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Rediscovering the Core of Public Health

Abstract

The success of public health has been its ability to understand contemporary health problems, to communicate the needs successfully, to identify solutions, and to implement them through programs and policies. In the past 50 years, those successes can be attributed largely to control of infectious disease, improved maternal and child health, delivery of other personal health care services, and changes in behaviors, particularly smoking. Yet health is primarily a product of our social, cultural, and physical environments. To continue to improve the nation's health and reduce disparities, public health needs to return to its historical roots and engage with other sectors to create healthier communities. To do so requires expanding public health skills in areas such as quantitative policy analysis, communication, and community engagement.

Keywords

determinants of health, history, public health functions, government

Cover Page Footnote

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For *Frontiers in PHSSR*

Rediscovering the Core of Public Health

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INTRODUCTION

The primary twenty-first century public health challenges in the United States are to increase life span and functional capacity, reduce morbidity, and eliminate preventable disparities. Here we focus on the future role of governmental public health in addressing these issues. As a governmental function, public health is accountable to elected leaders and must strive to be a trusted source of information, to protect the public, and to deliver customer-focused services. Public health leaders who recognize that the social and physical environments are the most important determinants of our collective health also recognize that the greatest influences come from the actions of partners in other sectors, such as education, employment, commerce, criminal justice, transportation, and agriculture. Yet, public health advocates have not adequately demonstrated the contribution of these other sectors to health improvement and disparity reduction to inform policy makers as they consider the potential health impacts of policy decisions.

CHALLENGES

The dominance of the biomedical model of health and the delivery of clinical services to individuals consumes an increasingly large portion of economic resources. Refocusing resources and policies on the underlying determinants and risk factors is a first step to reprioritizing investments (1).

Public health itself has combined the medical model, for which it receives most of its funding, with more population-oriented approaches in many recent successes such as reduction in vaccine-preventable disease, control of tuberculosis, and reduction in stroke, heart disease, and lung cancer. It is only recently that public health has begun to return to its nineteenth-century roots (7) to focus more intensively on creating the conditions whereby people can be healthy—creating healthful social and physical environments where all people can enjoy a good quality of life. Healthy communities, have characteristics not commonly associated with health: good educational systems; excellent job prospects; safe streets; healthful homes; good public transit; and access to plentiful, affordable, and healthful foods. To foster healthy communities requires a shift from public health's focus on biomedical approaches to building new surveillance and analytic and policy development capacities to deal with the changing paradigm.

The complexity of many contemporary health problems requires multiple avenues of attack. Public health's return to the policy and intersectoral agenda is only the most recent response to a continually changing set of needs. However, this return is very uneven, and many governmental public health agencies are poorly organized and inadequately staffed to address this broader set of issues. Public health needs to sustain past successes, better address new disease and injury burdens, and be better prepared for unanticipated ones. And we will have to address new problems within an environment of greater resource constraints.

Although the need to address upstream determinants is paramount to improving health, specific conditions continue to take an enormous toll and require renewed attention. Particularly notable is the leading cause of loss of quality of life: diseases of the brain. For example, substance use disorders are to some degree amenable to currently available treatments, but high rates of recidivism remind

us that more effective policies are sorely needed. These include effective, interventions such as reduction of alcohol outlet density, increased taxation on alcohol, limitations on days and hours of its sale, prevention of public alcohol outlet privatization, and use of ignition interlocks on vehicles. Change will come from collaboration among public health, mental health, and substance abuse agencies, with assistance from those with expertise in law enforcement, social marketing, and quality assurance for providers.

Intentional and unintentional injuries remain the leading causes of years of potential life lost and require increased action. Domestic violence and child abuse and neglect can be reduced by promoting early childhood interventions such as the Nurse Family Partnership (5), by strengthening communities, by actively policing communities, and by improving educational attainment and employment options for those most affected by social disadvantage. Most local and state public health departments currently devote inadequate attention to this set of issues.

LIFE TRAJECTORY

The life trajectory or life course has profound implications for health (Figure 1). Individuals whose mother had good nutrition, were well educated, the product of a desired pregnancy, were born at normal birth weights, breast-fed, nurtured and read to by parents, developmentally stimulated, and benefited from a high-quality preschool have a much better chance of being well educated, well adjusted, less prone to violence and criminal behaviors, employed, and in stable relationships. While there are many organizations that have a critical role in improving the life trajectory, public health should play a central coordinating role at all levels of government to assure appropriate sustained action and adequate attention to those individuals and families who have sustained social disadvantage.

DOING WHAT WORKS

With an agenda this broad with innumerable potential interventions, it is critical that the interventions chosen actually work. The growing compendium of evidence-based public health recommendations, typified most clearly in the Guide to Community Preventive Services (http://www.thecommunityguide.org) and the Cochrane Collaboration (http://www.cochrane.org), provides a solid basis for selecting interventions basis on their effectiveness and value. Effective interventions should be given highest priority.

PUBLIC HEALTH FOR ALL

In some ways the term public health is unfortunate because many believe it means publicly supported clinical care for the poor. To be sure, public health has a responsibility to assure essential services for the most vulnerable and disadvantaged segments of society, however public health's responsibility for health protection and promotion extends to the entire population. That gap between the aspirational mission and the public perception adversely affects the public's health. The result is inadequate financial support for core functions and confusion when public health speaks about the health-promoting or health-undermining role of decisions in other sectors, both public

and private. This lack of understanding facilitates the successful opposition of competing parties, whose products and services have adverse health consequences, to policies and programs, such as increasing alcohol or tobacco taxes or requiring real estate developers to build complete streets.

ELIMINATING DISPARITIES

Even though health differences among demographic subpopulations (Figure 2) will never be eliminated, disparities in health that derive from systemic social disadvantage (6) are preventable and deserve priority public health attention. Core social justice values need to be seen as opportunities for all, not just favoritism for some. Although public health should not limit its responsibilities to providing remedial solutions for those who are disadvantaged, it must be a truth teller and an advocate for interventions that reduce disparities, whether in improving access to medical care, increasing health literacy, or having healthful working and living conditions..

NEW SKILLS AND COMPETENCIES

Traditional skills in medicine, epidemiology, laboratory science, community engagement, health education, and environmental protection need to be complemented with policy analysis, communication, evaluation and quality improvement, and deeper knowledge of and engagement with other sectors. Public health needs a strong, effective voice to be successful in a world full of social media, well-funded interest groups, and decentralized information. At their root, public health organizations are knowledge organizations whose brands and products compete with many others. Individuals need to be surrounded by systems that foster health. Important progress can be made with greater policy analysis and advocacy skills and effective collaborations such as with agribusiness to produce foods with greater nutritional value and fewer calories, grocers to sell and promote more healthful food options, and schools and businesses to offer more healthful choices that students and employees actually want.

GOVERNMENTAL PUBLIC HEALTH

Governmental public health must transform itself from a focus largely on individual-level service programs to one that addresses the broader social and physical environments and greater engagement with intersectoral partners. This shift will require funding and the development of new sets of subject-matter expertise and skills in policy analysis. Many public health departments are constrained by narrow funding streams, ossified administrative and personnel systems that foster inertia, antiquated incentive structures, and lack of innovation. A dynamic public health system needs to be engaged and capable of change and timely response. Accreditation of public health agencies should begin to assure a minimum level of capacity and programming across the nation, but accreditation, although promising, remains voluntary and costly (4). On the positive side, many small local jurisdictions will only be able to meet the criteria through consolidation, shared resources, or other ways to construct the minimum capacity, including more collaboration and cooperation across departments sectors. Accreditation could also yield more favorable funding at all levels and give local and state public health departments leverage to obtain more monetary and political support for essential programming.

CONCLUSION

Public health needs to transition from a twentieth-century model grounded in a biomedical model and categorical funding of disease-specific interventions to emphasize changes in the greatest determinants of health: our social and physical environments. Although improvements in public health need to be sustained, new perspectives and capabilities are essential to address contemporary and projected disease and injury burdens effectively. Fulfilling this new vision will require a revitalized governmental public health system that includes extensive and innovative partnerships with other sectors and is supported by strong schools of public health that train tomorrow's leaders with new skills. Public health solutions can change, but its principles remain the same.

Figures cited:

Figure 1. How risk-reduction (RR) and health-promotion (HP) strategies influence health development. Adapted from Reference 2.

Figure 2 The gap in death rates between races was widest between 1988 and 1996. From Reference 3. Note: 2010 data are preliminary. Age-adjusted rates are per 100,000 US standard population. Rates for 2001–2009 are revised and may differ from rates previously published.

Summary Box

- To make large gains in the public's health and to reduce disparities, the underlying social and environmental determinants of health must be improved.
- Public health needs to fully adopt an ecologic model of disease of which the biomedical model is just one part.
- Public health agencies will need to develop stronger capabilities in policy analysis, communication, and collaboration with partners.
- Public health can facilitate intersectoral policy change by greater engagement with other sectors and assessments of the health impacts of alternative interventions.
- Wherever possible, evidence-based interventions should be implemented. If evidence-based interventions are not available and it is necessary to implement non-evidence-based interventions, they should be accompanied by careful evaluations.

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Figure 1

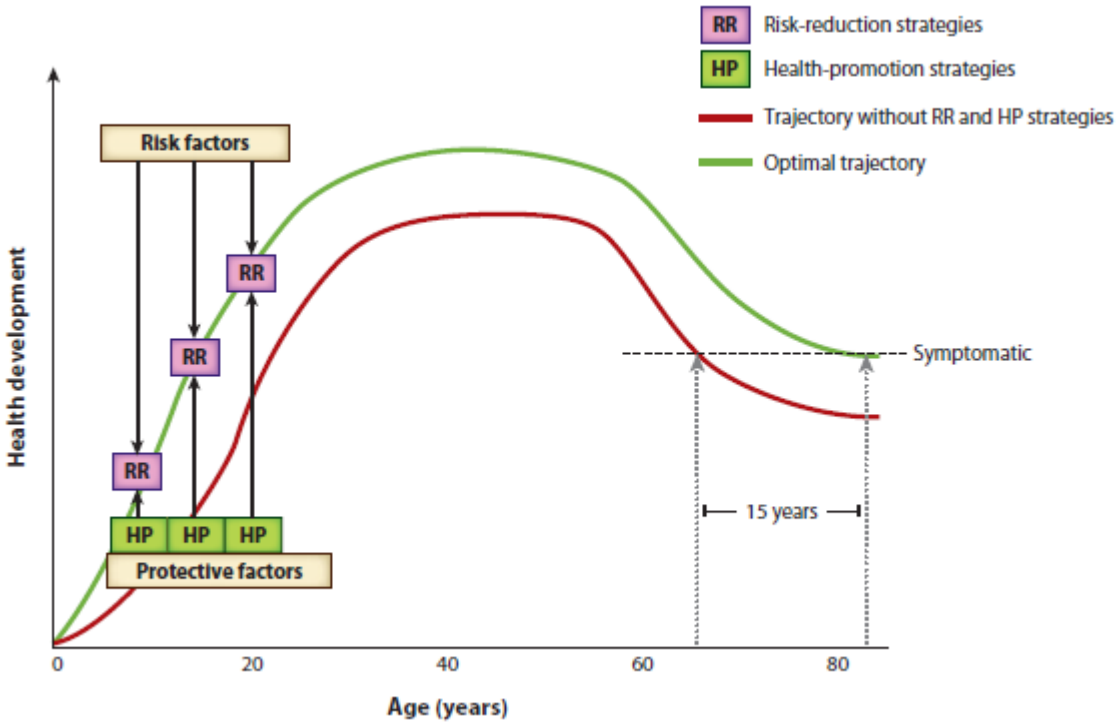

Figure 2