Culture of Health: What Is it?

Advancing A Culture of Health in Texas
Texas Culture of Health
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life is why™
es por la vida™
全為生命™
A culture of health

Everyone deserves to live the healthiest life possible

- Robert Wood Johnson Foundation
Building a Culture of Health means working together to improve health for all.

It means placing well-being at the center of every aspect of our lives. In a Culture of Health, Americans understand that we’re all in this together—no one is excluded. Everyone has access to the care [and support services] they need and all families have the opportunity to make healthier choices. In a Culture of Health, communities flourish and individuals thrive.

- Robert Wood Johnson Foundation
A culture of health

- If you believe that good health is a right, not a privilege.
- Then, you have to acknowledge that too many Americans still do not have equal access to opportunities to pursue healthy lifestyles.
- Some of us start behind and stay behind simply because we don’t have access to good jobs, good homes, and good schools. Research shows some will die 20 years earlier than others who live just a few miles away because of differences in education, employment, housing, safety, environment, and access to quality health care.

- Robert Wood Johnson Foundation
Short Distances to Large Gaps in Health

Life expectancy at birth (years)
- Shorter
- Longer

3.5 miles

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Equal requires equity; What's the difference?

Equal access to opportunities to pursue healthy lifestyles requires an equity first approach to get there.
EQUALITY

EQUITY
# Causes of Death: USA (2015)

<table>
<thead>
<tr>
<th>Disease</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Heart disease</td>
<td>614,348</td>
</tr>
<tr>
<td>Cancer</td>
<td>591,699</td>
</tr>
<tr>
<td>Chronic lower respiratory diseases</td>
<td>147,101</td>
</tr>
<tr>
<td>Accidents (unintentional injuries)</td>
<td>136,053</td>
</tr>
<tr>
<td>Stroke (cerebrovascular diseases)</td>
<td>133,103</td>
</tr>
<tr>
<td>Alzheimer's disease</td>
<td>93,541</td>
</tr>
<tr>
<td>Diabetes</td>
<td>76,488</td>
</tr>
<tr>
<td>Influenza and pneumonia</td>
<td>55,227</td>
</tr>
<tr>
<td>Nephritis, nephrotic syndrome, and nephrosis</td>
<td>48,146</td>
</tr>
<tr>
<td>Intentional self-harm (suicide)</td>
<td>42,773</td>
</tr>
</tbody>
</table>

[CDC.gov](http://CDC.gov)
Deaths Associated with Top Risk Factors (2010)

1. Dietary risks 678,282
2. Smoking 465,651
3. High blood pressure 442,656
4. High body mass index 363,991
5. Physical inactivity 234,022
6. High blood sugar 213,669
7. High total cholesterol 158,431
8. Ambient air pollution 103,027
9. Alcohol use 88,587
10. Drug use 25,430

Relationship Between Social Determinants and Mortality (2000)

County Health Rankings Model
Culture of Health Prize

Texas and surrounding states winners

– Brownsville, Texas 2014
– New Orleans, LA 2013
– Taos Pueblo, NM 2014
Access to Primary Care

Percent of outpatient chronic condition visits to primary care physicians

- Hyperlipidemia  77.9%
- Hypertension    68.9%
- Diabetes        50.2%

JABFM, 2014
Access to Primary Care

The health value of primary care

- Increase of 1 PCP/10,000 in Primary Care Services Areas
  - 15.1 fewer deaths per 100,000
  - 39.7 fewer ACSC* hospitalizations per 100,000

- Increase of 1 Medicare PC FTE/10,000
  - 82.8 fewer deaths per 100,000
  - 160.8 fewer hospitalizations per 100,000
  - 712.3 fewer ED visits per 100,000

Chang et al, HSR, 2017

*Ambulatory care sensitive conditions
Place Matters

Neighborhood Effects on the Long-Term Well-Being of Low-Income Adults

• Moving from a high-poverty to lower-poverty neighborhood lead to long-term (10- to 15-year) improvements in adult physical and mental health and subjective well-being, despite not affecting economic self-sufficiency.
  – Lower levels of obesity, diabetes, and depression

• A decline in neighborhood poverty (13% points) increases subjective well-being by an amount equal to the gap in subjective well-being between people whose annual incomes differ by $13,000—a large amount given that the average control group income is $20,000.

Texas Public Health Coalition

• **Who we are:** The Texas Public Health Coalition is a coalition of health professional organizations and health-focused organizations dedicated to disease prevention and health promotion.

• **Purpose:** The coalition works to reduce preventable disease by advancing effective public policies that promote a safe and healthy environment and healthy behaviors for all Texas residents.
Texas Public Health Coalition

The mission of the coalition is to:

• Develop leadership and consensus among health professionals and health-focused organizations and entities on critical public health issues.
• Prioritize and advocate for statewide policies, programming, and funding to address public health issues.
• Inform and educate Texas elected officials on public health issues.
• Provide information and analysis on public health policy for media, policy makers, regulatory bodies, and the public.
• Monitor our state’s progress in addressing high-priority public health issues.
• Strengthen the interaction between the health care and public health communities.
TPHC 2017 Legislative Priorities

• Take Action to Reduce Preventable Injuries
• Communicable Diseases
• Our Behaviors Are Challenging Our Future
• Budget Priorities Specific to Public Health
Take Action to Reduce Preventable Injuries

- Promote driver responsibility by supporting a ban on texting while driving. Educate the public about the dangers of distracted driving.
- Develop incentives for communities and homeowners to expand the use of self-latching gates around swimming pools.
Texas Public Health Coalition

Communicable Diseases

• Ensure parents’ right to know about their school’s vaccination exemption rate.
• Require influenza vaccination for children in child care facilities.
• Improve access to the state adult safety net immunization program.
Our Behaviors Are Challenging Our Future

• Ensure all state buildings, facilities, and higher education campuses are tobacco-free.

• Raise the minimum age for purchase of tobacco from 18 to 21 years old to align with alcohol regulations.

• Improve the quality of and/or amount of health education, nutrition, physical education, and physical activity in public schools and early childcare centers.

• Retain the comprehensive statewide physical fitness assessments and evaluation as required by the Texas Education Code.
Budget Priorities Specific to Public Health

- Continue funding and expansion of neonatal abstinence syndrome (NAS) programming to assure delivery of drug free infants.
- Fund tobacco cessation programming and campaigns to prevent the use of tobacco and electronic nicotine delivery systems. Tobacco remains one of the highest drivers in health costs for health care payors.
- Maintain funding for chronic disease prevention programs.
- Fund tobacco cessation programming and campaigns to prevent the use of tobacco and electronic nicotine delivery systems.
- Fund local public health services and state regional offices that support cities and counties without local health departments.
- Retain the comprehensive statewide physical fitness assessments and evaluation as required by the Texas Education Code.
- Continue cancer prevention activities at the Cancer Prevention and Research Institute of Texas
“I’m not an optimist. I’m a very serious possibilist.”

  Celebrity statistician
  Gapfinder co-developer

State level change.
Local level action.
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es por la vida™
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