

Transcript Details

This is a transcript of an educational program. Details about the program and additional media formats for the program are accessible by visiting: <https://reachmd.com/programs/focus-on-future-medicine-and-genetics/a-citys-initiative-to-prevent-chronic-disease/4079/>

ReachMD

www.reachmd.com
info@reachmd.com
(866) 423-7849

A City's Initiative to Prevent Chronic Disease

ReachMD would like to wish you a Happy and Healthy New Year and with each New Year comes a fresh start. As we look ahead, ReachMD is proud to present this month's special series Focus on Future Medicine.

A new approach to help prevent chronic disease. You are listening to ReachMD, The Channel for Medical Professionals. Welcome to a special segment Focus on the Future of Medicine. I am your host, Dr. Maurice Pickard, and with me today is Dr. James Galloway. Dr. Galloway is the Assistant Surgeon General. He is a Rear Admiral in the United States Public Health Service and he is the Regional Health Administrator for Region V.

DR. MAURICE PICKARD:

Thank you very much for joining us today.

DR. JAMES GALLOWAY:

It is a pleasure to be here. Thanks for having me.

DR. MAURICE PICKARD:

I know you are the leader of a new initiative called Building a Healthier Chicago. Could you tell me a little bit about it?

DR. JAMES GALLOWAY:

Certainly, we all are very aware and there is probably no reason to talk about the issues that face healthcare in the future. It is very clear to us that we can't maintain the current status from a financial perspective. Certainly our increasing rates of chronic disease, increasing age of our population, a number of other issues that come into play related to health disparities, lack of access, and many other areas that are contributing to the current conflicts and concerns in health care. A number of us here in Chicago have gotten together and started to think about some of these issues in ways that we **(01:30)** can work together to decrease the incidents of chronic disease. Clearly, the issues of health disparities, the issues of access and insurance, the issues of quality are all widely important. However, it is unlikely that addressing these alone will decrease the projected health care costs in the next 10 or 15 years significantly. The best way to reach into and modify those health care costs are certainly to decrease the incidence and prevalence of chronic disease and that is what Building a Healthier Chicago is focused on.

DR. MAURICE PICKARD:

Why Chicago?

DR. JAMES GALLOWAY:

Chicago was initiated because of the fact that many of our medical organizations are based here, many of our public health organizations are based here, and it is in many ways a hub of medical activity along with other hubs in the nation, but since there are so many headquarters, if you will, here that this seemed like a reasonable place to start. The initial discussions with the City of Chicago and in particular the Department of Public Health headed by Commissioner Terry Mason and the American Medical Association at the time headed by our dear friend, Dr. Ron Davis, clearly felt that we should develop a model that could be rolled out close to home and could be utilized as a model as we go across the nation. Since a majority of the population lives in urban areas, why not develop urban programs that could then be replicated across the nation and extended into (03:00) metropolitan, suburban, and subsequently rural areas.

DR. MAURICE PICKARD:

So, you plan as you develop this model in Chicago to go to other large metropolitan areas?

DR. JAMES GALLOWAY:

Well, not us particularly or specifically, but to support and develop other folks and other organizations in other cities to utilize the tools that we have developed to move this across the nation.

DR. MAURICE PICKARD:

So, who are your partners?

DR. JAMES GALLOWAY:

Currently, our founding partners are the American Medical Association and the City of Chicago Department of Public Health. We now have approximately a hundred other partners onboard, groups from Chambers of Commerce and their Health Care Committees to the Midwestern Business Group on Health, the Metropolitan Chicago Health Care Council, and many of the metropolitan health-related groups, many of the insurers in the area, and nationally as well as many of the service organizations for instance, The American Heart Association, The American Diabetes Association, The American Dietetics Association, to name, but a few along with the American College of Sports Medicine, American College of Cardiology, American Osteopathic Organization, and others.

DR. MAURICE PICKARD:

What are the diseases that you are going to focus on?

DR. JAMES GALLOWAY:

Well, our focus isn't on disease. It is on, if you will primordial prevention or primary prevention such that we are focusing on 3 areas. First on increasing activity across the board at the grassroots level.

DR. MAURICE PICKARD:

Getting people off the couch?

DR. JAMES GALLOWAY:

Exactly, (04:30) getting people to do more than they are doing now. Secondly to promote healthy eating across the land from schools to work sites, from homes to restaurants, and we are having opportunities to work with many other national organizations in those realms as well and then thirdly particularly because this allows us some access into our hospitals and clinics and providers as well as physician organizations, the prevention detection and control of blood pressure and those 3 components have really taken our mantle if you will as we charge ahead in a number of ways across our city and with national organization.

DR. MAURICE PICKARD:

I am struck by the fact that you talk about healthy eating and yet in most large metropolitan areas, the vulnerable part of our population that which are economically depressed probably have the least access to things like fresh fruits and vegetables and in fact even if they can buy it, it is often more expensive than in the well-to-do areas. So, here you write a prescription for healthy eating. How do you plan to carry it out in this particular culture that we live in?

DR. JAMES GALLOWAY:

Well, that is a very good question. Certainly, fruit desserts are a reality in Chicago and the populations that you mentioned, that is the underserved populations are particularly the groups that we are most interested in reaching out to. So, our work has been with many of the academic centers in our region as well and there are certainly leaders in public health (06:00) as well as researchers in the area who are focused on the development of incentives for farmers market, local produce areas in some of these areas. There is also interest in collaboration from some of our business organizations to do the same. What Building A Healthier Chicago has tried to do is to build collaborations in areas of interest between multiple organizations. In fact, Building a Healthier Chicago isn't a new initiative. Our role is to promote and expand and really advertise and allow the organizations that are already here and doing great work to grow, to be able to be more effective in what they do, and one of those tools to do that is to link collaborations between individuals and organizations with similar purposes and that is an area where there is certainly a number of folks, who are interested in working together to develop that. We are a long way from getting there, but certainly the first steps are significantly important.

DR. MAURICE PICKARD:

If you are just joining us, you are listening to ReachMD, The Channel for Medical Professionals and today we are having a special segment Focus on the Future of Medicine. I am your host, Dr. Maurice Pickard, and I am speaking with Dr. James Galloway, who is seeking the leadership role in a new initiative called Building a Healthier Chicago. Dr. James Galloway is also Assistant Surgeon

General and the Rear Admiral in the United States Public Health service.

It sounds like we already have resources available and you(07:30) are trying to integrate these resources under one umbrella.

DR. JAMES GALLOWAY:

Perhaps to interweave them is better than one umbrella, in the sense that we are not trying to take ownership of anything. What we are trying to do is really support these organizations and link them with others. So, for instance one of our major efforts that we are developing is GIS-geospatial modeling that we can look at within Chicago the areas where say certainly the basics as you would expect that is the clinics and the hospitals and the food vendors and grocery stores, but also from each of the academic centers where we are trying to go as to get the service researcher and the public health research areas that are covered by each of our universities and look and see where there is links between the universities in particular neighborhoods on the same area and allow researchers for instance in North Western or RUSH or UIC or University of Chicago to work together. If they are all working on say tobacco or obesity prevention in certain areas, to allow those collaborations because having been in academia for the vast majority of my life until just the past year, it is clear to me that often times in communities even within the same institution we are not often clear that we are working in the same neighborhood as another researcher.

DR. MAURICE PICKARD:

Do you see government becoming more involved in the prevention of disease?

DR. JAMES GALLOWAY:

Absolutely I do. I think that, that is a clear mandate as we move forward certainly (09:00) from the Assistant Secretary of Health and the Surgeon General, as we move forward, the prevention of disease, the promotion of wellness, if you will, is incredibly important and is strengthened through multiple academic reviews as well clearly.

DR. MAURICE PICKARD:

Recently, Senator Tom Harkin has been the point person and said in the Senate that we should have an Assistant Secretary in HHS to deal with prevention. Is this what we are hearing more, or is this part of the response of government?

DR. JAMES GALLOWAY:

Certainly, that is a very interesting concept that he has raised and I think that, that is certainly one effective way to move ahead. We currently have offices within the Federal Government that really focus on some of those things. The Office of Disease Prevention and Health Promotion for instance and the Office of the Assistant Secretary and there are many others certainly within CDC and NIH as well that focus on health promotion and prevention and I think the idea to integrate the efforts from the multiple arms of the government is a great idea. Whether it is through this mechanism or another so that just like academic institutions that I have been involved with throughout my life, the Federal Government also to be aware of all the various resources from various agencies to be able to pinpoint to locations of need, I think it is a great idea.

DR. MAURICE PICKARD:

We are spending two trillion dollars on health care every year and yet there is an undercurrent that our health system is disorganized and fragmented. **(10:30)** Is this kind of an initiative something that might bring it all together. Again and not necessarily under one umbrella, but in some way have a driving force so that the various resources are not at loggerheads, so to speak.

DR. JAMES GALLOWAY:

That is an interesting question. Certainly, I think that within the prevention realm or the health promotion or the wellness promotion, this is certainly an idea that has been endorsed by a number of folks and number of organizations as we together look towards a new future for the prevention of chronic disease. I don't think that this would take the broad roles that may be implicated in your question, certainly in healthcare reform, quality initiative, insurance and access, and health disparities. We are focused on in this realm health disparities within prevention, which is an area that I think is often overlooked and is extremely important. But broader than that, I would have a hard time saying that this would be an answer for that.

DR. MAURICE PICKARD:

Going back to Lyndon Johnson's War on Poverty in 1965, we have looked at a model Community Health Centers or Medical Homes and we now have 6000 of them in the United States. President Bush certainly encouraged this. Over 16 million people are served, almost all of them have no insurance and/or are on Medicaid. Is this one of the resources that should be used in this attempt to control prevention among the vulnerable and distant franchised.

DR. JAMES GALLOWAY:

Indeed it is. In fact, I could not state that anymore eloquently **(12:00)**. I think they are critical to have their involvement. Here in Chicago, we have been working with them in a number of realms to reach out and in fact the City of Chicago itself runs some clinics as well for the same population, that they also have been doing some outstanding work, and the American Medical Association, our other founding partner has been reaching out for physician education and physician prevention reimbursement education as well. So, absolutely agree.

DR. MAURICE PICKARD:

Recently, there was published what was called a blueprint from the Trust for America's Health. It was a policy guide. Could you comment on this and how this fits into the model you are trying to create?

DR. JAMES GALLOWAY:

I would like to relate to the prevention part of it. This document goes into recommendations for the Federal Government for restructuring in different places of emphasis within the Federal Government and I would rather not comment on those areas because those are areas of public discussion and certainly decisions that need to be made at a national level. However, their focus on prevention, on the prevention of disease, on the promotion of wellness and health, I think is very well made. The needs for our nation to focus on these areas as an integral part of what we do in health care are points that are extremely well made and I think very pertinent to the arguments that are surfacing in the discussions with the transition teams and our new administration as well.

DR. MAURICE PICKARD:

Well, I really appreciate talking to you and introducing this initiative (13:30) to us. It has been very enlightening and makes us realize that the direction we are taking seems to be prevention and preparedness when it comes to chronic disease.

Thanks very much for talking to us and also I appreciate you living in Chicago so that you can get this model going especially this time in the year.

DR. JAMES GALLOWAY:

Well, thank you very much. It is a pleasure to chat with you and I will look forward to more in the future.

DR. MAURICE PICKARD:

I want to thank Dr. James Galloway, Assistant Surgeon General, and Rear Admiral of the United States Public Health Service. I have been your host, Dr. Maurice Pickard, and we have been discussing this new initiative Building a Healthier Chicago. You have been listening to The Clinician's Roundtable, a special segment on Focus on the Future of Medicine. Please visit our web site at ReachMD.com, which features an entire library through our on-demand podcasts or call us toll-free with your comments and suggestions at 888-639-6157. Thank you for listening.

Thank you for listening to ReachMD on XM 160 and this month's special series Focus on Future Medicine. Free CME on ReachMD is now easier, link to ReachMD's free custom application for your iPhone at ReachMD.com.