Systems Change Strategies to Address the Social Determinants of Health

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Presentation & Design by Jason D. Alexander, Principal and Co-Founder Capacity for Change, LLC
Capacity for Change, LLC is a public interest consulting firm based in West Chester, Pennsylvania that works with public, philanthropic and nonprofit organizations to create positive and lasting social impact through better strategy, culture and partnership design. Established in 2001 by Jason D. Alexander, MPP, and Meghan McVety, MPA, Capacity for Change has expertise in strategic planning, public-private partnership development, convening facilitation, organizational culture and effectiveness, design thinking for social innovation, social enterprise business planning, the Collective Impact framework, and Diversity, Equity and Inclusion (DEI) initiatives.
Systems Change Strategies to Address the Social Determinants of Health

Learning Objectives

★ Better understand the social determinants of health and their impact on individuals and communities
★ Explore systems change concepts, strategies & tools that can help improve health outcomes and ensure more equitable access to care
★ Identify and co-create new opportunities to work together to make a collective impact on the health of your community
★ Change the world
“We don’t see things as they are, we see them as we are.”

– Anais Nin

Source: https://personalmasterycoaching.wordpress.com
Why Change?

Systems Change Strategies to Address the Social Determinants of Health
How Healthy Is South Central Pennsylvania?

Cumberland County
➔ Ranks 5th for Health Outcomes in PA
➔ Health behaviors: Physical inactivity, teen births lower than state average
➔ Clinical care: Uninsurance rates, ratio of primary care physicians, preventable hospital stays lower than state average
➔ Social & economic factors: HS graduation rates, some college, children in poverty, injury deaths better than state average
➔ Physical environment: Air pollution above state average but better over time; severe housing problems better than average

Perry County
➔ Ranks 18th for Health Outcomes in PA
➔ Health behaviors: Adult smoking rates lower than state average
➔ Clinical care: Diabetes monitoring rates better than state average
➔ Social & economic factors: HS graduation, unemployment, children in poverty rates better than state average
➔ Physical environment: Air pollution above state average but better over time; severe housing problems better than average

Source: Robert Wood Johnson Foundation County Health Rankings & Roadmaps  www.countyhealthrankings.org
29%

2017 Adult Obesity Rate in Pennsylvania

Source: Robert Wood Johnson Foundation County Health Rankings & Roadmaps www.countyhealthrankings.org
CURRENT OBESITY RATES AMONG ADULTS BY RACE AND ETHNICITY (2011-2012)

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>Rate 2011-2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>All Adults</td>
<td>34.9%</td>
</tr>
<tr>
<td>Black</td>
<td>47.8%</td>
</tr>
<tr>
<td>Latino</td>
<td>42.5%</td>
</tr>
<tr>
<td>White</td>
<td>32.6%</td>
</tr>
</tbody>
</table>


OBESITY TRENDS AMONG WOMEN BY RACE AND ETHNICITY

Obesity is a complex condition with biological, genetic, behavioral, social, cultural, and environmental influences.

Race-ethnicity, gender, age, income, and other socio-demographic factors also can play a role in this complex health issue.

- Food Research & Action Center
  frac.org/obesity-health/factors-contributing-obesity

- Stress
- Inadequate sleep
- Access to healthy foods (inc. cost) and nutrition education
- Physical inactivity
- Food advertising
- Portion sizes
- Medical conditions
- Prescription drug use
- Chemical exposure
- Maternal pre-pregnancy weight status and smoking
- Adverse Childhood Experiences
- Lack of safe, green spaces for physical activity
Obesity, like most public and community health issues, is a complex social problem.

See also:

- Homelessness
- Opioid addiction
- Mental health stigma
- Food insecurity
- Unresolved childhood trauma
Complexity of Social Problems Vs. Our Solutions

Traditional Approaches > Isolated Impact

➔ Funders select individual grantees
➔ Organizations work separately and compete
➔ Evaluation attempts to isolate a particular organization’s impact
➔ Large scale change is assumed to depend on scaling organizations
➔ Corporate and government sectors are often disconnected from foundations and nonprofits

Large-scale social change requires broad cross-sector coordination, not the isolated intervention of individual organizations.

Case Study: Homelessness in Montgomery County PA

464 People were literally homeless in Montgomery County, PA on the night of January 30, 2013.

Before 2014, Montgomery County’s housing crisis response system was...

- Fragmented, duplicative and lacking coordination
- On a “First come, first serve” basis for services
- Primarily based on a Housing Ready philosophy
- Rife with silos and side doors
- Not using data to drive decision-making
- Funded through isolated and unaligned public and philanthropic sources
- Hard to access and navigate for the consumer
- Disconnected from health, mental health, child welfare, employment and other public systems

Source: Montgomery County Homeless Management Information System
Your Way Home Montgomery County PA

34%
Reduction in homelessness from January 2014 - January 2017, including exit to permanent housing and low return to homelessness rates that meet or exceed national benchmarks

- Systems change resulting in one unified housing crisis response system
- Embrace of housing first approach & strategies
- Public-private partnership premised on the Collective Impact framework
- Re-definition of homelessness as a public health crisis
- Five-year funding commitment from County Commissioners through the fee-based AHTF
- Braided and leveraged federal, state, local and philanthropic funding
- Your Way Home Fund to pool contributions that fill public funding gaps & build system capacity
- Leadership roles for consumers, providers, funders, landlords and community partners

Source: Montgomery County Homeless Management Information System; see also www.yourwayhome.org
Table Talk

1. What are the three most challenging health problems facing our region today?

2. Of these three, which might better be addressed by taking a collective systems change approach?
What Are We Changing?

Systems Change Strategies to Address the Social Determinants of Health
Advancing Health Equity, Building Healthier Communities

When it comes to improving health, well-being, and equity in America, we often say that we are all in it together. But we as a nation have largely addressed health issues in parallel tracks, with limited cross-sector collaboration.

- Risa Lavizzo-Mourey, MD, MBA, former President and CEO, Robert Wood Johnson Foundation
### Social Determinants: Factors That Influence Your Health

**Housing**

Housing and health are connected. Where and how people live can influence how healthy they are and how well they live. Housing is linked to:

- **Opportunity**: "Follow 8 principles for a healthy home:
  - Keep it well-ventilated, contaminant-free, clean, safe, pest-free, well-maintained, dry & at a comfortable temperature."

#### Expenses

- **49.3% of renters spent more than 30% of their income on housing in 2014.**

#### Lead Poisoning

- **26.4% spent more than half of their income on housing.**

#### Asthma Risks

- **24M Americans have asthma — including 6.3M children.**

#### Equity

- **Asthma can be triggered by pests, indoor allergens & poor ventilation.**

#### Community

- **About 500K kids ages 1-5 have elevated blood lead levels.**

- **High levels are often linked to lead paint & dust in homes.**

#### Environment

- **More than 85% of U.S. adults had health coverage in 2014. But 33 million Americans still lacked insurance.**

#### Health Coverage

- **6.5 million children live in low-income neighborhoods that are more than a mile from a supermarket.**

### Education

Education and health are linked. People with better education are healthier. And with more education comes longer lives. Education is connected to:

#### Opportunity

- **More education means higher incomes.**

#### Income

- **Every additional year of schooling leads to an 1% increase in income.**

#### Behavior

- **Education is linked to healthy behaviors.**

#### Literacy

- **21.7% of adults with high school diplomas smoke, vs. 5.4% of adults who also have graduate degrees.**

- **3+1**

#### Employment

- **Education means more employment. People ages 25 and over who lack high school degrees have an 8% unemployment rate, vs. a 2.8% rate among people with bachelor’s degrees.**

- **Graduation**

- **Life Expectancy**

- **Education means a longer life. People who graduate from college live at least 5 years longer than people who don’t finish high school.**
As part of our work in South Australia between 2010–2012, we heard from people living in metropolitan Adelaide about their vision for the future. Dahlgren & Whitehead’s Social Determinants of Health Model (1991) provides a good basis to provide a summary of the key themes the community identified as important.
Adverse Childhood Experiences

ACEs are adverse childhood experiences that harm children’s developing brains so profoundly that the effects show up decades later; they cause much of chronic disease, most mental illness, and are at the root of most violence.

- Nearly two-thirds (64%) of adults have at least one
- A person w/4 or more ACEs is:
  - 12x as likely to attempt suicide
  - 10x as likely to use injection drugs
  - 7x as likely to be an alcoholic
  - 2x as likely to have heart disease, stroke and/or cancer

Source: https://acestoohigh.com
Health Equity

Healthy People 2020 defines health equity as the “attainment of the highest level of health for all people. Achieving health equity requires valuing everyone equally with focused and ongoing societal efforts to address avoidable inequalities, historical and contemporary injustices, and the elimination of health and health care disparities.”
Health Inequities and Disparities

**Health inequities** are differences in health that are avoidable, unfair, and unjust.

**Health disparities** are differences in health among groups of people.
1. What social determinants of health are most likely contributing to the major health problems facing our region?

2. Who is most likely to be experiencing health and health care disparities in our region?
How Might We Change Our Systems for the Better?

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Everything we do is tied to a coalition in which government, private sector, philanthropy, and nonprofits all come together to build trust, discuss the issue, come to an agreement on what the issue is, and then come up with a strategy to address the issue.

- Antonia Hernández, President and CEO of the California Community Foundation.
What is Systems Change?

A fundamental change in policies, processes, relationships, and power structures, as well as deeply held values and norms, as the pathway to achieve common goals and make positive social gains sustainable at scale, whether it’s around increasing equity, improving health, or reducing poverty.

Systems Thinkers...

- Look at ecosystems, which are interconnected entities that cannot be reduced to discrete parts.
- Understand that every part of the system affects and is affected by other parts of the system. Cause and effect are not necessarily linear.
- Take a continuous learning, experimental and adaptive approach.
- Collaborate with and engage a diverse set of stakeholders (including those who are directly affected by the system).
- Are aware of their own power and identity and understand the different amounts and types of power among groups.
- Monitor the larger context of power relations (e.g., social, racial, cultural, political, economic) that can visibly or invisibly impact how systems function and change.

Source: Systems Grantmaking, Grantmakers for Effective Organizations [http://systems.geofunders.org](http://systems.geofunders.org)
Case Study: Housing First

What’s the Big Idea?
Housing First is a homeless assistance approach that prioritizes providing people experiencing homelessness with permanent housing as quickly as possible – and then providing voluntary supportive services as needed.

What’s Changed?
➔ Access, assessment and referral are coordinated across the entire system
➔ Consumers are prioritized for service based on vulnerability/severity of need
➔ Policies and funding aligned with interventions that exit people directly from homelessness to permanent housing (ex. Rapid Re-Housing)
➔ Federal funding based on system level performance and formal connections to other mainstream systems (e.g., healthcare, mental health, child welfare, early learning, etc.)
Case Study: Mental Health First Aid

What’s the Big Idea?
Mental Health First Aid and Youth Mental Health First Aid teach anyone how to identify, understand and respond to signs of mental illnesses and substance abuse disorders in your community.

What’s Changed?
➔ Normalizes conversations about mental health to reduce stigma
➔ Creates a more trauma-aware community that asks, “what happened to you?” instead of, “what is wrong with you?”
➔ Trains teachers, police officers, first responders, parents, managers and volunteers to recognize problems and encourage youth and adults to get help
➔ In just 10 years, Mental Health First Aid has become a full-blown movement in the United States—1 million Mental Health First Aiders strong and growing every day
Case Study: Health in All Policies

What’s the Big Idea?
Health in All Policies is based on the recognition that our greatest health challenges—for example, chronic illness, health inequities, climate change, and spiraling healthcare costs—are highly complex and often linked.

Promoting healthy communities requires that we address the social determinants of health, such as transportation, education, access to healthy food, economic opportunities, and more.

The California Health in All Policies Task Force brings together 22 state agencies, departments, and offices. It has developed interagency initiatives focused on crime prevention, access to healthy food, and transportation.

In 2010, King County, WA, adopted an ordinance that codified bringing a health and health equity lens—a “fair and just” principle—to the county’s new strategic plan.
Case Study: DelCo Pediatric Asthma Initiative

What’s the Big Idea?
Crozer-Keystone Health System (CKHS) addressed the prevalence of pediatric asthma in its community through a comprehensive, cross-sector approach.

As a result of these collaborative, multi-pronged efforts, the 911 calls for asthma-related symptoms in children have decreased to less than 1 percent of what they once were.

The program implemented with Chester Environmental Partnership showed a reduction in frequency of children’s asthma flare-ups, improvement in asthma control, and a decrease in emergency room visits.

What’s Changed?
→ CKHS persuaded state EPA to fine companies for releasing pollutants above permissible levels
→ CKHS joined with local schools to launch the Kids Asthma Management Program, providing screenings and asthma awareness days, and partnered with children’s soccer leagues to encourage exercise
→ CKHS collaborated with a community organization, Chester Environmental Partnership, to run an indoor/outdoor home intervention and environmental remediation and education program.
Case Study: ChesCo Financial Stability Center

What’s the Big Idea?
The Chester County Financial Stability Center offers unemployed and underemployed individuals access to a blend of financial management, career and other supportive services to help them increase income and savings, decrease debt, and build assets, in an easy, accessible one-stop location in Exton, PA.

Center staff provides an assessment and develops a plan for reaching individualized goals. Counseling and navigation services are provided to ensure that people stay on track, along with an array of other skill building programs and services. Services are offered in a consumer-friendly and professional environment.
Case Study: Salad Bars to Schools

What’s the Big Idea?
Obesity prevalence among children and adolescents has almost tripled since 1980. Approximately 17% (12.5 million) of children and adolescents ages 2 – 19 years are obese.

Let’s Move Salad Bars to Schools was founded by the Chef Ann Foundation, National Fruit and Vegetable Alliance, United Fresh Start Foundation, and Whole Foods Market. The goal is for every school in the United States to have a salad bar as part of their school food service program so that every child—from elementary, to middle, to high school—has daily access to fresh fruits and vegetables, whole grains, and healthy proteins.
Case Study: Strive

What’s the Big Idea?
In 2006, over 300 local organizations in Cincinnati and Northern Kentucky teamed up to improve education. Working within existing programs, this effort — called StrivePartnership — pursued a shared agenda with a specific set of measurable outcomes.

Strive is premised on the **Collective Impact** framework for solving complex social problems.

- **Common Agenda**: Supporting the success of every child from cradle to career.
- **Shared Measures** (over five years):
  - Kindergarten readiness +9%
  - High school graduation +11%
  - Postsecondary enrollment +10%
- **Mutually Reinforcing Activities**
- **Continuous Communications**
- **Backbone Support**
1. What big ideas might advance health equity and healthy communities in our region through systems change?
2. Who else needs to be part of the conversation?
Systems change begins with community conversations

Listen for (a) change
If your big idea has a “there there,” then consider a four-phased approach to systems change.

1. **Pre-planning:** What problem are we trying to solve?
2. **Planning:** How are we going to solve it? What does the future look like?
3. **Implementation:** How are we going to build the rocket while it’s flying into space?
4. **Maturation:** How are we going to continually improve and institutionalize change?

**Source:** Institute for Coalition Building
Use promising practice planning strategies and tools like:

- Community assessment
- Landscape scan
- Root cause analysis
- Future Search/Appreciative Inquiry
- System mapping
- Values network mapping
- Design thinking/
  Human-Centered Design (hint: it’s about empathy)
Keys to Successful Systems Change

★ Adopt a systems mindset.
★ Collaborate across sectors to bring your great ideas to life.
★ Ground your problem and progress in research, data and information.
★ Bake equity into the foundation of your work.
★ Build mutual trust among philanthropic, government, business, nonprofit, school and community partners.
★ Invest in continuous communications.
★ Engage beneficiaries.
★ Become a policy wonk.
★ Prepare for a long, messy yet ultimately rewarding journey.
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Resources to Guide and Inspire

Systems Change Thought Leadership

https://ssir.org (search: Systems Change)
https://www.livingcities.org/

Systems Change Tools & Resources

http://systems.geofunders.org/tools-resources
https://www.cdc.gov/stltpublichealth/program/resources/systems.html
https://collectiveimpactforum.org/
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Questions?

Jason D. Alexander, MPP
Principal and Co-Founder
Capacity for Change, LLC

www.capacityforchange.com
jason@capacityforchange.com
@CapacityFC on Twitter