



# Better Health, Not Just Better Health Care:

A Prescription for Progress from the  
Big Cities Health Coalition

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*by David Kohn*



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Milbank Memorial Fund

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## FOREWORD

Comprehensive national health care reform requires not only guaranteeing access to high-quality, affordable health care but also investing resources to improve the nation's public health. On a wide range of important health measures, outcomes in the United States lag behind those of other developed countries. To meet this challenge, state and local public health departments have an increasingly important role in improving health by addressing the underlying causes of chronic diseases as well as monitoring and preventing infectious disease.

Since 2002 the Big Cities Health Coalition, a group of eighteen city and county health departments from major American urban centers with a combined population of forty-two million people, has focused on improving the health of people in their cities. Thomas R. Frieden, director of the Centers for Disease Control and Prevention, initiated the Coalition while he was New York City's health commissioner. The Coalition's aim is to provide opportunities for the leaders of urban health departments to share with one another their efforts to meet the challenges of creating healthy environments and helping people to grow up healthy and stay that way.

This report grew out of a meeting convened by the Coalition in May 2009. The goals of this meeting were to propose federal policies that can help urban health departments meet their responsibility for the health of the diverse populations they serve and to highlight some innovative and successful strategies used by some public health departments. The meeting was funded by the de Beaumont Foundation in collaboration with the New York City Department of Health and Mental Hygiene, the Fund for Public Health in New York, and the Milbank Memorial Fund.

Many people contributed to this report. The participants in the meeting offered recommendations and provided examples of effective urban public health initiatives. These persons are listed in the Acknowledgments, along with others who reviewed the draft report. David Kohn, an experienced journalist, wrote the report, working with Leah Devlin, project coordinator. George E. Hardy, Jr., former Executive Director of the Association of State and Territorial Health Officials, served as the meeting's facilitator. We thank Michael Bloomberg, New York City mayor; Thomas R. Frieden, former New York City health commissioner; Thomas Farley, current New York City health commissioner; and their staffs for their support of this project.

Carmen Hooker Odom  
President

Samuel L. Milbank  
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## BETTER HEALTH, NOT JUST BETTER HEALTH CARE

The federal government plays a critical role in protecting and improving America's health.

Federal health policies and funding help to prevent and treat infectious and chronic diseases, reduce environmental and workplace hazards, strengthen public health infrastructure, and enhance the capabilities of the public health workforce. In one way or another, hundreds of proven public health programs across the country rely on the federal government.

But federal actions can do much more to support local health departments.

For almost a decade, the Big Cities Health Coalition, a group of eighteen city and county health departments from major American urban centers, has focused on improving urban health. Together, the cities in the Coalition have a population of more than forty-two million, 14 percent of the country's total. In this report, the Coalition provides its prescription for how the federal government can play a vital role in improving public health and offers some examples of successful urban public health programs.

### A CALL FOR FEDERAL ACTION

The country faces a range of serious public health problems. Despite paying more, sometimes much more, for health care, Americans as a whole have lower levels of health than those living in other developed countries. In addition, wide disparities exist in the health of different ethnic, social, and economic groups.

Moreover, tens of millions of Americans suffer from chronic diseases, such as diabetes, cancer, and cardiovascular disease. These ailments are the leading causes of death and illness. Together, they account for 1.7 million deaths annually—almost three-quarters of the total number of deaths in the United States, according to the Centers for Disease Control and Prevention. In addition, these diseases cause suffering, disability, and decreased quality of life for those who do not die and contribute to two-thirds of all health care costs. Yet, these conditions can often be prevented.

Traditionally, public health departments have focused on surveillance and prevention of infectious disease. Although these crucial activities must be maintained, they consume much of the financial resources available to local public health agencies. In particular, most health departments spend very little on chronic disease prevention and control. A 2005 study of seventeen large U.S. urban health departments found that each spent an average of less than 2 percent of its budget in this area.

Federal assistance can make a significant difference in helping the nation's large cities attack chronic disease, as well as other health problems. Public health departments in these municipalities face a range of unique problems. They serve

diverse populations with disparate needs, including large groups of legal and illegal immigrants and non-English speaking residents. They have high rates of mental illness, substance abuse, poverty, unemployment, and violence; they also suffer from a lack of affordable housing, unequal access to healthy food, and high levels of air and noise pollution.

As a result, urban public health departments are not able to adequately tackle key issues: the underlying causes of many chronic diseases, such as tobacco use, obesity, alcohol and substance abuse, lack of exercise, and poor nutrition, as well as risky sexual behaviors.

To address these shortfalls, the Coalition offers two proposals for how the federal government can help most:

1. Provide a stable and sufficient source of federal funding for local public health programs to prevent and manage chronic diseases.
2. Support the development and dissemination of public health innovations by establishing national health policies and guidelines, reducing regulatory barriers, and funding proven strategies.

By working with local and state health departments, the federal government also stands to gain. The federal government pays for much of Medicare and Medicaid, as well as health care for veterans and federal employees. A substantial proportion of this money goes toward treating chronic diseases. The federal government should extend these resources to prevent and manage such diseases across all populations in order to improve the health of all Americans.

Despite persistent resource limitations, urban health departments have developed a range of innovative—and proven—programs to address chronic diseases and/or encourage healthy behaviors to help prevent chronic disease, some of which are noted later in this report as shining examples from around the country. The Coalition has identified key areas in which the federal government can help to improve public health, not only in cities, but also throughout the country. This is not an exhaustive list, but a starting point for further discussion on how the federal government and state and local health departments can better work together to support innovations to improve public health.

## **CHRONIC DISEASE PREVENTION AND CONTROL**

- Issue standards for school nutrition, as well as for physical activity and physical education, linking performance to federal funding.



- Pass a tax on sugared soda and other sugar-sweetened beverages, and increase the tax on alcohol.
- Require chain restaurants to provide easy-to-understand nutritional information on menus.
- Encourage fruit and vegetable consumption, especially in lower income communities, by supporting farmers markets, farm-to-school programs, urban gardens, and food co-ops.
- Ban smoking in worksites and public places, and provide incentives for workplace wellness and prevention programs.
- Increase funding for walking trails, bicycle lanes, and other healthy modes of transport.

#### **PREPAREDNESS: INFECTIOUS DISEASE, DISASTERS, AND BIOTERRORISM**

- Remove restrictions on the use of federal funds for clean needle exchange. Strengthen HIV and viral hepatitis prevention programs, including outreach, counseling, testing, and partner referral for both the general population and high-risk groups.
- Ensure employee availability of paid sick days to decrease the transmission of influenza and other communicable diseases.
- Establish liability protection for volunteers and businesses assisting public health departments during emergencies.
- Set national standards for the investigation of human health-related environmental risks.
- Strengthen immunization efforts for all ages based on sound science.

#### **MATERNAL AND CHILD HEALTH**

- Require age-appropriate, comprehensive sex education and teen pregnancy prevention strategies in education systems as a condition of federal funding.
- Assure that all children have high-quality early developmental support, including health services, education, and safe and nurturing child care that will set the stage for a lifetime of health and success.
- Invest in strong school health policies and services, recognizing that health and academic success are closely linked.

## **WIDE-RANGING STRATEGIES THAT STRENGTHEN MULTIPLE AREAS OF PUBLIC HEALTH**

- Integrate public health into the activities of multiple agencies, including the Departments of Homeland Security, Housing and Urban Development, Education, Transportation, Agriculture, and the Environmental Protection Agency. Increase cooperation among federal agencies that already oversee public health.
- Create a national system for electronic health records, allowing public health departments and other health care providers to share information. The goal should not only be better treatment, but also prevention through more effective surveillance of chronic disease.
- Ensure that public health and chronic disease prevention are key priorities of federal health care reform.
- Establish and fund a competitive grant program at the Centers for Disease Control and Prevention to support the development, evaluation, and dissemination of effective programs by local health departments.
- Build on the Guide to Community Preventive Services at the Centers for Disease Control and Prevention to create a robust system that reviews the evidence on what strategies work best and allows health departments to share best practices including outcome data.
- Create sustainable funding for urban health department infrastructure. Allow departments to use this money flexibly to ensure the maximum impact of available funds.
- Provide funding or reimbursement for community health workers and other community-based health strategies and collaborations.
- Require government-funded development projects (such as transportation, housing, and infrastructure) to evaluate potential health impacts. Create a mechanism to underwrite these assessments.

## **SOME SHINING EXAMPLES FROM AROUND THE COUNTRY**

Despite limited resources, urban public health departments have created innovative programs to treat and prevent chronic disease. We have highlighted some of these success stories in the pages that follow. The federal government should review these initiatives and, when appropriate, support and fund them on a larger scale. With federal help, these approaches, as well as other worthy initiatives, can be shared with other public health departments across the country, and can improve the lives of millions more Americans.

### **Reducing Exposure to Tobacco and Tobacco Products**

In 2002, New York City started a comprehensive program to reduce adult and youth smoking. The city raised cigarette taxes, making its cigarettes the most expensive in the nation. It also banned smoking in workplaces, including bars and restaurants; launched hard-hitting media campaigns that show the devastating effects of smoking; and set up programs to help New Yorkers quit. As a result of these initiatives, youth smoking rates have dropped by more than 50 percent in New York City, and adult rates have gone down by more than a quarter. The city now has 350,000 fewer smokers, a decline that could prevent more than 100,000 smoking-related deaths in the future.

In 2003, Boston passed bans on smoking in public places and workplaces, including outdoor places immediately adjacent to buildings such as patios and loading docks. In 2009, Boston banned the sale of tobacco products in all health care institutions, including pharmacies and educational campuses. Smoking rates for high-school students have dropped to 7 percent—one of the lowest rates in the country.

Building on a strong state tobacco control program that banned smoking in workplaces, restaurants, and bars over a decade ago, the Los Angeles County Department of Public Health has worked with community-based organizations and city and county decision makers to expand smoking restrictions in public spaces. Local surveys have confirmed that the public overwhelmingly favors smoke-free environments. Local ordinances banning smoking on beaches and in parks and other recreational areas have been established throughout the county. New initiatives for banning smoking in multi-unit housing are also under way and have been attractive to property owners and homeowner associations. These initiatives reinforce anti-tobacco messages and reduce exposure to environmental tobacco smoke.

### **Decreasing Rates of Sexually Transmitted Diseases**

Philadelphia has created a comprehensive, free gonorrhea and chlamydia screening program in public high schools. Since 2002, the program has tested an average of more than sixteen thousand students annually. It has identified nearly five thousand cases of sexually transmitted infections. More than 98 percent of these patients received free treatment. The program has significantly increased gonorrhea and chlamydia screening of fifteen- to nineteen-year-old females over the past seven years and has contributed to decreased emergency department visits and hospitalizations for pelvic inflammatory disease.

### **Promoting Healthy Eating in Restaurants**

Several cities, including New York City and Seattle, require fast food restaurant chains to provide prominent calorie labeling on menus. Research shows that in

response to such labeling, about 25 percent of diners change what they order, opting for healthier choices. Restaurants have also modified their offerings to include lower-calorie choices. New York City is now working on an initiative to reduce consumption of salt, a key risk factor for hypertension. The city is collaborating with the food industry to come up with achievable, measurable reductions. The goal over the next decade is a 50 percent drop in salt content of processed and restaurant foods.

A study by the Los Angeles County Department of Public Health showed that even a modest response to menu labeling in large restaurant chains could reduce the collective weight of county residents by almost seven million pounds annually. These findings contributed to the passage of a state menu labeling law that will take effect in 2011.

### **Enhancing Community Nutrition**

Houston's Department of Health and Human Services has created a community nutrition program, a free six-week course for city residents that focuses on nutrition, behavior change, and physical activity. Sessions include understanding risk factors, reading food labels, smart shopping, and a cooking class. Over two hundred participants have completed this program, and 63 percent have adopted healthy practices such as walking more than three times a week and eating three or more daily servings of fresh produce.

### **Building Health-Promoting Environments in Urban Settings**

The San Francisco Department of Public Health has created the Program on Health, Equity and Sustainability. This innovative approach breaks down traditional barriers around public health, working with other city departments to improve food quality, land use, and transportation planning, while reducing environmental hazards. The program also works with city planners to help them design healthier neighborhoods. This work has helped to protect the availability of affordable housing, prevent residential displacement, control environmental noise, design public parks and housing, and make walking and bicycling safer. Where pollution levels are high, builders must include ventilation and filtration systems to remove 80 percent of particulates from outdoor air. The department has successfully applied the new law to dozens of public and private projects.

### **Preventing and Treating Substance Abuse**

Baltimore has developed a heroin treatment program using the medication buprenorphine. The initiative has treated nearly twenty-five hundred heroin addicts in Baltimore. More than 60 percent of those who complete the initial program

continue to receive buprenorphine through accredited providers in the medical system. In addition, with help from health department workers, over one thousand formerly uninsured participants in the program now receive health insurance.

### **Decreasing Violence**

Chicago has pioneered the CeaseFire Program to reduce homicide and violence in high-risk neighborhoods. The program uses street-level outreach and community mobilization to interrupt the cycle of violence and has led to an almost 75 percent drop in shootings and killings in the areas where it has been used.

Together, the federal government and state and local health departments across the country can improve the health of tens of millions of Americans. As federal policymakers debate health care reform, we have a unique opportunity to save lives and improve well-being. To realize this opportunity, the federal government must develop visionary federal health policies and invest in proven public health strategies.

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