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The IOM Reports on the Major Issues Facing the Field of Public Health

Establishing the IOM Committee on Public Health Strategies to Improve Health and producing a series of reports

SUMMARY

In 2009, the Institute of Medicine (IOM) established a Committee on Public Health Strategies to Improve Health to examine and produce reports on major issues facing the field of public health. For a list of committee members, see Appendix 1.

Key Results

The committee produced three reports:

- *For the Public's Health: The Role of Measurement in Action and Accountability* (available online), released in 2010
- *For the Public's Health: Revitalizing Law and Policy to Meet New Challenges* (available online), released in 2011
- *For the Public's Health: Investing in a Healthier Future* (available online), released in 2012

Key Recommendations

The reports made a number of recommendations, among them:

- That the secretary of Health and Human Services (HHS) transform the mission of the National Center for Health Statistics to provide leadership to a renewed population health information system
- That state and federal governments develop and employ a "health in all policies" approach to consider the effects—both positive and negative—of major legislation, regulations and other policies that could potentially have a meaningful impact on the public's health
- That the National Prevention, Health Promotion and Public Health Council establish an expert panel to develop a minimum package of public health services and determine the cost for a public health agency to deliver that package

Funding

RWJF supported this project from June 2009 through November 2012 with a grant of $2,595,007.

CONTEXT

The nation faces numerous current and potential public health challenges, including chronic disease, bioterrorism, natural disasters, and pandemics. Over the past quarter century, the Institute of Medicine and other organizations and researchers have warned of weaknesses in America's health sector. This has led the United States—despite outspending all other countries on medical care—to rank poorly on such traditional health benchmarks as life expectancy and infant mortality.

"We put the majority of our 'eggs' in the health care delivery basket and very little in the population health and health improvement basket," said project director Alina Baciu, PhD, MPH.

A 1988 IOM report, *The Future of Public Health*, warned of a public health system in disarray and called for improvements in efficiency and effectiveness. Fourteen years later, *The Future of the Public's Health in the 21st Century* found that while some improvements had been made, Americans were still not as healthy as they should be and the public health system remained ill-prepared to address coming challenges.

Since 2003, there have been further improvements, including the establishment of performance standards and voluntary accreditation for public health systems and governing bodies, as well as efforts to give the field a stronger evidence base. Nevertheless, limitations in resources and capabilities for analysis, strategy, and implementation, especially in convening and sustaining multisector partnerships, remained to be addressed.

RWJF's Interest in This Area

A long and close relationship between the IOM and RWJF has included such grants as:

- A grant in general support of the IOM[1]
- Establishing a standing committee on childhood obesity prevention at the IOM[2]
- An update of the 2000–2004 IOM study on the consequences of uninsurance[3]

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[1] ID# 9794: $5 million; November 1, 1986 to October 31, 1991

[2] ID# 61747: $5,716,027; November 15 2007 to May 14 2012

[3] ID# 63982: $689,293; April 1, 2008 to July 31, 2009

THE PROJECT

In 2009, the Institute of Medicine established the Committee on Public Health Strategies to Improve Health to examine and produce reports on major issues in the field. The 18-member multidisciplinary committee was chaired by Marthe Gold, MD, MPH, who teaches in the department of community health and social medicine at the College of the City of New York's Sophie Davis School of Biomedical Education and is a visiting scholar at the New York Academy of Medicine. For a list of committee members, see Appendix 1.

The committee held 11 working meetings, including open information-gathering meetings which drew up to 40 attendees. A list of meetings, including agendas, is on the project website.

The committee also oversaw the drafting of reports, supplementary papers and other materials.

RESULTS & RECOMMENDATIONS

The committee produced three reports:

- ***For the Public's Health: The Role of Measurement in Action and Accountability*** (available online), released in 2010, reviewed approaches to measuring the health of communities and individuals and outlined a plan for future development. It noted "significant inadequacies in the system for gathering, analyzing, and communicating health information about the population." Key recommendations included:
  - **That the secretary of Health and Human Services (HHS) transform the mission of the National Center for Health Statistics to provide leadership to a renewed population health information system**
  - **That HHS establish a core, standardized set of health-outcome indicators to assess the health of communities**
  - **That the United States adopt a summary measure of population health that can be used to estimate and track the nation's health-adjusted life expectancy**
  - **That the HHS produce an annual report about important trends and disparities in social and environmental factors that affect health**
- ***For the Public's Health: Revitalizing Law and Policy to Meet New Challenges*** (available online), released in 2011, examined the role of law and public policy in shaping the public health system. Key recommendations included:
  - **That state and federal governments develop and employ a "health in all policies" approach to consider the effects—both positive and negative—of**

major legislation, regulations and other policies that could potentially have a meaningful impact on the public's health

- **That state and local governments update their public health laws to enable public health agencies to address contemporary health challenges**
- **That states enact legislation with appropriate funding to ensure that all public health agencies have the mandate and the capacity to deliver the 10 Essential Public Health Services** (developed in 1994 by a coalition of national public health agencies—see Appendix 2)
- **That states revise their laws to require accreditation for state and local public health departments through the nonprofit Public Health Accreditation Board**
- **That every public health agency in the country have adequate access to dedicated governmental legal counsel with public health expertise**

- ***For the Public's Health: Investing in a Healthier Future*** (available online), released in 2012, identified approaches to creating a sustainable and sufficient public health system. Key recommendations included:
  - **That the National Prevention, Health Promotion and Public Health Council establish an expert panel to develop a minimum package of public health services and determine the cost for a public health agency to deliver that package**
  - **That a second expert panel determine the proportion of federal health spending that should be invested in public health versus medical care**
  - **That the secretary of HHS set national goals on life expectancy and per capita expenditures that by 2030 bring the United States in line with other wealthy countries**
  - **That a technical expert panel be convened to develop a model accounting system or "chart of accounts" for public health agencies to enable better tracking of public health revenues and spending, and how both relate to health outcomes**
  - **That Congress double the federal appropriation for public health, then adjust future federal spending to meet the estimated cost of the minimum package of public health services**
  - **That Congress fund the increase in federal public health spending by enacting a national tax on all medical care transactions**

For the third report, the committee commissioned three papers by outside consultants (all published in the book *For the Public's Health: Investing in a Healthier Future [2012])*:

— "The Patient Protection and Affordable Care Act: Opportunities for Public Health Agencies and Population Health," by Sara Rosenbaum, JD. Available online.

— "Financing Mission-Critical Investments in Public Health Capacity Development," by Eileen Salinsky, MBA. Available online.

— "Financing State and Local Public Health Departments: A Problem of Chronic Illness," by Samuel Y. Sessions, MD, JD. Available online.

Communications Results

Each report was released at a news teleconference, and all received wide media attention. The committee held a dissemination meeting about three weeks after the initial release of each paper. These meetings drew 40–50 people, including representatives of public health associations, government, and academia.

Committee members and project staff discussed the reports at meetings including:

- The annual and midyear meetings of the American Public Health Association in 2011 and 2012
- The American Medical Informatics Association annual conferences in 2011 and 2012
- AcademyHealth's annual research meetings in 2011 and 2012
- The National Association of County and City Health Officials' 2012 conference
- A summer 2012 California Public Health Grand Rounds webinar hosted by the University of California at Davis

In October 2012, two committee members presented at a workshop hosted by the National Health Policy Forum that was attended by almost 40 Capitol Hill staffers and executive branch staffers.

SIGNIFICANCE OF THE PROJECT

The committee's reports drew significant attention in the public health field. "It's going to be quite important," noted Janet Collins, PhD, until recently director of the federal Centers for Disease Control and Prevention's Office of the Associate Director for Program. She now directs CDC's Division of Nutrition, Physical Activity, and Obesity.

"What really struck us at CDC was the call for a 'chart of accounts,' for really understanding the inputs to public health at all levels," Collins said. "It's shocking that we

don't have these things in place in public health. We can't let it go. It might take us five years to get there.

"The call for a set of core services was really important," she said. "There should be a set of services that everyone in the public receives. They should know that their restaurants are safe and their water is safe."

Scott Burris, JD, director of the Center for Health Law, Policy and Practice at Temple University in Philadelphia, praised the committee's focus on public health law. "What they did—and what needs to be done—is to pound home the idea that law is at the core of public health action. It's vital to what we do.

"The same effort has to be put into researching the effect of laws as in researching the effect of clinical interventions," Burris said. "Law itself is an intervention and needs to be tested."

The use of laws such as the requirements for helmets and seatbelts has skyrocketed, but the amount of money the National Institutes of Health puts into testing their effect on behavior and health is negligible, he noted. "If we look at the law as a means to change behavior, then testing is important."

In a report to RWJF, the IOM noted evidence of the reports' impact on the field:

- The Centers for Disease Control and Prevention (CDC) listed the measurement report as one of the publications used in the development of a Funding Opportunity Announcement: Building Capacity of the Public Health System.
- The journal *Lancet* discussed the recommendations of the funding report in an August 2012 article on U.S. approaches to prevention.
- The CDC is studying the committee's recommendations on making funding for population health efforts more controlled and streamlined.
- The CDC is also working to implement a committee recommendation that a minimum package of public health services be available in all states.
- The U.S. Conference of Mayors cited the committee's report in a 2012 resolution supporting the federal Prevention and Public Health Fund.

LESSONS LEARNED

1. **Engage communications experts before or at the beginning of a project.** "Planning for dissemination would have benefited from earlier and more expert, input. It's a steep learning curve for all of us at the Institute of Medicine. We're looking at social media earlier and looking at it more strategically." (Project Director Baciu)

AFTERWARD

An Institute of Medicine Roundtable on Population Health Improvement launched in February 2013 will use the reports as a launch pad for its discussions and work.

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APPENDIX 1

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APPENDIX 2

The 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.

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Communication or Promotion

www.iom.edu/Activities/PublicHealth/PHStrategies. IOM's website providing access to all publications, a schedule of committee meetings, a list of committee members and other project information. Washington: Institute of Medicine.