent injury and disease, save lives, and optimize health outcomes. The committee will systematically discuss legal and regulatory authority; note past efforts to develop model public health legislation; and describe the implications of the changing social and policy context for public health laws and regulations.

Charge to the Committee: Report 3 (Funding)

The committee will develop recommendations for funding state and local public health systems that support the needs of the public after health care reform. Recommendations should be evidence based and implementable. In developing their recommendations the committee will:

- § Review current funding structures for public health
- § Assess opportunities for use of funds to improve health outcomes
- § Review the impact of fluctuations in funding for public health
- § Assess innovative policies and mechanisms for funding public health services and community-based interventions and suggest possible options for sustainable funding.



Context: High investment, poor return

**1st in the world in medical care
expenditures (17% of GDP)**

**49th in the world in life
expectancy**

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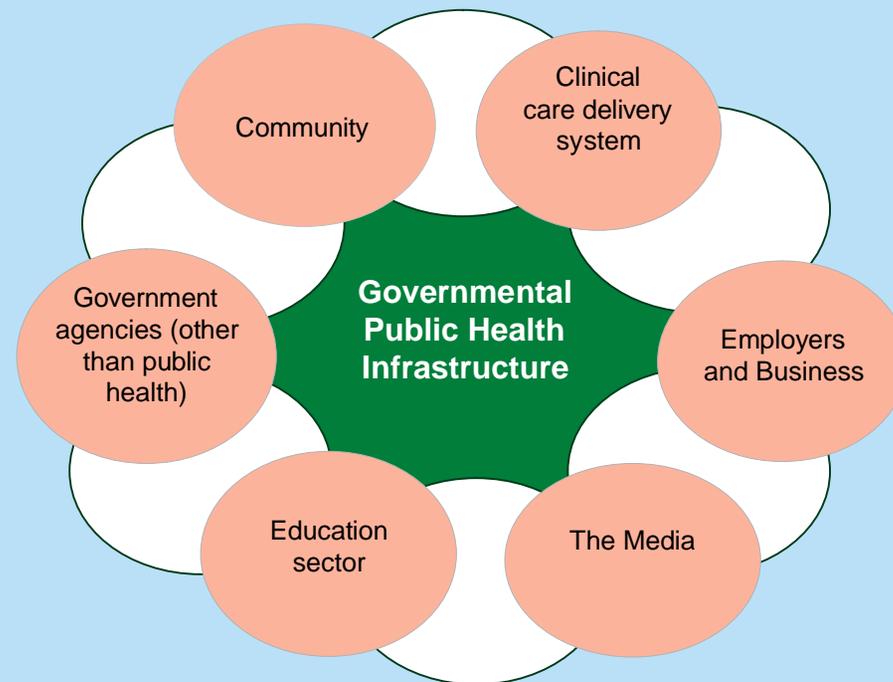
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Changing the conditions for health through:

- § **Measurement** – data and information to mobilize, act, and hold accountable
- § **Laws and public policy** – as the basis for governmental public health authority, population health interventions, and in the form of multi-sectoral approaches
- § **Funding** – to ensure the capabilities needed by public health agencies and others in the system

Changing the conditions for health

Also requires the contributions of many sectors and stakeholders: a true health system



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FOR THE PUBLIC'S HEALTH:
Revitalizing Law and Policy to
Meet New Challenges

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The Report

Organized into 3 major chapters:

- § **Infrastructural laws – establish the structure, function, and authorities of governmental public health agencies (health departments)**
- § **Interventional laws and policies – use of legal and policy tools as part of health improvement strategies**
- § **Intersectoral laws and policies (involving sectors other than health)**

Ten recommendations + 1 conclusion

Laws and Policies

The report addresses not only the laws or statutes enacted by the legislative branch and regulations promulgated by executive branch agencies, but policy in general, including outside of the public sector.

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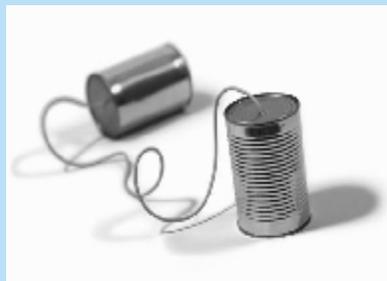
Types of Policies

- § **Laws, also known as statutes (federal and state) and ordinances (local) are made by the legislative branch of Government (Congress, state senate or assembly, city council, etc.)**
- § **Regulations: rules, procedures, and administrative codes promulgated by executive branch agencies at all levels of government**
- § **Constitutional history and judicial precedents: current courts' interpretation of the Constitution and their determinations based on decisions made by courts that preceded them.**

Policy and Policies

- § **The term policy refers to the broad arena of positions, principles, and priorities that inform high-level decision making in all branches of government**
- § **Many public policies are not laws but may help change norms and behaviors in ways that are similar to that of law in the actions they produce.**

Better laws and policies



Public health laws and policies that are outdated are no match for contemporary health challenges (e.g., chronic diseases, injuries, mental health, substance abuse) and their antecedents (e.g., other sectors' effects, underlying social and economic factors).



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Recommendation 1

The committee recommends that state and local governments, in collaboration with their public health agencies, review existing public health laws and modernize these as needed to assure that appropriate powers are in place to enable public health agencies to address contemporary challenges to population health.

10 Essential Public Health Services

1. Monitor health status to identify and solve 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 and action to identify and solve health problems.
5. Develop policies and plans that support individual and community health efforts.
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 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.

Mandate and capacity to deliver 10EPHS

- § **Not all state public health statutes require the full breadth of public health activities (represented by the Ten Essential Public Health Services, 10EPHS)**
- § **All communities need a public health agency capable of delivering or assuring the delivery of 10EPHS**

Recommendation 2

The committee recommends that states enact legislation with appropriate funding to ensure that all public health agencies have the mandate and the capacity to effectively deliver the Ten Essential Public Health Services.

Accreditation

- § Long debated in public health
- § Uneven evidence base
- § Research needed to establish correlation to performance
- but**
- § Widely used in other fields, including health care
- § A process of increasing acceptance for conveying to the public and decision-makers commitment to quality and accountability
- § Potential as a tool for quality and performance improvement

Recommendation 3

The committee recommends that states revise their laws to require public health accreditation for state and local health departments through the Public Health Accreditation Board accreditation process.

Legal and policy capacity

- § Smaller health departments generally lack capacity in many important areas, including public health law.
- § The quality and specific expertise of legal counsel available to a health department is crucial.
- § Examples of what counsel can do: legal adviser, protector of confidentiality, and legislative and regulatory counsel

Recommendation 4

The committee recommends that every public health agency in the country have adequate access to dedicated governmental legal counsel with public health expertise.

Innovation to protect public health

- § The relationship between federal and state, and state and local governments can pose obstacles to improving population health.
- § Laws enacted by a higher level of government that preempt action by a lower level of government may set a ceiling or a floor.
- § Ceiling preemption may stifle innovation (e.g., experimenting with policy) and interfere with a jurisdiction's ability to protect residents.

Recommendation 5

The committee recommends that when the federal government regulates state authority, and the states regulate local authority in the area of public health, their actions, wherever appropriate, should set minimum standards (floor preemption) allowing states and localities to further protect the health and safety of their inhabitants. Preemption should avoid language that hinders public health action.

Better use of existing laws

§ Existing laws must be enforced, and at the appropriate level of government

§ Obstacles to using or enforcing existing laws includes resource limitations and other priorities

Recommendation 6

The committee recommends that federal agencies, in collaboration with states, facilitate state and local enforcement of federal public health and safety standards, including the ability to use state or local courts or administrative bodies where appropriate. Federal, state and local agencies should combine their resources, especially in areas where regulatory authority is vested in one level of government, but enforcement capacity exists in another level.

Legal Tools to Improve Health

The committee concludes that an array of legal tools is available to help local, state, and federal governments promote and protect the public's health, and urges legislatures and government agencies to familiarize themselves with and to deploy such tools in addressing the leading causes of disease, injury, and early death in every community.

The toolbox includes: taxation, spending; direct regulation, deregulation, and litigation; and altering the informational, built, and natural environments

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Considering health in all policy-making

- § Laws and other public policies do not exist in a vacuum; laws enacted in one domain may have undesired, unintended consequences on other areas.
- § Decisions about transportation, energy, agriculture, housing, and education affect health outcomes positively or negatively.
- § Good health can ultimately contribute to the economic wellbeing of the nation and the community.

Uses of *health in all policies* approaches

Policies or laws enacted in other sectors of government may:

- (1) Embody the precautionary principle: first, do no harm to health**
- (2) Be designed and implemented to maximize their positive effects on health**
- (3) Be used as a proactive targeted approach to address the most distal factors associated with poor population health outcomes (e.g., the socioeconomic fundamentals of jobs, schooling, and financial stability and self-sufficiency)**

Recommendation 7

The committee recommends that states* and the federal government develop and employ a *health in all policies* (HIAP) approach to consider the health effects—both positive and negative—of major legislation, regulations, and other policies that could potentially have a meaningful impact on the public’s health.

* and local jurisdictions that have the capacity

Work across government and sectors

There are many models of intersectoral collaboration, and they sometimes begin outside the health department and outside government.

The model offered by the National Prevention, Health Promotion, and Public Health Council:

- § Involves multiple government agencies and departments
- § Can support *health in all policies* approaches
- § Provides a mechanism for external stakeholder engagement and input

Recommendation 8

The committee recommends that state and local governments

- § Create health councils of relevant government agencies convened under the auspices of the chief executive**
- § Engage multiple stakeholders in a planning process, and**
- § Develop an ongoing, cross-sector, community health improvement plan informed by a HIAP approach. Stakeholders will advise in plan development and in monitoring its implementation.**

Evidence for Policy-Making

- § Many factors influence laws and policies, but too often evidence is not one of them.
- § Gaps in evidence are not an excuse for policy inaction when the threat to health is clear and not insignificant.
- § The health effects of major, periodically reauthorized laws can powerfully shape the health of the public, both positively and negatively. Examples include the transportation bill, the farm bill, and similar major legislation. Their health effects (actual and potential) are not routinely assessed.

Recommendation 9

The committee recommends that state* and federal governments evaluate the health effects and costs of major legislation, regulations, and policies that could have a meaningful impact on health. This evaluation should occur before and after enactment.

*** and local jurisdictions that have the capacity**

Assessing the evidence

Evidence assessment is needed for both laws and policies designed with health in mind, and those for which health effects are incidental.

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Recommendation 10

The committee recommends that HHS convene relevant experts to enhance practical methodologies for assessing the strength of evidence regarding the health effects of public policies as well as to provide guidance on evidentiary standards to inform a rational process for translating evidence into policy.

Concluding Messages

- § Update health laws and policies
- § Enforce/make better use of existing health laws and policies
- § Move to accreditation to ensure a minimum standard of health department performance
- § Adopt intersectoral approaches to law and policy that incorporate health considerations
- § Build policies based on best evidence

For more details about the study, visit
www.iom.edu/PHstrategies

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