

AROUND NYU LANGONE HEALTH

Health Beyond Healthcare the Focus at Inaugural Population Health Conference

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Most of us spend only a fraction of our time visiting a doctor or going to the hospital. In fact, it is estimated that only 10 to 20 percent of our health is determined by medical treatment. Many other factors, including where we live, where we work or go to school, and whether we have access to parks, transportation, and healthy food, contribute greatly to our health.

Yet in the age of modern medicine, healthcare has focused on what can be done in the clinical setting—not in neighborhoods, workplaces, and schools. More recently, policies and increasingly powerful research on the role that “social determinants” play in people’s health are creating stronger incentives for healthcare to broaden its focus.

Recognizing that in order to be effective, such a wide-scale approach to improving health requires multiple sectors to come together, on Monday, April 11, NYU Langone’s Department of Population Health launched a conference series called “[Health And . . .](#)”. The conference aimed to bring together investigators, policymakers, practitioners, and community leaders from education, housing, and healthcare, to identify where their priorities align and opportunities to work together.



The well attended inaugural 'Health And . . .' conference was meant to foster discussion between investigators, policymakers, practitioners, and community leaders.

[See a photo gallery](#) from the day of the conference

The inaugural event generated several big ideas:

1. Society and health are inextricably linked. Although quality healthcare and individual health behaviors—smoking, diet, and exercise—are important, panelists emphasized that strong social structures are essential to promoting health: good schools, a socially cohesive neighborhood, safe and affordable housing, clean air, parks, and bike lanes.

2. Place matters to health. Highlighting the power of place, a recent and widely covered [JAMA study](#) found that poorer Americans live as much as five years longer in more affluent cities like New York and San Francisco than their economically disadvantaged counterparts in cities like Detroit, Michigan and Gary, Indiana. “In many U.S. cities, large areas are cut off from economic centers of growth,” said [Steven Woolf, MD, MPH](#), of Virginia Commonwealth University, the keynote speaker and author of an [editorial accompanying the JAMA study](#).

Sub-standard housing is also associated with a wide variety of health risks, including exposure to lead paint, lack of window bars, structural defects, rodents and roaches, and poor ventilation, said [Ingrid Gould Ellen, PhD, MPP](#), of NYU Wagner’s Furman Center for Real Estate and Urban Policy.



3. Early investment in kids can set them on a healthy trajectory. Poverty and traumatic experiences in early childhood affect how children learn and impact their health, said [Laurie Brotman, PhD](#), professor in the Department of Population Health. Her program, [ParentCorps](#), brings together the key adults in children’s lives—parents, teachers, and other school personnel—to train them to impart foundational skills for learning and development to children.

4. Health is a community matter. Panelists spoke about the importance of recognizing the role of community in promoting health. [Joseph Ravenell, MD, MS](#), assistant professor in the Departments of Population Health and Medicine, launched a program at barbershops and churches in New York City to reach black men at risk of high blood pressure and colorectal cancer in their own communities. “When we place trusted people in trusted places, we actually have a chance to reduce barriers to health,” said Dr. Ravenell.

Small primary care practices are often integral to their communities, with 2 million New Yorkers seeing these doctors, according to [Donna Shelley, MD, MPH](#), associate professor in the Department of Population Health. [Community health workers](#), who work among their peers to provide social support and a link to the healthcare system, are also part of the healthcare workforce of the future, said panelists.



5. Communities need more resources. If community organizations are a linchpin to good health, they will need more support. The Center for Medicare and Medicaid Innovation (CMMI) is focusing on the social causes of health with a new effort called “[accountable care communities](#).” CMMI will allocate \$157 million to 44 sites across the country to support community-wide quality improvement programs, said [Dawn Alley, PhD](#), of CMMI. She called this, “lifting up our gaze a bit from the clinical encounter and thinking about collective impact.”

6. Evaluate programs using holistic measurements. The health, education, and housing sectors all want to see successes, said [Marc Gourevitch, MD, MPH](#), Muriel G. and George W. Singer Professor of Population Health and department chair. To evaluate programs across sectors, “measurement can be a unifier,” Dr. Gourevitch added, suggesting researchers could create “holistic” indexes to measure “well-being” or “quality-of-life.”

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