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Publ as	

Chairperson of HS Com. Howard Bronstein.

ASSOCIATED YMHA/YWHA
NEW YORK
APRIL 1984 & Dr. Mark Vates

You honor me in your invitation to speak at this symposium.

Your association, it seems to me, has visualized brilliantly a future health care & social support system which few in, whatever be any field of endeavor, medicine have yet perceived — but more than this, you are acting on those visions and, in so doing, you are creating a model from which we, as a nation, have much to learn.

It is said that One always feels most comfortable with those who share common ~~biases~~ visions — and yours & I and my colleges at the JHSPH share in full.

Traditional approaches to the provision of health care are being challenged by
↑ costs ↑ numbers of elderly persons ↑ probs. of circumstance ~~and~~ altho, at long last, a still dimly perceived appreciation that prevention of ~~illness~~ systems & disability ~~may~~ might well be worth investing in and that, in so doing, the traditional patterns of providing health care may be not be adequate. How to effect change and what structures to use, however, remain ill-defined. I would submit that these bold new directions are the only approach.

In understanding the milieu in which the health sector now operates ~~decisions are being made and~~ and in which many decisions ~~continue~~ to be made, it is helpful to ~~xxx~~ reflect on recent history — an historical construct which, ~~I admit is~~ because of time, must be sketched and simplified but, in thrust, provides a reasonable outline.

When I graduated from medical school, only (?) 30 years ago — there were, in fact, ~~only~~ a surprisingly limited number of drugs, diagnostic procedures and surgical interventions which we could offer a patient, ~~The change in only 3 decades has been stupefying.~~ & we never hesitated to do whatever was necessary irrespective of cost or the ability of patients to pay. Lawsuits were quite unheard of — poliomyelitis was something to be feared every summer — ~~seat belts were unknown~~ — and the aged constituted a much smaller fraction than they do today.

Biomedical science, however, revolutionized ~~all of this~~ medicine & medical practice —
less than 20 years ago, I participated in the 1st of the organ transplants — today they are common
New diagnostic methods have become available — CAT scans, NMR / — isotope scans
New drugs for infection, hypertension, cancer
Enormously more could be done & treat the sick and we responded
• More M.D.'s • More hospitals (state-of-the-art) • Medicare & Medicaid
Better (more computerized) treatment & rehabilitation of the sick — in the hospital, in the clinic were the focus of interest, of research, of funding.
Prevention was provided little support, research ~~support~~ in this area was all but ignored, and centers such as those you now support have been all but unknown.

A great portion of my medical colleagues (have difficulty in) visualizing health care as being provided in any way but that which they have known ~~only~~ — in a hospital or in a clinic, directed by a physician whose training has primarily been in treating the sick, who has little experience or financial incentive to prevent them from becoming sick. In saying this, I don't attribute blame or cast aspersions. Quite simply, this is how we have evolved. To effect change is not easy.

An analogous problem (in visualizing the concept) is suggested by a management expert being asked to serve as a music critic of Schubert's Unfinished Symphony

"It appears that for a considerable period of time the four oboe players had nothing to do. The number should be reduced, and their work spread over the whole orchestra, thus eliminating peaks of activity.

"All 12 violins were playing identical notes. This seems unnecessary duplication and the staff of the section should be drastically cut. If a large volume of sound is really required, this could be obtained through an electric amplifier.

"Much effort was absorbed in the playing of demisemiquavers. This seems an excessive refinement, and it is recommended that all notes be rounded up to the nearest semiquaver. If this is done, it would be possible to use trainees and lower grade operators.

"No useful purpose is served by repeating with horns the passage that has already been handled by the strings. If all such redundant passages were eliminated, the concert could be reduced from two hours to 20 minutes. If Schubert had attended to these matters, he would probably have finished his symphony."

A different perspective is required — and while one management expert might help in rewriting Schubert, one would not wish to entrust the entire task to him.

Our entire health system ~~has been~~ is organized primarily for the provision of ~~curative services~~ sickness care — it is equally ill-equipped ~~to provide~~ and inexperienced in providing other services

ill. IRAN —

closer to home — Colorado pediatricians.

Preventive services require a different approach — conceptual breakthrough (and acknowledge) — more programs

ill → Tx

- You have a broken leg — travel 50 miles, wait for 6 hours to be seen.
- Would you do the same to receive ~~something~~ as simple but important as a vaccination

Whatever is required in ~~prevention~~ a community intervention — immunization, seat belts, hypertension screening —

one can't expect a physician isolated in a remote office or hospital to play a catalytic role.

These interventions have to be taken into the community and marketed and merchandised to people who do not at that time need them, perceive they need them or know they can

Where we need centers ~~We need to look to~~ such as a McDonald's for inspiration, not a Michelin 3 star restaurant.

a place which is conveniently located, attractive & where service is rapid which can offer ~~...~~ a number of services ~~...~~ of acceptable affordable

not some distant, ~~...~~ location where an appointment is required and a 3 hr. wait is common.

We need to reach into the community to make services convenient and accessible and, like the old Fuller Brush man, we must persuade the consumer of the value of our wares.

~~And we need to measure whether or not what we are doing is having any effect.~~

Benjamin Franklin ~~pointed out~~ calculated what ~~that~~ we seem to have forgotten, that there is a 16 : 1 benefit/cost advantage to prevention when he stated "An ounce of prevention is worth a pound of cure"

But ~~Perhaps~~ we are beginning at least at ~~...~~ redress in a balance

- Centers for Disease Prevention. —
- % set-aside of Medicare & Medicaid expenditures
- Mandating Asst. Dir of each NIH for prevention.

• HMO growth.

To achieve a healthier, better quality of life, we will need new institutions and new structures — a new approach — ~~Hospitals & private MDs can never do this alone but they must be partners~~ that we desperately need groups such as yours to ~~close~~ fill the chasm which exists between our ~~country~~ health care system and the community.

To this you are pledged and this, in fact, is your central mission at the Johns Hopkins School of Hygiene & Public Health