COMMENTARY

ON LOCAL HEALTH DEPARTMENTS

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Public Health and the Winds of Change

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Americans have realized a 30-year gain in longevity since the turn of the century, thanks primarily to public health. Some would argue that the contribution of public health was a phenomenon of the early part of the 20th century, when improvements in water quality, food safety, the control and eradication of infectious diseases, and vector control led to significant reductions in preventable morbidity and mortality. Some now suggest that advances in gene therapy, new pharmaceuticals, and biotechnology will dominate progress in the 21st century. The problem with this scenario is that many of the ghosts of the past have resurfaced. Texas continues to battle the "Biblical" diseases such as plague, tuberculosis, leprosy, and rabies as well as dengue, hantavirus, and resistant strains of pneumococcus and staphylococcus. The overuse and misuse of our pharmaceutical armamentarium have contributed to this trend. In addition, water quality and food safety persist as health concerns that will continue into the next century.

We cannot overlook the effect that behavior and poor choices have on morbidity and mortality. Exercise, appropriate nutrition, smoking cessation, and avoiding alcohol or drug misuse may well be the most cost-effective prescriptions for the future. Is the curative focus of medicine poised to anticipate and respond to these challenges? Historically, this has not been the case. As a result, medicine and public health travel the same landscape on parallel highways. The potential for collaboration is obvious; the price of autonomy is catastrophic.

The article by Pierce and Blackburn in this issue underscores the stresses facing the nation's public health system.[1] The adaptive skills of

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this system come to light as one public health department transforms its function and its business operations in response to significant political and financial stress. The result is a restructured health department that is focused on the population as a whole. The survival of this department, given the forces present in the community, state, and nation, is no small feat. In the state of Texas, five public health departments have closed in the last two years.

But the real story is one of marketing. To survive, these public health professionals had to sell their product. No easy task. Few people in this country understand the value of public health. It is the rare individual or policy maker who understands that public health is not "poverty health." Public health is the only part of the health system that affects all 264 million Americans on a daily basis. Public health touches you from the moment you shower or pour a glass of orange juice in the morning to the moment you lie down on your inspected mattress or pillow. It is the food you eat and the water you drink.

Public health remains one of the best buys in health care. As a nation we spend less than 1% of all dollars directed for health care on public health. While the salvation of one health department in the Texas Panhandle is the headline, there is an ominous subtext. Will this community maintain its tenuous funding for this downsized department? In effect the community has withdrawn all direct tax support for this new entity and supplanted local support with "conversion dollars" from the sale of a hospital district. If indeed public health is for the public good, one must wonder when or if priorities may change.

The article raises a larger state policy issue. The state of Texas currently does not require counties to directly provide or fund county health departments. As a result, more than 100 counties in Texas rely solely on the state health department. It is not unusual for one public health nurse to be responsible for an area consisting of more than 1000 square miles. Similarly, the state appropriates only $12.47 per Texan for public health services, and that per capita figure has declined over the last 10 years.

This article is all about resiliency, but at what price and for how long? In the parlance of public health, we question: Has this been a primary preventive restructuring or merely palliation? One has to be concerned that it is only the latter. The community has not truly "bellied up to the bar." There is hope that within this new structure medicine and public health can travel the same road at the same time in the same bus.

Proponents of public health have to be aware of a truth of the ages—there has always been and always will be a "plague." The question we must ask is whether we will have a public health system positioned—with its population-based focus and tools of epidemiology and surveillance—to anticipate and respond to the next one? For if the past has shown us anything, it is that some health problems are as persistent as the West Texas wind. We may be experiencing only a lull between dust storms as this story unfolds.

Reference

1. Pierce JR Jr, Blackburn CP. Transformation of a local health department: from primary care to core public health. Public Health Rep 1997;112:140–7. ■