

The Changing Tide of Public Health: IMPACTS TO STATE PUBLIC HEALTH PRACTICE

NASTAD's National HIV & Hepatitis Technical Assistance Meeting
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DISCLOSURE

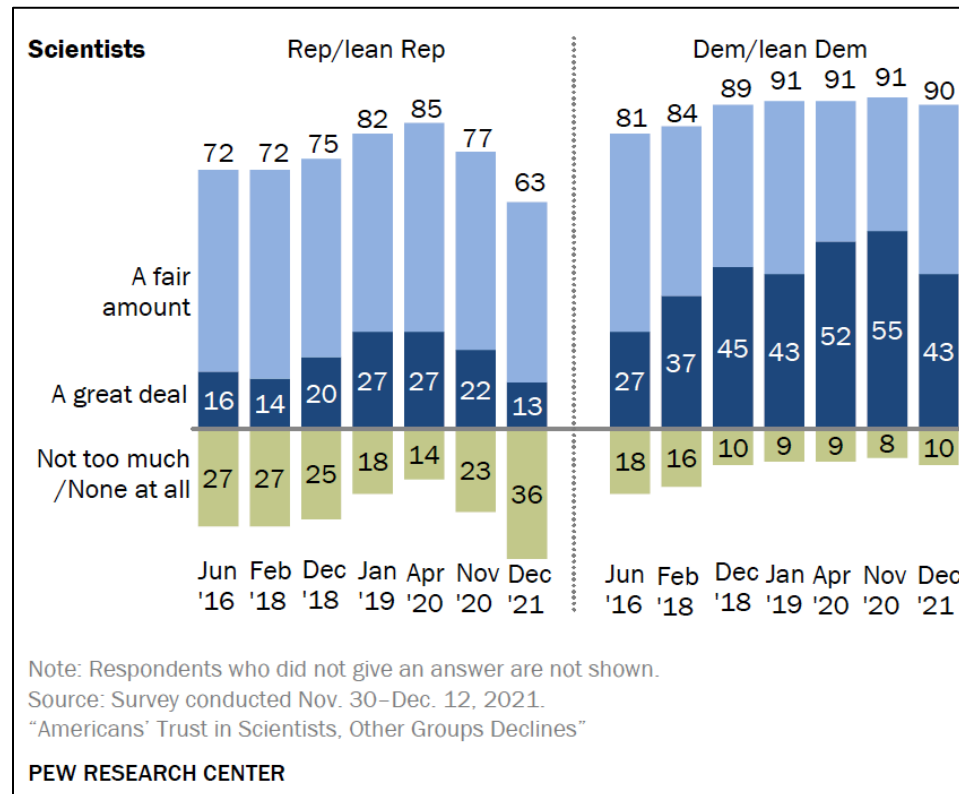
- The O'Neill Institute/Georgetown University receives grant/financial support from **Gilead Sciences**, **Merck & Company**, and **ViiV Healthcare**
- The views expressed here are my own, and not necessarily those of Georgetown University, program funders, or any others

Public health has always been political, but the current national discord has challenged the ability of public health to be effective and has led to questions for many public health workers related to why they continue with this work. Some key observations may offer a context for how we can all move forward.

1. Public Health is a part of society
2. Public Health has made mistakes
3. Public Health has been neglected
4. Public Health workers are heroes
5. The path forward is complex — and it is bigger than HIV prevention and care
6. Public Health is too important to accept the current status quo

Public Health is a part of society

The current crisis of trust in public health following COVID-19 has many people lamenting that scientific direction is often not accepted and the interests and intentions of health departments are suspect. But, public health always has been political and is inherently affected by declining trust in institutions.



Confidence in Science, 1975 and 2021

Now I am going to read you a list of institutions in American society. Please tell me how much confidence you, yourself, have in each one -- a great deal, quite a lot, some, or very little? How about -- Science?



GALLUP

Public Health has made mistakes

Public health often strives to gain and retain trust by speaking authoritatively and grounding all public messages in evidence. With COVID-19 and just one example, public health did not prepare the public for evolving information, sometimes came across as arrogant and paternalistic, and often has failed to give sufficient guidance when evidence is not available. There often is a culture clash with the contentiousness of peer review when public health leaders take internal debates into the public sphere.

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OPINION | COMMENTARY

CDC Oversells the 'Bivalent' Covid Shot

The FDA approved it without clinical trials, and there's reason to doubt it beats the original vaccine.

By Paul A. Offit
Sept. 21, 2022 6:18 pm ET

PHARMACY PRACTICE NEWS

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Fresenius Kabi Launches Generic Gadoterate Meglumine Injection, Bioequivalent to Dotarem
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Covid-19

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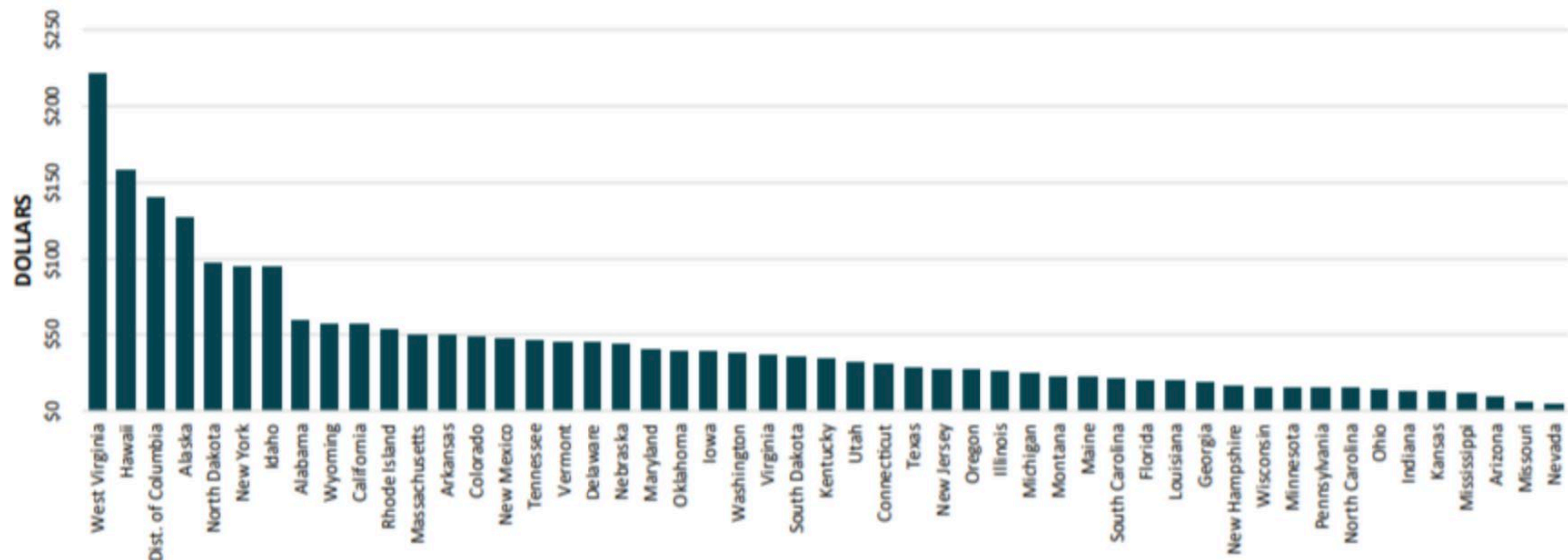
ACIP, CDC Recommend Bivalent COVID-19 Boosters to Replace Monovalent Boosters

By Marie Rosenthal

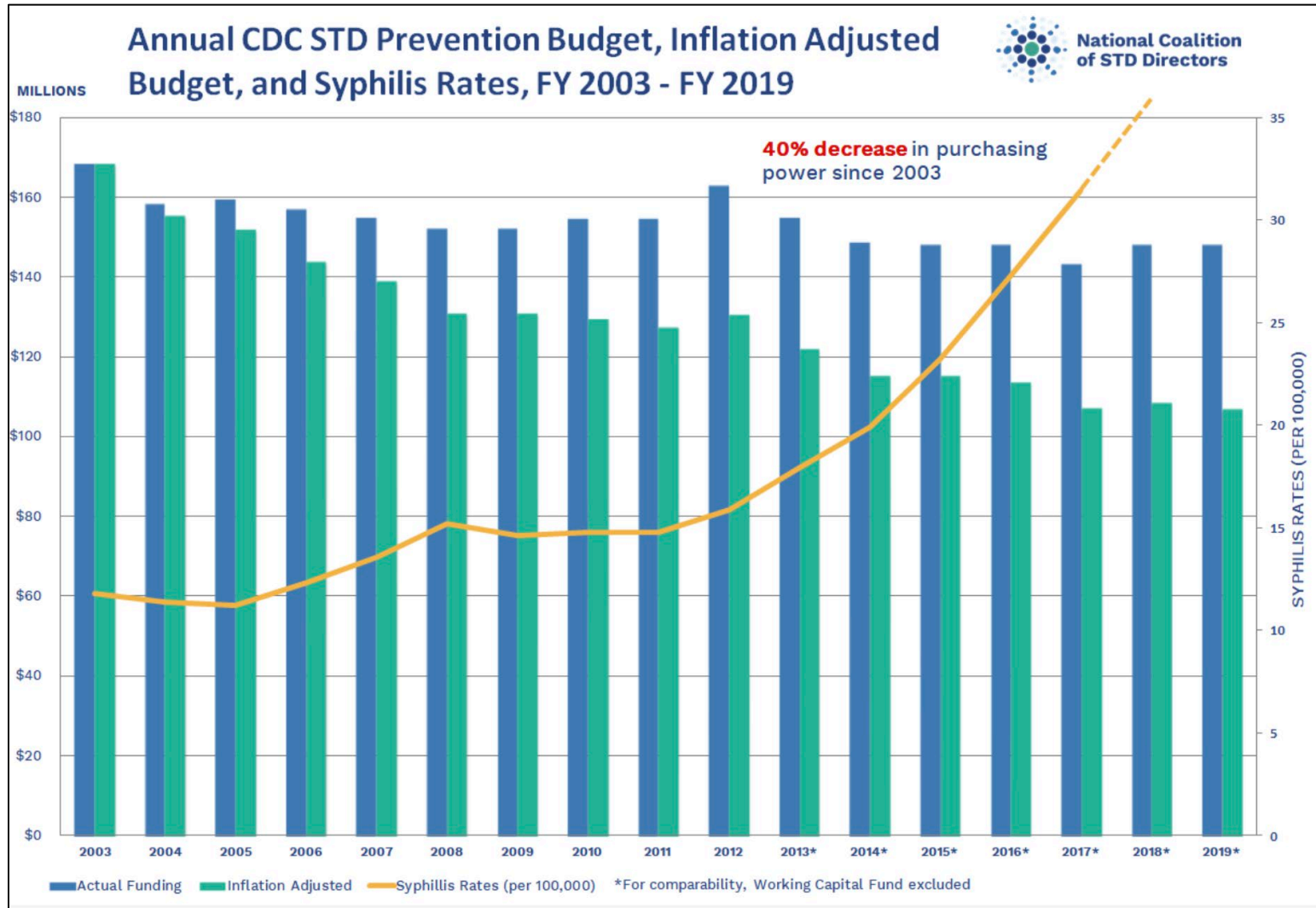
Public Health has been neglected

Just like other forms of infrastructure, public health funding has been neglected. State public health funding has been declining for decades, but fell considerably during the 2008-2010 economic downturn. Federal funding has increased modestly, but in real dollars, it has fallen dramatically...as the demands from public health have grown considerably.

Figure 1: Per Person State Public Health Funding, 2015



Source: SHADAC Analysis of Shortchanging America's Health, Investing in America's Health, State Health Compare, SHADAC, University of Minnesota, statehealthcompare.shadac.org, accessed February 19, 2018.



Public Health workers are heroes



[WHO WE ARE](#)

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THIS IS WHAT A
HERO
DOES.



[GIVE](#)

HONORING OUR PUBLIC HEALTH HEROES WHO PROTECT US ALL

A hero is every public health professional in communities across America working to protect us from COVID-19 and other health threats. They are public health department and Centers for Disease Control and Prevention professionals who are working around the clock. They are the public health contact tracers, epidemiologists, data analysts, microbiologists, lab technicians, health communication experts and more.

**The path forward is complex
— and it is bigger than HIV
prevention and care**

Public health may be at a crossroads, but it has been a long time in coming. There is no single or simple fix. Needed changes include administrative actions, such as recent reforms announced by CDC Director Walensky, along with Congressional involvement, and much more public dialogue.

There may be a need for a NASEM or Presidential Commission just to examine public health communication.

Does the structure of HHS need to change? Do we need to rethink the scope and mandate of the CDC? Are state health departments set-up to succeed?

THE WEEK

POLITICS CULTURE BUSINESS SPEED READS CARTOONS MORE ▼

THAT WAS UNEXPECTED

Federal judge tosses CDC's public transport mask mandate, rules agency overstepped

APRIL 18, 2022 BRIGID KENNEDY

A federal judge in Florida struck down the Centers for Disease Control and Prevention's national mask mandate for planes and public transportation on Monday, claiming the rule exceeds the authority of health officials, [The Associated Press](#) reports.

U.S. District Judge Kathryn Kimball Mizelle's [ruling](#) also said the CDC failed to properly justify its decision and did not follow proper rulemaking, AP writes.

"The court concludes that the mask mandate exceeds the CDC's statutory authority and violates the procedures required for agency rulemaking under the APA," the ruling reads. "Accordingly, the court vacates the mandate and remands it to the CDC."

CDC Moving Forward

[Print](#)

Key Takeaways

- There is a strategic imperative to modernize CDC so that it consistently delivers public health information and guidance to Americans in real time – a mission recognized by the talented people who work here and by public health experts around the globe.
- Throughout her tenure as director, and over the last few months in particular, Dr. Walensky has evaluated CDC operations; she listened – to voices from within CDC, to our partners and other interested parties, and to external reviewers.
- The director announced a series of changes that will prioritize public health action to help equitably protect and promote the health of the American people.
- The optimizations are designed to not only change how CDC operates but also its culture, orienting it toward timely action – ensuring CDC's science reaches the public in an understandable, accessible, and implementable manner as quickly as possible.

CDC Review

Looking Forward

- The action steps outlined by the director are intended to not only inform what we can do during a pandemic, but also during normal operations, to ensure our science and programs reach the public in a timely and effective manner.
- There is a lot of work ahead to better position CDC for success:
 - First, we must institutionalize new internal systems, processes, and policies to improve our **accountability, collaboration, communication, and timeliness** within CDC and with our customers, at all levels of the organization.
 - Second, we must take our concrete lessons learned from COVID-19 to improve how we deliver our science, guidance, and programs to the American people.
 - Next, we will reorganize to facilitate a more cohesive and customer centric structure.
 - Finally, we will finalize a list of programs, flexibilities, and authorities that will enable us to do our work faster and more effectively in the future.

**Public Health is too
important to accept the
current status quo**

I love our communities, including people working in HIV, STIs, and Hepatitis...and I expect a lot from them.

We are not perfect, but we are often ahead of other parts of society in discussing race and racism in open and honest ways. We have a lot to add to dialogues about how health equity is essential for maximum population health. HIV leaders cherish our legacy of activism that started with ACT-UP and continues today.

That same spirit and fearlessness needs to be brought to public debates over the value of public health and the need to consider fairly significant reforms. Our collective voices and experience are needed to help lead the way.



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Original article

Assessing differential impacts of COVID-19 on black communities

Gregorio A. Millett MPH ^a✉, Austin T. Jones MA ^a, David Benkeser PhD, MPH ^b, Stefan Baral MD, MPH ^c, Laina Mercer PhD ^d, Chris Beyrer MD, MPH ^c, Brian Honermann JD ^a, Elise Lankiewicz BA ^a, Leandro Mena MD, MPH ^e, Jeffrey S. Crowley MPH ^f, Jennifer Sherwood MSPH ^a, Patrick S. Sullivan DVM, PhD ^g

Greater health disparities in places with a greater concentration of black Americans are not unique to COVID-19. Similar patterns have been reported for other conditions such as HIV [27], air pollution [28], cancer [29], and low birth weight [30] and may be derived from the fact that in the United States, race often determines place of residence [31]. Ninety-one percent of disproportionately black counties in these analyses are located in the southern United States—a region where most black Americans reside (58%) [32] that also ranks highest in unemployment, uninsurance, and limited health system capacity or investment [33]. These deficits are underscored by the finding that COVID-19 deaths in disproportionately black counties occurred at higher rates in rural and small metro counties.

Health disparities arise from a complex interplay of underlying social, environmental, economic, and structural inequities. We will continue to fail to address longstanding inequities until we commit to eliminating structural racism and the systemic roots that maintain and even reinforce these injustices [55].

Personal observations on what is needed to adapt public health for today and tomorrow:

1. A new understanding of federalism
2. New ways to engage in dialogue with the public
3. Deeper grounding in health equity
4. More and more stable financing
5. More support for the workforce
6. Data standardization and modern data systems
7. Different and more extensive community partnerships
8. An embrace of innovation—including an embrace of syndemic approaches to improving health

QUESTIONS?

THANK YOU!