Prevention Works: Implementing Prevention and Equity Strategies to Promote Health

Larry Cohen, MSW
Founder and Executive Director
Prevention Institute

May 12, 2017

www.preventioninstitute.org

PreventionInstitute

@preventioninst
“No epidemic has ever been resolved by paying attention to the treatment of the affected individual.”

- Dr. George W. Albee
BEYOND Brochures
What’s Health Got To Do With It?
Wendy's

BEAT DIABETES
BUY 5 JR FROSTYS
FOR $ 1
It is unreasonable to expect that people will change their behavior easily when so many forces in the social, cultural, and physical environment conspire against such change.

Institute of Medicine

What’s Health and Equity Got To Do With It?
MY NEIGHBORHOOD IS KILLING ME
“An African American child living in Oakland's flatlands will die, on average, 15 years before a Caucasian child living in the City's most affluent area - the Oakland hills.”

Source: Life and Death from Unnatural Causes – Health and Social Inequity in Alameda County. Alameda County Public Health Department. August 2008
Life Expectancy in Los Angeles

• Los Angeles has a nearly 12-year variance

• Watts 72.8 years
Bel Air, Brentwood-Pacific Palisades 84.7 years

- Health Atlas For the City of Los Angeles
The health inequities we see...are not about just individual bad choices: they are about things not being fair.

-Nancy Krieger, Harvard School of Public Health
Strategy

Influencing Policy & Legislation

Changing Organizational Practices

Fostering Coalitions & Networks

Educating Providers

Promoting Community Education

Strengthening Individual Knowledge & Skills

Your zip code should not determine the length of your life. This year, California legislators and Governor Jerry Brown recognized that health happens in neighborhoods. The California Endowment would like to thank California’s leaders for taking steps to make our communities and our state stronger.

AB 581 (Perez): Brings grocery stores to neighborhoods where they are needed.

AB 6 (Fuentes): Eliminates bureaucratic red tape for families who need access to healthy food.

SB 20 (Padilla): Gives Californians the facts about restaurant food.

SB 244 (Wolk): Requires local land use planning to include improvement of disadvantaged communities.

To learn more visit www.calendow.org
STOCKTON
95202
Life Expectancy
73

IRVINE
92606
Life Expectancy
88

Your ZIP Code should predict how long you will live, but it does.

www.calendow.org

Source: The California Endowment
Evergreen Cemetery
Boyle Heights, CA

Photo Source: http://www.alex-aroundtheworld.com/losangeles/assets/images/CA_BoyleHeights_EvergreenCemetery_01.JPG
Evergreen Cemetery
Boyle Heights, CA
Improved Opportunities for Walking and Jogging

Boyle Heights, California

- Predominantly Latino urban community as Evergreen Cemetery is one of the area’s main green spaces
Health System

Accessible Quality Care + Quality Prevention
Social Determinants
Social Determinants of Health

◆ National Change
National Change
Social Determinants of Health

- National Change
- Individual Services
Individual Services to Patients

Source: http://35727ec9e45c0fa3f5e5-978f006dd90b95268a106ef80642b6d6.r30.cf5.rackcdn.com/wp-content/uploads/2013/07/mold-inspection.jpg
Social Determinants of Health

- National Change
- Community Wide-Action
- Individual Services
Community-Wide Action

Source: Cincinnati Children’s Community Health Initiative
Community-Centered Health Homes

Bridging the gap between health services and community prevention

This document was prepared by Prevention Institute with funding from the Community Clinics Initiative (a joint project of Tides and The California Endowment).

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Prevention Institute is a nonprofit, national center dedicated to improving community health and well-being by building momentum for affective primary prevention. Primary prevention means taking action to build resilience and to prevent problems before they occur. The Institute’s work is characterized by a strong commitment to community participation and promotion of equitable health outcomes among all social and economic groups. Since its founding in 1997, the organization has focused on injury and violence prevention, traffic safety, health disparities, nutrition and physical activity, and youth development. This, and other Prevention Institute documents, are available at no cost on our website.
Pedestrian Population Density

Photo courtesy of: Asian Health Services, http://www.ahschc.org/safety.htm
A CCHH not only acknowledges that factors outside the health care system affect patient health outcomes, but also actively participates in improving them.

“CCHH is a way to make the connection to what we’re doing in the community to the services & treatment that we provide in the exam room.”

- Chandra Smiley, CEO, Escambia Community Clinics, Inc.
Dr. Sanders Promotes Car Seat Policy

- In 1976, Dr. Robert Sanders, pediatrician from Tennessee, led his state to pass the nation’s first mandatory car seat legislation.

- By 1985, all 50 states had adopted similar legislation.
The past 2 years, smoking decreased 20% from 18.2% to 14.5% of adults. In 1990 it was 30% of the population.

Source: http://www.americashealthrankings.org/TX/Smoking
“Violence is not the problem of one neighborhood or group... Coming together and owning this problem and its solutions are central.”

- Deborah Prothrow-Stith, MD
Dean, College of Medicine at Charles R. Drew University
(former Houston resident)
“UNITY is a national initiative that brings us all together. That way we have greater power to focus our efforts so they’re not piecemeal.”

— JT Turner
Tucson Police Department
Tucson, Arizona
Parks After Dark

Los Angeles, CA
Emerging Healthcare Payment Models

Photo source: http://www.crainscleveland.com/
Current Health Care Spending

Factors Influencing Health

- Behaviors & Environment: 70%
- Genetics: 20%
- Medical Care: 10%

National Health Expenditures

$3.0 Trillion

Current Health Care Spending

- Behaviors & Environment 70%
- Genetics 20%
- Medical Care, 10%

$3.0 Trillion
- Prevention, 3%
- Health Care Services 97%

Factors Influencing Health
National Health Expenditures

Half of Healthcare Resources go to 5 Percent of the US Population

Percent of healthcare expenditures by spending cohort, U.S. civilian noninstitutionalized population, 2012

- Top 1% of Utilizers: 22.7%
- Top 2-5% of Utilizers: 27.3%
- Top 11-25% of Utilizers: 20.7%
- Top 5-10% of Utilizers: 16.0%
- Bottom 50% of Utilizers: 2.7%
Return on Investment with Prevention

Prevention for a Healthier America:
INVESTMENTS IN DISEASE PREVENTION YIELD SIGNIFICANT SAVINGS, STRONGER COMMUNITIES

Savings at 5 years

$5.60
Return on Investment

$16 Billion Savings In 5 Years

Investment

Communities Putting Prevention to Work

$5.44 Return on Investment

$2.4 billion in healthcare savings

$1 Investment (predicted)

10 years

How Can We Pay for a Healthy Population?

Social Impact Bonds and Health Impact Bonds

Wellness Trusts

Accountable Communities for Health

Community Benefits from Non-Profit Hospitals

Source: Massachusetts Public Health Association

Source: http://www.nextbillion.net/blogpost.aspx?blogid=2179

Source: Memorial Medical Center
Closing the Loop: Why We Need to Invest—and Reinvest—in Prevention

Larry Cohen and Anthony Iton*
September 9, 2014

*The authors are participants in the activities of the IOM Roundtable on Population Health Improvement.

The views expressed in this discussion paper are those of the authors and not necessarily of the authors’ organizations or of the Institute of Medicine. The paper is intended to help inform and stimulate discussion. It has not been subjected to the review procedures of the Institute of Medicine and is not a report of the Institute of Medicine or of the National Research Council.

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OF THE NATIONAL ACADEMIES

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CLOSING THE LOOP

CAPTURING AND REINVESTING REVENUES AND SAVINGS TO ADVANCE HEALTH AND PREVENTION

Evidence-Informed Core Set of Prevention Strategies

Local Pooled Prevention Fund

Prevention Funding Mechanisms / Investments

Improved Health Outcomes

Capture and Reinvest Savings

Direct investments complementing the pool

Institute of Medicine
Closing the Loop

Cigarettes

Marijuana

Soda

Alcohol
NORMS

- more than a habit
- based in culture & tradition
- taken for granted
- behavior shapers
- communicate regularity in behavior
- sanction behavior
- attitudes, beliefs, ways of being
20,679 * Physicians say "LUCKIES are less irritating."

"It's toasted."
Your Throat Protection against irritation against cough
Viceroy FILTER the Smoke!

As your Dentist, I would recommend Viceroy.
“That’s the third smoker we’ve lost this week.”
Pharmacy Tobacco Ban
Why we have the youngest customers in the business

This young man is 11 months old—and he isn’t our youngest customer by any means.

For 7-Up is so pure, so wholesome, you can even give it to babies and feel good about it. Look at the back of a 7-Up bottle. Notice that all our ingredients are listed. (That isn’t required of soft drinks, you know—but we’re proud to do it and we think you’re pleased that we do.)

By the way, when it comes to oldsters—if they like to be coaxed to drink their milk, try this: Add 7-Up to the milk in equal parts, pouring the 7-Up gently into the milk. It’s a wholesome combination—and it works! Make 7-Up your family drink. You like it...it likes you!

Nothing does it like Seven-Up!
Fat for Life?
Six Million Kids Are Seriously Overweight. What Families Can Do.
By Geoffrey Cowley & Sharon Begley
Reframing the nutrition & physical activity debate from simply a matter of individual choice... to corporate & government responsibility
Governor signs bills to trim obesity in schools

Toughest diet rules in nation for students

By Lynda Gledhill
Chronicle Sacramento Bureau

SACRAMENTO — Gov. Arnold Schwarzenegger, kicking off a statewide campaign to reduce obesity, signed landmark legislation Thursday that will raise nutritional standards for food sold at California schools and ban the sale of sodas on all campuses by 2009.
“By design, we have left whole communities behind. By design, we can reverse that and reclaim our nation and all of its people.”

— Rachel Davis
Prevention Institute
Folsom-Cordova School District
Berkeley Soda Tax Works

San Francisco Chronicle

Berkeley’s soda tax is working as it was designed

San Francisco Chronicle  |  April 19, 2017  |  Updated: April 19, 2017 4:57pm

10% Reduction

Source: http://us5.campaign-archive2.com/?u=a84b40a6e55f8e0b7cdf36a9d&id=0ff3e4f330&e=625a3f36be,
http://www.sfchronicle.com/opinion/editorials/article/Berkeley-s-soda-tax-is-working-as-it-was-11084901.php
Source: Adams IV, Theodorakis for News
“Intellectuals solve problems. Geniuses prevent them.”

- Albert Einstein
A Movement

Photo Credit: http://www.historycooperative.org/journals/jah/91.4/images/hall_fig01b.jpg
A man was walking along the bank when he noticed someone drowning. He helped the person reach the edge and assisted them in getting out of the water. Suddenly, there were people on the bank singing, "We need you." "I'm going to see if I can help," the man thought. He had a hole in his head and this was the problem. The woman realized
PREVENTION IS PRIMARY

Strategies for Community Well-Being

LARRY COHEN | VIVIAN CHÁVEZ | SANA CHEHIMI

EDITORS
Community-Centered Health Homes

Community-Centered Health Homes

Bridging the gap between health services and community prevention

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The Community-Centered Health Homes Model: Updates & Learnings

Support provided by The Kresge Foundation
January 2016

Prevention Institute
Prevention and equity at the center of community well-being
Strategic Opportunities to Create a Healthy, Equitable Land Use System in Los Angeles

About the HEALU Network: The Healthy, Equitable, Active Land Use Network (HEALU Network) was formed to promote policies and practices in Los Angeles’ land use system that support health and social equity. The HEALU Network represents broad, policy expertise—active transportation, parks and open space, affordable housing, environmental law, public health, and more—and varying approaches, from grassroots organizing to community development to strategic policy advocacy, across Los Angeles’ diverse landscape. We are united by a shared belief that healthy, equitable land use can be intentionally produced through strategic multi-sector action. Together, we are committed to building a healthier, more equitable land use system in Los Angeles.

This brief was prepared by Prevention Institute on behalf of the Healthy, Equitable, Active Land Use Network (HEALU Network) and represents a broad vision for achieving health equity through land use. For a full list of HEALU Network partners and to learn more please visit www.preventioninstitute.org.
Community-Centered Health Homes Introduction Video

Blue Cross Blue Shield North Carolina Foundation

It can be viewed here:
http://youtu.be/2zo9H Gn5tW0
The Spectrum of Prevention

- Influencing Policy & Legislation
- Changing Organizational Practices
- Fostering Coalitions & Networks
- Educating Providers
- Promoting Community Education
- Strengthening Individual Knowledge & Skills

**Public Health (PH)**

**Expertise:**
- Population-based prevention approaches and data collection of injury rates

**Desired Outcomes:**
- Reduce unintentional injuries among all travelers, including drivers, pedestrians, bicyclists, people with disabilities, elderly

**Key Strategies:**
- Facilitate environmental and policy changes (i.e., pedestrian/bicycle-friendly street design, car seats, seat belts, DUI, bicycle helmets)

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**Transportation Engineering (TE)**

**Expertise:**
- Road and sidewalk design that provides safe travel for multiple modes of transportation

**Desired Outcomes:**
- Prevent traffic crashes and reduce severity of injuries if a crash does occur

**Key Strategies:**
- Promote safety regulations for occupants and vehicles
- Implement street designs that promote safety (e.g., traffic calming)

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**Law Enforcement (LE)**

**Expertise:**
- Expertise in legal requirements and crash investigations and has the authority to enforce traffic laws

**Desired Outcomes:**
- Increased compliance to traffic safety laws

**Key Strategies:**
- Enforce traffic laws, patrol neighborhoods, implement check points, cite reckless drivers, and participate in educational campaigns

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**Optometry (O)**

**Expertise:**
- Understanding of how people visualize traffic signs and signals

**Desired Outcomes:**
- Improved vehicle displays, traffic signals, and road signage
- Better driver assessment for licensing purposes

**Key Strategies:**
- Utilize color and design features to increase driver attention to traffic signals and signs

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**Shared Outcomes**
- Improved transportation infrastructure and systems
- Ability for motorists, bicyclists, pedestrians, people with disabilities, and elderly to travel easily and safely
- Decrease in traffic-related injuries and deaths

**Partner Strengths**
- Subject matter expertise
- Authority and ability to implement policies and environmental changes
- Understanding of motor vehicle patterns and individual transportation behaviors
- Knowledge of street and vehicle design

**Joint Strategies/Activities**
- Incorporate health and safety elements into transportation planning
- Promote complete streets policies
- Connect roadways to complementary systems of trails and bike paths
- Implement smart growth strategies, including transit-oriented developments

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**Collaboration Multiplier**

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CLOSING THE LOOP
CAPTURING AND
REINVESTING
REVENUES AND SAVINGS TO
ADVANCE HEALTH AND
PREVENTION

**Evidence-Informed Core Set of Prevention Strategies**
- Focused on community determinants, high need communities, risk behavior management, community collaboration, coordinated medical care/social services/community initiatives
- Selected to improve health and equity, reduce costs, reduce need and demand for healthcare and services
- Informed and supported by technical assistance and collaborative strategy development

**Local Pooled Prevention Fund**
- Managed by Local Intermediary Organization
  - E.g. Government, philanthropy, United Way etc.
  - Informed by Primary Prevention Advisory Committee

**Capture and Reinvest Savings**
A substantial part of savings from reduced expenditures (from healthcare and other sectors—criminal justice, education, business, etc.) & Return on Investment should be returned to the Pool for further investment.

**Prevention Funding Mechanisms/Investments**
- Prevention-related taxes and fees
- Current health/other sector expenditures for community prevention
- Social impact funds
- Government funding
- Philanthropic investment
- Community Benefit/Community Reinvestment Funds

**Improved Health Outcomes**

Direct investments complementing the pool
THrive
Tool for Health and Resilience in Vulnerable Environments

http://preventioninstitute.org/thrive/index.php
Prevention Institute

at the center of community well-being

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