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Community Service and Public Health: The Jefferson Health System

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Community Service and Public Health: The Jefferson Health System

Academic health centers and integrated health systems throughout the country are reexamining their missions in response to changing demographics, changes in organization, and the financing of medical care services, as well as the growing emphasis on a population perspective and concern with the health of the public.¹ In addition, recent monographs have emphasized the need for meaningful collaboration between medicine and public health, detailing a variety of synergies, including:

- improving healthcare by coordinating services for individuals;
- improving access to care by establishing frameworks to provide care for the uninsured;
- improving the quality and cost-effectiveness of care by applying a population perspective to medical practice;
- using clinical practice to identify and address community health problems;
- strengthening health promotion and health protection by mobilizing community campaigns;
- shaping the future direction of the health system by collaborating around policy, training and research⁽²⁾.

As an integral part of the Jefferson Health System's (JHS) commitment to public health is the Community Service/Public Health Division (CS/PH). The CS/PH division has developed an extensive network of programs aimed at health promotion, disease prevention, and collaboration and partnerships with school districts, neighborhoods, congregations, health departments and multiple organizations throughout Southeastern Pennsylvania. Taking the lead from Healthy People 2000³, the national health promotion and disease prevention program and the CS/PH programs aim to produce a significant reduction in preventable deaths and disabilities, enhance the quality of life, and reduce disparities in the health status of the population. A staff of regional directors, nurses and health educators, the Community Medicine Section of the Department of Family Medicine, and a resource center are working together to realize this goal.

CS/PH division programs and collaborations include: community-based skin, breast, prostate and colorectal cancer screening programs; cardiovascular disease risk reduction programs; nutrition education; smoking cessation across the age spectrum, including high and middle schools; influenza and Hepatitis B immunization programs; childbirth preparation classes; child safety programs, and anti-violence programs. Community building activities include collaborations with: 1) area school districts and clusters, including Great Valley, Tredyffrin, Lower Merion, and the Overbrook and South Philadelphia clusters; 2) Project H.O.M.E. and the development of a community health program in Lower North Philadelphia; 3) the Haddington Project in West Philadelphia and its Save Our Youth project; 4) the Chester County Health Initiatives Program; and 5) the Ardmore Community Center.

The CS/PH division developed and sponsors two innovative programs, the Congregational Nurse Program (see the September 1998 issue of the Health Policy Newsletter), currently in 18 congregations throughout the area. The congregational nurse is employed by a church, with a grant from CS/PH division, and serves as a

liaison for individuals to access preventive services, identifies areas of need in the "community," provides health education, and acts as a care manager to followup and maintain ongoing assessment of individuals and families. The Continuum of Independent Living Program provides case management and assistive technology to enable the frail elderly to remain home, and encourage independent living.

Future activities and directions for CS/PH division include: 1) establishing further linkages with public health departments and primary care⁵; 2) forming additional partnerships with interested communities and building community coalitions; 3) integrating an approach to defining health problems and developing health care interventions; 4) focusing on the social and structural barriers that restrict individual and community empowerment, such as poverty and racism; and 5) applying quality improvement processes to improve the health of a community.

By relying on the many resources of the JHS, with its notable academic programs, community hospitals, and expanding networks, CS/PH division can play an increasing role in improving the health of individuals and communities. Creative partnerships, innovative programs and relevant prevention strategies are required for effective community building. The challenge for the JHS and the CS/PH division is to remain innovative, relevant and effective.

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