SECRET TO A HEALTHY COMMUNITY?

Jacob Reider MD, FAAFP
CEO
Alliance for Better Health

LINK TO THESE SLIDES:
HTTPS://MDLK.US/CTBH19
Hospital
AND THEN HE SAID

NOBODY KNEW THAT HEALTH CARE COULD BE SO COMPLICATED
SOCIAL CARE: THE SECRET WEAPON OF A HEALTHY COMMUNITY

JACOB REIDER MD
@JACOBR
TODAY’S TOPICS

• Achieving Better Health is our shared commitment to the communities we serve
• Physicians are not the answer
• Hospitals are not the answer
• Change is hard for everyone
• Information Technology is an imperative component of success
WHAT I HOPE YOU TAKE HOME

• A SHARED VISION OF HEALTH FOR YOUR COMMUNITY
• RE-THINK SOME OF OUR ASSUMPTIONS & LANGUAGE
• TOOLS TO "CREATE PULL"
• A STORY TO PLAGIARIZE
WHY?
Social Ethic
Commentary

Wanted: A Clearly Articulated Social Ethic for American Health Care

Throughout the past 3 decades, Americans have been locked in a tenacious ideological debate whose essence can be distilled into the following pointed question: As a matter of national policy, and to the extent that a nation’s health system can make it possible, should the child of a poor American family have the same chance of avoiding preventable illness or of being cured from a given illness as does the child of a rich American family? Studies have shown that uninsured Americans relying on the emergency departments of heavily crowded public hospitals experience very long waits before being seen by a physician, sometimes so long that they leave because they are too sick to wait any longer. Studies have found that after careful statistical control for a host of socioeconomic and medical factors, uninsured Americans tend to die in hospit-
"a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity."

World Health Organization, 1946
Health Equity
EQUITY:

“THE QUALITY OF BEING EQUAL OR FAIR”
Health CARE
Health Care

Social Health

Behavioral Health

Physical Health
CLINICIANS?
THE BIG IDEA

The Strategy That Will Fix Health Care

Providers must lead the way in making value the overarching goal by Michael E. Porter and Thomas H. Lee

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MEDICALIZATION

A DISEASE
ACCESS TO CARE

NECESSARY BUT ...
ACCESS TO HEALTH?

What are the barriers
SOCIAL FACTORS?
<table>
<thead>
<tr>
<th>Category</th>
<th>Sub-Categories</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alcohol Use</td>
<td>Interpersonal violence / safety</td>
</tr>
<tr>
<td>Child Care needs</td>
<td>Literacy</td>
</tr>
<tr>
<td>Clothing Needs</td>
<td>Health Literacy</td>
</tr>
<tr>
<td>Depression / Anxiety</td>
<td>Migrant / seasonal worker</td>
</tr>
<tr>
<td>Disabilities</td>
<td>Neighborhood Safety</td>
</tr>
<tr>
<td>Education</td>
<td>Physical Activity</td>
</tr>
<tr>
<td>Employment</td>
<td>Primary Language</td>
</tr>
<tr>
<td>Food Insecurity</td>
<td>Race / ethnicity</td>
</tr>
<tr>
<td>Household Income</td>
<td>Refugee status</td>
</tr>
<tr>
<td>Household Size</td>
<td>Social connections / isolation</td>
</tr>
<tr>
<td>Housing Insecurity</td>
<td>Stress</td>
</tr>
<tr>
<td>Incarceration History</td>
<td>Substance Use</td>
</tr>
<tr>
<td>Insurance Status</td>
<td>Tobacco use / exposure</td>
</tr>
<tr>
<td>Transportation</td>
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<tr>
<td>Utilities</td>
<td>Phone</td>
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<td>Power</td>
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<td></td>
<td>Heat</td>
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<td></td>
<td>Veteran status</td>
</tr>
</tbody>
</table>
HEALTH SCREENINGS
SCREENING TESTS MUST BE

• INEXPENSIVE
• TEST FOR COMMON STUFF
• STUFF WE CAN DO SOMETHING ABOUT
- Alcohol Use
- Child Care needs
- Clothing Needs
- Depression / Anxiety
- Disabilities
- Education
- Employment
- Food Insecurity
- Household Income
- Household Size
- Housing Insecurity
- Incarceration History
- Insurance Status
- Interpersonal violence / safety
- Literacy
- Health Literacy
- Migrant / seasonal worker
- Neighborhood Safety
- Physical Activity
- Primary Language
- Race / ethnicity
- Refugee status
- Social connections / isolation
- Stress
- Substance Use
- Tobacco use / exposure
- Transportation
- Utilities
- Phone
- Power
- Heat
- Veteran status
START AT THE BEGINNING
1. PRIORITIZE
$P = \frac{V}{W}$

Priorit = Value / Work
• Alcohol Use
• Child Care needs
• Clothing Needs
• Depression / Anxiety
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WHAT WE PICKED

Food
Housing / Respite
Transportation
Certified Recovery Peer Advocates (CRPA)
2. CONNECT
CLOSED-LOOP REFERRALS
3. MONITORING
THEN WE SCREEN
WHEN WE SCREEN, WE ACQUIRE NEW INFORMATION
Acquire

ACT

Aggregate

Analyze
EXAMPLES
School bus emissions, student health and academic performance

Wes Austin, Garth Heutel, Daniel Kreisman

Abstract

Diesel emissions from school buses expose children to high levels of air pollution; retrofitting bus engines can substantially reduce this exposure. Using variation from 2656 retrofits across Georgia, we estimate effects of emissions reductions on district-level health and academic achievement. We demonstrate positive effects on respiratory health, measured by a statewide test of aerobic capacity. Placebo tests on body mass index show no effects.
Association Between Life Purpose and Mortality Among US Adults Older Than 50 Years

Aliya Alimujang, MPH; Ashley Wienesch, MPH; Jonathan Boss, MS; Nancy L. Fleischer, PhD, MPH; Alison M. Mondul, PhD, MPH; Karen McLean, MD, PhD; Bhramar Mukherjee, PhD; Celeste Leigh Pearce, PhD, MPH

Abstract

**IMPORTANCE** A growing body of literature suggests that having a strong sense of purpose in life leads to improvements in both physical and mental health and enhances overall quality of life. There are interventions available to influence life purpose; thus, understanding the association of life purpose with mortality is critical.

**OBJECTIVE** To evaluate whether an association exists between life purpose and all-cause or cause-specific mortality among older adults in the United States.

**Key Points**

**Question** Does an association exist between life purpose and all-cause or cause-specific mortality among people older than 50 years participating in the US Health and Retirement Study?

**Findings** This cohort study of 6985 adults showed that life purpose was significantly associated with all-cause
CONCLUSIONS AND RELEVANCE  This study’s results indicated that stronger purpose in life was associated with decreased mortality. Purposeful living may have health benefits. Future research should focus on evaluating the association of life purpose interventions with health outcomes, including mortality. In addition, understanding potential biological mechanisms through which life purpose may influence health outcomes would be valuable.

PURPOSE
To Love and To Work

- Sigmund Freud
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