Improving Community Health: A Framework for Achieving Health Equity



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Alameda County BOS Health Committee's Health Reform Hearing: Innovations in Prevention

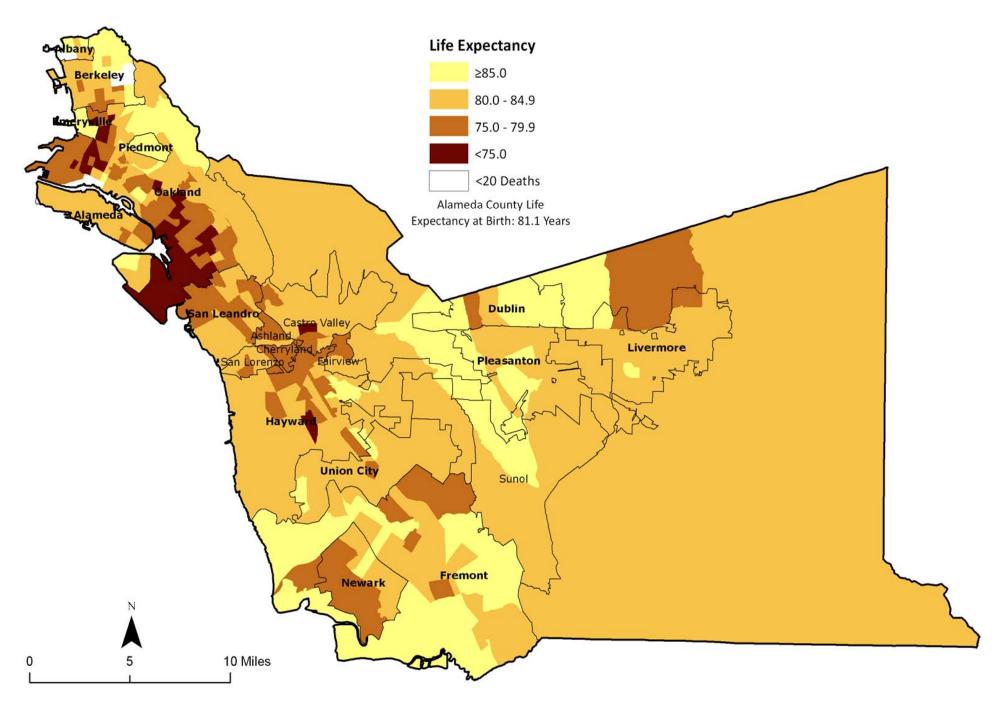
April 23, 2012



Health Equity: What do we mean?

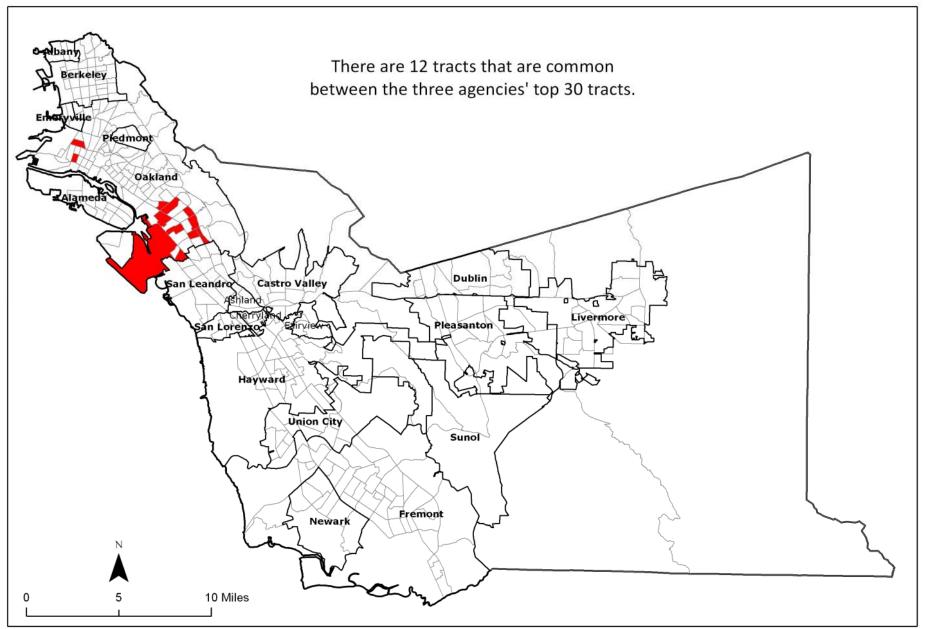
Everyone has access to the *same* opportunities for both good health and a fulfilling and productive life.





Source: ACPHD CAPE Unit, with data from Alameda County vital statistics files, 2007-2009

Service Intensity FY0910: Three Agencies—12 Top Tracts

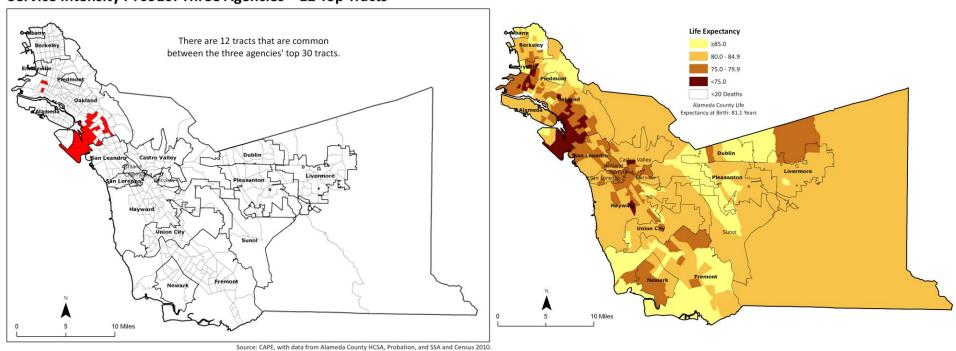


Source: CAPE, with data from Alameda County HCSA, Probation, and SSA and Census 2010.



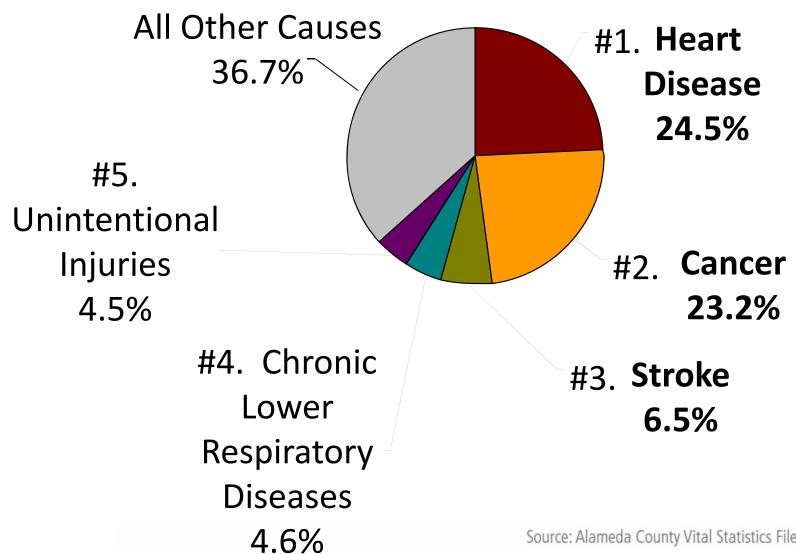
Human Services Agencies: Tertiary and Secondary Prevention

Service Intensity FY0910: Three Agencies—12 Top Tracts





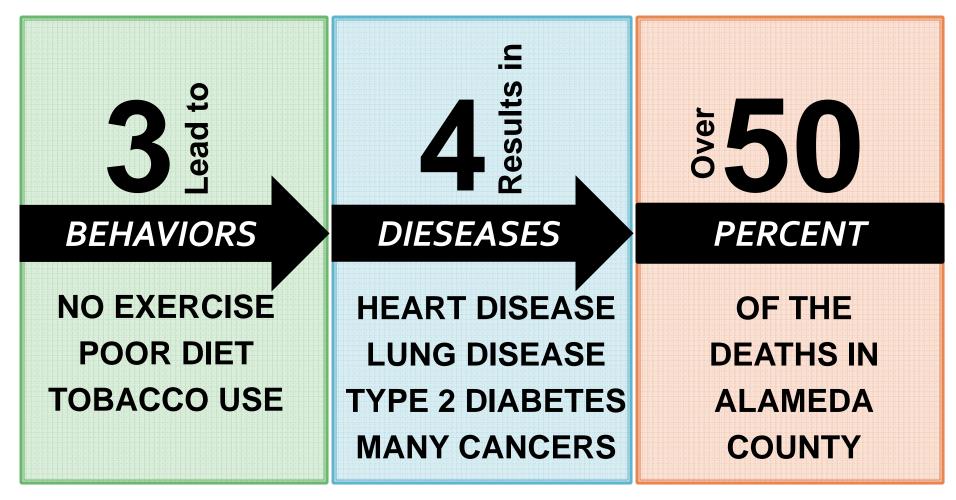
Leading Causes of Death: **Overall**



Source: Alameda County Vital Statistics Files, 2006-08.



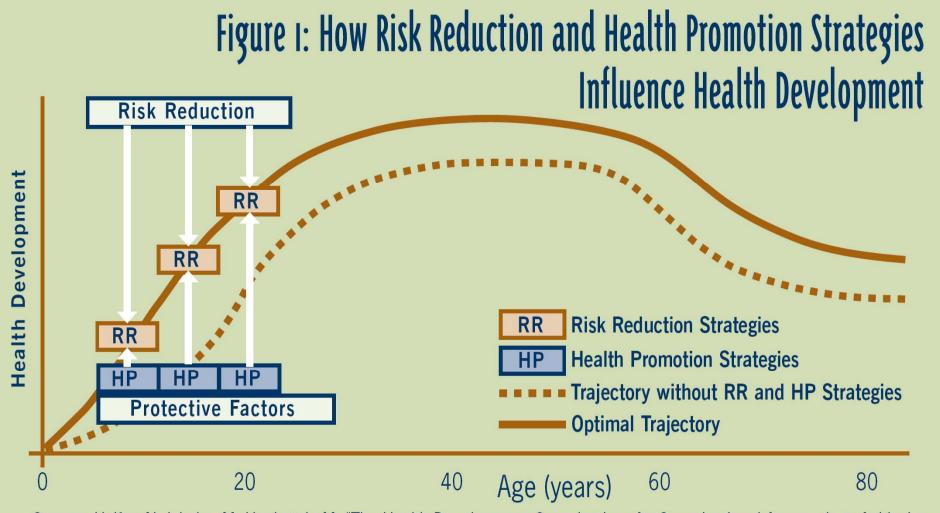
3FOUR50 Campaign: Promoting chronic disease prevention



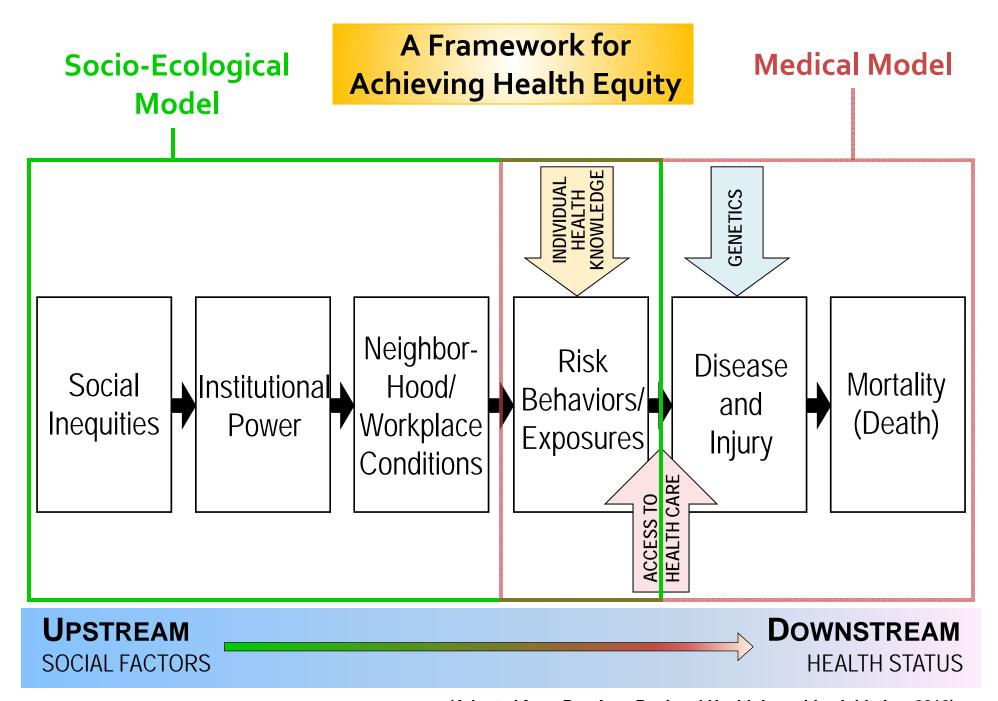
Started by The Oxford Health Alliance, 2006.



Life Course Health Development: Upstream Determinants



Source: Halfon N, Inkelas M, Hochstein M. "The Health Development Organization: An Organizational Approach to Achieving Child Development." *Milbank Quarterly.* 2000; 78(3):447-97.





Invested Communities

- Parks
- Safe/Walkable Streets
- Grocery Stores
- Good Schools
- Clean Air
- Public Transportation
- Good Jobs
- Strong Local Businesses
- Financial Institutions

Good Health Status

Poor Health Status

Source: Adapted from PolicyLink



Disinvested Communities

- Limited/Unsafe Parks
- Crime
- Fast Food Restaurants
- Liquor Stores
- Poor Performing Schools
- Pollution and Toxic Exposures
- Limited Public Transportation
- Absence of High Quality
 Financial Institutions
- Predatory Lenders



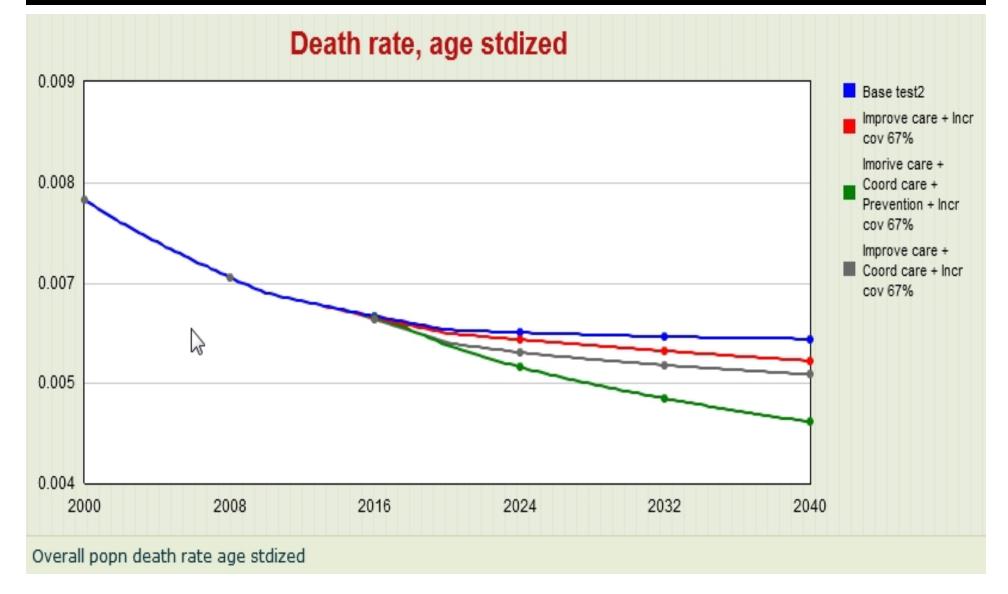
ReThink Health Dynamics Model: Calibrated to Alameda County

- Funded by the Fannie E.
 Rippel Foundation and the California Health Care
 Foundation
- Calibrated to the County population, health status, health risks, and health care utilization
- Examines <u>relative</u> impacts of different interventions on the health status, health care utilization, and cost of care, among others

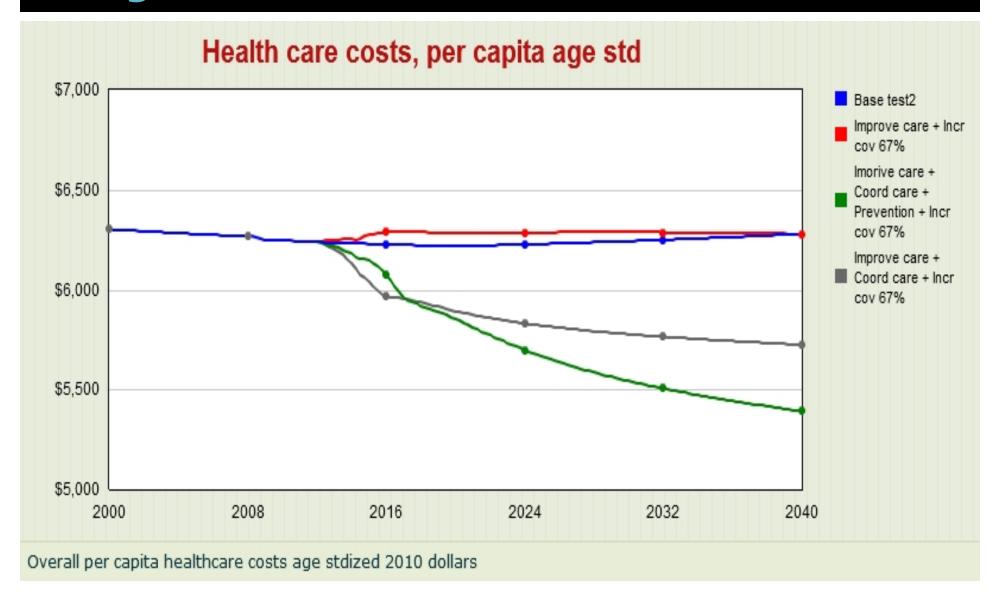
- Baseline simulation (blue line on graphs)
 - No new interventions
 - Only growth and
 - Aging of the population
- Simulations assume reinvestment in programs of up to half of generated savings







Impacts of Strategies on Health Costs: Insights from the ReThink Health Model





What can Health Care (among others) do?

- Connect patients to community resources
 - Community health workers/Promotoras
 - Community-based organizations
- Foster community (cohesion) with disease management in peer settings

- Invest more deeply in primary prevention
 - Healthcare practices hosting farmer's markets
 - Reducing fast food and sugar-sweetened beverages in workplace
 - Work with local public health to support primary prevention strategies



Just a Few Great Collaborations: Institutional Power for Prevention

- Food to Families Project
 - Meets families' immediate needs while also working to improve community food landscape
 - Local health centers write healthy food "prescriptions"
 - Youth-led businesses

- Place Matters' Housing Workgroup
 - Recommendations for a more proactive system of rental housing code inspections – prevent asthma hospitalizations
- WIC Oral Health Program
 - Reduce expenditures by 50% compared to kids o-8 outside of program

Thank you!

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