

Public Health for Breakfast: A Discussion with Dr. David Satcher, MD, PhD

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David Satcher, M.D., Ph.D. FAAFP, FACPM, FACP, is difficult to introduce by virtue of the sheer volume of his credentials and the expansiveness of his work in reducing health disparities for underserved populations in the United States.

Dr. Satcher received his M.D. and Ph.D. in Cell Biology from Case Western Reserve University in 1970 and completed his fellowship training at the Strong Memorial Hospital, University of Rochester, University of California Los Angeles School of Medicine, and Martin Luther King Jr. Harbor Hospital. Formerly a four-star admiral in the United States Public Health Service Commissioned Corps and Director of the CDC, he served as the 10th Assistant Secretary for Health, and the 16th Surgeon General of the United States.

Today, Dr. Satcher is Director of The Satcher Health Leadership Institute (SHLI) at the Morehouse School of Medicine in Atlanta, Georgia. SHLI's mission is to develop public health leaders and influence policies so as to eliminate disparities in health. Concurrently, Dr. Satcher is the Chair of Poussaint Satcher-Cosby's

Mental Health department at the Morehouse School of Medicine and serves on the Board of Directors of Johnson and Johnson, MetLife, the Kaiser Family Foundation, the United Way and The Community Foundation for Greater Atlanta.

At the 6th Annual Dr. David Satcher Community Health Improvement Awards Ceremony, the University of Rochester Medical Center (URMC) was pleased to host Dr. Satcher. Preeeding his talk on "The Role of Leadership in the Relay Race for Health Equity", Dr. Satcher led a discussion on public health with a distinguished group of URMC staff and students. Having had the privilege of attending this breakfast, I am pleased to share with you the morning's discourse.

Q: The focus of your talk today is public health. What is public health?

Public health is the collective effort of a society to create the conditions in which we can be healthy. When we talk about conditions, we are, in essence, speaking about the social determinants of health - the conditions in which people are born, live, grow, work, and age.

Q: Is it the role of the healthcare system and medical centers to focus on the social determinants of health?

I think it is definitely the responsibility of the healthcare system and its medical centers to engage with the community by getting involved in improving the social determinants of health, thereby improving health outcomes.

Q: Does the current healthcare system satisfactorily address social determinants of health?

No, currently our healthcare system is not sufficiently addressing the social determinants of health. One of the intents of the Affordable Care Act (ACA) was to transfer money to communities in order to improve their social determinants of health. That is what the prevention agenda was all about. It was to be 15 billion dollars for community interventions aiming to provide all communities with a safe place to be active and an access to fresh fruits and vegetables. However, congress took most of that money out of the CDC budget; they argue that health is the responsibility of the individual. The social determinants of health approach argues that we do not have equal opportunity to take care of our health as individuals. I believe that when you recommend physical activity and sound nutrition, you also need to make sure everyone has an equal opportunity for these things.

Q: What needs to change to begin properly aiding these disparities?

The solution to this problem, in my opinion, is building new partnerships. It is a mix between expansion of the healthcare system's responsibilities and allocation of more resources to the communities themselves. Those of us in the health care system need to see our jobs more broadly and see ourselves as partners with community organizations. To do that, we need to change how money is distributed. The ACA makes a major effort to shift incentives in this way; in the past, we have rewarded physicians for the number of times they see the patient, while in the future we will reward them for the quality of the outcome of care. This places an emphasis on primary care. We are talking here about changing the behavior of health care practitioners and the medical system, rather than changing behaviors of everyday people who are dealing with massive struggles.

Q: How is the educational focus of current medical students different from the focus of medical students two decades ago?

You, as current medical students, have to prepare for a different world than that for which the physicians who are practicing now had prepared. In your time, as a practicing physician, the amount of focus on hospital care will decrease dramatically (an effect of the incentive changes above mentioned). You will see a shift towards prevention. You will be practicing in a different world in terms of the role of the hospital and patient care.

Public health and medicine are a team sport, and the doctor is not always the best leader on the team. You need to be prepared to be members of the team and follow the best leadership in order to reach our common goals in the community.

Q: What is your advice to us for engaging in communities throughout our education and careers? How do we go about getting the necessary skills?

That's a great question! When you're a medical student, you have to make some tough decisions about what you have time to accomplish. First and foremost, you want to make sure that you prepare yourself with your M.D. degree. But I think you also need to take advantage of the opportunities to be involved in the community in a way that does not compromise the main reason you are in school. I think this is easier to do now than it was back then; now there are opportunities within the construct of the medical education such as electives and pathways through which you as a medical student can get involved.

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When I was a resident here [at the University of Rochester School of Medicine], one of the things that was most helpful to me was becoming involved in the community by engaging in migrant health clinics. The very first community health centers were started back then, including the Anthony L. Jordan Health Center, and I worked there one or two days a month.

Q: How should medical students engage in the community in the context of what has been happening in Baltimore, Ferguson, and the many other hotspots of conflict in the country?

Communities can be dangerous. We have planted some bad seeds. It's dangerous to be in a community where people are unemployed and don't see

any hope, whether it be Baltimore or elsewhere. This is a cycle that starts with school dropouts, with kids thinking that they can't "make it" and are never going to graduate. Notably, kids drop out psychologically before doing so physically, which also becomes a problem for teachers, straining the school system and perpetuating the existing problems. This is a societal problem that we will have to solve together, and I don't think we are quite there yet. Medical students have to associate themselves with people who have expertise in operating in these rough environments because there are major risks with those associations and community ties.

Q: The AMA makes it clear that the role of a medical provider precludes civil disobedience. Should we abstain from protesting despite the heavy weight that physicians' voices have in the media?

As a student at Morehouse College in Atlanta, I did a student "sit in" protest and subsequently went to jail and then prison. You ask if I recommend for students to become involved in this way? Well, I think you've got to make a judgment call because we also need you to graduate and change medicine!

I think the priority should be getting yourself in a position where you can make the greatest impact.

Make your decisions but you don't do it blindly. Ask yourself "How is this going to affect my goal of being part of a medical center and part of a community that's moving in the right direction?" I have made some risky decisions that could have turned out differently, and it did for some people. So I'm not saying that I made the right decisions.

I think the priority should be getting yourself in a position where you can make the greatest impact. As medical centers become more focused on community health, the question becomes: "How do I best fit my personal program in with the medical centers' commitment to community health?" That's an easier question to answer than whether medical students should be skipping class to protest.

Q: Any parting words?

I'd like to wish good luck to all the students. We need you and need your commitment to the community. Ultimately, this will be absolutely necessary because the present system is not viable.