Community Health Assessment: Seeking Collective Impact Across Health Cultures

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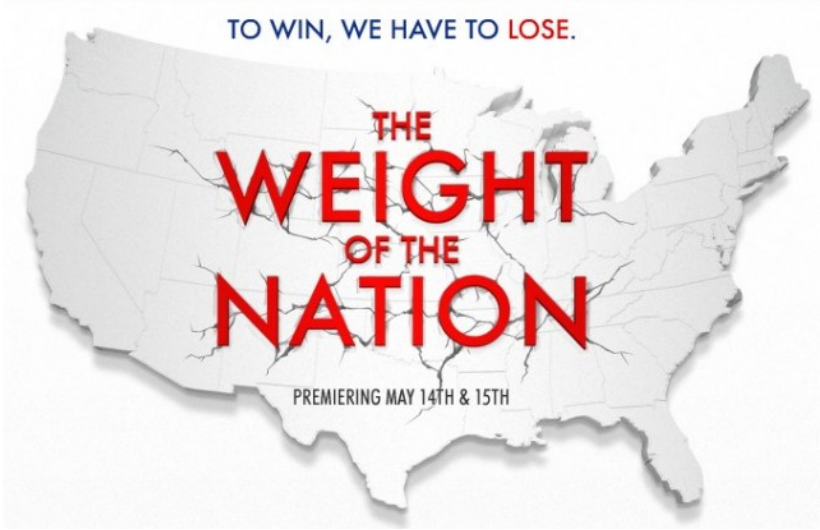
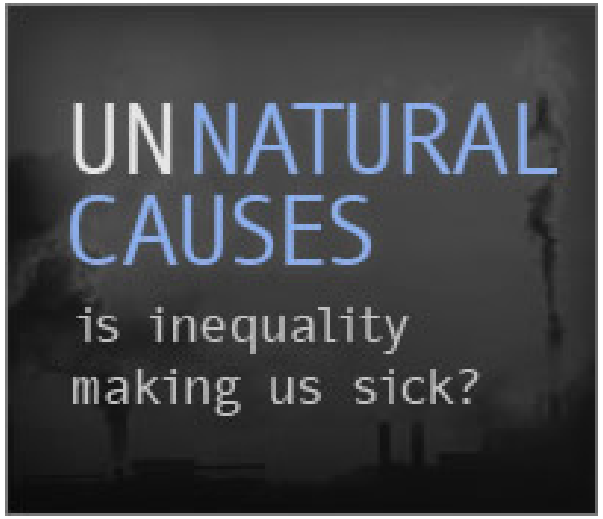
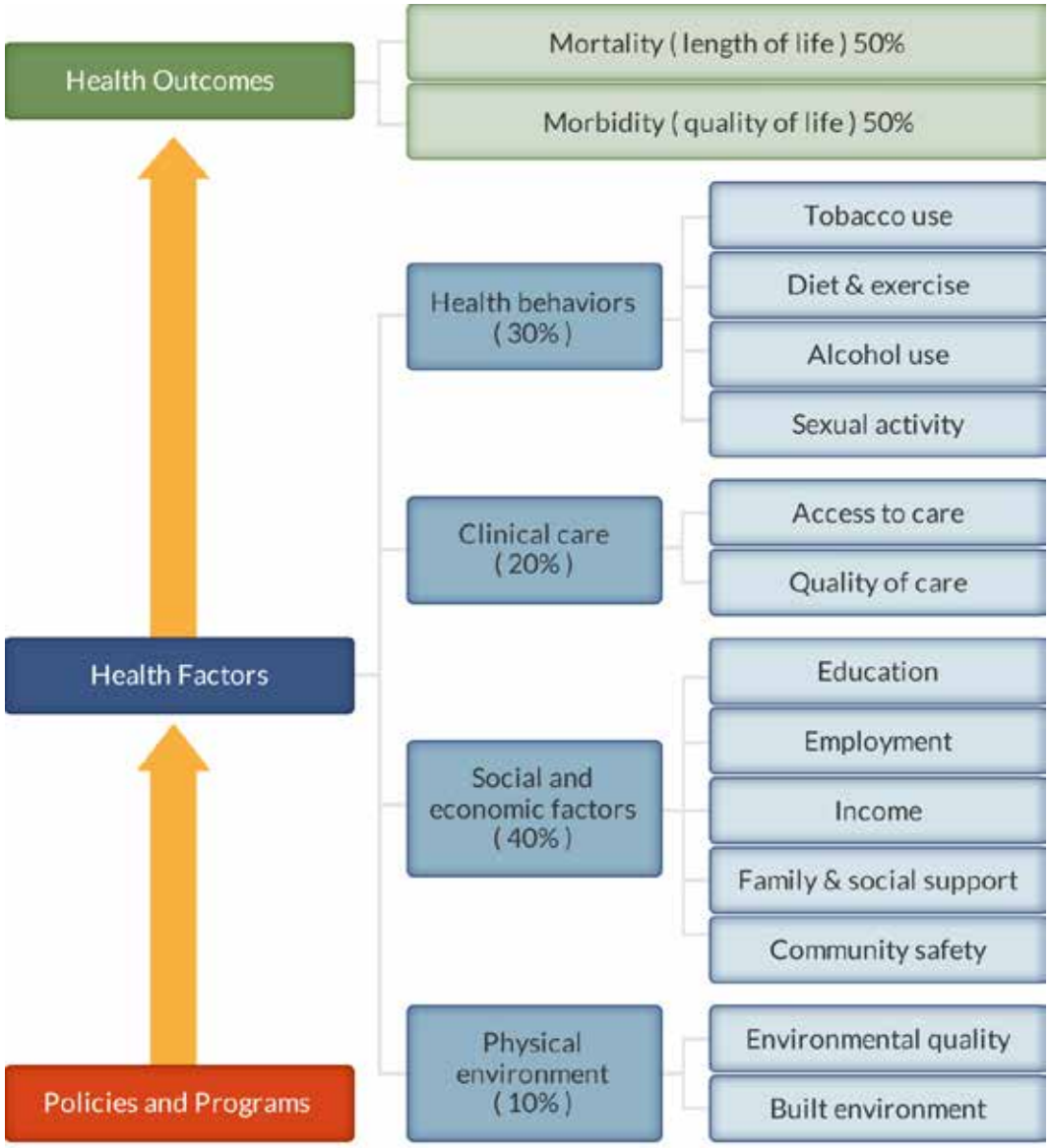
Our concept of poor health has evolved.





County Health Rankings & Roadmaps program

This is the conceptual model of population health developed by the University of Wisconsin Population Health Institute. Counties are ranked, within state, by 'Health Outcome' and also by 'Health Factors'.



County Health Rankings model ©2012 UWPHI

So, we had to conduct an assessment that was different from ones we have done separately in the past. We needed to conduct an assessment that had:

- True and meaningful collaboration between
  1. Hospitals and LHDs
  2. Hospitals/LHDs and the community
- Measures for social determinants and opportunity
- A more accurate and approach to the local data
- A high level of community input

True and meaningful collaboration between hospitals and LHDs

Reshaping the medical care mindset

- “Thinking outside the bed”
- Motivation beyond Market share
- Investor vs investment

Reshaping the public health mindset

- Neutral convener
- Integrating primary care & public health
- Investment vs investor

Seeking Collective Impact: A Synergistic Model

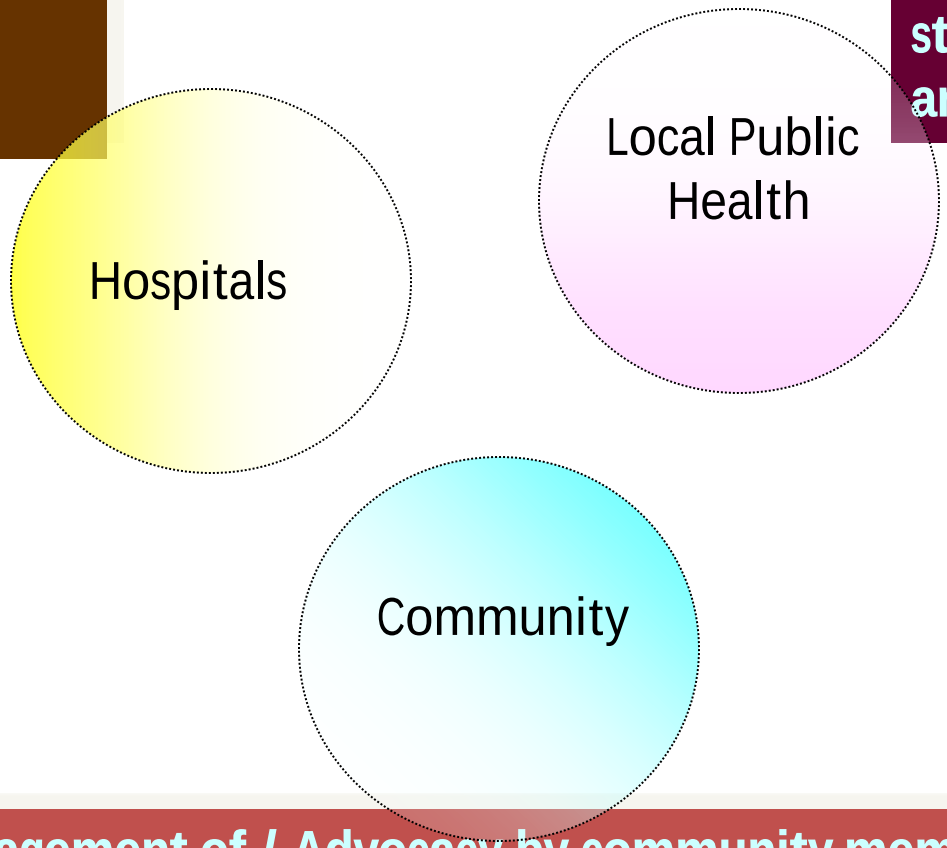
- Trading consensus and compromise (“either/or”)
- For collaboration and collective impact (“both/and”)

True and meaningful collaboration between hospitals/LHDs and the community

Authentic collaboration between hospitals, LHDs and the community

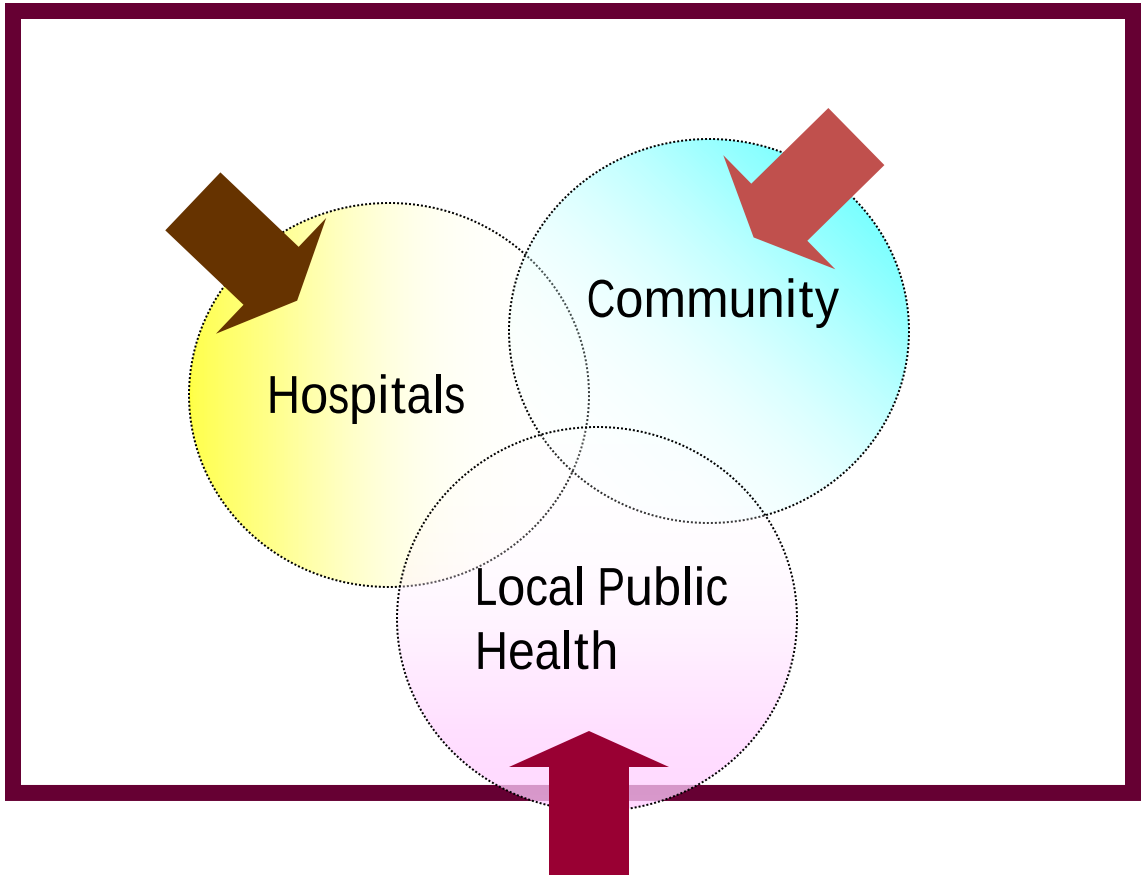
Endorsement / Mandate by leadership

Staff empowered to respond, challenges to status quo encouraged and welcomed.



Engagement of / Advocacy by community members who want to create change

Collective Impact:
"Three are greater than One"



Our Model for How Health Happens

Opportunity Measures
Evidence of power and wealth inequity resulting from *historical legacy, laws & policies, and social programs.*

Social, Economic, and Environmental Factors
(Social Determinants of Health)
Factors that can constrain or support healthy living

Behaviors, Stress, and Physical Condition
Ways of living which protect from or contribute to health outcomes

Health Outcomes
Can be measured in terms of quality of life (illness/morbidity), or quantity of life (deaths/mortality)

Expanding the Dialogue - Starting with the end in mind:

Health Equity

Extending the Dialogue to Social Justice

Health Disparity

“A disproportionate difference in health between groups of people.”

Health Inequity

“Differences in population health status and mortality rates that are systemic, patterned, unfair, unjust, and actionable, as opposed to random or caused by those who become ill.” **Margaret Whitehead**

Social Justice

The absence of unfair, unjust advantage or privilege based on race, class, gender, or other forms of difference.

A world which affords individuals and groups fair treatment and an equitable share of the benefits of society.

Health Equity

A fair, just distribution of the social resources and social opportunities needed to achieve well-being.

Applying, not Incorporating, Health Equity

It's not '*what*,' but '*how*'

- Incorporating health equity is more than just stratifying data by race/ethnicity or gender. It is opening people's minds to the fact that some disparities are unfair and unjust.

- A philosophy and frame work used to shift our thinking about the questions we routinely ask or asking additional questions.

Applying a Health Equity Lens to our Work

Instead of only asking:

How can we create more green space, bike paths, and farmer's markets in vulnerable neighborhoods?

Perhaps we should also ask:

What policies and practices by government and commerce discourage access to transportation, recreational resources, and nutritious food in neighborhoods where health is poorest?

Applying a Health Equity Lens to our Work

Instead of only asking:

Why do people smoke?

Perhaps we should also ask:

What social conditions and economic policies predispose people to the stress that encourages smoking?

Applying a Health Equity Lens to our Work

Instead of only asking:

Who lacks access to healthy food options and why?

Perhaps we should also ask:

What policy changes would redistribute healthy food resources more equitably in our community?

Applying a Health Equity Lens to our Work

Instead of only asking:

How do we connect isolated individuals to social supports?

Perhaps we should also ask:

What institutional policies and practices maintain rather than counteract people's isolation from social supports?

Well Worth the Effort!

- Successes
  - Check –In's: open communication
  - Solid model and method – not person dependent
- Challenges
  - Blazing a trail
  - Sustaining the work
  - Serving different masters (Implementation Strat vs CHIP)
- Accountability to the Community

If you want to build a ship, don't drum up people to collect wood and don't assign them tasks and work, but rather teach them to long for the endless immensity of the sea.

Antoine de Saint Exupery

Be not weary in well-doing, for in due season, you will reap if you faint not.

The Apostle Paul