SOCIAL DETERMINANTS OF HEALTH AND HEALTH DISPARITIES

Prince George’s County Board of Health
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THE WORLD HEALTH ORGANIZATION DESCRIBES HEALTH AS “A STATE OF COMPLETE PHYSICAL, MENTAL, AND SOCIAL WELL-BEING AND NOT MERELY THE ABSENCE OF DISEASE OR INFIRMITY.”
Drivers of Population Health

Joseph Wright, MD, MPH
Health Liaison,
County Council
People with multiple health and social needs are high consumers of healthcare services, and thus drivers of healthcare costs.

- Homelessness
- Substance abuse
- Physical disability
- Economic factors
- Obesity
- Uninsured
- Elderly

Add massive costs to the healthcare system.
CAUSE AND EFFECT

Poor housing and homelessness make people sick.
Obesity leads to chronic illnesses.
Unemployment can lead to depression.
Poverty has a direct link to poor health.
Early life experiences shape a person’s health as an adult.
<table>
<thead>
<tr>
<th>Acute disease dominates</th>
<th>More chronic illness/disability</th>
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<tbody>
<tr>
<td>Episodic care</td>
<td>Continuous care</td>
</tr>
<tr>
<td>Cure of disease</td>
<td>Preservation of health</td>
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<tr>
<td>In-patient focused</td>
<td>Ambulatory/home centered</td>
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<tr>
<td>Quality assumed</td>
<td>Performance is measured</td>
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<tr>
<td>Trust assured</td>
<td>Trust must be earned</td>
</tr>
<tr>
<td>Cost indifference</td>
<td>Extreme cost consciousness</td>
</tr>
<tr>
<td>Solo/small groups</td>
<td>Integrated systems</td>
</tr>
<tr>
<td>Physician provider</td>
<td>Teams of providers</td>
</tr>
</tbody>
</table>

Cohen JJ. 21st Century Challenges for Medical Education, AAMC. IMWC 2005
BLURRED LINES BETWEEN HEALTH AND SOCIAL POLICY

- Anti smoking
- Sugary drinks taxes
- Parental classes
- Drug rehab
- Public housing
- Mandatory gym class in schools
- Financial literacy
CRITICAL FACTORS

• Increased expenditures
  • 80% of GDP for healthcare goes to (spent by) chronically ill patients
  • 20% of the population consumes 80% of healthcare costs

• Disconnection from the workplace
  • Direct relationship between health and employment. Odds of returning to full employment decrease by 50% after six months of absence
  • Mortality increases by 44% after first four years following a job loss

• Increase in the elderly population
  • Seek medical attention more frequently
  • Increased use of ambulatory services (up by 36% between 1995-2005)
HEALTHY WORKERS SUSTAIN ECONOMIC VITALITY

UNINSURED POPULATION (80,000) MORE LIKELY TO SEEK PREVENTIVE AND ACUTE CARE IN EMERGENCY ROOMS AND UTILIZE INPATIENT SERVICES MORE THAN OUTPATIENT CARE
THE SOCIAL DETERMINANTS OF HEALTH MUST BE IDENTIFIED AND THEN FACTORED INTO THE HEALTH CARE PLAN

COMPREHENSIVE, COORDINATED APPROACH TO HEALTHCARE THAT INCLUDES COLLABORATION AND SHARING DATA BETWEEN HEALTHCARE AND SOCIAL CARE MEANS WORKING WITH DIFFERENT PROGRAM TYPES, THE PUBLIC AND PRIVATE SECTORS, DIFFERENT LEVELS OF GOVERNMENT AND NON-PROFIT AND FOR-PROFIT ENTITIES.
CARE COORDINATION

• Completing education
• Jobs
• Adequate housing
• Counseling
• PT/OT
• Nutrition/Fitness
• Major medical insurance
A MULTI-DIMENSIONAL HOLISTIC APPROACH TO HEALTHCARE CAN ALSO IMPROVE SERVICES, REDUCE COSTS AND CREATE BETTER OUTCOMES FOR INDIVIDUALS AND SOCIETY
Regional Medical Center alone does not equate to improved access or outcomes.

Recruitment and Retention Strategies:
- Population: 32,000 Marylanders leave the state for overnight hospital admissions per year; 25,000 [78%] are from Prince George’s County.
- Healthcare providers live outside the county.

Perception, Quality, Confidence, Choice.
The Strategy That Will Fix Health Care

Providers must lead the way in making value the overarching goal by Michael E. Porter and Thomas H. Lee

The Value Agenda
The strategic agenda for moving to a high-value health care delivery system has six components. They are interdependent and mutually reinforcing. Progress will be greatest if multiple components are advanced together.

1. Organize into integrated practice units (IPUs)
2. Measure outcomes and costs for every patient
3. Move to bundled payments for care cycles
4. Integrate care delivery across separate facilities
5. Expand excellent services across geography
6. Build an enabling information technology platform

October 2013
SECTOR INVESTMENT: PRINCE GEORGE’S COUNTY GOVERNMENT, FY18
**SECTOR INVESTMENT: PER CAPITA REGIONAL COMPARISON, FY18**

Health and Human Services
FY 2018 Approved General Fund Budget Spending per Person

- **Prince George’s County**: $38.94
- **Montgomery County**: $224.25
- **Anne Arundel County**: $90.54
- **Howard County**: $109.37
- **Baltimore County**: $45.13
KEY FINDINGS: HEALTH STATUS AND HEALTH BEHAVIOR IN PRINCE GEORGE’S COUNTY

• Health care spending has slowed to 7.5% in 2013
  • Recent economic recession
  • Employers are pushing wellness programs
  • Higher out of pocket costs for employees
  • Patients are becoming more cost conscious and are beginning to “shop” for medical care
  • Health care providers and drug manufacturers are embracing value

• County residents are less likely (3/5) to live and work in the county and more likely to work outside the state and commute 60 or more minutes to work

• County residents who are poor and less educated are more likely to drink heavily, smoke, not exercise, and not use seat belts

• County residents have relatively high rates of asthma, obesity, HIV/AIDS, and homicide

• Prince George’s County has a substantially low per capata number of primary care physicians
KEY FINDINGS: CAPACITY AND ACCESS IN THE COUNTY HEALTH CARE SYSTEM

- Access to healthcare depends on affordability (which is affected by insurance status), the availability of healthcare providers when and where care is needed, and the acceptability of providers to patients
  - Uninsurance rate is less than 10% (80,000)
  - There is a primary care physician shortage
    - Near hospitals but not in socially disadvantaged areas
    - Pediatricians mostly in affluent areas
  - Hospital capacity “appears” to be adequate
  - Low per capita supply of medical/surgical, obstetric, pediatric, ED treatment slots and psychiatric beds
  - County lacks an adequate safety net to help its residents get access to care (FQHC)
    - No regular source of care
    - Miss care because of cost
    - No dental care for > 5 years
MULTI-DIMENSIONAL ALIGNMENT

Aligned Mission / Vision

Strategic
Mechanisms to align and coordinate strategies across school, hospital, and practice plans

Management
Process and structures to align organizations around goals and performance

Governance
Governance and management structures to align boards and subcommittees around collective objectives

Economic
Methodologies to share / align economics to support strategy and performance

Alignment & Performance

Trusting / Productive Relationships
CONCLUSION

- Organizations and individuals (public and private) within the health care environment must develop and employ new technologies, deal with changing social and demographic issues, address legislative and political change, compete with other health care organizations, and participate in the health care economy.