For the Public's Health: Investing in a Healthier Future
Institute of Medicine 2012

Recommendations (full text)

1. The Secretary of the Department of Health and Human Services should adopt an interim explicit life expectancy target, establish data systems for a permanent health-adjusted life expectancy target, and establish a specific per capita health expenditure target to be achieved by 2030. Reaching these targets should engage all health system stakeholders in actions intended to achieve parity with averages among comparable nations on healthy life expectancy and per capita health expenditures.

2. To ensure better use of funds needed to support the functioning of public health departments, the committee recommends that
   (a) The Department of HHS (and other departments or agencies as appropriate) enable greater state and local flexibility in the use of grant funds to achieve state and local population health goals;
   (b) Congress adopt legislative changes, where necessary, to allow the Department of HHS and other agencies, such as the Department of Agriculture, the necessary funding authorities to provide that flexibility; and
   (c) Federal agencies design and implement funding opportunities in ways that incentivize coordination among public health system stakeholders.

3. The public health agencies at all levels of government, the national public health professional associations, policymakers, and other stakeholders should endorse the need for a minimum package of public health services.

4. The committee recommends that as clinical care provision in a community no longer requires financing by public health departments, public health departments should work with other public and private providers to develop adequate alternative capacity in a community's clinical care delivery system.

5. The committee recommends that a technical expert panel be established through collaboration among government agencies and organizations that have pertinent expertise to develop a model chart of accounts for use by public health agencies at all levels to enable better tracking of funding related to programmatic outputs and outcomes across agencies.

6. The committee recommends that Congress direct the Department of Health and Human Services to develop a robust research infrastructure for establishing the effectiveness and value of public health and prevention strategies, mechanisms for effective implementation of these strategies, the health and economic outcomes derived from this investment. The infrastructure should include
   - A dedicated stream of funding for research and evaluation.
   - A national research agenda
   - Development of data systems and measures to capture research-quality information on key elements of public health delivery, including program implementation costs.
   - Development and validation of methods for comparing the benefits and costs of alternative strategies to improve population health.

7. Expert panels should be convened by the National Prevention, health Promotion, and Public Health Council to determine
   - The components and cost of the minimum package of public health services at local and state and the cost of main federal functions.
   - The proportions of federal health spending that need to be invested in the medical care and public health systems.

   The information developed by the panels should be included in the council's annual report to Congress.

8. To enable the delivery of the minimum package of public health services in every community across the nation, the committee recommends that Congress double the current federal appropriation for public health, and make periodic adjustments to this appropriation based on the estimated cost of delivering the minimum package of public health services.

9. The committee recommends that state and local public health funding currently used to pay for clinical care that becomes reimbursable by Medicaid or state health insurance exchanges under Affordable Care Act provisions be reallocated by state and local governments to population-based prevention and health promotion activities conducted by the public health department.

10. The committee recommends that Congress authorize a dedicated, stable, and long-term financing structure to generate the enhanced federal revenue required to deliver the minimum package of public health services in every community (see Recommendation 8 above).

    Such a financing structure should be established by enacting a national tax on all medical care transactions to close the gap between currently available and needed federal funds. For optimal use of new funds, the Secretary of HHS should administer and be accountable for the federal share to increase the coherence of the public health system, support the establishment of accountabilities across the system, and ensure state and local co-financing.

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