VIEWPOINTS

Optimizing the Public Health Platform

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More than 450 individuals participated in the September 5, 2012, webinar launch of the “Team Up. Pressure Down.” campaign that brings the federal Million Hearts campaign on to the most important public health platform in our country: the community pharmacy. If played out to the most optimistic vision of the program’s creators, the profession might look back a few years from now and recognize that we have redefined our roles in society by seizing this opportunity to demonstrate the reach and utility of having pharmacists work in these settings that dot virtually every corner of our cities and suburbs and every zip code in over 3,000 counties. The public has amazing access to highly trained health professionals whose education and training equips them as an army to address unmet public health needs. This is especially critical when an estimated 50,000 public health full-time equivalent positions have been eliminated in county and state public health agencies over the recessionary period of the last 5 years.¹

While I was in pharmacy school, the National Association of Chain Drug Stores calculated that the equivalent of the US population entered a community pharmacy each week. That was a time when names like Eckerd, Revco, Harco, CVS, Walgreens, and Rite Aid were the key corporate players, along with surviving independents and franchises like Medicine Shoppe. Today there are also pharmacists practicing in almost all food retail outlets and mass merchandisers, along with health systems clinics and other locations. I am not sure if anyone has stopped to accurately estimate this number, but I would posit that today the average consumer, and especially the female head of household, enters an environment where a pharmacist is practicing 2 to 3 times each week. As I walk the aisles of my familiar Safeway grocery, I constantly hear the overhead messaging system encouraging me to seek immunizations and other services from my Safeway pharmacist.

“Team Up. Pressure Down.” aims to create increased awareness among consumers of the importance of knowing whether their blood pressure is controlled. Improved adherence with appropriately prescribed medications and identification of undiagnosed and uncontrolled

hypertension, likely the largest health risks, are aims of the campaign. The fact that the Centers for Disease Control and Prevention (CDC) and its partners across the federal health agencies are focusing attention on the potential for using the real estate of community pharmacies and the access and expertise of the pharmacist to move the needle on better high blood pressure control is no accident. They went to the literature to find evidence of interventions that work and the scholarly contributions of pharmacy faculty members informed them of the power of pharmacists’ interventions and the accessibility of pharmacists in the community.

The American Association of Colleges of Pharmacy (AACP) has consistently communicated with the CDC that pharmacy faculties and faculty-advised student organizations are ready to engage in this specific public health initiative. You have helped to build the models and now it is scale-up time! We thank you in advance for your engagement over the months to come.

The AACP has also consistently communicated that we must work to make these practices sustainable in today’s health marketplace. That requires a careful examination of the financial support needed to ensure that this public health platform has the capacity to offer screening, education, and patient-monitoring services. Immunization services have a financial model associated with administering each dose of vaccine. Not so for other essential public health services. I find it ironic that dispensing reimbursements continue to shrink to virtually nothing at the very stores where pharmacists are poised to offer expanded access to vital services, and that these stores must rely on the attractive margins from sales of alcohol, tobacco products, soda, and candy to sustain operations! Why do we wonder why we are not winning the wars against obesity and chronic illness?

In 2004, the Center for the Advancement of Pharmaceutical Education Outcomes panel asserted that public health was the third pillar of the competency framework for 21st century pharmacy education and practice. Many in our community responded with

substantial uncertainty that public health truly deserved a place next to pharmaceutical care and systems management in our educational architecture. Perhaps that panel could dream of the day when our nation's public health agency would turn to pharmacists saying, "Help us make a difference in the lives of millions of citizens at risk from uncontrolled hypertension and heart disease."

That day is now! Good luck in your "Team Up. Pressure Down." initiatives!
P.S. Let's keep dreaming!

REFERENCES

1. Benjamin Georges. President of the American Public Health Association [personal communication]. August 2012.