

Enabling local health departments to save more lives: A public health perspective

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“Public health is the art and science of preventing disease, prolonging life and promoting health through the organized efforts of society” (1) (*italics added*). District health management personnel are government employees charged with overseeing public health at a scale of roughly 100,000 people. Countries can use other terms for districts like counties, municipalities, parishes, barangays, but all have a sub-national local scale where airborne, waterborne, and behavioural diseases are transmitted and where political units can make and enforce local policies. Districts are the first detectors and last mile responders to all health threats. District health personnel thus have great potential to enlarge their role in creating healthier communities by facilitating “organized efforts of society” – that is where one could notice the art and science of public health practice. Public health practice is defined by a set of functions that marshal local data on health and health threats and assure that multiple sectors are taking part in organized efforts to make a community a place with healthier living conditions. For over 150 years, district health managers have been able to transform the cities, counties, parishes, and districts of across the world into healthier and safer places to live. Their agency is necessary to help all of us transform the benefits of growing economic prosperity into communities where all humans thrive. There are over 60,000 health districts in the world today offering 60,000 micro-environments to improve human health.

Deficiencies in public health practice turn small outbreaks into epidemics. Proper public health practice routinely prevents epidemics of vector, water, and food borne illness. Since proper public health practice results in more rapid detection and control of public health emergencies, proper public health practice also enhances global health security by controlling emergencies at their source. Public health can set up local political environments that enable the policies that lower a community’s exposure

to alcohol, tobacco, STDs, and obesogenic foods. Public health practice addresses injury risks on roads, in homes, and in the workplace. Public health practice allies with clinical practice to improve patient safety by using data to detect and deter sources of antimicrobial resistance, nosocomial infections, fake drugs, and fake practitioners. Rabid dogs, rats, mosquitoes, and flu-infected poultry have been brought under control in health districts around the world that have applied public health practice methods developed over a century ago. To leave district health managers not well equipped with public health principles, methods and functions, overburdened, and without motivation to accomplish their work in public health practice needlessly expose their community and their neighbors to preventable disease and higher costs for medical care.

Communities with high capability to deliver broad-based responses to their shared health concerns epitomize the goals of sustained development. Hence the improvement of public health practice in communities is parallel and synergistic with achieving the sustainable development goals because its furtherance brings a community’s various resources together to improve human flourishing. Ensuring that people are linked to high quality, barrier-free health care services has always been one of the many objectives of public health practice. Public health is an eternal ally of the medical sector. Public health is at the forefront of understanding and addressing the barriers to access of safe, accessible and effective medical care services for the sick. Fostering a public health orientation among district health managers is essential to sustaining universal health coverage.

In July of 2017 global health leaders have released a white paper that highlights the urgent need to strengthen the world’s 60,000 local health districts in order to protect the health of the world. Calling for immediate action

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[‘Strengthening Public Health Performance at the District Level: Rationale and Blueprint for Action’](#) argues that efforts need to go into preparing local health departments to ensure the conditions in which all people can be healthy.

The white paper recommends ways that local health departments can improve their capacity for early detection and response that would limit the spread of future outbreaks like Ebola and Zika. The same skills would also help communities be better prepared to limit the emerging and threatening epidemics of NCDS, such as cancer, heart disease, addiction, and injuries.

The experts argue that local health departments are integral in preventing major epidemics as they are the central point in detecting and containing outbreaks within days. Few district health departments are ready to do all of the essential public health functions. Although such functions vary from region to region, the main functions help communities assess health threats, engage the community in developing policies, and assure measures to improve population health. Implementing the blueprint for strengthening public health functions in districts could cost as little as five cents per person per year in many countries. Better public health practice in districts makes every other disease control program work better. Good health officers are the eyes and ears of the health system, and they are connected to the arms and legs of the community.

Former Secretary of Health of India, explained ‘our task has become more difficult because we are trying to restore the public health approach which we ourselves at an earlier stage in our independent history have given up for a more clinical, hospital-based approach.’

The white paper makes concrete and actionable suggestions to strengthen local health departments to improve their public health capacity, through implementing checklists to track efforts on patient and hospital. These checklists should be combined with ongoing performance improvement exercises and quality units that help coach public health professionals to do prevention work. Integral to these efforts should be the ongoing support of governments through the implementation of performance improvement units, continued data and measurement collection, and most importantly, expanded funding and education.

The full version of the white paper is available at <http://www.who.int/alliance-hpsr/bellagiowhitepaper.pdf>

Acknowledgements

This whitepaper was a collaborative efforts of global health leaders who met in a conference supported by the Rockefeller Foundation, the World Health Organization (WHO) Alliance for Health Policy and Systems Research, and the Future Health Systems Consortium

Reference

1. World Health Organization. The Alma Ata Conference on Primary Health Care. WHO Chronicle. 1978;32:409-30.