AN INTERVIEW WITH
THOMAS H. DENNISON, PH.D.

by E. Craig Heim

Dr. Thomas H. Dennison is professor of practice at the Maxwell School of Citizenship and Public Affairs at Syracuse University, where he is also advisor to the Program in Health Services Management and Policy (HSMAP) at the Maxwell School. Dennison is a senior research associate in the Maxwell School’s Center for Policy Research and faculty affiliate of the Syracuse University Gerontology Center. He is also professor of public health and preventive medicine at Upstate Medical University and associate director of the Central New York Master in Public Health, a collaborative master in public health sponsored by Syracuse University and Upstate Medical University.

As the founding director of the Lerner Center for Public Health Promotion, Dennison has been actively engaged in community initiatives to improve overall health. The Monday Campaigns, including Meatless Monday, have been a central part of the effort to engage the community through a variety of social media.

Dennison was affiliated with Price-waterhouseCoopers’ healthcare consulting practice for 15 years and earlier served as the chief executive officer of a hospital, the administrator of a nursing home and executive director of a network of ambulatory care centers. He is licensed as a nursing home administrator in New York State.

He chairs the Onondaga County Advisory Board of Health, Partners in Franciscan Ministries and the Visiting Nurse Association of Central New York. He is treasurer of The Foundation for Long Term Care, an affiliate of Leading Age New York, and serves on the board of St. Elizabeth’s Medical Center.

Dennison holds a bachelor’s degree in management from Syracuse University, a master’s degree in hospital administration from George Washington University and a doctorate in health planning and administration from Pennsylvania State University.

Your career has focused on preventive medicine and proactive, wellness strategies working with large healthcare systems and hospitals. How did you come to this orientation and how are these institutions applying what used to be called alternative, complementary approaches that are becoming known today as integrative health?

There is nothing new here. Go back to the 1920s and 1930s and you will find the same claims and criticism with healthcare delivery systems and practices. Unfortunately, the way the U.S. health care system evolved and the power (and money) concentrated in what we define as allopathic medicine obscured the integration of the approaches and what works best in each.

In 1967, a report was sponsored by the American Public Health Association and the National Health Council and was developed by the National Commission on Community Health Services. The Folsom Report focused on “a community of solutions,” recognizing the impact of external factors influencing the health of individuals and the systems providing services. This reinforced my thinking about how systems can work together and how systemic approaches can produce better healthcare results.

Over time, working as a CEO of a hospital, an administrator of a nursing home and executive director of a network of ambulatory care centers has provided several “mountain top” views of how these systems can work together and within the larger community.

Although revenue is driving most of our healthcare systems, there are many examples of innovative hospitals testing new approaches in ambulatory care, community health centers in targeted neighborhoods and public health nursing. Unfortunately, the funding that was allocated in the late 1960s and early 1970s is no longer available, and competition among providers keeps many hospital administrators focusing too narrowly on the institution, rather than the whole system.

Medicare was designed to pay for diagnosis and treatment, not prevention. Other insurers largely followed the same model. Billing Medicare and many other insurances generally requires a diagnosis; a problem. The white space between billable events is where life happens.

Lifestyle choices continue to be the basis of many individual illnesses and collective pathologies. You have focused on public policy to help change systems and ultimately individual behavior. How does Meatless Mondays fit in that strategy and how is it going?

Environmental factors will be recognized as the cause of many illnesses, and many people have high cholesterol because of the genes they carry from their parents. We do know, however,
that approximately 30 percent of health issues are attributable to one’s own health choices, but social and economic factors make up 40 percent of what influences health. Obvious health factors like quitting smoking, better food choices and exercise are gaining momentum through the support of modern media, but more people will need to take personal responsibility for their own health and wellness. At the same time, we need to take a hard look at the environment and communities in which people live. We need to coordinate what today are fragmented perspectives and develop a broader context to healthcare, individual choice and the social and economic factors that influence health.

We think that media and public policy will play a critical role in the providing this understanding and function as the basis of systemic change. Consider the influence of C. Everett Koop and smoking, or the power of Mothers Against Drunken Driving and how personal choices have changed as a result.

Meatless Mondays isn’t looking to stop people from eating meat, but to help people reduce their intake of saturated fats by just 15 percent by forgoing meat one day a week. The health advantages are clear. Monday is a catalyst for change, and we know that more people reconsider life patterns and consider changing behavior after the weekend and beginning the new week. We are working through social media to generate awareness and involve more people with better answers to their health. Sid Lerner was one of the first “Madison Avenue mad men” in New York and his experience has created a program that is easy to understand and implement. Prince Charles and Paul McCartney are playing significant roles in England and an international following is growing.

So-called Eastern modalities are being integrated into Western medicine and the acceptance of the two working together seems to be growing. How do you see this playing out in the future?

A true convergence will not occur until evidenced-based research is done to determine the veracity of these modalities. Tactile stimulation (bodywork) has a clear benefit in many instances. Acupuncture now has a body of research that confirms the benefits. Reiki has been studied as a preoperative strategy that improves recovery.

Over time, the blending of proactive strategies and supportive medical treatments will come about and consumer demand will help drive systems change. This is evident in Ithaca and the relationship between “The Island” wellness complex and the Cayuga Medical Center, one example of the junction of the two worlds coming together in a better way, and I think the progenitor of things to come.