Public-Private Partnerships

Southern Obesity Summit
October 3, 2017

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deBeaumont Foundation
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Practical Playbook/Duke School of Medicine

Duke Health

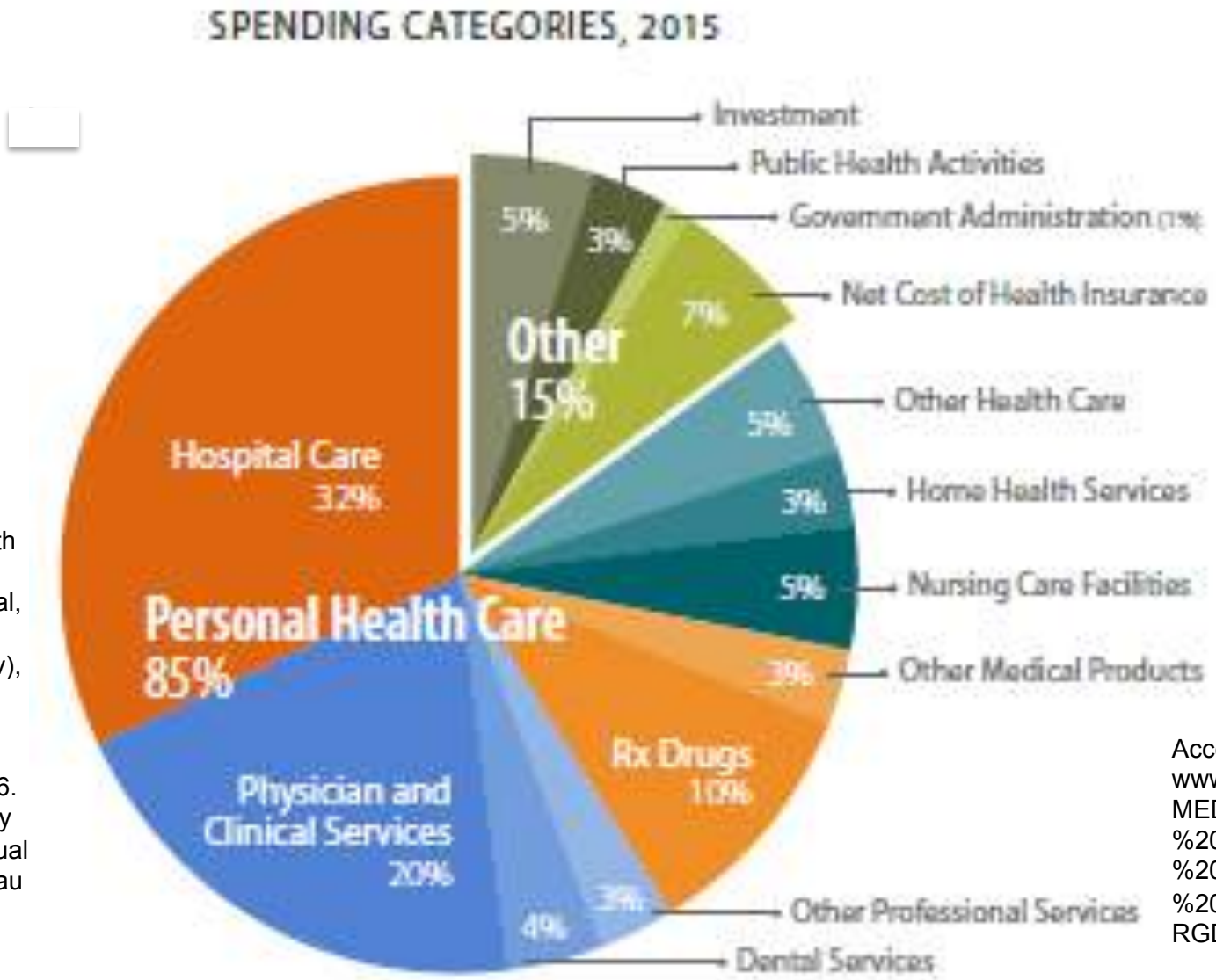
deBeaumont FOUNDATION

PRACTICAL PLAYBOOK
Public Health. Primary Care. Together.

Objectives

1. Synthesize two key lessons learned from the working with the Practical Playbook, the BUILD Health Challenge [1.0], and the National Academy of Medicine Roundtable on Obesity Solutions
2. Identify strategies, tools and resources to build public private partnerships designed to improve the health of populations [and the individuals within them]

Where our money goes:



Sources: National Health Expenditure Data, Historical, 1960-2015 (www.cms.gov), Centers for Medicare & Medicaid Services, 2016. CPI-U: US City Average, Annual Figures, Bureau of Labor Statistics.

Accessed: http://www.chcf.org/~/media/MEDIA%20LIBRARY%20Files/PDF/PDF%20H/PDF%20HealthCareCostsQRGDec16.pdf

And what it gets us:

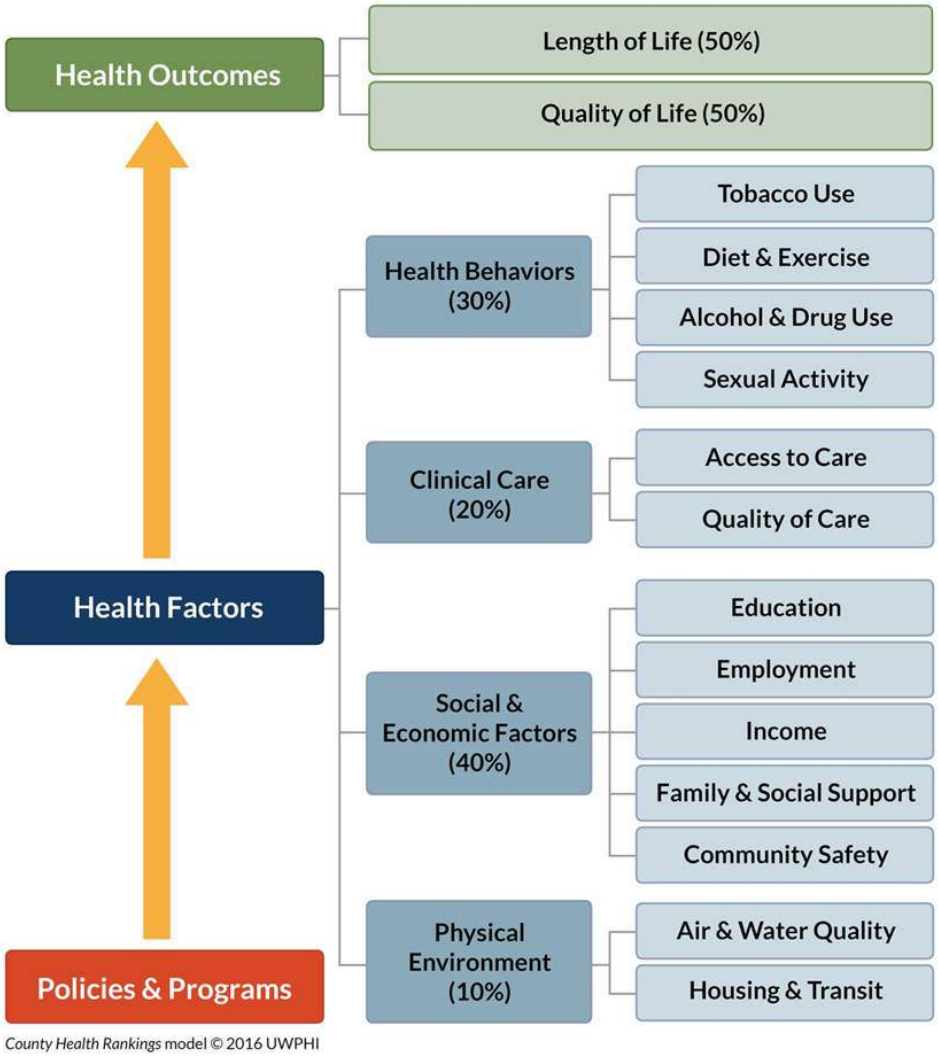
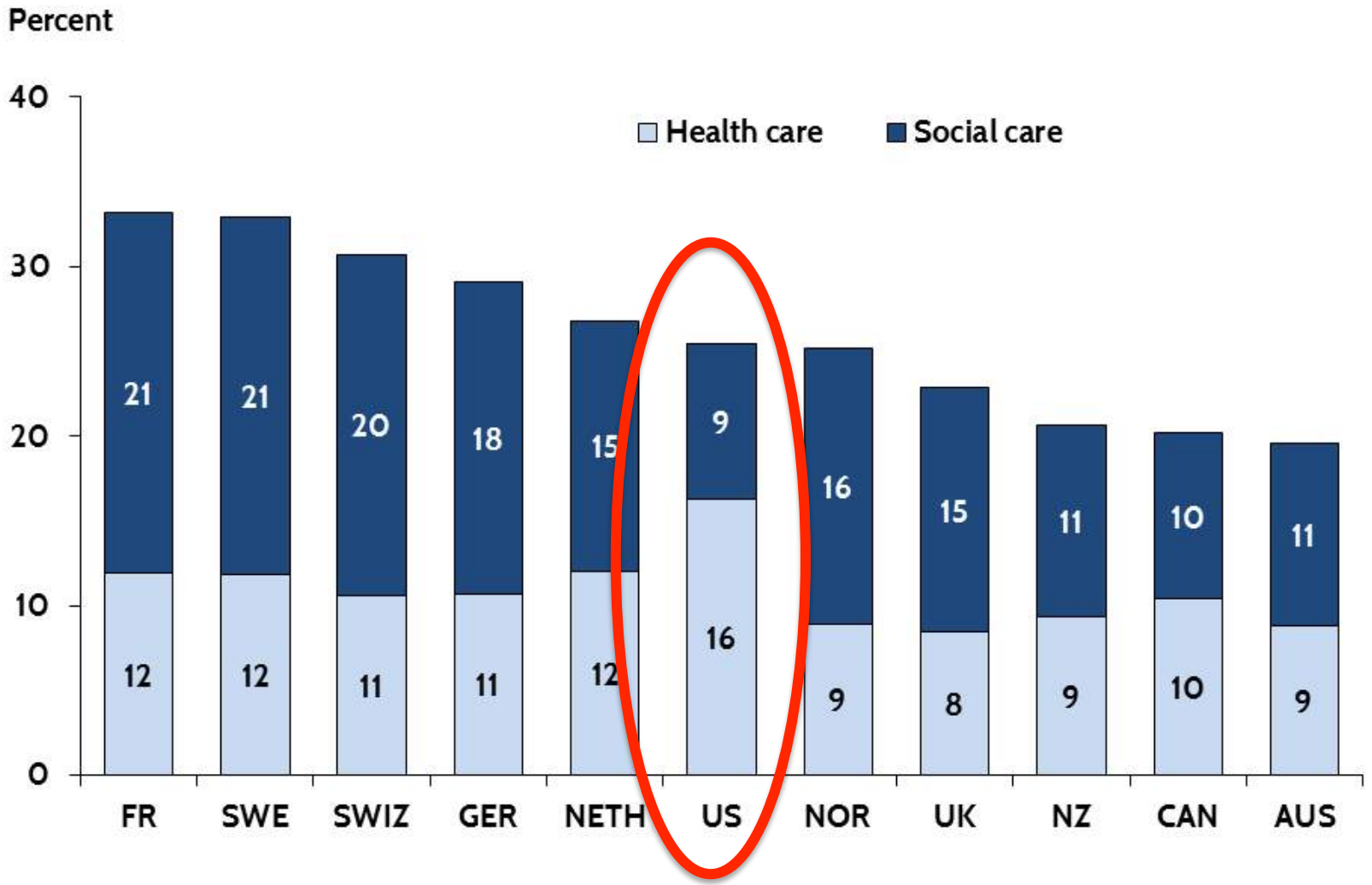
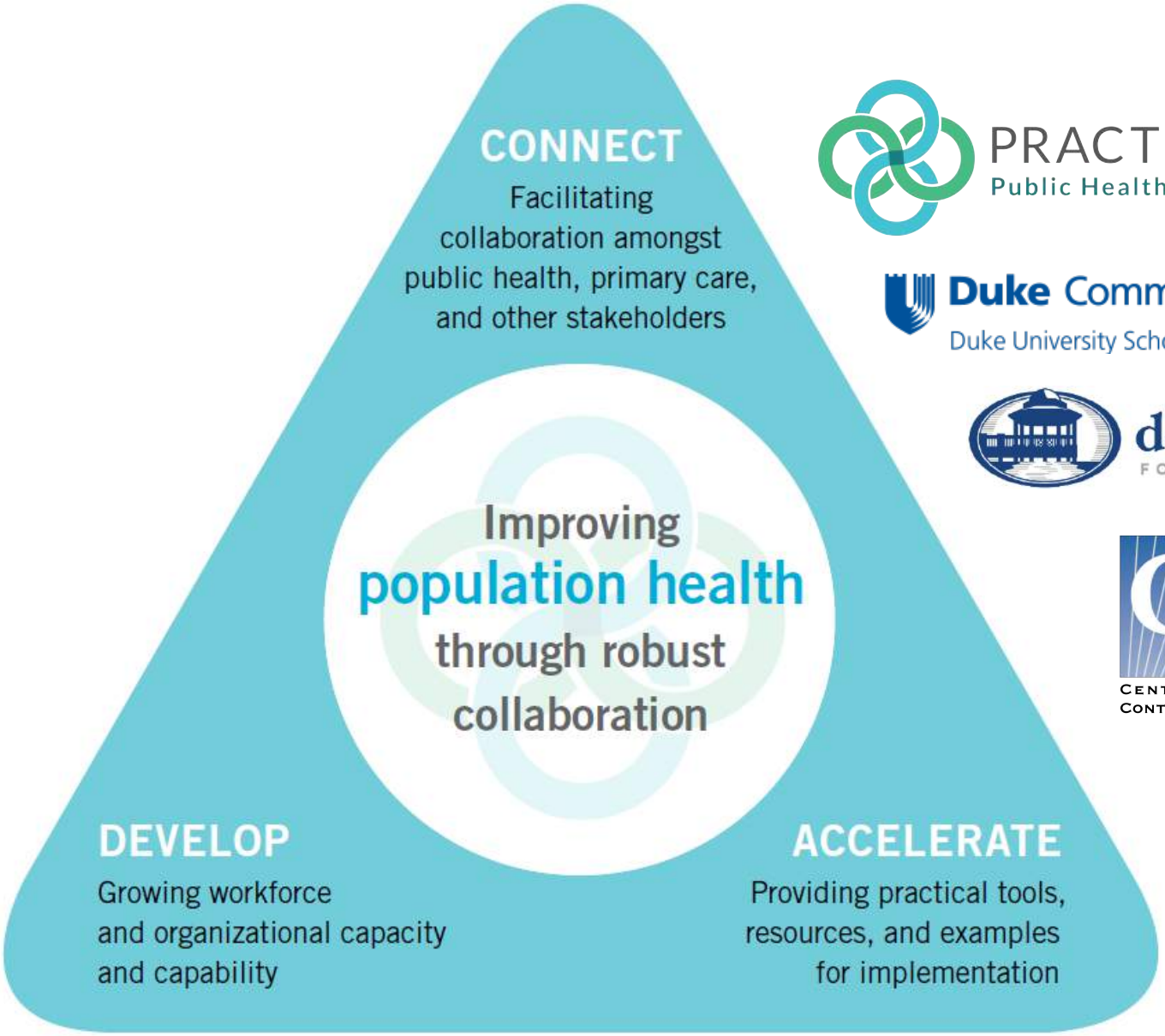


Exhibit 8. Health and Social Care Spending as a Percentage of GDP



Notes: GDP refers to gross domestic product.
Source: E. H. Bradley and L. A. Taylor, *The American Health Care Paradox: Why Spending More Is Getting Us Less*, Public Affairs, 2013.



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Duke Community & Family Medicine
Duke University School of Medicine

deBeaumont FOUNDATION

CDC
Centers for Disease Control and Prevention

www.practicalplaybook.org

What we do:

- Practical Playbook website: www.practicalplaybook.org
- Practical Playbook print version
- Build connections through social media communications
- Provide/coordinate Technical Assistance for the BUILD Health Challenge www.BUILDHealthChallenge.org
- Initiate/develop workforce training and organizational capacity innovations
- Develop partnerships
- Share success stories
- Convene like-minded organizations and individuals


The
BUILD
HEALTH
Challenge
BUILDing healthy communities together

Bold

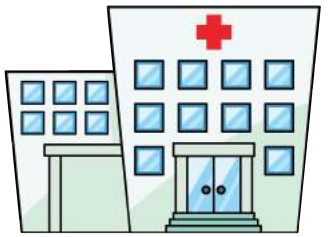
Upstream

Integrated

Local

Data-driven

Public Health
Prevent. Promote. Protect.



BUILD 2.0 Communities

- Aurora, CO
- Charlotte, NC
- Cincinnati, OH
- Cleveland, OH
- Covington & Gallatin Counties, KY
- Des Moines, IA
- El Paso County, CO
- Franklin, NJ
- Greensboro, NC
- Houston, TX
- Jackson, MS
- Lafayette, CO
- New Brunswick, NJ
- New Orleans, LA
- Philadelphia, PA
- Pittsburgh, PA
- St Louis, MO
- Trenton, NJ
- Washington, DC

Two lessons learned:

#1: “Change proceeds at the speed of trust”:

CARRE

–Credibility

–Authenticity

–Reliability

–Reciprocity

–Empathy

#2: "Coming together is a beginning. Keeping together is progress. Working together is success." -- *Henry Ford*

Obesity Care Competencies

- **Core Obesity Knowledge:**
  - **1.0** Demonstrate a working knowledge of obesity as a disease
  - **2.0** Demonstrate a working knowledge of the epidemiology of the obesity epidemic
  - **3.0** Describe the disparate burden of obesity and approaches to mitigate it
- **Interprofessional Obesity Care:**
  - **4.0** Describe the benefits of working interprofessionally to address obesity to achieve results that cannot be achieved by a single health professional
  - **5.0** Apply skills necessary for interprofessional collaboration and integration of clinical and community care for obesity

Obesity Care Competencies (2)

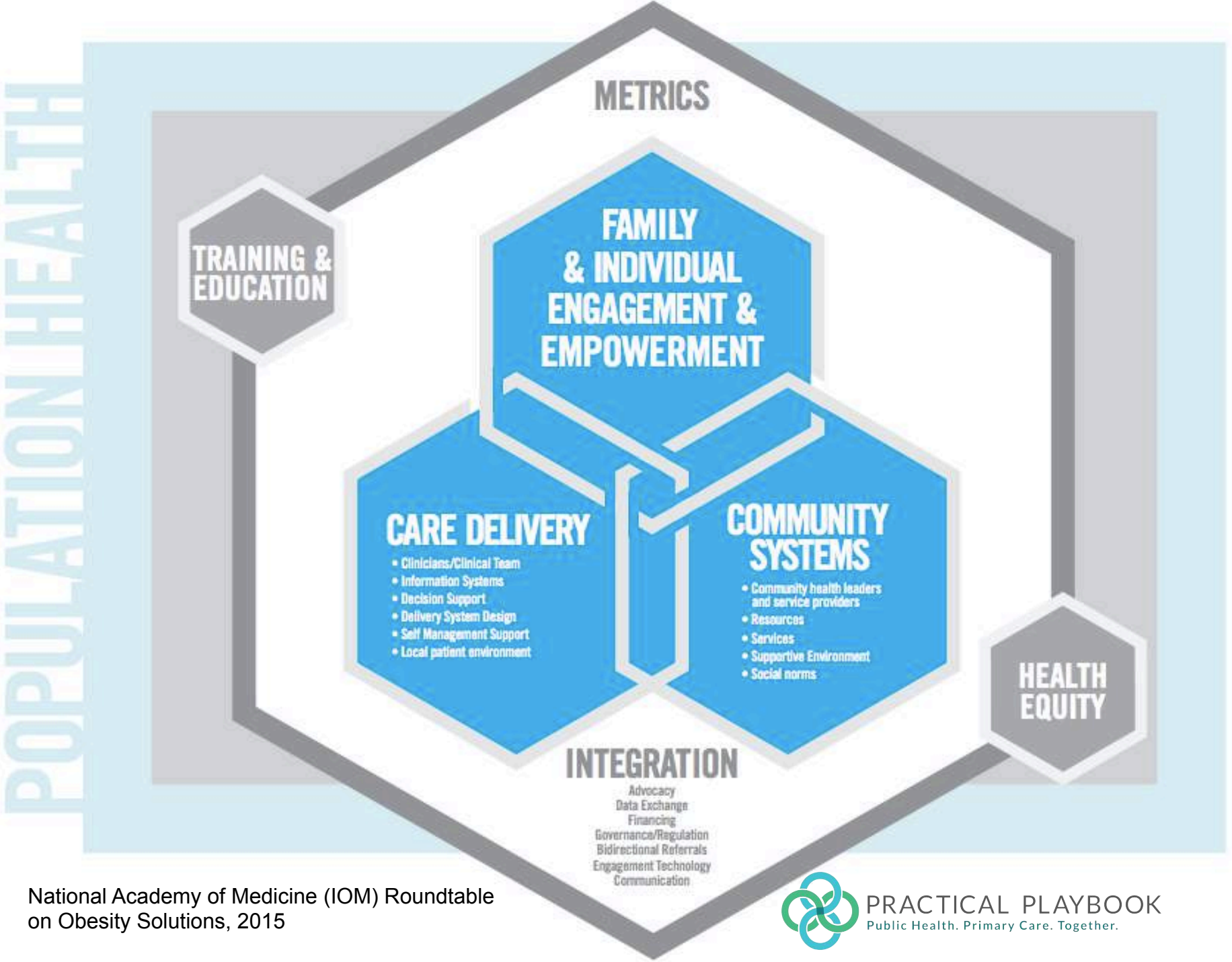
- **Patient interactions related to obesity care:**
  - **6.0** Use patient-centered communication when working with individuals with obesity and others
  - **7.0** Employ strategies to minimize bias towards and discrimination against people with obesity , including weight, body habitus, and the causes of obesity
  - **8.0** Implement a range of accommodations and safety measures specific to people with obesity
  - **9.0** Utilize evidence-based care/services for people with obesity or at risk for obesity
  - **10.0** Provide evidence-based care/services for people with obesity comorbidities

Competency 5.0: Apply the skills necessary for effective interprofessional collaboration and integration of clinical and community care of obesity

- 5.1 Perform effectively in an interprofessional team
- 5.2 Promote the development and use of an integrated clinical-community care plan
- 5.3 Collaborate with community organizations to advocate for nutrition and physical activity services, programs, and/or policies that address obesity

Provider Competencies for the Prevention and Management of Obesity

- https://cdn.bipartisanpolicy.org/wp-content/uploads/2017/07/Provider-Competencies-for-the-Prevention-and-Management-of-Obesity.pdf



National Academy of Medicine (IOM) Roundtable on Obesity Solutions, 2015

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Resources

- BUILD Health Challenge: Keys to Collaboration https://buildhealthchallenge.app.box.com/s/jx9283qnoymwezeeu0a7w463y2dwalx6
- The Practical Playbook: www.practicalplaybook.org
- Prevention Institute: https://www.preventioninstitute.org/
- County Health Rankings and Roadmaps: http://www.countyhealthrankings.org/
- Dietz WD, Solomon LS, Pronk N, Ziegenhorn SK, Standish M, Longjohn MM, Fukuzawa DD, Eneli IU, Loy L, Muth ED, Sanchez EJ, Bogard J, Bradley DW. An integrated framework for the prevention and treatment of obesity and its related chronic diseases. Health Affairs 2015; 34(9): 1456-1463
- Bradley, D.W., Dietz, W.H., and the Provider Training and Education Workgroup. *Provider Competencies for the Prevention and Management of Obesity.* Washington, D.C. Bipartisan Policy Center, June 2017. Available at: https://bipartisanpolicy.org/library/provider-competencies-for-the-prevention-and-management-of-obesity.
- Fraser M, Castrucci BC. State and territorial public health agencies for an uncertain future. JPHMP, Sep/Oct 2017; 23(5): 543-551
- Community Tool Box: http://ctb.ku.edu/en
- Community Commons: www.CommunityCommons.org

Strategic Moves to Improve Population Health

Contact Information

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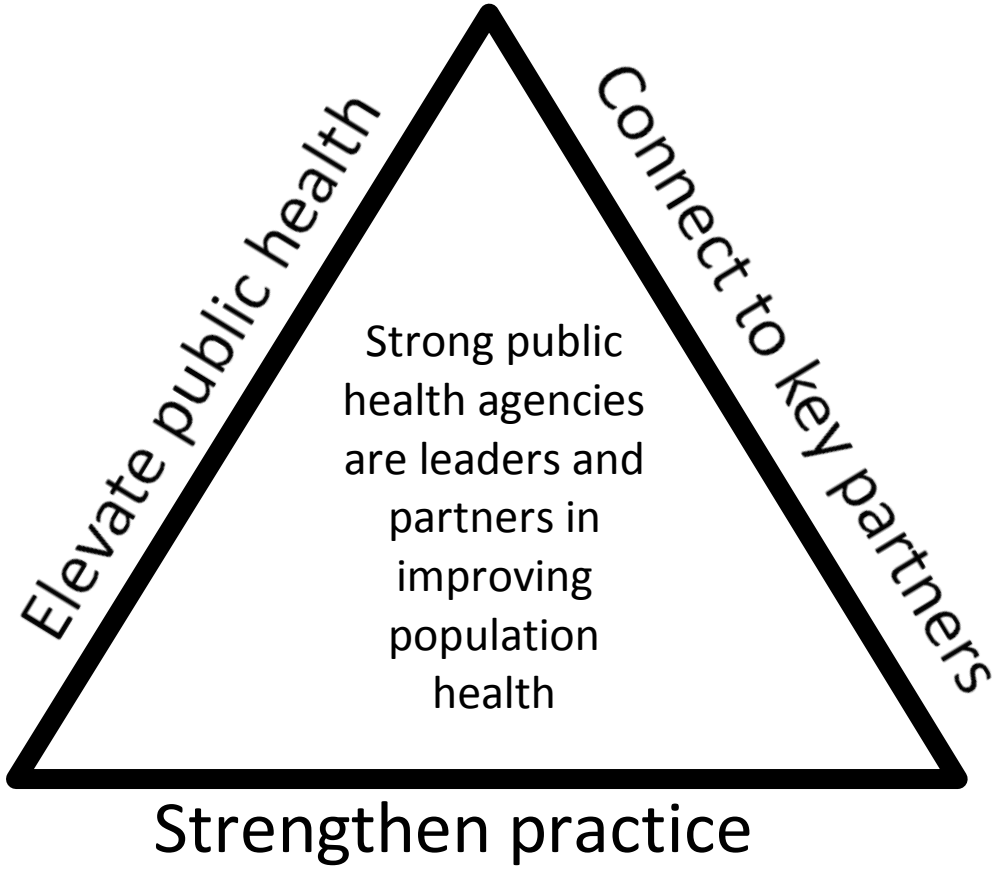

Our approach is our problem

A Sea Change in Treating Heart Attacks

The death rate from coronary heart disease has dropped 38 percent in a decade. One reason is that hospitals rich and poor have streamlined emergency treatment.

By GINA KOLATA JUNE 19, 2015

"No city seemed more in need of improved heart care than Camden…42 percent of the population lives in poverty…Obesity is rampant, as are high cholesterol levels, high blood pressure, and smoking."

"[The local hospital's] cardiology department has long felt pretty cocky about how it was doing. Heart care is the hospitals specialty, and without its revenue…[it] would have to close its doors."

Heart care is the hospitals specialty, and without its revenue…[it] would have to close its doors.

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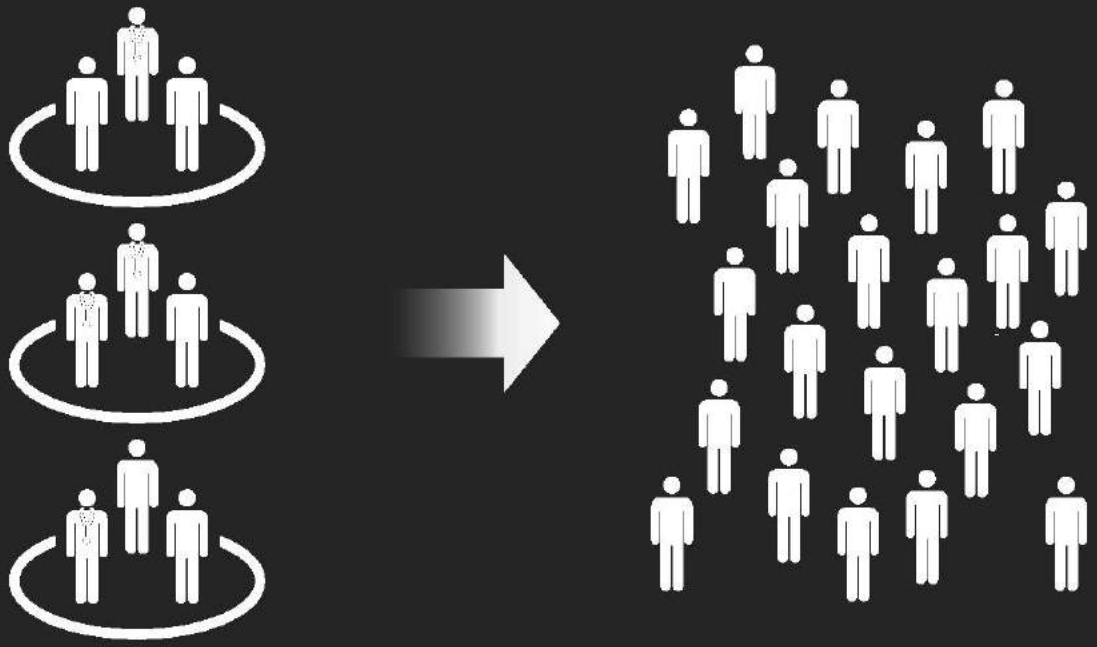
STRATEGIC MOVE #1

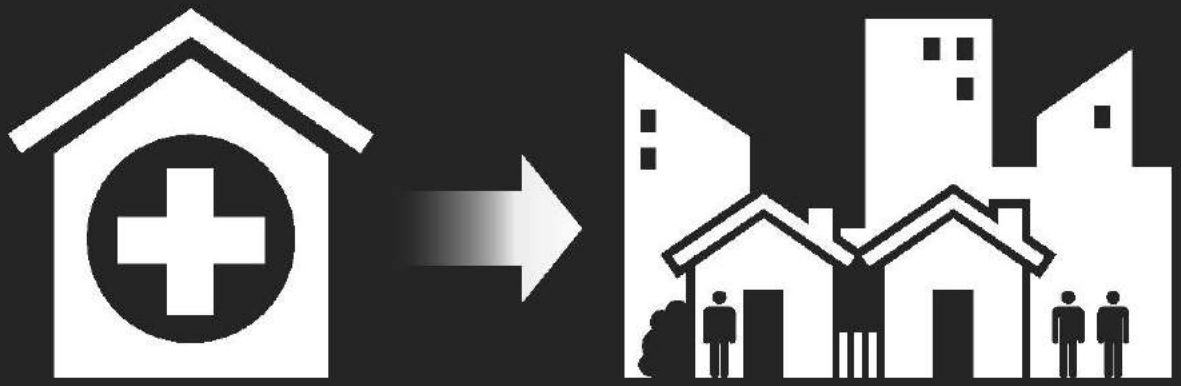
From Programs to Populations



POVERTY
DIABETES
EDUCATION
HYPERTENSION
EQUITY
HEART DISEASE
HOUSING
TRANSPORTATION

STRATEGIC MOVE #2

From Clinic to Community



Schools' water may be key to teens' kidney ills

+1 more By Samantha Melamed STAFF WRITER

Anna Okropiribce, 16, drinks from the water fountains at Northeast High School only when she's "desperate." The water is warm and metallic-tasting. "It's pretty gross," she said. "Once, I filled up my water bottle, and the water wasn't clear. It was gray. I got scared. I was like, I don't know if I should drink this."

That's cause for concern, given that poor water intake is a likely factor in a startling phenomenon outlined in research published Thursday by a Children's Hospital of Philadelphia doctor. It is: The childhood risk of kidney stones — an affliction historically found most often in middle-aged

White men — has doubled in less than two decades.

The risk increased the most for adolescents, girls, and African Americans, pediatric urologist and epidemiologist Gregory Tasian found.

So, Children's — along with Philadelphia city agencies, the School District, and other partners — is pushing to improve water access in Philadelphia and particularly in city schools. Broken and dilapidated fountains have long been a source of complaints for students and teachers, who have gone so far as to demand water access in contract work rules. Some local students, meanwhile, are taking steps to improve their schools' drinking water.

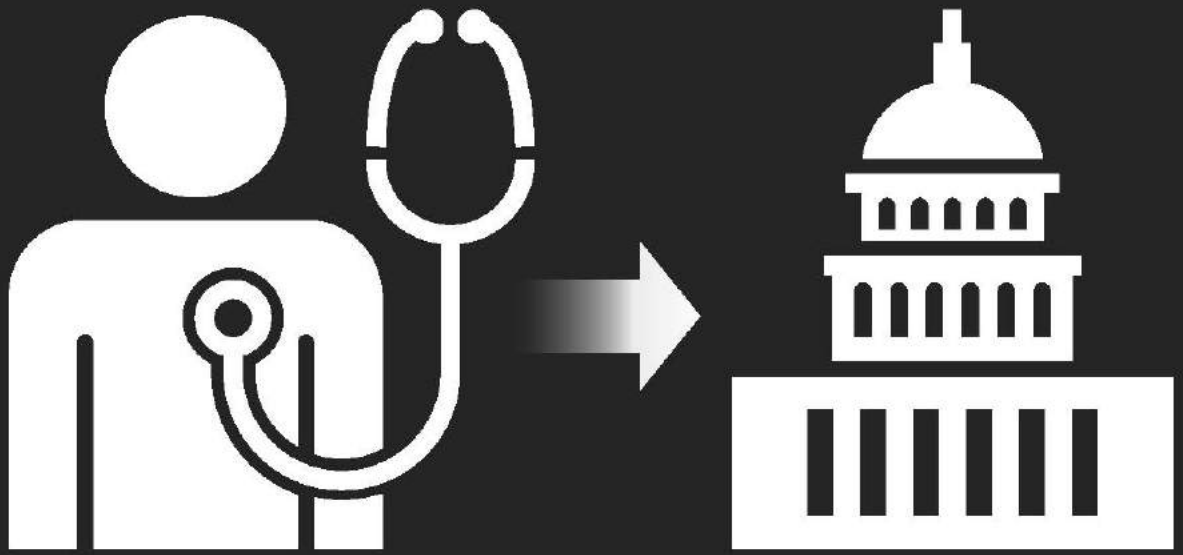
Tasian, whose research was published in the Clinical Journal of the American Society of Nephrology, said he first saw the kidney-stone increase when he began practicing in 2005.

"Urologists who had been in practice 25 or 30 years were saying, at the beginning of their careers, the children with kidney stones were those with really rare and inherited metabolic conditions," he said. "Now, we're seeing otherwise healthy children who just develop kidney disease much earlier in life."

Tasian and his colleagues analyzed nearly 153,000 medical records, dating from 1997 to 2012, from South Carolina, one of a few states that maintain a complete claims database. In that time, kidney-stone incidence increased 4.7 percent annually among teens, and 2.9 percent per year among African Americans. There was a 45

STRATEGIC MOVE #3

From Patients to Policies



In a city of a million residents, 40 percent expansion of transit developments has an annual health benefit of $216 million

After rehabilitating housing, 62% of adults have excellent health compared to 33% before

Early childhood education is associated with a benefit:cost ratio of $5:$1

Each time the earned income tax credit increases by 10 percent, infant mortality drops by 23.3 deaths per 100,000

DIET/NUTRITION

Do Soda Taxes Really Work?

Alexandra Sifferlin
Apr 18, 2017

TIME Health *For more, visit TIME Health.*

In 2014, Berkeley, California became the first city in the United States to pass a tax on sugar-sweetened beverages. The goal was to cut back on consumption—and eventually, to help chip away at rates of diseases like obesity and type 2 diabetes.

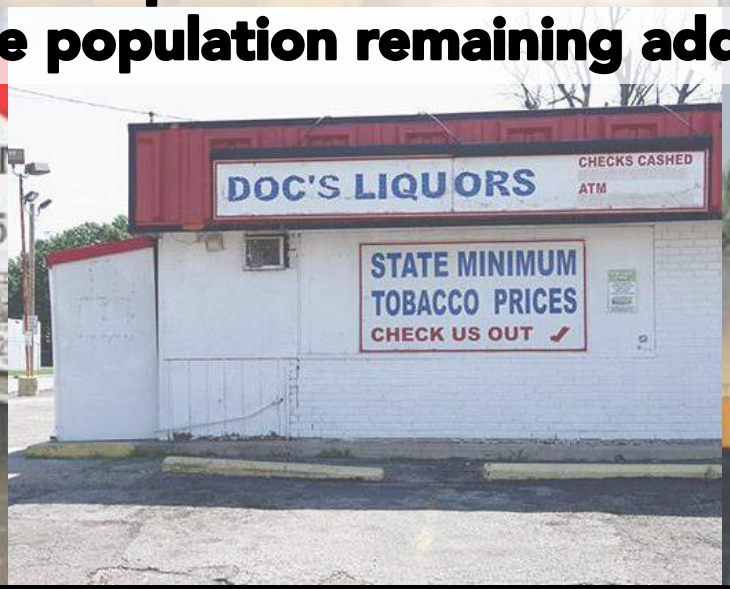
The tax, which tacks on one cent per fluid ounce on beverages with added caloric sweeteners—like sodas, energy drinks and sweetened fruit drinks—was officially implemented in March 2015. And according to a new report published Tuesday in the journal *PLOS Medicine*, it appears to be working.

The researchers looked at whether the tax impacted the buying behaviors of Berkeley residents. They found that o ne year after the tax took effect, sales of

cityhealth

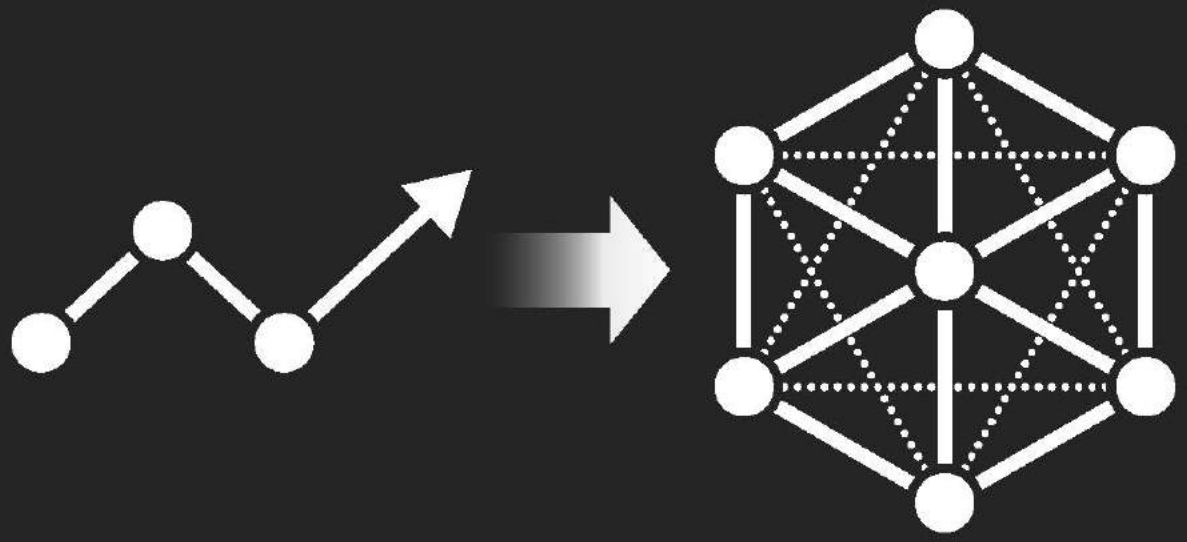
A project of the de Beaumont Foundation

There are corporate interests whose profits are dependent on the population remaining addicted, fat, and afraid.



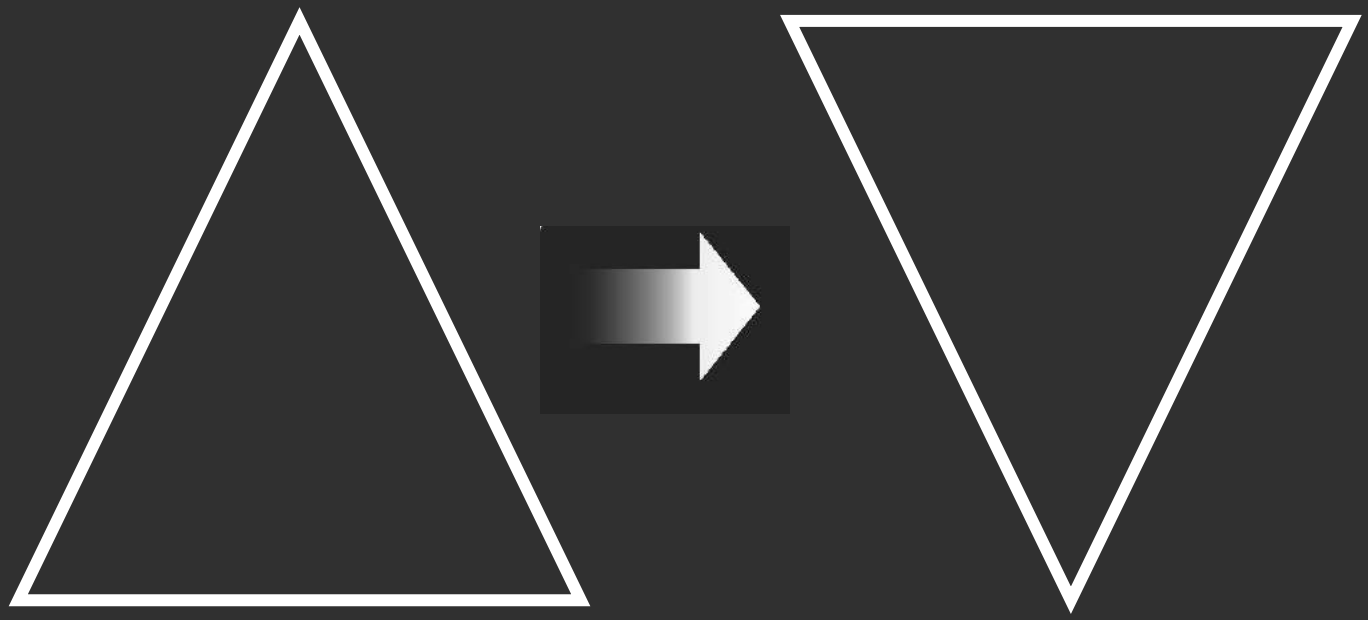
STRATEGIC MOVE #4

From Small to Big Data



STRATEGIC MOVE #5

Toward a New Model of Partnership



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