# Panel Laments "Disarray" in Public Health System

U.S. PUBLIC HEALTH FACILITIES, which once led the nation in its fight against typhoid, polio, and smallpox, are today incapable of dealing with life-threatening crises like AIDS and environmental toxins, an Institute of Medicine panel concludes.

The panel, which has just issued a report* on the future of public health, paints a bleak portrait of a system in disarray, weakened by poor leadership, fragmented services, and public complacency. And, without major changes, the panel sees little hope for the future.

"I think we're going to see more of the same and worse," Richard D. Remington, chairman of the committee and professor of preventive medicine and environmental health at the University of Iowa, says. The slow response of public health facilities to AIDS is a symptom of a system in distress, he said. "Who knows what crisis will be next?"

The panel defines public health as efforts to "assure conditions in which people can be healthy" by gathering health statistics; cleaning up hazardous materials; inspecting residences, restaurants, and other businesses; monitoring water and air quality; educating the public; and providing medical services to the uninsured and indigent. It is a broad definition that covers everything from running methadone clinics to providing prenatal care for indigent mothers, from teaching first graders about the hazards of smoking to providing visiting nurses to the needy homebound.

Services are provided through a patchwork quilt of public and private facilities, including hospitals, general health and mental health clinics, substance abuse programs, and the various state and local bureaucracies that monitor environmental conditions. Most of the public facilities are run by states or localities, but some, such as those of the Indian Health Service, are run by federal agencies like the Public Health Service of the Department of Health and Human Services. In the broad sense, the system also includes private physicians and prepaid health plans. Funding comes from federal, state, and local governments and from third-party insurers.

Taken as a whole, the panel says, the system is not living up to its mandate.

The Constitution leaves the regulation of public health largely up to the states. Over the past few decades, the states have been asked to take on new responsibilities, including increased monitoring of drinking water and the environment, mental health care, new programs to combat teenage pregnancy, and AIDS, and to provide health care for 30 to 40 million uninsured or underinsured Americans. But many of these new programs were not given to the existing health departments. In some cases, health departments did not want the added responsibilities; in others, there were political pressures to establish separate entities to showcase "important" programs like Medicaid or environmental protection.

Thus, a welter of other health-related agencies has emerged, leading to interagency turf battles and service gaps. For example, in one state the panel visited, the Indian Health Service, the state health agency, and the state mental health agency were locked in an ongoing battle over who would provide health care for adults and the elderly. In some areas local health departments are at war with state environmental offices over who should enforce regulations protecting the water supply. In an extreme case, in one state, people who were part Native American were sometimes denied services by both state and federal agencies because they fell into a service gap. This baffling array of agencies provides services that vary not only between states, but within individual states.

***The slow response of public health agencies to AIDS is a symptom of a system in distress, the report says.***

At the same time, political support—in the form of funds—has waned and the public has come to take the system for granted, the panel says.

Political pressures have weakened the system too, the report says. Without directly criticizing the Reagan Administration, panel member Bailus Walker, Jr., professor of environmental health and toxicology at the State University of New York and president of the American Public Health Association, did admit that funding for public health had deteriorated over the past 8 years. The Administration's transfer of health funds to the states through block grants is often viewed as an actual reduction in funding.

Walker also said there are "numerous instances" in which public health data suggest one course of action and politics demands another. For example, public health officials generally urge the use of condoms to reduce the spread of AIDS. But many officeholders are reluctant to promote condom use for fear of offending their constituents. The controversy over mandatory testing for AIDS is another example the panel cites where a program may be enacted for political, not public health, reasons.

Panel chairman Remington said that politicians and health officials share a mutual distrust. "Both sides are a little bit right, and both are a little bit wrong," he said.

The panel says public health must remain primarily the responsibility of the states, but that the federal government must assist in funding and in setting national health goals. The first step in overhauling the system, the panel says, is to increase public awareness of the problems. Over the years, the public has become complacent about public health—it has come to expect that the system will run itself without citizen concern and involvement, the report says.

The panel recommends that all public health efforts, including mental health and environmental monitoring, be administered under a centralized state health department. The state health official should be a cabinet-level officer with direct public health experience and a set term of office. Currently, state health officials last, on average, only 2 years in their jobs.

That's a controversial proposal that would mean substantial rethinking of the public health systems in virtually all the states. Remington said he does not expect that immediately; instead, he hopes states will take a close look at the panel's report and begin examining their efforts in light of it.

The panel also says each state should establish a minimum set of essential health services for its residents and work hard to increase ties between public and private sector care providers.

The panel urges schools of public health to forge closer links with public health agencies so that faculty members can train students and conduct research in these agencies.

The 22-member panel spent 2 years gathering information for the report, and made site visits to California, Mississippi, New Jersey, South Dakota, Washington, and West Virginia. ■ GREGORY BYRNE

*"The Future of Public Health," available in November from the National Academy Press, 2101 Constitution Avenue, NW, Washington, DC 20418.