Towards a new vision for health: Implications for the workforce and analysis

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Roadmap

• Context for public health - culture of health, community resilience

• Opportunities and meaning for public health research and analysis

• Opportunities for public health workforce
Culture of Health Moves a Shared Definition

Shared expectations that individual and sectors have capacity to:

• promote individual and community well-being (as defined by physical, social, spiritual and mental health),

• create physical and social environments that prioritize health, and

• support access to opportunities for healthy lifestyles and quality health care for everyone.
$3 trillion in health care expenditures annually

18% GDP spent on health—highest in the world

$226 billion in lost revenue due to poor health

1 in 3 children overweight or obese

1 in 5 lack easy access to healthy practices
RWJF calls to action
building a Culture of Health

Health improvements not fast enough

New models emerge with broader views of health
Why culture?

How do we define and operationalize culture?

Define action framework

Use measures to guide work

Develop measures

Catalyze new dialogue about health

Plan for national integration

Change data systems and what is tracked
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

EQUITY
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EQUITY
Culture of Health offers an action framework that can move wellbeing into local practice

What has been missing?

- Integration of the practice of government with science of wellbeing
- Coordination around a common agenda
- Consideration of local resource allocation
Culture of Health provides an action framework for consideration of other large-scale movements.
What does a “win” look like for Culture of Health

NARRATIVE: Changing national discourse on health and wellbeing (values and priorities)

ACTION: Changing how we invest (national budget, human capital, training, etc.)

ASSESSMENT: Changing what we measure (our approach to research, our use of data, etc.)
Each action area has drivers and illustrative measures

41 measures were selected based on:

• Availability of national data
• Application to entire lifespan and ‘healthspan’
• Broad determinants and upstream drivers
• Use for signal value
• Appeal to multiple audiences
• Attention to equity
Action Area 1: Making Health a Shared Value

Drivers:
- Mindset and expectations
- Sense of community
- Civic engagement
Action Area 2: Fostering Cross-Sector Collaboration to Improve Well-Being

Drivers:

• Number and quality of partnerships
• Resource investments across sectors
• Policies that support collaboration
Action Area 3: Creating Healthier, More Equitable Communities

Drivers:

- Built environment and physical conditions
- Social and economic environment
- Policy and governance
Action Area 4: Strengthening Integration of Health Services and Systems

Drivers:
• Access
• Consumer experience and quality
• Balance and integration
Outcome: Improved Population Health, Well-Being, and Equity

Outcome areas:

• Improved individual and community wellbeing
• Managed chronic disease and reduced exposure to toxic stress
• Reduced health care cost
Sentinel Communities

- Opportunity to understand CoH at the local level and identify new measures using sentinel surveillance
- Mixed methods of data collection and monitoring
- 30 communities varied by geography, sociodemographics, and innovations in health
Resilience of governments

Government 2.0

Resilience of government-NGO partnerships

Patient-centered medical homes, ACO

Civic well being

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Environmental sustainability
Age friendly retirement villages
So how did we arrive at *community resilience*?
Community Resilience is Continually Developing

The ongoing and developing capacity of the community to account for its vulnerabilities and develop capabilities that aid in:

1) preventing, withstanding, and mitigating the stress of a health incident

2) recovering in a way that restores the community to a state of self-sufficiency and at least the same level of health and social functioning after a health incident

3) using knowledge from a past response to strengthen the community's ability to withstand the next health incident
Strengthening community resilience is critical in a changing world.
We pursued resilience thinking when traditional disaster response models were not enough.
Community resilience acknowledges the intersection between individuals and organizations.
Community resilience requires building neighbor to neighbor reliance and organizational connection.

RESILIENT COMMUNITIES

- There are strong relationships between organizations
- Organizations are ready and prepared to respond and recover
- There are enough volunteers to help in a disaster
- People can rely on each other (neighbor to neighbor)
- Individuals/families have the knowledge to prepare for and respond to disaster
Resilient communities drive residents towards a resilience mindset

Community Resilience Mindset

I have skills I can use in a disaster to help others.

If something unpredictable were to happen, I can count on my community.

My community is not immune to disasters.
Community resilience has represented the intersection of *Community Health Promotion* and *Emergency Preparedness*

<table>
<thead>
<tr>
<th>Community Health Promotion</th>
<th>Community Resilience</th>
<th>Emergency Preparedness</th>
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<tbody>
<tr>
<td>Routine surveillance</td>
<td>Assessment of population, structural vulnerabilities and assets</td>
<td>Emergency risk assessment</td>
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<tr>
<td>Community education</td>
<td>Education about ongoing mitigation</td>
<td>Risk communication</td>
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<tr>
<td>Provision of direct health services (e.g., immunizations, home visiting)</td>
<td>Ongoing assurance of health service access; skill building (e.g., PFA)</td>
<td>Provision of shelters, evacuation plans, mass prophylaxis</td>
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<td>Policy support re: health impact</td>
<td>Policies that prepare for routine and emergency conditions</td>
<td>Policy support re: disaster response and recovery</td>
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Implications for public health research and analysis
New movements require a more nuanced understanding of stakeholders

- Whole of community is intrinsic to planning, strategy
- New and unique partnerships required for public health to advance mission

Question: Do our models of partnership and collaboration work? Where has CPBR, etc. worked and where has it not?
Research requires new ways of thinking about data regimes and systems

• Government 2.0, Web 3.0
• Integration of data systems

Questions:
What constitutes public health data?
How are data systems being used for ongoing adaptive capacity?
These frameworks require consideration of people and planet together

• Intersection of social and natural sciences; infrastructure and human
• Social change theory is central

Question:

What models fully incorporate these disciplines and systems, and where does PH fit?
Frameworks also require reconsideration of government, public-private roles

- Government role as safety net, or promoter of wellbeing
- Which P3 models will work to advance and sustain this orientation to health

Question:
Where should public health departments position themselves in resilience strengthening or advancing culture of health?
Implications for workforce, capacity building
Public health curriculum should consider use of narrative

• Advancing movements for transformation require new approaches to dialogue

Question: How do we train on the use of narrative in current programs? Where is that in core competencies?
Workforce will need to understand processes of collaboration

• Training in the development, sequencing and maintenance of collaboration

• Tools in how to advance ideas in competing and contentious contexts
Rigor in conceptual broadness or “messiness” needs to be practiced and discussed

• Blending disciplines and sectors means rough edges...at times

• Skill in deconstructing broad concepts and linking ideas and pathways
Getting inside processes of change means some skill in...

- Decision analyses
- Use of networks
- Understanding of distributed knowledge pathways
- Use of technology
- Social and political context