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Community Initiatives and Medical Education: Time to Strengthen the Commitment

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It is obvious that today's health crisis in industrialized nations has shifted from communicable infectious issues to non-communicable diseases, especially ones of lifestyle (e.g., diabetes, coronary artery disease, substance abuse). The prevalence of these chronic non-communicable diseases is increasing at a rapid rate, whereby 2030, it is estimated that over 150 million Americans will be affected. The economic ramifications of chronic diseases are also significant: diabetes, for example, increased its economic impact by 41% (from 2007 to 2012), costing $245 billion a year in 2012 [1]. With prevalence and economic burden only to worsen in regards to chronic diseases, the current health system must re-evaluate if it is prepared to take on these health battles. And the re-evaluation has begun. Initiatives towards preventive medical care are growing, and doing so in many forms. From the legal world - for example, Affordable Care Act, where one of its aims is to improve access to health care - to even social media, whereby medical resources for the community have increased by more than 100% over the last decade. However, access to health care does not ensure quality health care. As the saying goes, "owning books does not guarantee wisdom". Truthfully, preventive medicine must begin with learning how to empower the patient and the community, a focus centered on health literacy improvement. This notion has begun to gain attention, especially in the research world, where a quick search of the phrase "health literacy" on Pubmed.com reveals a growing body of publications since 2001. However, the field of medicine where the concept of empowering the patient must have a stronger commitment - if this notion is to succeed - is in the field of medical education.

For young physicians, especially those in training, the idea of community health initiatives likely does not resonate as significantly as pathophysiology and procedure knowledge in their medical education. Testing is not standardized in medicine to assess whether doctors have the appropriate motivational skills needed to ensure the success of patients' lifestyle changes. Further, physicians poorly assess patients' health literacy status, a variable that impacts the patients' overall care [2]. While the cause for the poor evaluation is multi-factorial, education (for example, a physician's ability to evaluate the patient's health literacy) likely plays a significant role.

How does the medical education (re)evolution begin to teach young physicians how to motivate the community, implement health and wellness initiatives, and thus empower our patients to better manage their diseases? There is no one answer and time will be needed to assess projects, curriculum and data. One strong recommendation is that the community must not be forgotten in this evaluation: the community must be a vital part of helping create medical initiatives and curriculum that will ultimately benefit them. Partnerships must be created between hospitals, academic health institutions and the community they serve. These partnerships ensure success, whereby even a few motivated community members can make an impact on health outcomes [3]. Thus, ensuring that the concept of medicine as a public trust becomes a reality for all communities.

References

1. American Diabetes Association. Economic costs of diabetes in the U.S. in 2007. Diabetes Care, 2013 36, 1033-1046.
2. Street R L, Haidet P. How well do doctors know their patients? Factors affecting physician understanding of patients' health beliefs. Journal of General Internal Medicine. 2011; 26: 21-27.
3. Galiatsatos P, Hale WD. Promoting Health and Wellness in Congregations through Lay Health Educators: A Case Study of Two Churches. 2015.