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## Improving the Health of All 'Free-Range' Humans

— George Rust, MD, would like for us to reconsider health equity

by Taylor Sisk

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Tallahassee, Fla. – [George Rust, MD, MPH](#), would like to reframe the conversation. As a prominent advocate for health equity in the U.S., a priority for Rust is resetting the parameters of reference.

The Office of Disease Prevention and Health Promotions' [Healthy People 2020 report](#) defines health equity as "attainment of the highest level of health for all people." Rust's concern is that it's too often considered abstractly, an ideal.

"We're trying to change the conversation around health equity to one of 'disparities are not inevitable: equality of outcomes is achievable; health equity is achievable.'"

Rust is the director of the [Center for Medicine and Public Health](#) here at Florida State University, where he also teaches primary care, community health, and population health.

His commitment to health equity took shape during his residency at Cook County Hospital in Chicago in the early 1980s under the tutelage of Jorge Prieto, a pioneer of community-based medicine who founded clinics in Chicago's underserved communities. Rust worked in a clinic, now named in honor of Prieto, in a predominantly Mexican neighborhood.

"It was a good place to learn about the intersection of health and race and poverty," Rust said, "the notion that people don't live in our exam rooms – they have a context of family and neighborhood – and that drives a lot of their health."

Rust went on to serve as medical director of the West Orange Farmworkers' Health Association in central Florida, where he developed a lifelong commitment to improving migrant and seasonal farmworker health care

He then went to the Morehouse School of Medicine in Atlanta as the founding director of

the National Center for Primary Care, where, he said, he was surrounded by people passionate about health justice, and where true community partnerships were central to the work.

In 2002, Rust helped recruit former Surgeon General David Satcher, MD, to serve as director of the center. Satcher considers Rust "a brilliant and committed physician who cares deeply about the underserved."

"He was a dedicated teacher and role model for our students," Satcher said.

### **Breaking Down the Silos**

Rust speaks of improving the health of "free-range" humans in context. Listen to your patients, he urges, and allow them to be the "true north of your quality compass," while remaining mindful of "hard outcomes": fewer suffering days, optimal health.

He's made church-sponsored trips to Honduras to assist with a program run by German Jiménez, a family physician. In addition to promoting preventive care, the program includes nutrition education, preschools, community gardens, and economic-development initiatives, leveraging it all for leadership development.

Across 27 villages, the infant mortality rate was 7% when the program was launched about 25 years ago. Rust said that as of his last visit a few years ago, there had been no infant deaths reported since 2006.

He laments that such multidimensional initiatives are so rare in the U.S.

### **Training Community Educators**

The first step in striking what Rust refers to as the "harmonies" of primary care and community health is to address patients as more than "sacks of organs." An integrative view is essential.

"I've often said that these one-disease-at-a-time disease-management programs only work if people agree to only have one disease at a time," he said.

Patients **must** also be understood as complex, social beings.

"You need to think about their strengths: What have they overcome in their lives, what skills and resources do they have to improve their own health?"

While working with the migrant communities in Florida, he would make house calls to patients who'd been discharged from the hospital, visiting shacks along unpaved roads and trailers

"I began to see that some of the advice I was giving patients **just** didn't make sense. It

just didn't fit into their reality at all."

He and his colleagues initiated a program to train people from the community to be peer counselors – people with diabetes, for example, to help educate others with the disease.

"It changed the outcomes fairly significantly," Rust said.

### **Immigration Fears**

Rust recently took a group of students to a migrant farmworker community in Immokalee, Florida, where the Florida State University College of Medicine offers integrated services, including the [Center for Child Stress & Health](#). He came away with a "good-news-bad-news" impression.

The good news is that he saw more community activism than he's witnessed in the past, and, at least on some sites, improved working conditions.

The bad news is deportation fears, people not coming to clinics to get fundamental health care for themselves and their children, meanwhile wracked with stress and anxiety over the threat of being separated from their kids.

These images are fresh in Rust's mind as he turns again to the reframing of the health equity conversation, to the importance of moving away from assuming disparities are beyond the healthcare community's reach because they stem from poverty.

"I think the social determinants conversation has helped and hurt," he observed. "It helps in making us more aware of context. It hurts in using the word 'determinant,' as if it's deterministic. I think that in some ways that lets the health folks off the hook."

"It turns out that you really can do something," he asserted.

Rust believes that progress is being made in training healthcare professionals to be more aware of "community context and family context and 'whole-people-ness,' even as they're doing evidence-based medicine and all the hard-core medical stuff."

And on the public health side, there is now less "this-versus-that in terms of preventive care and sick care, health promotion and sick care," and more "all-of-the-above."

"You take something like diabetes, it requires behavior change; it requires a lot on the patient's part as well as on the physician's part. You need a support system to help folks do that."

Rust said he does, in moments, grow discouraged.

In an [editorial](#) published in the current issue of *Ethnicity & Disease* titled "Hope for Health Equity," he wrote:

"We see ever more clearly the forces actively fighting against a justice-based approach to health for all. We hear a dialectic in which the collective good is placed in opposition to the autonomy of the individual. It would be easy to lose hope."

But he never despairs. As he put it in the editorial:

"It is hope and an expectation of moving toward health justice that are a core ingredient for bringing these outcomes to fruition."