

08-01

## STATEMENT OF POLICY

### A United States Health System for the 21<sup>st</sup> 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. We are committed to building a 21<sup>st</sup> century United States health system 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, it will connect and integrate the resources and knowledge of public health, health care delivery and research, and all private and public sector entities that influence health outcomes. It will assure that every community is served by a robust governmental public health system.

A transformed U.S. health system will measure and improve outcomes continuously. It will be accountable and transparent to the public. It 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 21<sup>st</sup> century health system will require different commitments and investments from both government and the private sector than now exist. Such a change in paradigm is realistic but will take time to achieve. Progress in transforming our health system will necessarily take place incrementally.

NACCHO urges all leaders and policymakers in the public and private sectors to take the critical initial step now by establishing a shared vision of a health system that ultimately will result in optimal health for all persons in the United States. Other first steps should include:

- 1) Responding to the public need and demand for universal access to comprehensive health care coverage. Such coverage should emphasize prevention and assist individuals in using existing health services and systems effectively;
- 2) Building the national commitment to prevention through enhanced support for individual and community-based interventions known to promote healthy behavior, create healthy environments, and/or reduce the incidence of chronic and infectious diseases;



3) Promoting collaboration between providers of medical care, the public health system, and their partners in the private and public sectors to create healthier communities and eliminate health inequities.

### **Justification**

The United States is one of the least healthy developed nations in the world. It ranks 44<sup>th</sup> in the world in life expectancy and 41<sup>st</sup> in the world in infant mortality.<sup>1</sup> The United States spends at least twice as much on health care per person than other industrialized countries,<sup>2</sup> 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,<sup>3</sup> but those factors are not the sole reasons for our dismal global standing. The low global health status rankings of the United States and the inferior return on investment of our health care dollars are compelling reasons to rethink and rework how we approach medical and health care.

Moreover, there has long been a separation in the United States 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, it is essential to refashion these disparate arrangements into one coherent system that combines the best of each. Such a conjoined system has two principal objectives - first to achieve optimal health for each individual, then to assure all persons care when they become sick.

The number of persons with no health insurance rose to 47 million in 2006.<sup>4</sup> The number of additional underinsured, or individuals with inadequate health coverage, was estimated at 16 million in 2003.<sup>5</sup> A growing public outcry to address the costs and availability of health insurance provides an opportunity to begin also transforming the system from one that provides only "health care" to one that creates "health" itself, thereby improving the well-being of every individual.

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<sup>1</sup> U.S. Census Bureau, International Data Base, <http://www.census.gov/ipc/www/idb>

<sup>2</sup> Congressional Budget Office, Technological Change and the Growth of Health Care Spending, January 2008. Retrieved from <http://www.cbo.gov/ftpdocs/89xx/doc8947/01-31-TechHealth.pdf> on February 15, 2008.

<sup>3</sup> U.S. 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.

<sup>4</sup> Davis, Karen. Census Data on Growing Number of Uninsured Make Clear: National Health Care Strategy is Needed. August 28, 2007. Retrieved from [http://www.commonwealthfund.org/General/General\\_show.htm?doc\\_id=519979](http://www.commonwealthfund.org/General/General_show.htm?doc_id=519979) on February 15, 2008..

<sup>5</sup> Schoen, Cathy, Doty, Michelle M., Collins, Sara R., and Holmgren, Alyssa L. Insured But Not Protected: How Many Adults Are Underinsured?, *Health Affairs* Web Exclusive, June 14, 2005 W5-289–W5-302. Retrieved from <http://www.commonwealthfund.org/publications/> on March 6, 2008.

### **Record of Action**

*Approved by NACCHO Board of Directors  
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