Access & Prevention:

Achieving a Healthy Balance

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Essential PH Services

- (1)
- Monitor health status to identify and solve community health problems

Essential PH Services

- (2)
- Diagnose and investigate health problems and health hazards in the community

Essential PH Services

- (3)
- Inform, educate and empower people about health issues
- (nothing precludes community-based methods to do so)

Essential PH Services

- (4)
- Mobilize community partnerships and action to identify and solve health problems

Essential PH Services

- (5)
- Develop policies and plans that support individual and community health efforts

Essential PH Services

- (6)
- Enforce laws and regulations that protect health and ensure safety
- (inherently requires action in the community)

Essential PH Services

- (7)
- Link people to needed personal health services and assure the provision of health care when otherwise unavailable
- *(access)*

Essential PH Services

- (8)
- Assure a competent public health and personal health care workforce

Essential PH Services

- (9)
- Evaluate effectiveness, accessibility, and quality of personal and population-based health services

Essential PH Services

- (10)
- Research for new insights and innovative solutions to health problems
- (nothing precludes community-based research)

Essential PH Services

- Access only = 1
- Population-based approaches = 4
- Both = 5

- BUT: Have DPH efforts been equal?

Access and Prevention

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Quoted in Schott’s Original Miscellany, by Ben Schott (Bloomsbury, 2002) p. 114

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- Disease reduction: Mostly from water fluoridation and fluoride toothpaste
- Need BOTH access and community-based prevention—if equal, could we achieve more progress?

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  - Diabetes: Support for regular physical activity
  - Heart disease: Worksite interventions
  - SIDS: “Back to Sleep” social marketing campaign
- OH: Relatively little

Perhaps . . .

- . . . we in DPH have been making program decisions based on our enthusiasm and fervent beliefs, rather than on regular assessments of a strong science base?

Need

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  - Habit of tobacco use
  - Cultural, social, and genetic factors

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- How much additional need could the care system accommodate?

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- Biggest increases in racial and ethnic groups with highest prevalence (example: 13% → 22%, Hispanic)
- Less generous fringe benefits
- Fewer labor unions
- Threats to “safety net” (MM)

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What do we NOT know. . .

. . . that could help make the case for our programs?

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- What will foster adoption of interventions already judged effective?

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  - Need research NOW, if want to use in 2010

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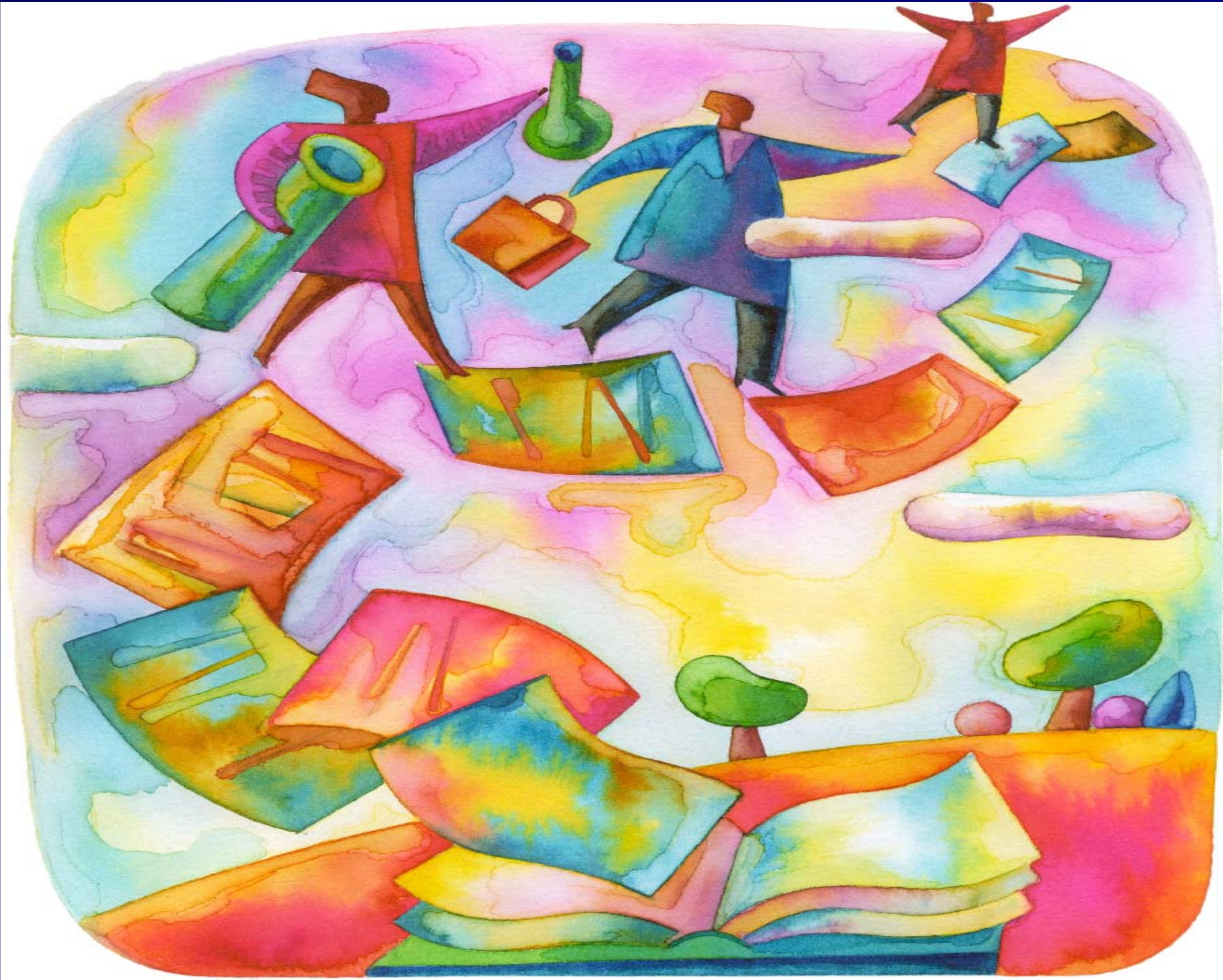
- Much OH evidence does not meet current standards
  - Collaborate with others
  - Anecdotes not enough

An Old Truism

- If what you are doing is not achieving the results you seek, you have two choices:
  - – Continue what you're doing. . .
  - – Try something else

Is it time for something else?



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