Making Healthcare Work for America's Families: Protecting the Public Health

The Public Health Approach to Health Reform

Testimony to the House Energy and Commerce Committee

Subcommittee on Health

Chairman Frank Pallone Jr.

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Introductory Remarks

To Chairman Frank Pallone Jr. and members of the Subcommittee on Health of the House Energy and Commerce Committee, I appreciate this opportunity to join you as you discuss Making Healthcare Work for America's Families: Protecting the Public Health. My remarks will focus on the specific topic of "The Public Health Approach to Health Reform."

I am David Satcher and currently serve as director of the Satcher Health Leadership Institute at Morehouse School of Medicine in Atlanta, Georgia. Before joining Morehouse School of Medicine in September 2002, I served in government for almost nine years. From 1993-1998, I served as director of the Center for Disease Control and Prevention and then from February 1998 to February 2002, I served as Surgeon General of the United States, three years of which I also served as Assistant Secretary for Health. Prior to entering government, I was president of Meharry Medical College for eleven years from 1982-1993. Since leaving government, I have directed a Center of Excellence on Health Disparities at Morehouse School of Medicine and as I mentioned earlier, I am currently the director of the Satcher Health Leadership Institute at Morehouse School of Medicine. I served as the interim president of the Morehouse School of Medicine for two years.

Immediately upon leaving government, with the help of Mrs. Laura Bush, I became the founding chair of a program called *Action for Healthy Kids*, which works with schools to improve the lifestyle of children. More recently, I have served as a member of the Alzheimer's Study Group, which released its report last week. I was a member of the World Health Organization's Commission on Social Determinants of Health and we released our report in November 2008. My testimony will reflect not only my experience in government, but also the work that I have been involved in since leaving government.

The Four-Fold Imperative to Reform our Health System

As you have heard from other presenters, our health system is in dire need of reform. The major imperatives are the high and uncontrollable cost of healthcare, major access problems resulting in over 46 million people being uninsured and at least half that number underinsured. By the same token, several studies have pointed out major quality problems in our health system. Finally, we have focused in this decade on the goal of eliminating disparities in health – a problem which results in at least 83,500 excess deaths among African Americans in this country each year, when compared to the majority of the population. So, the imperatives are cost, access, quality, and major disparities in health.

What is the Goal of our Health System?

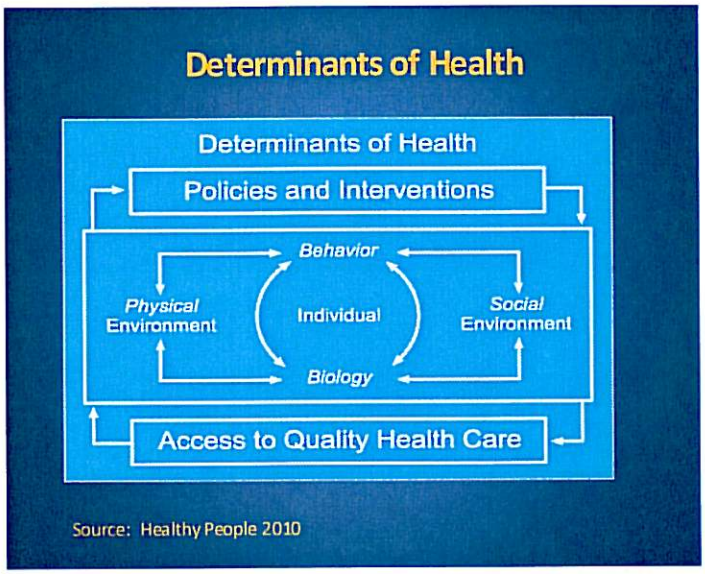
Succinctly stated, the goal of our health system is to promote health and enhance health outcomes even in the face of disease or injuries. This definition leads us to examine the major determinants of health which were outlined in Volume 1 of *Healthy People 2010*. In this report, we pointed out that there were four major determinants of health. They include:

1) Access to quality healthcare

2) A person's biological/genetic background

3) Environment (physical and social)

4) Lifestyle/ Human Behavior



It is important to remember, as pointed out by Foege and McGuinness in an article in the New England Journal of Medicine in 1993, that of these determinants, access to quality healthcare accounts for 10-15 percent of variation in health outcomes, while biology/genetics accounts for 15-20 percent, environment 25-30 percent, and human behavior 40-50 percent. Yet we have to keep in mind that overriding these determinants are major social issues such as poverty, income, and working conditions. These issues

can influence human behaviors; they can influence the environmental exposures; and they can influence access to quality healthcare or even the distribution of quality healthcare in our communities. Given these determinants of health, it is clear that only a Public Health Approach can serve to reach our goals in terms of promoting health and enhancing health outcomes.

If the goal of our health system is to promote health and improve health outcomes, we cannot ignore the major determinants of health. This is why the" Public Health Approach to Health Reform" is in the long-run, the only viable approach.

What is The Public Health Approach?

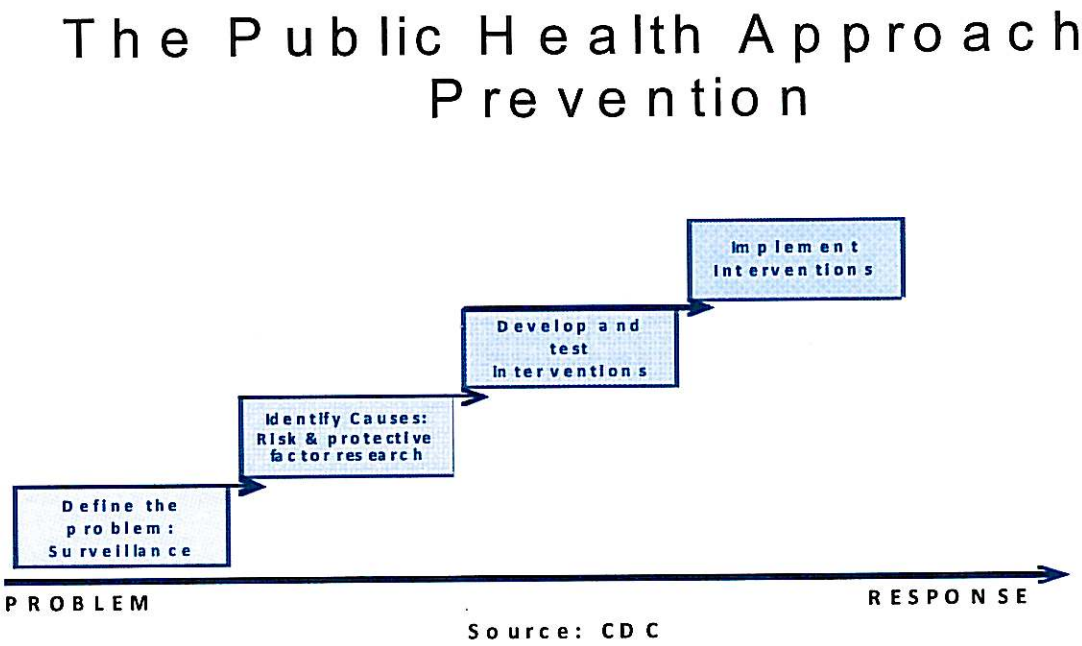
Public Health is defined as "the collective efforts of a society to create the conditions in which people can be healthy." This definition by the Institute of Medicine in 1988 perhaps best defines public health. However, The Public Health Approach consists of the four very important steps listed below:

1. Define the problem, including its magnitude, nature, and distribution.

2. Determine the cause of the problem and the risk factor(s) associated with it.

3. Determine what prevents or ameliorates the problem.

4. Translate solutions to the population more broadly.



Using this approach, we can define what must be "The Public Health Approach to Healthcare Reform." First, if we begin by asking the question –What is the problem with our health system? –then we are taken back to the areas of cost, access, quality, and disparities in health. To a great extent, they define our health system problem. The fact that we are spending 2.5 trillion dollars per year or $8,000 per capita, or 18 percent of our gross national product is a major part of our health system problem. And as stated earlier, it is a fact that so many people lack access to our health system including the uninsured, the underinsured, and the underserved. Several studies have pointed to quality

problems with our health system and we have made eliminating disparities in health a goal of *Healthy People 2010.*

What is Causing the Problems in our Health System?

Perhaps the most unifying cause of our health system problems is the lack of balance in our health system. A balanced health system balances health promotion, disease prevention, early detection, and universal access to care. But presently, we spend over 95 percent of our health budget on treating diseases and their complications, and very little investment is made in promoting health and preventing diseases. In fact, only three percent of our health budget is currently spent on population-based prevention today. We invest too little in improving the social determinants of health or the conditions in which people are born, grow, learn, develop, and age. Since we invest little in improving the social determinants, we pay for the consequences of poverty, poor working conditions, and unsafe streets that discourage physical activity. We provide limited access to fresh fruits and vegetables in many communities.

What Works to Prevent or Ameliorate the Problem in our Health System?

We must commit more of our resources to promoting health in the home, workplace, school, and in the community. We must better target the major social determinants of health.

We must better educate the population about healthy behaviors and about the risk to health that can and must be avoided. For example, even when children have ideologies that are different from our own, they deserve to know how to protect themselves from risky behaviors and environmental hazards.

We must provide incentives and rewards for healthy lifestyles that can both prevent unnecessary pain and suffering and reduce costs in our health system. Some businesses have implemented such programs and are now realizing the benefits of these programs.

How Do We Implement These Interventions More Broadly?

Access to programs that promote health and prevent diseases is as important as access to quality healthcare. Access to these programs is critical to the viability of our health system. Therefore, access to these programs must be a major part of healthcare reform.

Whether we use tax incentives to encourage wellness programs in the workplace or better support for school activities and physical education; good nutrition that helps to habituate children to healthy lifestyles; or even faith-based programs to reach communities that would otherwise fall through the cracks, we must invest in a balanced health system.

Now I would like to use two cases to illustrate how such a reformed health system, using The Public Health Approach, could impact some of our major health challenges today.

Case 1- Obesity

Overweight and obesity now impacts two out of three Americans. It is a major risk factor for diabetes, cardiovascular disease, cancer, and other health problems. Obesity is a disease that usually begins in childhood, with 40 percent of our children today now classified as being overweight or obese. According to The Institute of Medicine (IOM) report of 2003 entitled *Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care*, the epidemic of overweight and obesity, and its disproportionate impact on African Americans and other minorities, is an increasing and troublesome problem in this country.

In addition to the long-term risk of obesity, children who are obese are at increased risk for depression, do not perform as well academically, and have a higher rate of absenteeism from school.

The implications for cost in our health system as well as unnecessary pain and suffering are astounding. We need a healthcare model that targets the major determinants of this obesity epidemic, including the social determinants. We need to invest in programs to support an environment of good nutrition and physical activity that will habituate children to healthy lifestyles. Such programs are documented to reduce the onset of Type 2 diabetes by up to 60 percent and reduce hypertension and other forms of cardiovascular disease.

This reformed health system sees education policy, workplace policy, and environmental policy, as forms as health policy, and invests accordingly in improving the school and community environment. In short, we need a health system that targets the social determinants of health while promoting healthy lifestyles and healthy environments. Such a health system is most cost effective and is most likely to prevent unnecessary pain and suffering.

The Community Care Model utilizes expanded health teams including physical education teachers, school nurses, and community health workers to promote healthy lifestyles. We know that obesity is at epidemic proportions in our nation and is a major challenge to our health system. In fact, in some ways, it threatens to overwhelm our health system in the future because of increased risk for diabetes, hypertension and other forms of cardiovascular disease, as well as cancer.

According to the Centers for Disease Control and Prevention (CDC), the estimated total cost of obesity was nearly $117 billion in 2000. Today, chronic diseases account for 75 percent of the cost in our health system, and that figure will continue to grow unless we implement programs to prevent our chronic diseases.

Case 2- Alzheimer's Disease

Last week we (the members of the Alzheimer's Study Group, co-chaired by former Speaker of the House Newt Gingrich and former Senator Bob Kerry) presented the results of our deliberations over the past year. We pointed out the magnitude of the problem of Alzheimer's disease in America today. Alzheimer's is a debilitating disease resulting from a deterioration of brain function and brain cells leading to progressive memory loss. Today there are approximately 5.3 million Americans suffering from

Alzheimer's disease. But Alzheimer's is a disease of families and not just individuals because of the amount and nature of the care involved and the impact on relationships. The risk for Alzheimer's is approximately one in eight after the age of 65 and almost one in two after the age of 85. This is in fact the fastest growing group of people in America according to the CDC data. The toll of pain and suffering on individuals and families is beyond accounting.

We need a health system that can provide for the research and intervention needed to prevent and delay the onset of Alzheimer's disease. In the meantime, we need a coordinated community-based system of care that engages and supports family and community in dealing with this disease. An average delay of five years in the onset of Alzheimer's disease would save trillions of dollars over the next 30-40 years, when Alzheimer's disease is projected to increase to over 16 million Americans. We believe that an investment in prevention research could prevent most cases of Alzheimer's by the year 2020. Our present healthcare model is unable to meet the needs of families and communities dealing with Alzheimer's disease. Thus, we can project that if we continue at the rate we are going, by the year 2050 the cost of treating Alzheimer's disease will increase by 20 trillion dollars and will be at least a trillion dollars per year by the year

2050. Such an approach is unsustainable; such a health system is unsustainable; and we are all threatened by it.

Why The Public Health Approach?

The Public Health Approach would invest in a Home and Community Care Model with a redefined healthcare team that includes family and community care-givers that are trained and coordinated. Reimbursement would no longer be based on a Fee-for-Service Model, which rewards procedures, but instead a Continuing Care Community-Based Model. Not only would persons with Alzheimer's disease and their families and communities benefit, but such a system could impact other chronic diseases and developmental disorders in the future. Only a public health approach that integrates the social determinants of health into our strategy can begin to deal with the health needs and the health challenges which are ahead of us.

Once again, thank you for this opportunity to provide my testimony on "The Public Health Approach to Health Reform."