KHN's 'What the Health?'

Episode Title: The Future of Public Health, 2022 Edition
Episode Number: 262
Published: Aug. 25, 2022

Julie Rovner: Hello, and welcome back to KHN's "What the Health?" I'm Julie Rovner, chief Washington correspondent at Kaiser Health News. I'm joined by some of the best and smartest health reporters in Washington. We're taping this week on Wednesday, Aug. 24, at 4 p.m. As always, news happens fast, and things might have changed by the time you hear this. So here we go.

Congress is on summer break, and the president's at the beach, or at least he was. So we're going to do something a little different today. Almost exactly a year ago, we did a special episode called "The Future of Public Health." Well, a lot has changed in the past 51 weeks. Covid is still with us in various new forms. Monkeypox is spreading, too. So now we're bringing you "The Future of Public Health, 2022 Edition." We are lucky to have with us for this discussion my KHN colleague Lauren Weber, who covers public health from her post in the middle of the country. Hi, Lauren.

Lauren Weber: Thanks for having me.

Rovner: And our special guest, former FDA commissioner Margaret Hamburg. Welcome, both of you.

Dr. Margaret Hamburg: Thank you so much. Glad to be here.

Rovner: For those of you who don't know her, Peggy Hamburg is one of the titans of public health policy. Prior to running the FDA during the Obama administration, she was assistant secretary for planning and evaluation at the Department of Health and Human Services under President Clinton and before that health commissioner for New York City. I think that's when I first met her. But the reason I really wanted to talk to her now is because she's heading up the Commonwealth Fund Commission on a National Public Health System, a group of supersmart public health experts brought together to think through where public health needs to go from here. The commission issued some recommendations earlier this summer, but I think they kind of got buried in all of the other health news. So, Peggy, as we know, covid shined a pretty harsh spotlight on the shortcomings in public health in the U.S. Before we get to the individual recommendations, is there an overarching goal that the commission wants to address first?

Hamburg: Well, I think this commission really felt a sense of urgency to look at, "What have we learned from covid-19?" And, of course, what did we already know about our public health system in this country that's fragmented, underresourced, understaffed, and really stretched too thin to provide the kind of important services, lifesaving services in many cases, that public health has in the past and can do and must do in the future. So we wanted to move very quickly. This commission was done in three month's time. I didn't think it could be possible, but we did it. And we wanted to really look at the big picture. We didn't want to do, "What were all the mistakes or shortcomings during covid?" But we did want to look at, "What were some of the clear gaps that

were underscored by covid, and how could we think about building a stronger, more robust and sustainable public health system for our country that could really assure important public health services to people in this country, no matter where they lived or who they were?" We didn't want to try to do everything. Obviously, public health is also a global enterprise, but we decided to really focus on domestic public health issues. And we decided to really look at a couple of key domains of activity where there were concrete actions that could be taken and clear asks that could be made, that really could lead to important action near-term and longer term.

Rovner: One of the things I really appreciated about this report is that it includes different recommendations for different players in the system. I get so frustrated by suggestions that Congress, or the president, or states do things that really need to be done by somebody else. So let's start at the top. What are the top things that the administration can and should do?

Hamburg: Well, I guess I should begin by saying that we did take a perspective — which some may disagree with — but that we really do need federal leadership and we need a national system of public health. Of course, the great tradition of public health, really going back to the founding of our nation, does define it as an enterprise that is undertaken very much at the state and local level. But we need an overarching, coordinated, and integrated approach that really is unfolding on the national level. And so we started with the federal government and "what does it need to do?" And we thought that it was really essential to have more coordination and more focus on how we define public health, how we fund public health, and how we ensure that it can be sustained over the longer term. So, one of the recommendations that we made was that the Department of Health and Human Services, which is really the home for the most important public health agencies in our federal government — the [Centers for Disease Control and Prevention], of course, but also FDA, [the National Institutes of Health], but also [the Centers for Medicare & Medicaid Services] and [the Health Resources and Services Administration] and [the Substance Abuse and Mental Health Services Administration], which have very important roles in public health and our health systems research as well. Many important components. And I forgot [the Office of the Assistant Secretary for Planning and Evaluation], [which is] responsible for many aspects of emergency response and preparedness. So, clearly, just by that slightly ragtag listing of public health agencies and components of HHS that are important for public health, clearly there's a lot of muscle within the federal government at HHS, but it's not well coordinated. We're missing opportunities for synergies between these different components. We're missing opportunities to have a clear crosscut in terms of supporting integrated budgets and stronger, more robust planning activities, and also opportunities for greater coordination with other important components of the federal government that matter for public health and public health programs, whether it's the Department of Transportation, or Agriculture, or Department of Education. In many instances, there are critical programs to support public health that reside at the federal level but outside of HHS that need to be coordinated. And then also by having a stronger focus within HHS, we can have greater engagement with other sectors, which is crucial. We saw that with covid, but we see it every day with respect to public health. So we made a recommendation that HHS create a new role within it, probably an undersecretary for health. Right now, HHS, compared to many other departments, is very flat, with a secretary and a deputy secretary, but it doesn't have multiple deputies or undersecretaries. And we felt that having a locus responsible for public

health, an undersecretary for public health, could really make a difference. Not to create an office where all public health programs and activities will be run out of, but an office that will help to assure greater coordination and communication, that will be an advocate for critical public health needs, that will help to develop critical programs and policies, and will also help to hold different programs accountable that work gets done and that these programs and policies are making a difference.

Rovner: I think a lot of people are surprised to realize that we have a U.S. public health service and we don't really have anybody to run it. I mean, the nominal head is the surgeon general. He doesn't have a lot of line authority. The actual head, I guess, is the assistant secretary for health, but that position doesn't have the authority that it used to have either. So there really isn't anybody in charge of public health at HHS.

Hamburg: Well, that's exactly right. You said it better than I did, but I think it's really crucial that we rethink that and that we recognize that it's not taking power, authority, or prestige away from our public health agencies. What it's doing is creating a system to really support them, to strengthen and extend their work, and to really leverage opportunities for them to make a difference.

Rovner: So, I've been doing this long enough to see the Congress with its boom and bust. Every time a crisis comes up, “Oh, we have to throw some more money at public health.” And then the crisis goes away. Some other crisis comes up, and they throw money at something different. Is there a way to get Congress to actually take this more seriously than saying, “you've got to do it crisis by crisis,” because that's led to a lot of the problems, right?

Hamburg: Yeah. You're so right that we have these cycles of crisis and then complacency. The impact of covid has been so profound that you would think that this would be the episode that would prevent us from hitting the snooze button after this alarm has gone off. But I'm not convinced. We're already seeing attention fading away from covid. We're seeing fights over investments in critical covid-19-related programs. And, of course, we're seeing competing priorities, competing priorities even in the domain of infectious disease threats, let alone everything else that's happening in the world. So it is a challenge to maintain an ongoing focus and commitment. I think it's also important to underscore that if you want to be well prepared for crisis, you want to have public health programs and systems that are in place and working every day but have flexibility and resilience to be scaled up in a crisis. You don't want to be rebuilding. And so we really have to think about how do we fund core elements of public health in this context in a sustainable way, but also recognizing that there are additional elements that will have to be elaborated to strengthen emergency response. But we also have a long history, sadly, of underfunding even the most fundamental, routine public health programs. And you look at the difference that public health programs have made over the last century plus, and they've been profound in terms of adding to life expectancy and quality of life. And I think also very substantially reducing health care costs and increasing economic productivity. But we have been systematically decreasing the contributions to public health programs, and the state and local health departments have suffered as a result. We saw that during covid, and another recommendation of our commission report was that Congress really does need to adequately fund

public health across the country to state and local health departments, as well as to our federal public health agencies. But it has to do it in a way that isn't year by year. You have to know that you have money in the bank to pay for staff and to pay for programs. You can't every year be in this period of uncertainty that it all may fall off the cliff. So we have to think about mechanisms to really have ongoing funding and commitments. And we also want to have accountability that if this money goes out to state and local health departments, and also territorial health departments and tribal agencies, that we will have certain standards for performance. We will help to build certain capabilities, but that we really can't afford, literally and figuratively, to just be throwing money at the problems, throwing money at health departments. We have to be building systems, systems that work and systems that make a difference for people every day and can be functional and responsive in crises.

Rovner: Is this an opportunity to maybe sort of tear down the entire public health system that we have and rebuild it from scratch?

Hamburg: Well, of course, our commission talked about that issue, that we really do have an antiquated public health system. We have one that some would say is hopelessly fragmented and that we can't really call it a public health system. Certainly, we have a system in which we've got health departments that vary enormously in their characteristics, their size, and their capabilities. We have over 2,800 different health departments and agencies across the country. Some don't even have an epidemiologist. Some, we jokingly say but it's sadly true, still have rotary phones and rely on fax machines. And some are very, very sophisticated, with lots of resources and access to much more modern technology. So I think we all have a responsibility to help really examine how to make the public health system more functional. And that may mean rethinking some of these very small health departments and really creating a much more regional approach in some ways that would strengthen public health services for everyone, wouldn't take away from localities that might be merging their health departments. But that's a longer examination and would require quite an investment of time and energy to really think about how you would do that. But I think what we recommend in terms of both enhanced funding but targeted funding with standards and accountability and really looking at how to make more meaningful an accreditation process that assures a certain level of capabilities will really make a difference and allow us to have health departments that really can fulfill their missions for the people they serve.

Rovner: Well, Lauren, you've been on the ground talking to people in health departments. I'm going to let you jump in here.

Weber: Yeah, I think you touched on this a little bit, but I want to go back to the technology and how that's hindering local health department and state health department responses. Officials in Missouri and Florida talked to me about counting monkeypox cases via fax. What does it say that it's 2022 and these are the technologies, these are the tools that health departments are being forced to combat swift-moving infectious diseases with?

Hamburg: Well, it's ultimately all about data. It's about getting as much information as you can in real time to be able to make good policy decisions and put in place the kinds of programs that are really needed. And we can't be relying on dated information. We can't have fragmented information. We can't have one health department collecting data in one way that can't be

compared with another health department. We really have to systemize some of this, and we have to modernize it. We have to approach it with a sense of real urgency about the importance of this data and its use. This isn't a scholarly or academic exercise. This is about real-world health data to inform rapid, targeted decision-making. So we have to modernize our data systems for public health. It's absolutely essential. And we also have to realize that all the data that's important for public health doesn't necessarily just emerge within public health departments. We have to reach out and get the data that we need. We have to be innovative in how we collect certain kinds of data. Some of the things that we've seen make a difference. Now with sentinel surveillance — where a lot of talk about wastewater surveillance, for example, with covid, but also now recognizing the emergence of polio in some communities. But we need to be collecting data in new ways. And importantly, and we saw this with covid, we have to be really closely linked to the health care community to be getting data about what's happening within the clinical care and the hospital systems, as well as some of the other, more traditional public health data. And one of the realities that we tried to address in our commission is that there aren't authorities, at CDC in particular but other domains as well, to be able to collect the data that's needed to also standardize certain data collection strategies. And during covid, we saw how partnership of CDC with CMS actually enabled critical information to understand how the pandemic was unfolding and the impact on communities and health care systems and on people came from CMS helping to get hospitals to provide information about hospital admissions and caseloads and ICU beds. And that really matters to be able to manage an unfolding epidemic. But it also matters to be able to provide the best possible care to people as they experience disease. So I think that we can do a whole lot more with respect to data systems. And it's going to be really important. And the leverage that comes from thinking about public health in this more collaborative way within HHS will give us better leverage and tools and thinking about what are the things that we can do on a day-to-day basis to modernize and strengthen our data systems and communication of data that also will have huge benefits again when the next crisis unfolds.

Weber: You touched a little bit on this, and this is a big report finding that you guys had, about standardizing health departments so that everyone is getting the same kind of public health treatment, so public health dollars are trickling down appropriately across the country. The way it works now, different states and localities often do not spend much money on public health, depending on where you are. Your neighborhood can really determine what your public health access is. Why do you think it's important to standardize that public health care across the country and change it in that way?

Hamburg: Yeah. Well, different parts of the country are very different, very different in terms of resources and needs of their populations and capacities that exist within the public health infrastructure but also other ancillary health-related services, health care systems, academic research institutions, etc. So you're never going to standardize everything. But I think what we're trying to get at is that there's a core set of capabilities and competencies that you want every region of the country to be able to achieve so that people can get an important set of public health programs and services no matter where they're living and no matter who they are. And that was really what we were trying to underscore, is that we don't want to have islands of really inadequate public health and then areas of great strength. There will always be differences in size

and capacity, but we really want to be able to ensure this sort of baseline of competence. And we want to be able to provide the resources to support ongoing public health activities. We want to be able to provide the technical assistance to support it, but we also want the accountability about what's happening with those dollars and what's the performance of the different components of our public health system.

Rovner: And I want to ask about the public health workforce, because it's been a really difficult couple of years. I mean, I'm surprised every time I see that there's lots and lots and lots of people applying to schools of public health. And I thought, "Why would you want to go into this? You're just going to go get yelled at, and nobody's going to believe you." How worried are you about the public health workforce, and how do we rebuild it? And how do we rebuild America's trust in public health professionals?

Hamburg: Well, this was, of course, another big area of discussion and focus in our commission's work and our recommendations. The workforce issues have been problematic for a long time, preceding covid in terms of public health jobs disappearing from the workforce because of underfunding. Covid has clearly overlaid a set of major concerns in terms of new demands, relentless demands, burnout. And then the fact that public health professionals have become targets for reasons that have surprised me to a considerable degree. But the nature of our politics and the fact that public health does require achieving a balance between what's good for the public at large and individual autonomy in terms of actions and behaviors. And it's been terrible for public health to be in this crucible of divisive politics at this moment in time. But public health hasn't helped itself, sadly, because of underperforming and losing confidence of the public in important ways. It's a double-edged sword. But I'm optimistic because public health programs and services are so critical to individuals, to families, to communities, and ultimately to our country and the safety of the world. And we've had such a stark demonstration of how even relatively small investments in public health can have huge benefits in terms of reducing preventable illness and disease and assuring productive workforce, supporting our economy, supporting education, etc., all things that are vital for our nation now and going forward. So we have to keep making the argument about why public health matters. More importantly, we have to keep demonstrating why public health matters. And every single day we have to earn trust. And we have to do that in part through our actions in terms of doing things that make a difference, but also in how we communicate about what we're doing and how we engage with the public, how we listen to people's concerns and respond to them, and really viewing it as a partnership.

Weber: Let me just ask, too: Looking forward, so much, as you mentioned — there's been a lot of mistrust toward public health, and a lot of it has fallen along ideological lines. And there's been a lot of ideological headwinds to getting more public health funding. What do you anticipate happening in that sphere moving forward?

Hamburg: Well, it's very, very tough. And one of the things that I hope will happen is that there will be a recognition among leaders at the state level and at the local level, regardless of political party, about how important public health is. Nobody questions the need to have fire stations and fire trucks that work. And we need to be thinking about public health as a form of public safety also, at a time also when we are really facing a lot of economic pressures. It's really true that

public health can save dollars if you can keep people out of the hospital, if you can keep them well and functioning and going to school and going to work, that benefits everybody. And I think that we're starting to see a recognition coming from the more traditional health care system that they do better when they partner with public health. And this notion of really looking at the whole ecosystem, including the things that happen very far outside of the clinical setting, of course, but also outside of what might be traditional public health in terms of environments where people can exercise and reducing particulate matter in the air and creating environments where people can access healthy, nutritious food. So I think we are in a moment that's very complicated because there's so many different competing priorities. There's so much going on. There are so many different agendas, some of them ideologically driven. And public health has found itself buffeted about in these different cross-cutting winds. But I think we need to stay our course. We need to define what our issues are and why they matter. And we importantly have to find advocates. We have to find people who can speak to the importance of public health that aren't directly within the public health community. And many of those, of course, are going to be politicians. As I was saying earlier, at the state and local level, you don't have to be of a given party to actually understand the importance of public health. So I hope those voices will speak up. Obviously, Congress has a huge role to play, and this is an uncertain time. And you never want to be asking for new programs and new moneys in election years. But we have to make the case, and we have to really see ourselves in partnership with other sectors, as well. And we need to work more closely [with] the private sector, where interests and capabilities align with our educational sector, with academia, of course with the health care system. So there's a lot of work to be done, and it's easy to get discouraged. But I also do feel that we really have no choice. These issues are so fundamental and so important, and we're going to keep cycling back. And we already know that covid is not the last infectious disease threat that we're going to face. We also know that we are facing serious public health challenges in domains outside of the infectious disease area. Chronic diseases remain the leading cause of death and disability. Tobacco and smoking prevention, one of the areas that can make the biggest difference in terms of reducing preventable death and disease. We know that we have a large and sadly still, I think, growing problem of addiction and overdose. And partly because of covid, but other trends as well, mental health issues are becoming increasingly pressing. So we have a lot on our agenda, and we have to demonstrate and support programs and policies in public health that will make a difference every day in addressing these challenges, as well as better enable us to be prepared and responsive and successful in addressing the future crises we will face.

Rovner: I have one last question, and I don't want it to sound trite, but I wonder if it's possible for public health to up its messaging game. I feel like so much of what has gone wrong throughout covid and monkeypox, and even now Dr. [Rochelle] Walensky at CDC talking about overhauling the way the agency functions, is about getting information out that the public can understand. I feel like that's job one of public health that hasn't really been happening.

Hamburg: Absolutely. And I think we in public health used to just whine that we weren't getting enough, and that wasn't a good strategy. Then we had an opportunity to really underscore why public health was so important and unique. But we bungled the ball in some serious ways in terms of underperforming. Some of that was because of programs being stretched too thin and not

getting adequate support for what needed to be done. Some of it was getting caught in these political and ideological crosswinds, but some of it was a failure on the part of public health to really clearly communicate to the public and to all of our stakeholders. And you're absolutely right, Julie. We have to up our game. This is a critical time. Frankly, people like you and your colleagues and the work you're doing to help communicate to the public really makes a difference. We need to work together. We have to better train public health professionals around communication. And we have to rethink how we partner in order to increase the levels of trust and confidence and the effectiveness of our communications.

Weber: I'm very curious to see what ends up happening from this report. Do you have any sense on if there was any buy-in from the administration or other top subject leaders on this area?

Hamburg: Well, it remains to be seen what all the follow-up will be. We did try to be concrete about some of the steps that could be taken. And we've been pleasantly surprised at the level of interest and support from critical quarters in terms of actually moving forward on some of that. Some of our asks really do involve legislation that still needs to be undertaken, and that's going to be tough. And we need more advocates on the Hill, in terms of members of Congress, to help extend our reach and our voice. But we're working on trying to provide information and address the interests and concerns of members of Congress so that they will hopefully understand the wisdom of some of these recommendations. And then I think it's very, very important that with some of the new moneys that have been already made available in terms of infrastructure dollars and moneys that were earmarked for covid, that they be used in responsible ways that really help to build the infrastructure that's needed, that really address some of the workforce and hiring requirements and, very importantly, the data needs that we've been talking about.

Rovner: It's a good time to be a data nerd. Peggy Hamburg, Lauren Weber, thank you both very much. This was a great discussion. And that is our show for this week. As always, if you enjoyed the podcast, you can subscribe wherever you get your podcasts. Special thanks, as always, to our amazing producer, Francis Ying. We will be off next week, so we'll be back in your feed on Sept. 8. Until then, be healthy.