Northwell Health®

Prevention Care

An Interview with Felicia Hill-Briggs, PhD,
Vice President of Prevention and Simons Distinguished Chair in Clinical Research, Northwell Health

EDITORS' NOTE *Felicia Hill-Briggs is Associate Director and a professor within the Institute of Health System Science at the Feinstein Institutes for Medical Research. She is also the Simons Distinguished Chair in Clinical Research and professor in the Department of Medicine at the Donald and Barbara Zucker School of Medicine at Hofstra/Northwell. Dr. Hill-Briggs previously served as a professor of general internal medicine and endocrinology, diabetes and metabolism at Johns Hopkins University School of Medicine, director of the NIH-funded Behavioral Research in Heart and Vascular Disease fellowship program, and senior director of Population Health Research and Development for Johns Hopkins HealthCare, LLC. In 2018, Dr. Hill-Briggs was national president of the American Diabetes Association for Healthcare and Education. She was elected to the National Academies of Sciences, Engineering, and Medicine and recently led a Johns Hopkins Medicine/University of Maryland Medical Center partnership that was awarded $43 million by the Maryland Health Services Cost Review Commission to establish diabetes prevention and management services in underserved areas.*

Felicia Hill-Briggs

Will you provide an overview of your role and areas of focus?

In my role as Vice President of Prevention at Northwell Health, I lead a team of clinical researchers, implementation scientists, and clinicians with expertise in conducting clinical research for new discovery in prevention care and expertise in implementing and evaluating large-scale, evidence-based prevention programs delivered in healthcare, community, and regional settings.

Our mission is to establish and to grow prevention research and care programs that are effective and accessible and that promote a healthier, more equitable future. Our vision is optimal health and well-being for all through prevention. A key focus of our work is large-scale impact. To have population level impact, prevention research and care programs must reach and be effective within populations of health inequity. Northwell Health, as an integrated healthcare system and the largest healthcare provider in New York State, is uniquely poised to lead the nation in the design and conduct of prevention research and care models that improve outcomes among a wide breadth of racial and ethnic populations carrying disproportionate burden of chronic conditions.

We use health system and public health data to identify priority conditions and populations within Northwell Health and its communities for preventive interventions, and we collaborate across Northwell Health departments. Our current work is focused on prevention of diabetes and its comorbidities within our highest-risk communities, reducing the stark inequities in maternal morbidity and mortality particularly among Black/African American pregnant persons, and enhancing reach of cancer research and care programs to populations of health inequity.

How is Northwell Health working to expand disease prevention research and care programs at the Feinstein Institutes and across the health system?

Our strategy is to address the full continuum of prevention – primary, secondary, and tertiary prevention. Primary prevention is interventions to keep healthy people healthy. Secondary prevention is for people who already have risk factors for disease, such as overweight, elevated blood pressure, or elevated blood sugar, but not yet reaching the thresholds for disease onset. Interventions for secondary prevention target those risk factors to stop people from progressing to disease. Tertiary prevention, also known as disease management, is for people who already have disease. We want them to live their best possible lives. Disease management interventions target improving disease care and outcomes, reducing disease complications and comorbidities, and improving quality of life.

Our prevention researchers design and conduct research across the prevention continuum to discover novel interventions and methods where there is not an evidence base of effective solutions. Working in partnership with clinical departments and centers, such as the Northwell Health Center for Maternal Health, innovations are proposed for research, and grants are submitted for funding. Currently two large clinical research grants on maternal morbidity and mortality are in processes of review for federal research funding. These collaborations between our prevention researchers and Northwell clinicians increase integration of research and data science into care and clinical decision-making, grow research training and new investigator opportunities, and propel Northwell Health's leadership in advancing new models of prevention care.

In addition to new discovery, we use implementation science to bring prevention interventions with a strong evidence base into our healthcare and community settings in a sustainable manner. As an example, our first major implementation initiative is the National Diabetes Prevention Program (National DPP), a secondary prevention program that cuts progression to type 2 diabetes in half in people with prediabetes. The National DPP, launched in 2010 by the CDC, is the largest national effort to bring an evidence-based lifestyle change program to communities across the country. The program has reached many communities, and in 2019 the CDC reported a reduction in overall new cases of diabetes in the U.S. But not everyone is benefitting. During that same period, diabetes incidence continued to increase among African American and Hispanic/Latinx populations and among individuals with less than a high school education. Northwell Health, in partnership with the New York State Department of Health, local health departments, community-based organizations, and faith-based organizations, is bringing the National DPP to populations not yet reached by the program. We are employing a population health strategy to implement the program in 11 high-risk communities served by Northwell Health and to close gaps and enhance National DPP networks in key areas across the state. In doing so, this initiative will result in reduced diabetes incidence rates in those most in need and ultimately move the needle on diabetes incidence rates at the New York State level.

Do you feel that there are strong opportunities for women to grow and lead in the industry?

I absolutely see strong opportunities for women leadership in the industry. Women are entering science and medicine professions in relatively equal proportions to men when we look at medical school enrollment and graduation rates and early career faculty appointments in academic medicine. This is important, as it produces a steady pipeline of women for professional promotion and leadership. However, when we look at advancement in science and medicine, it remains the case that women are promoted at rates that lag behind men, and among leaders in science and medicine, very few are women. While data will likely show growth in the number of women leaders from racially and ethnically underrepresented groups in medicine in recent years, there is a temptation to relegate women leaders from underrepresented groups to leadership positions focused on diversity rather than positions focused in their academic and scientific expertise. So, for example, growth in attainment of leadership can be seen in the areas of Diversity, Equity, and Inclusion, while their expertise, professional training, and achievements have prepared them equally to be Chair of Cardiology, Endocrinology, Neurology, or Medicine, or CEO of a healthcare system or other health organization. Biases and glass ceilings still need to be shattered for the industry to benefit optimally from the talent pool available for leadership. ●