Building a Culture of Health: A Framework for Bridging Health and Social Services

Paul Kuehnert, DNP, RN, FAAN
Assistant Vice President, Program
Robert Wood Johnson Foundation
Presentation Overview

• Our current health & health care environment
• Culture of Health Vision & Action Framework
• Bridging Health and Social Services
“The two most important days in your life are the day you were born and the day you find out why.”

–Mark Twain
Helen Bruce, MD
1907 - 1994

• City of St. Louis Health Department
  1947 – 1981

• Health Commissioner
  1972 - 1981
Top three causes of death in 1900

- Pneumonia
- Tuberculosis
- Diarrhea

Deaths from Infectious Disease
1900-2000, US
Our 21st Century Public Health Problem

Changing leading causes of death

1900
- Pneumonia
- Tuberculosis
- Diarrhea

2010
- Heart Disease
- Cancer
- Stroke

Epidemiologic Transition

Mortality Rate

Non-Communicable Disease
Infectious Disease
Are ‘Shorter, sicker lives’ our legacy??
School drop outs
Drug addiction
Prison
More than 70% of 17- to 24-year-olds are ineligible to serve in the military.
of kids are overweight or obese
Nearly one-fifth of all Americans live in neighborhoods that make it hard to be healthy.
Spending more...Getting less

Health spending and life expectancy*

*Health care spending in the United States lies outside the typical projections for life expectancy and other health indicators

Life expectancy at birth, years

Total expenditure on health per capita, US$PPP

*2008 data, or latest year available. Source: OECD Health Data 2010.
Historic and projected life expectancy of the longest-lived countries, by year, 1950 to 2050

Average 81.8

US, 78.2

16 years

Source: Institute for Health Metrics and Evaluation, University of Washington and Public Health - Seattle & King County, APDE

Countries: 2009
- Australia
- Canada
- Finland
- France
- Hong Kong
- Iceland
- Israel
- Italy
- Japan
- Macao
- Norway
- Spain
- Sweden
- Switzerland
Low Life Expectancy at Every Age

Ranking of US Mortality Rates by Age Group vs. Peer Countries, 2006-2008

• For both sexes, the US never ranks higher than 15 out of 17 countries before age 75.

WHERE YOU LIVE AFFECTS HOW LONG YOU LIVE
Life expectancy, by county, compared to the world’s 10 best countries

Short Distances to Large Gaps in Health

Life expectancy at birth (years)
- Shorter
- Longer

1 mile

Red Line
Green Line
Orange Line

© 2015 Robert Wood Johnson Foundation

Follow the discussion
#CloseHealthGaps

VCU
Center on Society and Health

Robert Wood Johnson Foundation
Particularly perplexing

**IF**

HEALTHCARE = HEALTH
Total Expenditures as a % GDP, 2009*

Source: Bradley & Taylor
The American Healthcare Paradox

*Switzerland and Turkey are missing
Ratio of Social to Health Expenditures, 2009*

*Switzerland and Turkey are missing data for 2009.
In the US, for $1 spent on health care, about $0.90 is spent on social services.

In OECD, for $1 spent on health care, about $2 is spent on social services.

Source: Bradley & Taylor
The American Healthcare Paradox
There’s More to Health than Health Care
Every System is perfectly designed to get the results it gets

- Don Berwick
Are ‘Shorter, sicker lives’ our legacy??
We can’t solve problems by using the same kind of thinking we used when we created them.
CULTURE OF HEALTH VISION

WE, AS A NATION, WILL STRIVE TOGETHER TO BUILD A CULTURE OF HEALTH ENABLING ALL IN OUR DIVERSE SOCIETY TO LEAD HEALTHIER LIVES, NOW AND FOR GENERATIONS TO COME.
Being healthy and staying healthy is an esteemed social value.
health of the population guides public and private decision-making
geography and demographics do not serve as barriers to good health.
individuals, businesses and governments work collectively to foster healthy communities and lifestyles.
we are all supported to make proactive choices that will improve our health.
CULTURE OF HEALTH VISION

WE, AS A NATION, WILL STRIVE TOGETHER TO BUILD A CULTURE OF HEALTH ENABLING ALL IN OUR DIVERSE SOCIETY TO LEAD HEALTHIER LIVES, NOW AND FOR GENERATIONS TO COME.
That’s all very nice, but......

How do we go about building a

‘Culture of Health’
CULTURE OF HEALTH ACTION FRAMEWORK

ACTION AREA 1
MAKING HEALTH A SHARED VALUE

ACTION AREA 2
FOSTERING CROSS-SECTOR COLLABORATION TO IMPROVE WELL-BEING

OUTCOME
IMPROVED POPULATION HEALTH, WELL-BEING, AND EQUITY

ACTION AREA 3
CREATING HEALTHIER, MORE EQUITABLE COMMUNITIES

ACTION AREA 4
STRENGTHENING INTEGRATION OF HEALTH SERVICES AND SYSTEMS

Robert Wood Johnson Foundation
MAKING HEALTH A SHARED VALUE

DRIVERS

MINDSET AND EXPECTATIONS
- Value on health interdependence
- Value on well-being
- Public discussion on health promotion and well-being

SENSE OF COMMUNITY
- Sense of community
- Social support

CIVIC ENGAGEMENT
- Voter participation
- Volunteer engagement
Fostering Cross-Sector Collaboration to Improve Well-Being

Drivers

Number and Quality of Partnerships
- Local health department collaboration
- Opportunities to improve health for youth at schools
- Business support for workplace health promotion and Culture of Health

Investment in Cross-Sector Collaboration
- U.S. corporate giving
- Federal allocations for health investments related to nutrition and indoor and outdoor physical activity

Policies That Support Collaboration
- Community relations and policing
- Youth exposure to advertising for healthy and unhealthy food and beverage products
- Climate adaptation and mitigation
- Health in all policies (support for working families)
ACTION AREA

3

CREATING HEALTHIER, MORE EQUITABLE COMMUNITIES

DRIVERS

BUILT ENVIRONMENT/PHYSICAL CONDITIONS
- Housing affordability
- Access to healthy foods
- Youth safety

SOCIAL AND ECONOMIC ENVIRONMENT
- Residential segregation
- Early childhood education
- Public libraries

POLICY AND GOVERNANCE
- Complete Streets policies
- Air quality
STRENGTHENING INTEGRATION OF HEALTH SERVICES AND SYSTEMS

DRIVERS

ACCESS
- Access to public health
- Access to stable health insurance
- Access to mental health services
- Routine dental care

CONSUMER EXPERIENCE AND QUALITY
- Consumer experience
- Population covered by an Accountable Care Organization

BALANCE AND INTEGRATION
- Electronic medical record linkages
- Hospital partnerships
- Practice laws for nurse practitioners
- Social spending relative to health expenditure
IMPROVED POPULATION HEALTH, WELL-BEING, AND EQUITY

OUTCOME AREAS

ENHANCED INDIVIDUAL AND COMMUNITY WELL-BEING
Well-being rating
Caregiving burden

MANAGED CHRONIC DISEASE AND REDUCED TOXIC STRESS
Adverse child experiences
Disability associated with chronic conditions

REDUCED HEALTH CARE COSTS
Family health care cost
Potentially preventable hospitalization rates
Annual end-of-life care expenditures
Where does Social Work fit?
STRENGTHENING INTEGRATION OF HEALTH SERVICES AND SYSTEMS

Drivers

Access
- Access to public health
- Access to stable health insurance
- Access to mental health services
- Routine dental care

Consumer Experience and Quality
- Consumer experience
- Population covered by an Accountable Care Organization

Balance and Integration
- Electronic medical record linkages
- Hospital partnerships
- Practice laws for nurse practitioners
- Social spending relative to health expenditure
Social Work & Bridging

Care Coordination

• Multiple chronic conditions, socially complex
• Perinatal
• Aging in place

Advocacy

• Policy
• Systems
• Funding

Community Partnerships
Building blocks for Bridging Partnerships

- Relationships are foundational
- Define health in the broadest possible terms.
- Commit to sustainable systems changes and policy-oriented long-term solutions.
- Cultivate a shared and deeply-held belief in the importance of equal opportunity for health.
- Harness the collective power of leaders, partners, and community members.
- Measure and share progress and results.
We need your input!

Partnership for Healthy Outcomes:

Bridging Community-Based Human Services and Health Care

Please Complete RFI by 1-27-17

https://survey.qualtrics.com/SE/?SID=SV_22X2meRNQkI23Iz
“The best way to predict the future is to create it.” - Peter Drucker
CULTURE OF HEALTH ACTION FRAMEWORK

ACTION AREA 1
MAKING HEALTH A SHARED VALUE

ACTION AREA 2
FOSTERING CROSS-SECTOR COLLABORATION TO IMPROVE WELL-BEING

ACTION AREA 3
CREATING HEALTHIER, MORE EQUITABLE COMMUNITIES

ACTION AREA 4
STRENGTHENING INTEGRATION OF HEALTH SERVICES AND SYSTEMS

OUTCOME
IMPROVED POPULATION HEALTH, WELL-BEING, AND EQUITY

www.CultureofHealth.org
Contact Info:

Paul Kuehnert
Assistant Vice President - Program
(609)-627-6319
pkuehnert@rwjf.org
Twitter: @PaulKuehnert