Building Healthier Communities

Through Public Health - Health Improvement Efforts

Martha Halko, MS, RD, LD
Deputy Director, Prevention and Wellness
HIP-Cuyahoga Coordinator
Cuyahoga County Board of Health

June 27, 2017
“As a nation, we have made great strides in the last several years to expand health care coverage and access to medical care and preventive services, but these successes have not yet brought everyone in America to an equitable (fair) level of improved health.”

Karen DeSalvo, Assistant Secretary for Health (acting), U.S. Department of Health and Human Services
Source: Image was adapted by the City of Portland office of Equity and Human Rights from the original graphic: http://indianfunnypicture.com/img/2013/01/Equality-Doesn’t-Means-Justice-Facebook-pics.jpg
Health Disparities...

Health disparities are differences in health status among distinct segments of the population.
Health inequities...
Social Determinants of Health

- The complex, integrated, and overlapping social structures and economic systems that are responsible for most health inequities.
- These social structures and economic systems include the social environment, physical environment, health services, and structural and societal factors.
- Social determinants of health are shaped by the distribution of money, power, and resources throughout local communities, nations, and the world (CDC)

Source: Centers for Disease Control and Prevention
What is the Problem?

Our State of Health:
Cuyahoga County
Lakewood

Today, a person’s zip code is a stronger determinant of health than their genetic code.
Cuyahoga County

- Cuyahoga County ranks in the bottom third of all 88 counties in Ohio for residents’ health outcomes.

- Even though Cuyahoga County ranks consistently in the top 10 in the state for clinical care (measured by access to and quality of care), this has not made our residents healthier.

- The conditions that shape health are not spread equitably across the county.

- There are significant differences in life expectancy, depending on where someone lives and their race/ethnicity.

*2017 County Health Rankings by University of Wisconsin Population Health Institute
Cuyahoga County:
Poverty Rate (2008-2012)

Percentage of Persons Below
Federal Poverty Level

- 0.0 - 5.0
- 5.1 - 11.4
- 11.5 - 22.5
- 22.6 - 38.4
- 38.5 - 87.1

Source: 2008-2012 American Community Survey, U.S. Census Bureau. Percentage of poverty was calculated at the 2010 census tract level. Map created and analysis performed by Epidemiology, Surveillance and Informatics at the Cuyahoga County Board of Health, June 2017.
Lakewood

Cuyahoga County: Life Expectancy (2008-2010)

Map created and analysis performed by Epidemiology, Surveillance, and Informatics at the Cuyahoga County Board of Health, June 2017.
Lakewood Census Tracts: 2015
Percentage of Elevated Blood Lead Levels (>= 5 ug/dl) Among Tested Children (0-71 months old)

Map created and analysis performed by Epidemiology, Surveillance and Informatics at the Cuyahoga County Board of Health, December 2016. B.Gawelek
Data Source: The Ohio Department of Health Ohio Healthy Homes and Lead Poisoning Prevention Program (OHHLPPP)
Why Does it Matter?

Differences in opportunities and in health outcomes are unfair and unjust, and impact everyone in a community and/or region. Economically, there are major opportunity costs for poor health across the region due to disability and lost years of productive work.

Source: Health Improvement Partnership-Cuyahoga, Community Health Improvement Plan, 2015
UNEQUAL OPPORTUNITIES + POOR HEALTH = SHORTER LIVES
## Top Causes of Death in the U.S. in 2000

<table>
<thead>
<tr>
<th>Cause of Death</th>
<th>Percent</th>
<th>Actual Cause of Death</th>
<th>Percent</th>
<th>Actual Cause of Death</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diseases of the heart</td>
<td>29.6</td>
<td>Tobacco</td>
<td>18.1</td>
<td>Low Education</td>
<td>10.2</td>
</tr>
<tr>
<td>Malignant neoplasms</td>
<td>23.0</td>
<td>Poor diet and physical inactivity</td>
<td>16.6</td>
<td>Racial Segregation</td>
<td>7.3</td>
</tr>
<tr>
<td>Cerebrovascular diseases</td>
<td>7.0</td>
<td>Alcohol consumption</td>
<td>3.5</td>
<td>Low Social Support</td>
<td>6.7</td>
</tr>
<tr>
<td>Chronic lower respiratory diseases</td>
<td>5.0</td>
<td>Microbial agents</td>
<td>3.1</td>
<td>Individual Poverty</td>
<td>5.5</td>
</tr>
<tr>
<td>Accidents</td>
<td>4.0</td>
<td>Toxic agents</td>
<td>2.3</td>
<td>Income Inequality</td>
<td>5.0</td>
</tr>
<tr>
<td>Diabetes mellitus</td>
<td>2.9</td>
<td>Motor vehicles</td>
<td>1.8</td>
<td>Area Level Poverty</td>
<td>1.6</td>
</tr>
</tbody>
</table>

Galea, et al, 2011, *AJPH*
A Framework for Health Equity

Socio-Ecological

Medical Model

UPSTREAM

DOWNSTREAM

Health Inequities

Health Disparities

- Adapted by ACPHD from the Bay Area Regional Health Inequities Initiative, Summer 2008
What are the solutions?

There is no silver bullet solution to address the complex factors that shape opportunities for people in our community to be healthy. No single organization can create such a large-scale lasting change. To have the greatest impact on the health and well-being of our community, we need to coordinate our work and our resources around well-defined priorities and goals.

Source: Health Improvement Partnership-Cuyahoga, Community Health Improvement Plan, 2015
The Most Important Role of Public Health is:

Ensuring that **ALL** people have the right to live their healthiest lives, no matter where they live or work, how much money they make, or what their race, religion, sexual orientation, or political beliefs.

Source: Health Improvement Partnership-Cuyahoga, Community Health Improvement Plan, 2015
Action Cycle
Considering the Evidence in Decision Making

Environment and organizational context

Best available research evidence

Population characteristics, needs, values, and preferences

Resources, including practitioner expertise

Source: Satterfield JM et al
Policy, System, Environmental Change

- A way of modifying the environment to make healthy choices practical and available to all community members.

- By changing laws and shaping community conditions, big impact can be made with little time and resources.

**What Is ‘Policy, System and Environmental Change’?**

Policy, system and environmental change is a way of thinking about how to effectively improve health in a community. Many traditional health programs have focused on individual behavior, assuming that if you teach people what will make them healthy, they will find a way to do it. Being healthy, however, is not just about individual choices.

Today, we're realizing that it's not enough to know how to be healthy – you need practical, readily available healthy options around you. That’s where policy, system and environmental change comes in.
Policy

- **Big “P” policy** – formal laws, rules, regulations enacted by elected officials.

- **Small “p” policy** – organizational guidelines, internal agency decisions or memoranda, social norms guiding behavior.
Strategies likely to decrease health disparities and inequities

From the Ohio 2017-2019 state health improvement plan (SHIP)

Strategies included in this list have been rated by What Works for Health as “likely to decrease disparities” and/or recommended by the Community Guide as effective strategies for achieving health equity. These sources consider potential impacts on disparities and inequities by racial/ethnic, socioeconomic, geographic or other characteristics.

It is important to note that the evidence base on what works to decrease disparities is limited and evolving. Some strategies not identified as “likely to decrease disparities” in the SHIP may in fact be effective if culturally adapted and tailored to meet the needs of priority populations. Local partners are encouraged to use the approaches to achieving health equity listed on page 6 to identify and implement strategies that meet the specific needs of their community.


<table>
<thead>
<tr>
<th>Strategy</th>
<th>Description</th>
<th>Maternal and infant health</th>
<th>Mental health and addiction</th>
<th>Chronic disease</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Social Determinants of Health</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>School-based health</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>School-based health centers</td>
<td>Provide primary health care either within the school or in an off-site, school-linked arrangement. Mental health care, social services, dentistry and health education may also be provided.</td>
<td>x</td>
<td>x</td>
<td>x</td>
</tr>
<tr>
<td><strong>Early childhood supports</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Early childhood education (includes center-based early childhood education, preschool education programs and universal pre-kindergarten)</td>
<td>Early childhood education (ECE) aims to improve the cognitive and social development of children ages 3 or 4 years. ECE programs seek to prevent gaps in school readiness between children of different economic backgrounds.</td>
<td>x</td>
<td>x</td>
<td>x</td>
</tr>
</tbody>
</table>
Achieving Collective Impact
1. Common Agenda

2. Shared Measurement

3. Mutually Reinforcing Activities

4. Continuous Communications

5. Backbone Support

There is a Fundamental Mismatch Between the Complexity Of Social Problems and the Traditional Focus on Disconnected Solutions

**Isolated Impact**
- Agencies and organizations select individual programs or initiatives that offer the most promising solutions
- Organizations / agencies / programs work separately and compete to produce the greatest independent impact
- Evaluation attempts to isolate a particular agency / organization / program’s impact
- Large scale change depends on scaling a single organization / program
- Agencies, organizations, and systems are disconnected from one another

**Collective Impact**
- Solving social problems requires understanding the interaction of many organizations within a larger system
- Progress depends on working toward the same goal and measuring the same things
- Evaluation measures the impact of a system and all of its players
- Large scale impact depends on increasing cross-agency and organization alignment and learning among many actors
- Agencies, organizations, and systems are essential partners

**Collective Impact initiatives provide a structure for cross-sector leaders to forge a common agenda for solving a specific social problem**
Collective Impact Is a Unique and Differentiated Approach to Bringing Actors Across Sectors Together to Work Toward a Common Agenda

<table>
<thead>
<tr>
<th>Type of Collaboration</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Collective Impact Initiatives</td>
<td>Long-term commitments by a group of important actors from different sectors to a common agenda for solving a specific social problem</td>
</tr>
<tr>
<td>Funder Collaboratives</td>
<td>Groups of funders interested in supporting the same issue who pool their resources</td>
</tr>
<tr>
<td>Public-Private Partnerships</td>
<td>Partnerships formed between government and private sector organizations to deliver specific services or benefits</td>
</tr>
<tr>
<td>Multi-Stakeholder Initiatives</td>
<td>Voluntary activities by stakeholders from different sectors around a common theme</td>
</tr>
<tr>
<td>Social Sector Networks</td>
<td>Groups of individuals or organizations fluidly connected through purposeful relationships, whether formal or informal</td>
</tr>
</tbody>
</table>

*It is distinct from other forms of collaboration*
We each have a role.