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COVID-19 revealed a truth well-known to preventive medicine physicians – "Health" does not only happen in the doctor's office.

Health happens in homes, schools, worksites, places of worship and communities.

Health outcomes are the consequence of societal structures that determine where people live, their education and their job; and, we cannot ignore the negative health consequences of systemic racism. If we truly hope to prevent poor health, we must influence these upstream societal factors in addition to delivery of care in traditional "healthcare" settings.

The World Health Organization (WHO) defines health inequities as the systematic differences in the health status of different population groups. In a 2017 report, the National Academies of Science, Engineering and Medicine identified the main contributors to health inequity as the unequal distribution of power and resources, and the institutional and interpersonal factors that lead to unequal distribution of resources across the lines of race, gender, class, sexual orientation, gender expression, and other dimensions of individual and group identity. Ranging from education and neighborhood safety to food deserts, healthcare access and much more, these "social determinants" are the upstream, root causes of health inequities. Preventive medicine sits at a critical juncture between public health and clinical work in which physicians with expertise in prevention are essential to addressing social determinants and building a healthy and resilient society.

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Equalizing these disparities can only be addressed by using a multilevel approach – introducing policies that have an impact at the individual, health system and community level. Instead of spending resources downstream to treat the consequences of not addressing social determinants of health, policymakers should advocate for programs that improve health upstream: universal health insurance; childcare and pre-k programs; paid parental leave; immigration reform; education reform that equalizes access to resources; incentives and support for medium and small employers implementing employee wellness programs; police reform; zoning regulations that incentivize healthy living spaces, eliminate food deserts, address housing insecurity and promote food security; and, many others.

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How Can Preventive Medicine Physicians Make an Impact?

While much of what impacts healthcare happens outside of the doctor's office, changes to care delivery that empower doctors to work upstream can have a major impact. This is currently not being done systematically across all healthcare systems. It is paramount that the Centers for Medicaid and Medicare Services (CMS) include social determinants of health as part of reimbursement and provide additional incentives for clinicians to work with patients and communities to address prevention and health upstream. Imagine the powerful impact a physician could make if they could write a reimbursable prescription for healthy food or mold removal.

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Unlocking the potential of a prevention-focused health system to address social determinants and improve health equity will require re-evaluation of how physicians are trained and their role in the healthcare system. Medical education must include curricula about preparedness and resilience earlier during the training of health care professionals – integrating learning experiences in the undergraduate and graduate level that provide knowledge about the impact of upstream prevention in building healthy and resilient communities. This includes changing the way medical schools and residencies teach – lectures that present information and data about the importance of prevention and public health need to also equip students with the knowledge and skills to apply these principles in their practice. Instructors should look to use emerging interactive learning technologies and interdisciplinary models to excite and engage students about prevention and public health.

Medical students entering the field in over the next two to three years will have experienced the COVID-19 pandemic firsthand, as well as the consequences of an insufficient primary care and prevention workforce. Making the most of these experiences and energy will require incentivizing the inclusion of prevention in undergraduate curriculum, and fully funding preventive medicine and primary care residency programs to accept and educate this groundswell of new students that have experienced a pandemic fraught with health system inadequacies to help rebuild the public health system and build a prepared and resilient society.

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Find out how you can invest in prevention today, visit acpm.org/initiatives/power-of-prevention