The Community as our Patient

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Teaching Prevention 2012
“This concept of public health as the scientific diagnosis and treatment of community health needs and status, this concept of the community as the patient of public health…”

Edward McGavran

Edward G. McGavran
UNC School of Public Health Dean 1947-63
EDWARD GRAFTON MCCAVRAN
1902 — 1972
“Our patient is more than a mere aggregation of individuals, just as the individual is more than an aggregation of cells or segments.”
Morehouse Community Health Course

• Small groups of 1st-year students under faculty supervision
• Each group assigned to a community half-day/week
• First semester: community health needs assessment
• Second semester: Intervention
Shifting Paradigms in Health and Medicine

- Patient care:
  - Doctor’s orders → Joint decision-making

- Clinical research:
  - Subjects → Participants

- Medical education
  - Teaching material → Patients
The community is not:

• a classroom

• a laboratory

• a charity case
Assessing and Treating the Individual Patient

- **Subjective**
- **Objective**
- **Assessment**
- **Plan**

- History: Present Illness, ROS, PH, SH, FH
- Physical Exam, Lab, X-ray, Scans, etc.
- Problem list
- Treatment
- Referrals
- Additional work-up
Assessing and Treating the Community as a Patient

- Subjective
- Objective
- Assessment
- Plan

- Key informants, focus groups, surveys
- Windshield survey, morbidity & mortality statistics
- Problem list
- Intervention
Subjective

• Key Informants: community leaders (businessmen, politicians, community organization staff, ministers, etc.)

• Focus groups: Parents, kids, parishioners

• Survey: Door-to-door, telephone, other
Objective

- Windshield survey (= “physical exam”)
- Demographic data
- Vital statistics
- Morbidity and mortality statistics

- Sources: census, Georgia OASIS, Georgia County Guide, SEER (cancer), county health department, housing authority, hospital, health center
Fulton County
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Fulton County
Commission Districts

January 2008
Assessment: Problem List

• Problem list for an individual patient:
  – Cough
  – Shortness of breath
  – Joint pain
Assessment: Problem List

- Problem list for an individual patient:
  - Cough
  - Shortness of breath
  - Joint pain

- Bronchial asthma
- Osteoarthritis
Assessment: Community Problem List

- High infant mortality rate
- Youth violence
Assessment: Community Problem List

- High infant mortality rate
  High low birth-weight rate

- Youth violence
Asthma: Contributing factors

- Pack-a-day smoker
- Dusty house
- Lives near expressway
- ? Pollen allergy
High Low Birthweight Rate: Contributing factors

- Teen pregnancy
- Tobacco use
- Low WIC utilization
- Lack of access to prenatal care
Plan – individual patient

• Asthma:
  – Advise and assist to stop smoking
  – Recommend dust precautions
  – Prescribe inhaler
  – Recognize inability to change place of residence near expressway
Plan – community patient

- Teen pregnancy prevention program in schools
- Ask YMCA to offer smoking cessation program
- Publicize WIC
- Recognize inability to increase access to prenatal care at this time – advocate for policy change
Clinical Community Health
Is this the same as Community-Oriented Primary Care?

- COPC: Uses a public health approach to inform the practice of clinical medicine
- CCH: Uses a clinical approach to inform the practice of public health
Are we doing research?

- **Research** means a systematic investigation, including research development, testing, and evaluation, designed to develop or contribute to *generalizable* knowledge [emphasis added]

-- 45CFR46.102(f)
No, we’re not

• Individual patient: new knowledge about that patient

• Community: new knowledge about that community
Why do all this assessment and planning? Why not just do community service?

• You wouldn’t treat a patient without first diagnosing his disease.

• Any community project requires a lot of assessment and planning … students don’t always see it.
Why do a community health needs assessment when the students last year already did one?

• For the same reason that you do a history and physical on a patient when the resident already did one.
Why are we taught by educator-physicians and non-physicians?

• We’re the faculty – you’re stuck with us
• All the physician faculty, in every department, are educator-physicians
• Physicians in private practice not regularly available on Wednesday afternoons
• Contemporary physicians are part of a team that may include health educators, social workers, nutritionists, psychologists, etc.
Why do we have to write papers?

• Because medicine is a learned profession, not a trade
Faculty Evaluation & Promotion

- Community service by faculty often viewed as charity or public relations
- CCH model: Community service = clinical service
- Evaluation:
  - Quality of care (community satisfaction or community health improvement)
  - Income generated through grants