

The Power of Prevention: A Shared Vision for Health and Resilience Through Prevention

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Over the last century, the health of the American population has improved due to advances in medicine, living conditions, and public health.¹ However, recent health crises (e.g., opiate addiction, chronic disease, and COVID-19) have revealed gaps in our health preparedness. Coordinated planning and prevention across all sectors of society can improve resilience, advance health, and drive equity. Preventive medicine is well-positioned to facilitate this process and address the gaps in our health system.

Preventive medicine encompasses 3 core specialties — General Preventive Medicine/Public Health, Aerospace Medicine, and Occupational Medicine. The 3 specialties are unique among the Accreditation Council for Graduate Medical Education (ACGME) specialties: residency training bridges clinical medicine and public health, and includes formal public health coursework. Preventive medicine also includes 4 subspecialties that focus on unique clinical and population health areas not typically integrated into health systems: clinical informatics, addiction medicine, undersea and hyperbaric medicine, and medical toxicology.

While each core and sub-specialty has its unique facets, we are bound by our focus on prevention and commitment to patients and populations to improve health and build resilience. To that end, we developed a series of articles describing a vision for health and resilience through prevention, derived from the American College of Preventive Medicine's (ACPM) *Power of Prevention* strategy, and inclusive of the entire field of Preventive Medicine.

The value and power of prevention is frequently underutilized by policymakers, health systems, and the public. This has never been more evident than during the COVID-19 pandemic, which shed light on the importance, relevance, and relationship between prevention, preparedness, and resilience in dealing with global crises. Despite advances leading to improvements across disease and prevention metrics,^{2,3,4,5} clinical and public health challenges with prevention and control of chronic

diseases and health disparities left us unprepared. The consequences have been tragic.⁶

COVID-19 showed us that resilience when confronted with a crisis depends on using preventive measures coupled with a robust public health infrastructure. It revealed fractures in our nation's health and economic preparedness at all levels — federal, state, and local. COVID-19 is a *great magnifier*, amplifying systemic inequities across minoritized communities disproportionately impacted by adverse health and economic consequences of the pandemic.

These turbulent times provide the opportunity to expand the premise and relevance of the *Power of Prevention*. As preventive medicine professionals, we know that prevention powers resilience across the health ecosystem, preparing individuals, communities, and the nation for health crises — from pandemics to chronic conditions to gun violence to health disparities.^{7,8}

While the general concept of “prevention” as it pertains to health is understood, it is undervalued. “Prevention” conjures deficit thinking — or having to make an undesirable behavioral change — with positive aspects being less visible. Additionally, the *per se* power of prevention to result in health and resilience has not been included in policy debates about health financing. Until recently, preventive actions required a financial return on investment (ROI) while clinical treatments did not,⁹ required ROI to be demonstrated over short timelines, or prioritized behavioral freedoms over population-level prevention. These challenges lead down the path of least resistance: treating conditions versus preventing them. Efforts to shift from ROI to a “Value on Investment” (VOI) approach offer an opportunity to measure the value of intangible benefits of prevention versus the financial returns demonstrate an impact on quality of

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life beyond financial savings, and transform the deficit-thinking mindset to a value-based one.¹⁰

COVID-19 has illustrated the societal schisms created by differing beliefs and values. These individual-level prevention concepts accumulate through society and are reflected in organizational policies and decision-making, amplifying the undervaluing and underutilization of prevention.¹¹

In addition, the preventive medicine professional, as a valued contributor to prevention, preparedness, and resilience, is under-utilized within health establishments. Preventive medicine physicians provide a unique link between individually focused clinical medicine and community-focused population health. Preventive medicine physicians are trained to move individuals and communities toward a positive, affirmative, and optimistic view of prevention.

We frame the *Power of Prevention* within 3 pillars: Prevention and Preparedness in Public Health; Health Care Delivery, Systems and Financing; and Society. This overview paper provides the framework and describes how these 3 pillars interact.

By framing health and wellness as a form of preparedness, we can build resilience in individuals, communities, and our nation. Preventive medicine physicians working at the intersection of public health, clinical care, and societal change, are positioned to lead a dialogue to ensure long-term health, safety and wellbeing. Our aim in developing and releasing this strategy is to put prevention at the heart of that dialogue.

PILLAR 1: PREVENTION AND PREPAREDNESS IN PUBLIC HEALTH

Public health is a governmental function that exists at all jurisdictional levels. Some of the key tools of public health are the public health sciences, population health programs, policy, education and communication. Using these tools, preventive medicine physicians within public health systems work with government officials and organizations and communities to identify and mitigate health risks. The authors of the paper were asked to address these questions:

- How do we reimagine, fund, and make flexible the role of governmental public health to connect the dots between public health as a form of individual, community, and national preparedness?
- How do we realize the potential of public and private sector organizations to work together?
- How could we incorporate new funding for research and intervention on social determinants of health?

- How do we instill confidence in vaccination — a fundamental prevention tool — across the lifespan?

PILLAR 2: PREVENTION AND PREPAREDNESS IN HEALTH CARE DELIVERY, SYSTEMS, AND FINANCING

This pillar encompasses prevention within the U.S. healthcare enterprise, including the patient-physician relationship, healthcare delivery organizations, and healthcare payers. In addition to comprehensive clinical training, preventive medicine residency programs train physicians to apply the tools of public health to assess and address system-wide priorities, health threats, quality assessment and improvement, and strategy. These same skills and tools are used by preventive medicine physicians in healthcare organizations to improve the care of their populations, determine health benefits plans, improve worker health and safety and conduct quality assessments.

To describe this pillar, the authors of the paper were asked to address:

- How could improvements in Community Based Organization scoring, value-based financing, and the gathering and use of data drive the prevention of chronic diseases and improve health?
- How can lifestyle medicine drive prevention and preparedness for better health and resilience?
- How can genomics, precision medicine, and precision public health be used to make us more resilient?
- How can the workplace serve as a site for prevention, wellness, and resilience?

PILLAR 3: PREVENTION AND PREPAREDNESS IN SOCIETY

COVID-19 revealed a truth well-known to preventive medicine physicians: “health” does not happen in the silo of the clinician’s office. Health happens every day in people’s homes, schools, worksites, and communities. Poor health is not only a consequence of personal determinants and access to health care, but also societal structures around residency, employment, education, and more.¹² If we hope to go as far upstream as possible to prevent poor health outcomes, we must find better ways to inform and influence decisions across these social areas. The preventive medicine professional is ideally trained to support this effort.

To describe this pillar, the authors of the paper were asked to address:

- How can we address the racial and economic disparities that plague the nation's health?
- How can we think about prevention, preparedness, and resilience in all aspects of society — especially education, housing, and food security?
- How can we think differently about mental health as a prevention and preparedness concept?
- What should be the role of schools and employers in assuring the conditions for health, prevention, preparedness, and resilience?

In addition to these pillar-specific questions, the authors were asked to consider what is required to transform our profession to accomplish these challenges.

- How can we transform our profession into a superpower?
- What must we do to put preparedness and resilience at the heart of residency training and what innovations for sustainable funding streams can we unleash?
- How can we integrate prevention, public health, and systems of health care in undergraduate medical education?
- And how can we establish career pathways for preventive medicine physicians to translate advances in our field into prepared and resilient people and communities?

The foundation of preventive medicine is its core competencies of clinical medicine and population health skills. The pillars of preventive medicine are the sectors in which we apply our skills in public health, clinical medicine, healthcare systems and financing, technology and social systems. These pillars support the roof of our interconnectedness. COVID-19 revealed the critical need for coordinating prevention, preparedness, and resilience across society to improve health and achieve equity. One could make the same argument for every other health priority we face: diabetes and heart disease, opiate addiction, violence, and more. The power of

prevention is that it prepares individuals and communities to be as healthy as possible and more resilient when new threats to our health arise.

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