

IMPROVING PUBLIC HEALTH AND EFFECTIVE PUBLIC HEALTH STRUCTURE IN GEORGIA

Testimony for the Public Health Commission in Georgia

Atlanta, Georgia October 18, 2010

James W. Curran, M.D. M.P.H.

Dean, Rollins School of Public Health, Emory University

Good morning. It is a privilege to be here and to speak with you about our crucial responsibility to protect and improve the public health for Georgia and all of our residents. Since 1995, I have served as Dean of the Rollins School of Public Health at Emory University. I am a Professor of Epidemiology as well as Professor of Medicine in the Emory School of Medicine and Professor of Nursing in the Nell Hodgson Woodruff School of Nursing. My career in public health dates back to 1971. During the first several years, I served in local health departments in Memphis, Tennessee and Columbus, Ohio. In 1978, our family moved to Atlanta where I worked at the Centers for Disease Control and Prevention until joining Emory in 1995.

What is public health? The Institute of Medicine (IOM) of the National Academy of Sciences has defined public health as "...what we, as a society, do collectively to assure the conditions in which people can be healthy..." (The Future of Public Health, National Academy Press, 1988). Notice that is not the same as public medicine or public hospitals (such as Grady Memorial Hospital), nor public health financing (such as Medicaid, Medicare, and SCHIP), but rather public health is more inclusive of all factors contributing to or detracting from health...including the healthcare system and health financing. This then includes, in addition to health services and financing, education, agriculture, transportation, and various economic solutions to poverty reduction since education and economic status are themselves social determinants of health.

In order to be effective, public health usually begins with a population perspective and emphasizes prevention first. This allows opportunities to improve health and reduce health disparities. Such a population perspective might be a geographic population (all in Georgia, all in DeKalb County) or a demographic one (all women, all elderly adults, all Hispanic children, etc).

The Institute of Medicine further defines the core functions of public health as 1) assessment; 2) policy development; and 3) assurance. To provide examples, assessment involves surveillance of new or potential threats(e.g., H1N1 influenza, West Nile virus, salmonella in peanut butter) as well as tracking the status of other modifiable causes of illness or death throughout the State(e.g. cancer, cardiovascular disease, HIV infection, etc). This will also include modifiable risk factors such as adolescent and adult

obesity trends; smoking, alcohol, and substance abuse trends; unintended pregnancy rates, etc. It is only when the State possesses accurate information through assessment that the second function, policy development, can be addressed. When public health priorities are identified by accurate assessment, then policies to improve the health of Georgians can be proposed and established. These policies may involve legislation or regulation and are often beyond the healthcare system (e.g., smoking or drug policies, safe traffic laws, food safety).

Finally, the third function of public health is assurance. It is not enough to recommend effective policies if they are not implemented due to lack of coordination in the State or with the private sector, or due to insufficient resources. This assurance function, of course, involves the important contributions of public health nurses and others as providers of essential prevention and care services throughout the State.

How should public health priorities be determined? One framework includes the following:

- 1) How many people are affected (or potentially affected) by the problem?
- 2) How serious is the problem (in terms of severity of illness or likelihood of death)?
- 3) What is our ability to have an impact on 1) or 2)? Ultimately this consideration is often the most important one.

Using this framework, it is easy to see how to approach various problems. Many infectious conditions have safe and effective vaccines while some infections do not. Many cancers can be managed through effective screening (breast and cervical cancer) while others cannot. Smoking prevention methods, when effective, can benefit through prevention of many acute and chronic diseases. An important consideration in terms of ability to make a difference is the economic and political feasibility of the solution in the State or local region. That is why public health needs a voice at the highest level of Government....but it cannot be expected to be the only voice even when it comes to public health concerns.

How is Georgia doing in public health? In most surveys, Georgia ranks somewhere in the "40's" among all States in terms of health conditions and there remain large health disparities by geographic areas of the State and by race/ethnicity. Most of these disparities and the relatively poor rankings are not largely related to health insurance though adequate health insurance is important. In addition, funding for public health in Georgia (and in many States) is highly vulnerable for the following reasons:

- 1) During the recession (and even before) State budgets are very tight;
- 2) Healthcare costs (including Medicaid and SCHIP) continue to escalate rapidly;
- 3) The core public health budget is relatively small and can be treated as discretionary compared to the other entitlement expenditures;
- 4) When prevention is successful, public health problems become invisible (e.g. food safety).

As a result, since 2000, the population of Georgia has increased by 20%, healthcare spending (including State spending) has increased by approximately 100% and the public health budget has declined by 20%.

What is the best structure in Georgia to accomplish the important assessment, policy development, and assurance functions of public health? First, it is important for public health to have an informed and strong independent voice to advise the Governor and legislature on how best to improve public health in Georgia. This voice needs to be independent of health financing as well as other Departments of Government since many areas affect health and solutions are not restricted to any one area. It is crucial that public health and public health preparedness be aligned closely or combined since the capacity for responding to new public health or terrorist threats require close synergy and habitual collaboration.

For these reasons, it would seem that public health would be best served by a direct reporting relationship to the Governor and legislature. This could also best serve to attract and retain the most qualified professionals needed in Georgia to make us the healthiest State in America

Thank you.