“The history of child lead poisoning in the past century in this country is a good example of how powerful economic interests can prevent the implementation of a ‘useful Truth.’”

-Benjamin Franklin
Lead Poisoning

The potential for lead to be a human health hazard
Has been known for centuries

Lead poisoning occurs when lead builds up in the body, often over months or years.

Even small amounts of lead can cause serious health problems.

Children younger than 6 years are especially vulnerable to lead poisoning, which can severely affect mental and physical development.

At very high levels, lead poisoning can be fatal. Lead-based paint and lead-contaminated dust in older buildings are the most common sources of lead poisoning in children. Other sources include contaminated air, water and soil. Adults who work with batteries, do home renovations or work in auto repair shops also might be exposed to lead.

There is treatment for lead poisoning, but taking some simple precautions can help protect you and your family from lead exposure before harm is done.
Lead Poisoning Causes

Lead in paint
Lead-based paints for homes, children’s toys and household furniture have been banned in the USA since 1978. Lead-based paint is still on walls and woodwork in many older homes and apartments.

Most lead poisoning in children results from eating chips of deteriorating lead-based paint.

Water pipes and imported canned goods
Lead pipes, brass plumbing fixtures and copper pipes soldered with lead can release lead particles into tap water.

Lead solder in food cans, banned in the United States, is still used in some countries.

Lead sometimes can also be found in:

Soil –
Lead particles from leaded gasoline or paint settle on soil and can last years. Lead-contaminated soil is still a major problem around highways and in some urban settings. Some soil close to walls of older houses contains lead.

Household dust –
Household dust can contain lead from lead paint chips or from contaminated soil brought in from outside.

Pottery –
Glazes found on some ceramics, china and porcelain can contain lead that can leach into food served or stored in the pottery.

Toys –
Lead is sometimes found in toys and other products produced abroad.

Cosmetics –
Tiro, an eye cosmetic from Nigeria, has been linked to lead poisoning.
Lead Poisoning Causes
Lead sometimes can also be found in:

**Herbal or folk remedies** - Lead poisoning has been linked to greta and azarcon, traditional Hispanic medicines, as well as some from India, China and other countries.

**Mexican candy** - Tamarind, an ingredient used in some candies made in Mexico, might contain lead.

**Lead bullets** - Time spent at firing ranges can lead to exposure.

**Occupations** - People are exposed to lead and can bring it home on their clothes when they work in auto repair, mining, pipe fitting, battery manufacturing, painting, construction and certain other fields.

---

Lead Poisoning Symptoms:

**Lead poisoning symptoms in children**
Signs and symptoms of lead poisoning in children include:
- Developmental delay
- Learning difficulties
- Irritability
- Loss of appetite
- Weight loss
- Sluggishness and fatigue
- Abdominal pain
- Vomiting
- Constipation
- Hearing loss
- Seizures
- Eating things, such as paint chips, that aren’t food (pica)

**Lead poisoning symptoms in newborns**
Babies exposed to lead before birth might:
- Be born prematurely
- Have lower birth weight
- Have slowed growth

**Lead poisoning symptoms in adults**
Although children are primarily at risk, lead poisoning is also dangerous for adults. Signs and symptoms in adults might include:
- High blood pressure
- Joint and muscle pain
- Difficulties with memory or concentration
- Headache
- Abdominal pain
- Mood disorders
- Reduced sperm count and abnormal sperm
- Miscarriage, stillbirth or premature birth in pregnant women
Determinants of Health

Assessment of Health in Populations

(a.k.a., Population Health Assessment)
Presentation Objectives

1. Discuss the role of population-level determinants on the health status and health care of individuals and populations

2. Identify the leading causes of death, leading underlying causes of death, and health disparities in the United States

3. Describe the distribution of morbidity and mortality by age, gender, race, socioeconomic status, and geography in the United States

4. Describe the use of Healthy People objectives in public health program planning

Importance of Health Determinants

“Common diseases have roots in lifestyle, social factors and environment, and successful health promotion depends upon a population-based strategy of prevention.”

Rose 1992
Life Expectancy in Years by Country at Birth (2009 est.)

<table>
<thead>
<tr>
<th>Country</th>
<th>Life Expectancy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Japan</td>
<td>82.12</td>
</tr>
<tr>
<td>Singapore</td>
<td>81.98</td>
</tr>
<tr>
<td>Australia</td>
<td>81.63</td>
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<td>Canada</td>
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<td>France</td>
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<tr>
<td>Israel</td>
<td>80.73</td>
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<td>New Zealand</td>
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<td>Spain</td>
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<td>Norway</td>
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<td>Greece</td>
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<tr>
<td>United States</td>
<td>78.11</td>
</tr>
</tbody>
</table>

The USA spends more on medical care than any of the other countries shown on the chart.

Impacts of Various Domains on Early Deaths in the United States

- Genetic Predisposition (30%)
- Social Circumstances (15%)
- Environmental Exposure (5%)
- Shortfalls in Medical Care (10%)
- Behavioral Patterns (40%)

Adapted from McGinnis JM, Williams-Russo P, Knickman JR. The case for more active policy attention to health promotion. Health Aff (Millwood) 2002;21(2):78-93.
Importance of Health Determinants

- As health professionals, training and reimbursement systems emphasize diagnostic and treatment services to individuals.

- We need to focus on those factors (DETERMINANTS) which have the most influence on the health of the population.

Rose 1992
Importance of Health Determinants

- Focus on those determinants which have the most influence on the health of the population.
  - Environment
  - Social
  - Biology

- Current attempts at health reform will not be successful at improving health unless the population health determinants are addressed

Community Health Indicators and the Affordable Care Act

Preparing a Community Health Profile – Collect, Analyze, and Publish Community Health Data

A critical step in identifying health problems and in taking appropriate action to improve the community's health is the process of collecting, analyzing, and reporting community health data. This data includes information on the health status of the population, health behaviors, and environmental factors. The community health profile is a tool used to identify trends, highlight disparities, and guide decision-making.

Community Health Needs Assessment

A community health needs assessment is a comprehensive process of identifying the health needs of a community. It involves collecting data, analyzing information, and developing strategies to address identified needs. This process is crucial for ensuring that health initiatives are evidence-based and effective in improving community health.

Population Health in the Affordable Care Act

- The Affordable Care Act (ACA) emphasizes population health, the health of a group of people sharing a common characteristic (such as age, race, gender, or geographic location).
- Hospitals are required to measure and publicly report on quality of care and patient-centered outcomes.
- Medicare payments are linked to hospital performance on quality measures.
- The ACA includes provisions for improving population health, such as the community health needs assessment and the development of public health indicators.

Health Reform Exchanges

- The ACA established health insurance marketplaces to provide affordable health coverage options to individuals and small groups.
- States can choose to expand Medicaid or create their own equivalent programs.
- Consumers are protected from certain health insurance practices, including pre-existing condition exclusions.

As a result of the ACA, the focus on improving the quality of health care services and reducing costs while enhancing health outcomes is paramount. This includes addressing social determinants of health, such as access to healthy food, safe housing, and education, which are critical factors in achieving improved health outcomes for all Americans.
1900: Ten Leading Causes of Death per 100,000 persons

- Tuberculosis
- Heart Disease
- Nephritis
- Cancer
- Diphtheria

2007: Ten Leading Causes of Death per 100,000 persons

- Cancer
- CLRD
- Alzheimer’s Disease
- Influenza and Pneumonia
- Septicemia

Adapted from the MMWR Vol. 48, no. 29, 1999 Centers for Disease Control and Prevention and 2007 data from the National Center for Health Statistics.
Contemporary Concept of Health

• Health has multiple determinants.

• Factors important to health, illness, and injury are social, economic, genetic, perinatal, nutritional, behavioral, infectious, and environmental.

Omenn 1998

Contemporary Concept of Health

• Biologic or host factors include:
  • genetics
  • behaviors that determine the susceptibility of the individual to disease
  • other factors related to susceptibility

Omenn 1998
Environmental Determinants

- Environment includes:
  - physical environment
  - conditions of living
  - toxic agents
  - infectious agents

Social Determinants

- Social factors of importance include:
  - poverty
  - education
  - cultural environments (including isolation)
Socioeconomic Factors and Disparity

- Heart disease is the leading cause of death in the United States and is one of the areas in which disparities are most evident.

Prevalence of Heart Disease (per 1,000 persons) among persons 18 years of age and over, by Family Income

Regional Convergence of Social Issues

Percent Poverty 2005
- 8.3% - 13.2%
- 13.3% - 16.2%
- 16.3% - 20.2%
- 20.3% - 32.0%

Percent Uninsured 2005
- 13.4% - 17.0%
- 17.1% - 18.6%
- 18.7% - 20.6%
- 20.7% - 27.5%

Premature Mortality 2002-2006
- Low: 553 - 797
- 797 - 878
- 878 - 977
- High: 977 - 1250

Notes:
1. US Census estimates on poverty for 2005 with 90% CIs. Interpret with caution. Accessed 5-14-08
3. Based on calculations from ECU’s CHSRF (using data from The Odum Institute, UNC). Years of life lost before the age of 75.

James Wilson, PhD
Center for Health Services Research and Development
East Carolina University
Greenville, NC.

Income & Health

In the United States, individuals without a high-school diploma as compared with college graduates are 3X as likely to smoke and nearly 3X as likely not to engage in leisure-time physical exercise

Pratt et al. 1999
As a result of a sedentary life-style and unhealthy eating habits (often as a result of conditions in which wholesome food is unavailable or exorbitantly priced, public recreation is non-existent, and exercising outdoors is dangerous), obesity and the diseases it fosters now characterize lower-class life.

**Income & Health**

- **Poor neighborhoods**
  - often dangerous
  - high crime rates
  - substandard housing
  - few or no decent medical services nearby
  - low-quality schools
  - little recreation
  - almost no stores selling wholesome food

Poor neighborhoods offer residents, no matter what their race, income or education, little chance to improve their lives and engage in health-promoting behaviors.

Diez et al. 2001
Income & Health

People of lower socioeconomic status are more likely to die prematurely than are people of higher socioeconomic status, even when behavior is held as constant as possible.

Understanding how Income Influences Health

Inequitable distribution of income and wealth may itself cause poor health

Daniels et al. 2000
Justice

What is, ‘Justice’?
- Environmental Justice
- Health Justice

What is Environmental Justice?

Environmental Justice (EJ) is...
“disproportionately high and adverse human health or environmental effects on minority populations and low-income populations.”


"The fair treatment and meaningful involvement of all people regardless of race, color, national origin, or income with respect to the development, implementation and enforcement of environmental laws, regulations and policies.

Fair treatment means that no group of people, including racial, ethnic, or socioeconomic group should bear a disproportionate share of the negative environmental consequences resulting from industrial, municipal, and commercial operations or the execution of federal, state, local, and tribal programs and policies (emphasis added w/ italics)."

What is Environmental Justice?

Environmental justice is the “fair treatment of people of all races, income, and cultures with respect to the development, implementation and enforcement of environmental laws, regulations, and policies, and their meaningful involvement in the decision-making processes of the government.”

The first environmental justice cases were brought in 1979 in Texas and in 1982 in North Carolina. In 1979, residents of Northwood Manor in East Houston alleged that the decision to place a garbage dump in their neighborhood was racially motivated in violation of their civil rights under § 1983 of the Civil Rights Act.

The district court in Bean v. Southwestern Waste Management Corporation found that the placement of the dump would irreparably harm the community.

What is Environmental Justice?

The court specifically found that the landfill would “affect the entire nature of the community, its land values, its tax base, its aesthetics, the health and safety of its inhabitants, and the operation of Smiley High School, located only 1700 feet from the site.”

Unable to establish intentional discrimination with sufficiently particularized statistical data showing a pattern or practice of placing waste facilities in communities of color, and unable to provide the court sufficiently detailed factual information on the siting decision, the residents were not granted relief and the plant was built.

The case, however, launched the use of the courts as a tool for the new movement and highlighted the need for data collection and access to information by communities challenging environmental decisions.
EJ Areas in Pennsylvania (2005 and 2010)

An EJ area is any census tract where 20 percent or more individuals live in poverty, and/or 30 percent or more of the population is minority (based on the most current census tract data from the U.S. Census Bureau and the federal guidelines for poverty).

-PA Department of Environmental Protection.

- In 2005, 666 census tracts met the PADEP definition of an EJ areas (Fig. 1) for a combined 898 square miles.
- By 2010, the census tracts meeting the PA DEP definition of an EJ area (Fig. 2) had increased to 851 (a 22% increase) and then accounted for 2,379 square miles (a 62% increase).
- This expansion of EJ areas from 2005 to 2010 in the Commonwealth of Pennsylvania then represented a combined increase of 1,481 square miles, which is approximately 5% of Pennsylvania’s total land area (Fig. 3).
Visualizing Population Health

Method of this Report

All indicators were computed from various sources and analyzed and displayed using a geographic information system (GIS). To locate the number of standard deviations an observation is above or below the mean, interpret whether it is 2 standard deviations above the mean, and negative scores represent values below the mean.

Standard Deviation to Show Local Variations

The standard deviation (SD) is a statistical measure that quantifies the amount of variation or dispersion in a data set. In a standard deviation closer to 0 indicates that the data points tend to be very close to the average of the set, while a high standard deviation indicates that the data points are spread out over a wider range of values (0+). Data beyond a few standard deviations away from the average, either positive or negative, are typically considered outliers and can be analyzed further. 2 scores above or below the average of all indicators are the indicators for 4 regions, each representing 4 different states, or 16 states each representing 4 regions with the environment and human health.

A Normal Distribution of A Total Per Capita State

A score of 1.61 or less is used as the midpoint score. The score represents the actual expenditures or costs with normal exceptions.

The Bureau of Economic Analysis, Office of Management and Budget, U.S. Congress, state governments, and private researchers use the data to measure and assess federal expenditures for display needs. These financial analysts use the data on an expenditure basis for analyses that evaluate federal revenues from state areas versus federal expenditures to those areas.

Due to the termination of the Federal Financial Statistics program, the Consolidated Federal Funds Report data will no longer be available.
CCJ's Environmental Justice Recommendations for Action

Three Principles for Action:
- Strive for Environmental Justice: Actions should reduce cumulative impacts on the most affected and vulnerable communities.
- Action should ensure trust: The burden of proof should be on those proposing the activity. Regularly, regulatory agencies should offer their decision, not results, approach in decision-making.
- Residents speak for themselves: Agencies must engage with residents of affected communities when making decisions about those communities' natural environment.

Moving Forward:
- Change Happens When We Work Together:

Preparing a Community Health Profile – Collect, Analyze, and Publish Community Health Indicators

As a critical step in identifying health problems and disparities in assessing community health status and health needs is performing by collecting and analyzing data and making that information available to inform community decision-making. The purpose of this report is to outline the methods used to collect, analyze, and publish community health indicators. This report also includes an analysis of the methods used to collect, analyze, and publish community health indicators. The following methods were used:
- Collection of data from national and state health surveys
- Collection of data from local health departments
- Collection of data from community health centers
- Collection of data from hospitals

As a result of action, the ACSF's new approach to non-profit hospitals for community health surveys. The ACSF has published findings on the implementation of these surveys and has identified areas for improvement in the collection, analysis, and publication of community health indicators. The ACSF's new approach to non-profit hospitals for community health surveys has been implemented in the latest report on community health indicators.
Population Health can be achieved when all people can realize their highest potential, without interruption by health disparities.

Demographic Category Z-Score Summary Maps

Disability Category Z-Score Summary Maps

Health of Children Category Z-Score Summary Maps

Patriotic backs with both Internal Health and Disadvantaged people's ability to realize their highest potential, without interruption by health disparities.

Disability Category Z-Score Summary Maps

Health of Children Category Z-Score Summary Maps

Three Principles for action:

1. Drive for Health Equity
2. Action should reduce risk
3. Policies need for themselves

Moving Forward:

Change Happens When We Work Together:

Patriotic backs with both Internal Health and Disadvantaged people's ability to realize their highest potential, without interruption by health disparities.
Public Health and Geographic Information Systems for Community Health Needs Assessment and Health Impact Assessments

The GIS Data Model: Geographic Integration of Information

- Data is organized in layers, coverages or themes (synonymous concepts), with each theme representing some phenomena on the earth’s surface.

- Layers are integrated using explicit location on the earth’s surface, thus geographical location is the organizing principal.
How Do We Represent These Data Types in a GIS?

• The Raster and Vector data models...

Community Health Needs Assessment

Community health needs assessments (CHNA) and implementation strategies are newly required of tax-exempt hospitals as a result of the Patient Protection and Affordable Care Act.

These assessments and strategies create an important opportunity to improve the health of communities.

They ensure that hospitals have the information they need to provide community benefits that meet the needs of their communities.

They also provide an opportunity to improve coordination of hospital community benefits with other efforts to improve community health.

By statute, the CHNAs must take into account input from “persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health.”
Health Impact Assessment

HIA is a rapidly growing field that positions decision makers to make better choices by bringing together scientific data, health expertise, and public input to identify the potential and often overlooked effects, both positive and negative, of proposed laws, regulations, projects, policies, and programs on public health.

HIA is a systematic, six-step process that determines the potential health effects of a proposed action, such as a plan, policy, or project.
Healthy People 2020

A National Health Assessment with Objectives

Acknowledgement and presentation credit shared with:

Don Cibula, PhD
Assistant Professor, Department of Public Health and Preventive Medicine
SUNY Upstate Medical University, Syracuse, New York

Healthy People

• In 1979, *Healthy People* marked a turning point in the approach and strategy for public health in the United States

• The key to *Healthy People* was the premise that the personal habits and behaviors of individuals determined “whether a person will be healthy or sick, live a long life or die prematurely.”

US Department of Health, Education and Welfare 1979
Cover of 1979 edition of Healthy People

Letter from Jimmy Carter from 1979 Healthy People
What is Healthy People?

**National agenda** that communicates a vision and overarching goals, supported by topic areas and specific objectives for improving the population’s health and achieving health equity.

---

Healthy People

The report urged Americans to adopt simple measures to enhance health including:

1. elimination of cigarette smoking
2. reduction of alcohol misuse
3. moderate dietary changes to reduce the intake of excess calories, fat, salt, and sugar
4. moderate exercise
5. periodic screening (at intervals to be determined by age and sex) for major disorders such as high blood pressure and certain cancers
6. adherence to speed laws and the use of seat belts

---

**Tobacco Statement (2017)**

**FDA New Approach (2017)**
http://www.slate.com/articles/health_and_science/medical_examiner/2017/08/the_fda_s_new_approach_to_cigarettes_is_good_for_public_health.html

---

US Department of Health, Education and Welfare 1979
Healthy People

A major thrust of the report was a focus on *age-related risk*

- The health problems that affect children change in adolescence and early adulthood and again in old age

- At each stage in life, there are different problems and different preventive actions

US Department of Health, Education and Welfare 1979

---

Healthy People

Accidents and violence predominate in adolescence

Chronic disease is the major problem in later adulthood and old age

Public health program planning must be attuned to the age-specific diversity of health problems

*Healthy People* set out five age-specific goals in 1977

US Department of Health, Education and Welfare 1979
Healthy People

Five Age-specific Goals of Healthy People 1977:

1. **Continue to improve infant health** and, by 1990, reduce infant mortality by at least 35 percent to fewer than 9 deaths per 1,000 live births.

2. **Improve child health**, foster optimal child development, and, by 1990, reduce deaths among children 1 to 14 years old by at least 20%, to fewer than 34 per 100,000.

3. **Improve the health and health habits of adolescents and young adults** and, by 1990, reduce deaths among people ages 15 – 24 by at least 20%, to fewer than 93 per 100,000.

4. **Improve the health of adults** and, by 1990, reduce deaths among people ages 25 – 64 by at least 25 percent, to fewer than 400 per 100,000.

5. **Improve the health and quality of life for older adults** and, by 1990, reduce the average annual number of days of restricted activity due to acute and chronic conditions by 20%, to fewer than 30 days per year for people aged 65 and older.

Promoting Health/Preventing Disease: Objectives for the Nation established quantifiable objectives to reach the broad goals of Healthy People.

This objective-based population preventive strategy continues today with the **Healthy People 2020** objectives.
# Evolution of Healthy People

<table>
<thead>
<tr>
<th>Target Year</th>
<th>1990</th>
<th>2000</th>
<th>2010</th>
<th>2020</th>
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<tbody>
<tr>
<td>Overarching Goals</td>
<td>Decrease mortality; infants-adults</td>
<td>Increase span of healthy life</td>
<td>Increase quality and years of healthy life</td>
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<td>Increase independence among older adults</td>
<td>Reduce health disparities</td>
<td>Eliminate health disparities</td>
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<td></td>
<td>Achieve access to preventive services for all</td>
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<td>Create social and physical environments that promote good health...</td>
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<td># Objectives</td>
<td>226</td>
<td>312</td>
<td>467</td>
<td>&gt; 580</td>
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</tbody>
</table>

*39 Topic areas with objectives

---

### Healthy People 2020

*A society in which all people live long, healthy lives*

**Overarching Goals:**

- Attain high quality, longer lives free of preventable disease, disability, injury, and premature death.
- Achieve health equity, eliminate disparities, and improve the health of all groups.
- Create social and physical environments that promote good health for all.
- Promote quality of life, healthy development and healthy behaviors across all life stages.

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Slade-Sawyer, P, HHS Office of Disease Prevention and Health Promotion
Healthy People 2020: Framework

Mission—Healthy People 2020 strives to:

- Identify nationwide health improvement priorities
- Increase public awareness and understanding of the determinants of health, disease, and disability and the opportunities for progress
- Provide measurable objectives and goals that are applicable at the national, state, and local levels
- Engage multiple sectors to take actions to strengthen policies and improve practices that are driven by the best available evidence and knowledge
- Identify critical research, evaluation, and data collection needs

Slade-Sawyer, P, HHS Office of Disease Prevention and Health Promotion

National Health Assessment and Objectives: Healthy People 2020

- Encompassing, collaborative, ongoing effort
- Coordinated by CDC
- Set of measurable national health objectives
- Measures progress over time
- A public health reference that presents:
  - Recommendations for action
  - A compilation of national public health priorities
- Provides US baseline rates and 2020 target rates, which can be used for comparison in state, regional and local health assessments.
Healthy People 2020

- Overarching Goals:
  - **Attain** high quality, longer lives free of preventable disease, disability, injury, and premature death
  - **Achieve** health equity, eliminate disparities, and improve the health of all groups
  - **Create** social and physical environments that promote good health for all
  - **Promote** quality of life, healthy development, and healthy behaviors across all life stages

- HP 2020 Vision and Mission:

Healthy People 2020: Topic Areas

**Topic Areas** are an organizing framework for sets of:

- related goals
- objectives, and
- Measures

- 38 proposed topic areas, reflecting organization by:
  - Life-stage (e.g., Maternal, Infant and Child Health, Early and Middle Childhood, Adolescent Health and Older Adults)
  - Major groups of chronic and infectious disease (e.g., Cancer, Heart Disease and Stroke, Diabetes, Immunization and Infectious Diseases, and Sexually Transmitted Diseases)
### Healthy People 2020: Topic Areas

**Topic Areas** are an organizing framework for sets of related goals, objectives and measures

- 38 proposed topic areas, reflecting organization by:
  - **Life-stage**
    - Maternal
    - Infant and Child Health
    - Early and Middle Childhood
    - Adolescent Health and Older Adults
  
  - Major groups of chronic and infectious disease
    - Cancer
    - Heart Disease and Stroke
    - Diabetes
    - Immunization and Infectious Diseases, and
    - Sexually Transmitted Diseases

### Healthy People 2020: Topic Areas

- 38 proposed topic areas, reflecting organization by:
  - **Behavioral determinants**
    - Substance Abuse
    - Tobacco Use
    - Physical Activity,
    - and Fitness, Nutrition and Weight Status
  
  - **Social and physical environments**
    - Access to Health Services
    - Environmental Health
    - Social Determinants of Health
  
  - **Emerging or Evolving Threats and Concerns**
    - Genomics
    - Food Safety
    - Healthcare-Associated Infections
**Healthy People 2010: Examples of Objectives**

Reduce the proportion of nonsmokers exposed to environmental tobacco smoke:
- Baseline 65%,
- 2010 target 45%

Increase the proportion of persons with a usual primary care provider
- Baseline 77%
- 2010 target 85%

**Healthy People 2020: Health Disparities Types**

**Geographic disparities**
- Example: Rural and urban vs. suburban

**Racial and ethnic disparities**

**Economic disparities**
- Example: Medicaid vs. private insurance

**Social disparities**
- Example: college-educated vs. less than HS educated
Healthy People 2010: Disparities Objectives Race Example

Reduce asthma deaths (adults aged 35 to 64 years)

• Rates are per million population
  • National baseline: 17.8

• Black or African American: 52.3
• White: 13.3
  • 2010 target for all races: 9.0

The Structure of the US Healthcare System
Objectives:

• How does the United State rank in healthcare amongst other industrialized economies of the world?

• How is healthcare provided in the United States?

• Who pays for healthcare in the United States?

• What are the Federal Healthcare programs?
  • How are they funded?

• How can the United State improve healthcare access?

Introduction

The United States spends more on health care services than does any other nation—on average, more than twice as much per person as the other OECD countries.

These expenditures are financed by a complex mixture of public payers (Federal, State, and local government), as well as private insurance and individual payments:

There is no single nationwide system of health insurance.

The United States primarily relies on employers to voluntarily provide health insurance coverage to their employees and dependents.

Government programs are confined to the elderly, the disabled, and some of the poor.
What are the OECD countries?

The Organization of Economic Co-operation and Development (OECD) is a group of 35 industrialized countries with a mission to ‘promote policies that will improve the economic and social well-being of people around the world’

Promotes a national neoliberal ideology for ‘free’ markets, democracy, and financial stability

Is voluntary – does not create ‘global’ policies, but encourages countries to work toward common capatilistic goals

Who are the OECD countries?

Current Members Countries:

1. Australia
2. Austria
3. Belgium
4. Canada
5. Chile
6. Czech Republic
7. Denmark
8. Estonia
9. Finland
10. France
11. Germany
12. Greece
13. Hungary
14. Iceland
15. Ireland
16. Israël
17. Italy
18. Japan
19. Korea
20. Latvia
21. Luxembourg
22. Mexico
23. Netherlands
24. New Zealand
25. Norway
26. Poland
27. Portugal
28. Slovak Republic
29. Slovenia
30. Spain
31. Sweden
32. Switzerland
33. Turkey
34. United Kingdom
35. United States
Health Spending among the OECD countries

Health spending measures the final consumption of health care goods and services, including personal health care, and collective services, but excluding spending on investments. This indicator is presented as a total and by type of financing ("Government/compulsory", "Voluntary", "Out-of-pocket") and is measured as a share of GDP, as a share of total health spending and in USD per capita (using economy-wide PPPs).

https://data.oecd.org/united-states.htm#profile-health

Total Health Spending as share of GDP (OECD countries)

The United States spends more dollars as a percentage of GDP (gross domestic product) than any other OECD country. GDP is a statistic used to measure the size of a country's economy. Note: this does not mean Federal government spending only, but all combined (private individuals and government).
OECD countries: Life expectancy at birth (2015)

Life expectancy at birth is defined as how long, on average, a newborn can expect to live, if current death rates do not change.

However, the actual age-specific death rate of any particular birth cohort cannot be known in advance.

Life expectancy at birth is one of the most frequently used health status indicators.

This indicator is presented as a total and per gender and is measured in years.

OECD countries: Overweight or Obese (2014)
OECD countries: Infant Mortalit per 1,000 births (2014)

OECD countries: Doctors per 1,000 people (2015)
US Healthcare System: Providers

Overall, the provision of health care in the United States is a largely private, decentralized affair, with most health care providers falling under private ownership and no significant federal presence.

Health practitioners enter the market by gaining certification by a private organization, which allows them to join an existing practice, open their own practice, or practice within a hospital.

Practices and hospitals are mostly private, but some local and state governments fund publically-owned hospitals and public practices.

US Healthcare System Providers: Private Insurance

The United States has had a more privatized system, with a relatively low proportion of health insurance provided by public programs.

According to the Commonwealth Fund, in 2010:

“56% of U.S. residents received primary coverage through private insurers,”
while 27%
“were covered under public programs.”

The remaining 16% lacked health insurance entirely.
US Healthcare System Providers: Private Insurance

Most Americans purchase health insurance from private insurance companies, usually through their employer.

Private health insurance is regulated differently in every state, making generalizations about the U.S. private health insurance market as a whole difficult.

US Healthcare System Providers: Medicaid

Medicaid is a combined federal and state government means-tested health insurance program.

- Paid for by state and federal taxes
- Distributed to individuals by the states within broad federal guidelines
- Eligibility determined by states, following some federal standards
- State governments set coverage within national guidelines and negotiate with private and public health care providers to determine eligibility
- State Children’s Health Insurance Program (SCHIP) is an expansion of Medicaid and covers children in families deemed underprivileged who do not qualify for Medicaid based on income.
US Healthcare System Providers: Medicare

Medicare is the federal government’s insurance program for seniors and other groups

- Paid for by payroll taxes
- Distributed by the federal government to individuals over the age of 65, with disabilities, and other qualifiers
- Eligibility determined by federal government
- Federal government sets coverage and negotiates with private and public health care providers to determine eligibility

http://www.aicgs.org/issue/structure-of-the-us-health-care-system/