

APPENDIX A: PUBLIC HEALTH

Public health has been defined as “the science and art of preventing disease, prolonging life, and promoting health and efficiency through organized community effort, so organizing these benefits as to enable every citizen to realize his birthright of health and longevity.”¹ Although the diseases focused on by public health and the structure of the public health system have changed dramatically over the 80 years since this definition was written, it is still applicable. A document that helps us focus on reducing the preventable diseases and problems of concern for today’s American is *Healthy People 2000: National Health Promotion and Disease Prevention Objectives (Healthy People 2000)*.² Also helpful in addressing these concerns is *The Future of Public Health*,³ a publication that proposes a new public health system structure. Both documents are reviewed in this appendix. Nutrition-related information can be found in Appendix B.

HEALTHY PEOPLE 2000

“*Healthy People 2000* offers a vision for the new century, characterized by significant reductions in preventable death and disability, enhanced quality of life, and greatly reduced disparities in the health status of populations within our society.”⁴ Developed by citizens, professionals, private organizations, and public agencies throughout the country, *Healthy People 2000* gives direction to the disease prevention and health promotion efforts at every governmental level.

The purpose of *Healthy People 2000* is to commit the nation to achieve three broad goals for Americans:

- increase the span of healthy life for all Americans;
- reduce health disparities among Americans; and
- achieve access to preventive services for all Americans.⁵

To help achieve these goals, more than 300 objectives have

been developed. The objectives are organized into 22 priority areas, 21 of which are grouped into the broad categories of health promotion, health protection, and preventive services. The remaining priority area covers data and surveillance systems to help monitor the progress toward achieving these goals. Nutrition is a priority in the health promotion category.

Healthy People 2000 challenges states and local communities to translate these national goals and objectives into action.⁶ As a result, many states and communities have developed their own health goals and objectives specific to the health concerns of their area. For example Colorado has *Healthy Colorado 2000*,⁷ Rhode Island has *Healthy Rhode Islanders 2000*,⁸ and Houston, Texas has *Houston Health Objectives 2000*.

Recently, there has been greater involvement from the private, voluntary, and other community-based organizations in achieving the national health goals and objectives. More money from the private sector, for example, is being directed to community wellness and prevention activities. This is due, in large part, to evidence that shows that health promotion efforts reduce health care costs in the long run.

Mid-course review

In 1995, more than 200 sources were gathering and compiling data on the “mid-decade” status of the *Healthy People 2000* goals and objectives. Among these sources, is the National Center for Health Statistics of the Centers for Disease Control and Prevention, which is providing most of the information. Analysis of a subset of objectives, “sentinel” objectives, which indicate general progress toward all of the objectives, shows that progress has been made on some of the health promotion and disease prevention objectives. There are, however, some objectives that have not been met and others that have reversed in direction.

There have also been mixed results in efforts to achieve the three broad health goals. The first goal, to increase the span of healthy life, has been static. Reducing health disparities among Americans has not made enough progress in certain populations. And, the third goal — achieving access to preventive services for all Americans — is not being achieved.⁹

The variable progress toward achieving the *Healthy People 2000* goals and objectives has led to some changes in the objectives. A large number of those changes are focused on

reducing the disparities among population groups.¹⁰ The updated objectives are available in *Healthy People 2000 Midcourse Review and 1995 Revisions*.¹¹

Although the progress or lack of progress on “non-nutrition” health objectives may seem irrelevant to nutrition, knowing what is happening with the other priority areas can be important. For example, a shift in funding, staffing, and focus on objectives not being achieved could affect other program funding. Remaining aware of the progress on objectives indirectly related to the nutritional status of Americans is also important. Improvement in the dental health of elderly Americans, for example, will likely have a positive effect on their eating patterns and, therefore, their nutritional status.

THE FUTURE OF PUBLIC HEALTH

In October of 1988, the Institute of Medicine Committee for the Study of the Future of Public Health released *The Future of Public Health*.¹² There was widespread recognition that the public health system was not able to address the health problems of today’s society such as HIV-infected families, teen pregnancy, heart disease, and other chronic diseases. The committee believed that public health’s successful future was dependent on redefining three things — the mission, the governmental role in fulfilling the mission, and the responsibilities of each level of government.¹³

The mission of public health, as defined by the Institute of Medicine, is to fulfill society’s interest in assuring conditions in which people can be healthy.¹⁴ This mission is addressed by private organizations and individuals, as well as by public agencies whose role it is to ensure that the most important elements to fulfill the mission are in place.

The committee identified three core functions of public health agencies at all levels of government.

- **Assessment.** Every public health agency should regularly and systematically collect, assemble, analyze, and make available information on the health of the community, including statistics on health status, community health needs, and epidemiologic and other studies of health problems.¹⁵

- **Policy Development.** It is the responsibility of every public health agency to serve the public interest by promoting the use of the scientific knowledge base in decision-making

about public health and by leading in the development of public health policy. Agencies must take a strategic approach, developed on the basis of a positive appreciation for the democratic political process.¹⁶

- **Assurance.** Public health agencies should assure their constituents that services necessary to achieve agreed upon goals are provided, by encouraging actions by other entities (private or public sector), by requiring such action through regulation, or by providing services directly.

Each public health agency should involve key policy makers and the general public in determining a set of high-priority personal and community-wide health services that governments will guarantee to every member of the community. This guarantee should include the subsidy or direct provision of high-priority personal health services for those unable to afford them.¹⁷

Level of Responsibility

The report sets forth the unique responsibilities of each level of government within the three common core functions. Relevant here are the responsibilities of local public health agencies.

The local health agency, no matter how small, should assess, monitor, and survey the local health problems and needs and resources for dealing with them.

They should provide policy development and leadership that foster local involvement and a sense of ownership, emphasize local needs, and advocate equitable distribution of public resources and complementary private activities commensurate with community needs.

They should assure that high-quality services, including personal health services needed for the protection of public health in the community are available and accessible to all persons; that the community receives proper consideration in the allocation of federal and state as well as local resources for public health; and that the community is informed about how to obtain public health services, including those related to personal health, or how to comply with public health requirements.¹⁸

ESSENTIAL PUBLIC HEALTH SERVICES

In 1994, the Essential Public Health Services Work Group,

composed of individuals from national public health organizations and led by the Public Health Service of the U.S. Department of Health and Human Services, identified the essential tasks of public health. These tasks help clarify the three core functions described above. Essential public health services are to:

- monitor health status to identify and solve community health problems;
- diagnose and investigate health problems and health hazards in the community;
- inform, educate, and empower people about health issues;
- mobilize community partnerships and action to identify and solve health problems;
- develop policies and plans that support individual and community health efforts;
- enforce laws and regulations that protect health and ensure safety;
- link people to needed personal health services and assure the provision of health care when otherwise unavailable;
- assure a competent public health and personal health care work force;
- evaluate effectiveness, accessibility, and quality of personal and population-based health services; and
- research for new insights and innovative solutions to health problems.¹⁹

The public health professions have used these essential public health services to identify what the field should be doing to ensure the health of Americans. The essential public health services for nutrition are identified in Appendix B.

References

1. Winslow, C.E.A. (1920). The Untilled Field of Public Health. *Modern Medicine*. 2:183.
2. U.S. Department of Health and Human Services. (1991). *Healthy People 2000: National Health Promotion and Disease Prevention Objectives*. DHHS Publication No. (PHS) 91-50212. Washington, DC: U.S. Government Printing Office.
3. Institute of Medicine (U.S.). Committee for the Study of the Future of Public Health. (1988). *The Future of Public*

Health. Washington, DC: National Academy Press.

4. U.S. Department of Health and Human Services. (1991). Healthy People 2000: National Health Promotion and Disease Prevention Objectives. DHHS Publication No. (PHS) 91-50212. Washington, DC: U.S. Government Printing Office. p. 1.

5. Ibid. p. 6.

6. Ibid. p. 8.

7. Colorado Department of Health. (1994). Healthy Colorado 2000. Denver, CO: Colorado Department of Health.

8. Rhode Island Department of Health. (1994). Healthy Rhode Islanders 2000. Providence, RI: Rhode Island Department of Health.

9. McGinnis, J.M. and P.R. Lee. (1995). Healthy People 2000 at Mid Decade. Journal of the American Medical Association 273: 1126-8.

10. Ibid.

11. U.S. Department of Health and Human Services. (1995). Healthy People 2000 Midcourse Review and 1995 Revisions.

12. Institute of Medicine (U.S.). Committee for the Study of the Future of Public Health. (1988). The Future of Public Health. Washington, DC: National Academy Press.

13. Ibid. p. 7.

14. Ibid.

15. Ibid.

16. Ibid. p. 8.

17. Ibid.

18. Ibid. p. 9.

19. Essential Public Health Services Work Group. (1994). Public Health in America. Washington, DC: U.S. Public Health Service.