



# Take the Path to New Opportunities

Take charge. Take care. Take credit. Take responsibility.

*By Patrick Libbey*

Recently I was discussing the national health reform legislation with a friend and public health colleague. We both decried the emerging use of the term “public health option” to describe the public sector plan and payment proposal for health care financing. We concluded, of course, that this isn’t really public health. Once again, the public and policy makers don’t really understand what public health truly is.

In short, we were having a conversation that is all-too-typical in public health circles. We fell into the easy tendency to make this a “we-them” issue with the “them” responsible for what the “we” see as a problem. I fear this approach of externalizing the problem has come to characterize public health.

How many times have we in public health – usually by ourselves – worked to define what we do, only to take it outside the public health world and not have it readily understood, much less embraced, by the public and policy makers? There has been little public acceptance or consciousness of the efforts we see as definitive cornerstones of public health practice. For example, think about how well the three core functions or the ten essential services are understood and accepted in the policy arena or by the public.

A state senator once told a group of us, “You public health people make it so easy to say no to you.” The senator, actually a friend to public health, described the

way we are seen by those in power: always equivocating, rarely decisive, always needing more information, unable to communicate clearly and concisely, and often publicly disagreeing among ourselves.

Too often, we react to such a perception, not so much by looking inward to change, but by blaming the “them”:

- They don’t understand....
- They don’t appreciate....
- They don’t care about....

Worse yet, over time we have begun to use this sense of not being understood or appreciated to become comfortable and complacent while waiting for others to change, rather than changing ourselves. Our response to the need for changing has drifted to:

- If only they would....

In addressing this edition’s theme “Public health today: New partners. New tools,” we may well need to look first at how we as a discipline and a practice must change if, indeed, we are going to survive long enough to develop new tools.

Many of us are drawn to public health practice because we want to make a positive difference on a community-wide scale. We are proud of the collaborative approach we bring to our work. It’s a strong norm, a professional ethic, even, of bringing collaboration to our work and taking pride in our selflessness. In a sense, we see ourselves as givers – selfless givers.

Perhaps this hasn’t served us well or positioned us properly for changing times. I suggest it’s time to stop thinking and acting as selfless givers and start to be conscious takers in the service of our communities’ health. I think of four domains where we in

“You public health people make it so easy to say no to you.”

*- State Senator*

public health and the public we work for would be better served by thinking and acting more as takers. I will speak to three of these briefly and then go into more depth on the fourth – the one I see as a critical prerequisite to working effectively in these changing times with changing tools.

**First, take charge.** There are issues and threats to our communities' health that truly demand public health leadership. Our public health expertise is essential to decisions that need to be made. In retrospect, I think we have improved in our ability to take charge since 2002, with our emphasis on public health preparedness. We have become more comfortable and confident exercising authority in new arenas and making decisions outside of our usual style of deliberation, consensus building, and always needing more data. Our recent initial response to H1N1 influenza demonstrated our progress in stepping up and taking charge.

But it can't just be about emergencies; we need go further and see how we can insert ourselves in other areas where decisions are being made, and where we can improve community health, both short- and long-term. For example, chronic disease burden and health inequities have deep roots in venues such as land use, housing, transportation, and education, demanding our engagement. Tools and tactics include health impact assessments, introducing health into other policy approaches, and intervening in regulations addressing tobacco use or obesity. In these ways, public health can take charge, using its expertise to protect and improve the health of communities.

**Second, take care.** Being selfless is too often seen by others as being a martyr. I have had the opportunity over the past several years to meet with public health practitioners all over the country and I am concerned about their well being. The pace, pressures, demands and disappointments of the past several years are taking a toll. Literature is replete with information on the negative effects – personally, professionally and organizationally – of unrelieved stress. We must re-establish a sense of joy in our work and purpose. Externally, it doesn't serve us well tactically to be thought of by others as dour, hand-wringing, and humorless. Internally, we need to see ourselves as key public health assets, needing to be well managed, developed and taken care of; the very antithesis of selflessness. We must make the work of public health rewarding and renewing for our own well-being and as a key for recruiting the future workforce.

**Third, take credit.** How many times have we heard or said "It doesn't matter who gets the credit as long as it gets done"? Toiling in anonymity hasn't served us all that well. Too often our selflessness hides our value. The people we serve need to know what we do and why it matters to them. There will never be an effective public health constituency until people understand what we do and expect – or even demand – it be done. As a colleague of mine from the midwest continually points out "Being out of sight, out of mind usually means being out of the budget as well."

In order for public policy makers to understand and support public health beyond definitions, statutes and lists of services, they need to know what we have done, in real, concrete terms. And they need to hear this repeatedly, not just from those of us in practice, but from other sectors in the community as well. We must tell our stories in ways that are meaningful (devoid of our technical jargon and qualifiers) to those we serve, taking credit for our contributions and accomplishments. Taking credit doesn't necessarily mean excluding partners, but it does mean taking conscious action to promote the work, role, and benefits of public health. We must not make the mistake of confusing health promotion with promoting public health. Both are critical to the health and well being of our communities.

People have to know what  
public health is.

And we have to  
deliver that message.



Washington State Public Health Association

*This "What is Public Health?" campaign was developed by the Association of Schools of Public Health.*

