500 Cities: Local Data for Better Health

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Two Perspectives on Health

Clinical Medicine: Care of the Patient

Population Health: a Healthy Community
Two Ships Passing in the Night

Public Health
Restaurant
Inspections
Lead Poisoning
Clean Air
Clean Water
Policy and
Community
Campaigns
Injury Prevention

Clinical Medicine
Insurance Coverage
Quality
Measurement
Improving Health

• We need both: the best clinical care for people when they are sick, and the best environment for people to thrive outside the hospital
Major Gaps in Health and Well-Being for Children...

- 29 countries have lower mortality rates for children under age 5 than the United States; 8 have rates that are less than half our rate.

22.2-43.1 per 1000 live births
And Adults...

The United States ranks 31st in the world in life expectancy.
Why Such Challenges?

- Many social determinants of poor health
  - Employment
  - Housing / segregation
  - Educational opportunity
  - Violence (including policing)

- Poor alignment of efforts to overcome these factors
- Lack of meaningful commitment to overcome these factors
Transforming Health

1. Data
2. Goals
3. Partnerships
4. Incentives
5. Leadership and Commitment
Step 1: Data

Source: Dr. Robert Kahn, All Children Thrive, Cincinatti
Example: Pneumonia
Thoughts on Data

• Local data can galvanize community interventions and support
• Data can show connections between other systems and health
• 500 cities data is an excellent starting place for data on outcomes and on how the healthcare system is doing
Step 2: Goals

Help Cincinnati’s 66,000 kids be the healthiest in the nation through strong partnerships

Morbidity and Mortality
- Reduce annual infant deaths in Hamilton County by 33%
- Reduce disparity in hospital bed days by 15%, focusing on 2 high risk neighborhoods (Avondale and Price Hill)

Thriving
- Ensure 5 year olds have a ‘healthy mind and body’*
- Increase percent of children reading proficiently by 3rd grade in Cincinnati Public Schools from 78% to 90%

*Bundle measure: immunization, BMI, dental, behavior, vision, emergent literacy, speech, hearing

Source: Dr. Robert Kahn, All Children Thrive, Cincinnati
Thoughts on Goals

• Should be meaningful, measurable on a regular basis, and accurate to as local a level as possible.
• Do not have to be classic health outcomes.
• Examples
  • Injured pedestrians
  • Absenteeism
  • Asthma admissions or ER visits
  • Falls among older adults
Step 3: Partnerships
Thoughts on Partnerships

- There are advantages to both individual-specific interventions and “shift the curve” community interventions
- Significant partnerships with public systems (schools, child welfare, police) are difficult but will pay off over time
- Advocating for policy change together = important aspect of partnership
- Need a range of investments with evaluation of how well they are working
Infant Sleep-Related Deaths in Baltimore

- Every baby received safe sleep onesie
- Every birthing facility counseled
- City wrote letters to nursery every time a baby died
- Yet … 27 infant deaths from unsafe sleep in 2009
B’More for Healthy Babies: A Community Initiative

• Focus on parts of city with highest mortality
• Strong public communications campaign featuring voices from the community
• Bus stations, jury rooms, social service offices, TV stations
• Also engaged with all major healthcare providers for women and children

https://youtu.be/yBBiG6e4xRw
Sleep-Related Infant Deaths

Number of Sleep-Related Infant Deaths in Baltimore City, 2000–July 2016 (290 Cases)

Average of 18.3 Deaths per Year (2000–2015)

Source: Baltimore City Health Department
Step 4: Incentives

- Incentives should align with goals for community health
- For healthcare system:
  - Value based payment
  - Shared financial incentives should goals be reached
- For public agencies
  - Performance management for specific goals
- For community groups
  - Social financing and other mechanisms to focus on outcomes
Step 5: Leadership and Commitment

• Political divisions complicate addressing social contributors to inequality and poor health
• Leadership essential to addressing inequality
• Small steps in the direction of larger change
• Data can be a spark and an ongoing spur to leadership
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