A.R.C.H.E.S. – Community Health Symposium

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Despite major advances in medical care, multiple “red flags” point to threats to the health of individuals and communities. These threats include:

- Health disparities by ethnic background and gender
- Significant preventable illness, injury, and death
- Limited access for a growing number of individuals
- A poor “quality of life,” as measured in multiple ways

Improving the health of individuals in communities is increasingly viewed as fundamental to the mission and values of health care and health care “systems.” Many organizations are calling for a renewed connection between medicine and public health. Healthy Community Initiatives are growing in number and influence.

The Jefferson Health System’s Community Health Council has adopted a comprehensive approach to community health improvement.

A - access and advocacy
R - research, evaluation, and outcomes
C - community partnerships, and outreach
H - health education, screening, and prevention programs
E - educating health professions students
S - service delivery system innovations


The Community Health Departments of each JHS Member presented their activities, and multiple groups displayed 60 posters - highlighting community health activities.

An afternoon Work Session - "Making It Stronger: Identifying and Developing Opportunities for Collaboration" developed themes for future work.

Mr. Peters and Dr. Brucker both stressed the importance of “community” in the formation and structure of the Jefferson Health System. Dr. Brucker stated that “members must remember that snapshots of individuals and inpatients aren't
enough, we need the videotape and we have to focus on a continuum of care and how well our communities are doing.”

In his presentation, Dr. Lawrence, Director of the Johns Hopkins Center for a Livable Future, provided a “global” picture of the complex issues related to the enormous discrepancies in the allocation of resources worldwide. He pointed out the tremendous inequities in health between the developed and developing world. He stressed that over-consumption is the biggest threat to personal and public health – over-consumption of fossil fuels, the production of labor saving devices that limit exercise and the dependence on caloric dense food, resulting in the epidemics of obesity and Type II diabetes. This over-consumption has created enormous impacts on the environment and on health. By changing patterns of consumption, individuals and nations can reduce environmental degradation and the incidence of chronic disease. He stressed the importance of an “environmental stewardship” model. This model would result in sharing to ensure basic needs, including health care for all; strengthen human capabilities; be socially responsible; and be sustainable, “without mortgaging the choices for future generations.”

Dr Tsou emphasized that Public Health should be a priority and foundation of a Health Care System, but in reality, is only a minor component of the health care pyramid. He stressed the current situation of limited public health leadership, market dominated health care financing, and an overemphasis on tertiary care. His plans for the Philadelphia Health Department include: developing quality long-term care, emphasizing chronic disease management, focusing more resources on oral health and controlling sexually transmitted disease, transitioning mental and physical health services, forging stronger relationships between academia and public health, building coalitions for funding, and improving access to care for all Philadelphians.

Dr Plumb related the transformation of health care “systems” to the Model for Social Change, formulated by Parker Palmer, who stresses the imperative to change the “logic of institutions” before change is permanent. Health care institutions involved in community health activities must alter their logic to view both health and sickness, community and institution, uniformity and complexity, episodic care and the continuum of care, and quality of life and quality of care. He pointed out opportunities to enhance health system and public health collaboration; lead a 100% access/0% disparities campaign; link JHS Community Health programs to Thomas Jefferson University students and faculty; and link JHS members with common data bases, best practices and quality indicators.

Themes developed in the Afternoon Work Session included:

- Collaboration to ensure sustainability
- Increased awareness internally and externally of the members’ Community health work
- Ensuring quality of the work by developing performance measures and linking community health work to clinical practice strategies
- Further development and maintenance of relationships with community-based organizations.
In the coming year, the Community Health Council will develop plans to address these themes.

About the Authors

James Plumb, MD, is Associate Vice President for Community Health in the Jefferson Health System. Rickie Brawer, MPH, is responsible for program planning and evaluation in community health for the Jefferson Health System.