

08-01

STATEMENT OF POLICY

United States Health System for 21st Century

Policy

The National Association of County and City Health Officials (NACCHO) believes that the United States should become the healthiest nation in the world and is committed to building a transformed, twenty-first century health system in the United States that results in optimal health for all. Such a system will place its highest priority on prevention, provide access to health care for every person, eliminate inequities in health status, and protect people and communities from emerging health threats.

A transformed U.S. health system will be based upon promoting good health, rather than mitigating sickness, and will address the known determinants of health. In order to do so, the system will connect and integrate the resources and knowledge of public health, healthcare delivery and research, and all private and public sector entities that influence health outcomes. Such a system will ensure that every community is served by a robust governmental public health system.

A transformed U.S. health system will measure and improve outcomes continuously. This system will be accountable and transparent to the public and will benefit from a standardized, integrated health information system, a workforce of requisite size and competency, and flexible, sustainable financing for key health system capabilities. Ultimately, a twenty-first-century health system will require different commitments and investments from both government and the private sector than now exist. This paradigm shift is realistic but will take time to achieve. Progress in transforming the U.S. health system will have to take place incrementally.

NACCHO supports implementation of the Patient Protection and Affordable Care Act (ACA), enacted in March 2010, to make steps toward a health system that promotes health for all. The ACA advances this goal in the following ways:

- Provides expanded insurance coverage through Medicaid and private insurance to eligible Americans who are uninsured, including coverage of essential clinical preventive services with no cost-sharing.
- Builds the national commitment to prevention and supports public health capacity through the Prevention and Public Health Fund, including enhanced support for individual and community-based interventions known to promote healthy behavior, create healthy environments, reduce health disparities and/or reduce the incidence of chronic and infectious diseases.



- Promotes collaboration between providers of medical care, the public health system, and their partners in the private and public sectors to create healthier communities.
- Creates partnership opportunities through the community health needs assessment requirement for nonprofit hospitals.

At the federal level, NACCHO urges Congress to support the ACA, including its prevention and public health provisions.

NACCHO supports and encourages the involvement of local health department leaders to mobilize the “health in all policies” initiatives of health system reform. Local health departments should engage in dialogue and become visible advocates to gain support and acceptance of public health and population-based health practice as a foundation of health system reform. This presents an opportunity to educate and engage stakeholders, political decision-makers, and other community partners to promote a comprehensive health agenda.

Local health departments should continue to provide safety net services and/or perform an assurance role in their communities to ensure that the remaining uninsured population of undocumented immigrants and others continue to receive preventive and clinical healthcare services.

Justification

The United States is one of the least healthy developed nations in the world. It ranks forty-third in the world in life expectancy.¹ The United States spends nearly twice as much on healthcare per person than other industrialized countries,² but health outcomes are much poorer than should be expected for the money invested. Poor health outcomes in the United States are strongly associated with race and social class,³ but those factors are not the sole reasons. The low global health status rankings of the United States and the inferior return on investment of healthcare dollars are compelling reasons to rethink and rework our approach to healthcare.

The United States experiences a separation between the medical care system, which primarily cares for sick individuals, and the public health system, which is concerned primarily with disease prevention, health promotion, and addressing the determinants of health. The former has grown ever costlier, while the latter has eroded due to lack of public financing and support. In order to improve the nation’s health outcomes, these disparate arrangements must be refashioned into one coherent system that combines the best of each.

According to a Department of Health and Human Services report, as result of the ACA, an estimated 20 million people gained health insurance coverage between the passage of the law in 2010 and early 2016—an historic reduction in the uninsured.⁴ A major goal of the ACA is to transform the system from one that provides only “healthcare” to one that creates “health” itself, thereby improving the well-being of every individual. In addition, local health department leaders have the opportunity to be part of the development of a consistent national public health and health care strategy.

References

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3. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Health Statistics. Health, United States, 2007, Executive Summary and Highlights.
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Record of Action

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