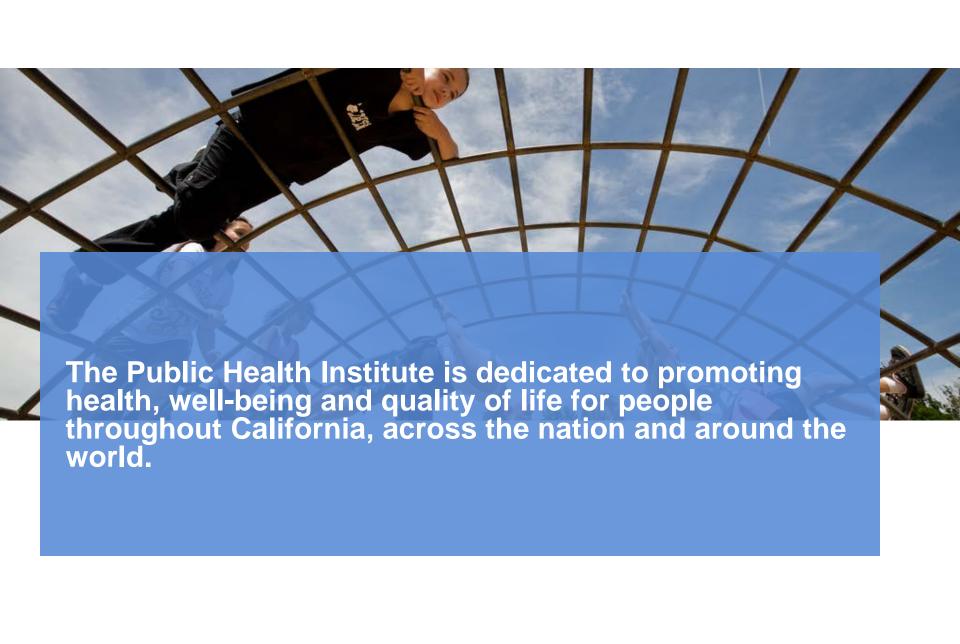


The Public Health Institute

Current state of public health practice, policy, and research

Mary A. Pittman, DrPH, President & CEO





Where We Work

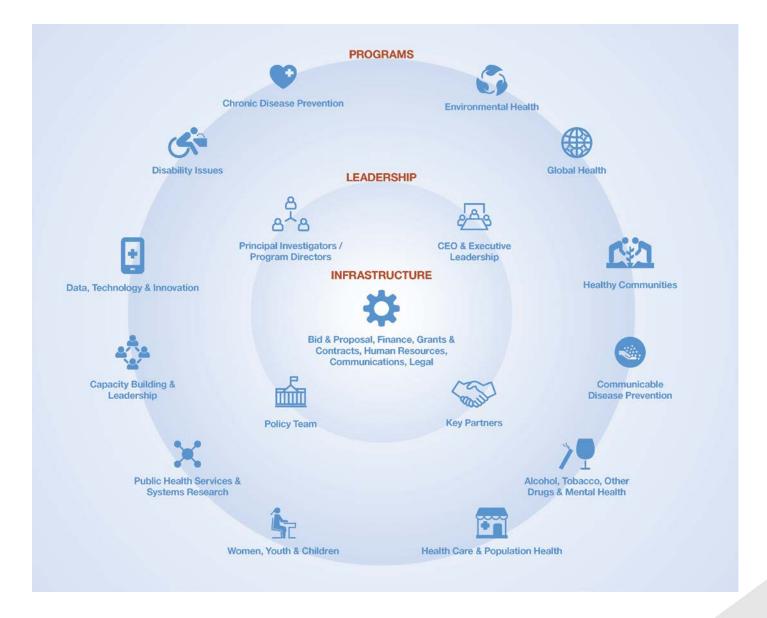
PHI supports

- > 700 staff
- > 80 programs
- > In 26 countries around the world





Our Structure





Our Approach



Partnerships



Capacity Building & Leadership



Policy & Advocacy



Research & Evaluation



Training & Technical Assistance



Leveraging Technologies

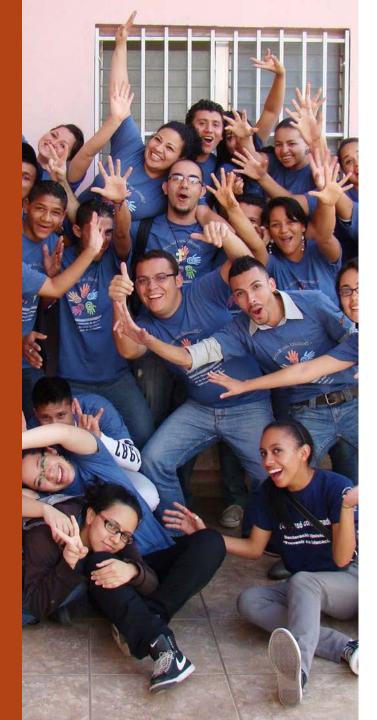


Coalition
Building &
Convening

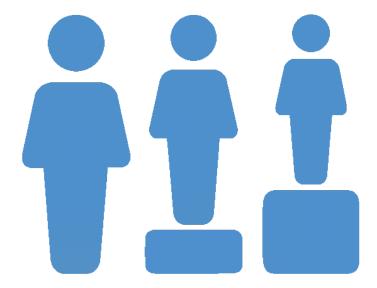


Outreach & Dissemination





Our Priority: Health Equity



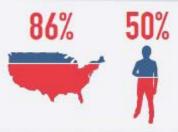


FACING FACTS



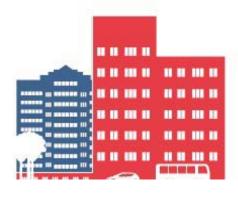
Americans Spend Twice as Much on Health Care as Citizens of Other Developed Countries

Yet we have shorter life expectancies, and higher rates of infant mortality and diabetes.



Chronic Disease Dominates Health Care Costs

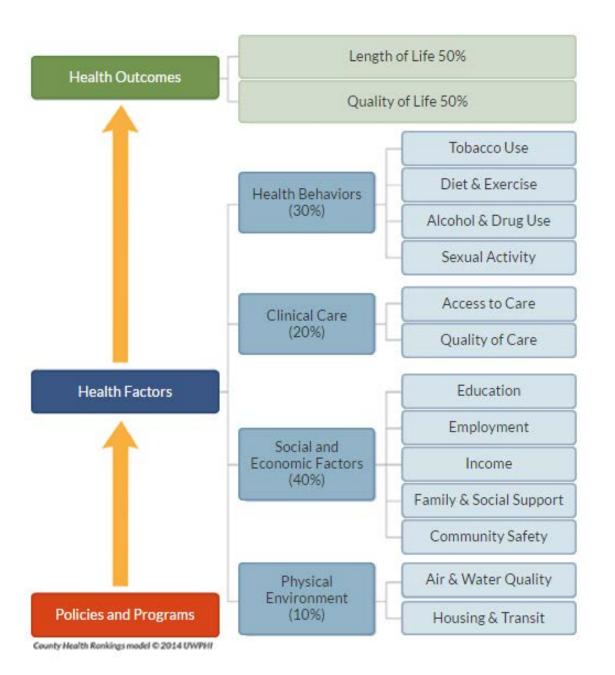
Chronic diseases account for 86 percent of U.S. health care costs and affect 50 percent of the adult population.



Social, Environmental, and Economic Factors

Where people live, work, learn, and play has a greater influence on their health than what goes on in the doctor's office, yet the health care system bears the brunt of these problems when they ultimately lead to poor health outcomes.







		Alameda County	Trend 1	Error Margin	Top U.S. Performers (1)	California	Rank (of 57) 1
Health Outcomes							8
Length of Life							13
Premature death	0	4,800	~	4,600- 4,900	5,200	5,200	
Quality of Life							13
Poor or fair health Poor physical health days Poor mental health days Low birthweight	1 1 1 1	11% 3.0 3.2 7%		11-11% 2.9-3.1 3.1-3.3 7-7%	12% 3.0 3.0 6%	18% 3.6 3.6 7%	
Additional Health Outcomes (not included in overall ranking) +							
Health Factors							6
Health Behaviors							7
Adult smoking Adult obesity	•	10% 20%	~	10-10% 18-22%	14% 26%	12% 23%	
Food environment index		7.7			8.4	7.8	
Physical inactivity		16%	~	14-18%	19%	17%	
Access to exercise opportunities Excessive drinking	•	100% 17%		17-17%	91% 12%	94% 18%	
Alcohol-impaired driving deaths		30%	~	27-32%	13%	29%	
Sexually transmitted infections Teen births		456.9 20	~	19-20	145.5 17	459.9 29	



Population Health

Medical Model Population Health

Place-Based Population Health

Assess patient health status

 \longrightarrow

Assess patient health status, **social and environmental risk factors**

Ensure timely access to clinical services and medications



Ensure access to clinical services & link to social support systems

Clinical case management through team-based care



Case management through clinical and community-based teams

Patient education



Community-based education, problem solving, and advocacy

Use EMR to ID and group risk populations, monitor service utilization and patient outcomes



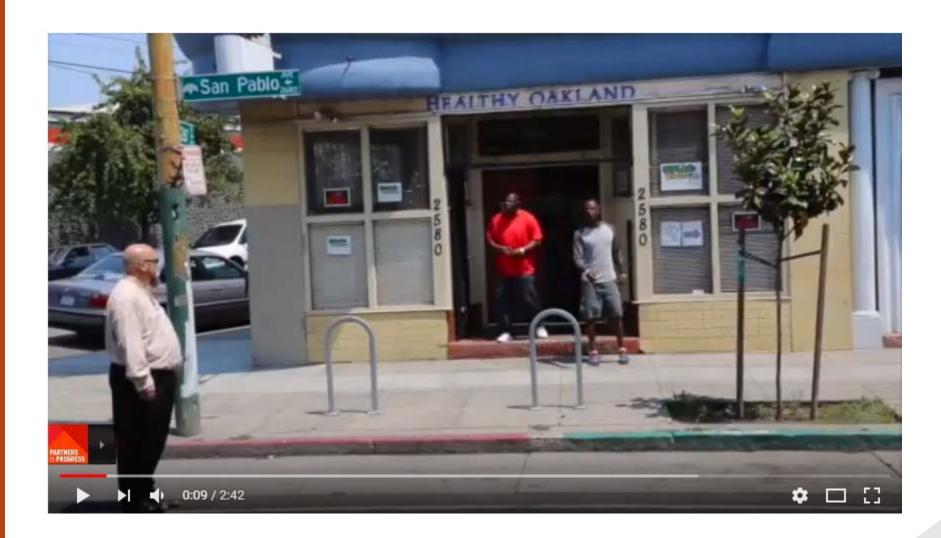
Use *EHR* and *GIS* to identify geo conc. of *health disparities, target interventions,* & monitor population health outcomes

Worry about persistent patient noncompliance



Leverage HC resources through **strategic engagement** of diverse stakeholders







THE CHALLENGES



The emerging evidence base around prevention is fragmented and lacks cost metrics, which are very important to policy makers.



Current fee-for-service payment models do not reward health care systems for working upstream to prevent illness.

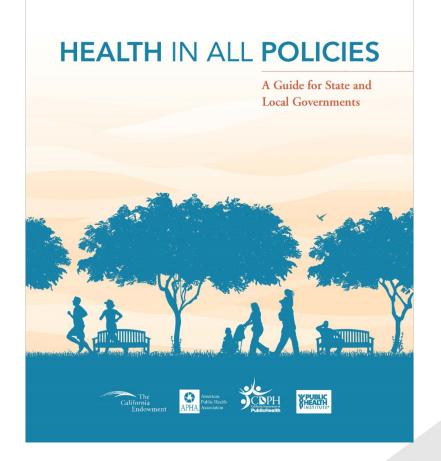


There are opportunities through current Affordable Care Act provisions to better align incentives.



Connecting Health and Equity to Decision Making: Health in All Policies

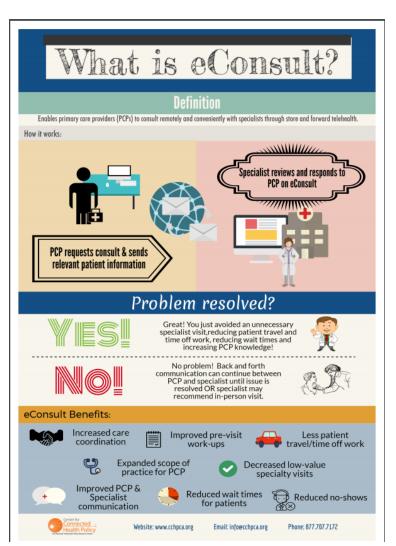
A collaborative approach to improving the health of all people by incorporating health considerations into decision-making across sectors and policy areas.





Virtually Connecting Patients to

Care: Center for Connected Health Policy



Lower cost of and improve access to care through broader adoption of telehealth or "connected health" technologies.



Controlling Asthma through Policy Change:

Regional Asthma Management and Prevention (RAMP)



- Advocating for California diesel emissions regulations passed that were projected to prevent 150,000 cases of asthma over 15 years.
- Advocating for healthy housing policies passed in California-SB 328 and SB 655- that will reduce exposure to asthma triggers, particularly in lowincome communities and communities of color.



Collaboration to Reduce Opioid Use:

Center for Health Leadership & Practice

- CHLP uses cross-sector engagement to gain traction on most pressing health problems: ebola, zika, chronic disease, premature births
- Now leading California Health Care Foundation (CHCF)'s California Opioid Safety Network bringing doctors, law enforcement, public health agencies and other stakeholders to tackle targeted goals.





Design Thinking for Innovative Interventions: Populations Health Innovation Lab



Incubate, accelerate, and disseminate innovative strategies and interventions that build healthier populations and realize a broad social and financial return.



Research and Evaluation to Speed New Solutions: Researcher Lynn Silver, MD

In Berkeley, soda tax revenues fund prevention activities for the most vulnerable. PHI studies show sales of harmful drinks have declined by 10%, water sales have increased, and overall store revenues and jobs have not been impacted. Lower consumption is expected to reduce health care expenditures, as well as the burden and inequity of diabetes and heart disease.





Helping Physicians Advocate for Climate Change: PHI's Center for Climate Change and Health



A Physician's Guide to Climate Change, Health and Equity

September 2016











The San Diego Union-Tribune

Climate change is making us sick



By Praveen Buddiga & Katrina Peters

APRIL 21, 2016, 2:46 PM

C limate change is hurting our health — right here and right now. As practicing physicians, we see the impacts on our patients.

Allergy season is more intense, and arrives earlier than ever.

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phi.org/eNews





Assignment One:

Wildfires have broken out in California, severely affecting air quality. Your job is to write a 145-160 word letter to the local paper connecting climate change to health, using your experience as physicians to make the case, and calling for change.





Assignment Two:

You work in an ER experiencing high admission rates for diabetic ketoacidosis among its homeless population. What are some local policy or practice changes that could lower these rates?





Assignment Three:

As a GP, you see a low-income child and his mother. The child is ten years old and has asthma. What kinds of questions might you ask to identify social determinants that contribute to his condition?

