

## IDAHO PUBLIC HEALTH ASSOCIATION

## Health Care Forum Panel Comments

by

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Public health practitioners seem to be suffering an identity crisis. Perhaps they have felt ignored and under-funded for so long that they are eager to latch onto anything that includes the word "health." Or perhaps some public health practitioners understand that health care receives 94% of the health services dollars with only 3% going to public health, so they mistakenly think they should be part of the 94%. Or perhaps the identity crisis is due to the fact that many public health personnel originally had their roots in health care, so they still have latent desires to practice health care rather than public health. Or perhaps the identity crisis is a manifestation of the fact that many public health practitioners do not understand the basic differences between public health and health care. Or perhaps the identity crisis is due to some public health practitioners not really believing in the primacy and cost benefit desirability of disease prevention, health promotion and environmental health as differed from health care. Or perhaps some public health practitioners do not understand that public health is in eternal competition with health care for the budget dollar, just as certainly as public health is competitive with such other basis governmental functions as welfare, education and national defense.

(Public health is the art and science of preventing disease and injury, and promoting health and efficiency of populations through organized community effort.

Environmental health and protection is the art and science of protecting against environmental factors that may adversely impact human health or the ecological balances essential to long term human health and environmental quality. Such factors include, but are not limited to air, food and water contaminants; radiation, toxic chemicals, wastes, disease vectors, safety hazards and habitat alterations.

Health care is the diagnosis, treatment or rehabilitation of a patient under care, accomplished on a one-on-one basis.)

Public health practitioners should ingest a healthy dose of skepticism regarding the current national health care debates, while enhancing their efforts to enhance the delivery of properly designed and prioritized public health and environmental health and protection services delivered through our varied and complex system of state and local health agencies.

As a practitioner, I practiced public health and environmental health and protection in the trenches and at the policy levels at the city, county, district, state and national levels. In various leadership roles and as a state cabinet secretary for health and environment, I testified before local, state and federal legislative bodies for forty-three years and have repeatedly learned the hard way that health care is not public health, public health is not health care, and certainly environmental health and protection is not health care. Public

health and health care compete with each other for the limited budget dollar. As a cabinet secretary, I consistently learned that any reasonable requests to expand my health care budget would probably be granted, and in fact, my health care budget was frequently increased in the absence of a departmental request. Not so for public health or environmental health and protection. My number one priority has always been public health and environmental health and protection. But while consistently advocating public health and environmental health and protection as my number one priority, my health care budget continued to increase disproportionately. I frequently found it somewhere between difficult and impossible to gain approval for one more public health nurse, or one more environmental health scientist, or one more public health educator, or one more public health physician, or one more public health dentist, or one more public health nutritionist, or one more public health laboratory scientist while being criticized by legislators for not requesting more for our department's health care programs. On many occasions, I experienced legislative bodies transferring funds from public health to support health care. On one occasion, my environmental health and protection budget was reduced in order to shore up our medicaid budget. During legislative budget hearings, the rooms were filled with effective health care advocates wearing their caps, banners and badges. Only once in my years of experience did a non-department advocate of public health show up to testify. The person was a public health nurse.

Public health continues to be difficult to sell, whereas health care continues to be demanded and better funded. Public health programs, unlike health care issues, lack an effective constituency. Public health has always been a rocky road, as it provides no immediate gratification or feedback. It requires the ability to look to the future, which is not a commonplace trait of our political leaders who are looking to the next election rather than the status of their constituents health in coming decades. Public health thus far, lacks the glamour associated with hospitals, organ transplants, emergency medicine, diagnosis, treatment and rehabilitation and does not compete well with crisis health care.

Public health practitioners who think national health care reform will enhance public health programs may be in for a rude awakening, and may find they have been worshipping the false god of health care in vain. The national health care reform efforts are being designed to contain health care costs and improve access to health care ---, not public health. In fact, the estimated 150 to 200 billion dollar annual cost of revamping the nation's health care system may well mean less funds for public health and environmental health and protection. When our federal politicians start looking for funds for national health care reform, less federal and state funds may be available for current and additional efforts to deliver public and environmental health and protection services. Our political leaders do not appear to understand that public health measures have done more, and can continue to do more, to improve the status of the nation's health than all the health care measures combined. And public health, properly supported, stands ready to effectively attack the current leading causes of death and disability.

As public health practitioners, what should we do?

- Understand that public health is not health care.
- Explain that public health produces more benefits for less cost than does health care.
- Explain that any significant improvements in the status of the public's health will be derived from improved economic vitality; enhanced educational achievement; healthful lifestyles; and effective disease prevention, health promotion, and environmental health and protection services which are delivered, primarily, through state and local public health and environmental health and protection agencies.

In summary, we should circle the wagons in the name of public and environmental health and protection and understand, explain, promote, market, sell, interpret, propose, advocate, and communicate the need for improved public health and environmental health and protection services.

National health care reform is important from the viewpoint of current politics, public sentiment, compassion, access to services, and cost containment. Public health is vastly superior and essential from the viewpoint of enhancing the health status and quality of life and environment of our citizens. If public health practitioners cannot understand and market these simple concepts, **WHO CAN, and WHO WILL?**