

In Steven Tuetsch and Jonathan Fielding's article "*Rediscovering the Core of Public Health*," published in the *Annual Review of Public Health 2013* (34,287-299), the authors argue that historically, public health's ability to understand health problems, communicate needs, identify solutions, and implement programs and policies has been the reason for its success. To continue on this path, the authors state that, "public health needs to return to its historical roots and engage with other sectors of the community to create healthier communities."

However, Tuetsch and Fielding did not clearly define how this would be accomplished. Instead, they appear critical of the ability of other sectors of the community; particularly private-sector organizations such as the medical care industry and biomedical research, "to improve the health of everyone." Overemphasis is placed on moving away from "the dominance of the biomedical model approach of health," which they describe as a reductionist approach that focuses disease-specific interventions on individuals. Also, several statements in the article appear to be irrelevant to the argument made in the abstract. These include statements about disproportionate federal funding of biomedical research, distrust of the private sector to protect and improve health, and the political clout of the biomedical industry. It appears that for the authors, engaging with other sectors of the community to improve health does not include the biomedical community.

One can agree that public health should address the greatest determinants of health. However, it may be hard to agree that public health should completely transition from the biomedical model of health or individual focused interventions to only interventions that have "multiple and broad public health impact." Biomedical research has made significant medical advances that have improved the health of certain segments of the population, including those infected with HIV/AIDS¹ and rare cancers, which impacts public health.

In reviewing the literature, there is no mention of the authors' critical view of the biomedical research community, though several biomedical research advances have been listed as top public health achievements.² Teutsch and Fielding also seem to contradict themselves when discussing transitioning from focused interventions by touting the successes of public health programs such as immunizations, control of tuberculosis, sexually transmitted diseases, and outbreak detection, as many of these successes were made possible through the advances in biomedical research.³ They argue that health care investments should focus on improving population health, instead of costly technologies or drugs for target therapy, which they believe, "add little to the life expectancy or the quality of life." However, I suspect the parents of children diagnosed with Neuroblastoma, a rare form of cancer for which the FDA recently approved Unituxin as part of a first-line of therapy, would disagree with their assumption.⁴

In closing, if the intent of the authors was to present their findings on how public health could engage with other sectors of the community to create healthier communities, they did not meet their objective. Instead, the article veered off into a discussion of inequalities in federal funding and mistrust of the biomedical community and their efforts to improve health. In making their point, Teutsch and Fielding could have expanded the section *Doing What is Working*, by elaborating on evidenced-based interventions, as well as on the sections *New Skills and Competencies* and *Public Health for All* and included less on *Challenges* and *Public Health as An Honest Broker*, which went off topic into a discussion of problems with the allocation of federal funding and overtly suggesting mistrust in biomedical research's efforts to improve health, saying it should not cost that much to save lives. What began as a plea by Teutsch and Fielding for public health to return to its historical roots and engage other sectors of the community to create healthier communities may have ended up as disengagement with one important sector and an ally in this mission – biomedical research.

References

¹Biomedical AIDS research: Recent and Upcoming Advance (2015), Joint United Nations Programme on HIV/AIDS (UNAIDS). Retrieved June 29, 2015 from http://www.unaids.org/en/resources/documents/2015/JC2723_BiomedicalAIDSresearch

²The Top 10 Medical Advances of the Decade (2009), Infectious Disease Information Center. Retrieved on June 29, 2015 from <http://www.medpagetoday.com/InfectiousDisease/PublicHealth/17594>

³Ten Great Public Health Achievements -- United States, 1900-1999, Center for Disease Control, Morbidity and Mortality Weekly Report, April 02, 1999 / 48(12); 241-243. Retrieved June 29, 2015 from <http://www.cdc.gov/mmwr/preview/mmwrhtml/00056796.htm>

⁴FDA Approves First Therapy for High-Risk Neuroblastoma (2015), U.S. Food and Drug Administration. Retrieved on June 29, 2015 from <http://www.fda.gov/NewsEvents/Newsroom/PressAnnouncements/ucm437460.htm>