Ten Principles for Authentic Public Health

1. Everybody = Anyone

Everybody has as much right as anyone else to health. This simple but powerful “equity equation” symbolizes the duty and the dilemma faced by public health and medicine. The equity equation asserts: “The wellbeing of the public (everybody) is as important as the wellbeing of an individual (anyone).” In the dysfunctional system of American medicine, the health of the individual is routinely valued above the health of the larger population. Enormous amounts of money are spent on medical care of the individual, while a minor portion is spent on prevention and health promotion. Yet if the equity equation is valid, it must work in both directions: “The wellbeing of an individual (anyone) is as important as the wellbeing of the public (everybody).” Traditionally, medicine esteems most the health of the individual, while public health values the wellbeing of populations. This, we assert, is not good enough. To optimize health, we must balance the equity equation. We cannot use the cost of caring for populations as the rationale for denying care to an individual with medical needs. We cannot use the medical expense for this same individual as a convenient excuse for offering fewer resources to the public. At the core of authentic public health lies social justice. At the core of social justice, everybody = anyone.

2. Life, Liberty and the Pursuit of Healthiness.

We hold these truths to be self evident. All men are created equal. Certain unalienable rights. Life, liberty and the pursuit of happiness. Such powerful and influential words etched into our collective consciousness in the flowing script of the US Declaration of Independence. But, “Without health, there is no liberty; without health, there is no happiness,” comes from no less a source than the very roots of our own health. We contend that “life, liberty and the pursuit of healthiness,” may be counted among these unalienable rights. Historian Gary Willis (Inventing America, 1978) states, “When Jefferson spoke of pursuing happiness, he had nothing vague or private in mind. He meant a public happiness which is measurable; which is, indeed, the test and justification of any government.” Again, we choose to insert health for happiness and discover public health as the test and justification of any government. In order to equate health and happiness, it is necessary to understand the meaning of the word health. The root meaning of health is whole. As such, to be healthy may be understood as to feel whole. Thus a person may be troubled by illness and yet be happy because he feels whole; or be of fit body and feel miserable because he lacks this wholeness. It is possible to heal someone who is not cured; and to cure someone who is not healed. We only need to recall that one definition of cure is, “to preserve meat, through pickling or smoking,” to understand the validity of this claim.

But it is not just health as a right that is intended through this assertion, but also as a value. Willis goes on, “Within its original rich context, the pursuit of happiness is a phenomenon both obvious and paradoxical. It supplies us with the ground of human right and the goal of human virtue.” Life, liberty and the pursuit of healthiness involves advocating for health as a human right, but also promoting health as a personal and public value. “Attention to health then should take the place of every other object,” Jefferson contended. We interpret this charge on public and personal levels. On the public stage this translates into health in all policy; health in all education; health in all parenting; health as a value shared by all who endorse the freedoms our country represents. On a personal level, it is a call to health as a virtue that we challenge ourselves to pursue despite the challenges of daily life. It is time to etch life, liberty and the pursuit of happiness into the collective consciousness of America. “I know the difficulty with which a sturdy man tears himself from his studies, at any given moment of the day,” Jefferson said. “But his happiness and that of his family depend on it.”

3. Be Bold.

Public health is not for the hesitant, the meek, or the tentative. The problems we face are systemic and deeply rooted. Barriers to meaningful change require creative approaches, hard work, and personal risk. To “Be Bold” is not a cry to recklessness, but rather an invitation to innovation, to action, to expansion of personal boundaries. The “Public Healthiness” appropriately urges that risk be tempered by evidence in order to avoid harm. Still ultimately, authentic public health requires calculated risk, pushing boundaries, and calling others to do the same. If we hope to improve the lives and health of others, it may be in our shared best interest to “Be Bold”.

4. Mind the Public.

Everyone is an experiential expert on their own circumstances. Authentic public health requires that we learn from the entire spectrum of “teachers”. The broad and exceptional scholarship that is available in the field of public health to guide our action represents one constellation of experience we must learn from. The experience of partners and actors on the front lines of community action bring a different set of knowledge and wisdom to our efforts. The experience of those in need of support is ignored at our own peril. Those who by accident of birth, by random chance, or by ill-chosen action find themselves wanting for health, for access to resources, for knowledge, for skills, for change; also bring a wealth of information to authentic efforts to improve health. To mind the public is not to adhere mindlessly to public demand or outcry, but rather always to keep the public in mind. In the ideal circumstance, the consensus wish of the public coincides with evidence supporting the effectiveness of the public desire. When conflict exists between the public mind and the public health mind, it is incumbent upon us to negotiate the difference in perspective until consensus can be approached. When keeping the public in mind, it is helpful to recognize that it is possible to be right and wrong at the same time. It does no one service to impose a “correct” solution that has little opportunity to succeed because the public does not embrace the approach. When we keep the public in mind, this paradox is much less likely to occur.
5. It’s Not about You, it’s Not about Them, it’s about Us.
Too many interventions are implemented to demonstrate the brilliance and social correctness of those framing the intervention. If we set aside our personal self-concept and reject credit grabbing, our ability to demonstrate true brilliance and generosity of spirit may flourish. Too many interventions are framed to save “those people” from themselves. Too often we do not acknowledge that it is perhaps not poverty that is the root of so many social and health problems, but greed. The poverty belongs to them. The greed belongs to us. There are no authentic solutions that can be framed without recognizing our own role in the genesis of the problem. The interrelatedness of survival is a necessary insight of authentic public health. The problems are us problems; the solutions are us solutions; the benefits accrued from effective intervention belong to us all.

6. Policy ≥ Program.
Health promotion and health education programs are vital components of the public health toolbox. Whether accomplished in clinical settings with individuals or community settings with groups, to educate is to empower. But the policy that establishes those health promotion and education programs is at least, if not more important than the program itself. Heed well; policy always has a disproportionate impact when compared to programs. A bike helmet law will always have greater impact than bike helmet education. Tobacco taxes or clean indoor air policy will lower tobacco use rates more efficiently than tobacco education or cessation. Health reform will save more lives than health care. Public health policy can be usefully compared to traffic signs. No one—that is NO ONE—follows all traffic signs. We adjust our speed an appropriate buffer above the posted limit to avoid a fine. We come to rolling stops at stop signs. But consider life without traffic signs. Chaos. Death, destruction, and chaos. While people may skate the edges of rules, most of us tend to be respecters of rules. Good rules—good policy—promotes good health. But how do we reconcile Policy ≥ Program with the other Principles for Authentic Public Health when policy tends to be set far removed from the communities they affect? The best policies, in fact tend to rise up through advocacy from the community, from the grass roots. The best of these policies are driven by data collected at the community level with the participation of those influenced. Conceived and tested on the local level, these policies find success and then find life applied to broader communities. Even then, the ultimate success of these policies remains limited by the fashion in which they are communicated to and enforced within each community influenced by the policy.

7. Do Best What People Need Most.
It is important to find what we do well and what we are passionate about doing in our professional lives. To practice authentic public health, it is helpful if what we are passionate about is of greatest service to the greatest number of people. Do best what people need most is a call to service and action for public health. It is incumbent upon us to identify community needs and then devise effective approaches to address them. See the need. Grasp the need. Meet the need. Eyes wide open. There are perhaps as many things people “need most” as there are people, leaving much opportunity to discover where we best fit into the solution. How and who we serve depends on who and where we are. Where and whenever we work, it still comes down to same process. See the need. Grasp the need. Meet the Need. Eyes wide open.

8. Relationship.
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10. Relationship.
“Relationship. Relationship. Relationship.” is framed as such to emphasize the primacy of relationship development in authentic public health. It is also expressed in this way to acknowledge the multiple levels of relationship available to us in our effort. It is reasonable to assert that effectiveness depends on our relationship with ourselves; with other individuals; within our communities; and with our environment. Emotional intelligence, a characteristic necessary for effective management of relationships, emphasizes the need to recognize and manage our own emotion; to recognize and support the emotional needs of others; and to persevere despite frustration. In authentic public health, it is also appropriate to consider relationships within and between groups, communities, cities, regions, nations. While the hotbed of medicine is often considered the Intensive Care Unit, in public health we represent the Extensive Care Unit. Medicine tends to look inward. Public health tends to look outward. The public health vision and reach must be extensive, recognizing the relationship of the physical, social, and psychological environment to the individual; and acknowledging the influence of the individual on the physical, social, and psychological environment in which we exist. Person to population; population to person. Even when our interventions involve policy change that seems distant from those affected, the better we relate to and understand those influenced by the policy, the more likely change is to be effective. Relationship. Relationship. Relationship. It’s all about relationship.

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