Building Accountable Communities: Health & Prevention

Breaking Barriers
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What We Are Most Trying to Prevent:

- Future generations of “high utilizers”
- Cascading adverse life events that derail a healthy life
Our Goal:
A healthy, productive next generation of Oregonians
The Social Determinants of Health

To address health inequalities, you must address social and economic inequities.

Social & Economic Factors
- Education
- Employment
- Income
- Family & Social Support
- Community Safety

Data from “County Health Rankings & Roadmaps,” University of Wisconsin Population Health Institute.
Did you know your zip code is a better predictor of your life expectancy than your genetic code?

ZIP CODE 95219
Life Expectancy 73

<

ZIP CODE 92657
Life Expectancy 88
Mental Health Not Good

Census Tracts

Score Percentile

Less

More

Healthy Conditions

No Data Available

Single Indicator:
Mental Health Not Good,
Percent of adults aged 218 years who report 14 or more days during the past 30 days during which their mental health was not good.

Clear
A PUBLIC HEALTH FRAMEWORK FOR REDUCING HEALTH INEQUITIES
BAY AREA REGIONAL HEALTH INEQUITIES INITIATIVE

UPSTREAM
SOCIAL INEQUITIES
Class
Race/Ethnicity
Immigration Status
Gender
Sexual Orientation

INSTITUTIONAL INEQUITIES
Corporations & Businesses
Government Agencies
Schools
Laws & Regulations
Not-for-Profit Organizations

LIVING CONDITIONS
Physical Environment
Land Use
Transportation
Housing
Residential Segregation
Exposure to Toxins
Economic & Work Environment
Employment
Income
Retail Businesses
Occupational Hazards

Social Environment
Experience of Class,
Racism, Gender,
Immigration
Culture - Ads - Media
Violence

Service Environment
Health Care
Education
Social Services

RISK BEHAVIORS
Smoking
Poor Nutrition
Low Physical Activity
Violence
Alcohol & Other Drugs
Sexual Behavior

DISEASE & INJURY
Communicable Disease
Chronic Disease
Injury (Intentional & Unintentional)

MORTALITY
Infant Mortality
Life Expectancy

Community Capacity Building
Community Organizing
Civic Engagement

Strategic Partnerships
Advocacy

Case Management

PRIORITY

Individual Health
Education

Health Care

Emerging Public Health Practice
Current Public Health Practice

JSI
Place, race, SES, social factors, stress...

Inequality in life expectancy widens for women
Wealthier women can expect to live longer than their parents did, while life expectancy for poor women may have declined.

Rising Suicide Rates Among California Youth
About 7.6 of every 100,000 young people ages 13 to 21 in California died by suicide in 2017, up from a rate of 4.9 per 100,000 in 2008.
The Underlying Issue

There is broad agreement at a high level on goals for health system transformation:

1) better health
2) better services
3) reduced costs
4) happier staff and stakeholders
5) increased equity

There is also broad agreement that no one is truly accountable for progress on those goals.
Resources & Incentives

In OECD, for every $1 spent on health care, about $2 is spent on social services.
In the US, for $1 spent on health care, about 55 cents is spent on social services.

Focus Area of Recent Investments

- 84% in housing instability: development/expansion of supportive housing and recuperative care capacity
- 79% in transportation: non-emergency medical and non-medical transportation
- 74% in food insecurity: grants to establish partnerships with local organizations
Wrong Pockets Problem

“Over a span of nearly 20 years, California’s tobacco control program cost $2.4 billion and reduced health care costs by $134 billion, according to a new study by UCSF.”
Complexity

Oregon Effort Incentivizes Health Metrics for Kindergarten Readiness

<table>
<thead>
<tr>
<th>Measure Acronym</th>
<th>Measure Description</th>
<th>Measure Type</th>
<th>HELD TO MPL?</th>
</tr>
</thead>
<tbody>
<tr>
<td>PCR1</td>
<td>Plan All-Cause Readmissions</td>
<td>Administrative</td>
<td>No</td>
</tr>
<tr>
<td>AWC3</td>
<td>Adolescent Well-Care Visits</td>
<td>Hybrid</td>
<td>Yes</td>
</tr>
<tr>
<td>ABA2</td>
<td>Adult Body Mass Index (BMI) Assessment</td>
<td>Hybrid</td>
<td>Yes</td>
</tr>
<tr>
<td>AMM-Acute</td>
<td>Antidepressant Medication Management: Acute Phase Treatment</td>
<td>Administrative</td>
<td>Yes</td>
</tr>
<tr>
<td>AMM-Cont</td>
<td>Antidepressant Medication Management: Continuation Phase Treatment</td>
<td>Administrative</td>
<td>Yes</td>
</tr>
<tr>
<td>W15</td>
<td>Well-Child Visits in the First 15 Months of Life: Six or More Well-Child Visits</td>
<td>Hybrid</td>
<td>Yes</td>
</tr>
<tr>
<td>W54</td>
<td>Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life</td>
<td>Hybrid</td>
<td>Yes</td>
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<tr>
<td>AMB-ED4</td>
<td>Ambulatory Care: Emergency Department (ED) Visits</td>
<td>Administrative</td>
<td>No</td>
</tr>
<tr>
<td>ADD-Init</td>
<td>Follow-Up Care for Children Prescribed Attention-Deficit / Hyperactivity Disorder (ADHD) Medication: Initiation Phase</td>
<td>Administrative</td>
<td>No</td>
</tr>
<tr>
<td>ADD-C&amp;M</td>
<td>Follow-Up Care for Children Prescribed ADHD Medication: Continuation and Maintenance Phase</td>
<td>Administrative</td>
<td>No</td>
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<tr>
<td>CAP-1224</td>
<td>Children and Adolescents Access to Primary Care Practitioners: 12–24 Months</td>
<td>Administrative</td>
<td>No</td>
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<tr>
<td>CAP-256</td>
<td>Children and Adolescents Access to Primary Care Practitioners: 25 Months–6 Years</td>
<td>Administrative</td>
<td>No</td>
</tr>
</tbody>
</table>
Complexity

Key Terms Map: Audience

- Community
- Clinical
- Philanthropy
- Healthy Child Development
- Toxic Stress
- Childhood Adversity
- Resilience
- ACEs
- Policy Makers
- Family Stability
- Childhood Trauma
- Researchers
- Parents
- Children/Youth
Use of *Adverse Childhood Experiences*, *Childhood Adversity*, *Childhood Trauma*, and *Toxic Stress* in Introduced Legislation in the California State Legislature, 2007 - 2018
Build a different regional/local infrastructure

“I think we have to look holistically at health... [health plans] realize that although we would want to provide every single service and provide every possible avenue for our members to have better health, we have to partner with our communities.”
-Managed Care Plan leader

- A neutral, trusted convener
- Accountable to all stakeholders
- Focused on efficiency and coordination
- Able to pool and align $
- Centered on equity
Accountable Communities for Health Across the United States

ACH COMMUNITIES

- Fresno County
- Humboldt County
- Imperial County
- Lake County
- Los Angeles County
  - Boyle Heights
  - Long Beach
  - San Gabriel Valley
- Maricopa County
- Sacramento County
- San Diego County
- San Joaquin County
- Santa Clara County
- Sonoma County
Creating Alignment

- Shared Vision & goals (health & equity)
- Data Sharing & Analysis
- Backbone Support
- Wellness Fund
- Resident Participation
- Portfolio of Interventions

ACH Leadership & Governance

Portfolio of Interventions

Community Programs & Services
- Disease prevention & management programs
- Nutrition programs
- Tobacco cessation programs
- Physical activity programs

Clinical Services
- Screen & treat: high blood pressure; high cholesterol; diabetes; tobacco use; and cardiovascular disease

Clinical-Community Linkages
- Multi-Unit Smoke-Free Housing
- Tobacco Retail License
- "It's Up to Us" Campaign
- Tobacco campaign
- Healthy Retail Project

Policy, Systems & Environment

Creating Alignment
Evidence is Growing

Collective impact “undoubtedly contributed” to population change in 8 study sites, including impacts on things like teen birth rates & youth justice involvement. More mature implementation had better outcomes.


Glen Mays & coauthors examined National Longitudinal data from 1998-2014 and found that communities with strong multisector partnerships had lower mortality rates.

“Deaths due to cardiovascular disease, diabetes, and influenza decline significantly over time among communities that expand multisector networks supporting population health activities.”
Evidence is Growing

<table>
<thead>
<tr>
<th>Imperial County</th>
<th>Imperial’s ACH employed a system-wide approach to fundamentally change how asthma is treated in their county. The ACH’s Asthma Community Linkages Project connects asthma patients in the ED to appropriate follow-up care.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sonoma Case Study</td>
<td>Hearts of Sonoma County implemented a robust portfolio of interventions to better control blood pressure (BP). Providers reported an increase of nearly 20% in the percent of people with controlled BP—a HEDIS measure—within 3 years.</td>
</tr>
<tr>
<td>New York</td>
<td>Staten Island PPS integrated data from a variety of sources to drive interventions for SUD, resulting in reduction of opioid overdoses by 45%.</td>
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<tr>
<td>Other Ventures Projects</td>
<td>RE-Think Health’s Ventures Project evaluation found that the six Ventures sites (which included the Sonoma case study above, as well as others sites) were building strong local hubs, had more robust partner networks, were better adapted to local context, and influenced local and state policy.</td>
</tr>
</tbody>
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Thank you!

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