PUBLIC HEALTH, PRIVATE HEALTH CARE: THE DANCE IS ON

In this and upcoming issues of *Health Progress*, you can expect to see evidence in our themes and articles of back-to-back conferences I attended recently, one at Duquesne University in Pittsburgh, the other at the Moscone Center in San Francisco.

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The first was small — around 200 participants — but powerful. It was the third annual Rita M. McGinley Symposium on some aspect of the theme "Exploring Justice for Vulnerable Populations." Held in late October, 2012, it was sponsored by the Duquesne University School of Nursing and moderated by Sr. Rosemary Donley, SC, Ph.D., who holds the Jacques Laval Chair for Justice for Vulnerable Populations. This year's program was titled "The Face of the Veteran." As a result of the rich, thought-provoking content, *Health Progress* will devote an issue later this year to U.S. military veterans and the difficulties we as a health care profession and as a society face in meeting their complex health-related needs.

The issue you have in your hands relates directly to the second conference, also in late October: the 140th annual meeting of the American Public Health Association ("Prevention and Wellness across the Life Span"). It drew more than 12,000 participants to San Francisco and brought me face to face with a reality Edwin Trevathan, MD, highlights in his introduction on page 4. As a practicing physician and a public health leader, Trevathan knows both sides of the fence very well.

Fence? Make that *wall*. As he notes in his brief essay, private health care professionals and public health professionals have historically operated, and largely operate today, in separate spheres; one group focused on individuals who are sick, the other on environmental, social and epidemiological factors related to major outbreaks of disease. Calls for change — confirmed by results of the 2012 U.S. presidential election — are all around. Success of health reform demands that both sides of health care — the public and the private — devote more resources to the social and environmental forces that are depleting our nation's health and even, some say, undermining our national security. (Case in point: Speakers at the conference at Duquesne referred to recent reports citing obesity as a major and growing barrier to military recruiting.)

It was evident to me in San Francisco that a major culture change is required, and we all know such changes demand determination, effort, vision and time. Professionals in private, nonprofit health care were notable by their absence on programs, and only one session among hundreds at the four-day meeting focused on collaboration between the two groups.

After the conference, I met with a Catholic health care leader who described her frustrations in seeking information from a public health department. Her request was related to the process of doing a community health needs assessment to meet the new IRS requirement for tax-exempt hospitals. "They finally told us they would give us the information," she said. "But for a fee."

Even more distressing was a comment from the public health side, this from a public health professional leading a session on substance abuse: "We know how to collaborate with the criminal justice system; we have no idea how to work with primary care or mental health providers," she said.

So clearly, there's much to learn, much to do and much to gain as we move into this new era focused less on sickness and more on boosting and maintaining health. Fortunately, in this season of Advent, we can remind ourselves and one another that, as people of faith, we do not act alone when justice and healing are our aims.

JOURNAL OF THE CATHOLIC HEALTH ASSOCIATION OF THE UNITED STATES www.chausa.org

HEALTH PROGRESS®

Reprinted from *Health Progress*, January - February 2013