Public Health: An Investment We Can Afford

Desmond Skubi & Kim Marie Thorburn, MD, MPH

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The public health system in Washington faces a daunting challenge. There is no stable funding source for local public health agencies. Current deficits are leading to painful loss of programs, worry about the impact on our communities, and termination of talented, well-trained professionals. We believe that a new future must rise out of this rubble. It should be a future in which effective population-based prevention is the foundation of a reformed health care system.

Health care is now financed by a plethora of public and private insurers, each contributing to complexity and cost. More than 725,000 Washingtonians are uninsured. People move frequently among plans. There is no individual return on investment that accrues back to an insurer that provides a preventive service benefit. Consequently, we pay for a "health" care system based on disease and treatment, not health and prevention.

The dynamics should change when we achieve universal coverage for health care. There will be economic incentives to invest in services that keep all people healthier longer. This will result in a shift from short-term, disease-focused care to include longer term, population-based prevention services. The latter is the work of public health. At the community level, local public health agencies lead and partner in such efforts.

Chronic disease and injury are the leading causes of morbidity and mortality. Cancer, heart disease, respiratory disease, and injury are the top reasons for hospitalization and death. Many drivers of chronic disease and injury-poor nutrition, lack of exercise, tobacco and other substance abuse, not using seat belts or helmets-are preventable or modifiable.

Public health agencies work with communities to promote social and physical environments that support healthier behaviors and ultimately, diminish the burden of chronic disease and injury in the population. These agencies lead and partner in efforts to prevent youth from initiating tobacco use, install infant car seats properly, improve school lunch nutrition, and promote safe physical activity by seniors.

Differences in the health status among populations, called health disparities, are also prevalent in the current health care system. Examples are a lower life expectancy for Native American residents compared to other racial and ethnic groups and more African American and Native American infant deaths.

Health disparities are linked to socioeconomic status, race and ethnicity, and gender. These interactions are complex and include societal factors like discrimination, lack of access to care, and insecure and contaminated neighborhoods, as well as individual factors like lack of education. It is the role of public health to identify these issues and work with communities to eradicate the conditions that lead to disparities.

Lack of secure, stable funding for public health programs and services is the biggest barrier to achieving sustained population health improvement. We call upon health care reformers

to articulate the role, expectations, and cost of public health in a universal health care system:

- How will public health work to increase years of healthy life?
- What is needed to reduce health disparities?
- What resources are required?
- What return on investment in public health initiatives can be expected? How does this compare to other health care investment opportunities?

In a system with universal health care coverage, we advocate that a fraction of the premium spent on health care be set aside for public health funding, particularly for support of local public health agencies. When effective prevention is achieved by sustained, adequately funded programs, there should be improved health outcomes, more health equity, and less cost escalation. Public health services are an investment that we can afford.

Author Information

Desmond Skubi
Former Executive Director of the Washington State Public Health Association

Kim Marie Thorburn, MD, MPH
President Elect of the Washington State Public Health Association