

Lawmakers' myopia is correctable

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“Myopia 1: a condition in which the visual images come to a focus in front of the retina of the eye resulting in defective vision of distant objects; 2: a lack of foresight or discernment: a narrow view of something.” – Merriam-Webster’s Online Dictionary

Nevada lawmakers have long suffered from what may best be described as acute public health myopia. It is thus no surprise that we currently rank dead last among US states in general fund dollars appropriated for core state and local public health activities.

Seemingly mundane public health measures, such as, infectious disease surveillance, tobacco cessation and control, and obesity prevention, would go a long way toward reducing the burden of disease and disability in Nevada, not to mention the mounting costs of treating those once they’ve become sick or injured.

There are plenty of good reasons why policymakers continue to underfund public health. At the top of the list is the fact that the benefits of public health programs lie in the future and, thus, the particular beneficiaries of most public health measures are generally unknown.

Public health expert David Hemenway notes that when considering a public health investment today that may potentially yield benefits in the future, “many politicians correctly understand that their administrations will bear the costs, but that the benefits will be reaped on someone else’s watch.” He adds “they therefore put great effort into putting out today’s fires and relatively little into preventing tomorrow’s conflagrations.”

Nevertheless, if one doubts the value of the work performed by local public health agencies, then only consider the recent example of the rapid and effective response by clinical and public health practitioners to the multi-state outbreak of meningitis last Fall. This outbreak was associated with invasive fungal infections among patients receiving contaminated medications from the New England Compounding Center.

While this tragedy has resulted in 45 deaths to date, the immediate, coordinated action of state and local health departments, working in concert with the federal Centers for Disease Control and Prevention, helped to minimize and contain additional harm to the public by identifying and contacting the nearly 14,000 potentially exposed patients and their physicians in 23 states within days of the outbreak.

In this case, lives were saved, yet no heroic medicine was performed – just the effective efforts of local public health professionals and experts doing their jobs.

According to the Trust for America's Health, our state's investment in public health is a paltry \$3.45 per person. Conversely, one of our state's dirty little secrets is that most of our funding for public health – \$90 million or \$33 per person per year – comes from the CDC and other federal sources. In other words, while many Nevadans and their representatives in Carson City bemoan the federal leviathan, we're happy to allow the beast to underwrite most of our state's public health activities.

As lawmakers begin their biennial assessment of state spending priorities and measures to safeguard the public's health, they should remember that myopia, clinical and otherwise, is a largely correctible condition.

John Packham, PhD is Director of Health Policy Research at the University of Nevada School of Medicine and Past President of the Nevada Public Health Association.