

Building a Culture of Health

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“Mission: Healing America’s Communities”

Adventist Health Policy Association

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Loma Linda, CA

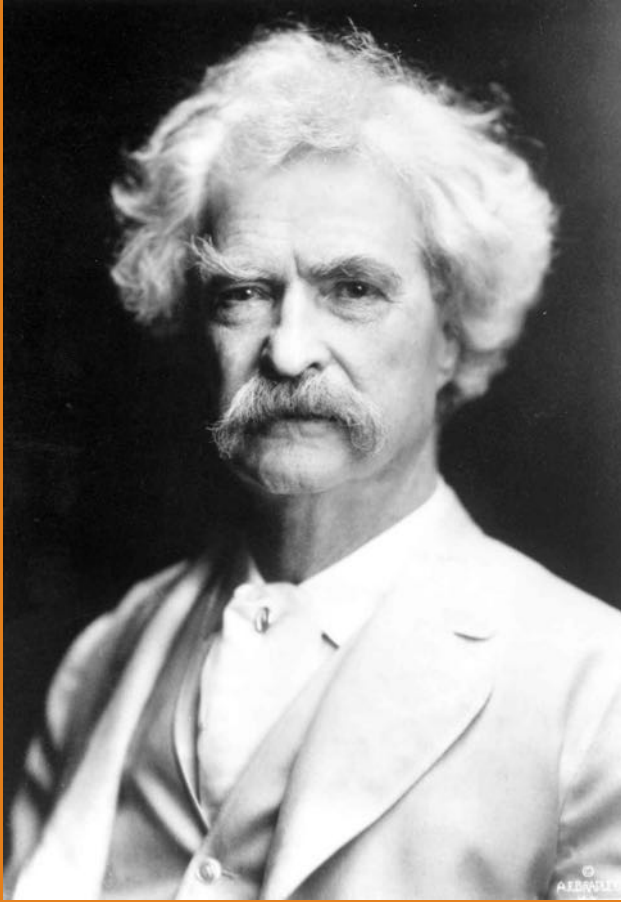


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Presentation Overview

- **Our current health environment**
- **Re-imagining health and health care for the 21st century**
- **Culture of Health Action Framework**





“The two most important days
in your life are the day you were
born and the day you find out why.”
-Mark Twain





Helen Bruce, MD

1907 - 1994

- City of St. Louis Health Department
1947 – 1981
- Health Commissioner
1972 - 1981

Florence Nightingale on Health

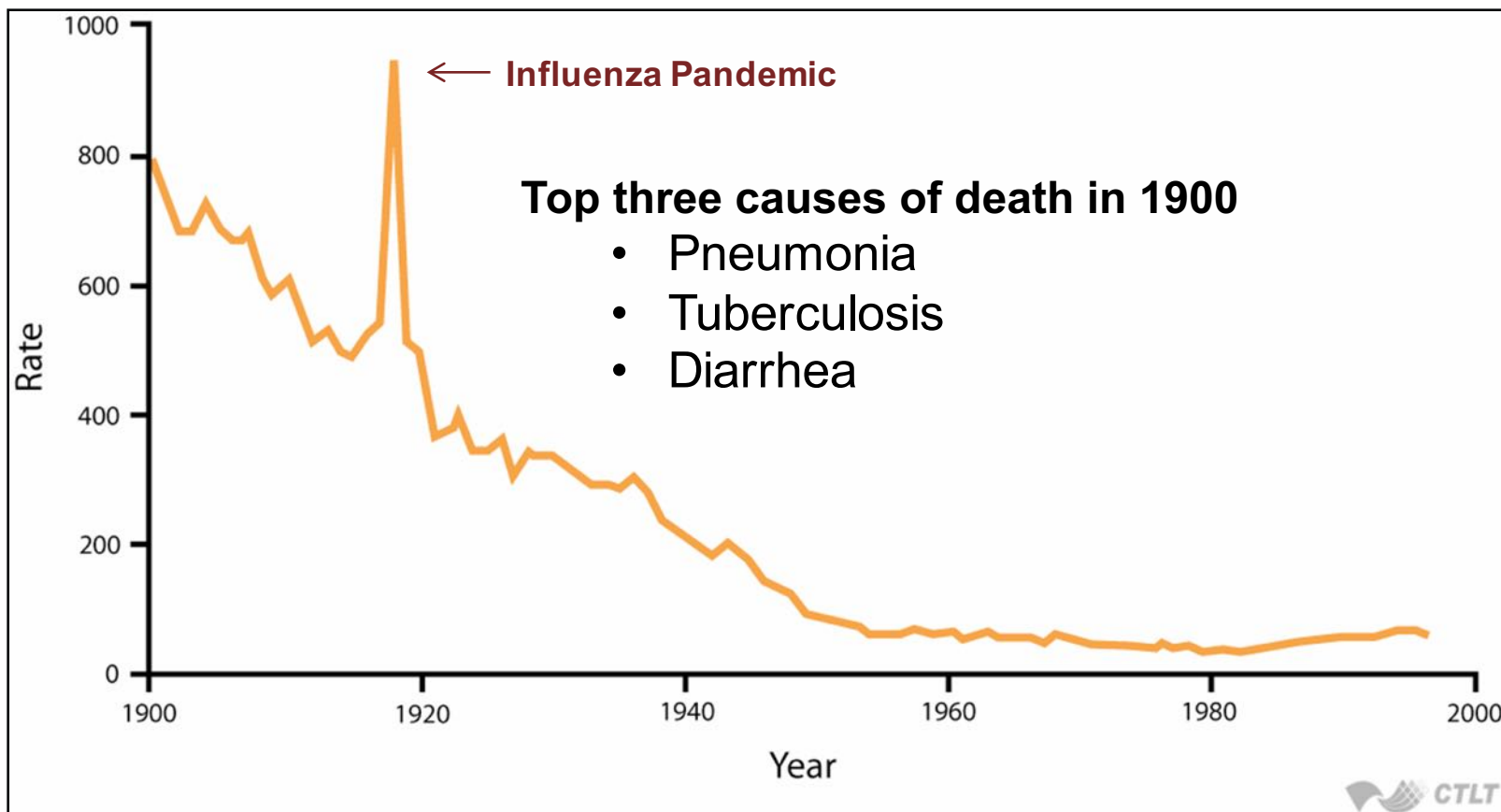
“Money would be better spent in maintaining health in infancy and childhood than in building hospitals to alleviate disease. It is much cheaper to promote health than to maintain people in sickness”

--Florence Nightingale, 1894



Dr. Bruce's 20th Century Public Health Legacy

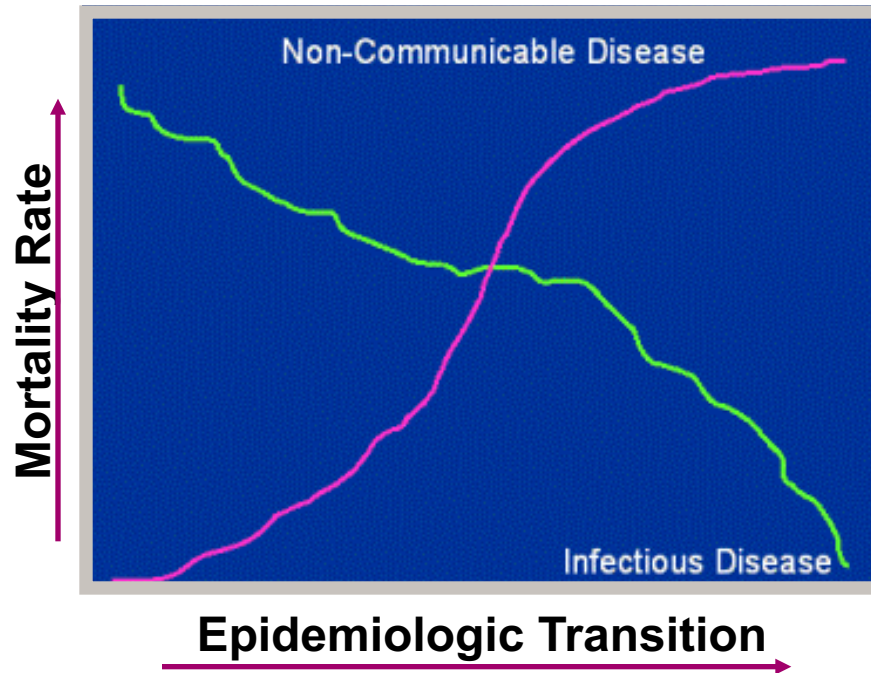
Deaths from Infectious Disease 1900-2000, US



Our 21st Century Public Health Problem

1900

**Pneumonia
Tuberculosis
Diarrhea**



2010

**Heart
Disease
Cancer
Stroke**



Are
'Shorter, sicker lives'
our legacy??



A group of military recruits, both men and women, are running on a green athletic track. They are wearing blue t-shirts and camouflage pants, and some have backpacks. The recruits are in a line, running towards the camera. The background shows the track's lanes and a grassy area.

70%

More than
of 17- to 24-year-olds are
ineligible to serve in
the military.

1/3

of kids are
overweight or
obese



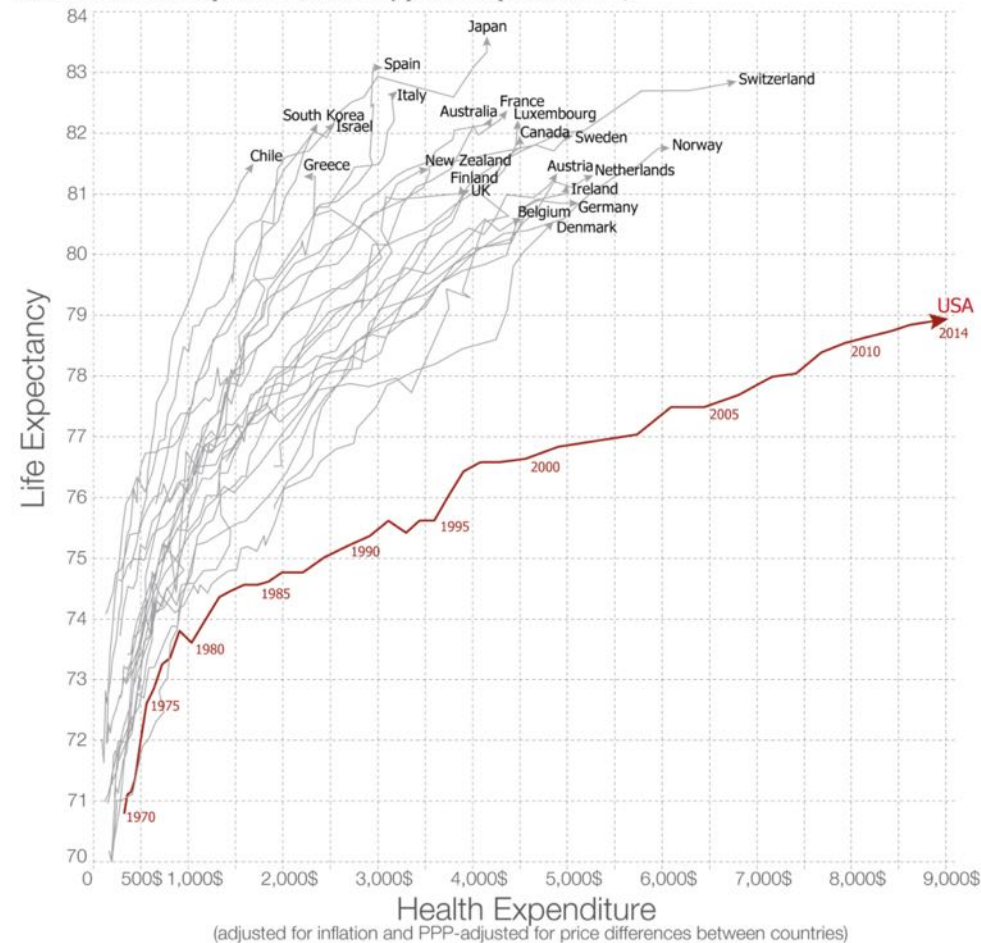
Nearly **one-fifth** of all
Americans live in neighborhoods
that make it hard to be healthy.

Spending more...Getting less

Life expectancy vs. health expenditure over time (1970-2014)

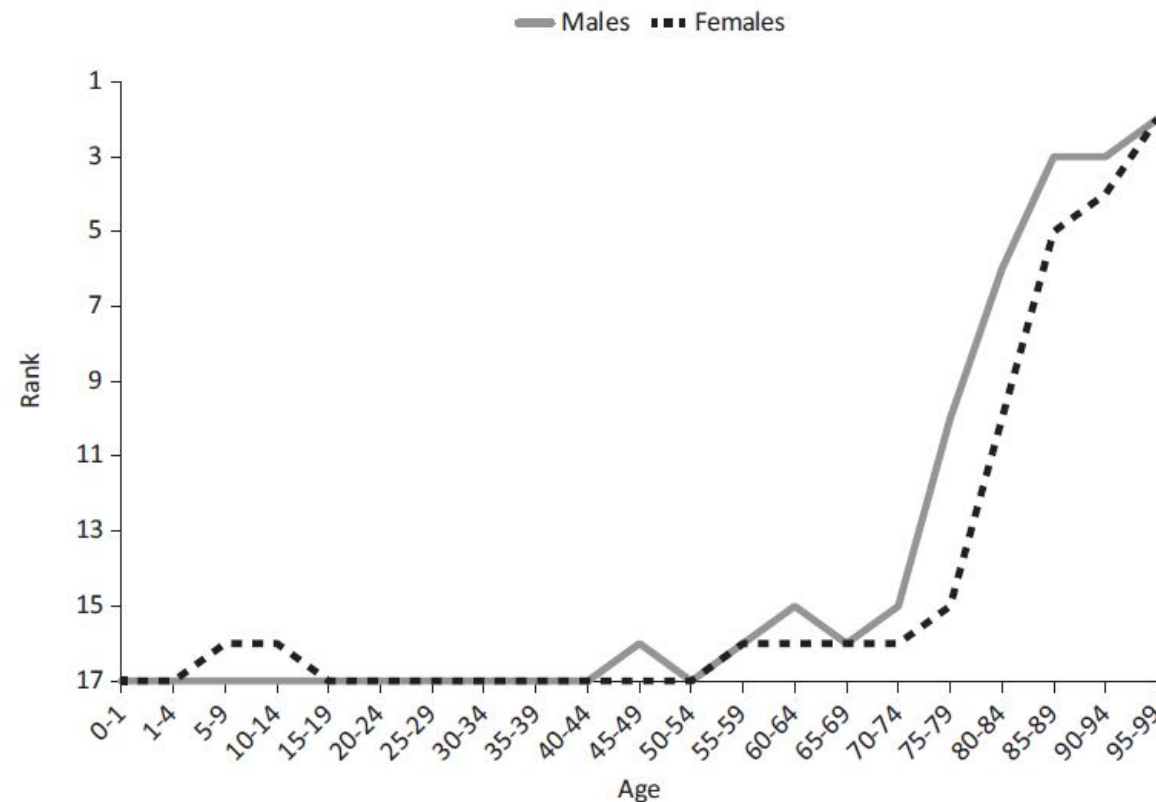
Our World
in Data

Health spending measures the consumption of health care goods and services, including personal health care (curative care, rehabilitative care, long-term care, ancillary services and medical goods) and collective services (prevention and public health services as well as health administration), but excluding spending on investments. Shown is total health expenditure (financed by public and private sources).



Low Life Expectancy at Every Age

Ranking of US Mortality Rates by Age Group vs. Peer Countries, 2006-2008

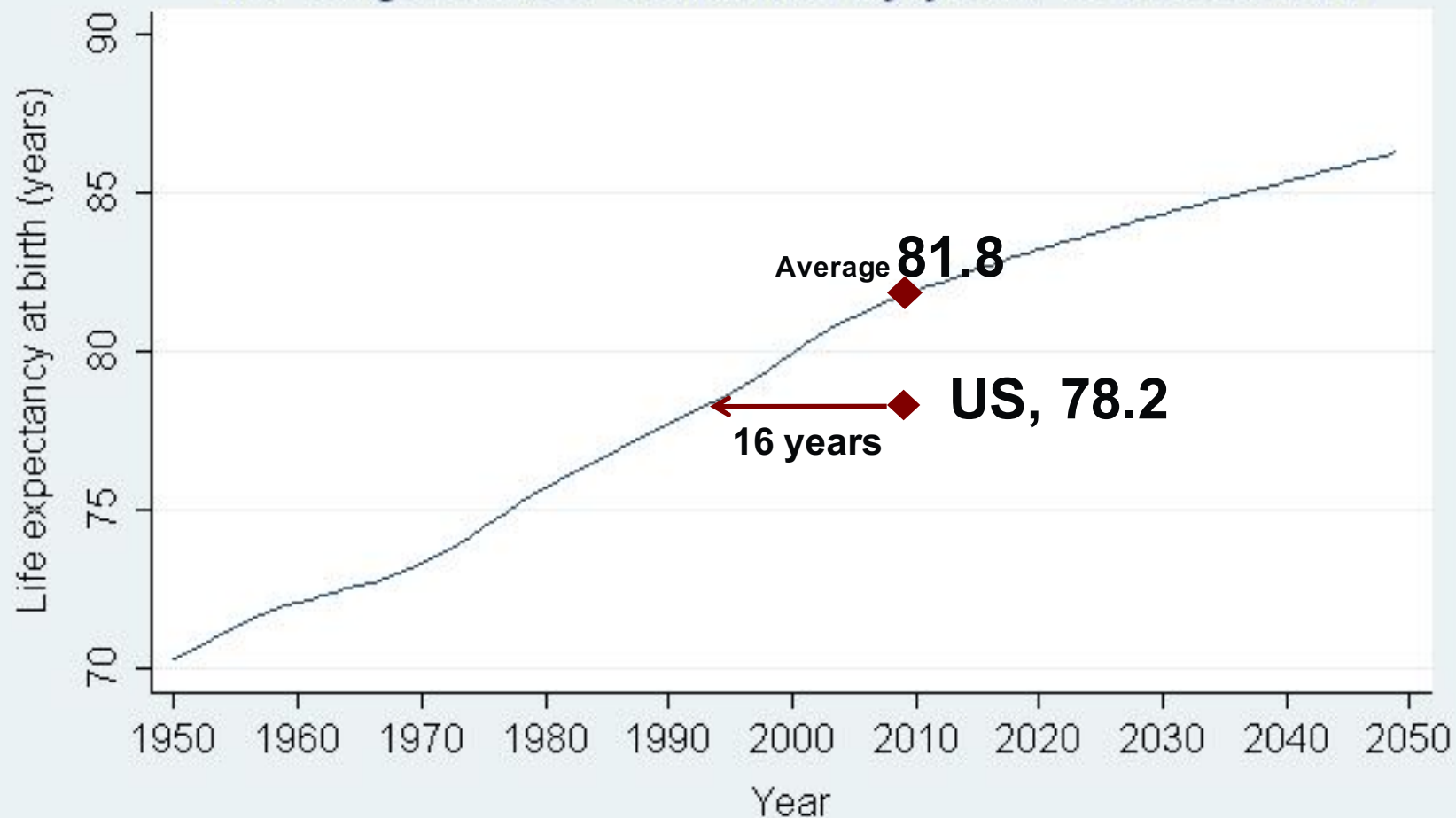


- For both sexes, the US never ranks higher than 15 out of 17 countries before age 75.

Source: IOM Report, Shorter Lives, Poorer Health. 2013



Historic and projected life expectancy of the longest-lived countries, by year, 1950 to 2050



Source: Institute for Health Metrics and Evaluation, University of Washington and Public Health - Seattle & King County, APDE

2009

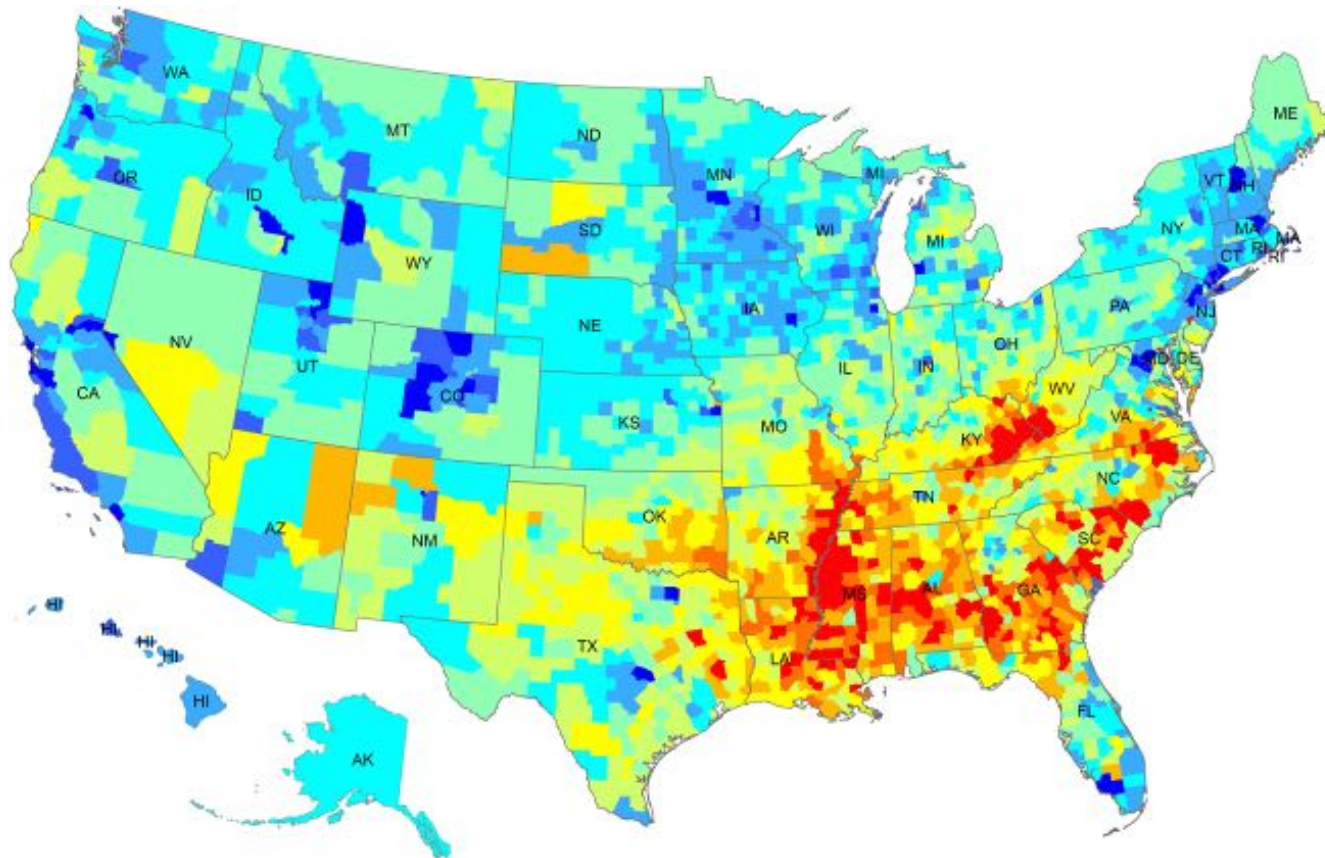
Australia
Canada
Finland
France
Hong Kong
Iceland
Israel
Italy
Japan
Macao
Norway
Spain
Sweden
Switzerland



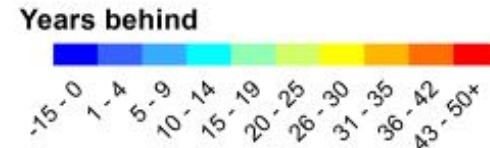
WHERE YOU LIVE AFFECTS

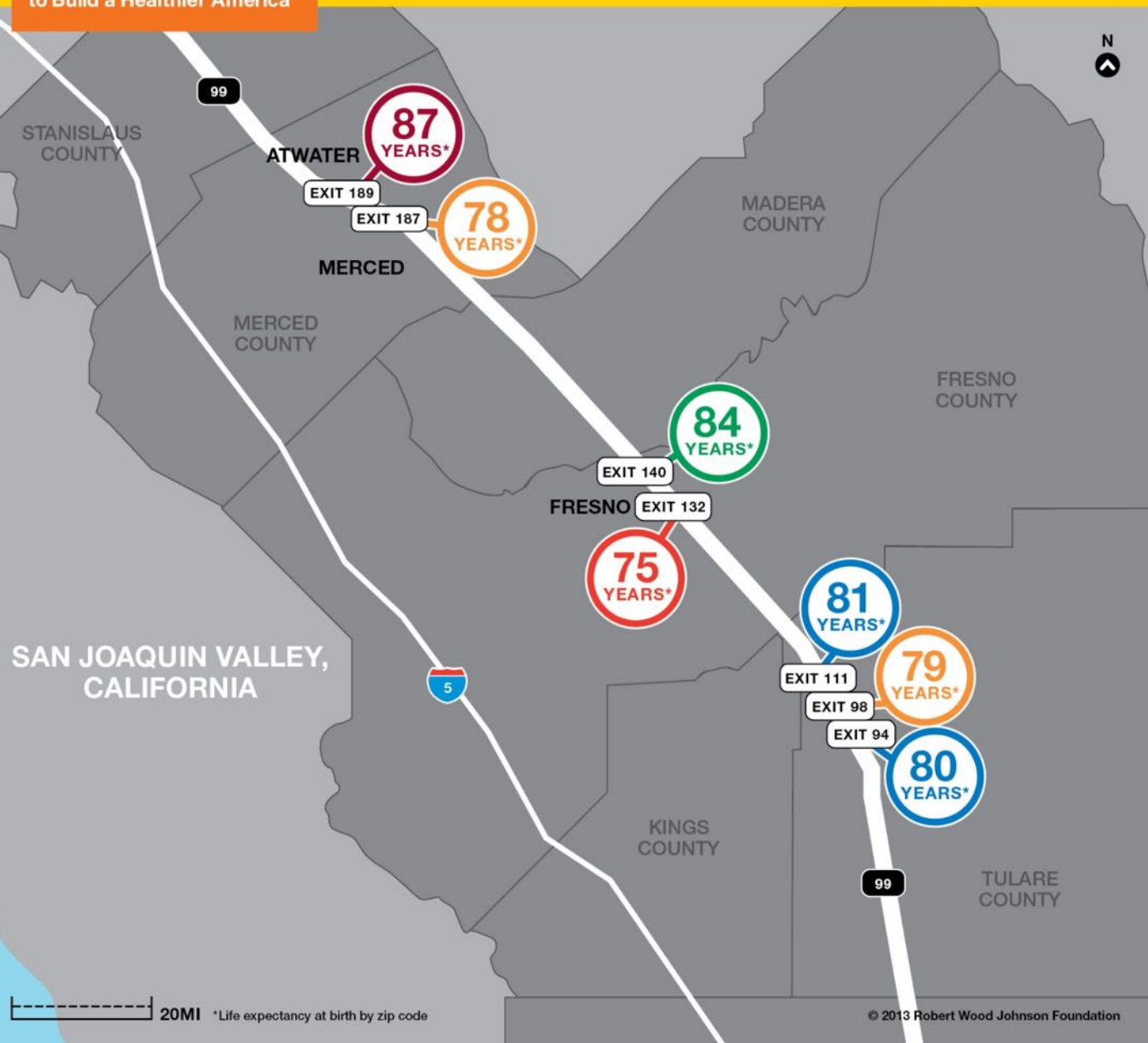
HOW LONG YOU LIVE

Life expectancy, by county, compared to the world's 10 best countries



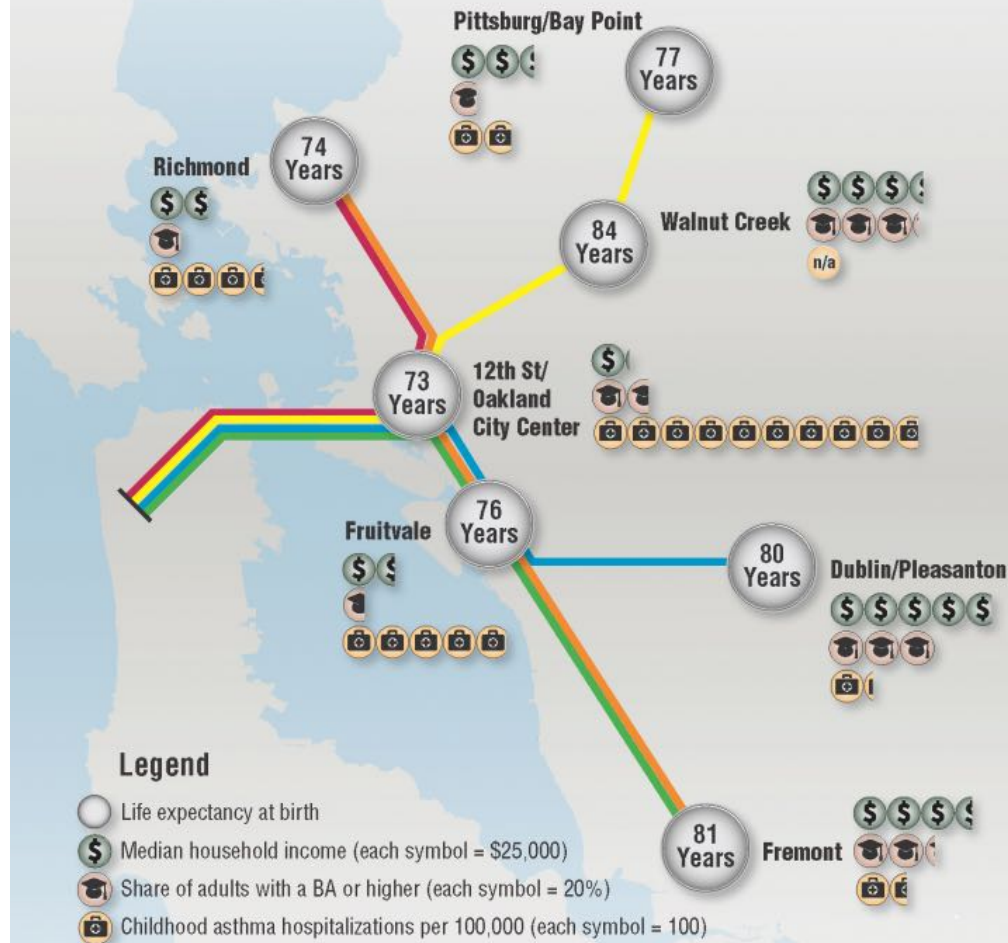
Murray, C JL and Ezzati, M. "Falling behind: life expectancy in US counties from 2000 to 2007 in an international context," Population Health Metrics, June 2011





Health and Wealth inequities across Bay Area Rapid Transit (BART) stations

The short distance between a few BART stations can mean an 11-year difference in life expectancy and dramatic differences in physical and economic well-being.



Notes: All data are at the zip code level and correspond to respective BART station addresses. Life expectancy and childhood asthma hospitalizations for Alameda and Contra Costa counties were calculated by the Alameda Department of Public Health for the "Shortened Lives" series produced by the Bay Area News Group (data for San Francisco not provided). Insufficient data available for Walnut Creek childhood asthma hospitalizations. Median household income and educational attainment data are from the 2011 American Community Survey 5-year estimates at the 5 digit ZIP code tabulation area level.

For questions, please contact Laura Choi in the Community Development department at laura.choi@sf.frb.org.



What if we had equal opportunity for health?



Every year, **over 16,000 deaths in California could be avoided** if all residents in the state had a fair chance to be healthy.

If residents of all counties in California had the same opportunities for health, there could be:

891,000 fewer adult smokers

733,000 fewer adults who are obese

533,000 fewer adults who drink excessively

2 million fewer people who are uninsured

1 million more adults, ages 25-44, with some education beyond high school

446,000 fewer people who are unemployed

913,000 fewer children in poverty

79,000 fewer violent crimes

1 million fewer households with severe housing problems



Particularly perplexing

IF

HEALTHCARE = HEALTH

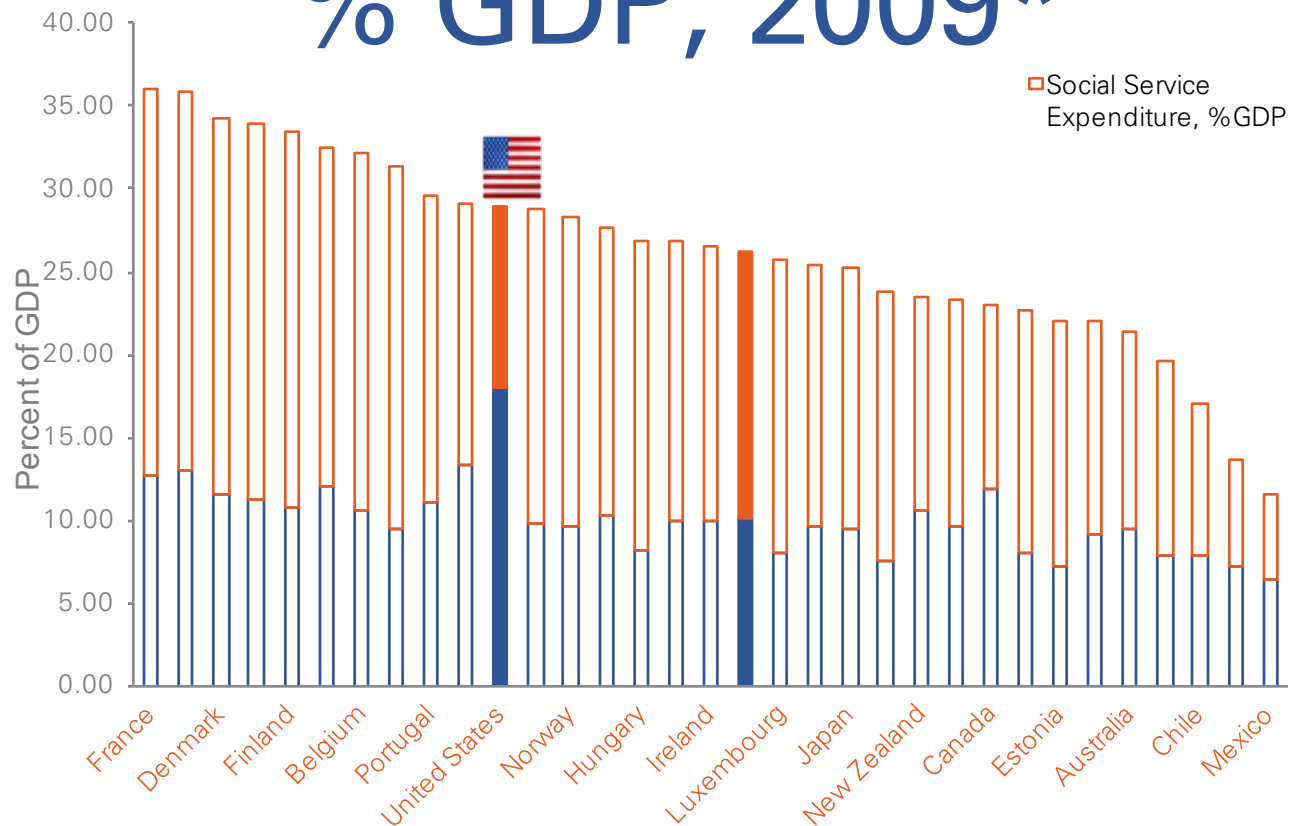
There's More to Health than Health Care



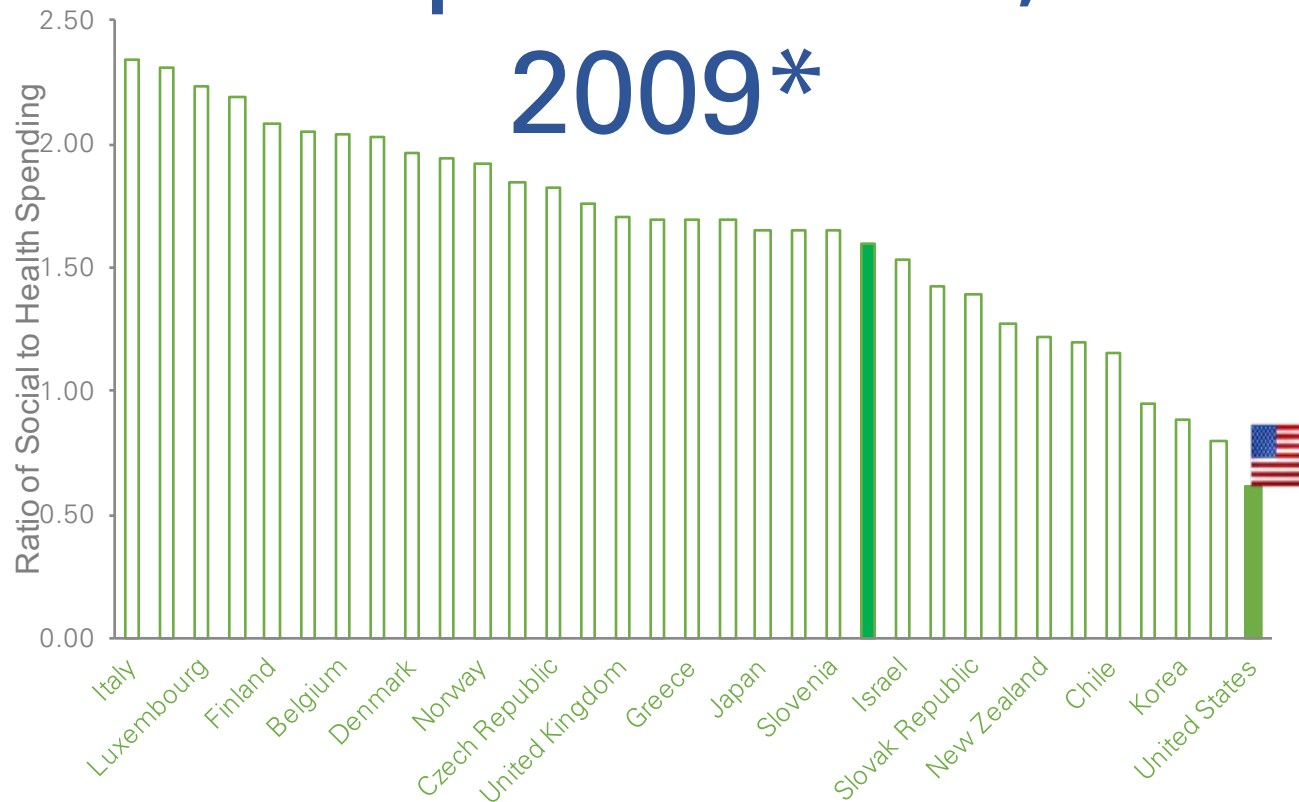
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Total Expenditures as a % GDP, 2009*



Ratio of Social to Health Expenditures, 2009*



Source:
Bradley & Taylor
The American Healthcare Paradox

* Switzerland and Turkey are missing data for 2009



In the US, for \$1 spent on
health care,
about **\$0.90** is spent on
social services.

In OECD, for \$1 spent on
health care,
about **\$2** is spent on social
services.

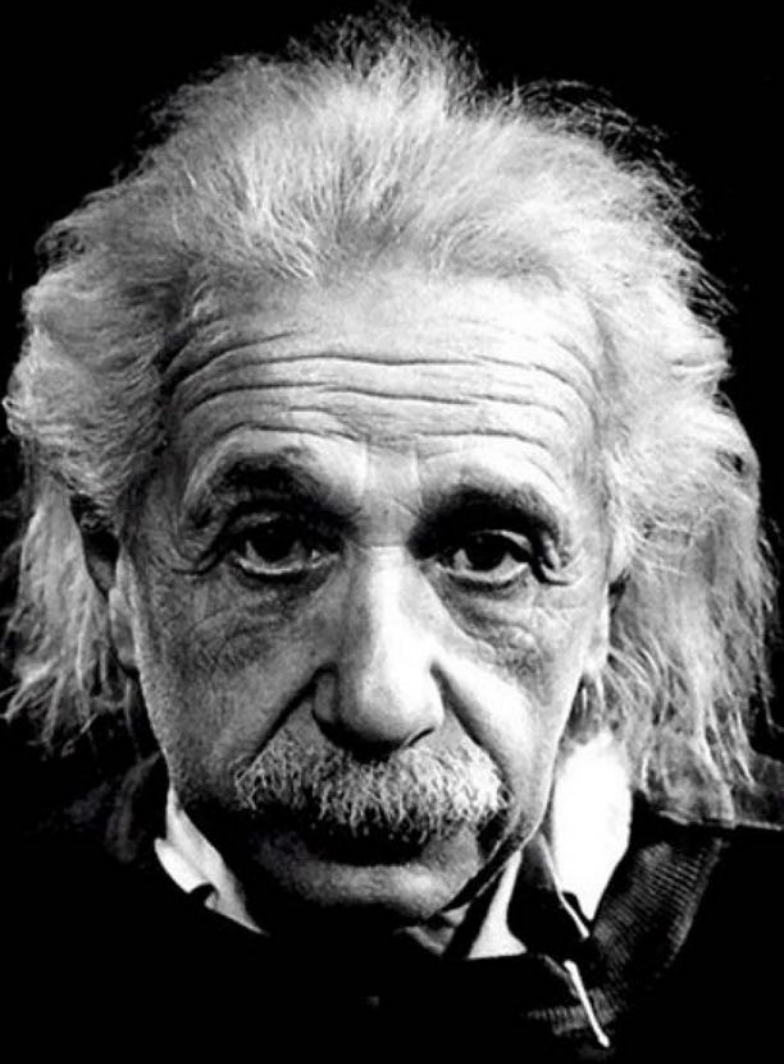


**Every System is
perfectly designed
to get the results it gets**

- Don Berwick

Are
'Shorter, sicker lives'
our legacy??





Microsoft
Windows

We can't solve problems
by using the same kind
of thinking we used
when we created them.

CULTURE OF HEALTH VISION

WE, **AS A NATION**, WILL STRIVE
TOGETHER TO **BUILD A CULTURE**
OF HEALTH ENABLING ALL IN
OUR DIVERSE SOCIETY TO **LEAD**
HEALTHIER LIVES, NOW AND
FOR GENERATIONS TO COME.



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HEALTHIER LIVES, NOW AND
FOR GENERATIONS TO COME.

That's all very nice, but.....

**How do we go
about building a
*'Culture of Health'***

Do more than think big.

Act together.

FIFTIETH ANNIVERSARY EDITION



*'Carson's book has
changed the world'*
The Times

SILENT SPRING Rachel Carson

WITH A NEW INTRODUCTION BY CAROLINE LUCAS



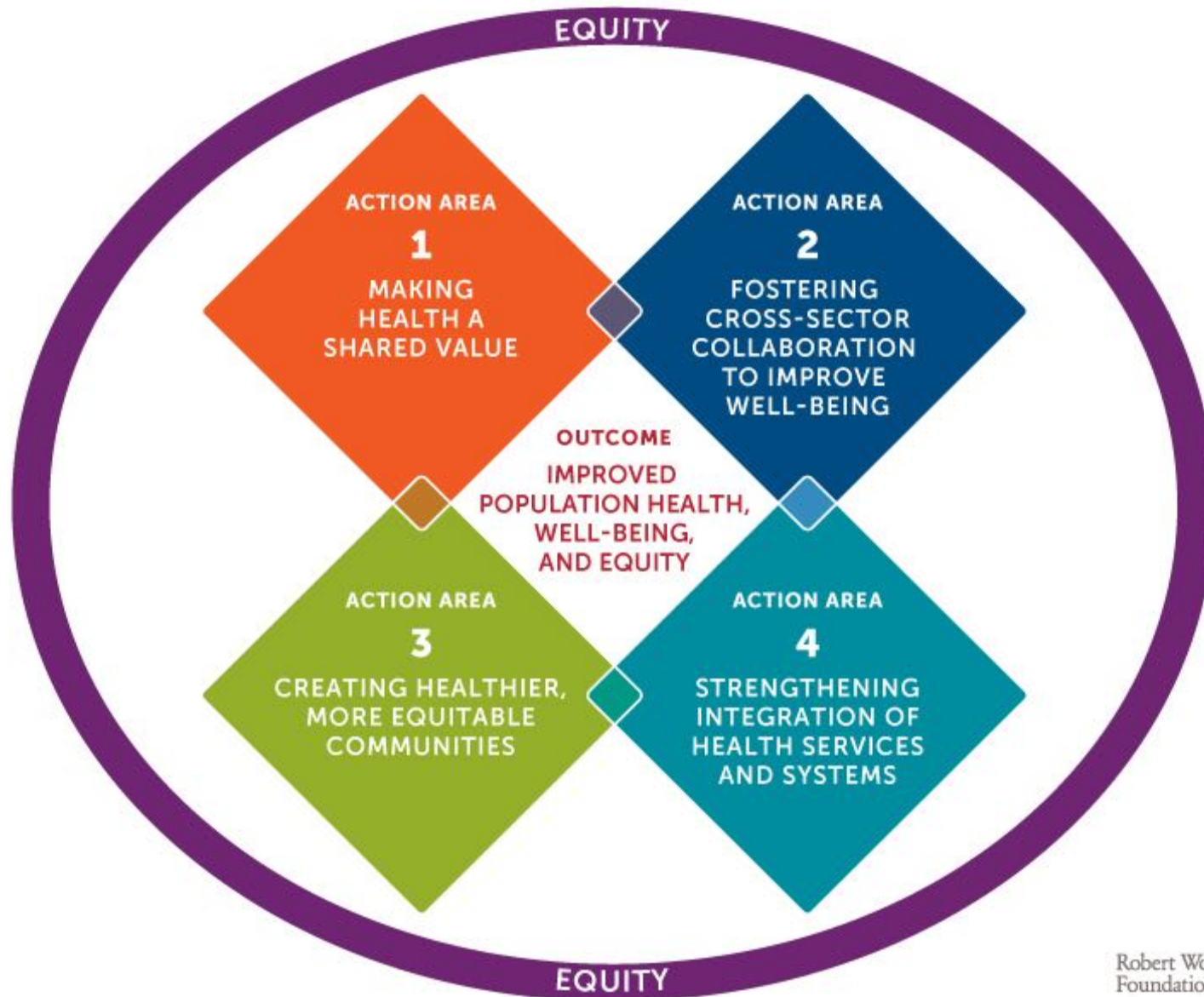


108

City of Durham
Recycle
560-1200

108 B

CULTURE OF HEALTH ACTION FRAMEWORK



ACTION AREA



MAKING HEALTH A SHARED VALUE

DRIVERS

**MINDSET AND
EXPECTATIONS**

Value on health
interdependence
Value on well-being
Public discussion on
health promotion and
well-being

**SENSE OF
COMMUNITY**

Sense of community
Social support

**CIVIC
ENGAGEMENT**

Voter participation
Volunteer engagement



ACTION AREA



FOSTERING CROSS-SECTOR COLLABORATION TO IMPROVE WELL-BEING

DRIVERS

NUMBER AND QUALITY OF PARTNERSHIPS

Local health
department collaboration
Opportunities to improve
health for youth at schools
Business support
for workplace health
promotion and
Culture of Health

INVESTMENT IN CROSS-SECTOR COLLABORATION

U.S. corporate giving
Federal allocations for
health investments
related to nutrition and
indoor and outdoor
physical activity

POLICIES THAT SUPPORT COLLABORATION

Community relations
and policing
Youth exposure to advertising
for healthy and unhealthy
food and beverage products
Climate adaptation and mitigation
Health in all policies
(support for working families)





ACTION AREA



CREATING HEALTHIER, MORE EQUITABLE COMMUNITIES

DRIVERS

**BUILT ENVIRONMENT/
PHYSICAL CONDITIONS**

Housing affordability
Access to healthy foods
Youth safety

**SOCIAL AND ECONOMIC
ENVIRONMENT**

Residential segregation
Early childhood
education
Public libraries

**POLICY AND
GOVERNANCE**

Complete Streets policies
Air quality





ACTION AREA



STRENGTHENING INTEGRATION OF HEALTH SERVICES AND SYSTEMS

DRIVERS

ACCESS

Access to public health

Access to stable
health insurance

Access to mental
health services

Routine dental care

CONSUMER EXPERIENCE AND QUALITY

Consumer experience

Population covered
by an Accountable
Care Organization

BALANCE AND INTEGRATION

Electronic medical
record linkages

Hospital partnerships

Practice laws for
nurse practitioners

Social spending relative
to health expenditure





OUTCOME

IMPROVED POPULATION HEALTH, WELL-BEING, AND EQUITY

OUTCOME AREAS

ENHANCED INDIVIDUAL AND COMMUNITY WELL-BEING

Well-being rating
Caregiving burden

MANAGED CHRONIC DISEASE AND REDUCED TOXIC STRESS

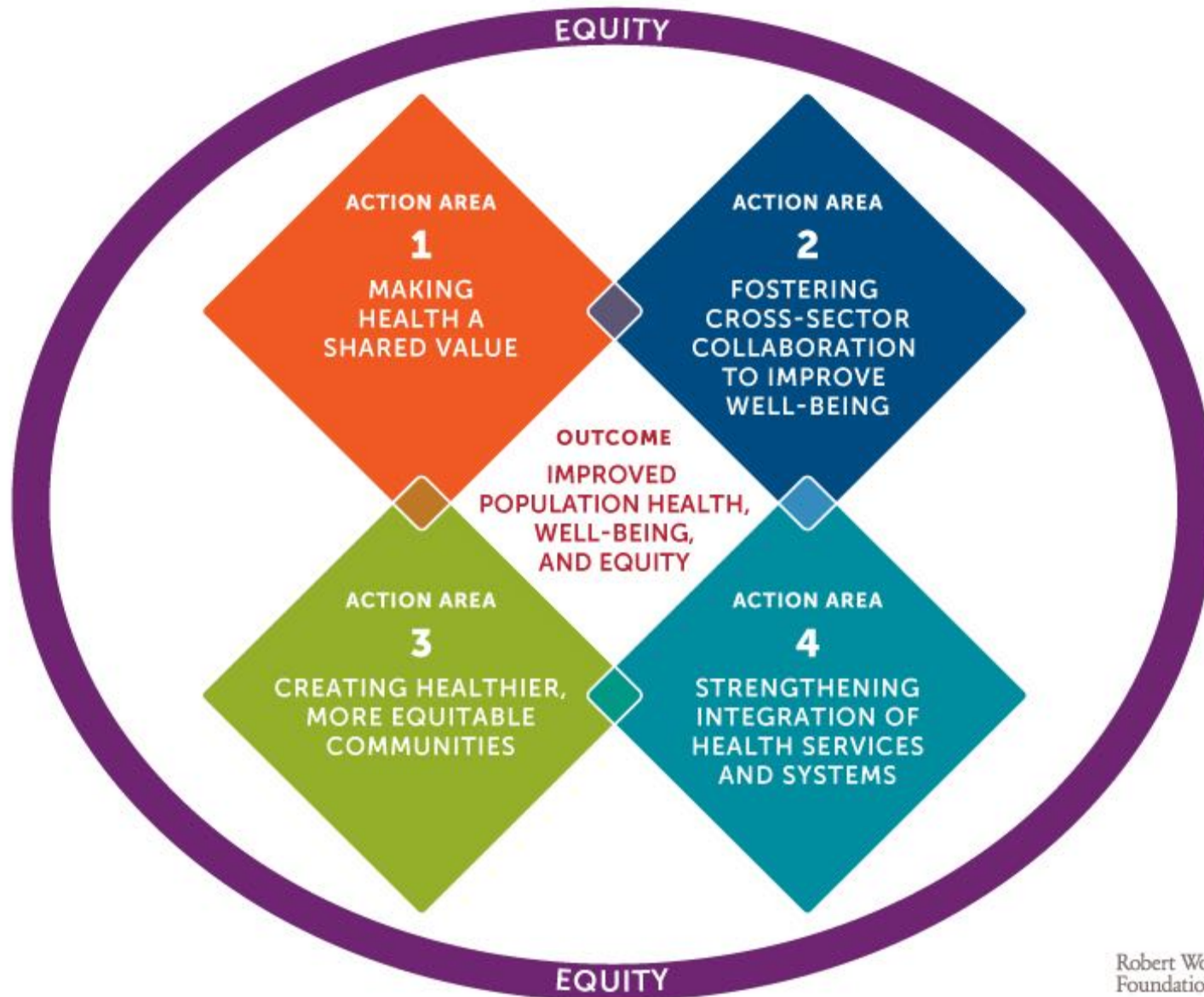
Adverse child experiences
Disability associated
with chronic conditions

REDUCED HEALTH CARE COSTS

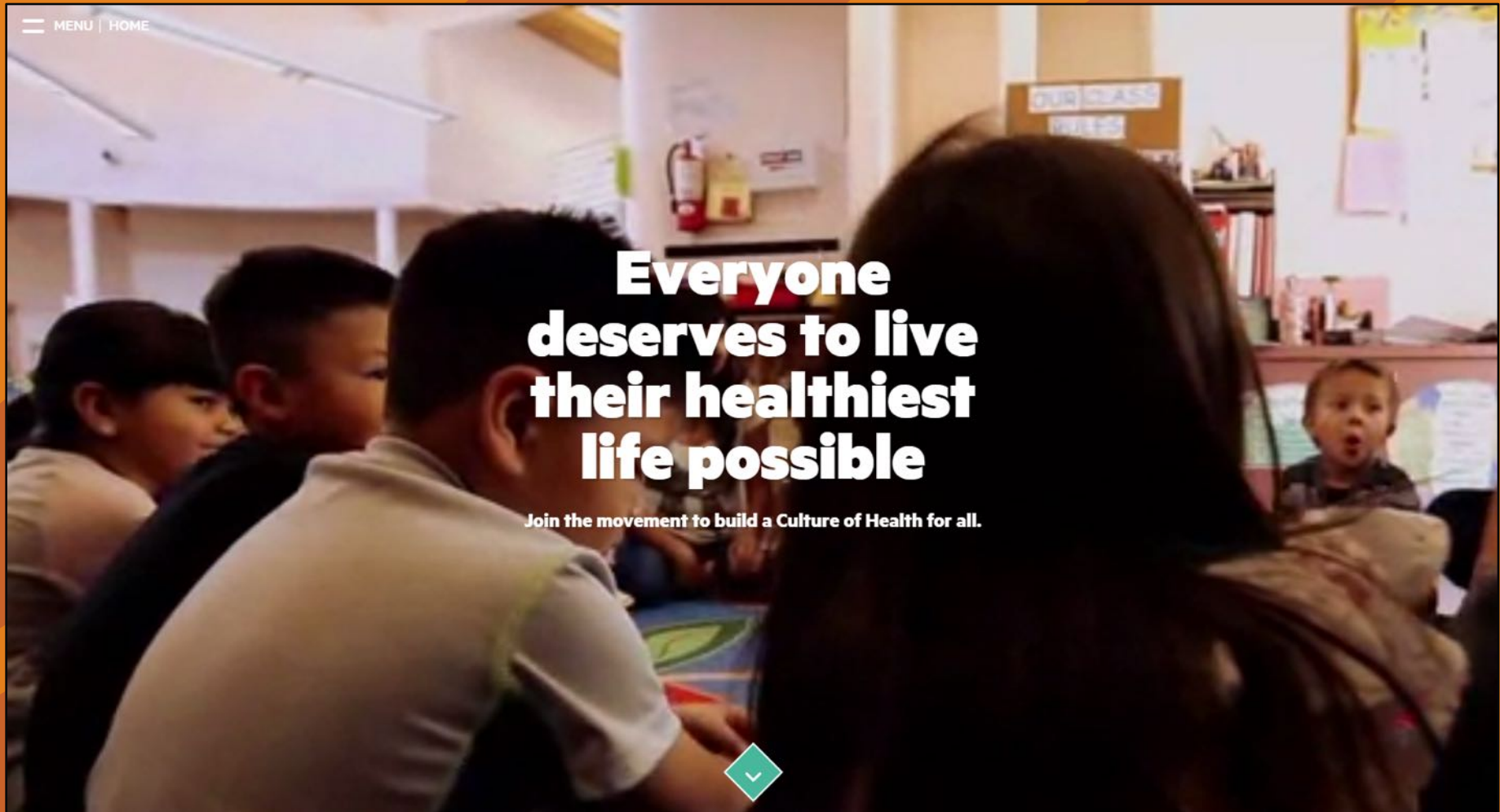
Family health care cost
Potentially preventable
hospitalization rates
Annual end-of-life
care expenditures



CULTURE OF HEALTH ACTION FRAMEWORK



www.CultureofHealth.org



Under the Affordable Care Act, all non-profit hospitals must have:

1. Written, well-publicized financial assistance policy
2. Fair charges for patient care
3. Fair debt collection practices
4. Regularly assess the health needs of their communities, with input from community and public health leaders, and develop implementation plans to address needs



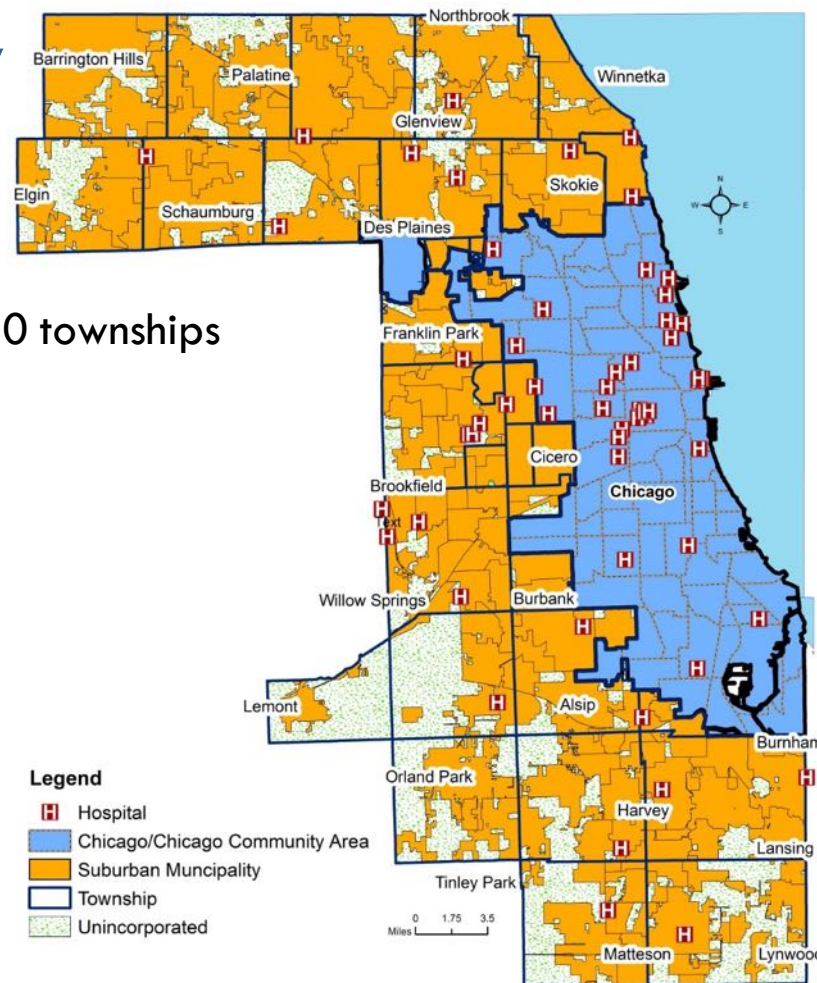


Working together for healthy communities.

www.healthimpactcc.org

Setting: Chicago & Cook County

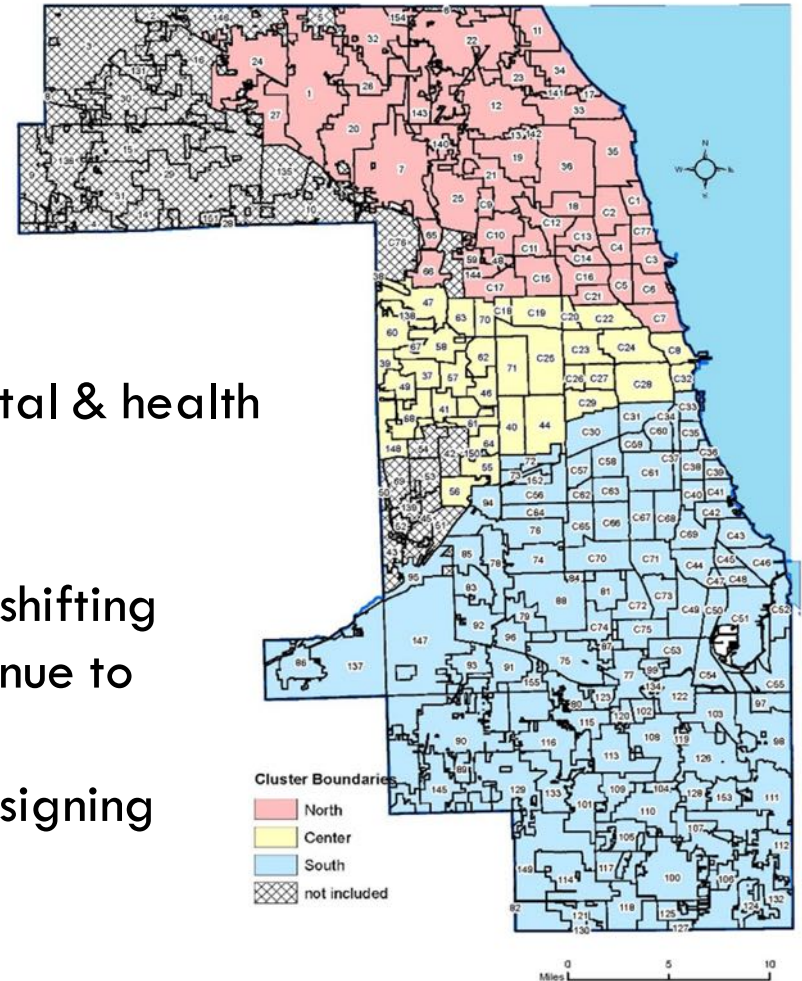
- Population: 5.24 million residents
- City of Chicago: 77 community areas
- Cook County Suburbs: 130 municipalities/30 townships
- 6 certified local health departments, each completing individual CHA/CHIP
- ~50 non-profit hospitals



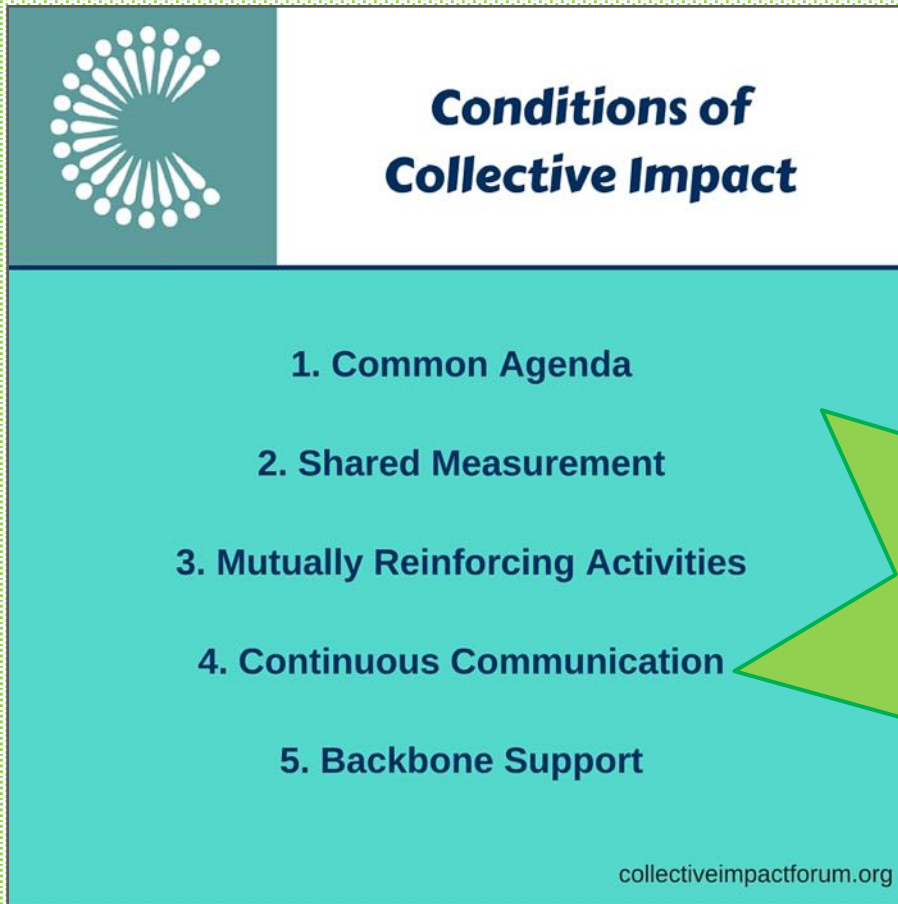
Source: Cook County Department of Public Health

Collaborative Structure

- Started with Three Regional CHNAs
- Each assessment region
 - Regional Leadership Teams with hospital & health department representatives
 - Stakeholder Advisory Teams
- As we move into implementation, structure shifting to a topical focus, although there will continue to be some geographically-focused work
- Steering Committee has been crucial in designing and leading the Collaborative



Collective Impact



Our Collaborative is also emphasizing:

- Community engagement
- Capacity building & shared learning

Together with stakeholders, we defined our purpose and what we are striving to do

Our Mission

Cook County will work collaboratively with communities to assess community health needs and assets and implement a shared plan to maximize health






Our Vision

Improved health equity, wellness, and quality of life across Chicago and Cook County





Four Focus Areas and Key Community Health Needs of the Health Impact Collaborative of Cook County



Improving social, economic, and structural determinants of health while reducing social and economic inequities.

- | | |
|---|--|
|  Economic inequities and poverty |  Housing and transportation |
|  Education inequities |  Safety and violence |
|  Healthy environment |  Structural racism |





Improving mental health & reducing substance use disorders.

-  Overall access to services and funding
-  Violence and trauma, and ties to mental health

Preventing and reducing chronic disease.

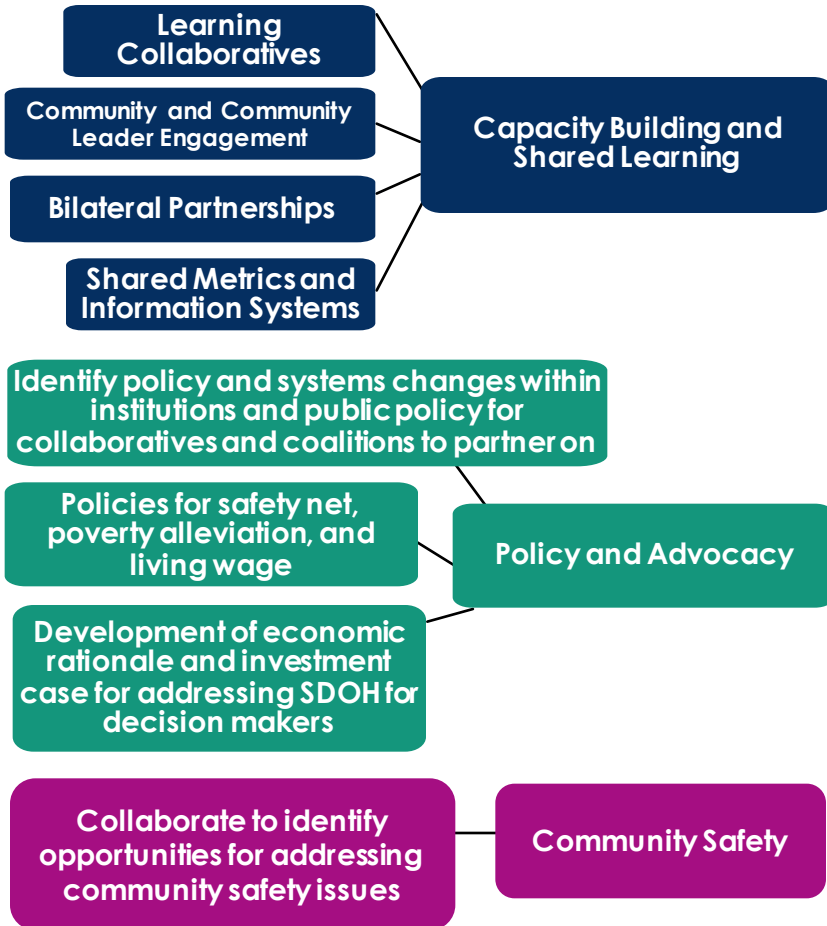
-  Focus on risk factors - nutrition, physical activity, and tobacco
-  Healthy environment

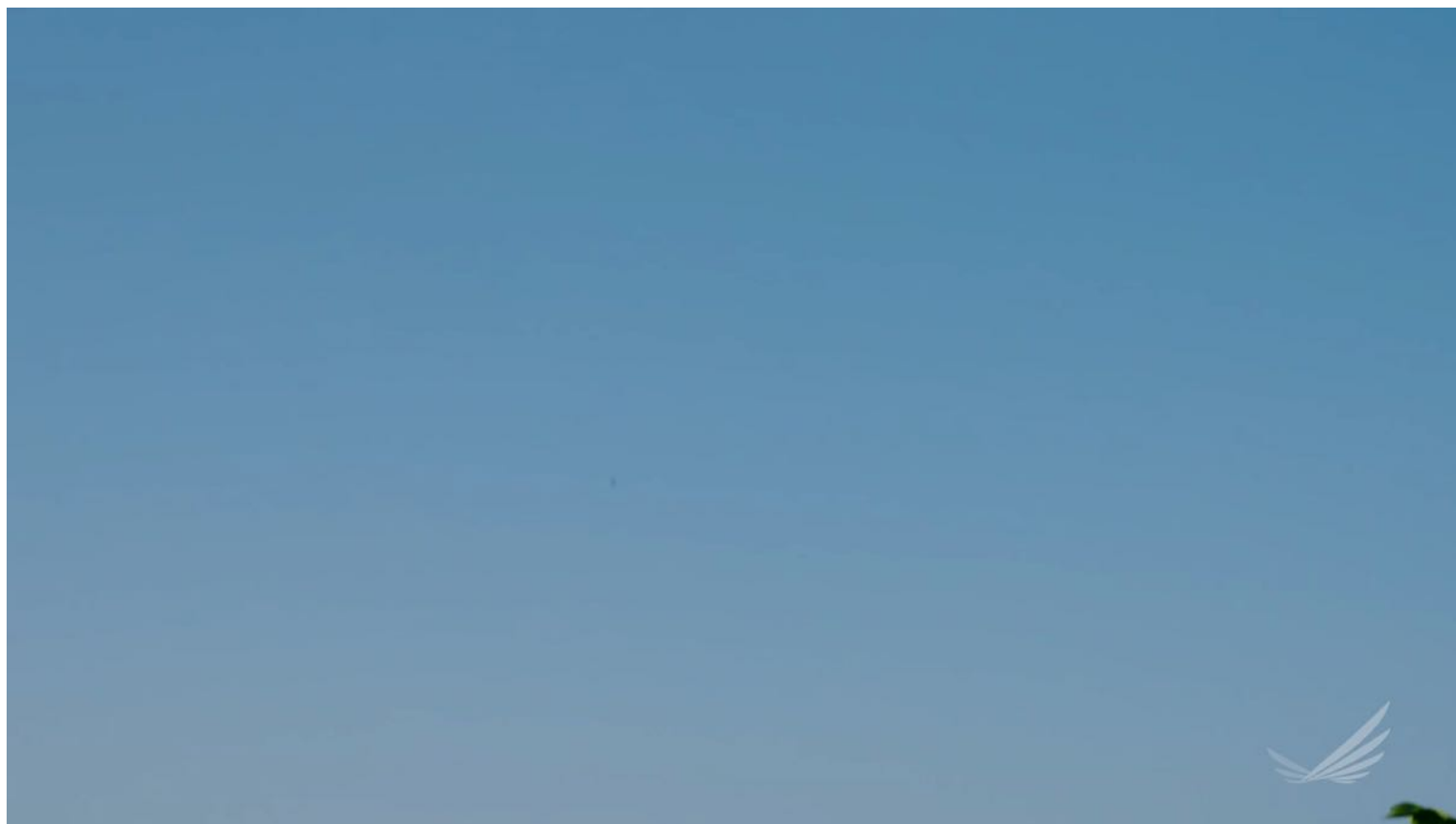
Increasing access to care & community resources.

-  Cultural & linguistic competency/humility
-  Health literacy
-  Access to healthcare and social services, and navigating the system, particularly for uninsured and underinsured
-  Linkages between healthcare providers and community-based organizations for prevention

Note: Policy and data strategies are cross-cutting across all four focus areas.

DRAFT – SDOH Strategy Areas, based on our 10/5/16 and 12/2/2016 meetings





Building blocks of a Culture of Health

- Define health in the broadest possible terms.
- Commit to sustainable systems changes and policy-oriented long-term solutions.
- Cultivate a shared and deeply-held belief in the importance of equal opportunity for health.
- Harness the collective power of leaders, partners, and community members.
- Secure and make the most of available resources.
- Measure and share progress and results.



“The best way to predict the future is to create it.” -Peter Drucker



Contact Info:



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www.healthimpactcc.org