

Public Health Investments in Prevention Are Needed to Balance Forces of the Marketplace

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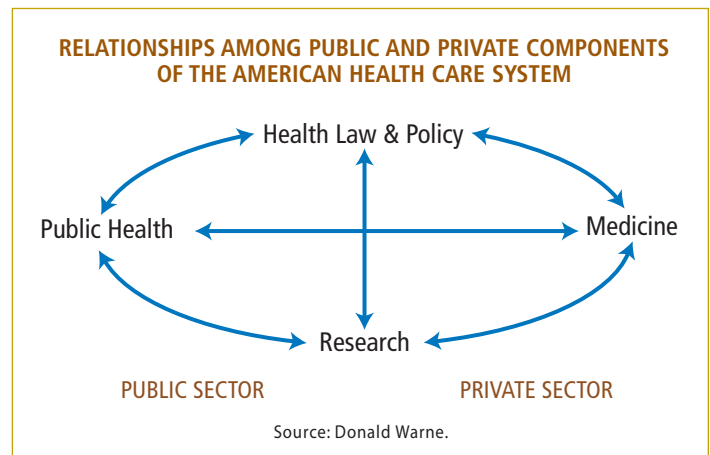
America's health care policy has evolved into a maze of competing agendas, fed by a complex mixture of services and funding streams from both the public and private sectors. In thinking of sustainability in American health care, one must step back and look at the roles for and the agendas of its three major components: public health, medicine, and research. One must also remember that health care is not a legal right in this country. Although as a nation we spend over \$1.5 trillion annually on health care, more than 40 million Americans today live without health insurance.

The first two components of American health care, public health and medicine, play roles that are not only distinct but unfortunately are sometimes in competition. Public health seeks to keep people healthy through health-promotion and disease-prevention activities (smoking cessation/prevention, vaccination, etc.). Medicine's job is treating diseases and injuries after they occur. Public health programs are agency-driven and largely publicly funded, whereas medicine is industry-driven and largely privately funded. The customers who drive the medical industry are people with diseases. We must thus ask: If we successfully prevent diseases like diabetes and heart disease, what will happen to the medical industry?

The third major component of the American health system is research, which is funded by a mixture of public sources (e.g., the National Institutes of Health) and private sources (e.g., the pharmaceutical industry). Research provides data on both the best ways to prevent and treat disease and the best ways to organize health systems. Publicly funded research is largely conducted by investigators at universities and similar institutions, which rarely receive significant financial rewards. Privately funded research, however, can lead to significant financial rewards. This is a strong competing agenda that can have an impact on how research findings are framed.

Each of the three arenas is governed to some extent by health law and policy, and the arenas in turn influence health law and policy through two primary mechanisms: data and money. What this overview suggests is that sustainability in health care cannot be achieved if

private sector market forces are left unbalanced by sufficient public health investment. The system currently allows for the medical arena to have a greater influence on policymakers in terms of data and money. The medical industry is a large contributor to political campaigns and can have an impact on health law and policy development. The only tool available to the public health arena is data. We can show patterns of disease and we can propose solutions to promote health and to prevent disease in our communities, but it is up to policymakers to make the appropriate investments in public health to slow the numbers of people entering the medical system.



In Arizona, our strategy to promote sustainability in health care needs to be focused on appropriate public health investment to prevent diseases and injuries in our communities, and we should hold our policy makers accountable for such outcomes. Ideally, our policymakers will shape our health care system based not on outside agendas or special interests, but on data and science. As individuals, we each have a role in living a healthy lifestyle ourselves; as a community, we should elect lawmakers who genuinely seek to invest in the health of all of us.

A member of the Oglala Lakota tribe, Donald Warne is a medical doctor, has a background in public health, and comes from a long line of traditional healers.

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