A Framework for Improving Health: Public Health 3.0 A Multi-Sector Approach

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PUBLIC

HEALTH

What we do together as a society to ensure the conditions in which everyone can be healthy.

CDC Health Impact Pyramid
Factors that Affect Health

Examples

Smallest Impact

Counseling & Education — Eat healthy, be physically active

Clinical Interventions — Rx for high blood pressure, high cholesterol, diabetes

Long-lasting Protective Interventions — Immunizations, brief intervention, cessation treatment colonoscopy

Changing the Context to make individuals' default decisions healthy — Fluoridation, trans fat, smoke-free laws, tobacco tax

Largest Impact

Socioeconomic Factors — Poverty, education, housing, inequality

Check the Tarrant County Public Health Web site to learn more.
http://health.tarrantcounty.com

CDC

Invest in your Community
4 Considerations to Improve Health & Well-Being for All

PUBLIC HEALTH 1.0

(late 19th/most of 20th Century)

Comprehensive public health protection—from primary prevention through treatment—becomes possible for the first time in history.

Development of an astonishing array of health-protecting **tools** and **capacity** with increasingly sophisticated techniques for ensuring sanitation and food safety.

PUBLIC HEALTH 2.0

(1980s to Present Day)

By late in the 20th century, there was ***tremendously uneven*** public health capacity at the local levels.

Health Departments strained to address new infectious disease challenges as well as the growing challenge of chronic disease prevention and preparedness.

Governmental public health 'came of age' – culminating in today's Health Department accreditation movement.

PUBLIC HEALTH 3.0
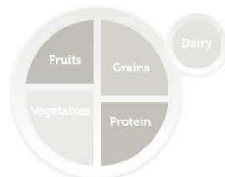
Economic Opportunity

Housing

Environment

Education

Social Determinants of Health

are the conditions in which people are born, live, work and age.

Food

Safe Neighborhoods

Transportation

What is
PUBLIC HEALTH 3.0 ?

PUBLIC HEALTH 3.0

THE VISION

A significant upgrade in public health practice to a modern version that emphasizes **cross-sectorial** environmental, policy- and systems-level actions that directly affect the **social determinants of health**.

Local Public Health Leaders *as the* **Chief Health Strategist**

Invest in your Community
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Collective Impact

The Five Conditions of Collective Impact

Common Agenda	All participants have a **shared vision for change** including a common understanding of the problem and a joint approach to solving it through agreed upon actions.
Shared Measurement	**Collecting data and measuring results consistently** across all participants ensures efforts remain aligned and participants hold each other accountable.
Mutually Reinforcing Activities	Participant activities must be **differentiated while still being coordinated** through a mutually reinforcing plan of action.
Continuous Communication	**Consistent and open communication** is needed across the many players to build trust, assure mutual objectives, and appreciate common motivation.
Backbone Support	Creating and managing collective impact requires a dedicated staff and a specific set of skills to **serve as the backbone for the entire initiative and coordinate participating organizations and agencies.**

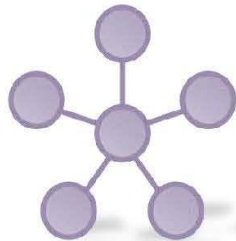*Reprinted with the permission of FSG and the Stanford Social Innovation Review*
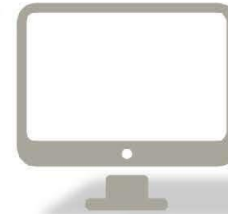
Improving Health Equity

Develop Leadership to Ensure Success

Goal: Integrative Plans, Quality Measures, Outcomes

      Value Curve
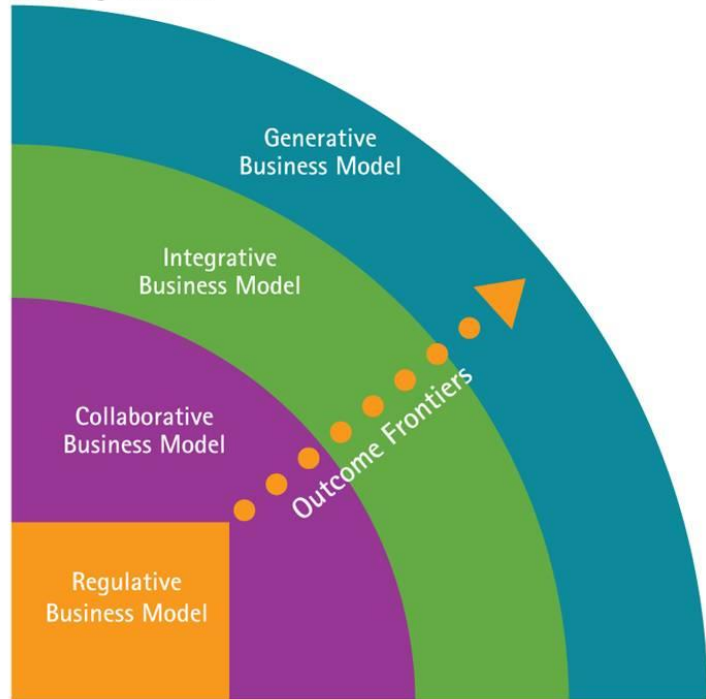   **Strategic Planning**
      Revised State Health Improvement Plan
      Continuous Quality Improvement

VALUE CURVE

Regulative Business Model: The focus is on serving constituents who are eligible for particular services while complying with categorical policy and program regulations.

Collaborative Business Model: The focus is on supporting constituents in receiving all the services for which they're eligible by working across agency and programmatic boundaries.

Integrative Business Model: The focus is on addressing the root causes of client needs and problems by coordinating and integrating services at an optimum level.

Generative Business Model: The focus is on generating healthy communities by co-creating solutions for multi-dimensional and socioeconomic challenges and opportunities.

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[1] Antonio M. Oftelie. *The Pursuit of Outcomes: Leadership Lessons and Insights on Transforming Human Services: A Report from the 2011 Human Services Summit on the Campus of Harvard University.* Leadership for a Networked World. 2011.

THREE LEADING PRIORITIES

Address the Social and Environmental Determinants of Health in Rhode Island

Eliminate the Disparities of Health in Rhode Island and Promote Health Equity

Ensure Access to Quality Health Services for Rhode Islanders, Including Our Vulnerable Populations

FIVE STRATEGIES

1. Promote healthy living for all through all stages of life

2. Ensure access to safe food, water, and healthy environments in all communities

3. Promote a comprehensive health system that a person can navigate, access, and afford

4. Prevent, investigate, control, and eliminate health hazards and emergent threats

5. Analyze and communicate data to improve the public's health

*These goals have been proposed through the State Innovation Model and are under review.

23 POPULATION HEALTH GOALS

1. Reduce obesity in children, teens, and adults

2. Reduce chronic illnesses, such as diabetes, heart disease, asthma, and cancer

3. Promote the health of mothers and their children

4. Promote senior health to support independent living

5. Promote behavioral health and wellness among all Rhode Islanders*

6. Support Rhode Islanders in ongoing recovery and rehabilitation for all aspects of health*

7. Increase access to safe, affordable, healthy food

8. Increase compliance with health standards in recreational and drinking water supplies

9. Reduce environmental toxic substances, such as tobacco and lead

10. Improve the availability of affordable, healthy housing and safe living conditions*

11. Improve access to care including physical health, oral health, and behavioral health systems

12. Improve healthcare licensing and complaints investigations

13. Expand models of care delivery and healthcare payment focused on improved outcomes*

14. Build a well-trained, culturally-competent, and diverse health system workforce to meet Rhode Island's needs*

15. Increase patients' and caregivers' engagement within care systems*

16. Reduce communicable diseases, such as HIV and Hepatitis C

17. Reduce substance use disorders

18. Improve emergency response and prevention in communities

19. Minimize exposure to traumatic experiences, such as bullying, violence, and neglect*

20. Encourage Health Information Technology adoption among RI healthcare providers as a means for data collection and quality improvement

21. Enhance and develop public health data systems to support public health surveillance and action

22. Develop and implement standards for data collection to improve data reliability and usability

23. Improve health literacy among Rhode Island residents*

DPHS Strategies (Draft)

1. Prevent disease and promote healthy living across the lifespan
2. Promote, monitor and ensure access to safe food, water and healthy environments in all NH communities
3. Promote a comprehensive clinical health care system that all NH residents can navigate, access, and afford
4. Prevent, identify, investigate and respond to community health problems, hazards and emerging threats
5. Collect, analyze and communicate data to improve the public's health
6. Steward and administer public funds and resources effectively and securely toward our mission and values

PUBLIC HEALTH 3.0

RECOMMENDATIONS

Public health departments should engage with community stakeholders—from both the public and private sectors—to form vibrant, **structured, cross-sector partnerships** designed to develop and guide Public Health 3.0–style initiatives and to foster shared funding, services, governance, and collective action.

PUBLIC HEALTH 3.0

Public health leaders should embrace the role of **Chief Health Strategist for their communities**—working with all relevant partners so that they can drive initiatives including those that explicitly address "upstream" social determinants of health. Specialized Public Health 3.0 training should be available for those preparing to enter or already within the public health workforce.

PUBLIC HEALTH 3.0

Timely, reliable, granular-level (i.e., sub-county), and **actionable data** should be made accessible to communities throughout the country, and clear **metrics** to document success in public health practice should be developed in order to guide, focus, and assess the impact of prevention initiatives, including those targeting the social determinants of health and enhancing equity.

CONSIDERATIONS FOR SUCCESS

- INTEGRATION (STRATEGIC PLANNING)

- DATA ANALYTICS

- QUALITY MEASURES

- COMMUNICATION (How to tell our story in a way that is understandable and meaningful. Do we have the relationships to be successful-regional, state, legislators)

- INCREASE CAPACITY OF COMMUNITY BASED POPULATION HEALTH

- STAKEHOLDER ENGAGEMENT

- LOOKING UPSTREAM (Social Det. Of Hlth)

INVEST IN YOUR COMMUNITY

4 Considerations to Improve Health & Well-Being *for All*

WHAT — Know What Affects Health

- 40% SOCIOECONOMIC FACTORS
- 20% CLINICAL CARE
- 30% HEALTH BEHAVIORS
- 10% PHYSICAL ENVIRONMENT

www.countyhealthrankings.org

WHERE — Focus on Areas of Greatest Need

Your zip code can be more important than your genetic code. Profound health disparities exist depending on where you live.

WHO — Collaborate with Others to Maximize Efforts

COLLECTIVE VISION

- NONPROFITS
- PEOPLE
- COMMUNITY DEVELOPERS
- HEALTH INSURANCE
- BUSINESSES
- PUBLIC HEALTH
- EDUCATION
- HEALTH CARE PROVIDERS
- GOVERNMENT
- FAITH-BASED ORGANIZATIONS
- PHILANTHROPISTS & INVESTORS

HOW — Use a Balanced Portfolio of Interventions for Greatest Impact

- Action in one area may produce positive outcomes in another.
- Start by using interventions that work across all four action areas.
- Over time, increase investment in socioeconomic factors for the greatest impact on health and well-being for all.

Four ACTION Areas

- SOCIOECONOMIC FACTORS
- PHYSICAL ENVIRONMENT
- HEALTH BEHAVIORS
- CLINICAL CARE

Thank You!

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DPHS Planny Plan