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Preventive Medicine's Identity Crisis

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INTRODUCTION

What is preventive medicine? Specifically, what is the specialty of preventive medicine, and how should it best be described? The specialty of preventive medicine is poorly understood, not only by the medical profession and the general public, but even among some of its practitioners. Currently, there is no unifying, vernacular explanation of the specialty of preventive medicine, to its detriment. This paper presents the argument that preventive medicine is the medical specialty for public health, which should be the preferred identity for the specialty.

The American Board of Preventive Medicine defines preventive medicine as "the specialty of medical practice that focuses on the health of individuals, communities, and defined populations."[1] The Board further separates its specialty into three categories "that emphasize different populations, environments, or practice settings: aerospace medicine, occupational medicine, and public health and general preventive medicine." For the purposes of this paper, preventive medicine refers to the latter category, as the authors believe aerospace and occupational medicine are more naturally defined and do not suffer from the same identity crisis as general preventive medicine.

Preventive medicine's identity has been argued for many years among practitioners of the specialty, but not necessarily in the pages of this or any other journal. A review of the medical literature found no published articles in the past 35 years specifically addressing the best way to convey the specialty of preventive medicine in the U.S. Although published articles argue the need for public health physicians generally[2] or preventive medicine physicians specifically,[3,4] no articles have argued that preventive medicine should be advertised as the specialty of public health. Interestingly, the Accreditation Council for Graduate Medical Education lists preventive medicine as a "hospital-based specialty,"[5] indicating that even the medical establishment does not have an appropriate context for categorizing the specialty. The mission statement of the American College of Preventive Medicine does not mention "public health."[6] The American Board of Preventive Medicine does not use the term "public health" in its explanation,[7] noting instead that "Public Health and General Preventive Medicine" is one of its specialty areas, implying a distinct difference between public health and preventive medicine, when instead the two should be indistinguishable.

Given the lack of systematic evidence on the definition of the specialty, the authors believe it would strongly benefit those practicing the specialty to engage in promoting a "brand" of the specialty for the benefit of the field, and that "brand" should be public health.

WHAT ARE PREVENTIVE MEDICINE SPECIALISTS TRAINED TO DO?

First and foremost, preventive medicine specialists are trained as clinicians. To practice this specialty, one must complete the required licensing examinations and hold a valid medical license, identical to those of other clinicians, such as surgeons and psychiatrists. Thus, the field may be inclined to promote preventive medicine specialists as experts in clinical prevention, but the specialty is not yet situated to benefit from such a proposition. Instead of jostling for position among other clinical specialties, preventive medicine should emphasize the unique aspects of its training and align itself with a field unclaimed by other clinical specialties: public health.

According to the American Public Health Association:[8]

> Public health promotes and protects the health of people and the communities where they live, learn, work and play. While a doctor treats people who are sick, those of us working in public health try to prevent people from getting sick or injured in the first place … people in the field of public health work to assure the conditions in which people can be healthy … and shed light on why some of us are more likely to suffer from poor health than others.

Although this statement distinguishes between the clinical world of physicians and public health, the

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Table 1. Essential Public Health Services in Selected Specialties' Training Competencies and Preventive Medicine Maintenance of Certification Evaluations

Essential public health service	Preventive medicine	Family medicine	Internal medicine	Pediatrics	OB-GYN	General surgery	Psychiatry	Measured in preventive medicine MOC?
Monitor health status to identify and solve community health problems.	Yes	No	No	No	No	No	No	Directly
Diagnose and investigate health problems and health hazards in the community.	Yes	Yes	No	No	No	No	No	Directly
Inform, educate, and empower people about health issues[a].	Yes	No	No	No	No	No	No	Directly
Mobilize community partnerships and action to identify and solve health problems.	Yes	No	No	No	No	No	No	Directly
Develop policies and plans that support individual and community health efforts.	Yes	No	No	No	No	No	No	Directly
Enforce laws and regulations that protect health and ensure safety.	Yes	No	No	No	No	No	Yes	Directly
Link people to needed personal health services and assure the provision of health care when otherwise unavailable.	Yes	No	No	No	No	No	No	Directly
Assure competent public and personal health care workforce.	No	No	No	No	No	No	No	Indirectly
Evaluate effectiveness, accessibility, and quality of personal and population-based health services.	Yes	No	No	No	No	No	No	Directly
Research for new insights and innovative solutions to health problems.	Yes	No	No	No	No	No	No	Indirectly

[a]Although several specialties require residents to train in informing or counseling patients on health issues, only preventive medicine training requires the informing and educating of populations.
MOC, maintenance of certification evaluation; OB-GYN, obstetrics and gynecology.

American Public Health Association website lists "public health physicians" as a specific field within public health,[8] and there is no specialty better positioned for public health physicians than preventive medicine.

Public health systems are now assessed against the ten "Essential Public Health Services."[9] Based on the Accreditation Council for Graduate Medical Education requirements for residency training,[10] Preventive medicine physicians are trained in nine of ten essential public health services; no other specialty comes close, with the vast majority of specialties requiring none of the essential public health services in their training at all (Table 1). This overlap is overwhelmingly compelling. Interestingly, preventive medicine requires training in "innovative solutions to health problems"; no other residency training includes this requirement, which may be the most exceptional aspect that differentiates preventive medicine from all others and could easily serve as a ready-made tag line for an ad campaign.

WHAT DO PREVENTIVE MEDICINE SPECIALISTS DO?

If the argument that training in public health begets the specialty for public health is not convincing, perhaps one can define the specialty by what its practitioners actually practice and where their competencies lie. Where preventive medicine specialists stand out is in their ability to address the complex health needs of a population through multidimensional assessments and programs. The specialty can be known as the one specifically trained to assess the need for clinical prevention programs in communities, the proper method of implementing and deploying such prevention programs, and the best way to conduct assessments to determine the success of these programs. Not only are preventive medicine specialists trained in the essential public health services, eight of ten services are directly measured in the American College of Preventive Medicine Maintenance of Certification non-clinical practice evaluation tools[11]; the remaining two can be measured indirectly (Table 1).

The bottom line is that preventive medicine is public health. Public health is, at its core, the science, practice, and goal of the public's health.[12] Preventive medicine, in essence, is a meta-specialty: "a clinical profession and academic discipline that encompasses and at the same time transcends existing medical specialties… . a discipline that transcends specialties as it integrates them into a new whole."[13] Thus, public health can easily serve as a general, all-encompassing, plain-language explanation of preventive medicine. For the purpose of a pithy, easily understandable explanation, the specialty of preventive medicine should embrace the concept of being "public health physicians."

WHITHER LIFESTYLE MEDICINE OR POPULATION HEALTH?

According to the American College of Lifestyle Medicine, "Lifestyle Medicine involves the therapeutic use of lifestyle … to prevent, treat, and, more importantly, reverse the lifestyle-related, chronic disease that's all too prevalent."[14] Lifestyle medicine competencies are clearly clinical in nature, with a focus on individual behavior. Only two of 15 lifestyle medicine competencies specifically focus on populations, the environment, or the other numerous societal factors that influence health (e.g., education, employment, and income).[15] Interestingly, in a follow-up reiteration of the lifestyle medicine competencies, the competency to "seek to … create school, work and home environments that support healthy behaviors" is shortened to "Promote healthy lifestyle behaviors,"[16] underscoring the emphasis on clinical approaches to individual behavior. Lifestyle medicine can easily be a component of preventive medicine, perhaps as the ultimate clinical aspiration of preventive medicine. But, lifestyle medicine does not overlap as completely with preventive medicine as public health. Additionally, lifestyle medicine aims to be clinical competencies for all primary care physicians, not as competencies collected into a new, stand-alone specialty.

Population health is "the health outcomes of a group of individuals, including the distribution of such outcomes within the group," and the policies and interventions that link health determinants with health outcomes.[17] There are no competencies germane to population health, as the field represents more of a goal or objective as opposed to an activity or function like lifestyle medicine. In fact, public health has been argued as the "assurance" function of population health, akin to the derivative terms "population health management" or "population medicine," where public health performs those activities leading to "total population health,"[18] but on a broader, more widely encompassing scale than the clinical scope of lifestyle medicine.

The differences between public health and population health may be semantic; even proponents of population health acknowledge "… for those who define public health as the 'health of the public,' there is little difference … "[19] and that public health may merely be population health with inadequate resources.[17]

If the distinction is more semantic than substantive, an important consideration is that public health is generally a known quantity and currently enjoys recognized functions, such as clean air and water standards, sanitation services, and vaccine requirements. A Google News search resulted in about 3.69 million hits for *public health*, about 94,700 for *population health*, and about

3,290 for *lifestyle medicine*.[20] Although larger health determinants such as education, employment, and income may currently remain outside the authority of most public health agencies and programs, preventive medicine specialists need not refrain from involvement in such issues simply because public health programs are not expected to address them.

Public health, therefore, can be considered the full work of population health, more than simply clinical activity, encompassing all the social, environmental, and programmatic efforts toward population health. It is exactly this practical work that should define preventive medicine. If population health is a concept or a goal, and public health is a function or activity, therein lies the role of the preventive medicine specialist.

PUBLIC HEALTH PHYSICIANS

To be clear, the authors are not proposing to alter in any way the fundamental aspects of what preventive medicine is as a specialty. Instead, they are merely proposing a framework for how to understand and communicate the specialty of preventive medicine to both the medical and non-medical communities. This may appear simplistic, but the objective is to find the easiest way to better explain what preventive medicine is. The ultimate goal should be to easily answer the question, "Why should anyone seek out a preventive medicine physician?"

State and local health departments, and health systems, both public and private, seeking a professional trained in public health should feel secure in hiring a preventive medicine specialist. More importantly, once an acknowledgement is made of the need for a public health practitioner, preventive medicine should be the automatic specialty choice for such roles.

AGENDA FOR MEASUREMENT AND ACADEMIC INQUIRY

A research agenda should assess the role, functions, and outcomes of the preventive medicine specialty. For example, progress and success can be measured in the number of job ads that specifically seek physicians trained or board certified in preventive medicine as a direct measure of the general public's understanding of the specialty. The health status of enrollees can be compared among health systems with preventive medicine physicians in management or leadership as an indirect measurement of the effect of the specialty on health systems.

It is evident that certain health sectors (e.g., the uniformed services, some local health departments) already understand the specialty and actively seek out preventive medicine specialists to fulfill their missions. These sectors may be fertile ground for outcomes research, potentially resulting in broader awareness and acknowledgement of the specialty, as well as increased funding for training.

One caveat is that many preventive medicine physicians are trained in another specialty and are only board certified in their other specialty. Thus, they may be utilizing their preventive medicine training without full acknowledgement. Alternatively, some physicians hold a Master of Public Health degree and may be utilizing some aspects of preventive medicine expertise without full vestment in the specialty. Academic inquiry should assess and address these factors so that the specialty and its skills can be better understood and recognized.

CONCLUSIONS

Preventive medicine suffers from an identity crisis. The authors propose that preventive medicine align itself with public health to improve understanding and recognition of the specialty. Discussion of this issue is invited and welcomed.

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