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America's Public Health System Needs Fixing

By Mario J. Paredes

"FOR 75 YEARS, CDC AND PUBLIC HEALTH HAVE BEEN PREPARING FOR COVID-19, and in our big moment, our performance did not reliably meet expectations." Thus ran the text of an email sent to her staff by Rochelle Walensky, director of the Centers of Disease Control and Prevention. It is telling testimony that the country's public health infrastructure needs repair and reform—a vital task to ensure that the US will be better prepared to cope with the inevitable next major health crisis.

The high number of deaths from the US compared to many other industrialized nations is an indicator of the public health system's weaknesses. Fittingly, some say investment is needed for the public health realm with the same urgency as investment in the military. Citing the lack of investment in public health across the board, experts broadly agree on several areas that need change and what have been some of the key failings during the COVID-19 pandemic.

The pandemic has put the spotlight on the gap between the health care provided to the well-off and the care for the poor and people of color. There has been a substantially higher mortality rate among Blacks and Hispanics those living in poverty and affluent Americans—Blacks, in fact, died twice as often as whites; the elderly and chronically ill also fared worse.

Some of the discrepancy is linked to the impact of underlying conditions, especially hypertension, obesity, and diabetes, making people more vulnerable to COVID-19. Such chronic health conditions are more prevalent among the poor as well as among racial minorities due to lack of quality health care. Moreover, these conditions were neglected as the health care system focused on fighting the pandemic.

Social Determinants of health also deserve more attention. Housing, transportation, and economic segregation have an impact on physical and mental health, which translate into greater risk factors, again, for the poor and racial minorities. A remedy must include the integration of social factors in electronic health records. While addressing privacy concerns, digital surveillance of population must sharply improve.

Critics also point to failure of the public health system to develop a central, national source for processing research and translating findings into actionable, evidence-based strategies and clinical interventions. This left the health care system to fend for itself and it too lacked firm national leadership. As a result, states saw patchworks of uncoordinated policies that were insufficient in responding to the virus. On many occasions confusion reigned.

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A major dimension that impacted the public health system involves communication. Public health and health care officials rarely spoke with one voice. On top of that, the internet and social media spread misinformation conspiracy theories quickly and widely, leading some to speak in terms of an "infodemic." Some have called for government intervention in the social media realm to prevent the spread of potentially dangerous distortions of factual reality.

In the end, the public's faith in public health was damaged. To call for a remedy, a group of experts in public health, medical science, ethics, and health policy—associated with the Ethics and Public Policy Center in Washington, D.C. and the Hillsdale College Academy for Science and Freedom—published a statement (dated Aug. 23) on the ethical principles of public health:

1. All public health advice should consider the impact on overall health, rather than solely be concerned with a single disease. It should always consider both benefits and harms from public health measures and weigh short-term gains against long-term harms.

2. Public health is about everyone. Any public health policy must first and foremost protect society's most vulnerable, including children, low-income families, persons with disabilities and the elderly. It should never shift the burden of disease from the affluent to the less affluent.

3. Public health advice should be adapted to the needs of each population, within cultural, religious, geographic, and other contexts.

4. Public health is about comparative risk evaluations, risk reduction, and reducing uncertainties using the best available evidence, since risk usually cannot be entirely eliminated.

5. Public health requires public trust. Public health recommendations should present facts as the basis for guidance, and never employ fear or shame to sway or manipulate the public.

6. Medical interventions should not be forced or coerced upon a population, but rather should be voluntary and based on informed consent. Public health officials are advisors, not rule setters, and provide information and resources for individuals to make informed decisions.

7. Public health authorities must be honest and transparent, both with what is known and what is not known. Advice should be evidence-based and explained by data, and authorities must acknowledge errors or changes in evidence as soon as they are made aware of them.

8. Public health scientists and practitioners should avoid conflicts-of-interest, and any unavoidable conflicts-of-interest must be clearly stated.

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9. In public health, open civilized debate is profoundly important. It is unacceptable for public health professionals to censor, silence or intimidate members of the public or other public health scientists or practitioners.

10. It is critical for public health scientists and practitioners to always listen to the public, who are living the public health consequences of public health decisions, and to adapt appropriately.

Operating in a microcosm comprised of inner-city neighborhoods of New York City, SOMOS Community Care, unique network of 2,500 doctors (most of them primary care physicians) has been providing superior care to some 1 million of New York's poorest residents. In the process, it has encountered and responded where possible to challenging public health issues, despite confusing and sometimes contradictory directives by health care and public health authorities.

For example, following the directives of the New York State Department of Health, SOMOS doctors consider and help address Social Determinants of Health. They also carefully maintain electronic health records that include physical, behavioral, and social factors. They are laser focused on tackling patients' chronic conditions as key to keeping people out of emergency rooms and hospital beds.

These doctors were on the forefront of testing and subsequently began distributing the vaccine, relying on patient-doctor relationships built on trust to make patients feel comfortable. Today, they are challenged to explain the importance of a second booster shot.

Their success has made SOMOS a national blueprint. The US public health system could well pick up some elements of the SOMOS model as it improves and reduces cost associated with poor health and advances the science to identify and respond more quickly and effectively to whatever emerging health threats await.

Mario J. Paredes is CEO of SOMOS Community Care, a network of 2,500 independent physicians—most of them primary care providers—serving close to a million of New York City's most vulnerable Medicaid patients.