
Introduction

THE OVERALL HEALTH GOAL in the United States is to assure each American the full opportunity to be healthy, to be free from illness, injury, and premature death, and to enjoy a better quality of life. This plan outlines actions to strengthen the capacity of the public health system over the next decade, thus enabling the United States to come closer to meeting its overall goal.

The Problem

Today, we know more than ever before what needs to be done to improve the health of the American people. The 1990 Objectives for the Nation, published in 1980, established clear national goals for health protection, health promotion, and preventive health services (1). These objectives became an accepted framework for measuring State and local public health progress (2). Many of these targets were met by 1990 (3). A parallel document provided model standards, a blueprint for setting and achieving health outcomes in local communities (4).

Yet, the nation's health has fallen short of these clear and achievable aspirations in too many areas. We continue to experience diminished health status, particularly in vulnerable population groups (5). We have not yet removed all barriers that limit access to preventive and public health services and primary care. Even when we have achieved success, we have sometimes fallen short of what our scientific knowledge equips us to achieve.

The public health community now has a new set of national prevention objectives for the year 2000 and a new set of model standards for community action keyed to those objectives. "Healthy People 2000" (6) and "Healthy Communities 2000" (7) cover most of the high priority health problems facing the nation, such as infectious disease prevention, including infection with the human immunodeficiency virus (HIV); control of injuries and chronic diseases; reduction of such risk factors as tobacco and alcohol use; and reduction of health hazards in the environment and in occupational settings.

Objectives will specify needed improvements in such areas as mental health, health education, preventive health services, and health data. Special attention is given to the disparate burden of ill health borne by minorities (5), and to other populations with special needs, such as workers in certain industries, people with disabilities, older

adults, and children. The 22 priority areas encompass measurable, attainable objectives for public health in the year 2000 (7). A plan for strengthening the capacity of the public health system in the 1990s is required to ensure that the system can achieve the Healthy People 2000 Objectives and meet other challenges that the next decade may bring.

The timeliness of this effort is reinforced by the report issued recently by the Institute of Medicine (IOM), "The Future of Public Health" (8). The report noted that State and local health departments have much to praise: "The wonder is not that American public health has problems, but that so much has been done so well, and with so little" (8). However, the report outlined major concerns about the ability of these agencies to continue to meet America's expectations for basic public health protection. This fundamental concern, whether the public health system will be able to absorb the growing demands and serve the nation as it should, also was expressed in "Report of the Presidential Commission on the Human Immunodeficiency Virus Epidemic" (9).

Despite progress in a number of areas, these reports suggest a growing sense of unease about the state of American public health. The public, without having more than a general idea of what kind of public health system exists, expects a higher standard of public health performance. On the other hand, distinguished panels of public health experts are expressing alarm about erosion of the basic infrastructure of the public health system. The IOM Committee for the Study of the Future of Public Health stated that "No citizen from any community, no matter how small or remote, should be without identifiable and realistic access to the benefits of public health protection." (8). Much needs to be done at Federal, State, and local levels to translate our wealth of technical knowledge into prevention of disease, injury, disability, and premature death.

Discussion

Every Public Health Service (PHS) agency has resources and responsibilities to contribute in strengthening the capacity of the public health system. PHS agencies share with State and local public health agencies, as well as other relevant

organizations, a residual responsibility for ensuring services and protection for underserved segments of society. Others whose support is essential include other agencies of the Department of Health and Human Services, such as the Health Care Financing Administration and the Office of Human Development Services; other Federal agencies, such as the Department of Agriculture, the Department of Labor, and the Environmental Protection Agency; schools of public health and other health professional schools; voluntary health organizations; health advocacy groups representing high-risk and underserved populations; community-based organizations; and professional societies. Beyond these partnerships, society has a larger array of institutions that rely on, contribute to, and potentially support a strengthened public health system—including school systems, universities, labor organizations, corporations, health care providers, elected leaders, and the media—all of which should find common cause in this endeavor.

This plan addresses PHS actions to strengthen the public health system in the United States. The public health system is, in its most basic sense, all of the efforts, governmental and nongovernmental, that contribute to accomplishing the mission of public health. The IOM report envisions a central but not exclusive role by governmental agencies in these efforts. “. . . assuring the presence of [basic public health] services is a governmental function, but provision is a responsibility of both public and private sectors.”

For purposes of consistency, the plan is organized according to the three key public health functions identified in the IOM report, that is, assessment, policy development, and assurance. That report addressed activities in traditional public health arenas typically carried out in health departments, such as maternal and child health, and also made recommendations about a stronger role for public health departments in some activities that are not presently carried out in all health departments, such as mental health, environmental health, occupational health, and medical care for the indigent.

The IOM report places the health agency role in a larger context, that of the “public health system.” Hence the focus of capacity building is broader than State and local health departments. The programs strengthened may include those offered through public health departments, community or migrant health centers, privately subsidized care for the indigent, hospital outpatient departments, coalitions of public and private health care

providers, and health professions training institutions.

This initial plan deals with the public health actions that the PHS agencies can take to support the public health system. The actions include Federal activities undertaken with the explicit purpose of building capacities of public and private partners to organize and deliver public health services (for example, providing technical assistance and awarding funds). In addition, the plan includes actions that represent federally conducted activities supportive of the public health system (for example, conducting research and developing data systems). These actions are basically congruent with the Federal obligations, as characterized in the IOM report (see accompanying box).

How well, in the next decade, we can assure each American the full opportunity to be healthy will be influenced by how well the public health system accomplishes the three key functions outlined in the IOM report and described here in their broadest context:

- **Assessment: monitoring the health of the public.** To conduct regular and systematic public health surveillance by collecting, assembling, analyzing, using, and disseminating information about the health of the community. Assessment provides the framework for policy development.
- **Policy development: promoting scientifically sound health policy.** To develop comprehensive public health policies by promoting the use of scientific knowledge in making decisions and setting priorities. Priorities are based not only on the size of health needs, but on what can be done to meet those needs by using existing technologies or by investing in research. Policy development provides the framework for assurance.
- **Assurance: guaranteeing the benefits of public health for all.** To assure constituents that services necessary to achieve agreed-upon goals are provided by encouraging actions of others (private or public), requiring action through regulation, providing funds and other resources, or providing services directly (8).

The nature and amount of involvement of different components of the public health system varies among the three core functions.

An underlying principle of the core functions is that public health actions must be based on sound science, including biomedical, epidemiologic, and

laboratory science; behavioral and other social sciences; biostatistics; and health services research. The public health community has a continuing responsibility to add to, and to extend, the science base for public health. In addition, the translation of scientific knowledge into public health practice is a vital function of public health agencies and academic health centers.

The success of capacity building efforts depends on renewed commitment to developing scientific knowledge, increasing the capacity to recognize and characterize new or emergent health problems, and translating new and existing knowledge into feasible intervention strategies.

This plan is arranged in a conceptual introduction, a discussion of the capacity building strategies employed by PHS, and the action plans, presenting and illustrating the actions that each of the eight PHS agencies and the Office of the Assistant Secretary for Health (OASH) are taking to strengthen public health.

In keeping with the IOM report, the plan focuses special attention, wherever appropriate, on the capacity of State and local agencies in each of these core functions of public health and on what PHS will do to help these agencies identify and meet public health priorities in the 1990s.

Because of the broader focus of the Healthy People 2000 Objectives, the plan addresses the entire public health system. Thus, actions address capacities of an array of PHS partners, such as tribal governments, academic health centers, industry, health care providers, professional and voluntary associations, community-based organizations, and others.

Summary of Institute of Medicine's Recommendations on Federal Public Health Obligations

Support of knowledge development and dissemination through data gathering, research, and information exchange;

Establishment of nationwide health objectives and priorities, and stimulation of debate on interstate and national public health issues;

Provision of technical assistance to help states and localities determine their own objectives and to carry out action on national and regional objectives;

Provision of funds to states to strengthen state capacity for services, especially to achieve an adequate minimum capacity, and to achieve national objectives; and

Assurance of actions and services that are in the public interest of the entire nation such as control of AIDS and similar communicable diseases, interstate environmental actions, and food and drug inspection.

SOURCE: Reference 8 (a).