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EDITORIALS

The Foci of the Public Health Preventive Medicine Specialty

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DEFINING THE PUBLIC HEALTH AND GENERAL PREVENTIVE MEDICINE SPECIALTY

The public health and general preventive medicine (PHGPM, or PM) specialty's identity is deeply rooted in the houses of both public health (PH) and medicine,[1] which have historically been and remain very distinct enterprises.[2] PH pursues health promotion and health protection, primarily at the community and population levels, whereas medicine centers on disease prevention and disease treatment, primarily at the individual and small group levels.[2] This apparent duality of identity continues to mystify the public, other health professionals, and healthcare institutions regarding how, what, where, and when the PM specialty contributes to the health sphere. This public perception creates a perpetual need for PM to define its identity.[1] Consequently, PM physicians find it necessary to self-advocate for their value within the health sphere, often by adopting the latest socioprofessional movement that has the contemporaneous attention of decision makers, such as health systems management and leadership,[3] lifestyle medicine,[4] integrative medicine,[5] or population health.[6] Since the specialty's inception in 1954, many efforts have been put forward in pursuit of this goal. Some have sought greater public recognition for PM by proposing the renaming or rebranding of the specialty altogether.[1,7,8] Others have sought to advance the identity of PM physicians as the leaders of prevention writ large without proposing renaming or rebranding the specialty.[9–12] A consensus process spearheaded by the American College of Preventive Medicine (ACPM) Graduate Medical Education Committee detailed the nature and scope of the competencies of PHGPM physicians,[13] which were initially adopted by the Accreditation Council for Graduate Medical Education (ACGME) for training requirements, and by the American Board of Preventive Medicine (ABPM) for exam development. Other prior efforts include ACPM's Power of Prevention and This is Preventive Medicine campaigns.[14–17]

A FORMAL AND COLLABORATIVE EFFORT TO DEFINE PREVENTIVE MEDICINE FROM THE ACADEMIC PUBLISHING PERSPECTIVE

One initiative that may contribute to advancing the aim of better defining and branding the PM specialty is a collaborative effort by the journal *AJPM Focus* to define its own identity. The history of the birth of this journal and its mission and vision have been detailed elsewhere,[18] and expanded perspectives are also available, courtesy of the journal's highly diverse founding editorial board, regarding the specific components or foci of the journal's aims and scope.[19–23] This editorial article highlights the results of this collaborative effort by various entities affiliated with the journal *AJPM Focus*, which simultaneously advances recognition of the PM specialty's identity and contributions to PH, medicine, and society. A 4-year Delphi study was implemented, from June 2019 to September 2023. A total of 90 experts in the field, hailing from the governing boards of ACPM

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(*n*=12), the Association for Prevention Teaching and Research (*n*=12), and the *American Journal of Preventive Medicine* (AJPM) (*n*=14) as well as the editorial board and editorial leadership of *AJPM Focus* (*n*=52), were engaged in a multiphased process to explore definitions, models, trends, challenges, and opportunities in clustered areas of relevance (i.e., foci) of PH and PM. The identified foci were integrated into and form the basis of the journal's scope and aims statement, and they are further explored and explained in this dedicated special series of editorial articles, written by members of the journal's editorial board and published by the journal *AJPM Focus*. These editorial articles are made widely available to the broader academic community and the general public through the journal's open-access model, including both online publication in a dedicated special collection, and dissemination of a limited number of print versions to members of the Association for Prevention Teaching and Research, ACPM, and AJPM, to facilitate greater engagement with this content on the PM specialty between health systems, the public, and all health professionals.

THE FOCI OF THE PREVENTIVE MEDICINE SPECIALTY

Based on this high-level and longitudinal engagement between the *AJPM Focus* journal and the identified affiliated groups of experts, the journal proposes an organizing framework for defining the work of PM that centers on 5 logical and holistic foci within the full spectrum of prevention teaching, research, practice, and policy. The term focus (or foci in plural form) was explicitly adopted as an important element in the structure and name of the journal owing to its many connotations. On the one hand, focus implies a narrowing of one's view to concentrate on one given aspect of a phenomenon, as in "Let's focus on this or that." This is helpful for the PM specialty, which is often perceived as lacking focus by the public, given the breadth of the specialty. The latter is a blessing for PM physicians who are seasoned in the specialty and often seek to diversify their practice across a variety of areas, but it can also feel like a curse for students, trainees, and early career professionals seeking to find their footing in the real world. *AJPM Focus* aims to help bring focus and hopefully clarity to the work of PM physicians as they explore and apply the prevention evidence base to structure and guide their practice. In contrast, the term focus also implies the clustering or synthesis of the essence of a set of ideas, thoughts, models, tools, interventions, and approaches to addressing something, as in "What's the focus of your work?" This too is directly related to the journal and the PM specialty: the work of prevention can be understood and presented as a coherent synthesis of ideas, thoughts, models, tools, interventions, and approaches. Table 1 provides a detailed overview of these 5 foci, their definition, PH foundation, and examples of their applications in the PM specialty. Figure 1 depicts an integrated conceptual model of the 5 foci of the PM specialty and their place relative to the houses of medicine and PH.

NAMING AND BRANDING THE PREVENTIVE MEDICINE SPECIALTY

On the basis of these findings, which fully capture the breadth and depth of the scope of practice of PM physicians, the authors propose the following additional thoughts to further aid in naming and branding the PM specialty. Principally, there is a need to simplify the name of the specialty. Although the word "general" in the name "public health and general preventive medicine" was likely included to better distinguish PHGPM from the former specialty areas of aerospace medicine and occupational medicine (OM), this name creates unnecessary confusion. First, the term "and" incorrectly implies that the specialty has 2 distinct sides. Moreover, the lack of any books or articles that extensively define general preventive medicine (GPM) and the merger of PH and GPM into one specialty for examination and board certification purposes in 1983 by the ABPM[24] further suggest that GPM is not a distinct entity separate from PH. Consequently, the authors propose that the optimal name for the specialty at this time is Public Health Preventive Medicine (PHPM). This name is not intended to diminish any aspects of the specialty that some may not think of as PH. Rather, it significantly reduces the number of words in the name of the specialty; reaffirms PH as the core foundation for all aspects of the specialty's practice, as detailed further in Table 1; embraces the retention of PH in the name of the specialty; and continues to capitalize on the historic successes,[25,26] strong public name recognition, and sociopolitical gravitas[2] of PH.

It is also advantageous to align the branding of the specialty with the organizations that represent the needs and oversee the training and credentialing of PM physicians (i.e., ACPM, ACGME, and ABPM, respectively). In that vein, the authors recommend Community, Population, and Clinical Preventive Medicine (denoted each and together as CPM) as descriptors to amplify what the PHPM specialty includes for branding purposes. These descriptors for the specialty align with the name of the college (i.e., ACPM) and alliterate with the three Level 1 foci of

Table 1. The Definitions, PH Foundations, and Applications of the Foci of the PM Specialty

Foci of PM specialty	Foci levels[a]	Foci definitions	PH foundations	Examples of applications in PM
Community medicine, community health, and global health	Level 1	The practice or application of community-level interventions to improve health outcomes, called community medicine (or community preventive medicine) when this practice includes clinical components that depend on physicians and other clinicians for implementation, community health when the emphasis is program evaluation and interventions at the local level, and global health when the emphasis is on issues of global scope	The practice of community preventive medicine is mainly grounded in the core PH function of assessment, which provides the evidence base for monitoring the health status of populations, and understanding the root causes of health, disease, and inequity. Using this foundation, community preventive medicine then implements interventions to address these factors	Implementing communicable disease control programs (such as directly observed therapy for TB, STI surveillance, and treatment guidance for primary care doctors) Educating a local community about the benefits of vaccines and providing vaccines at points of distribution, informed by active epidemiologic surveillance evidence
Population medicine, population health, and population health management	Level 1	The practice or application of population-level interventions to improve health outcomes, called population medicine (or clinical population medicine) when this practice includes clinical components (or direct patient care) that depend on physicians and other clinicians for implementation, population health management when the emphasis is on nonclinical components (or indirect patient care), and population health when the healthcare system has a broader focus on the health of the public, beyond their narrower population of patients	The practice of clinical population medicine is grounded in the application of epidemiologic methods to study, evaluate, and optimize clinical care and outcomes. These methods, although now widely adopted in multiple professions and disciplines, originate from the profession of PH	Addressing the social determinants of health for patient populations outside of their brief stay within hospitals, in partnership with other community entities such as schools and libraries Designing or transforming a healthcare system's structures and processes to facilitate better care coordination; streamlining of clinical services; and pursuit of the quadruple aims of cost, quality, patient outcomes, and provider wellbeing
Clinical preventive medicine, integrative medicine, and lifestyle medicine	Level 1	The practice or application of individual or group-level interventions to improve health outcomes, with a focus on prevention as compared with treatment. Clinical preventive medicine is inclusive of lifestyle medicine or integrative medicine, depending on the desired practice goals and settings of individual PM physicians	Although often thought of as not being directly related to PH, clinical preventive medicine is in fact deeply aligned with PH. Namely, PH provides a framework for linking the individual patient's diseases, physical signs, symptoms, and laboratory findings to the broader social and environmental determinants of health that may impede or facilitate positive health changes for the patient	Applying the various PH behavior change theories or models in the context of lifestyle medicine prescriptions to identify and mitigate known barriers to successful accomplishment of patient goals Assuring that a primary care clinic that seeks to optimize the delivery of clinical preventive services adequately accounts for what community-based resources are available to assist patients in their journey toward health and that patients can access and utilize these resources

(*continued on next page*)

Table 1. The Definitions, PH Foundations, and Applications of the Foci of the PM Specialty (*continued*)

Foci of PM specialty	Foci levels[a]	Foci definitions	PH foundations	Examples of applications in PM
Health promotion, health protection, and disease prevention	Level 2	The levels of prevention that precede disease treatment, focusing on true prevention. Health promotion focuses on optimization of health through social and environmental interventions; health protection facilitates the provision of protective factors to allow people to remain healthy in the face of routine and known health threats; and disease prevention applies early detection efforts or clinical interventions to avert the emergence of disease	The levels of prevention provide a lens that informs how the houses of medicine and PH can conceptualize the continuum of their interdependent but mutually beneficial relationship and complementary roles in society	Implementing the U.S. Preventive Services Task Force and Community Preventive Services Task Force guidelines that apply to the same diseases, screening tools, or preventive interventions Advocating for changes in policies, regulations, statutes, and laws to promote and protect the health of the public
Assessment, policy development, and assurance	Level 2	The core functions of PH, which define the scope of practice of PH as a profession; organizing framework for defining PH for the profession and the general public	The core functions of PH serve as an essential lens that informs the practice of PM on the basis of the different contexts of this practice	Developing and providing culturally appropriate materials to communities or patients in a hospital to minimize health literacy challenges Applying quality assessment, control, improvement, and assurance methods within healthcare systems to improve patient outcomes

PH, public health; PM, preventive medicine; STI, sexually transmitted infection; TB, tuberculosis.
[a]Level 1: Mutually exclusive and distinct areas of practice of the PM specialty, which serve as lenses or sets of tools, models, knowledge bases, or skills through which PM physicians approach their work and deliver their services in and contributions to medicine, PH, and society. Level 2: Cross-cutting approaches that span the Level 1 foci of the PM specialty and illustrate the continuum and complexity of the bridging work that is performed by PM physicians.

the specialty as detailed in Table 1 (i.e., community preventive medicine, clinical population medicine, and clinical preventive medicine), thereby allowing all PM physicians to easily identify their preferred focus of practice while using CPM as a common acronymic descriptor for branding purposes.

Community preventive medicine (CPM) avoids the term community medicine, which some PM physicians may not fully embrace. Even though it was originally coined by PM physicians,[27] many today interpret community medicine to mean community-oriented primary care, which is likely why some academic family medicine departments or divisions have added community medicine to their title. Clinical population medicine is supported by a rich literature[28,29] and denotes the integration of PH and primary care,[30] which is a role that PM physicians already fulfill.[31] Clinical preventive medicine (CPM) has long been widely recognized in practice[32] and is easily explainable to the public and other health professionals. This alignment would facilitate greater engagement between ACPM and all PHPM physicians nationally, especially those who are not currently members of the college, such that the college becomes more responsive to and focused on the specific concerns of PHPM physicians than on the concerns of our cousins in occupational medicine and aerospace medicine whose interests are already prioritized by their own respective specialty colleges. There is also a need for ACPM and PHPM physicians to work with ABPM and ACGME to rebrand the specialty accordingly, akin to the recent successful renaming of OM to occupational and environmental medicine (OEM) in 2022, which more closely aligned that specialty's name to its college (i.e., American College of Occupational and Environmental Medicine, or ACOEM) and rebranded environmental medicine as a core part of that specialty. Similarly, community, population, and clinical preventive medicine should be rebranded as core parts of the PHPM specialty.

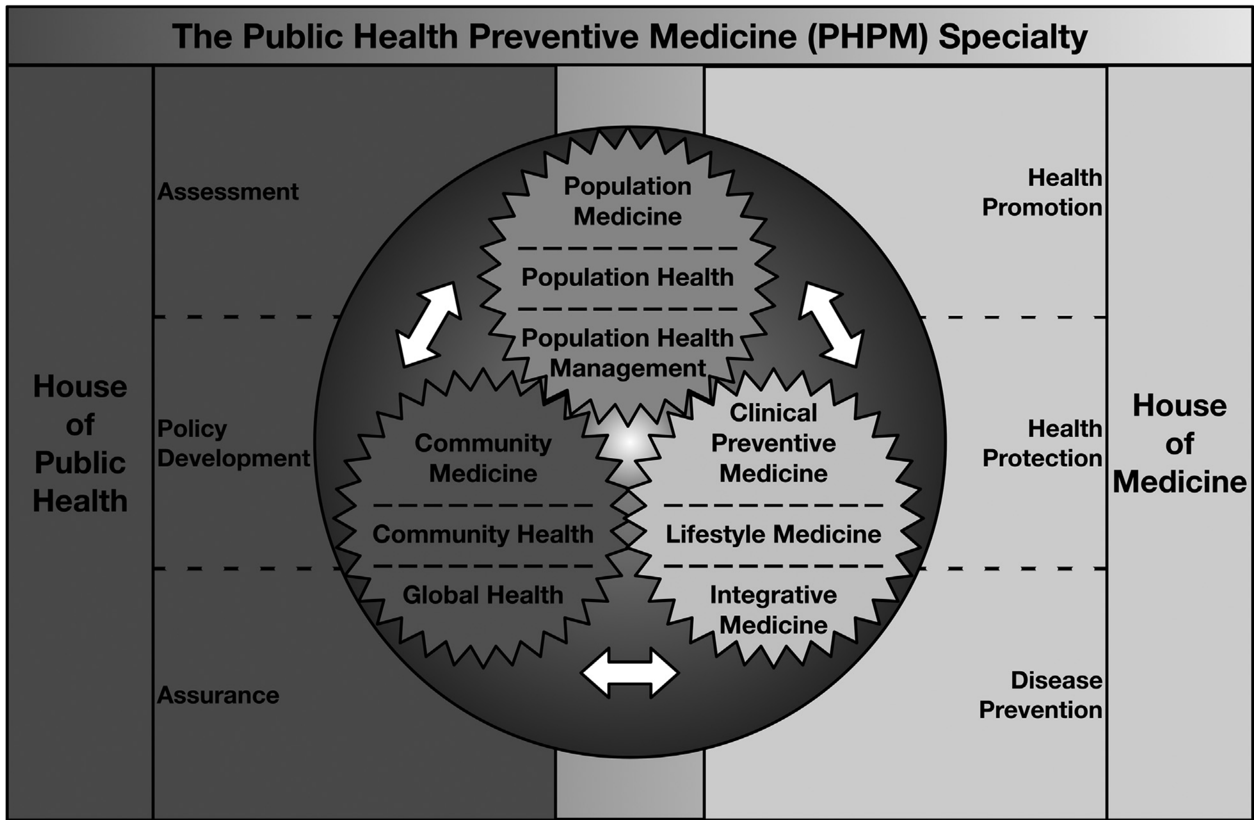

Figure 1. The foci of the public health preventive medicine specialty relative to the houses of medicine and public health.

CONCLUSIONS

The PM specialty still needs to better brand its identity and communicate its value to health systems and the general public. The authors, based on collaborative work with various groups of experts affiliated with the journal *AJPM Focus*, propose that the PM specialty has 5 foci that can aid in this collective effort and that, consequently, Public Health Preventive Medicine is currently the appropriate optimal name for the specialty, and Community, Population, and Clinical Preventive Medicine are fitting descriptors for the foci of the specialty.

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