

Health Promotion: Questions for the 21st Century

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A recent conference, "Medicine for the 21st Century: Challenges in Personal and Public Health Promotion," was convened by the American Medical Association, the Annenberg Center (California), the Annenberg Washington Program, the W.K. Kellogg Foundation, and the US Environmental Protection Agency to consider issues about health promotion with the next century in mind. Family physicians were among a diverse group of 125 participants from the disciplines of epidemiology and public health, the media, the insurance industry, large business corporations, community coalitions, voluntary health groups, and the federal government.

From the outset, it was clear that participants thought health promotion could be most effective in a community-wide setting, using local coalitions and employing a variety of venues: schools, media, physician offices, hospitals, churches, and the public at large.

Many physicians do not routinely utilize preventive care services or encourage health promotion practices. What incentives should or could be offered to change this? How do we reach agreement on the skills and services required for effective interventions? How can preventive medicine be taught in a way that will motivate physicians to incorporate health promotion into their daily practice?

Legal and ethical issues should be explored in this area of medicine. Conflicts exist between the rights of patients and what the health community (and individual physicians) "order" them to do. How far may we push people? For example, is it ethical to refuse care for those who refuse to stop smoking? Is it appropriate to urge a 65-year-old patient with prostate cancer to take cholesterol-lowering medications?

How should we respond to public outcries over perceived risks such as the Alar furor, or to the hysteria surrounding HIV-positive children and their school attendance? How should society and the medical commu-

nity decide which health promotion messages will be funded, and how a limited pool of health education dollars should be spent?

How do we make risk communication meaningful in an age of information overload? Can physicians create health promotion messages that are both accurate and simple yet effectively convey information about complex health care issues?

It is obvious that there is no shortage of thorny questions and issues to be debated regarding health promotion. Some of these questions will never be answered satisfactorily. A few of the thoughts from the conference pertinent to family physicians are summarized below.

Developing Community-based Participation

A community should be understood as a self-defined group of people with common purposes. It has a role in promoting the health of its members and defining its own problems. The community should seek access to pertinent information, organizational development, and funding. Professionals and their organizations, while key to health interventions, should approach the community by establishing long-term relationships based on mutual respect, collaborating with community groups, and caring for the medical needs of the community based on its unique set of variables. Family physicians, in my opinion, exhibit these characteristics more frequently than physicians from more limited disciplines, and should strive to retain the unique perspective of the physician as an integral member of the community.

Ethical Issues

As health promotion advocates, family physicians should seek to provide information that enables people to make informed choices and exert control over their lives. Such efforts should be based on accurate information, should not be an attempt to manipulate, confuse, or reduce understanding, and should not be a substitute for appro-

priate regulatory, environmental, or technological solutions to health matters.

Incentives for Health Promotion

Clearly defined, target-specific incentives should be integrated into the delivery and payment system, with preventive service reimbursement on par with diagnostic and therapeutic services. Both individual physicians and the organizations representing them should place these issues on the health care reform agenda, with a preventive care service benefits package that is developed by a diverse group of health professionals, policy planners, and consumer advocates.

Public Policy Issues

Committed physicians and organized medicine should take leadership roles in championing health promotion. Health promotion and disease prevention should be integrated into health professions training, including the accreditation and licensing process for schools and prac-

tioners. Community-based ambulatory systems should be central in this process. Linking health promotion programs with federal funding of public and private health care programs might be appropriate. In some cases, support for regulatory intervention (eg, seat belt and motorcycle helmet laws, clean indoor-air laws, and higher taxes on tobacco products) is an appropriate action.

These conference highlights illustrate the richness of preventive medicine as a field for research, education, public policy debate and reform, and for effort by clinicians. The diversity of family medicine allows the discipline to address a broad spectrum of issues and attempt problem-solving in unique ways and in a variety of settings. A host of family physicians already have become involved in these tasks, approaching different parts of the puzzle: Paul Frame, Curtis Hames, Alan Blum, Robert Taylor, Chris Shank, and Paul Nutting are a few on my personal list—there are many more. The 21st century is only 8 years away. The time has never been more ripe for action in this crucial area.