STRENGTHENING THE PUBLIC HEALTH SYSTEM

ASTHO’s Priorities to Advance State and Territorial Public Health in the 115th United States Congress
The Association of State and Territorial Health Officials (ASTHO), the national non-profit organization representing the state and territorial public health agencies, urges Congress and the new Administration to continue supporting public health programs that allow states and territories to respond to emerging public health threats and promote optimal health for all.

ASTHO is seeking support from Congress and the new Administration on the following priorities for state and territorial public health officials:

- Supporting well-being, disease prevention, and health promotion as key strategies to improve health and reduce healthcare costs.
- Assuring domestic health security and rapid response to public health emergencies.
- Strengthening the public health infrastructure at the state and territorial level to deliver essential public health services.
- Implementing public health programs to meet the specific needs and address the priorities of states and local health agencies.
- Improving health outcomes and delivering return on investments across the public health enterprise.
Supporting well-being, disease prevention, and health promotion as key strategies to improve health and reduce healthcare costs.

ASTHO believes that increased resources should be appropriated for prevention efforts. This would result in long-term savings in overall healthcare costs. Healthcare delivery spending is a major component of state and territorial budgets. Currently, the United States spends more on healthcare delivery than it does on preventing illness and promoting health.

Public health cost-saving examples:

- Routine childhood vaccination will prevent 322 million cases of disease and about 732,000 early deaths among children born during 1994–2013, for a net societal cost savings of $1.38 trillion.¹
- Every dollar spent on home visiting programs provides a return on investment of up to $5.70 per taxpayer by reducing future costs associated with child abuse and neglect, poor health, and academic failure.²
- An investment of $10.00 per person in proven, evidence-based prevention programs to increase physical activity, improve nutrition, and reduce tobacco use could save more than $16 billion annually.³ In much the same way, strengthening the public health system to prevent disease and promote health would reduce per capita healthcare costs, improve patient care, and bolster the health of populations.

Assuring domestic health security and rapid response to public health emergencies.

It is vital that states and territories continue receiving federal funding to build preparedness across all communities and hospitals. Public health and public safety are inexorably tied together as states prepare for and respond to both natural and man-made public health threats. A collaborative national effort is critical and requires a clear understanding of roles and responsibilities among federal, state, local, territorial, and tribal agencies in public health preparedness. State, territorial, and local public health have repeatedly demonstrated their robust capabilities to protect the health and safety of their populations from the effects of natural and manmade disasters. Yet these capacities can degrade rapidly without the support of federal grant programs, as well as community and business practices that foster coordinated planning and response.

Federal grants such as CDC’s Public Health Emergency Preparedness (PHEP) cooperative agreement and ASPR’s Hospital Preparedness Program (HPP) help develop emergency-ready public health departments that are flexible, adaptable, and resilient. These grants provide the resources needed to conduct exercises, develop corrective action plans, implement improvements, train the workforce, and support systems for communications, biosurveillance, information sharing, and more. As these valuable funding sources are cut, state and territorial health departments are faced with tough decisions to reduce, limit, or eliminate activities required to ensure the safety of their jurisdictions.
Strengthening the public health infrastructure at the state and territorial level to deliver essential public health services.

Now more than ever the United States needs a strong public health infrastructure that flexibly meets the needs of states and is adequately resourced to work with the healthcare delivery system to promote health, prevent illness, and treat disease. State and territorial health leaders are concerned that long-standing public health programs now receiving resources through the Prevention and Public Health Fund may be inadvertently undermined in ACA repeal and replace efforts if lawmakers do not quickly identify alternative ways to invest in prevention and the support the life-saving work of state and territorial health agencies.

Cutting public health programs that are now funded by resources authorized by the ACA without a clear plan for replacement would seriously undermine the ability of states and territories to protect and promote health and erode our public health infrastructure. The loss of hundreds of millions of dollars for public health would equate to a massive reduction in state efforts to respond to food borne outbreaks, prevent emerging infectious diseases like Ebola and Zika, and jeopardize the health response to natural and manmade disasters such as extreme weather events and environmental health crises.

Implementing public health programs to meet the specific needs and address the priorities of states and local health agency partners.

Several national initiatives have underscored the need for state flexibility in deploying public health resources across the country to meet local needs. Not all states and territories receive federal support for key categorical public health programs. For example, even though unintentional injury is the leading cause of death for children and young adults, CDC’s Core State Violence and Injury Prevention Program is funded to support less than half of all state or territorial health departments (23 states) to implement, evaluate, and disseminate strategies that address this pressing issue. Although birth defects are a leading cause of infant mortality, CDC is funded to support only 14 population-based state birth defects tracking programs. Additionally, last year, in the face of the nation’s current substance misuse and addictions epidemic, only 16 states received funding from CDC’s Prevention for States program, which provides state health departments with the support and resources needed to help prevent prescription drug overdoses.

The Preventive Health and Health Services Block Grant is a mechanism that Congress can use to assure state and territorial flexibility in supporting public health agencies. First authorized in 1981, the “Prevent Block” is a vital tool that enables states and territories to focus investments on significant public health challenges where there is no other source of funding. Most states and territories rely on the grant to offset funding gaps in core programs that address leading causes of death and disability.

Improving health outcomes and delivering return on investments across the public health enterprise.

State and territorial health agencies have a track record of successfully improving health and protecting the public from emerging disease threats. The recent response to Ebola and Zika outbreaks demonstrate the efficacy of state and territorial public health programs. Investments in public health pay dividends as demonstrated by recent reductions in tobacco use, infant mortality, and teen pregnancy.
Looking to the Future

The mission of governmental public health is to keep all Americans healthy and safe and prevent disease, injury, and premature death in the first place. Public health works at the local, state, and national level to provide health and well-being for the entire population, rather than just healthcare for individuals. To carry out this mission, the United States needs to strengthen its public health system at all levels to create the conditions that preserve health for the entire U.S. population, including the ability to address the underlying conditions that are leading to deadly and costly chronic diseases, and to rapidly slow or stop emerging diseases. ASTHO and its members are ready to assist the new Congress and President Donald J. Trump in our shared work of protecting and promoting the public’s health. Supporting ASTHO’s five priorities in the new Congress and Administration will propel our nation’s state and territorial health agencies forward and strengthen their work to protect, promote, and improve health.

References

About ASTHO

ASTHO is the national nonprofit organization representing the state and territorial public health agencies of the United States, U.S. Territories, and the District of Columbia. ASTHO’s members, the chief health officials of these jurisdictions, are dedicated to formulating and influencing sound public health policy, and assuring excellence in state-based public health practice. For more information about ASTHO, visit www.astho.org.

About ASTHO Affiliates

ASTHO is supported by a network of 20 affiliated organizations representing an array of state public health agency leaders. While each affiliate represents a different executive leader within the state and territorial health agencies, all share a common mission to promote and protect the public’s health and prevent illness and injury.

For a complete list of ASTHO Affiliates, visit www.astho.org/About/Affiliates/.