

Clinical public health

Individual health is increasingly influenced by a wide range of community and population determinants of health. Today, therefore, the scope of practice for clinicians must encompass both individual and community health by drawing on principles of public health, population health, health policy, health systems and leadership to enhance the quality of care delivered, and effectively promote the health of our patients and communities.

^[1] Public health physicians needs to draw on the principles and practice of clinical medicine to achieve the desired outcome of population health. Public health stresses the prevention of disease, while medicine deals with the prevention, diagnosis and treatment of individuals. Despite these differences in perspective, a moment's reflection reinforces the continuity and overlap between the public health concern with populations, and the individual responsibility of medicine.^[2] Clinical public health could address this by integration of the principles of public health, population health, health policy and leadership into medical care and health systems decision-making.

The importance of clinical public health was most pronounced during the COVID-19 pandemic, when a complete crisis response based on comprehensive understanding of social determinants of health was required. In that setting, a robust foundation in clinical public health could empower clinicians to recognise the variety of social and economic factors affecting the health of an individual as well the community (s)he lives in. Effective and efficient treatment of patients requires consideration of the full person.^[3] Public health physicians could play a pivotal role in engaging patients to connect with community resources, but only if they are equipped to think about upstream health needs, and ask the right questions.

The history of collaboration and integration of medicine and public health in the USA found a number of positive outcomes, such as: (i) improved healthcare by co-ordinating services for individuals; (ii) improved access to care by establishing frameworks to provide care for the uninsured and underinsured; (iii) improved quality and cost-effectiveness of care by applying a population perspective to medical practice; (iv) using clinical practice to identify and address

community health problems; (v) strengthened health promotion and health protection by mobilising community campaigns; and (vi) shaping the future direction of the health system by collaborating around policy, training and research.^[4] Comparable initiatives were taken in other countries such as the UK to shift focus towards prevention by supporting clinicians, leaders and service managers to guide their teams through the process of redesigning services to support prevention.^[5] Similar initiatives are needed in developing countries such as South Africa to re-engineer the training of public health physicians in clinical public health. The conference organised jointly by the South African Medical Association and South African Public Health and Preventive Medicine Association on 27 October 2022 will hopefully provide a platform to deliberate on this and initiate a robust discussion on this topic.

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