

# Longer Lives, Better Health: The San Diego Journey to Living Well

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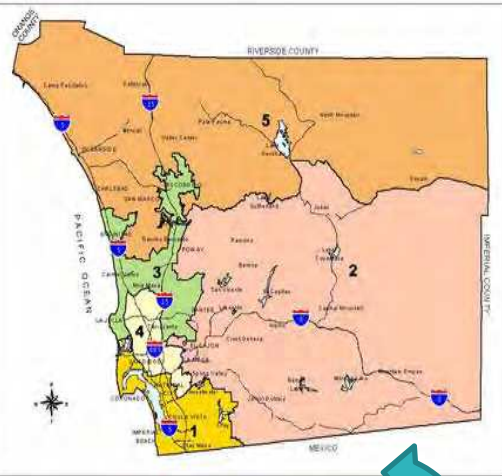
COUNTY OF SAN DIEGO  
**HHSA**  
HEALTH AND HUMAN SERVICES AGENCY



**LIVE WELL**  
SAN DIEGO

April 17, 2015

# SAN DIEGO DEMOGRAPHICS



- 3.2 Million residents with 4,261 square miles (larger than 21 U.S. States; same size as CT)
- 5<sup>th</sup> largest U.S. County, 2<sup>nd</sup> largest in CA
- 18 municipalities; 36 unincorporated towns
- 18 federally recognized Indian Reservations
- 42 school districts = 650,000 kids
- 3 Military Facilities
- 19 Acute Care Hospitals
- 4 Non-acute/Rehab Hospitals
- 115 primary care clinics
- 9,000 physicians
- Region is very diverse
  - Majority minority pop

- Over 100 languages
- Large military presence
- Largest refugee resettlement site in CA
- Busiest international border crossing in the world (San Ysidro/MX)





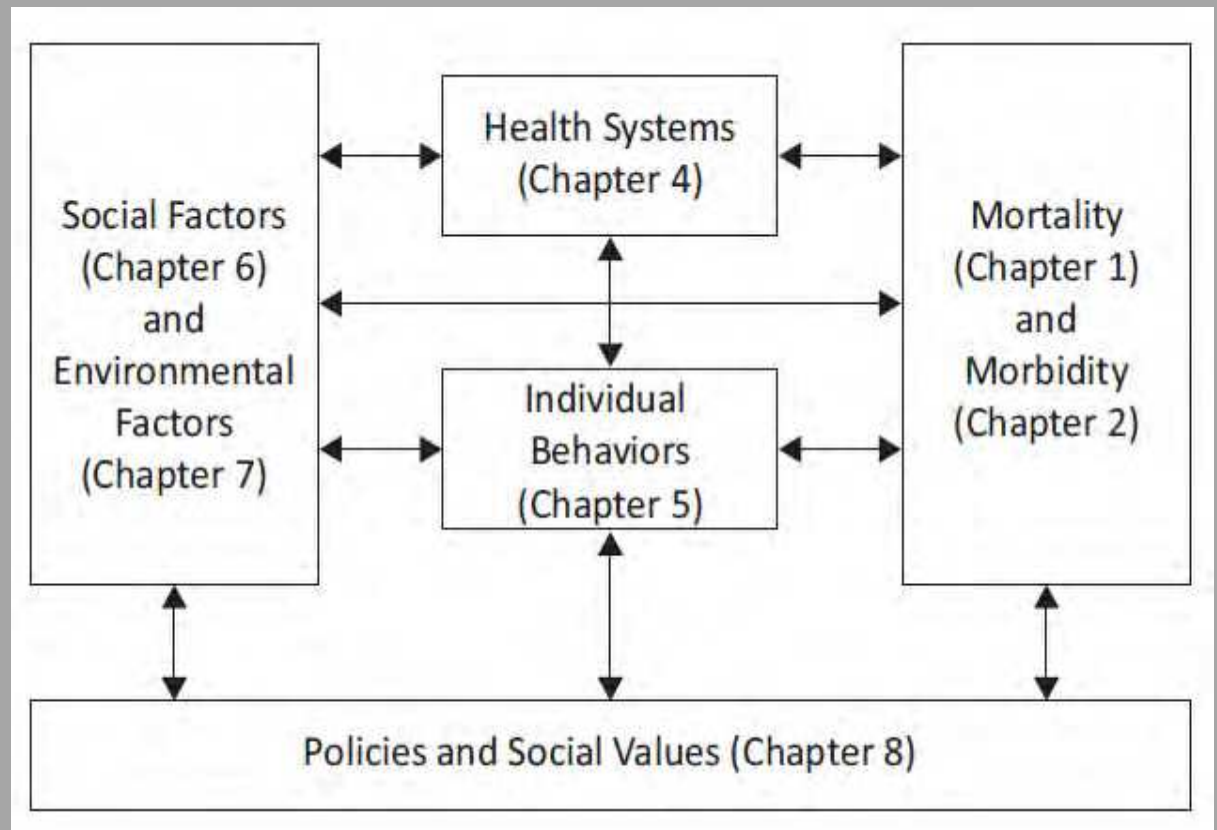
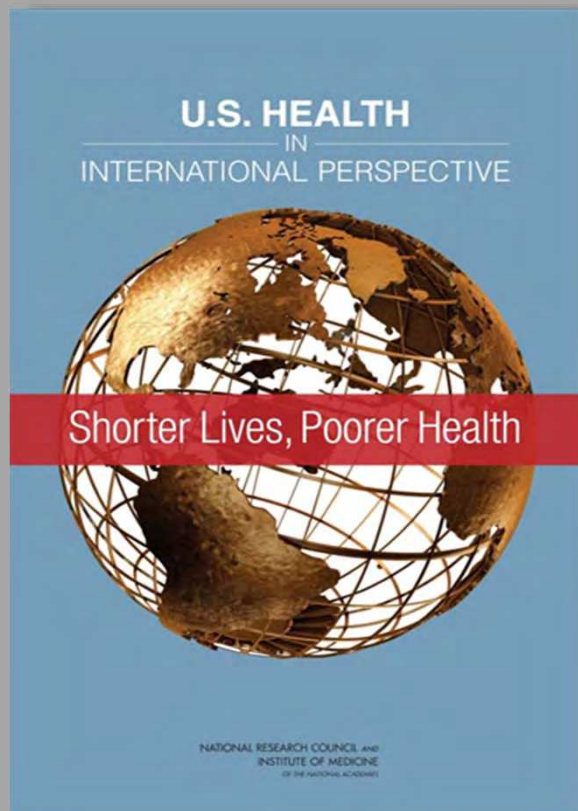
# OVERVIEW OF HHSA



In 1998, HHSA brought together multiple separate departments involving healthcare, public health and human services:

- Public health, mental health, Medicaid/indigent health, substance abuse, child welfare, aging, income support, childhood development, veterans, public guardian, Psychiatric Hospital, Skilled Nursing Facility, etc
- Integrated pre-natal to end-of-life serving ~1 million clients
- 6,000 employees, 185 advisory boards, numerous PPP's
- \$2 billion annual operating budget; County-owned institutional care facilities with Public/private contracting model for general acute care services
- Heavy emphasis on population-based approaches from welfare reform to health reform

# Shorter Lives, Poorer Health



January 2013 IOM Report on US Health Compared to "16" Other Peer Countries



# Why Are Americans Unhealthy?

- ❑ Health behaviors
- ❑ Social and economic conditions
- ❑ Physical environments
- ❑ Health Systems



Source: Report released by the National Research Council and Institute of Medicine.  
*U.S. Health in International Perspective: Shorter Lives, Poorer Health.* January 2013.

# Key Winnable Public Health Battles

for the United States

**Tobacco**



**Nutrition,  
Physical Activity  
Obesity and  
Food Safety**



**Motor  
Vehicle  
Injuries**



**Teen  
Pregnancy**



**HIV**



**Healthcare-  
Associated  
Infections**



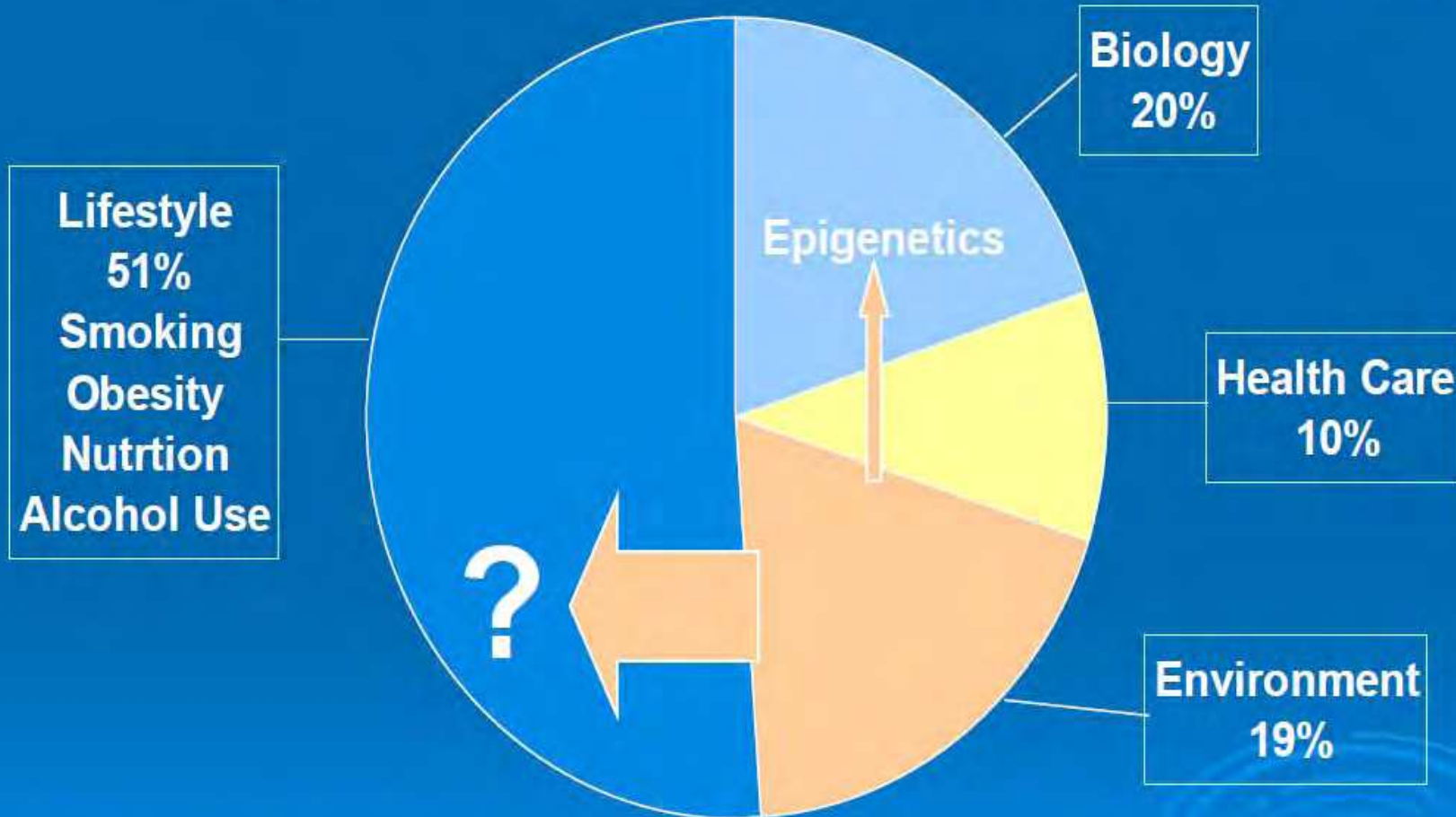
# Our Challenge





# Actual Causes of Death

A bridge between genotype and phenotype— a phenomenon that changes the final outcome of a locus or chromosome without changing the underlying DNA sequence



Source: McGinnis, J.M and Foege, W.H. (1993). "Actual Causes of Death in the United States,"  
Journal of the American Medical Association.

Aaron D. Goldberg, C. David Allis, and Emily Bernstein, Laboratory of Chromatin Biology, The Rockefeller University, New York, NY 10021, USA

# Our Challenge



*The Economic Burden  
of Chronic Disease in  
San Diego County*



OCTOBER 2010

**Economic  
impact in 2007:**

**\$4+ Billion in  
San Diego**



# Our Challenge: Galactic Disconnection

## Medical Care



Medical Monitoring



Physician / Primary Care



Therapy/ Ancillary Care



Pharmacy



Diagnostic Services



Mental Health



Acute/ Hospital Care



Dental



Medical Transportation



Education



Vision Care

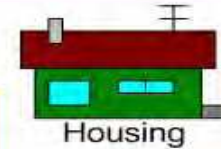
## Supportive Services



Personal Assistance



Protective Supervision



Housing



Shopping



Laundry



Meals



Financial Assistance



Housekeeping



Home Maintenance



Home Modification



Intellectual Stimulation



Pet Care



Transportation



Companionship



Money Management



Recreation

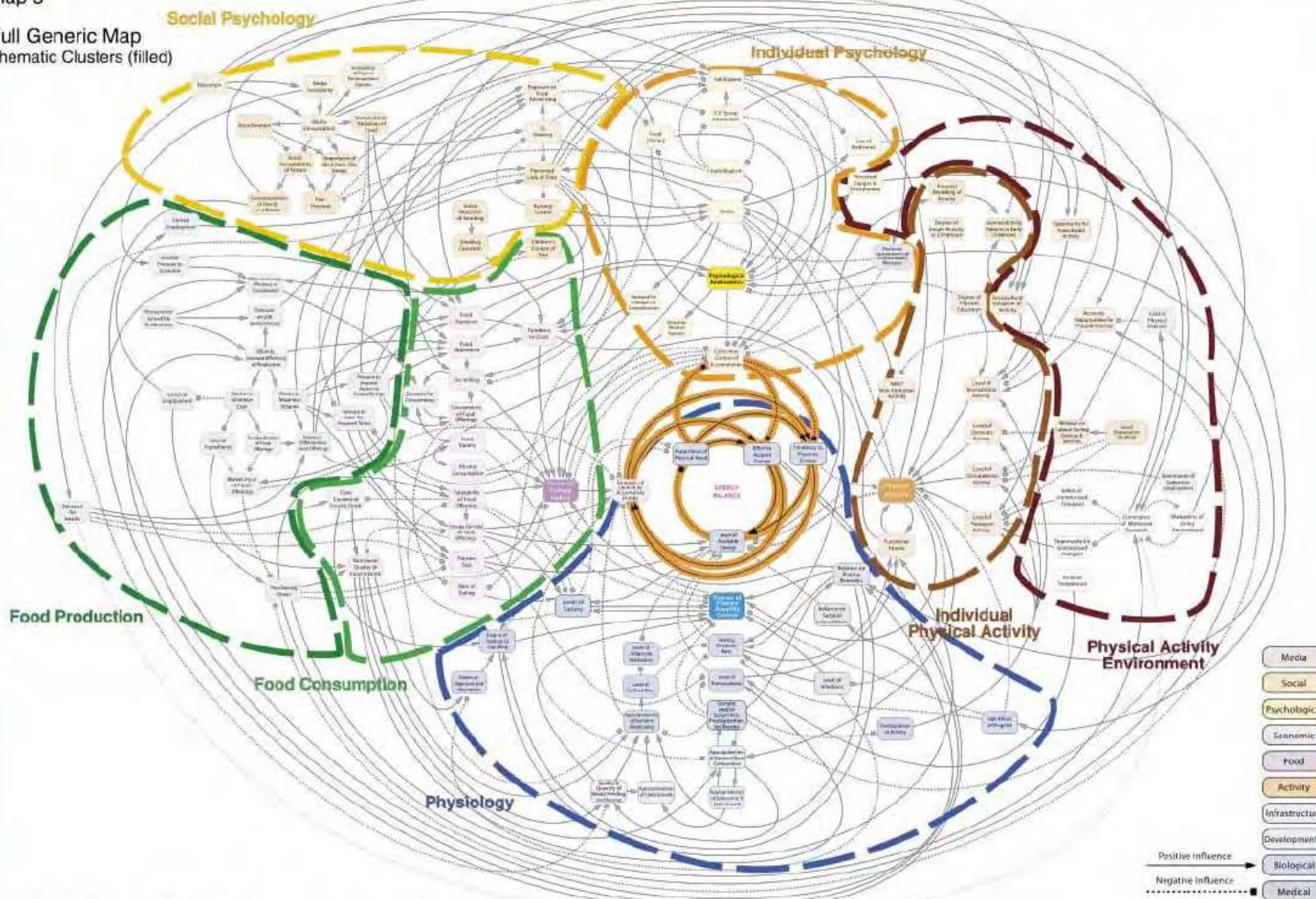


# COMPLEX SYSTEMS, HEALTH DISPARITIES & POPULATION HEALTH: BUILDING BRIDGES

February 24-25, 2014 | Natcher Conference Center, National Institutes of Health Campus | Bethesda, Maryland

Map 5

Full Generic Map  
Thematic Clusters (filled)



# Our PLAN: Knowledge Driven Journey




**Building  
Better  
Health**

**Living  
Safely**

**Thriving**





**Well-being** is more than just physical, behavioral and public health. It's also about...

**Spiritual  
Well-Being**

**Sense of  
Safety**

**Career  
Viability**

**Financial  
Stability**

**Social  
Connectivity**

**Civic  
Engagement**



# COMPREHENSIVE APPROACH








## 4 KEY SHARED STRATEGIES

- Building a Better Service Delivery System
- Supporting Positive Choices
- Pursuing Policy and Environmental Change
- Changing the Culture from Within Government, Businesses and Nonprofits



# MEASURING WELLNESS



Areas of Influence	Definition	Top 10 Indicators
 <p>HEALTH</p>	<p>Enjoying good health and expecting to live a full life</p>	<p>Life Expectancy and Quality of Life</p>
 <p>KNOWLEDGE</p>	<p>Learning throughout the lifespan</p>	<p>Education</p>
 <p>STANDARD OF LIVING</p>	<p>Having enough resources for a quality life</p>	<p>Unemployment Rate and Income</p>
 <p>COMMUNITY</p>	<p>Living in a clean and safe neighborhood</p>	<p>Security; Physical Environment; and Built Environment</p>
 <p>SOCIAL</p>	<p>Helping each other to live well</p>	<p>Vulnerable Populations; and Community Involvement</p>



# COLLECTIVE ACTION FOR MEASURABLE IMPACT



## *Actions We Take Collectively Across Sectors*

## *Results We Seek for Community Impact*

Government (from all levels and types)

Hospitals, Physician Groups, Community Health Centers & Public Health Clinics

Community & Faith-Based Organizations

Business (i.e. food retail, biotechnology, life sciences, etc.)

Schools

Law Enforcement and Courts

Military and Veterans

Citizens, Civic & Neighborhood Groups

**Behavior Changes in Population**

- Short Term: w/in 3 years

**Risk Factor Changes in Population**

- Mid-Term: w/in 7 years

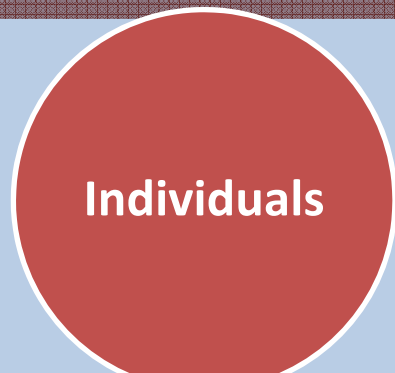
**Outcome Changes in Population**

- Long Term: w/in 10 years

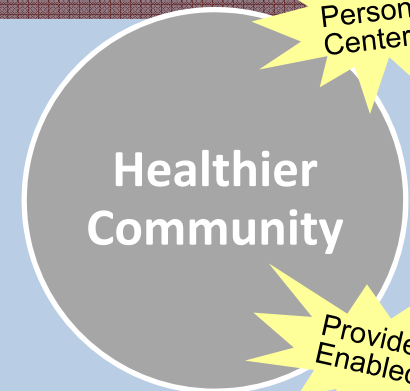
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# Our APPROACH: Shared Belief



Factor: Client's capacity to self-serve, ability to manage needs



Electronic Information Exchange is the vehicle used to share patient and customer information among providers to facilitate care and services.



# SAN DIEGO KNOWLEDGE EXCHANGE





# HARMONIZE TO HUMANIZE

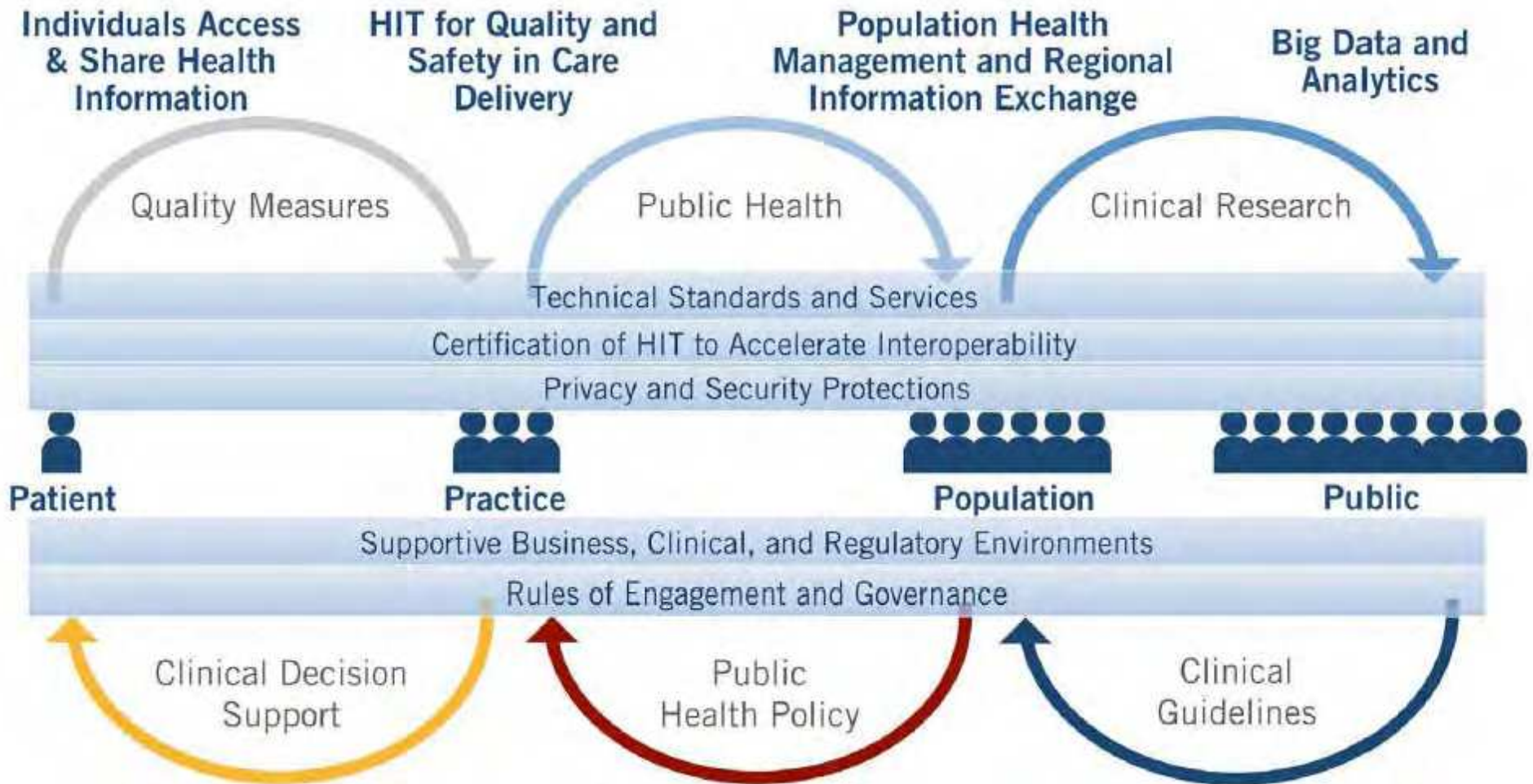
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*Aligning Data to Create Knowledge  
Driven Strategy to Improve Lives*



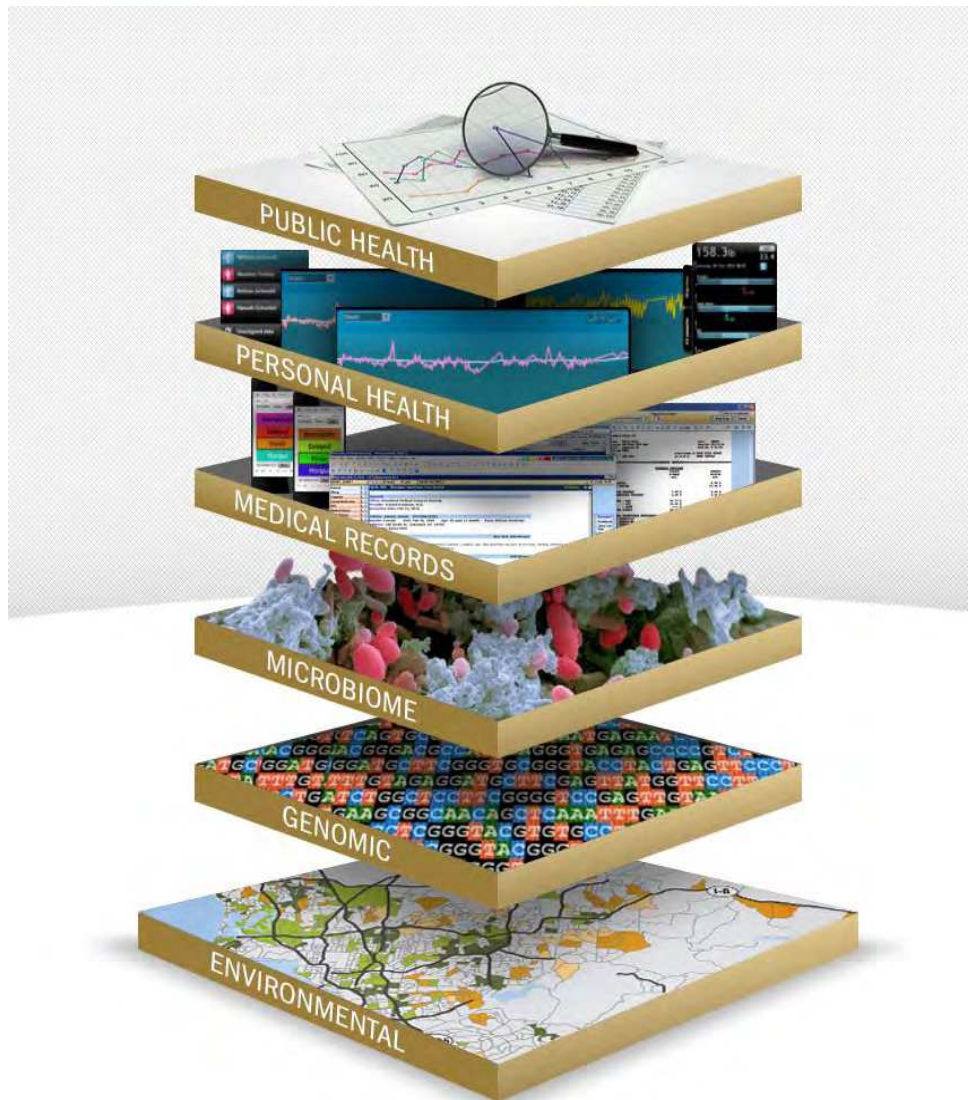


# A LEARNING HEALTH SYSTEM



Source: Jon White, M.D., ONC, HHS, March 2015

# DATA INSIGHTS → KNOWLEDGEABLE ACTION



## CONCEPTUAL FRAMEWORK\*

Health outcomes

### Determinant domains

1. Health systems
2. Health behaviors
3. Socioeconomic conditions
4. Physical and social environment
5. Public policies and social spending

\* Dr. Kevin Patrick, UCSD



# INFRASTRUCTURE SUPPORT



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- Knowledge Integration Program

Internal Operations:  
Information Exchange

- INSIGHT VISION

Internal Operations:  
Performance Management

Public Facing:  
Individual Health & Human Services

Public Facing:  
Population Health & Wellness

- 211 & Network of Care

- ArcGIS Open Data Portal & SOCATA







**GOVERNMENT  
CANNOT  
DO THIS ON ITS OWN**



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SAN DIEGO**

# WHAT THE *FUTURE* HOLDS...

“The biggest scale that you can get requires the simplest idea...

And you achieve this by connecting with people.”

- Bono, U2



# LEADERSHIP AND RELATIONSHIPS



## More than 100 Recognized Partners (and rapidly growing):

- 10 cities, including the largest city in the County - **City of San Diego**
- Dozens of schools, including the largest community college, **San Diego City College**, and largest elementary school district in the State (K through grade 6) - **Chula Vista Elementary School District**
- The largest health HMO, **Kaiser Permanente**, and largest public health district in the State - **Palomar Health**
- The largest Chamber of Commerce on the US west coast - **San Diego Regional Chamber of Commerce**





# From Field to Fed

ADMINISTRATION FOR  
**CHILDREN & FAMILIES**

**CMS**  
CENTERS for MEDICARE & MEDICAID SERVICES

**CDC**  
CENTERS FOR DISEASE<sup>™</sup>  
CONTROL AND PREVENTION

**HRSA**



Substance Abuse and Mental Health Services Administration  
**SAMHSA**

**CDSS**

**USDA**

**Beacon Community Program**  
Awardee of The Office of the National Coordinator for  
Health Information Technology

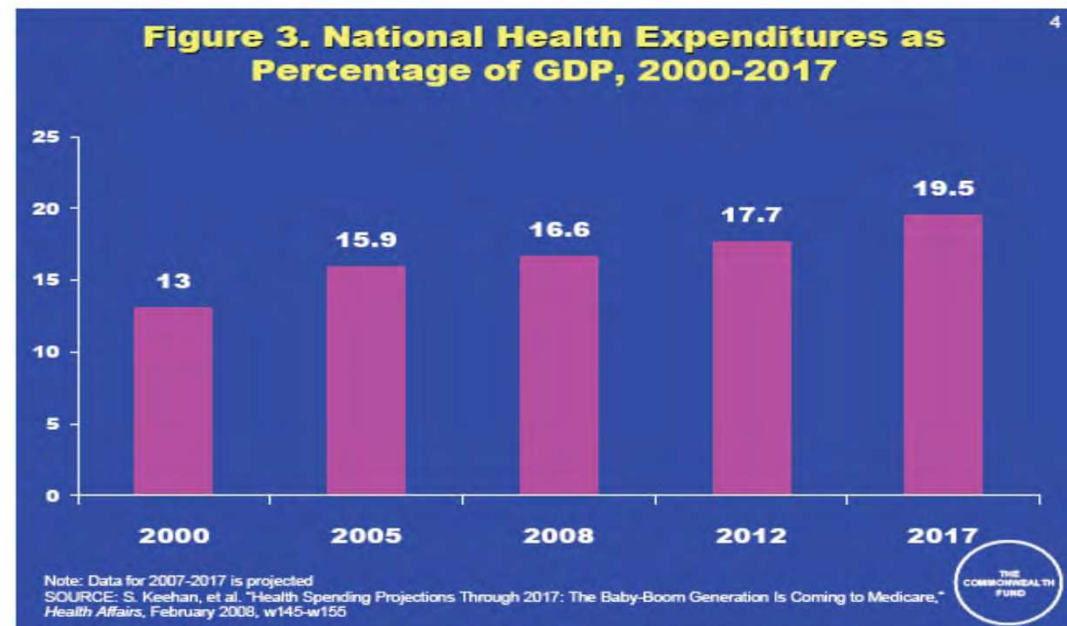
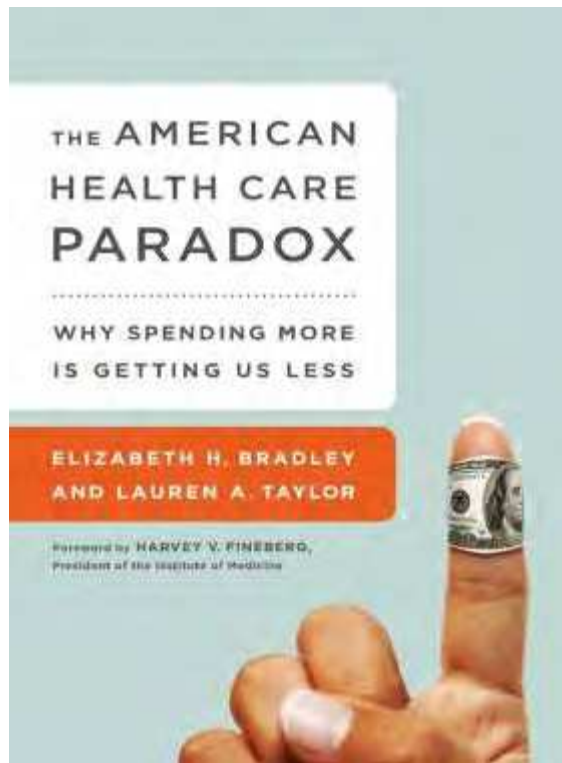
**CDPH**  
California Department of  
Public Health



# Live Well Roadmap



# NATIONAL ECONOMIC PARADOXIC



# SHIFTING FROM “PROGRAM-CENTERED” TO “PERSON-CENTERED”





## COMMUNITY-BASED CARE TRANSITIONS PROGRAM

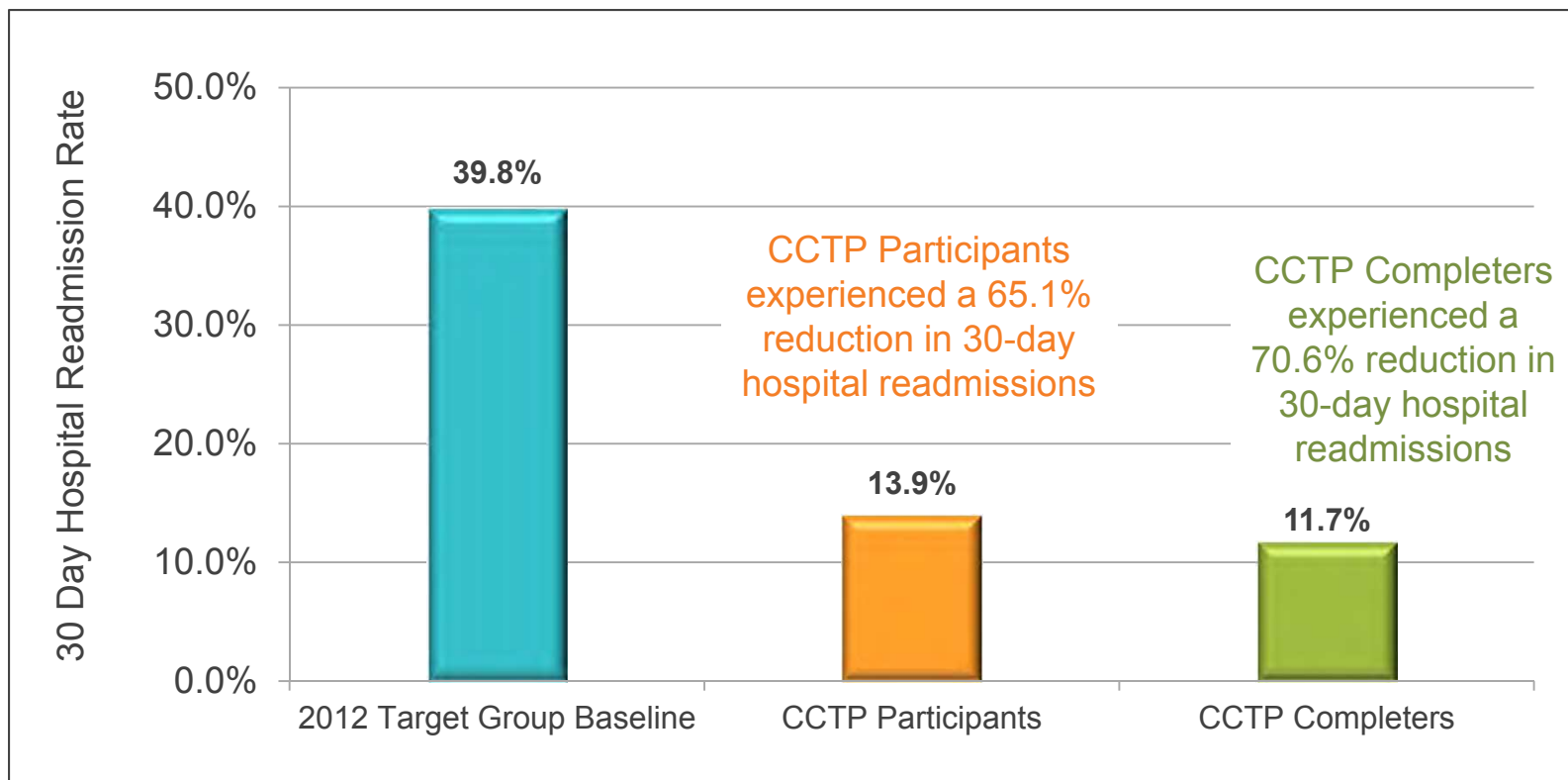
- **Section 3026 of the Affordable Care Act**
  - **Goal:** reduce 30-day all cause readmissions for fee-for-service (FFS) Medicare patients by 20% in 2 years.
  - \$500 million over 5 years to test models for improving care transitions from inpatient hospital to home and other settings.
  - Link Community-Based Organizations to hospitals
- **San Diego Care Transition Partnership (SDCTP)**
  - Partnership between HHS and San Diego Health Systems – 11 hospitals/ 13 sites.
  - **Goal:** serve ~21K FFS Medicare patients per year for 2 years, starting January 2013.
  - Activate patients and caregivers to better manage chronic conditions.







## Community-Based Care Transitions Program (CCTP) 30-Day All-Cause Hospital Readmission Rate January 2013 to January 2014



**Target Group baseline:** CCTP participants 30 day readmission rate from 2012

**CCTP Participants:** Those who completed services (CCTP Completers) + those who did not complete all aspects of the program

**CCTP Completers:** CCTP participants who completed all aspects of the program



## Community Corrections Partnership

To coordinate all re-entry activities for the County.

- Chief Probation Officer
- Presiding Judge or Designee
- Public Defender
- Sheriff
- Chief of Police
- Director of HHSA, representing: Social Services, Mental Health, Alcohol & Drug

### Goals:

- ✓ Efficiently use jail capacity
- ✓ Incorporate re-entry principles into custody programming
- ✓ Incorporate evidence-based practices



**San Diego Mantra:**  
*We can't arrest our way  
out of the problem.*

# COMMUNITY TRANSITION CENTER



- Implemented in January, 2013
- Eligibility determination for Medi-Cal
- Probation and Behavioral Health Screening Team co-located:
  - Initial identification of treatment needs
  - Screen and link offenders to appropriate treatment programs
- On-site detoxification and long-term residential treatment as necessary
- Linkage to community services



## Working Together:

- Probation Officers
- Behavioral Health (Mental Health and Alcohol and Drug Specialists)
- Nurse Case Manager







## LAUNCHED A MULTI-FACETED APPROACH

Revamped and enhanced school wellness policies and practices:

- More nutritious school lunches
- Increased physical activity
- Replaced “unhealthy” birthday celebrations with games and activities
- Reached out to parents and community with cooking classes, healthy food budgeting and family fun

To assess impact, measuring Body Mass Index of students over time

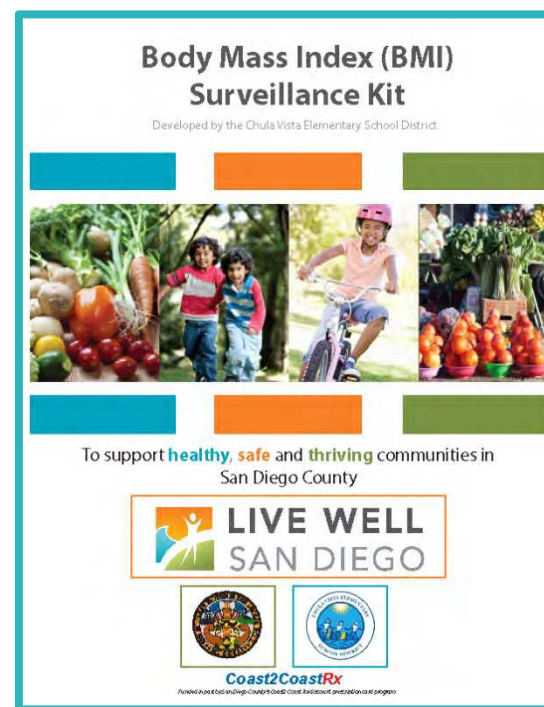
# COLLECTIVE IMPACT



## HOW MANY ARE HELPED TO LIVE WELL?

- 28,500 students
- 45 schools in Chula Vista Elementary School District
- Families too!

## BEST PRACTICE SHARED WITH OTHER SCHOOLS



# Place Matters: Zip Code vs Genetic Code

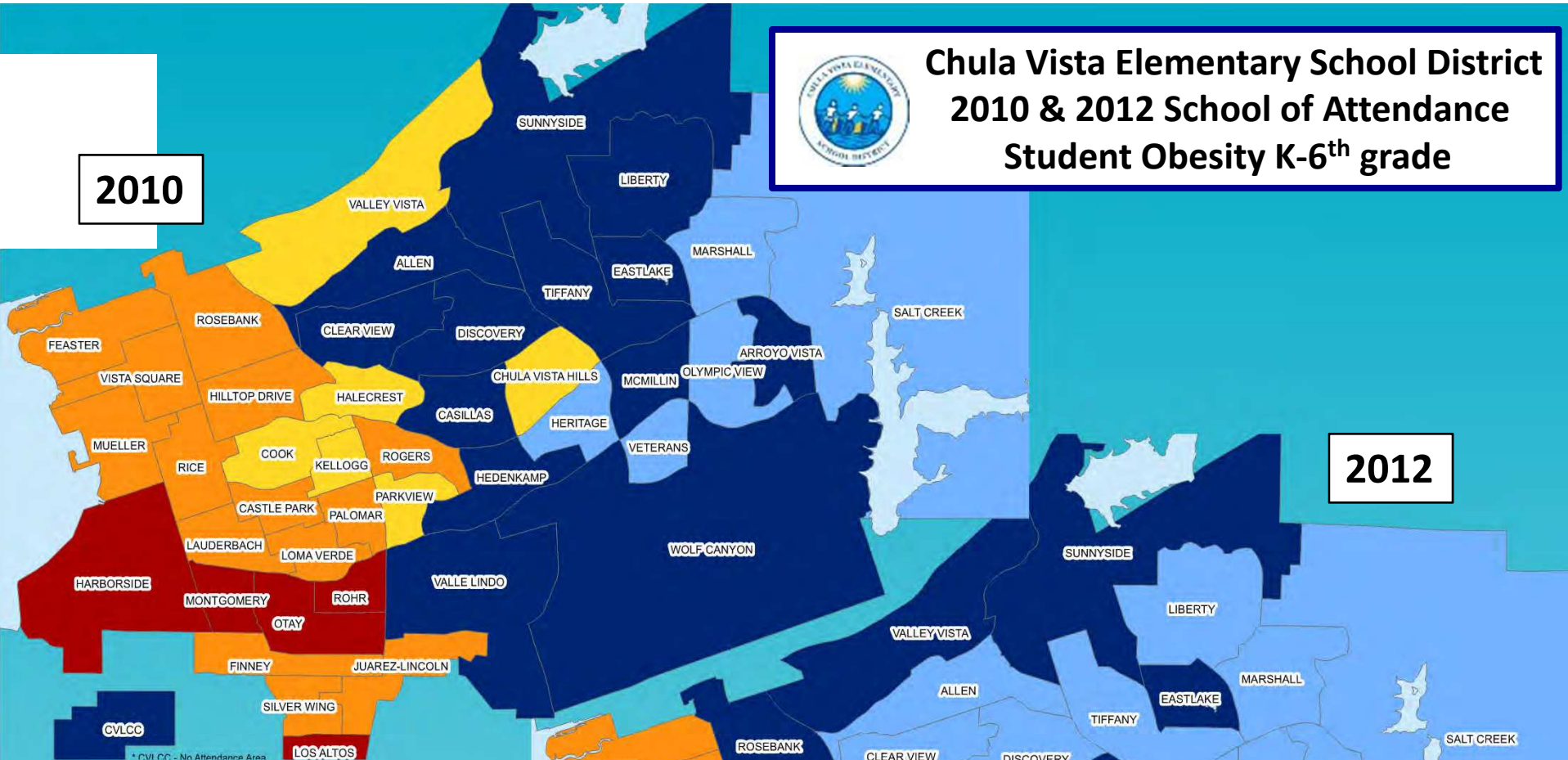




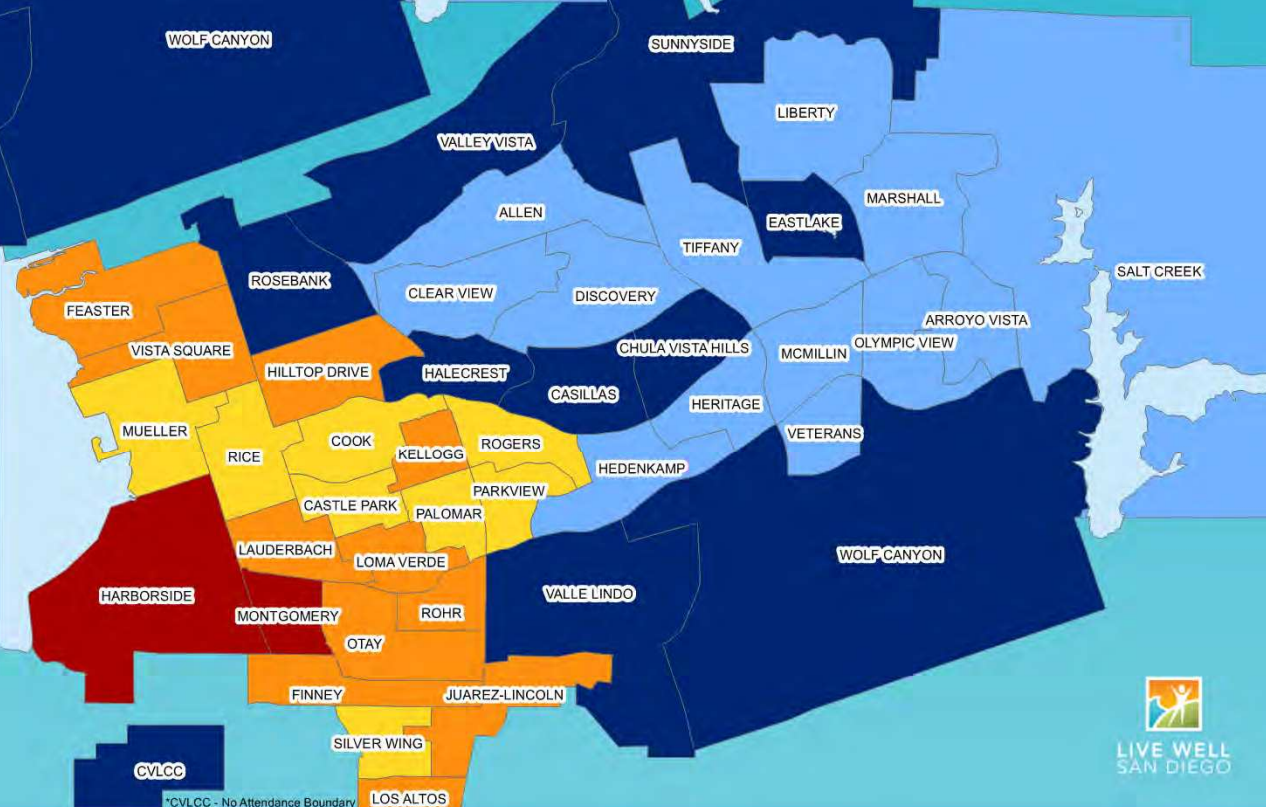


# Chula Vista Elementary School District 2010 & 2012 School of Attendance Student Obesity K-6<sup>th</sup> grade

2010



2012



**Legend**  
**% Obese Children**

	10 - 14.99%
	15 - 19.99%
	20 - 24.99%
	25 - 29.99%
	30 - 39.99%

\* CVLCC - No Attendance Area

\*CVLCC - No Attendance Boundary



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# LOVE YOUR HEART CAMPAIGN



## Population-Based Strategies to Combat Heart Disease and Stroke



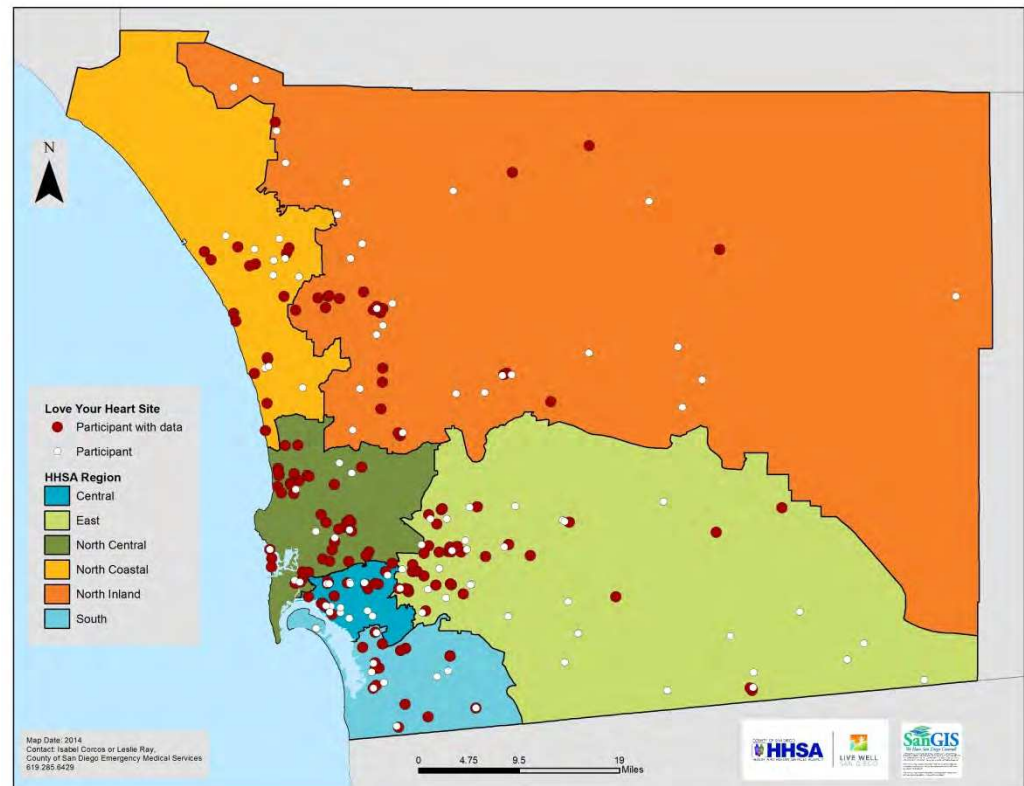
Ama  Corazón      Love  Heart

2015 Event – 200 Community Partners  
Blood Pressure Screening

# OUR PARTNERS



- ♥ Acted as public-facing or internally-focused Love Your Heart sites
- ♥ Actively promoted the Love Your Heart event to the public
- ♥ Collected and submitted data on all BP's performed
  - ♥ Sites represented by red dots submitted blood pressure range data
  - ♥ Sites represented by white dots submitted total blood pressures taken





# COLLECTIVE IMPACT



- 20,434 Blood Pressure Screenings conducted at over 200 sites across 80 organizations
- One out of two individuals screened identified as having elevated blood pressure
- 88 individuals identified as having urgent or emergent hypertension requiring immediate medical referral

Ama  Corazón

Love  Heart

# POPULATION-BASED WELLNESS STRATEGIES ARE EVOLVING



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## Past/Present

Transactional

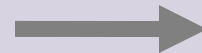
Volume-Based

Competitive Advantage

Silos, Categorical & Regulative

Connecting the Unconnected/Trapped Data

Sick Care and Social Welfare



## Present/Future

Transformative

Value-Based

Co-opetition

Co-creation, Integrated & Generative

InterOptimability/Open Source Data

Health/Wellness

# QUIET OPTIMISM



- Policy makers, providers, customers, advocates are becoming more **aligned** and **committed on achieving regional wellness**
- Relationships are expanding and being built on **trust**
- Shifting from collaboration to more **integration/generation**
- Data sharing and Technology have become **effective enablers for improving knowledge, innovation and better outcomes**
- Winnable battles on chronic health and safety conditions are showing improvements with **meaningful results**
- **Realistic approach** with implementation – marathon, not a sprint
- ***Public is beginning to believe and engage***

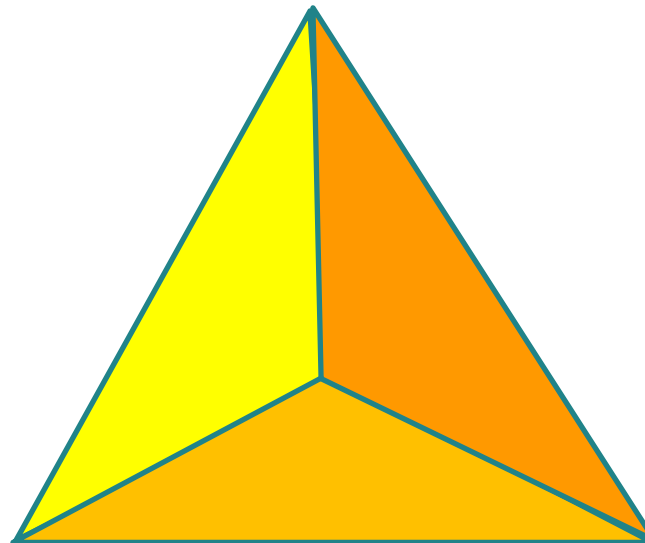


# “TRIPLE AIM 2.0”



Improved **Health** and  
**Social Wellness** for  
the Entire Population

Better  
Service  
Systems for  
Individuals



Lower Cost  
per Capita



## ***Call to Action for Longer Lives, Better Health***

*“Discovery consists in seeing what  
everyone else has seen,  
and  
thinking what no one else has thought.”*

-Albert Szent-Gyorgi



**LIVE WELL**  
SAN DIEGO

