Prior to the COVID-19 pandemic, organizations that represent U.S. governmental public health agencies had cautioned that their ability to keep the country safe from disease and public health emergencies was constrained by lack of dedicated and sustained funding.

The nation’s public health infrastructure has also been threatened by high rates of staff turnover as well as obsolete data-collection and reporting methods. These obstacles can lead to delayed detection and response to public health threats, says an AMA Council on Science and Public Health report adopted at the November 2021 AMA Special Meeting.

“The COVID-19 pandemic did not create these problems, but it inarguably exposed the cracks that had long existed in our public health infrastructure,” says the report. “For decades, public health professionals have been advocating for greater resources to plan and prepare for just such a crisis.”

“Our country’s public health systems are woefully underfunded and lack the workforce and data infrastructure and interoperability needed to promote health and protect against threats and emergencies,” said AMA Trustee Jesse M. Ehrenfeld, MD, MPH. “The COVID-19 pandemic has resurfaced the urgent need to improve our nation’s public health infrastructure and ensure public health agencies have the authority to implement evidence-based measures necessary to keep the population safe from disease and save lives.”

For the council’s report, semi-structured interviews were conducted with public health and physician experts, as well as members of the AMA Board of Trustees. From the interviews, eight major gaps or challenges in the U.S. public health infrastructure were identified:

- Lack of understanding and appreciation for public health.
- Lack of consistent, sustainable public health funding.
- Legal authority and politicization of public health.
- Governmental public health workforce.
- Lack of data, surveillance and interoperability between medicine and public health.

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Insufficient laboratory capacity.
Lack of collaboration between medicine and public health.
Gaps in the public health infrastructure contribute to the increasing inequities we see in health outcomes.

To help address these gaps, the House of Delegates (HOD) modified existing policy that calls on the AMA to:

- Develop an organization-wide strategy on public health, including ways in which the AMA can strengthen the health and public health system infrastructure and report back regularly on progress.
- Work with the Federation of Medicine and other stakeholders to strongly support the legal authority of health officials to enact reasonable, evidence-based public health measures, including mandates, when necessary to protect the public from serious illness, injury and death, and actively oppose efforts to strip such authority from health officials.

The AMA also will advocate:

- Consistent, sustainable funding to support our public health infrastructure.
- Incentives, including loan forgiveness and debt reduction, to help strengthen the governmental public health workforce in recruiting and retaining staff.
- Public health data modernization and data-governance efforts as well as efforts to promote interoperability between health care and public health.
- Efforts to ensure equitable access to public health funding and programs.

The HOD also modified existing policy to:

- Seek increased dialogue, interchange and cooperation among national organizations representing public health professionals, including representatives from governmental public health, and those representing physicians in private practice, employed in health systems, employed in academic medicine and working in other clinical settings.
- Encourage state and local health agencies to communicate directly with physicians licensed in their jurisdiction about the status of the population’s health, the health needs of the community and opportunities to collectively strengthen and improve the health of the public.

Delegates also voted to support “the expansion and continuation of the Commissioned Corps of the U.S. Public Health Services and recognize the need for it to be adequately funded.”

In addition, delegates modified existing policy to:

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● Support the Centers for Disease Control and Prevention’s data-modernization initiative, including electronic case reporting, which alleviates the burden of case reporting on physicians through the automatic generation and transmission of case reports from electronic health records to public health agencies for review and action in accordance with applicable health care privacy and public health reporting laws.
● Advocate incentives for physicians to upgrade their EHR systems to support electronic case reporting as well as incentives to submit case reports that are timely and complete.

Read about the other highlights from the November 2021 AMA Special Meeting.