In preparation for the inaugural meeting of the Advisory Group on Prevention, Health Promotion, and Integrative and Public Health, Doctors for America surveyed its membership to gather impressions and ideas from practicing physicians and physicians in training. Nearly 600 of our members from 46 states responded with ideas, suggestions, stories that illustrate how lack of prevention is harming lives, and stories of how prevention can help.

Of these priority areas identified in the draft National Prevention Strategy, which 3 areas would make the biggest difference for your patients and your community?

![Chart showing the percentage of responses for different areas of prevention]

With these votes came stories from people like Dr. Lisa Pacheco in Montana, who has several patients who cannot even identify a raw vegetable, or Dr. Kohar Jones in Illinois who is leading an obesity task force at her federally qualified health center.

Submitted by Dr. Vivek Murthy of Doctors for America to the rest of the Advisory Group on Prevention, Health Promotion, and Integrative and Public Health on April 12, 2011, in Washington, DC.
Respondents generally felt that prevention and health promotion are in their scope of practice, that they have the training to address it, and that their patients are interested. But many voiced frustration with a system that does not allow physicians the time and compensation to focus on these areas.

How do you want the role of physicians to change, if at all, in prevention and health promotion?
The vast majority of physicians want a bigger role in prevention efforts. In the accompany comments, however, most also believe that prevention and health promotion should be a multi-disciplinary effort involving other types of providers and other parts of communities.

**Physician Want to Promote Prevention**

Doctors see individual stories of failure of prevention and see the systems/societal problems. There is a mixture of frustration over these stories and hope that things can change because we can see what needs to be different, and we know things have to change. One-third of the respondents expressed an interest in speaking or writing about prevention publicly – and those hail from 40 states including DC.

In the coming weeks and months, we look forward to bringing the voices of physicians and medical students from across the country to help the Prevention Council and Advisory Group carry out the monumental and critical task of leading a transformation in the health and living of all Americans.

*Submitted by Dr. Vivek Murthy of Doctors for America to the rest of the Advisory Group on Prevention, Health Promotion, and Integrative and Public Health on April 12, 2011, in Washington, DC.*
Appendix: Comments from Doctors around the Country

Physicians and medical students gave input on key areas that matter to them and their patients. Many wrote thoughtfully about what they see in their clinics and hospitals: the increasing numbers of patients with obesity and diabetes (including children), patients who keep needing more health care and social services because they have inadequate care for their mental health issues, patients who do not have adequate access to reproductive health services, and patients who do not have access to healthy food or healthy and safe places to exercise and help themselves.

Others wrote of the challenges of addressing prevention and health promotion when current physician reimbursements pressure them toward acute care and prescriptions instead. Physicians feel they do not have the time and space to adequately counsel patients even about issues like tobacco cessation and alcohol and drug abuse. Many felt that while physicians can and should play an important advocacy role, we do not have sole power to take on preventable diseases; the root causes require multidisciplinary, multi-faceted, community efforts – including an emphasis on personal responsibility and power.

Interestingly, while clinical prevention is an important component of prevention, and while some pointed out success stories in childhood vaccinations and cancer screenings, our members also keenly sense the broader societal choices that we need to make. Fortunately, some physicians have started to experience prevention programs that are already starting us on the path we hope the nation will follow – promoting prevention and health promotion for the sake of the health of all Americans.

Submitted by Dr. Vivek Murthy of Doctors for America to the rest of the Advisory Group on Prevention, Health Promotion, and Integrative and Public Health on April 12, 2011, in Washington, DC.
Dr. Mary Boegel (California): I saw an obese 9 year old child for a well child exam yesterday. I asked him what he had eaten for lunch. He's had an Icee and Doritos, which he had purchased at school. Parents don't know what food to provide their kids. Schools don't know what to sell in their cafeterias. Children are bombarded with advertising for junk food. We need comprehensive prenatal education programs to teach expectant parents what to feed their baby throughout childhood. We need restriction of sale of unhealthy foods and beverages in school. We need elimination of advertising unhealthy foods to children.

Dr. Lisa Pacheco (Montana): I met a single mother with a 3-year-old child who was kicked out of daycare for behavior problems. They eat only pre-fabricated foods. After making my recommendations for eating fresh fruits and vegetables, I discovered mom did not know how to cook vegetables. Not one. In the past year, over a dozen young parents in my practice, when asked how they prepared vegetables, admitted they did not know how to prepare vegetables from the raw state. Or even were able to identify raw vegetables. With regard to obesity, cancer and cardiovascular disease prevention, we recommend a diet high in fruits and vegetables. However that has no impact on a culture that cannot identify a pepper. Education needs to be at the forefront of first feeding our kids meals and snacks rich in fruits and vegetables. But also to make sure we know how to feed ourselves in a way that promotes health and discourages preventable disease.

Dr. Rebecca Jones (Vermont): I have elderly patients who are forced to move to Florida so they can walk to keep their diabetes under control. Investing in our infrastructure and prioritizing walking safely would address this issue.

Carol Duh (Tennessee): I work with cervical cancer prevention in Nashville. Every year we organize a woman's health day where we bus local displaced women to receive pap smears. The problem is that after the pap smear, these women disappear! We need to impact societal factors that will allow women to have a more stable lifestyle in order to follow through and empower themselves with taking charge of their care.

Michael Goodwin (Oregon): A 10-year-old boy I saw on my pediatrics rotation comes to mind. He was already obese, on the road to the metabolic syndrome, diabetes, social/emotional problems and premature death. His pediatrician felt frustrated by how little he could offer to the family to help address these issues in a 15-minute visit. So much of what caused him to be obese needed to be addressed outside of the clinic, in the schools, in our industrial food system, in the built environment, public safety and so on.

Dr. Alexis Beatty (California / North Carolina): I am a Cardiology Fellow at UCSF. As part of our experience, we spend time at San Francisco General Hospital, which is the City/County hospital. With the advent of Healthy San Francisco, a city-funded program to expand access to health care to citizens of San Francisco, we see larger numbers of patients who otherwise wouldn't present for care. I see many patients who are deeply interested in improving their health and prevention, but previously didn't have access to healthcare providers. They are now getting the care that they need/desire, including treatment for hyperlipidemia, assistance with smoking cessation, and counseling on healthy living.
Dr. Megan Ranney (Rhode Island): In my emergency department (ED), over 1/3 of patients have alcohol or substance abuse issues and 25% are in the ED because of an injury. Having increased resources to address these huge issues (both of which have big, long-term costs and result in high ED and hospital recidivism) is crucial in reducing health care costs.

Dr. Persharon Dixon (Mississippi): I am a pediatrician in Mississippi. This past week, I had a patient who is now 8 years old with probable autism. He has not been to a doctor in a while, was failing in school, and was labeled "a difficult child." His grandmother reported that he has always been different from her other grandchildren, but he had not been to a doctor since he was little because "he's never sick." With good preventative health (yearly exams as recommended by the American Academy of Pediatrics), I am sure these distinctive behaviors would have been recognized earlier and a different educational process pursued. Preventative medicine is a major part of what I need to do for children. I am hoping policymakers will allow me a better opportunity to intervene early.

Dr. Denard Fobbs (California): There are two patients in my gynecology practice who are dying of cervical cancer. Neither had health insurance and waited until late stage for diagnosis. What would have cost $500-600 to cure will now cost over $150,000 to treat only for these women to die and for their children to become motherless.

Dr. Donald Medd (Maine): I have several patients who arrived too late in the course of their diseases for my medications to work. I speak particularly of vascular disease in a heavy smoker and end stage renal disease in an uncontrolled diabetic. Both of these individuals needed intensive preventive efforts prior to becoming ill. Access to health care (i.e. low-income individuals who lacked insurance) has cost my particular system perhaps millions of dollars on two patients.

Dr. Lisha Barre (Colorado): Any one of my chronic musculoskeletal pain patients could serve as a great example. Most arrive on 3 to 10 medications for their problem. These include opiates and benzodiazepines with all of their attendant risks and pitfalls. They have undergone minimal movement, diet. or relaxation training but have endured expensive surgeries and procedures with no logical basis and no good data to support efficacy but very powerful lobbies to argue for ongoing coverage. With rare exception, my patients’ pains are the mechanical sequela of stilted and dysfunctional living and thus healing and prevention should be based on facilitation of functional living.

Dr. Sharon Smith (Alaska): We have started doing group visits, particularly for our pregnant patients. This allows us to spend much more time educating the women about diet, exercise, normal experiences in pregnancy and other preparation for their delivery. It is great! The program is called "Centering Pregnancy". We run one group in Spanish too.

Dr. Joia Creer-Perry (Louisiana): We ask patients to lose weight every day. However, we do not give them the tools to accomplish this goal. When my own mother was allowed to visit with a dietician once per month on her insurance plan, she lost 50 pounds and decreased her insulin requirements. We have to give the patients the tools to be healthy. She has been a pharmacist for 40 years. But, did not have the information she needed to become healthier.

Submitted by Dr. Vivek Murthy of Doctors for America to the rest of the Advisory Group on Prevention, Health Promotion, and Integrative and Public Health on April 12, 2011, in Washington, DC.
Dr. Kohar Jones (Illinois): Too many of the patients in the South Side Chicago neighborhood where I work as a family physician are obese. I am leading our health center’s obesity task force, to coordinate the response of all members of the health care team to the obesity epidemic—health educators, nutritionists, psychologists, doctors. We have led trainings teaching staff to hone in on the 5-2-1-0 message for patients, so every day eat 5 fruits and veggies, watch no more than 2 hours of screen time, exercise one hour, and drink ZERO sugary beverages—for the path to health! We are planning cooking lessons for patients, and hope to bring in yoga and zumba instructors. Teaching patients to cook healthy meals, and creating the exercise habit, can certainly be the most important health interventions of the year—no medicines needed!