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### A Model for Urban Wellness: The Physician's Role

Prevention and preparedness are the directions healthcare is going. You are listening to ReachMD, The Channel For Medical Professionals. Welcome to our special segment on 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 5.

**DR. MAURICE PICKARD:**

Thank you very much for joining us.

**DR. JAMES GALLOWAY:**

Thank you it's a pleasure to be here.

**DR. MAURICE PICKARD:**

I know that you are taking a leadership role in a new initiative called Building a Healthier Chicago. Could you tell me what that is.

**DR. JAMES GALLOWAY:**

I am proud to work with the American Medical Association and the City of Chicago, Department of Public Health in leading this new initiative that was co-founded by these organizations. We have developed a focus on healthy eating, on improving activity levels of individuals and on the prevention, detection and control of blood pressure in the residents and employees of Chicago and are developing a national model for urban wellness.

**DR. MAURICE PICKARD:**

And who are your partners, you mentioned a couple of them, but who are general partners that are working in this initiative?

**DR. JAMES GALLOWAY:**

The founding partners are the National American Medical Association in the City of Chicago, Department of Public Health. We have only been developing this for approximately a year, but our other partners include such broad swathe of the population and organizations from groups like the Chicago Land Chamber of Commerce and their health committee to the academic institutions across Chicago, to the American Heart Association to Shaping America's Health that prevention spin-off if you will from the American Diabetes Association that really focuses on prevention. We also have groups from schools, civic associations, all the academic institutions so far here in Chicago. The work place wellness groups including Chicago Midwest Business Group on Health and the Metropolitan Chicago Healthcare Council and others who are very much vested and interested in developing a healthier disease-free population within Chicago and within the nation.

**DR. MAURICE PICKARD:**

So we already have resources in place that you are reaching out to. Who are actually the health professionals that are laying hands on our patients that you are trying to reach.

**DR. JAMES GALLOWAY:**

Many of the providers are the hands-on providers if you will for public health as well. For instance, the American Medical Association is

developing a web cast and other educational venues to assist physicians in the 1 or 2-minute brief statements that they could make in working with their patients. In addition, they are looking at potential ways to assist physicians in making sure that they are able to capture the reimbursement for prevention activities. We also have a number of other folks from dietitians to nurses to other health professionals who are touching those patients in multiple ways.

**DR. MAURICE PICKARD:**

I remember when I was in practice, my patients often knew more about nutrition than I did. It was often something that was glossed over in medical school and people who were trying to lose weight knew more about losing weight than I did as far as calories go and I think that still may exist. So where does a doctor turn necessarily to get the kind of information that he could then pass on about losing weight and this epidemic of obesity that we are dealing with?

**DR. JAMES GALLOWAY:**

There are multiple venues. You know, the federal government, certainly CDC, NIH, and our offices within the Office Of Science and Public Health have those types of resources, but so does great association such as the American Dietetic Association, the American Medical Association now has a healthier lifestyle toolkit that can be utilized by physicians. We have a number of organizations within the groups like the American Diabetes Association, Shaping America's Health and others that have those types of tools, but here in Building a Healthier Chicago, we are trying to look at new tools as well. You know this is really a collaboration of multiple entities. This is not a new initiative, this is a collaboration of many of the really outstanding organizations that are doing extensive work in health promotion and disease prevention and the promotion of wellness and our idea is to develop a significant collaboration throughout the city that can promote, expand, and further develop the outreach for these activities. In addition through assessment and evaluation find the areas where we are putting our least effort and those will certainly be most likely in the areas of underserved populations and there will most certainly be health disparities related to prevention that we need to focus on. So utilizing those types of evaluations and strengthening the efforts that are already in place, we will be able to further improve the outreach into our communities and those include, work site wellness, the schools, includes where people live, where they work, where they play, where they pray, where they learn and even where they eat and some of the work that we are doing with the restaurants and the restaurant associations and so forth here in Chicago to develop healthier opportunities for folks. So there are numerous activities that are ongoing and one of the unique things that we are trying to do, to answer your question more specifically is to try and train and develop healthcare professionals such as medical students in Chicago to understand and be able to explain in a very concise manner, therapeutic lifestyle interventions and healthier diet, the role of activity, the importance of some of the other interventions that we are all aware of related to the use of condoms or the avoidance of overindulgence in alcohol or the use of drugs. Those kind of things that we can teach students who are extremely interested to be able to reach out to patients and talk with them one on one under mentor-ship and training of another physician.

**DR. MAURICE PICKARD:**

**If you are just joining us, you are listening to ReachMD, The Channel For Medical Professionals and today we have 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 Assistant Surgeon General who is taking the leadership role in a new initiative Building a Healthier Chicago.**

I am struck by the use of medical students in the environment you mentioned. Everything I read says that 4 out of 5 every new doctor goes to an area already having usually the greatest number of physicians. In other words, the number of doctors that we are churning out are not going to the underserved areas, but are going to the areas that are already filled with doctors and specialists. Do you think that by working in a community center, we can change this.

**DR. JAMES GALLOWAY:**

I do, I think that that's one of the pieces of a very complex picture and in fact I spent about 25 years working with American Indians and just from some anecdotal experience, the majority of physicians that we got on reservations to care for American Indians were those that did rotations in those same facilities. So in fact, there is a link there. Even more importantly though in my mind is the importance of increasing the diversity in our healthcare workforce that in fact we need American Indians taking care of American Indians and we need African-Americans serving African-Americans and Hispanics for Hispanics and so forth because for much more than just being of like race or ethnicity it is a whole issue of advocacy for yourself and your people that is incredibly important. So while having these students work in areas perhaps of need is extremely important and it does indeed increase the opportunities for them to go back in to those areas. We certainly need to work at the diversity in the workforce.

**DR. MAURICE PICKARD:**

The most rapidly growing minority group in the United States is our Hispanic population and yet only 2 to 3% of our physicians are

Hispanics. Many large medical schools are trying to increase the enrollment for this very reason, what else can an academic institution do in the model you are trying to develop?

**DR. JAMES GALLOWAY:**

Besides the utilization of the students, whether they are medical students, dietary students, dental students. As we all know, we start our careers in general, very idealistically and are very interested in serving underserved populations in many cases and utilizing those students in these realms I think provides great opportunities for them and certainly helps our patients and helps the community. I think other ways are to work on ways that we can develop collaborations not only within other researchers and other academicians with similar interests perhaps in different departments within the university that happened to be working in the same neighborhood, but also between academic institutions such that if we have a way to connect the dots if you will between research and institution A, B and C all interested in various perspectives on obesity which one might be in the realm of psychology, one might be in the clinical realm of medicine and one might be from a dietitian perspective. If we have ways to link those 3 together the power of that collaboration to be more effective is clear-cut.

**DR. MAURICE PICKARD:**

It is interesting because you certainly hear from medical schools that they are always looking for clinical material to teach their medical students and this sounds like a win-win situation.

**DR. JAMES GALLOWAY:**

It think so. I think from many perspectives and the opportunities for medical schools and dental schools and dietitian schools, other schools to be able to reach out and work in an inter-professional team method to reach into communities to promote health and wellness I think is a great opportunity for all of our citizens.

**DR. MAURICE PICKARD:**

Well let me ask you a really tough one, how do you measure the health of a large diverse city?

**DR. JAMES GALLOWAY:**

That is one of the issues that all of us face as we do research in this area. There is a good amount of publically available data, some of it is not as localized as we would like, but certainly you know the behavioral risk factors surveillance system or the NHANES information and hospitalization data can be acquired. Often however that is just representative data of small numbers and really doesn't give us the handle that we need and one of the ways that we could work together to do this would be to develop a database from multiple sources including, this is a bit idealistic, I understand, but we are seeing the interest from a number of academic institutions to bring some of the unidentified data together in ways that they could be utilized and shared between institutions. For instance in building A Healthier Chicago, we have interest in some of the biggest insurers as well as the federally qualified health centers, the city clinics, the employers and many other groups that have said that they would be willing to share their data in an unidentified way that could be utilized and housed in a way that would be publically available so that you could have a fairly large database of the health of individuals, unlabeled, unidentified, nobody would know which data goes with who, but at the same time would be able to capture large amounts of individual data and be able to slice that data in ways that are beneficial to the city, to the academic institutions, to the government, to be able to measure the health of this city and that is one of the ways that we are looking at here in Building a Healthier Chicago.

**DR. MAURICE PICKARD:**

And what do you do about the unknown patient, the unregistered or the recent arrival?

**DR. JAMES GALLOWAY:**

It is going to be near impossible to capture 100% and one of the things that we are doing is working with our academic centers to develop utilizing the available data such as some of that I mentioned and others to develop the best evidenced-based model to cover for those instances.

**DR. MAURICE PICKARD:**

I am sure a lot of our listeners would want to know more about Building A Healthier Chicago, especially if they are in cities other than Chicago, Dr. Galloway how can they access information about this?

**DR. JAMES GALLOWAY:**

The best way and the quickest way is to go to our web site, that is [www.healthierchicago.org](http://www.healthierchicago.org).

DR. MAURICE PICKARD:

I want to thank Dr. James Galloway who has been our guest today and we have been discussing a model that we begin to use to look at how to prevent chronic disease. I am your host Dr. Maurice Pickard and you have been listening to ReachMD, The Channel For Medical Professionals, a special segment Focus On the Future of Medicine.

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