

# Toward Health and Well-Being for All

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# Outline of Talk

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- My path here
  - Lessons Learned
- Terminology in the “health” field
- Health and Well-Being for All





*W. S. Hamilton*

*"And it was so typically brilliant of you to have invited an epidemiologist."*



# My Path Here

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- **Personal Strengths:** Achiever, Responsibility, Analytic, Strategic, Learner (Initial gaps: *Team builder and leader; communicator*)
- **Disciplinary Considerations:** PhD>> MD/PhD>> MD>>**MD/MPH**
- **Stages:** Discovery>> Application>> Infrastructure >>Capacity>>**Larger Systems**
- **Jobs:** Medical Resident>>EIS Officer>>Prev Med Resident>> Surveillance/Informatics>>Science Quality Assurance>>Workforce>>Health Systems
- **Focus:** Science>> Medicine>> Public Health>>Public Health and Healthcare>>**Health and Health Impact**



# My Story (1980-1994)

Stages: **Discovery**>> **Application**>> **Infrastructure**>> **Capacity**>> ...

Focus: **Science**>> **Medicine**>> **Public Health**>> **Public Health**

and...

- **Longstanding science interest**
  - Scientific Chinese family (Chinese name)
  - Harvard biochemistry major
- **PhD>> MD/PhD>> MD>>MD/MPH**
- **Frustrations with clinical medicine**
  - Medical school Epi class; MPH: EKC, CFS; CDC rotation: Listeria
  - Residency
- **Epidemic Intelligence Service (EIS) Officer (in California)**
  - Dermatitis, Lead, TB, Cholera in LA, *E. coli*, Tajikistan
- **Preventive Medicine Resident**
  - Cholera, Salmonella, PAHO, cruise ship outbreaks

**First “real” job: National Notifiable Diseases Surveillance**



Centers for Disease Control and Prevention  
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# My Story (1994-2002)

Stages: ~~Application~~ >> ~~Infrastructure~~ >> ~~Capacity~~ >>

Focus: ~~...~~ >> ~~Public Health~~ >> ~~Public Health and Healthcare~~ >>...

- **Public Health Surveillance**
  - Monitoring notifiable diseases (infectious)
  - Standards-based—case definitions, electronic standards
  - Silos of information systems *within public health*
- **First job as a leader/manager**
  - Learning how to lead: NOT about treating staff as you want to be treated
  - Not always about being right
  - Promoted to Division Director within 3 years
- **Surveillance and Informatics**
  - 1996 Health Insurance Portability and Accountability Act (HIPAA)
  - New partners within healthcare system: opportunities to integrate with healthcare
  - Integration of our surveillance systems
- **HIPAA Privacy Rule (new skill: working with lawyers)**



# My Story (2002-2013)

Stages: Infrastructure >> Capacity Development >> Larger Systems

Focus: Public Health and Healthcare >> Health and ...

- **Pfizer interest in supporting medical student fellowship**
  - Introduction to epidemiology and public health
  - Not about making them epidemiologists
  - More importantly: physicians with population health perspective
  - Opportunity to integrate population health into medical education
- **Led to job as Director of Training (2003-2013)**
  - EIS Program and Public Health Prevention Service, medical student programs
  - Eventually: Public Health Informatics and Prevention Effectiveness Fellowships, other fellowships ([www.cdc.gov/fellowships](http://www.cdc.gov/fellowships))
- **New Challenges**
  - Learn the discipline of education
  - Leadership and curricular change—training for where the future will be, not just the past
  - Quality improvement in workforce development
  - Staying up on happenings in the world



# My Story (2014-?)

**Stages: Infrastructure >>Capacity Development>>Larger Systems**  
**Focus: Public Health and Healthcare>>Health and Health Impact**

- ***A Practical Playbook—Public Health and Primary Care Together***
  - <https://www.practicalplaybook.org>
  - Free online tool to support collaboration for improved health
  - Partnership between Duke, de Beaumont Foundation, CDC (CDC lead)
- **Community Health Improvement Navigator (lead)**
  - [www.cdc.gov/CHInav](http://www.cdc.gov/CHInav)
  - Lead on guidelines for not-for-profit hospitals and other community partners
  - Align efforts for synergistic collective impact on health
- **Challenges**
  - Numbers of partners
  - Health in all Policies, National Prevention Strategy
  - Terminology: “Population health”



# Discussion of terms

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- **How would you define population health?**
- **How is population health different from public health?**
- **What, then, is community health?**



# Population Health, Public Health, Community Health

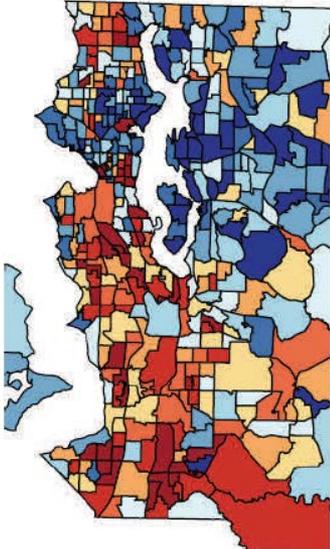
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- Population health = the health outcomes of a group of individuals, including the distribution of such outcomes within the group (Kindig)
- Public health = what we as a society do to assure the conditions in which people can be healthy (IOM)
- **Public Health** = governmental public health versus **public health**
- The Public's Health
- Community health\* = community health and well-being, but also an approach that:
  - Involves multiple disciplines and sectors
  - Engages and works with community in culturally sensitive way
  - Uses public health science and evidence-based strategies

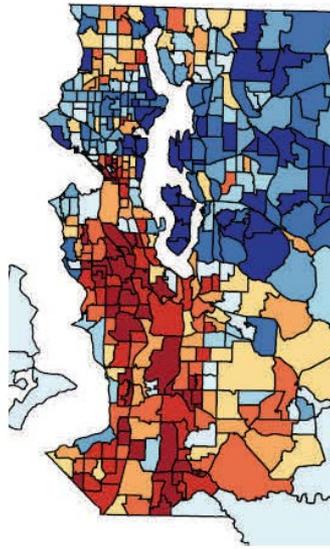
- \*Adapted from Goodman RA, Bunnell R, Posner SF. What is “community health? Examining the meaning of an evolving field in public health. Preventive Medicine 2014; 67 (S1): S58-S61



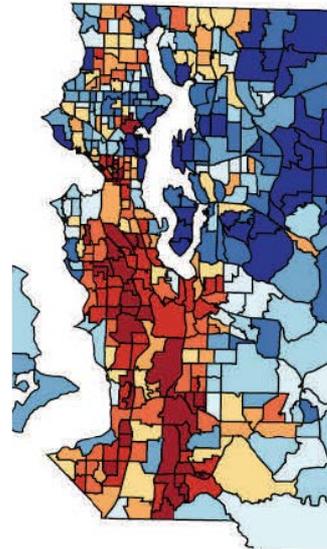
**Life Expectancy**



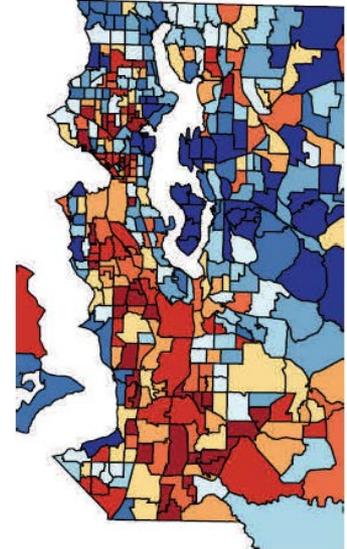
**Tobacco Use**



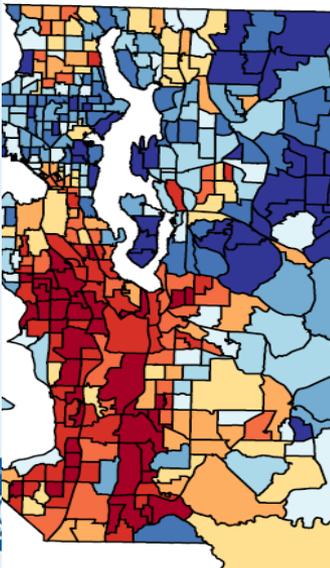
**Frequent Mental Distress**



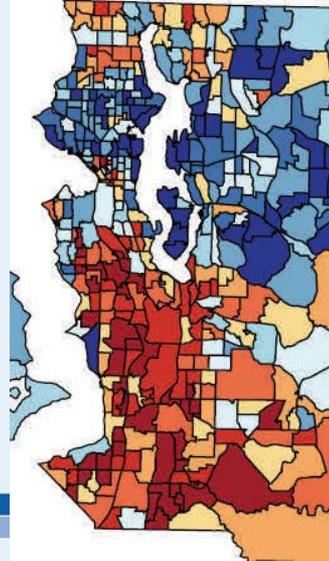
**Adverse Childhood Experiences**



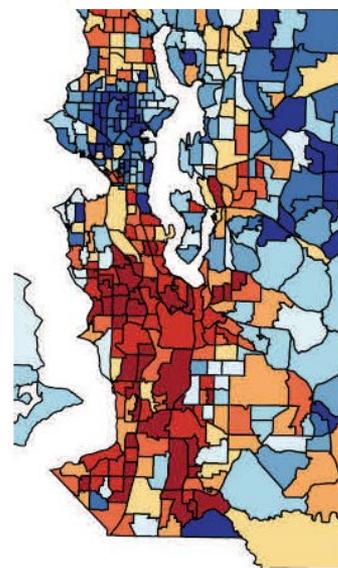
**Lack of Physical Activity**



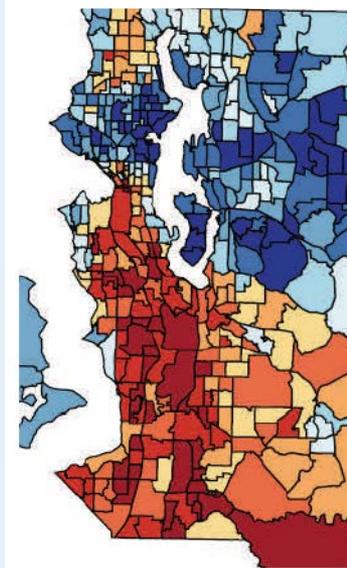
**Obesity**



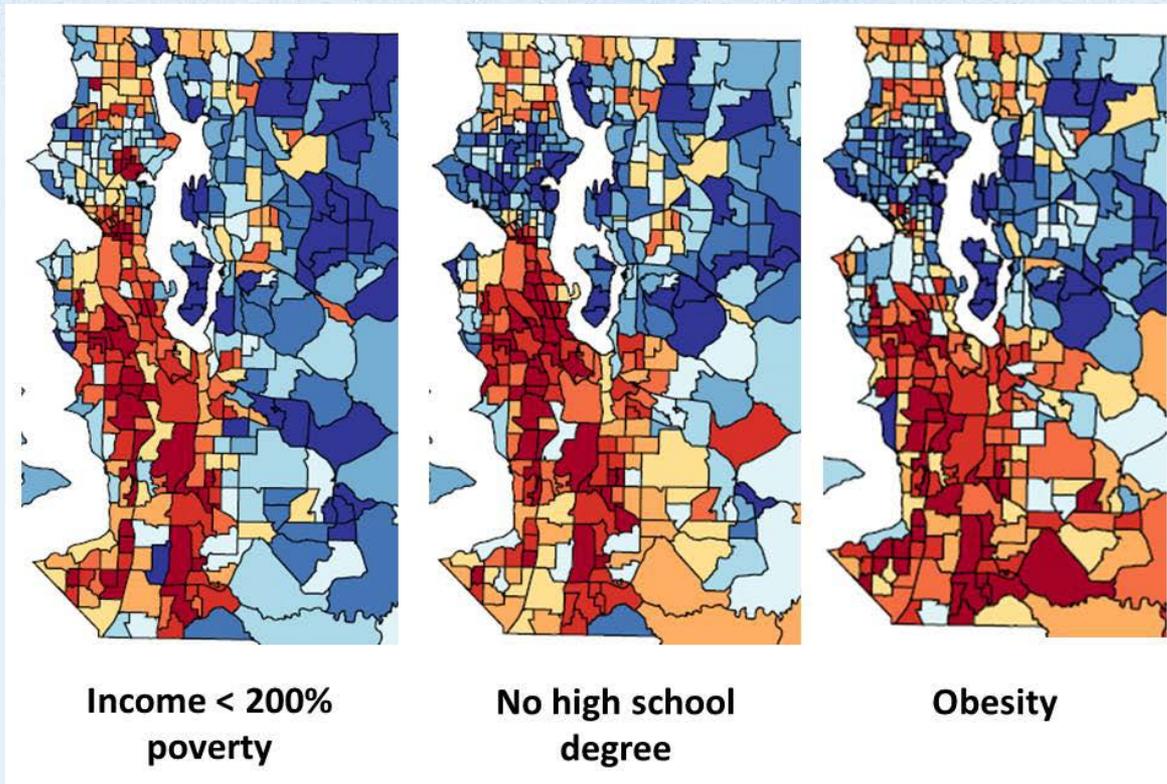
**Diabetes**



**Preventable Hospitalization**



# King County, Washington

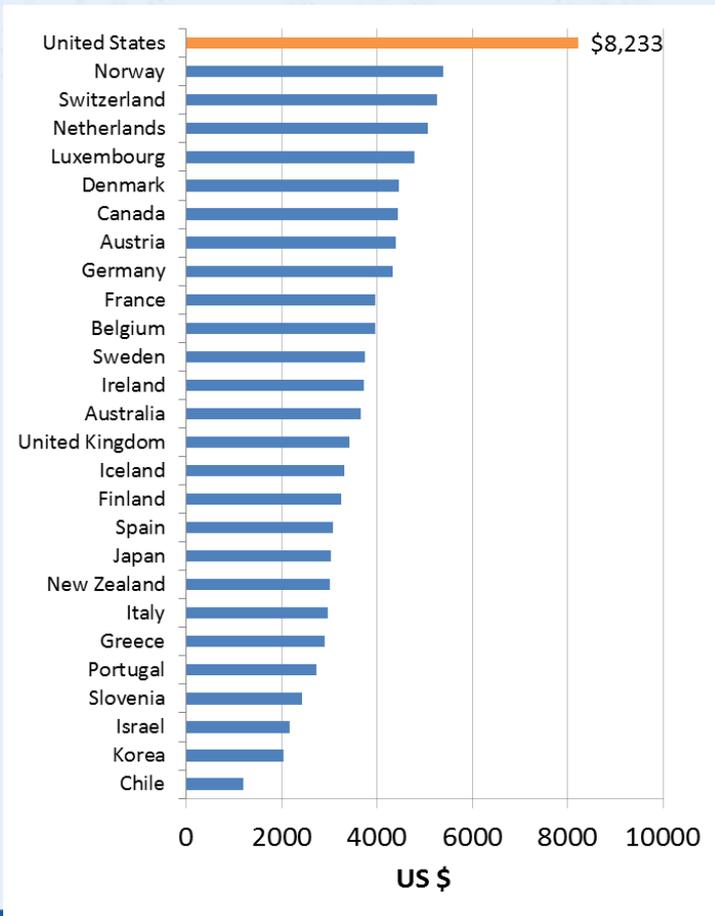


**Dark reds** show census tracts with the highest rates of poverty, no high school degree and obesity; **dark blues** show tracts with lowest rates.

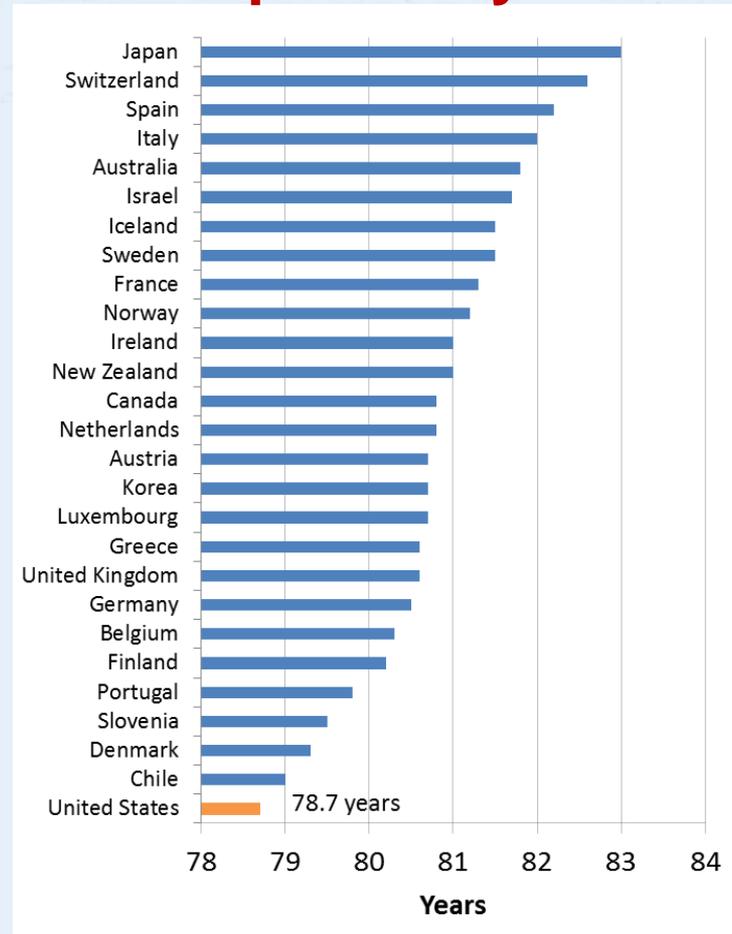
Source: Building a Healthier King County: A Forum at the Intersection of Community Development, Health and Human Services, December 3, 2013

# Access to Health Care Is Not Enough

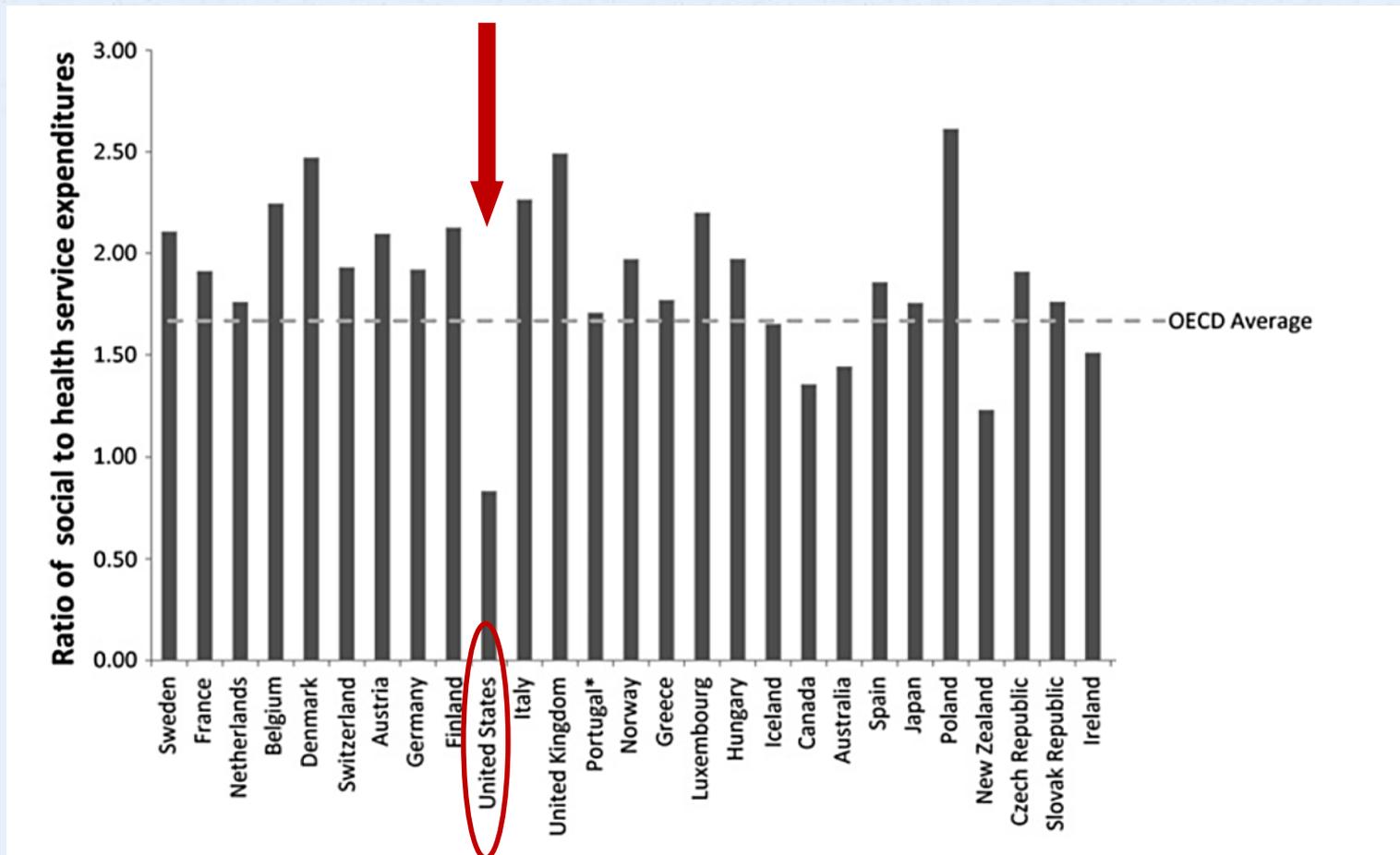
## Spending on Health Care



## Life Expectancy

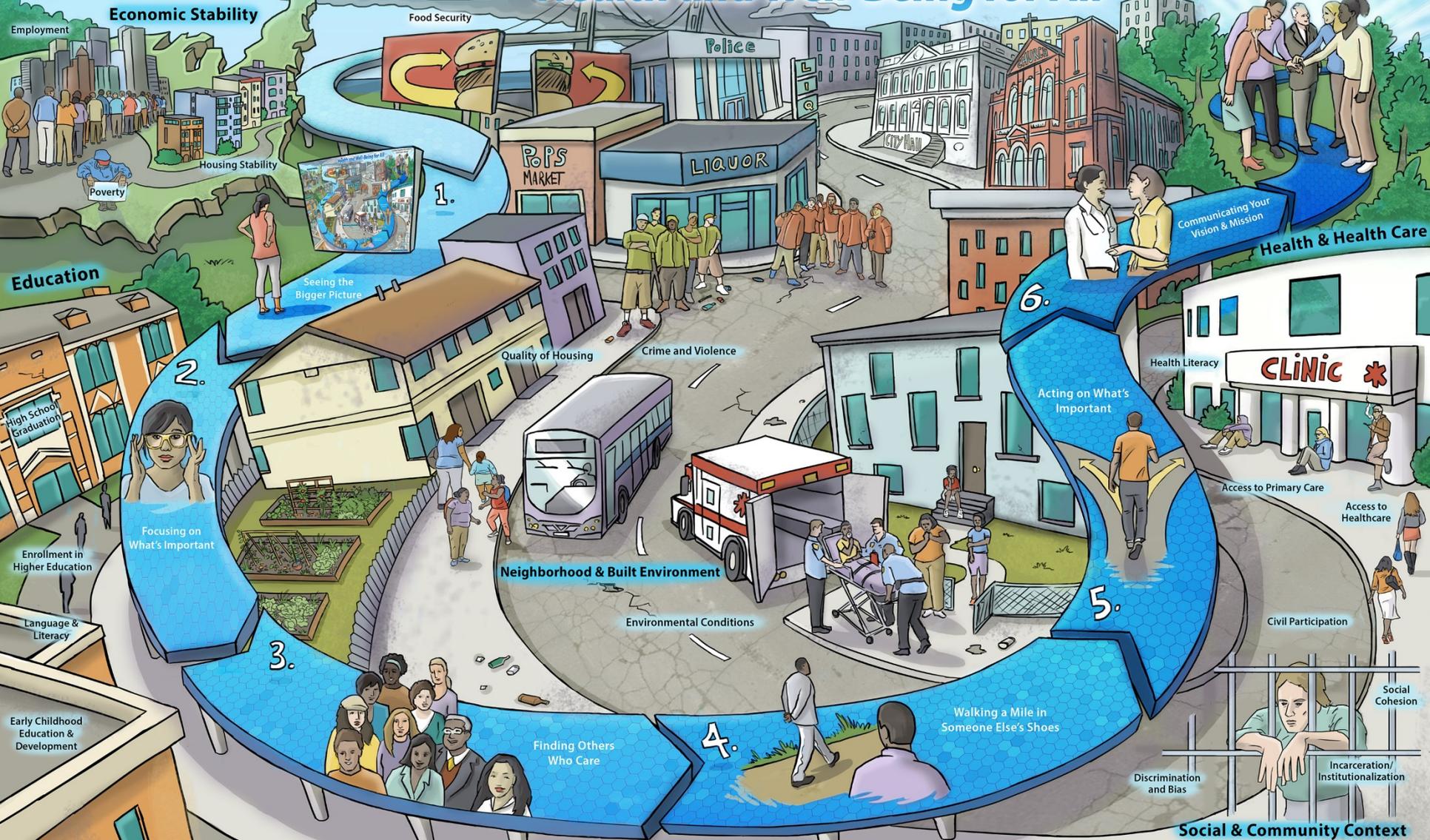


# Ratio of Social to Health Services: Spending by Country



# Health and Well-Being for All

Coming together for action & sustainable change



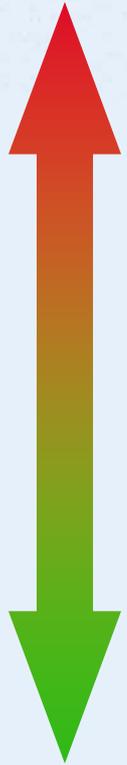
# Discussion of Map

- What do you see in this visual?**
- What other factors not visible in the picture also affect health?**
- Which of these determinants (whether visualized or not) is most important to you, to your community? Why?**

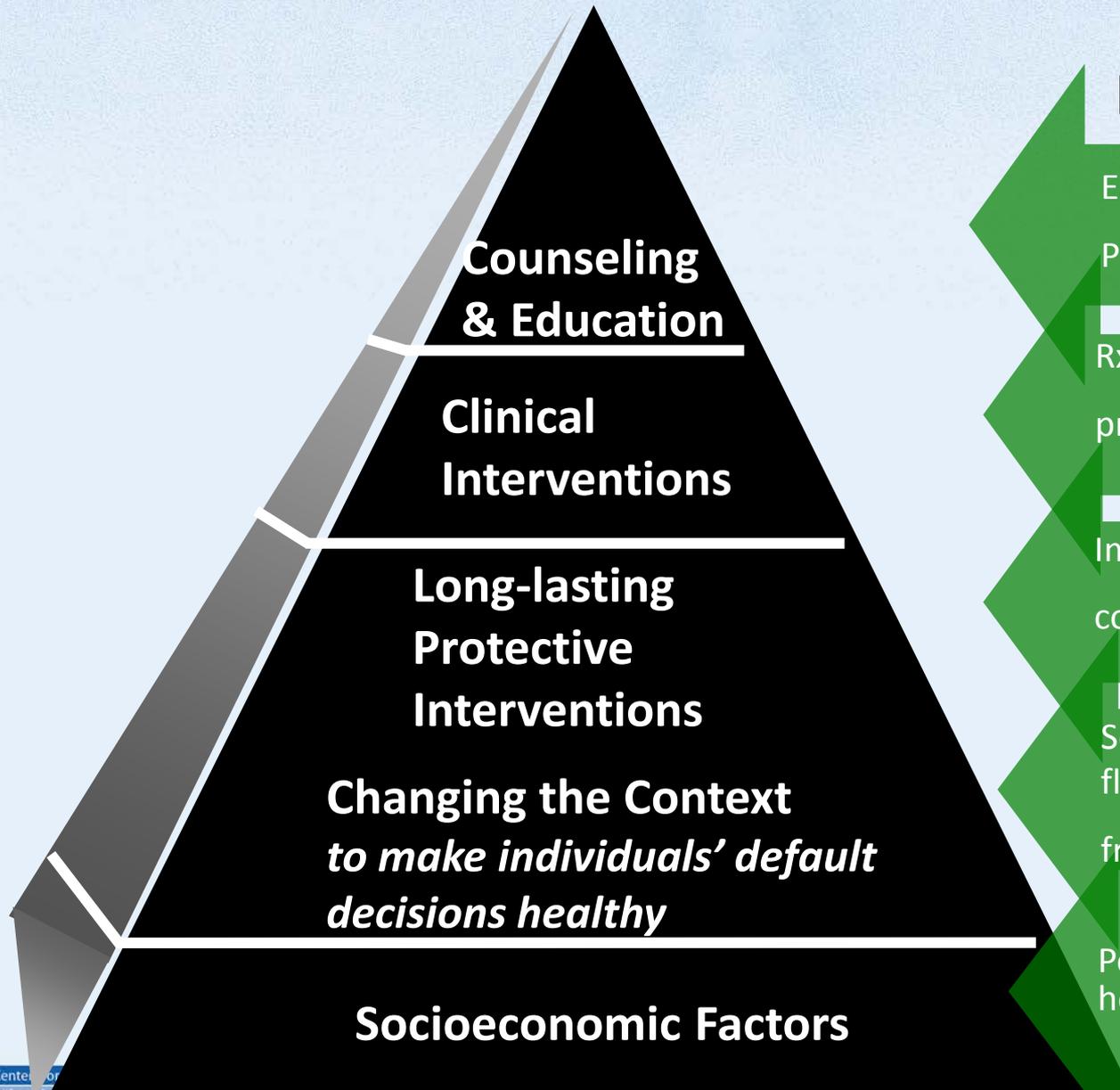


# Factors that affect health

*Smallest  
Impact*



*Largest  
Impact*



## Examples

Eat healthy, be

Physically active

Rx for high blood

pressure, diabetes

Immunizations,

colonoscopy

Seat belt laws,

fluoridation, smoke-

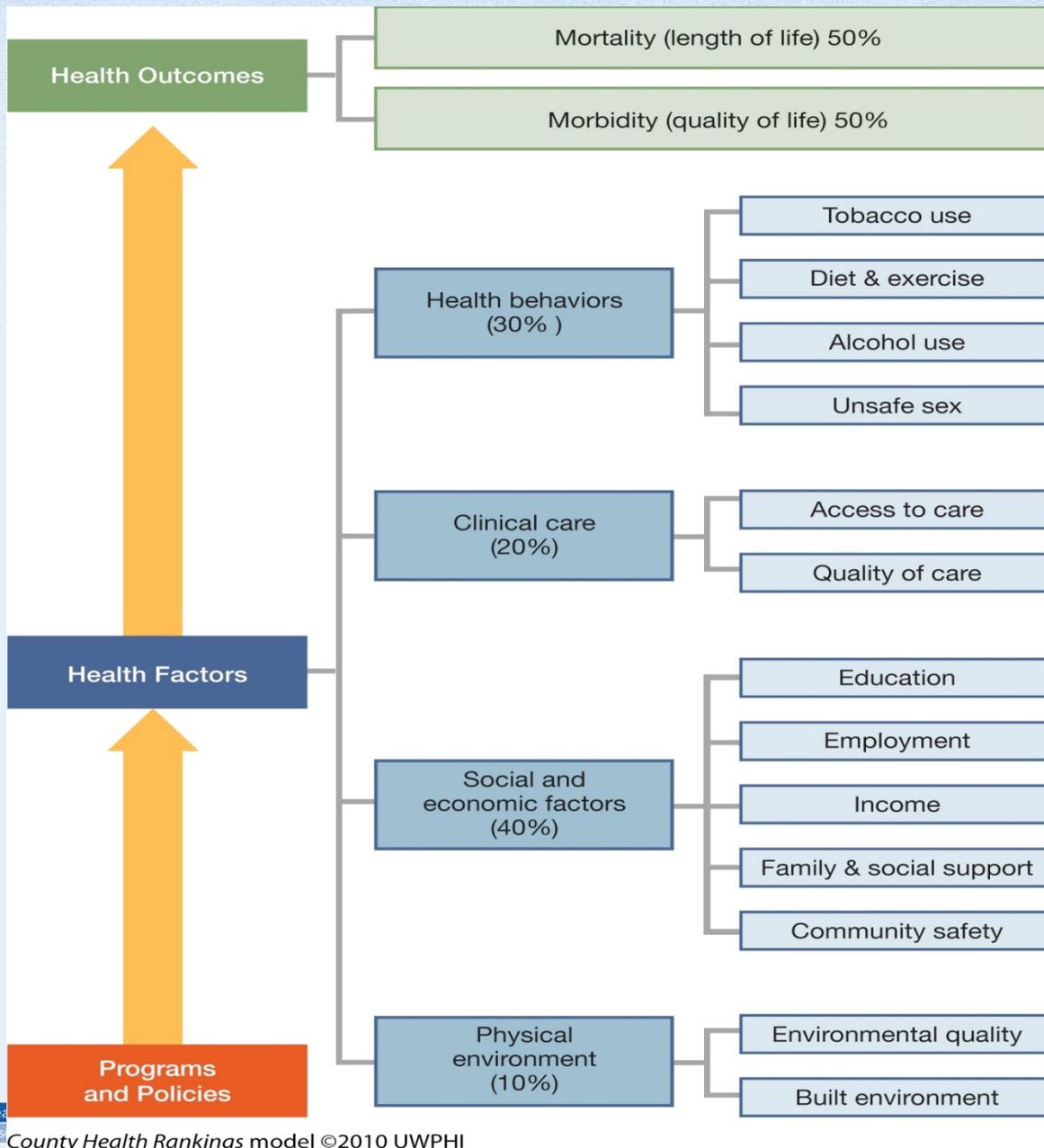
free laws

Poverty, education,

housing, inequality



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# INVEST IN YOUR COMMUNITY

4 Considerations to Improve Health & Well-Being *for All*

## WHAT Know What Affects Health



## WHERE Focus on Areas of Greatest Need

Your zip code can be more important than your genetic code. Profound health disparities exist depending on where you live.



## WHO Collaborate with Others to Maximize Efforts



## HOW Use a Balanced Portfolio of Interventions for Greatest Impact

- Action in one area may produce positive outcomes in another.
- Start by using interventions that work across all four action areas.
- Over time, increase investment in socioeconomic factors for the greatest impact on health and well-being for all.

Four ACTION Areas



VISIT [www.cdc.gov/CHInav](http://www.cdc.gov/CHInav) FOR TOOLS AND RESOURCES TO IMPROVE YOUR COMMUNITY'S HEALTH AND WELL-BEING



Robert Wood Johnson Foundation

MARCH 2015



**“The best time to plant a tree was twenty years ago. The second best time is today.”**

**Chinese proverb**