The COVID-19 pandemic has exposed structural inequities and the inadequacies of an underfunded public health system charged with protecting vulnerable populations. But experts say evidence-based solutions exist to address many of these problems and that the trusted voices of physicians are needed to champion them.

And if their voices are not convincing enough, former Massachusetts Commissioner of Public Health John Auerbach said, lawmakers take notice when physicians arrive in state capitals with white coats and stethoscopes to testify on health-related matters.

“When I was a state health commissioner, it was incredibly useful to be able to go to the statehouse along with members of the medical association because they carried a lot of weight with elected officials,” Auerbach said. “Wearing a stethoscope, they really made an impression.”

The support of physicians to defend public health spending or promote policies on smoking or HIV was appreciated, said Auerbach, the president and CEO of Trust for America’s Health, a Washington-based public health policy, research and advocacy organization.

“We really benefited from their speaking out on those issues,” Auerbach said during “Rethinking and Rebuilding State Public Health,” a panel discussion at the 2021 AMA State Advocacy Summit, held virtually this year due to the pandemic.

Fellow panelist Julie Morita, MD, the executive vice president of the Robert Wood Johnson Foundation, agreed.

A former Chicago public health commissioner, Dr. Morita said physicians were encouraged to speak out on issues where the connection to health was not always obvious, such as policies on housing or paid sick leave.

“When a physician stands up and says, ‘This is really important because, not only does it impact the economy, it also impacts health,’ it’s incredibly valuable to have that stethoscope around their neck,”
she said, adding that the physicians’ voice is needed to speak up for public health.

“What we see playing out with COVID in terms of overstretched and tapped-out public health systems is because of chronic underfunding and inadequate resources,” Dr. Morita said. “The medical associations and health care providers have a voice and can be champions for public health.

“There’s been an awakening … that structural racism has really contributed to the conditions that leave certain populations at higher risk for getting seriously ill, for getting hospitalized, and for dying,” she added. “And we’re seeing that play out so dramatically because of COVID.”

Learn how COVID-19 is transforming public health.

No uncertain terms

Panelists discussed the terminology of public health and acknowledged it can be confusing to some.

“In public health, we put up just a really bad dating profile,” said panelist Brian C. Castrucci, DrPH, president and CEO of the de Beaumont Foundation, a Bethesda, Maryland-based public health advocacy organization and philanthropy. “It didn't have a picture. It didn't have a really good description. And so, no one was really swiping right on public health. And we have to change that.”

To this end, the de Beaumont Foundation developed a communications toolkit called “Public Health Reaching Across Sectors” that can be accessed at www.phrases.org.

Evidence-based solutions are available

Auerbach mentioned that, for some physicians—and even some public health professionals—combating racism or poverty is seen as too big of a task or outside of the purview of their job. But he said research by the Robert Wood Johnson Foundation and others has shown that certain policies can make a difference in attacking such deep-rooted problems.

He cited two examples:

- The Centers for Disease Control and Prevention’s Health Impact in 5 Years or “HI-5” initiative that highlights nonclinical, communitywide initiatives whose health benefits and cost effectiveness can be seen in five years.
- CityHealth—a joint effort between the de Beaumont Foundation and Kaiser Permanente—that “advances a package of evidence-based policy solutions that will help
millions of people live longer, better lives in vibrant, prosperous communities.”

Castrucci said the most important part of the CityHealth solution is free, high-quality early childhood education. He expressed frustration that such programs weren’t more widely utilized. “Access to pre-K is like having a cure for cancer that we just don’t give to people,” he said, adding that structural problems require structural solutions.

“Ultimately, the only thing that can fix what policy has broken is better policy,” he said. “We’ve had decades, if not centuries, of racist federal policy that has created the environment in which we find ourselves.”

This is where physicians can help, Castrucci said.

“It’s not that we don’t know what to do, it’s that we lack the political will to do it,” Castrucci said. “That’s where medical associations could be so powerful in helping us generate that political will. Because that white coat and that stethoscope, that brings a lot of power with it. And if that power is wielded in the right direction, we could really change society.”


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