Toward Health and Well-Being for All

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Advisor to the Associate Director for Policy, CDC
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Outline of Talk

• My path here
  – Lessons Learned
• Terminology in the “health” field
• Health and Well-Being for All
“And it was so typically brilliant of you to have invited an epidemiologist.”
My Path Here

• **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**
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)

- **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
  - 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

• 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

- 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

Preventable Hospitalization

Lack of Physical Activity

Frequent Mental Distress

Tobacco Use

Life Expectancy

Obesity

Adverse Childhood Experiences

Diabetes

Preventable Hospitalization
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

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Life Expectancy

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Ratio of Social to Health Services: Spending by Country

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

- **Socioeconomic Factors**
  - Poverty, education, housing, inequality

- **Changing the Context**
  - to make individuals’ default decisions healthy

- **Long-lasting Protective Interventions**

- **Clinical Interventions**
  - Immunizations, colonoscopy

- **Counseling & Education**
  - Eat healthy, be physically active
  - Rx for high blood pressure, diabetes

**Examples**
- Seat belt laws, fluoridation, smoke-free laws
- Poverty, education, housing, inequality

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

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.

www.cdc.gov/CHInav FOR TOOLS AND RESOURCES TO IMPROVE YOUR COMMUNITY’S HEALTH AND WELL-BEING
“The best time to plant a tree was twenty years ago. The second best time is today.”

Chinese proverb