APIH Fellowships Training:

Cross-sector Partnerships and Engagement to Improve Population Health

September 3, 2015

Housekeeping

- To join us on audio, call the phone number in the teleconference box. Be sure to enter both the Access Code and your individual Attendee ID. Your Attendee ID will connect your name to your phone line in WebEx.

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- To ask a question, click the “Raise Hand” icon on the right side of your screen in the Participants Panel. We’ll call on you and unmute your phone line.

- Send a question to AAMC if you experience any technical or audio issues.
Welcome: Sherese Johnson, MPH, PMP

Lead Specialist, Public Health Initiatives
Association of American Medical Colleges

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Opening Remarks: LaVonne Ortega, MD, MPH

Academic Partnerships to Improve Health (APIH) / Presidential Management Fellowship (PMF) Team Lead
Division of Scientific Education and Professional Development
Centers for Surveillance, Epidemiology, and Laboratory Services
Centers for Disease Control and Prevention
Webinar Panelists: CommonHealth ACTION

Natalie S. Burke
President and CEO

Kara D. Ryan, MPP
Associate Director of Programs and Resource Development

The Production of Health: Cross-sector Partnerships and Engagement to Improve Population Health

Academic Partners for Health (APIH) Fellowships Training

Natalie S. Burke & Kara D. Ryan, MPP
CommonHealth ACTION
Thursday, September 3, 2015 | 2:00 pm
OBJECTIVES

1. Describe the context of health and the social determinants that influence population health.

2. Define health inequity and its impact on the implementation of program, policy, and practice.

3. Discuss the role of governmental and non-governmental organizations in the programming and delivery of population health services.

4. Explain the benefits of cross-sector partnerships and how to develop multidisciplinary strategies, interventions, and educational resources to improve population health.

Part 1: The Production of Health
DETERMINANTS OF HEALTH: The complex social and economic circumstances in which people are born, grow up, live, and work. These circumstances are in turn shaped by a wider set of forces: economics, policies, social and cultural contexts, and politics.
THE PRODUCTION OF HEALTH
THE PRODUCTION OF HEALTH

IMAGINE A STREAM…
Part 2: Applying an Equity Lens
EQUITY: Providing all people with fair opportunities to achieve their full potential, to the extent possible.

EQUALITY: Equal treatment that may or may not result in equitable outcomes.

EQUITY LENS: The “lens” through which you view conditions and circumstances to understand who experiences the benefits and burdens of a given program, policy, or practice.
Systems and institutions create the community contexts for health behaviors.
Part 3: How Sectors Produce Health through Policy, Program, and Practice

SECTORS PRODUCE HEALTH

- **Governmental**
  - Federal
  - State
  - Local

- **Non-governmental**
  - Business
  - Philanthropy
  - Nonprofits & community

- **Levers:** Policy | Program | Practice

40–50% Social, Economic, and Environmental Factors

30–40% Health Behaviors

10–20% Genetics
## Case Study: One business & the ACA

<table>
<thead>
<tr>
<th>Current</th>
<th>Future</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provide healthcare benefits</td>
<td>Provide on-site wellness centers incorporating determinants of health</td>
</tr>
<tr>
<td>Run employee wellness programs</td>
<td>Support holistic wellbeing</td>
</tr>
<tr>
<td>Current employee rewards = compensation + benefits</td>
<td>Reframe employee rewards as compensation + benefits + health</td>
</tr>
<tr>
<td>Offer healthy worksite food</td>
<td>Support healthy community food environment</td>
</tr>
</tbody>
</table>

### Problem: Frequent ER visits due to migraines and upper respiratory tract infections.

<table>
<thead>
<tr>
<th>Problem</th>
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<tbody>
<tr>
<td>Proximal cause</td>
<td>Viral infection</td>
</tr>
<tr>
<td>Underlying cause</td>
<td>Chronic sinus congestion; stress; lack of sleep</td>
</tr>
<tr>
<td>Underlying cause of underlying cause (principal cause)</td>
<td>Allergen exposures in damp, moldy, pest-filled apartment</td>
</tr>
<tr>
<td>Root cause</td>
<td>Landlord fails to fix water leaks or improve ventilation</td>
</tr>
<tr>
<td>Secondary cause</td>
<td>Outdoor air pollution</td>
</tr>
<tr>
<td><strong>Addressable cause</strong></td>
<td><strong>Damp, moldy housing</strong></td>
</tr>
<tr>
<td><strong>Less addressable cause</strong></td>
<td><strong>Air pollution</strong></td>
</tr>
</tbody>
</table>

Part 4: Multi-sector Strategies

MULTI-SECTOR STRATEGIES
MULTI-SECTOR STRATEGIES

Stage I: What is the impact on determinants of equity?
(continued)

Stage One lists determinants of equity that may be affected by the proposed program/activity that you are considering. Review this list and circle the determinants of equity that apply to your policy or program. If your answer is no, then you are done.

Equity is often depicted as a system of values that can be used to rank items in society. However, it is also a system of values that can be used to rank individuals. Thus, the purpose of this activity is to help you identify and rank determinants of equity that affect your policy or program.

Health: Health-related quality of life

1. Physical health
2. Mental health
3. Social health
4. Environmental health
5. Economic health

Nutrition: Nutrition-related quality of life

1. Food access
2. Food security
3. Food affordability
4. Food quality
5. Food safety

Education: Education-related quality of life

1. Access to education
2. Quality of education
3. Equity in education
4. Achievement in education
5. Employment outcomes

Income: Income-related quality of life

1. Income stability
2. Income growth
3. Income equality
4. Income mobility
5. Income security

Stage II: What are the implications of the determinants of equity?

Proceed to Stage II

Upstream Risks Screening Tool & Guide

“Everyone deserves the opportunity to have a safe, healthy place to live, work, eat, sleep, learn and play. Problems or stress in these areas can affect health. We ask our patients about these issues because we may be able to help.”

<table>
<thead>
<tr>
<th>Domain</th>
<th>Question</th>
<th>Responses</th>
<th>Score</th>
<th>Scored for</th>
</tr>
</thead>
<tbody>
<tr>
<td>Education</td>
<td>First visit</td>
<td>What is the highest level of school you have completed?</td>
<td>Elementary School, High School, Graduate Professional School</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td></td>
<td>What is the highest degree you earned?</td>
<td>High school diploma, GED, Vocational certificate, Associate’s degree</td>
<td>1</td>
</tr>
<tr>
<td>Employment</td>
<td>First visit or annually</td>
<td>Are you concerned about your child’s learning, performance, or behavior in school?</td>
<td>Yes, No, Not applicable</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Which best describes your current occupation?</td>
<td>Homemaker, not working outside the home, Employed (part or full time), Self-employed, Unemployed, Not working</td>
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### MULTI-SECTOR STRATEGIES

*Remember this?*

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Who are the potential multi-sector partners with whom you could develop a strategy to address the damp, moldy housing?

**Putting it together...**
MULTI-SECTOR APPROACHES TO THE PRODUCTION OF HEALTH

1. Who?
2. What?
3. When?
4. Where?
5. Why?
6. How?
7. How much?
8. What if?
9. If not?

Thank You!

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Questions

Click the "Raise Hand" icon (_raise_hand_) to ask a question. We’ll call on you and unmute your phone line. Click the hand again to put your hand down or you will be called on again.

If you prefer, you may submit typed questions through the Q&A panel. Send to All Panelists.