

## ***De-Spamming Health: Reforming the Health System from the Bottom Up***

### *Excerpt from Prologue*

The more I probed, the more I discovered that most of the smiles reflected a mutual recognition and appreciation of a contemporary paradox at play. Most people realize that items such as Spam, the meat product or the computer messages, can cause annoying or undesired problems if not controlled. They appreciate the tremendous increase in scientific and technological sophistication they have enjoyed over the last fifty years to help them reach this realization.

However, they are overwhelmed by it and frustrated by the many experts trying to influence and control nearly every aspect of their daily behavior. People are especially wary because the advice of these experts often conflicts or changes dramatically over time, and thus often question or mistrust the motivations of some of these experts. Such advice often spawns multimillion-dollar public and private vested-interest bureaucracies, programs, institutions, and products (e.g., books, software, supplements, and techniques). It also challenges personal likes and dislikes, deeply rooted in one's ethnic, social, cultural history, experiences, and beliefs. Wearing a shirt advocating Spam, an item experts have told us is "bad," strikes a blow for the loss of autonomy. It elicits a supporting smile for autonomy, not Spam per se.

As well intentioned, or scientifically and technically sound, as some advice may be, most of us decry the loss of our individual control and the ability to sift through the complex and exponentially expanding maze of information and initiatives to select what we believe are best for us or our community. So some just give up and ignore most advice and options. *Healthy People 2010* reports that fewer than 50 percent of people effectively use certain preventive health interventions proven to contribute to reduced morbidity, mortality, and disability. Fewer than 3 percent of adults adopt the four health practices the Centers for Disease Control have determined constitute a healthy life style. Endocrinologists have determined that only about one-third of diabetics adequately control their disease.

Others let someone else (or software designed by someone else) sort through the morass and select for each of us. In either case, we also usually cede the responsibility and accountability for the outcome. If we fail, it is someone else's problem or fault. Few of us like these only apparent choices. Most of us would like to do what is best for each of us and our neighbors, avoiding preventable discomfort, disease, and disability. Moreover, we also want to retain some semblance of our autonomy. However, we simply cannot handle the volume, complexity, and increasing sophistication of the information, influences, and options available. Many would embrace access to a trusted integrator and tools that could help us sort through this mass of information, and distill it all

into a few basic items and choices that are most relevant and important for ourselves and our community. However, such trusted integrators, whether for individuals or a community, have become scarce while the need for them has mushroomed. This unintended but deleterious consequence of the loss of local autonomy and integration capacity is profound. How did it happen? More important, was it inevitable?

Nearly forty years ago, I abandoned plans for a career in orthopedic surgery, family practice, or emergency room medicine when exposed to the enormous power of community public health. I first learned to respect, and then admire, the skills of public health practitioners to blend adeptly the biological, social, and political sciences within a community to realize huge improvements in the human condition. I was amazed at how these professionals were both willing and eager to practice a medical specialty whose only certainty was uncertainty, ambiguity, and change.

However, what hooked me was the staggering potential of public health. Despite its achievements, I thought it was in its infancy, rather than what, in retrospect, may have been its golden years. Immunology, genetics, environmental toxicology, microbiology, and virology were advancing at a phenomenal rate and the implication for the application of these advancements was tremendous. However, of much more interest to me from a community health standpoint were the promising developments in informatics (i.e., information technology) and other integrating capacities. These techniques and technologies permitted physicians and public health practitioners at the local level to capture and interrelate (in person, place, and time) multiple sources of environmental, genetic, psychological, clinical, administrative, sociological, cultural, demographic, and other related data. The elusive capacity to meaningfully merge nature and nurture, man and environment, for real world applications directed at patients and communities was at our fingertips.

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