

The Role of The Center for Disease Control and Prevention (CDC) And Social Medicine in Monitoring the Health Status and Promoting the Health of Society



Hamid Moghaddasi*

Department of Health Information Technology and Management, Faculty of Paramedical Sciences, Shahid Beheshti University of Medical Sciences, Iran

Submission: March 25, 2019; **Published:** May 14, 2019

***Corresponding author:** Hamid Moghaddasi, Department of Health Information Technology and Management, Faculty of Paramedical Sciences, Associate Professor of Health Information Management and Medical Informatics, Shahid Beheshti University of Medical Sciences, Iran

Editorial

A healthy and powerful labor force is the most important economic capital of any country, and thus all governments are responsible based on their constitution [1] to promote the health of all members of society. As the coordinator and manager of health-related affairs, the ministry of health is in charge of promoting the health of society with the cooperation of all ministries and subordinate institutions. The name of this ministry is designated in different societies based on their attitude and level of health. For instance, it is called the Department of Health (DOH) in England, Department of Health and Human Services (DHHS) in USA, Ministry of Health and Welfare (MHW) in Greece, Ministry of Healthcare (MHC) in Armenia, Ministry of Health and Family Welfare (MHFW) in India, Ministry of Public Health (MPH) in Yemen, Ministry of Health, Labor and Welfare (MHLW) in Japan, and Ministry of Health and Medical Education (MHME) in Iran [2,3].

The important point is that the management of diseases, especially chronic ones, is a very difficult and costly endeavor which cannot be effectively performed without the cooperation of society. Accordingly, the effective role of health maintenance organizations (HMOs), [4,5] most importantly health insurance organizations, is undeniable. The formation of health insurance organizations is a sign of social cooperation for providing financial sources for the management of diseases, especially chronic ones. However, this cooperation fails without the strategic and precise planning of the ministry of health for monitoring the health status of society, developing disease prevention and treatment programs, and monitoring health-related events.

The creation of a comprehensive health network comprising health organizations, especially healthcare organizations (offices, clinics, nursing homes, hospitals, emergency departments, rehabilitation centers, and mental health centers) is the major responsibility of ministries of health. This network is formed upon the aim of collecting high-quality data related to all health-related events across the country in order to offer a precise

cartography of the society's medical status. The Center for Disease Control and Prevention (CDC) is the beating heart and decision-making brain of the health system, constantly monitoring the health of society with the help of social medicine experts and the national health information network based on high-quality data, thus promoting health by developing various programs aiming at prevention, treatment, and rehabilitation. Attention to health development indicators can clearly demonstrate the status of the CDC [6,7]. These indicators are diverse, but the health status level of societies is usually determined based on the following three: 1) accessibility to health resources, 2) affordability of healthcare services, and 3) budget allocation to prevention programs. It is noteworthy that the weight coefficient of the third indicator (budget allocation to prevention programs) is higher than that of the other two indices by many folds.

Many developing countries, especially those in which doctors assume inordinate power, consume the budget allocated to the ministry of health solely for treatment. Therefore, despite their high income, they are below standard in terms of health due to their wrong health-related attitude. On the other hand, in countries developed in terms of health, the CDC consumes the budget allocated to prevention by paying incentives to economic institutions which offer services and products related to the health of society with respect to strategic plans based on the cartography of diseases and causes of health-related problems in society (as specified by social medicine experts). These endeavors include enriching flour with zinc in order to treat the short stature of people, enriching foods with essential vitamins, or producing high-quality toothpaste and toothbrush.

Moreover, CDC takes a step towards promoting the health of society based on a futuristic (farsighted) approach by consuming part of its health budget for the creation and development of medical technologies and application of information and communication technologies in order to distribute resources and ensure health equity. Development of electronic health

(eHealth) and mobile health (mHealth) and attention to self-care are the other prominent policies of this center in developed countries which must be followed by developing countries. The implementation of various registries, especially on diseases and treatments, is the intelligent management of health data in society to assist the CDC in performing its main responsibility, i.e. control and prevention of diseases [8].

The registry of diseases specifies the burden of diseases in different geographical regions and helps the CDC concentrate its efforts on finding the cause and offering ways to treat and prevent these health-related events. This makes the registry of treatments for the complications even more significant. It also clarifies the cause of complications resulting from therapeutic procedures, including the inefficiency of implementing bodies, defect and inefficiency of devices and equipment, and weakness or insufficiency of therapeutic methods. Social medicine experts offer analytic approaches to the discovery of the cause of health-related problems across geographical regions with their precise and society-oriented view and offer solutions for the treatment and prevention of diseases, disorders, accidents, and injuries. Social medicine is one of the most critical medical specialties, and attention to this specialty is an indicator of health development. In general, the value of professions depends on the level of services they offer to society. In other words, the range of services offered by a profession determines its real value. Therefore, economically developed countries attempt to empower occupations which offer a wide range of services by assigning a high level of salary to them. Social medicine is one such occupation with a much wider range of services to society compared to other specialties. The presence of social medicine experts in the CDC demonstrates the significant role of this profession in elevating social health [9].

However, in most developing countries with a poor health level and attitude, social medicine has an inferior status compared to other medical specialties. Those obtaining a very low score on residency examinations and PhD entrance exams in medical sciences continue their education in social medicine. These people cannot form a strong CDC, that is, if the ministry of health

decides that they must work at this center. In many developing countries with a poor health status, medical specialties other than social medicine work at the CDC. Therefore, these societies are deprived of a society-oriented view which can resolve health-related problems and quickly promote the health status of society [10].

Conclusion

One can conclude that the basic position for experts on social medicine must be the CDC considering the importance and goal of social medicine, i.e. resolving society's health-related problems, and with respect to the role and goal of the CDC, i.e. cartography and management of health-related events for promoting health in society. As a social health monitoring and management system, such an institution ensures the stability of the main economic capital, that is, the healthy and powerful labor force, with all its efforts and measures significantly decreasing health-related costs and enhancing the economic and health-related development of society.

References

1. WHO (1948) Constitution of WHO: principles.
2. Stanford Encyclopedia of Philosophy. Human Rights. 2014.
3. Wikipedia. List of health departments and ministries.
4. Institute of Medicine. Coverage matters insurance and health care. 2011.
5. Sultz Harry A, Young Kristina M (2014) Health care USA: understanding its organization and delivery.
6. Kongstvedt Peter R (2016) Health insurance and managed care: what they are and how they work. Burlington, MA: Jones & Bartlett Learning.
7. Center for control and prevention (2012) CDC Global Health Strategy. UK.
8. Hobson W (1949) WHAT IS SOCIAL MEDICINE? British Medical Journal 16: 125-130.
9. Anderson, Matthew R (2005) What is social medicine?
10. Porter D (2006) How did social medicine evolve, and where is it heading? PLoS Med 3(10): e399.



This work is licensed under Creative Commons Attribution 4.0 License
DOI: [10.19080/JOJNHC.2019.10.555793](https://doi.org/10.19080/JOJNHC.2019.10.555793)

Your next submission with Juniper Publishers will reach you the below assets

- Quality Editorial service
- Swift Peer Review
- Reprints availability
- E-prints Service
- Manuscript Podcast for convenient understanding
- Global attainment for your research
- Manuscript accessibility in different formats
(Pdf, E-pub, Full Text, Audio)
- Unceasing customer service

Track the below URL for one-step submission

<https://juniperpublishers.com/online-submission.php>