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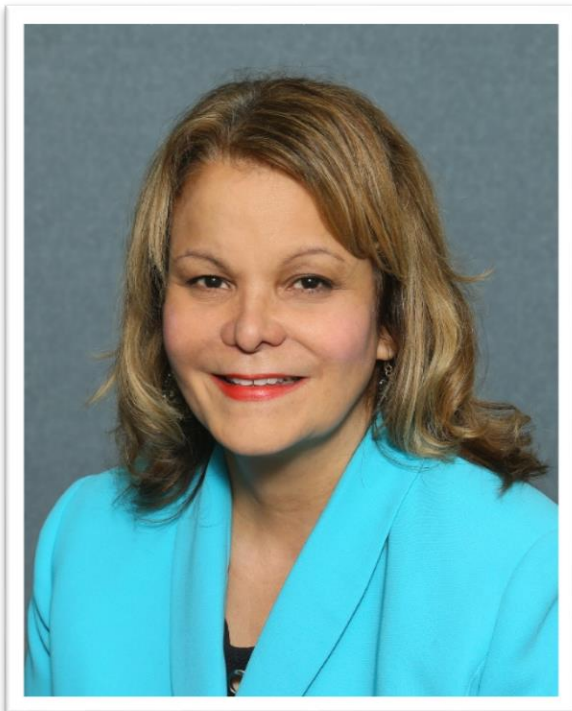
INSIGHTS & INNOVATIONS

CULTURE OF HEALTH



Action Area 4: Strengthening Integration of Health Services and Systems

Part I of III



**Raquel
Castro, ASN**
Program
Manager
*HealthVisions
Midwest*



**JoBeth
McCarthy, MPH**
Director, Center for Public Health
Practice and Indiana Public
Health Training Center and
Liaison, Public Health Corps
*IU Fairbanks School of Public
Health*

Learning Objectives

Participants will be able to a) identify access issues for disparate populations and b) implement evidence based practices to improve access.

Part I of III

CME Learner Information

Learning Objectives

At the conclusion of this program, participants should be able to identify and address

- access issues for disparate populations
- implement evidence based practices to improve access

Accreditation Statement

Indiana University School of Medicine is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.

Designation Statement

Indiana University School of Medicine designates this live activity for a maximum of 1.00 *AMA PRA Category 1 Credits™*. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

Faculty Disclosure Statement

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CME Learner Information - *Continued*

Disclosure Summary

The following planning committee and those in a position to control the content of this activity have disclosed no relevant financial relationships:

JoBeth McCarthy-Jean, MPH

Joan Duwve, MD, MPH

Carol Kacius, PhD

Raquel Castro, ASN

CME credit will be awarded and certificates emailed within 3 weeks. The course evaluation will be sent immediately following the activity. For questions and concerns, please contact IU School of Medicine, Division of Continuing Medical Education at 317-274-0104 or cme@iu.edu

Please note: CME credit will not be awarded for viewing the recording of this live activity.

CEU Information

The Indiana Society of Public Health Educators (InSOPHE) has approved this session for 1.0 CEUs. If you are a member of InSOPHE and wish to receive credit for this webinar, please email Tiffany King at president.elect@insophe.org to receive the CEU evaluation.

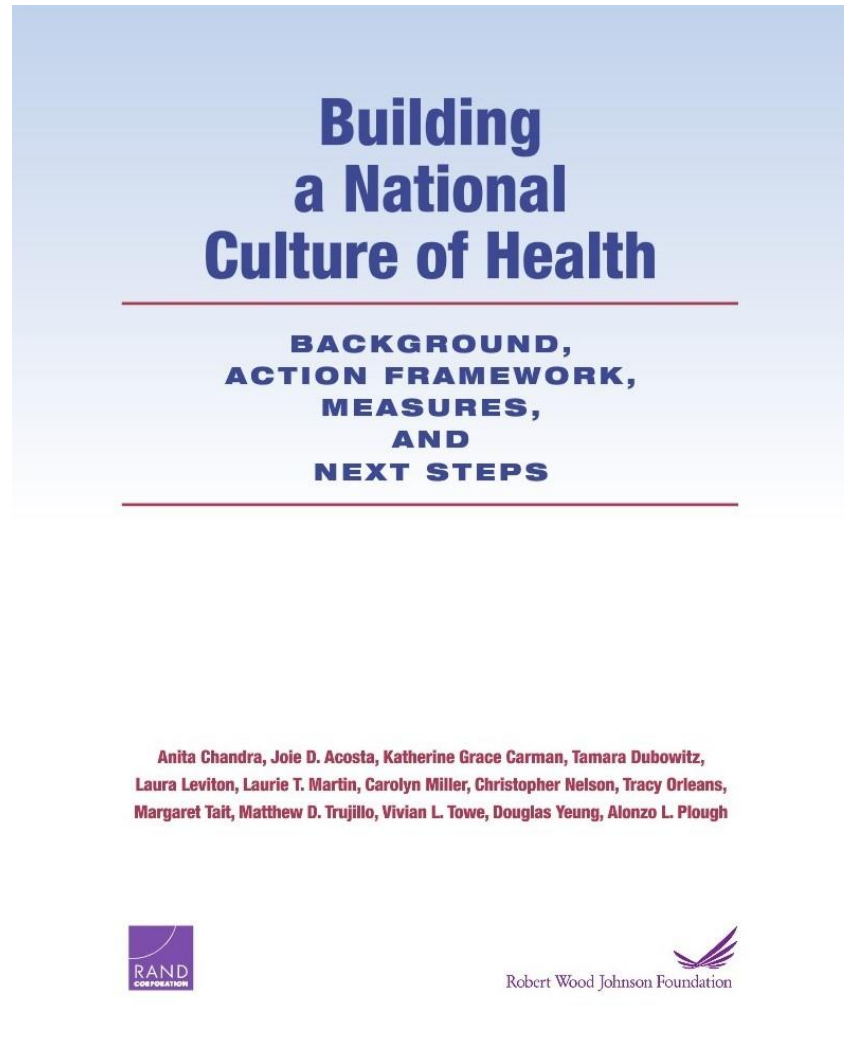
CEUs can only be issued from the live webinar.



Building a Culture of Health in Indiana

**Action Area 4: Strengthening Integration of Health
Services and System (Part I of III)**

Evidence Base for Building a Culture of Health



Source: Chandra, A., Acosta, J., Carman, K., Dubowitz, T., Leviton, L., Martin, L., Miller, C., Nelson, C., Orleans, T., Tait, M., Vivian, T., Douglas, T., Plough, A. (2016). Building a National Culture of Health: Background, Action Framework, Measures, and Next Steps. Retrieved from the RAND Corporation on June 10, 2016

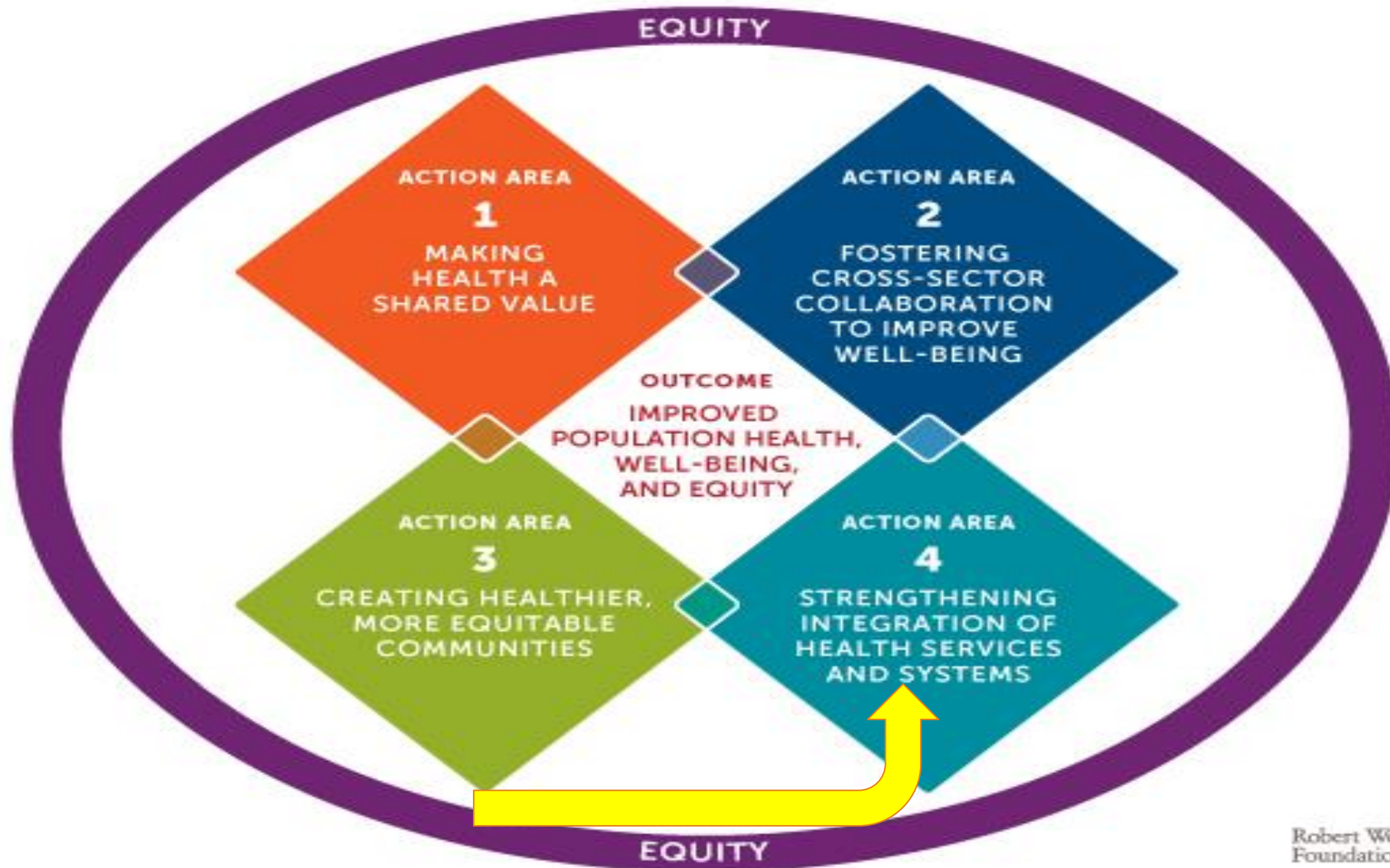
http://www.rand.org/content/dam/rand/pubs/research_reports/RR1100/RR1199/RAND_RR1199.pdf

CULTURE OF HEALTH ACTION FRAMEWORK

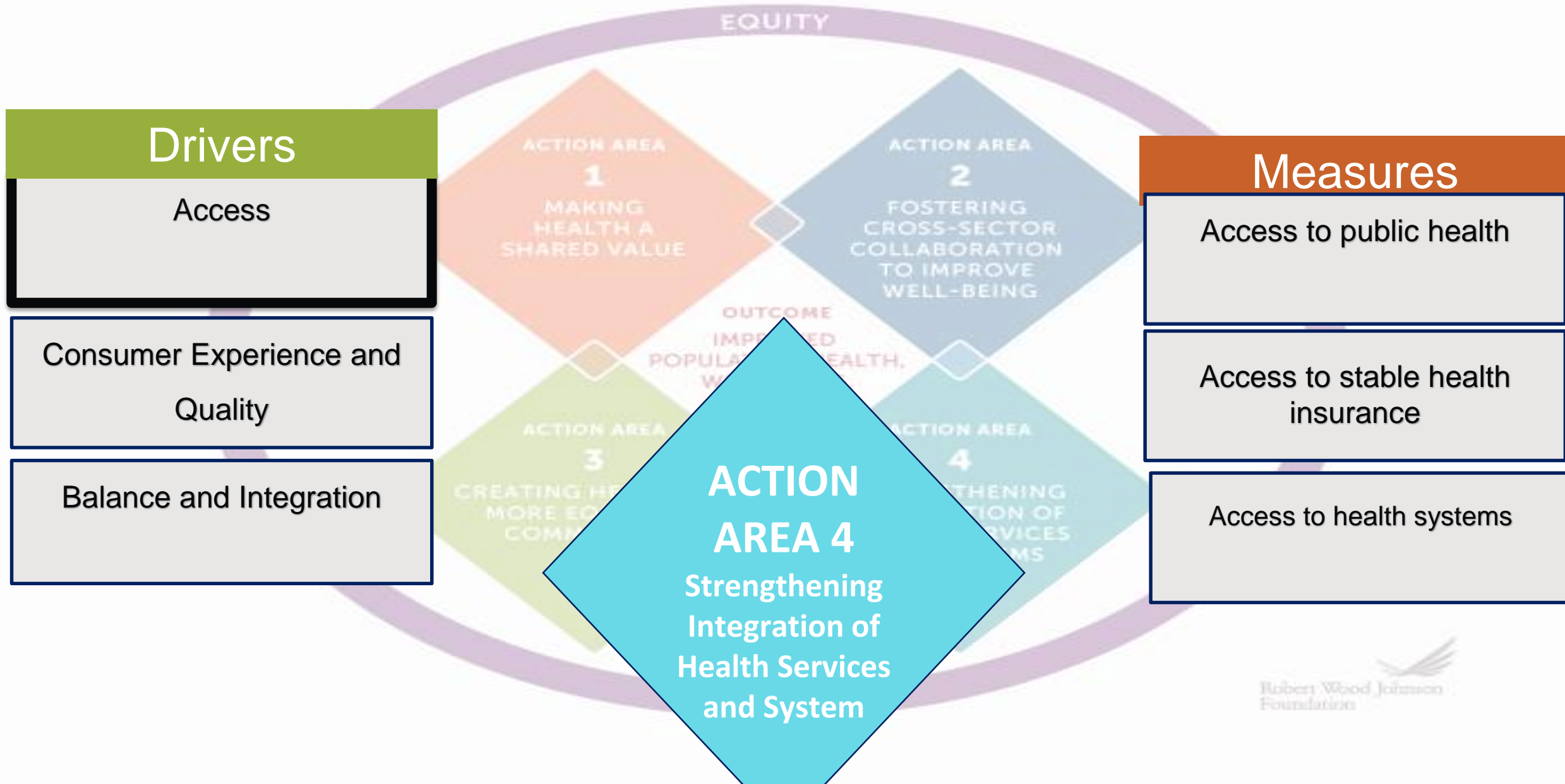
ACTION AREAS	DRIVERS	MEASURES
<p>1</p> <p>MAKING HEALTH A SHARED VALUE</p>	<p>MINDSET AND EXPECTATIONS</p> <p>SENSE OF COMMUNITY</p> <p>CIVIC ENGAGEMENT</p>	<p>Value on health interdependence</p> <p>Value on well-being</p> <p>Public discussion on health promotion and well-being</p> <p>Sense of community</p> <p>Social support</p> <p>Voter turnout</p> <p>Volunteer engagement</p>
<p>2</p> <p>FOSTERING CROSS-SECTOR COLLABORATION TO IMPROVE WELL-BEING</p>	<p>ENUMERATION AND QUALITY OF PARTNERSHIPS</p> <p>INVESTMENT IN CROSS-SECTOR COLLABORATION</p> <p>POLICIES THAT SUPPORT COLLABORATION</p>	<p>Local health department collaboration</p> <p>Opportunities to improve health for youth at schools</p> <p>Business support for workplace health promotion and Culture of Health</p> <p>U.S. corporate giving</p> <p>Federal allocations for health investments related to nutrition and indoor and outdoor physical activity</p> <p>Community relations and policing</p> <p>Youth exposure to advertising for healthy and unhealthy food and beverage products</p> <p>Climate resilience</p> <p>Health in all policies</p>
<p>3</p> <p>CREATING HEALTHIER, MORE EQUITABLE COMMUNITIES</p>	<p>BUILT ENVIRONMENT/PHYSICAL CONDITIONS</p> <p>SOCIAL AND ECONOMIC ENVIRONMENT</p> <p>POLICY AND GOVERNANCE</p>	<p>Housing affordability</p> <p>Access to healthy foods</p> <p>Youth safety</p> <p>Residential segregation</p> <p>Early childhood education</p> <p>Public libraries</p> <p>Complete Streets policies</p>
<p>4</p> <p>STRENGTHENING INTEGRATION OF HEALTH SERVICES AND SYSTEMS</p>	<p>ACCESS</p> <p>CONSUMER EXPERIENCE AND QUALITY</p> <p>BALANCE AND INTEGRATION</p>	<p>Access to public health</p> <p>Access to stable health insurance</p> <p>Access to mental health services</p> <p>Dental visit in past year</p> <p>Consumer experience</p> <p>Population covered by an Accountable Care Organization</p> <p>Electronic medical record linkages</p> <p>Hospital partnerships</p> <p>Practice laws for nurse practitioners</p> <p>Social spending relative to health expenditure</p>
OUTCOME	OUTCOME AREAS	MEASURES
<p>IMPROVED POPULATION HEALTH, WELL-BEING, AND EQUITY</p>	<p>ENHANCED INDIVIDUAL AND COMMUNITY WELL-BEING</p> <p>MANAGED CHRONIC DISEASE AND REDUCED TOXIC STRESS</p> <p>REDUCED HEALTH CARE COSTS</p>	<p>Well-being rating</p> <p>Caregiving burden</p> <p>Adverse child experiences</p> <p>Disability associated with chronic conditions</p> <p>Family health care cost</p> <p>Potentially preventable hospitalization rates</p> <p>Annual end-of-life care expenditures</p>

FOR DISCUSSION

CULTURE OF HEALTH ACTION FRAMEWORK



CULTURE OF HEALTH ACTION FRAMEWORK





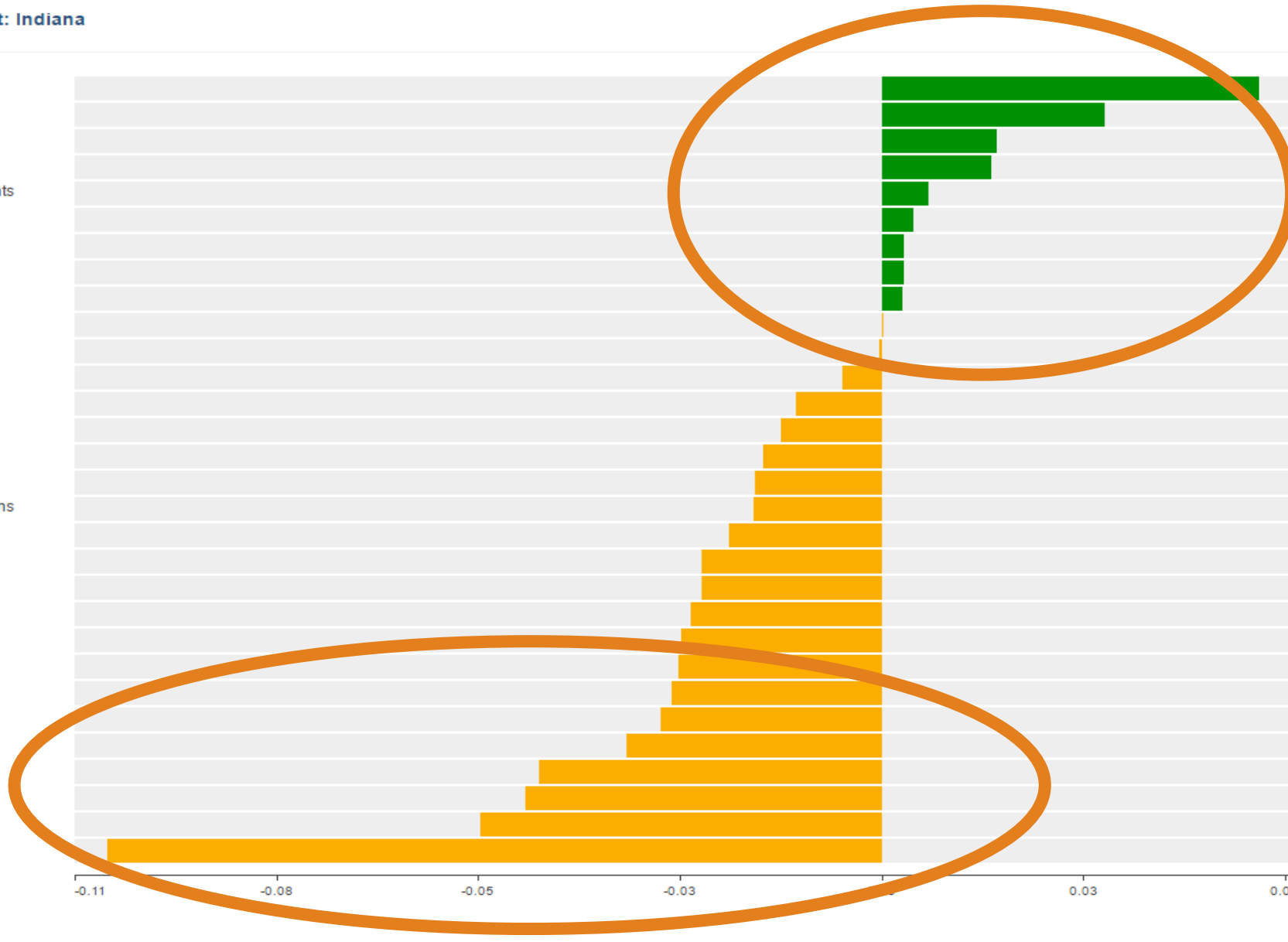
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OVERALL 41

MEASURE	RANK	VALUE
CORE MEASURES		
Air Pollution	47	11.3
All Determinants	41	
All Outcomes	40	-0.131
Behaviors	38	-0.121
Cancer Deaths	42	208.8
Cardiovascular Deaths	39	275.1
Children in Poverty	35	23.3%
Chlamydia	27	428.7
Clinical Care	40	
Community & Environment	36	-0.052
Dentists	45	
Diabetes	32	10.7%

Core Measures Impact: Indiana

- High School Graduation
- Disparity in Health Status
- Salmonella
- Excessive Drinking
- Immunizations - Adolescents
- Violent Crime
- Low Birthweight
- Lack of Health Insurance
- Chlamydia
- Infectious Disease
- Pertussis
- Children in Poverty
- Drug Deaths
- Diabetes
- Occupational Fatalities
- Poor Physical Health Days
- Preventable Hospitalizations
- Cardiovascular Deaths
- Physical Inactivity
- Poor Mental Health Days
- Premature Death
- Infant Mortality
- Immunizations - Children
- Primary Care Physicians
- Public Health Funding
- Cancer Deaths
- Dentists
- Obesity
- Air Pollution
- Smoking



Source: America's Health Rankings (2015). Annual Report. <http://www.americashealthrankings.org/explore/2015-annual-report/measure/Overall/state/IN>

Positive Impact

Negative Impact

Our Health Outcomes

2016 COUNTY HEALTH RANKINGS: MEASURES AND NATIONAL/STATE RESULTS

Measure	Description	US Median	State Overall	State Minimum	State Maximum
HEALTH OUTCOMES					
Premature death	Years of potential life lost before age 75 per 100,000 population	7,700	7,600	3,800	14,600
Poor or fair health	% of adults reporting fair or poor health	16%	19%	11%	21%
Poor physical health days	Average # of physically unhealthy days reported in past 30 days	3.7	4.1	2.5	4.2
Poor mental health days	Average # of mentally unhealthy days reported in past 30 days	3.7	4.3	3.1	4.5
Low birthweight	% of live births with low birthweight (< 2500 grams)	8%	8%	5%	10%

Our Health Outcomes

2016 COUNTY HEALTH RANKINGS: MEASURES AND NATIONAL/STATE RESULTS

HEALTH FACTORS		US Median	State Overall	State Minimum	State Maximum
HEALTH BEHAVIORS					
Adult smoking	% of adults who are current smokers	18%	23%	13%	24%
Adult obesity	% of adults that report a BMI \geq 30	31%	31%	21%	39%
Food environment index	Index of factors that contribute to a healthy food environment, (0-10)	7.2	7.2	6.2	8.6
Physical inactivity	% of adults aged 20 and over reporting no leisure-time physical activity	28%	28%	19%	36%
Access to exercise opportunities	% of population with adequate access to locations for physical activity	62%	75%	18%	92%
Excessive drinking	% of adults reporting binge or heavy drinking	17%	16%	3%	18%
Alcohol-impaired driving deaths	% of driving deaths with alcohol involvement	31%	25%	0%	53%
Sexually transmitted infections	# of newly diagnosed chlamydia cases per 100,000 population	287.7	428.7	74.6	1,010.0
Teen births	# of births per 1,000 female population ages 15-19	40	37	12	61

Our Health Outcomes

2016 COUNTY HEALTH RANKINGS: MEASURES AND NATIONAL/STATE RESULTS

CLINICAL CARE		US Median	State Overall	State Minimum	State Maximum
Uninsured	% of population under age 65 without health insurance	17%	16%	10%	26%
Primary care physicians	Ratio of population to primary care physicians	1,990:1	1,490:1	1,090:1	500:1
Dentists	Ratio of population to dentists	2,590:1	1,930:1	1,620:1	1,250:1
Mental health providers	Ratio of population to mental health providers	1,060:1	710:1	14,160:1	210:1
Preventable hospital stays	# of hospital stays for ambulatory-care sensitive conditions per 1,000 Medicare enrollees	60	63	27	104
Diabetic monitoring	% of diabetic Medicare enrollees ages 65-75 that receive HbA1c monitoring	85%	84%	30%	91%
Mammography screening	% of female Medicare enrollees ages 67-69 that receive mammography screening	61%	62%	42%	71%

Our Health Outcomes

2016 COUNTY HEALTH RANKINGS: MEASURES AND NATIONAL/STATE RESULTS

		US Median	State Overall	State Minimum	State Maximum
SOCIAL AND ECONOMIC FACTORS					
High school graduation	% of ninth-grade cohort that graduates in four years	86%	87%	76%	98%
Some college	% of adults ages 25-44 with some post-secondary education	56%	61%	28%	86%
Unemployment	% of population aged 16 and older unemployed but seeking work	6.0%	6.0%	4.1%	8.7%
Children in poverty	% of children under age 18 in poverty	23%	21%	6%	35%
Income inequality	Ratio of household income at the 80th percentile to income at the 20th percentile	4.4	4.4	3.3	6.4
Children in single-parent households	% of children that live in a household headed by a single parent	32%	34%	12%	47%
Social associations	# of membership associations per 10,000 population	13.0	12.6	7.4	23.2
Violent crime	# of reported violent crime offenses per 100,000 population	199	334	14	1,124
Injury deaths	# of deaths due to injury per 100,000 population	74	63	32	124
PHYSICAL ENVIRONMENT					
Air pollution – particulate matter	Average daily density of fine particulate matter in micrograms per cubic meter (PM2.5)	11.9	13.5	13.0	14.2

Our Health Outcomes: Women and Children

Overall Rank: 36



Women Rank: 43
Infant Rank: 33
Children Rank: 31

Strengths:

- High percentage of women with a dedicated provider
- High percentage of births at baby-friendly facilities
- High percentage of children with special health care needs with a medical home

Challenges:

- Low percentage of cervical cancer screening
- High prevalence of smoking during pregnancy
- Low prevalence of protective home environment in children aged 0-5

Ranking:

Indiana ranks 36th for women and children's health. The state ranks 41st for general population health and 37th for senior health.

Highlights:

- Indiana ranks in the bottom 10 in the women's behaviors, policy, and clinical care categories.
- Only 32.9% of children aged 0 to 5 live in a protective home environment, 40.4% of women experience intimate partner violence in their lifetime, and 30.5% of children live in households with a smoker.
- Indiana has room for improvement in mortality measures for all three populations, ranking 40th in neonatal mortality, 36th in infant mortality, 44th in maternal mortality, and 34th in child mortality.
- Although 75.3% of women have a dedicated health care provider, only 30.5% report receiving a flu vaccine and 58.9% report having a well-woman visit.
- The state has a high percentage of births at baby-friendly facilities, a high percentage of home health visits, and a middle of the road mPINC survey score.

State Health Department Website:

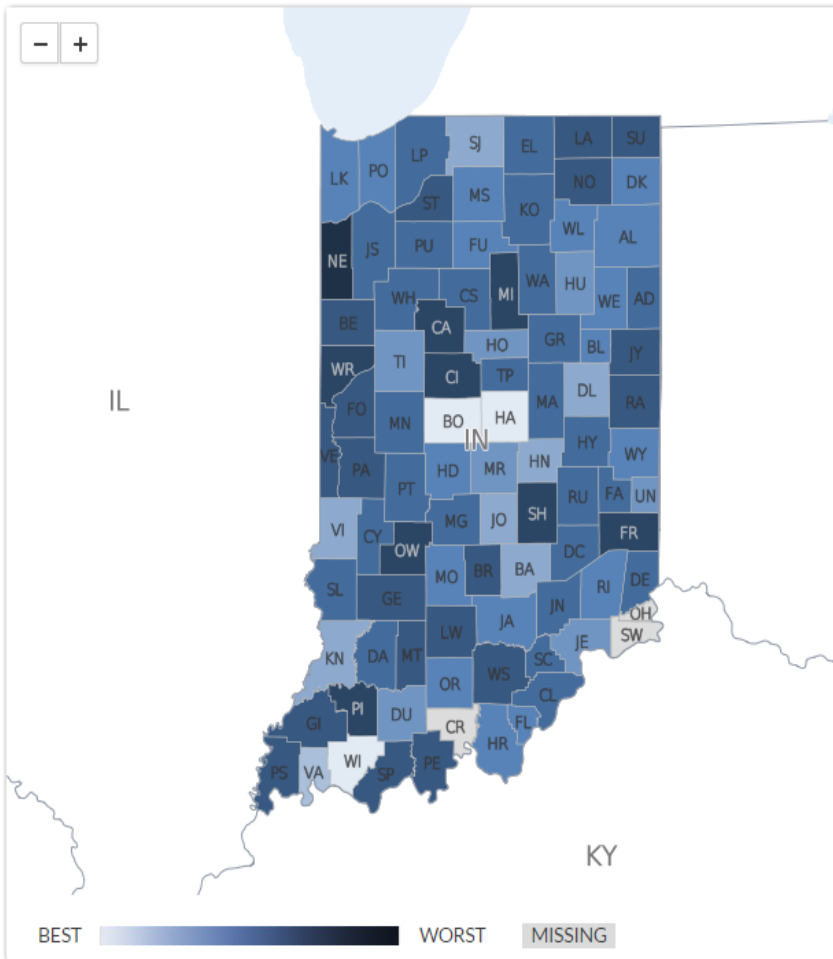
www.in.gov/isdh

Indiana's Access Issues

Primary care physicians

Ratio of population to primary care physicians. [Learn more about this measure.](#)

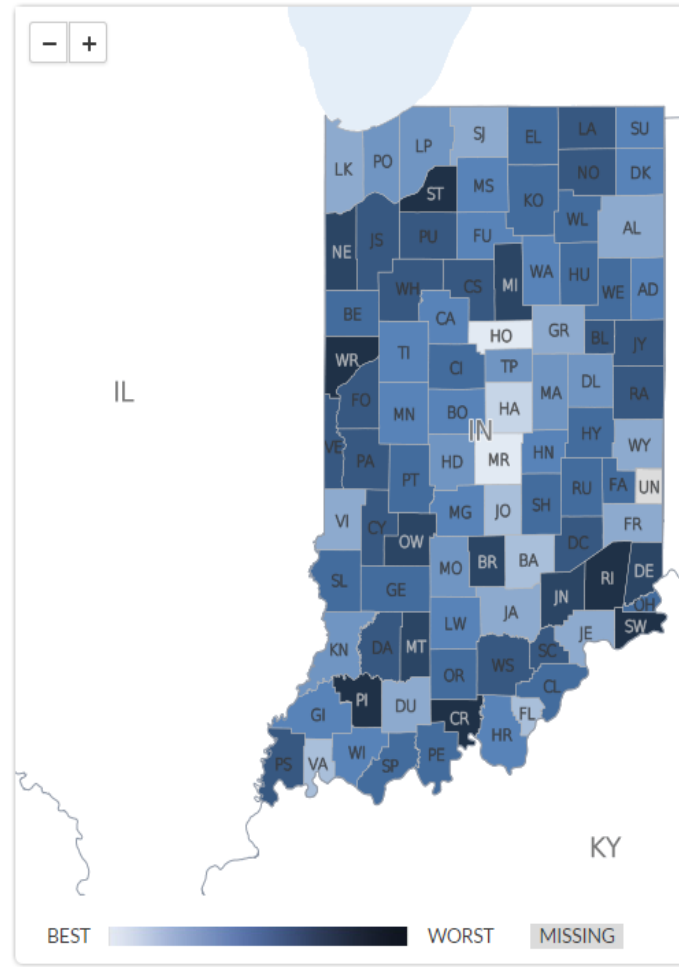
[Map](#) | [Data](#) | [Description](#) | [Data Source](#) | [Policies](#)



Dentists

Ratio of population to dentists. [Learn more about this measure.](#)

[Map](#) | [Data](#) | [Description](#) | [Data Source](#) | [Policies](#)



Mental health providers

Ratio of population to mental health providers. [Learn more about this measure.](#)

[Map](#) | [Data](#) | [Description](#) | [Data Source](#) | [Policies](#)

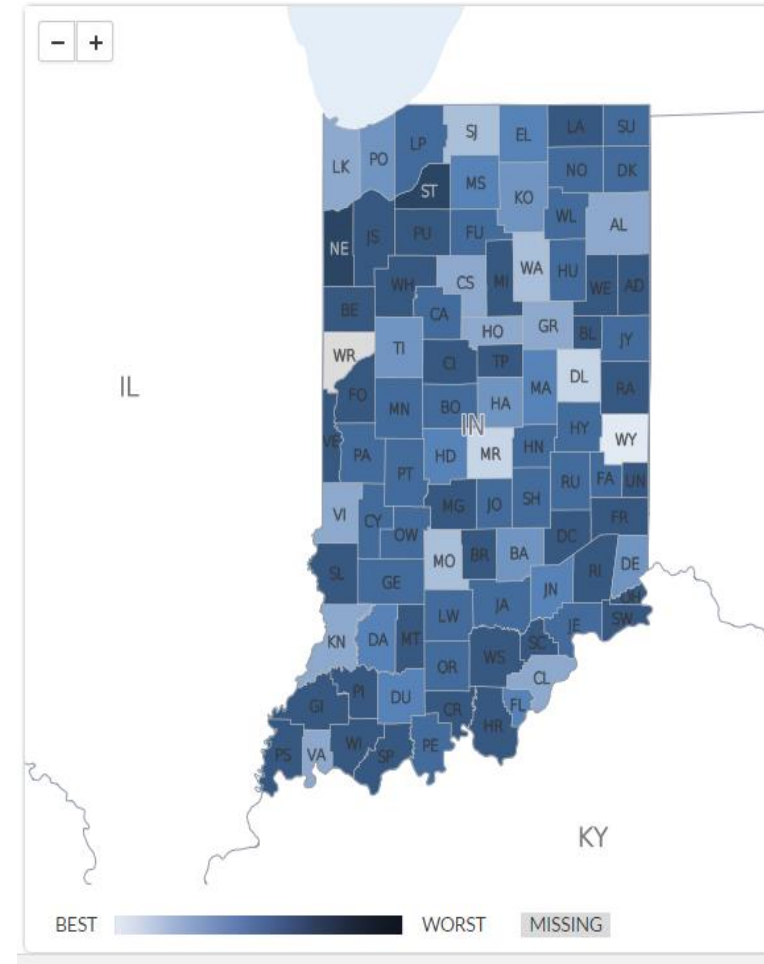
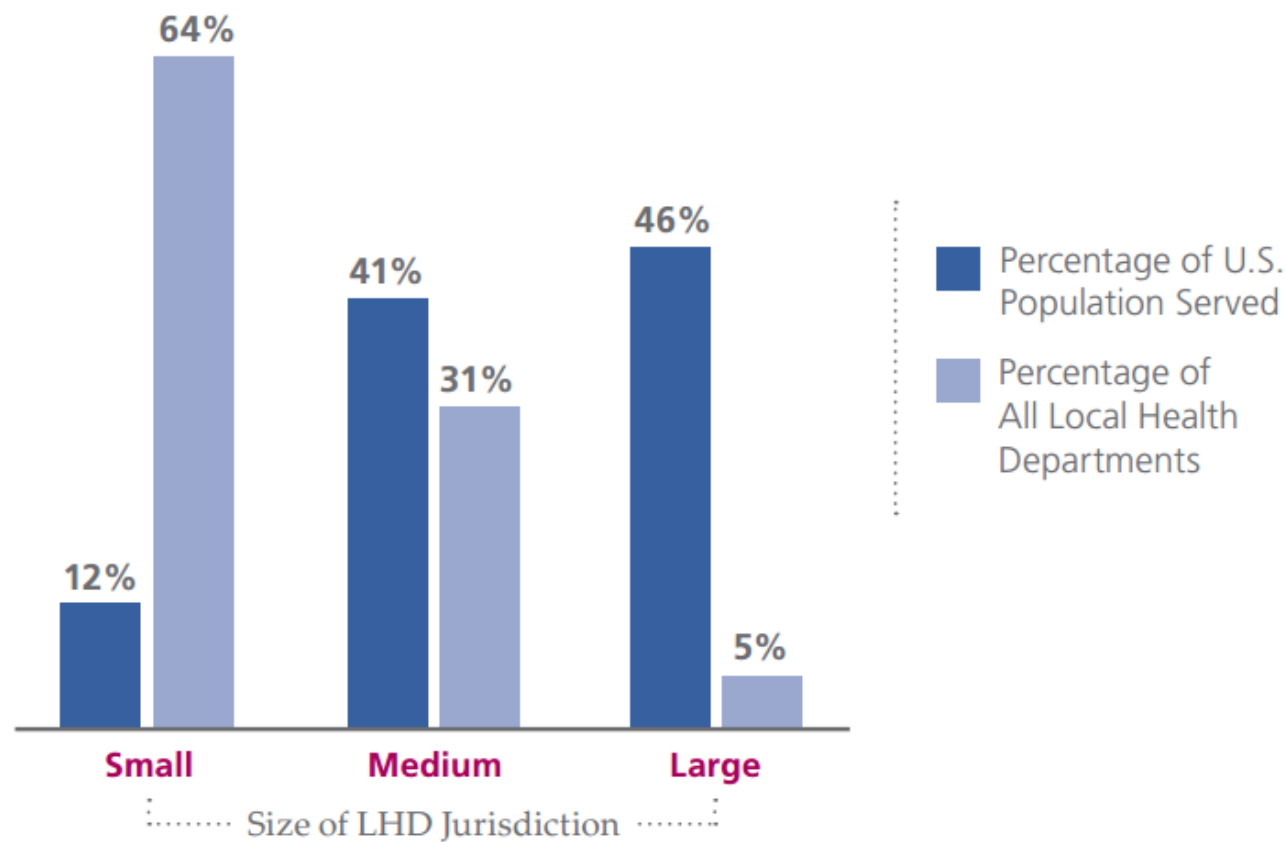


FIGURE 3 Percentages of U.S. Population Served and Percentages of Local Health Departments (LHDs), by Size of LHD Jurisdiction

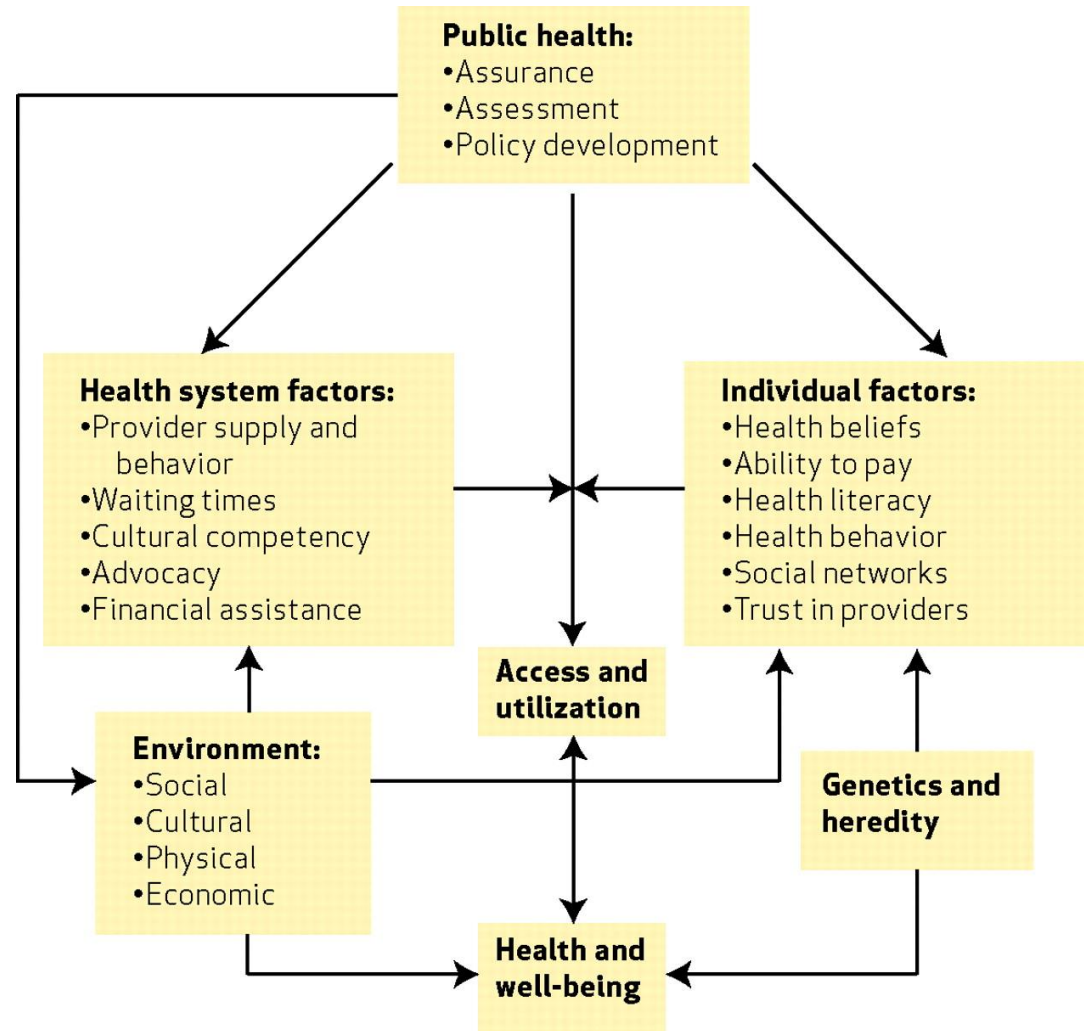


Small = < 50,000 persons
Medium = 50,000 – 499,000 persons
Large = 500,000+ persons

Note: n = 2,794. Due to rounding, percentages do not add to 100.

Source: National Association of County and City Health Officials, 2008 National Profile of Local Health Departments, July 2009, p. 10; available at www.naccho.org/topics/infrastructure/profile/resources/2008report/upload/NACCHO_2008_ProfileReport_post-to-website-2.pdf.

A Conceptual Framework For Public Health's Role In Addressing Disparities In Health Care Access.



Kathryn Pitkin Derosé et al. Health Aff 2011;30:1844-1851

HealthAffairs

Factors Influencing Access

Individual	<ul style="list-style-type: none">• Affordability• Cultural and linguistic preferences• Health literacy
Organization/community	<ul style="list-style-type: none">• Availability• Location• Social and structural supports (transportation, case management)
Decision environmental/policies	<ul style="list-style-type: none">• Universal health care coverage or publically funded health system• Policies to support workforce diversification• Payment and reimbursement models

Opportunities for Assessing Access Needs

Assessment Partners

- Local health departments
- Non-profit hospitals
- United Way
- Safety Net
- Private sector
- Social services
- Providers
- Others?

Potential Barriers to Assess:

- Physician, dental, nurse, mental health providers, and public health shortages (workforce and access points)
- Access points (location, hours, availability)
- Cultural and linguistic appropriateness
- Transportation
- Child care
- Insurance and co-payments
- Quality
- Organizational systems, policies, structures



Methods and Factors to Consider When Assessing Access Needs

Traditional methods:

Qualitative

Quantitative (primary and/or secondary)

Focus groups

Gap analysis

Key informant interviews

Factors:

Budget

Timeline

Human capital

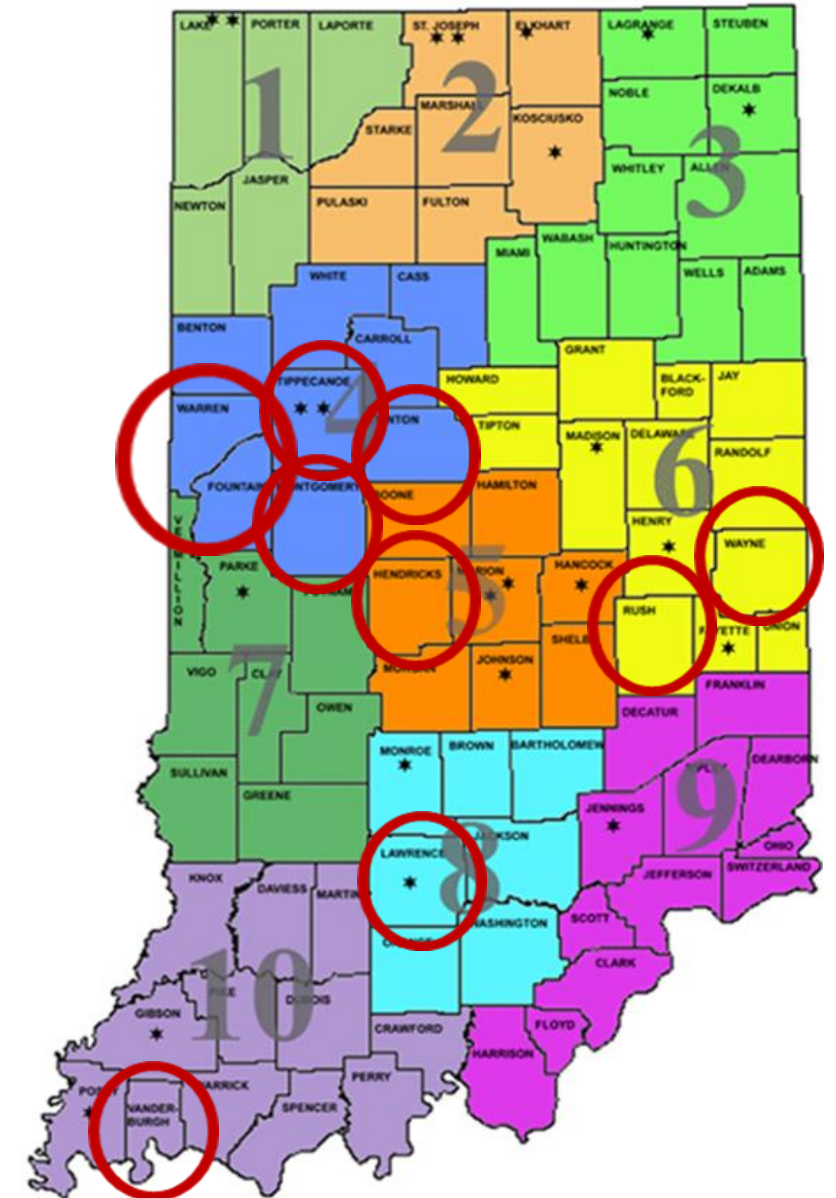
Skill set

Technology

Culture

Methods Employed In Indiana

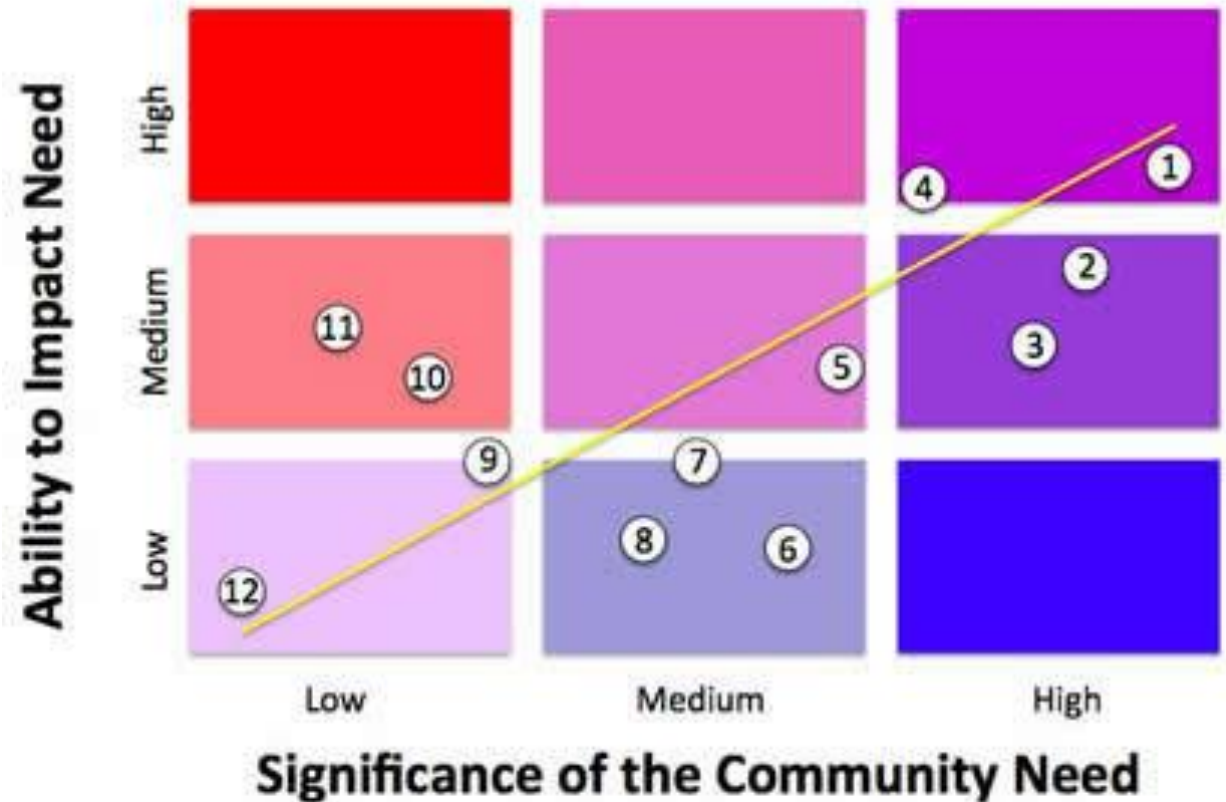
- Regional and local hospital and Local Health Department Partnerships
- Community-wide coalitions
- Academic partnerships
 - Bowen Center, Schools of Public Health, ISDH, HRSA, Purdue



Types of Assessments Used to Determine Access Needs

Medical University of South Carolina - Physician perception of need

- | | |
|--|---------------------------|
| 1. Access to Care | (alcohol/drug) |
| 2. Obesity/Nutrition/Physical Activity | 8. Social Determinants |
| 3. Mental Health | 9. Tobacco Use |
| 4. Clinical Preventive Services | 10. Sexual Health |
| 5. Maternal, Infant, and Child Health | 11. Oral Health |
| 6. Injury and Violence | 12. Environmental Quality |
| 7. Substance Abuse | |





Source: theconversation.com



Source: seattlechildrens.org



Source: theasianparent.com

Questions, Comments?

Presenters:



Raquel Castro, ASN
Program Manager
*HealthVisions
Midwest*



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Director, Center for Public Health
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Health Training Center and
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Resources

Title	Description	Link
Robert Wood Johnson's Culture of Health	Building a culture of health	https://www.cultureofhealth.org/
National Center for Health Workforce Analysis (NCHWA)	Health care workforce data and resources	http://bhpr.hrsa.gov/healthworkforce/
Public Health Accreditation Board	Access to care (Domain 7) documentation requirements	http://www.phaboard.org/wp-content/uploads/SM-Version-1.5-Board-adopted-FINAL-01-24-2014.docx.pdf
Assessment Tools for Organizations Integrating Primary Care and Behavioral Health	Assessment resources for the integration of primary care and behavioral health	http://www.integration.samhsa.gov/operations-administration/assessment-tools
Indiana Indicators	Indiana community data	http://indianaindicators.org/
Bowen Center for Health Workforce Research and Policy	Data, tools, and assessment services	http://family.medicine.iu.edu/hws/resources/
Listening to Patients: Cultural and Linguistic Barriers to Health Care Access	Peer reviewed article on cultural competency and access to care	https://www.stfm.org/fmhub/fm2005/March/Donald199.pdf



Insights & Innovation Series

Be sure to join us on the last Friday of each month throughout 2016.

Future topics will include:

- Strengthening Integration of Health Services and Systems, Part II of III
- Improving Population Health, Wellbeing, and Equity

Registration is required prior to the event

<https://events.r20.constantcontact.com/register/eventReg?oidk=a07eckmkm236cb12141&oseq=&c=&ch=>



Partner Announcement

Indiana State Department of Health

Job Openings:

- **Epidemiologist Coordinator**
- **Training and Outreach Coordinator**

Interested applicants should apply on the State of Indiana job bank located at <http://www.in.gov/spd/careers/> and apply for Job ID 604424 or contact the Deputy State Epidemiologist, Dr. Josh Clayton. He can be reached at JClayton1@isdh.in.gov or 317.233.7125 to answer any questions.

CERTIFICATE *of* COMPLETION

THIS ACKNOWLEDGES THAT

HAS SUCCESSFULLY COMPLETED THE

CULTURE OF HEALTH FRAMEWORK
ACTION AREA FOUR: STRENGTHENING INTEGRATION OF
HEALTH SERVICES (PART I OF III)

SEPTEMBER 30,
2016

Joan Duwve MD, MPH

Joan Duwve, M.D. MPH
Associate Dean for Public Health
Practice



**RICHARD M. FAIRBANKS
SCHOOL OF PUBLIC HEALTH**

INDIANA UNIVERSITY
Indianapolis

Thank you!

Evaluation:



**For more information about INsights &
INnovations, please contact:**

JoBeth McCarthy, MPH, Director
Center for Public Health Practice, Indiana Public Health Training Center, and
Liaison, [Public Health CORPS](#)

Indiana University
Richard M. Fairbanks School of Public Health
Health Sciences Building
1050 Wishard Blvd., Floors 5 and 6
Indianapolis IN 46202-2872
Direct: 317-274-3178
Cell: 317-370-8757
Fax: 317-274-3443
jomccart@iupui.edu
www.pbhealth.iupui.edu