

# Integrating Public Health & Primary Care through Communities of Solution

Sean P. David, M.D., S.M., D.Phil. <sup>1, 2</sup>, Andrew Bazemore, M.D., M.P.H. <sup>2</sup>,  
Marguerite R. Duane, M.D., M.H.A. <sup>2</sup>, Sarah Lesko, M.D., M.P.H. <sup>2</sup>, Kim  
S. Griswold, M.D., M.P.H. <sup>2</sup>, Thomas M. Morgan, M.D. <sup>2</sup>, John M.  
Westfall, M.D., M.P.H. <sup>2</sup>, James C. Puffer, M.D. <sup>3</sup>, Larry Green, M.D. <sup>3</sup>

(1) James C. Puffer, M.D./American Board of Family Medicine/Institute of Medicine  
Anniversary Fellow

(2) American Board of Family Medicine Young Leaders Advisory Group

(3) American Board of Family Medicine



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## Integrated Community Health Services Needed

- Current, fragmented US health care system provides lower quality care for the population than most industrialized nations, at higher costs.
- Local, state & regional coordination of shared objectives needed to provide care for communities in an integrated, primary-care based, community-centered health system.
- Integration of Public Health and Primary Care is essential to systematic implementation of integrated, community health services that meet the needs of every community.



# ABFM Young Leader Activities

- **Spring, 2010:** ABFM convened working group (Young Leaders Advisory Group [YLAG]) upon publication of 40<sup>th</sup> anniversary JABFM theme issue.
- **October, 2010:** Primary Care Forum (Graham Center, Washington, DC); November, 2010: NAPCRG (Seattle); October, 2011: YLAG Summit (Denver); November, 2011 NAPCRG.
- **Charge:** Revisited 45 year old Folsom Report, conceived **13 Grand Challenges from 14 original recommendations.**
- **Dissemination:** *Annals of Family Medicine* debut paper with **C. Everett Koop, M.D., Sc.D. endorsement & co-authorship**, invited responses, policy maker, opinion leader diffusion events, alignment with IOM report & follow-up Grand Challenge theme papers.
- **Mission:** Promote community level solutions for health through scholarly activity, education, collaboration, & civic engagement.



# “Health is a Community Affair”

- Report of the National Commission on Community Health Services (NCCHS) sponsored by the APHA, the NHC & the Commonwealth Fund.
- Chaired by Marion Folsom (former Secretary HEW, Eastman Kodak Treasurer).
- 33-person commission, chaired by Marion Folsom, 1963-1966, researched health service needs in 21 selected communities across the USA to formulate a rational action plan.
- Result was the broadly influential Folsom Report entitled, “**Health is a Community Affair**” (Harvard University Press, 1967) <sup>1</sup>.
- Recommendations addressed 14 areas of concern, “Folsom Report” & 2 independent AMA (**Millis Report** <sup>2</sup> & **Willard commentary** <sup>3</sup>) influenced founding of the American Board of Family Practice (1969).

1. National Commission on Community Health Services. *Health is a Community Affair*. 1967. Harvard University Press.
2. The Graduate Education of Physicians. The report of the Citizens Commission on Graduate Medical Education. Chicago: American Medical Association; 1966.
3. Willard WR. Rational responses to meeting the challenge of family practice. *JAMA* 1967;201:122– 8.



# “Health is a Community Affair”

- **“The Commission Report is a report for use.”**
- “... designed for use by the people in communities of all sizes to work, both professionally & as volunteers, for more effective health services – housewives, physicians, lawyers, engineers, businessmen, educators, bankers, ministers – representing all the various professions, interests, & responsibilities involved in **community health enterprise.**”



# The Changing Ecology of Communities

- “Boundaries, originally established by mountains or rivers & further influenced by canals, turnpikes & railroads, are now relevant mostly for political purposes. The demands & aspirations of more people ... have changed these former concepts of community...”
- Coagulations of shops & houses strung together solidly along a major transportation artery are in no sense political communities, but in fact they swallow the small towns and change their function...
- The results of these & other factors are that some political communities are lovely places to live, & others are behavioral sinks where the stresses of chronic poverty produce ... emotional & physical disturbance & disease.”



# Out of Crisis, Opportunity

- “Out of chaos has come a time of crisis, but crisis can be defined as a period or situation which, because of its immediacy, demands & forces decision...”
- **“Danger”      “Opportunity”**

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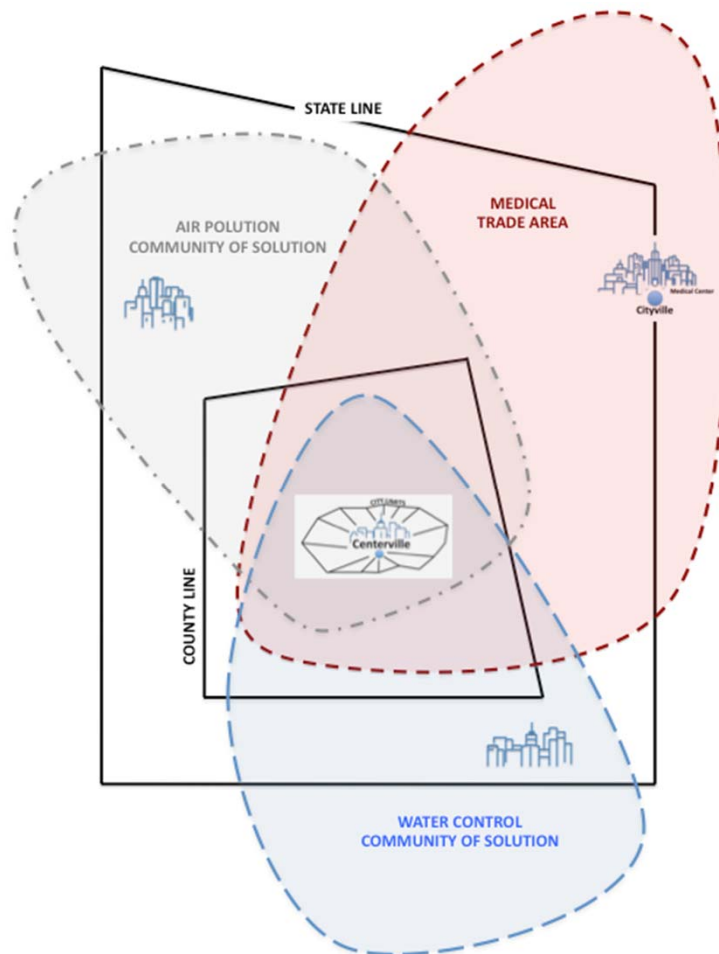
# The “Community of Solution”

- “...where health services are concerned the boundaries of each community are established by **the boundaries within which a problem can be defined, dealt with, & solved.**
- The planning, organization, and delivery of community health services by both official and voluntary agencies must be based on the concept of a ‘**community of solution**’ – that is, environmental health problem-sheds and health service marketing areas – rather than primarily on political jurisdictions.”





# Community of Solution



**Figure 1. One city's communities of solution. Political boundaries, shown in solid lines often bear little relation to a community's problem-sheds or its medical trade area.**



# Alignment of Vision & Resources

- Institute of Medicine (IOM) Report **“Primary Care and Public Health: Exploring Integration to Improve Population Health”** (2012).
- **American Recovery & Reinvestment Act of 2009 (ARRA), Children’s Health Insurance Program Reauthorization Act of 2009 (CHIPRA), Patient Protection & Affordable Care Act of 2010 (PPACA).**
- Independent of IOM, the ABFM Young Leaders publishes **“The Folsom Report Revisited”** & 13 **“Grand Challenges”** (2012).



# Alignment of ABFM Grand Challenges with IOM Recommendations

IOM Integrating Primary Care & Public Health	ABFM Folsom Grand Challenges
<p><b>Recommendation 1:</b> Link staff, funds &amp; data, HRSA &amp; CDC coordination of funding streams, relationships with local stakeholders, consolidate databases, workforce training coordination.</p>	<p><b>Grand Challenge 1:</b> National network community partnerships to self-define <i>Communities of Solution</i> to develop &amp; sustain community-tailored health programs, matching local health needs with integrated health services.</p>
<p><b>Recommendation 2:</b> Common research &amp; learning networks, HRSA &amp; CDC collaboration with CMSIC to evaluate new local &amp; regional models care, &amp; AHRQ to diffuse best practices for integrating PC &amp; PH.</p>	<p><b>Grand Challenge 10:</b> Integrate health services – aligning hospital, ambulatory &amp; community care – across settings to promote quality and create value.</p>
<p><b>Recommendation 3:</b> Develop workforce needed to support integration of PC &amp; PH, training grants (cultural outreach, health education &amp; nutrition).                      -HRSA/CDC -&gt; GME training for integrating PC &amp; PH.                      -HRSA &amp; CDC exploration of CDC EIS assignees to State &amp; local health departments                      -HRSA Title VII &amp; VIII funding criteria for curricula that integrate PC &amp; PH                      -HRSA/CDC linkages of training programs</p>	<p><b>Grand Challenge 7:</b> Engage with community partnerships to coordinate with municipal authorities to design and build healthy living environments.  <b>Grand Challenge 8:</b> Enhance health literacy to empower individuals within <i>Communities of Solution</i> to be active participants in promoting their own health and the health of their communities.  <b>Grand Challenge 9:</b> Create health workforce to serve needs US communities. <b>Also Grand Challenges 2 &amp; 3.</b></p>

# Alignment of ABFM Grand Challenges with IOM Recommendations

IOM Integrating Primary Care & Public Health	ABFM Folsom Grand Challenges
<p><b>Recommendation 4:</b> Improve integration of PC &amp; PH with CMMI pilots, CTSA diffusion through PC &amp; PH, vital statistic capture &amp; AHRQ -&gt; PC Extension linkages.</p>	<p><b>Grand Challenge 13:</b> Utilize HIT &amp; emerging data-sharing innovative networks that enable the flow of relevant knowledge to the communities of solution. <b>Also Grand Challenge 2 (Patient-Centered Medical Homes).</b></p>
<p><b>Recommendation 5:</b> Secretary of HHS works with all agencies within Department as first step in national strategy &amp; investment plan to create strong PC &amp; PH infrastructure.</p>	<p><b>Grand Challenge 11:</b> Transform the roles of the relevant federal, state and local agencies by bridging public health and medicine to be effective partners in <i>Communities of Solution</i>.</p>



## Where Do We Go From Here?

“Dear Ms. Smith, Happy 50<sup>th</sup> Birthday. It is time for you to talk to your personal physician about having a colonoscopy. Yours truly, The Surgeon General.”

1. National network of *Communities of Solution* (**IOM 1; Grand Challenge 1**)?
2. Horizontal integration of local (community-level) & regional health professional services through public health partnerships, planning task forces & rapid-learning health systems (**IOM 2; Grand Challenge 10**)?
3. A new leadership role for the USPHS Commissioned Corps of the OSG to liaise with regional, state & local health planning task forces to map problem-sheds & integrate population-level public health campaigns to practice at the point of care (**Grand Challenge 11**)?
4. Every American should have a personal physician linked to integrated community health services (**Grand Challenge 3**).
5. A 21<sup>st</sup> Century Health Care Workforce needs to be trained (**IOM 3; Grand Challenges 2, 3, & 9**).
6. National, regional & state coordination of HIT for public health & patient-centered medical homes (**IOM 4; Grand Challenges 2 & 13**).
7. Voluntary citizen/resident network for health (“dedicated leadership, financial support, and personal service”) (**Grand Challenge 12**).



# Appendix

## Integrating Public Health & Primary Care through Communities of Solution



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# Grand Challenge 1

Folsom Report Original Recommendation	Folsom Grand Challenge: <i>National Network of Communities of Solution</i>	Funded provisions from PPACA
<b>Recommendation A: Communities of Solution:</b> Organization and delivery of community health services ‘community of solution’ by relevant administrative area, not by political (city, county, state) jurisdictions.	<b>Grand Challenge 1:</b> Create a <b>national network of community partnerships</b> that engages and activates the citizenry to self-define <i>Communities of Solution</i> in order to develop and sustain community-tailored health programs at the local level aimed at <b>matching local health needs with integrated health services.</b>	<b>PPACA:</b> Community-based Collaborative Care Network Program; National Prevention, Health Promotion & Public health Council; Community Transformation Grants.

# Grand Challenge 2

Folsom Report Original Recommendation	Folsom Revisited Grand Challenge: <i>Patient-Centered Medical Homes</i>	Funded provisions from ARRA, CHIPRA, & PPACA
<b>Recommendation B: Comprehensive Health Services:</b> Provision of high quality comprehensive personal health services to all people in each community.	<b>Grand Challenge 2:</b> Foster the ongoing development of integrated comprehensive care practices (Patient-Centered Medical Homes [PCMOs]) accessible for all groups in a community – through the creation of explicit partnerships with public health professionals & <i>Communities of Solution</i> .	<b>ARRA:</b> Increased funding for CHCs, military & VA hospitals, IHS, NHSC, COBRA subsidies. <b>CHIPRA:</b> Coverage of additional 4.1 million children. <b>PPACA:</b> Patient-Centered Medical Home demonstration project within the Centers for Medicare & Medicaid Services; Medicaid parity with Medicare; Increased insurance access.





# Grand Challenge 3

Folsom Report Original Recommendation	Folsom Revisited Grand Challenge: <i>Opportunity for every individual form partnership with a personal physician</i>	Funded provisions from ARRA, CHIPRA, & PPACA
<p><b>Recommendation C: Personal Physicians:</b> Every individual should have a personal physician who is the central point for integration and continuity of all medical and related services to the patient.</p>	<p><b>Grand Challenge 3:</b> Provide every individual in the United States the opportunity to form a partnership with a personal physician and a team of health professionals utilizing integrated community health services in <i>Communities of Solution</i>.</p>	<p><b>ARRA:</b> Funding for wellness and prevention.  <b>CHIPRA:</b> Funding for outreach, translation, interpretation Demonstrations to combat obesity.  <b>PPACA:</b> Preventive Health Care coverage mandate; \$250 million Prevention and Public Health Fund to community programs (e.g., National Healthy Weight Collaborative); interagency council headed by Surgeon General, focus on prevention and public health.</p>

# Grand Challenge 4

Folsom Report Original Recommendation	Folsom Revisited Grand Challenge: <i>Integration with environmental health</i>	Funded provisions from PPACA
<p><b>Recommendation D: Environmental Management:</b> Prospective planning and management of comprehensive environmental health services, includes water, air, food, hygienic housing, activity and recreation.</p> <p><b>Recommendation E: Environmental Safety:</b> Ensure control of water and air pollution, biological and chemical product safety, radioactive material safety.</p>	<p><b>Grand Challenge 4:</b> Engage individuals in <i>Communities of Solution</i> in the creation of healthy environments, eliminating existing barriers to community-tailored strategies; and endorse and implement a global conception of environmental health encompassing all physical, chemical, and biological factors external to a person that can potentially affect health.</p>	<p><b>PPACA:</b> Community Preventive Services Task Force.</p>



# Grand Challenge 5

Folsom Report Original Recommendation	Folsom Revisited Grand Challenge: <i>Address injury prevention</i>	Leadership from CDC
<p><b>Recommendation F: Accident Prevention:</b></p> <ul style="list-style-type: none"><li>• State Health Departments should develop accident prevention programs.</li><li>• US PHS should establish a national accident prevention, research, training, service, &amp; information facility analogous to the CDC.</li></ul>	<p><b>Grand Challenge 5:</b> Engage <i>Communities of Solution</i> to recognize and address injuries as a main preventable source of global human death and disability – especially for children.</p>	<p>Centers for Disease Control &amp; Prevention (CDC) National Center for Injury Prevention &amp; Control</p>

# Grand Challenge 6

Folsom Report Original Recommendation	Folsom Revisited Grand Challenge: <i>Sustain &amp; improve family planning</i>	Funded provisions from PPACA
<b>Recommendation G: Family Planning:</b> Family planning should be an integral part of community health services.	<b>Grand Challenge 6:</b> Sustain and improve family planning as an integral part of community health services.	<b>PPACA:</b> State eligibility option for family planning services.



# Grand Challenge 7

Folsom Report Original Recommendation	Folsom Revisited Grand Challenge: <i>Design &amp; build healthy living environments</i>	Funded provision from PPACA
<b>Recommendation H: Urban Planning:</b> Coordinate land use, transportation, economic development, and city planning to provide most effective and space use for urban populations.	<b>Grand Challenge 7:</b> Engage with community partnerships to coordinate with municipal authorities to design and build healthy living environments.	<b>PPACA:</b> Community Preventive Services Task Force.



# Grand Challenge 8

Folsom Report Original Recommendation	Folsom Revisited Grand Challenge: <i>Enhance health literacy</i>	Funded provisions from PPACA
<p><b>Recommendation I: Education for Health:</b></p> <ul style="list-style-type: none"> <li>The community has a responsibility for developing an organized &amp; continuing educational program concerning health resources for its residents.</li> <li>Each individual has a personal responsibility for making full use of available health resources.</li> </ul>	<p><b>Grand Challenge 8:</b> Enhance health literacy to empower individuals within <i>Communities of Solution</i> to be active participants in promoting their own health and the health of their communities.</p>	<p><b>PPACA:</b> Health Care Quality Improvement Programs; Health Care Delivery System Research; funding available for health literacy research.</p>



# Grand Challenge 9

Folsom Report Original Recommendation	Folsom Revisited Grand Challenge: <i>Train 21<sup>st</sup> century health workforce</i>	Funded provisions from ARRA & PPACA
<p><b>Recommendation J:</b> <b>Health manpower:</b> Effective utilization of available health personnel will reduce the current manpower shortage, &amp; continuous evaluation of the use of manpower, accompanied by necessary changes and retraining, will provide additional manpower for existing new health services.</p>	<p><b>Grand Challenge 9:</b> Create a health workforce to serve the needs of US communities.</p>	<p><b>ARRA:</b> NHSC expansion. <b>PPACA:</b> Teaching Health Centers; Primary Care Extension Service; revisions to GME to favor non-hospital training; national healthcare workforce commission: to align federal workforce resources with needs; preference of primary care for reallocation of unused graduate medical education slots.</p>



# Grand Challenge 10

Folsom Report Original Recommendation	Folsom Revisited Grand Challenge: <i>Community-level Integration of health services</i>	Funded provisions from PPACA
<p><b>Recommendation K:</b> <b>Hospital Care:</b> Further increases in hospital costs must not be accepted complacently, but that a wide range of vigorous and persistent actions must be taken by all parties concerned to moderate the costs of hospital care without adverse effects on quality.</p>	<p><b>Grand Challenge 10:</b> Integrate health services – aligning hospital, ambulatory &amp; community care – across settings to promote quality and create value.</p>	<p><b>PPACA:</b> Establishment of Accountable Care Organization Pilots to comprehensively manage patient populations across settings.</p>





# Grand Challenge 11

Folsom Report Original Recommendation	Folsom Revisited Grand Challenge: <i>Bridge public health and medicine</i>	Funded provisions from PPACA
<p><b>Recommendation L: State-level Planning:</b> Every state should have a single, strong, well-financed, professionally staffed, official health agency with sufficient authority and funds to carry out its responsibilities/ assure every community of coverage by an official health agency and access to a complete range of community health services.</p>	<p><b>Grand Challenge 11:</b> Transform the roles of the relevant <b>federal, state and local agencies</b> by bridging public health and medicine to be effective partners in <i>Communities of Solution</i>.</p>	<p><b>PPACA:</b> Research on optimizing the delivery of public health services; Prevention and Public Health Fund. Title IV, Prevention of Chronic Diseases and Improving Public Health.</p>



# Grand Challenge 12

Folsom Report Original Recommendation	Folsom Revisited Grand Challenge: <i>National volunteer network to coordinate targeted volunteer service, private &amp; corporate charitable giving</i>	Examples of volunteer & charity networks
<p><b>Recommendation M: Voluntary Citizen Participation:</b> A central factor in the growth and development of ...personal and community health has been the participation of individuals and voluntary associations through dedicated leadership, financial support, and personal service.</p>	<p><b>Grand Challenge 12:</b> Engage and support a Citizen Volunteer Network formed by <i>Communities of Solution</i> to educate, motivate and collaborate for strategic local, regional and national resource allocation informed by credible and actionable data.</p>	<ul style="list-style-type: none"> <li>-Corporation for National &amp; Community Service</li> <li>-National Conference on Volunteering and Service</li> <li>-Points of Light Institute</li> <li>-Rotary International</li> <li>-Cross-sector collaboration (“collective impact”)</li> </ul>



# Grand Challenge 13

Folsom Report Original Recommendation	Folsom Revisited Grand Challenge: <i>Regional Health Information Technology (HIT)-informed, multi-stakeholder Action Planning Task Forces</i>	Funded provisions from ARRA & PPACA
<b>Recommendation N: Action-planning for community health services:</b> Planning is an action process and is basic to development and maintenance of quality community health services.	<b>Grand Challenge 13:</b> Utilize HIT and emerging data-sharing innovative networks that enable the flow of relevant knowledge (public health, environmental, educational, legal, etc.) to the <i>Communities of Solution</i> .	<b>ARRA:</b> Beacon Community Cooperative Agreement Program. <b>PPACA:</b> National Prevention, Health Promotion & Public Health Council; Implementation of activities to improve patient safety and reduce medical errors through the appropriate use of best clinical practices, evidence based medicine and HIT.



# Milestones on the Road to Integrated Community Health Services

- **1798:** The US Public Health Service was established by President George Washington.
- **1872:** American Public Health Association established.
- **1910:** Dr. Abraham Flexner releases report “Medical Education in the US and Canada”, funded by Carnegie Foundation.
- **1913:** Rockefeller Foundation, 1st schools of public health.
- **1944:** The US Public Health Service Act of 1944 enacted law.
- **1965:** Medicare established (Title XVIII of Social Security Act).
- **1967:** “Health is a Community Affair” published.

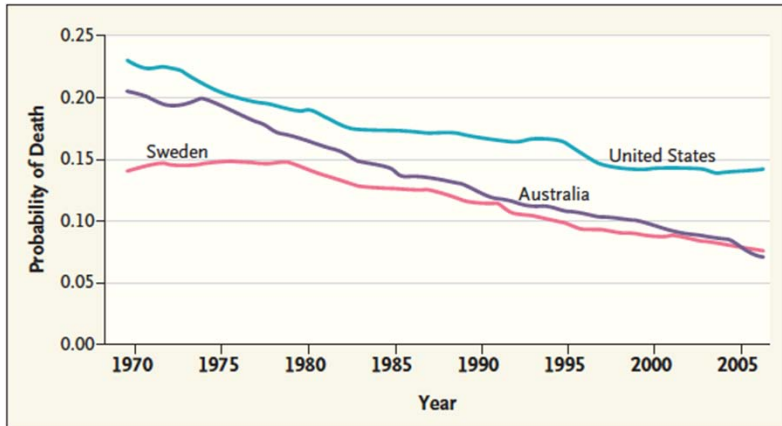


## Milestones on the Road to Integrated Community Health Services

- **1969:** The American Board of Family Practice (later “American Board of Family Medicine”) was established.
- **1970-2010:** USPHSA amended 7 times including the “Patient Protection and Affordable Care Act of 2010”, becomes major division in HEW (later DHHS), contains Commissioned Corps and contains 12 agencies including CMS, CDC, FDA, HRSA, NIH, HIS and others under supervision of Assistant Secretary for Health.
- **2012:** The Institute of Medicine publishes “Primary Care and Public Health: Exploring Integration to Improve Population Health”.



## US "Health System" Ranks 37<sup>th</sup> in performance, 1<sup>st</sup> in Spending per Capita



Probability of Death for Boys and Men 15 to 60 Years of Age in Sweden, Australia, and the United States, 1970–2007.

Data are from the Australian Bureau of Statistics, the U.S. National Center for Health Statistics, and the World Health Organization.

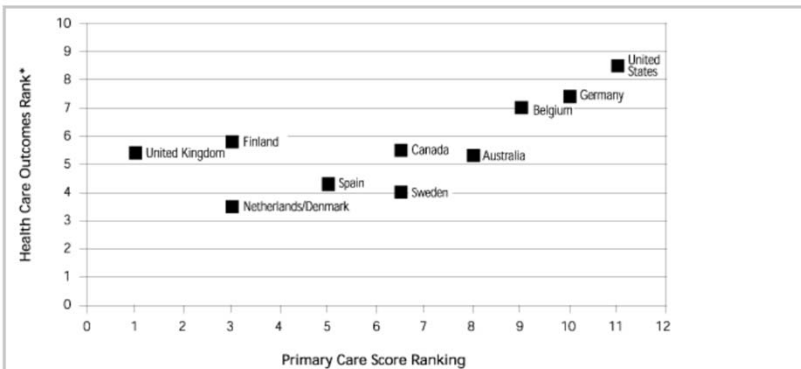


FIGURE 1.

Primary care versus outcome indicators (rank 1 is best, rank 12 is worst).

\*--Rank is based on patient satisfaction, expenditures per person, 14 health indicators, and medications per person.

In 2006, US ranked no. 1 spending per capita, but:

- 39<sup>th</sup> infant mortality
- 43<sup>rd</sup> adult female mortality
- 42<sup>nd</sup> adult male mortality
- 36<sup>th</sup> life expectancy

**Gap with other high income countries where primary care is cornerstone of public health system widening.**

**Major causes of death preventable through public health and primary care interventions (both necessary; neither sufficient in isolation):**

- 465,000 deaths/yr smoking
- 395,000 deaths/yr hypertension
- 216,000 deaths/yr obesity
- 190,000 deaths/yr high glucose levels
- 113,000 deaths/yr high LDL.



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Phillips & Starfield. *Am Fam Physician*. 2003 Oct 15;68(8):1494, 1496-8, 1500.

Murray & Frenk. *N Engl J Med*. 2010 Jan 14;362(2):98-9.



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# Integrated Community Health Services & Integrating Public Health & Primary Care

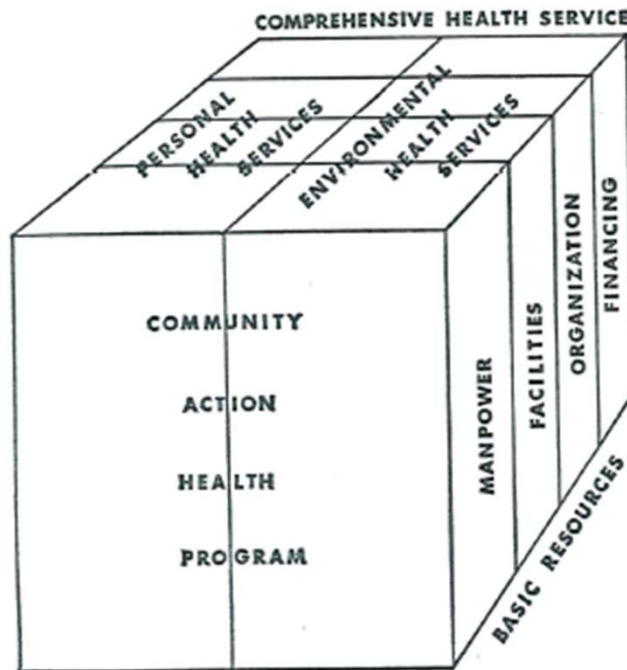
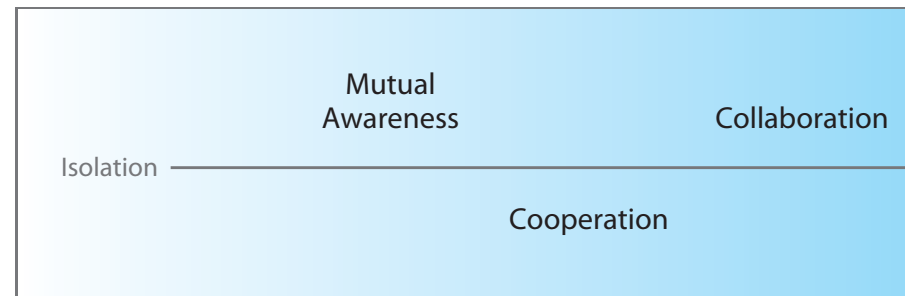


Figure 3. The community health services cube.

Variables Used by the Committee:

**Level**                      **Partners**  
**Action**                     **Degree**

Continuum/degrees of Integration:



- Mutual Awareness: Public health & primary care informed of each other's activities
- Cooperation: Sharing resources
- Collaboration: Joint planning & execution
- Partnership: Integration on programmatic level



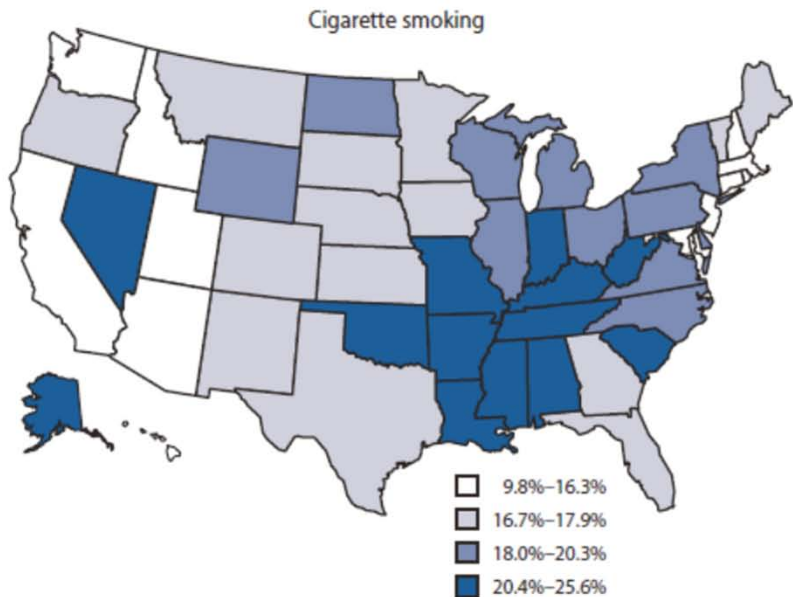
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National Commission on Community Health Services. *Health is a Community Affair*. 1967. Harvard University Press.  
Institute of Medicine. *Primary Care and Public Health: Exploring Integration to Improve Population Health*. 2012. Institute of Medicine of the National Academies.

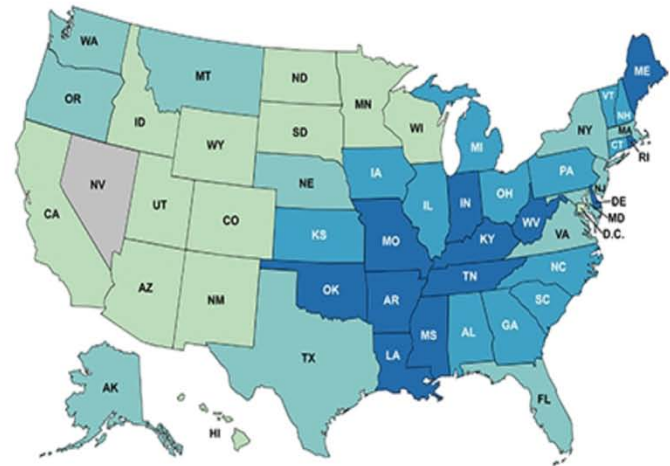


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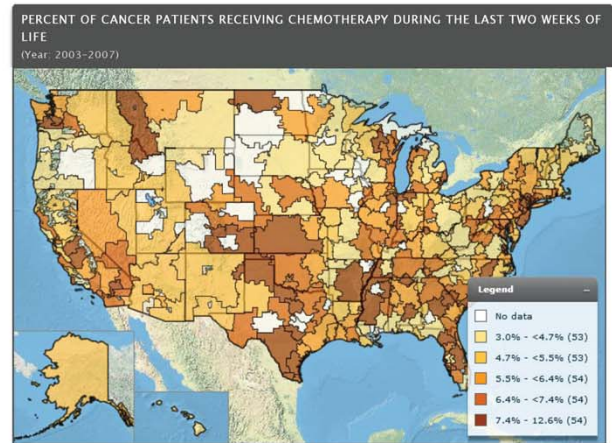
# Mapping Problem-Sheds: Example of Smoking



Lung and Bronchus Cancer Incidence Rates by State  
Lung and Bronchus Cancer Incidence Rates\* by State, 2007†



 THE DARTMOUTH ATLAS OF HEALTH CARE



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