

Dr. Mark Diana on the Importance of Public Health

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As chair and professor in Tulane's Department of Health Policy and Management, Dr. Mark Diana has valuable insight into the state of public health during the COVID-19 pandemic. He is the Drs. W. C. Tsai and P. T. Kung Professor in Health Systems Management.

According to Dr. Diana, there has been a lack of public health funding and focus in the United States. In the U.S., the bulk of what we spend on healthcare is spent on medical care – only three percent of the healthcare budget is earmarked for public health spending.

“We spend \$3.5 trillion per year. Almost all of it goes to hospital and physician care,” says Diana. “We’re spending so little on public health, like testing and contact tracing—things that would have helped to lessen the impact on the clinics. We need to shift some of that priority to be able to respond well in the future.”

For Diana, the current crisis shows the importance of public health. “There needs to be a tighter connection between public health and medical care. The mindset that only medical care matters is short sighted. It’s clear that vaccinations will be the savior in this situation.”

In the future, the Tulane School of Public Health and Tropical Medicine will be focusing more on cross training of health management and epidemiology. “There is a lot going on that connects these fields at Tulane,” Diana says.

Dr. Diana's research focuses on the organizational impact of health information systems. On the healthcare delivery side, he is struck by how the U.S. is dealing with

the influx of COVID-19 patients, and he believes this situation might have lasting impacts on the system. “Our health systems are poorly prepared to handle this type of event. This is extended and prolonged, impacting every aspect of our lives. Normally, hospitals and health systems would have the things they need. But they operate on very thin margins and make a lot of revenue on elective surgeries, etc. How do we think about rearranging how we do this, so the impact is not as severe? How do we set up hospitals, so they aren’t so dependent on elective procedures?”

Dr. Diana says the COVID-19 pandemic could cause government to change healthcare in the United States: “Trying to coordinate a response across all of these national, regional, state systems is a huge challenge. We don’t plan for this kind of a need for a coordinated response. Governments will likely be thinking about this post pandemic.”

Speaking about the segmented health system in the United States, Dr. Diana says, “What we have in the U.S. is a collection of different health systems that are in place for different groups of people...People don’t necessarily get poor care, but it’s fragmented and not consistent. That’s not good for chronic illness.”

During the AIDS epidemic, Dr. Diana was practicing as a respiratory therapist. “It didn’t inflict (the same) numbers that COVID has, but it was a death sentence. There was a lot of fear among the work force. It was inspiring to see these people on the frontlines. It’s inspiring now too.”

He said healthcare providers, clinicians and hospital workers are now stepping up in so many inspiring ways. “These workers are putting their lives on the line to provide care, and they deserve all the respect and gratitude. You can extend that to the people we’ve trained in both the School of Medicine and the School of Public Health and Tropical Medicine. The impact that Tulane has had is nothing to ignore.”