Introducing Public Health — Your New Partner

BY EDWIN TREVATHAN, MD, M.P.H.

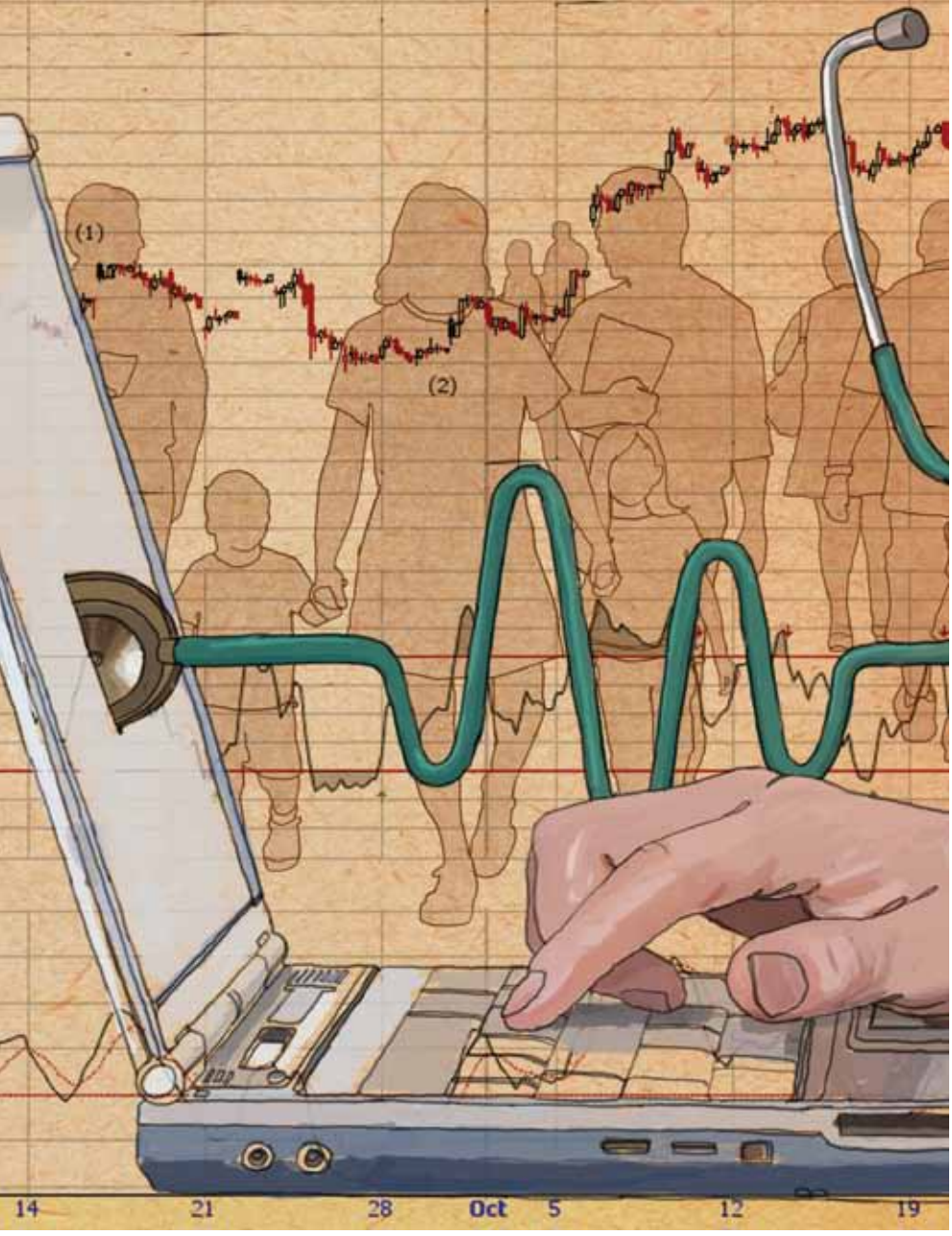
Health care professionals today are understandably frustrated. Health care providers receive patients within the walls of their facilities, separated from a community where patients acquire their diseases, illnesses and chronic conditions. Caregivers work hard to treat the patients who come to their institutions, but they can't help being progressively more frustrated at the poor condition of their patients upon arrival. Even more frustrating, and costly, are the preventable readmissions, the complications and the treatment failures, often because of factors beyond the control of health care providers — factors outside the walls of hospitals, clinics and health systems.

Our frustration as health care professionals is justified. Although our culture largely places the responsibility for health on health care leaders, individual health is modified by multiple determinants, almost all of which reside outside of health care organizations. The health of our communities, our own lifestyle and behavior choices — choices influenced by the environment and interactions with our peers; the resources we use in living our lives; and our genetic makeup upon which these factors interact: All determine our health upon arrival to the hospital or the clinic. Public health is the field that conducts large-scale interventions that impact these community-based factors that work upon our genetic foundation to improve health and prevent disease.

Do you want to relieve your frustration? If yes, then let me introduce you to public health.

Take a break. Detach yourself from your health care organization, and look down from 30,000 feet at the city, town or community served by your health care organization. See the hardworking health care professionals in hospitals and clinics. Watch the community factors that damage health outside the walls of the hospitals and clinics, causing sicker and sicker people to report to the health care facilities. Then watch the health care system respond to the forces damaging health in communities by building bigger and more expensive facilities to care for sick people, rather than addressing the preventable diseases by going to the source of the problem. Are you now beginning to feel the frustration of the people who work in public health?

While you and your colleagues have been frustrated by the growing liability you face due to sicker patient populations, public health leaders have been frustrated because they are typically invisible. They have answers, but nobody is noticing. For example, society addresses obesity-related diseases, fueled in poor communities by "food deserts" in which there is an abundance of fast food but no access to fresh fruits, vegetables or healthy food choices, by building weight-loss clinics (which usually have poor results), diabetes centers and bariatric surgery programs. Our society reacts to the burden of cigarette-induced disease by building larger cancer centers, huge



heart centers and developing stroke programs, while public policies that are proven to reduce smoking rates and reduce smoking-induced disease are largely ignored by health care leaders and politicians.

Hospitals overflow every winter with flu-related illnesses and complications, while programs to increase flu vaccine coverage are underfunded. Public health has reached out to shopping malls, convenience stores, airports and universities to improve vaccine coverage, but with better coordination between public health and health care, more effective flu vaccine campaigns could save many more lives.

Why are public health and health care so separated? Like any two cultures that have grown apart, it is complicated. We have different languages and different terminology. We have different modes of dress. For example, the working lunches in health care administration typically have tablecloths and people wear suits, while the working lunches in public health are attended by workers in jeans and Birkenstocks. They typically eat out of brown bags around a conference table covered with working documents in various stages of completion.

Public health professionals often share offices in the basements of churches or NGOs in poor neighborhoods. Health care administrators usually don't. Health care administrators often attend fundraising events with local wealthy elites, and therefore often own their own formal wear. Public health professionals don't.

We are different from one another, but we need each other.

For decades U.S. public health and health care have had separate revenue streams, and so operated in relative isolation from each other. In my opinion, this failure to connect health care with public health is the most important reason why we pay more for health care than any nation on earth, with worse outcomes than most of our peer countries. With health care costs soaring, revenues shrinking and, finally, the realization that our current system is not working, now is the time for public health and health care to become acquainted.

This issue of *Health Progress* is for some of you a first introduction to public health, and for others it is a refresher. My hope and prayer is that Catholic health care will take a lead in partnering with public health to improve health in our communities. Our nation can no longer afford for public health and health care to work in isolation from each other. As with working across any two very different cultures, the partnership with public health will not always be easy, but it will be worth the effort. Read on, and let's begin.

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