Medicine and Public Health: Old Adversaries, New Partners

Beyond Flexner 2015

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Director, Public Health Initiatives
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Today’s Learning Objectives

- Understand the historical context of the integration of medicine and public health and the sociology of the health professions
- Define best practices for assessing community needs and steps to integrate primary care and public health for population health improvement
- Describe a current model of an integrative public health learning experience in undergraduate medical education
Session Panelists

Lawrence Deyton, M.D., M.S.P.H.
Senior Associate Dean for Clinical Public Health
Professor of Medicine and Health Policy
The George Washington University School of Medicine

Denise Koo, M.D., M.P.H.
Senior Advisor for Health Systems
Office of the Associate Director for Policy
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Justine Strand de Oliveira, DrPH, PA-C, DFAAPA
Professor and Vice Chair for Education
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The Practical Playbook is a resource designed to support increased collaboration between primary care and public health in the interest of improving population health.

www.practicalplaybook.org
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Denise Koo, MD, MPH
Office of the Associate Director for Policy
CDC
April 13, 2015
AHA: Leadership Toolkit for Redefining the “H”

- “Maintaining the status quo is not an option moving forward”

- “H” …Much more than “Hospital.” People should see it and think of “Health.” …Our focus should be on determinants of health, not just health care or hospital care.”

- “Hospitals must reconsider, how they alone, or through diverse partnerships with aligned goals and resources can best fulfill their mission of improved health for patients and communities.”

- “First and foremost, leaders must look for opportunities to improve the quality of care provided, identify strategies to provide more efficient, high-quality care and work with communities to go “upstream” to address determinants of health.

ACA IRS Final Rule for Tax-exempt Hospitals

- Required to conduct Community Health Needs Assessment every 3 years and adopt an implementation strategy (and update it annually)
- Permits addressing of health needs arising from social conditions
- Joint planning activities with other hospitals and public health encouraged
- Input from governmental public health required (but hospitals can select which jurisdictional level)
- Definition of community: the community that needs the care of the hospital
- Input from persons representing the community required

INVEST IN YOUR COMMUNITY

4 Considerations to Improve Health & Well-Being for All

WHAT
Know What Affects Health

WHERE
Focus on Areas of Greatest Need

WHO
Collaborate with Others to Maximize Efforts

HOW
Use a Balanced Portfolio of Interventions for Greatest Impact

- Action in one area may produce positive outcomes in another.
- Start by using interventions that work across all four action areas.
- Over time, increase investment in socioeconomic factors for the greatest impact on health and well-being for all.

VISIT www.cdc.gov/CHInav FOR TOOLS AND RESOURCES TO IMPROVE YOUR COMMUNITY’S HEALTH AND WELL-BEING

MARCH 2015
## Database of Interventions

### Target Risk Factor
- Obesity
- Diabetes
- High Blood Pressure
- High Cholesterol
- Tobacco Use and Exposure

### Target Population
- Racial/Ethnic Minorities
- Low-Income
- Children/Adolescents
- Families
- Adults
- Older Adults
- Men
- Women
- Urban
- Rural

### Target Outcomes
- BMI/Weight
- Physical Activity
- Physical Inactivity
- Healthy Food/Beverage Intake
- A1c/Glycemic Control
- Blood Pressure
- Cholesterol (Lipids)
- Tobacco Use and Exposure
- Healthcare Costs
- Mortality
- Treatment Adherence

### Intervention Setting/Location
- Business/Worksite
- School
- Childcare Facility
- Faith-Based Setting
- Community
- Pharmacy
- Clinic
- Hospital

### Four ACTION Areas
- Socioeconomic Factors
- Physical Environment
- Health Behaviors
- Clinical Care

Select filters to get started

OR

View Full List of Reviews & Individual Studies
Multi-Component Obesity Prevention Interventions

Multi-component interventions include a combination of educational, environmental, and behavioral activities such as: nutrition education, aerobic/strength training and exercise sessions, training in behavioral techniques, and specific dietary prescriptions (CG-Obesity).

RELATED INDIVIDUAL STUDIES

› Nurse-Led Program Increases Provision of Cessation Counseling to Inpatients Who Smoke
› Culturally Tailored Cessation Program Significantly Reduces Tobacco Use Among Members of American Indian Tribe
› Diabetes Educators Provide Counseling at Worksites, Leading to Enhanced Knowledge, Improved Outcomes, and Reduced Absenteeism
Open Fishbowl – Interactive Exercise