



# Health System

*“The last time we looked in the book, the specific therapy for malnutrition was food.”*

*Jack Geiger, MD*

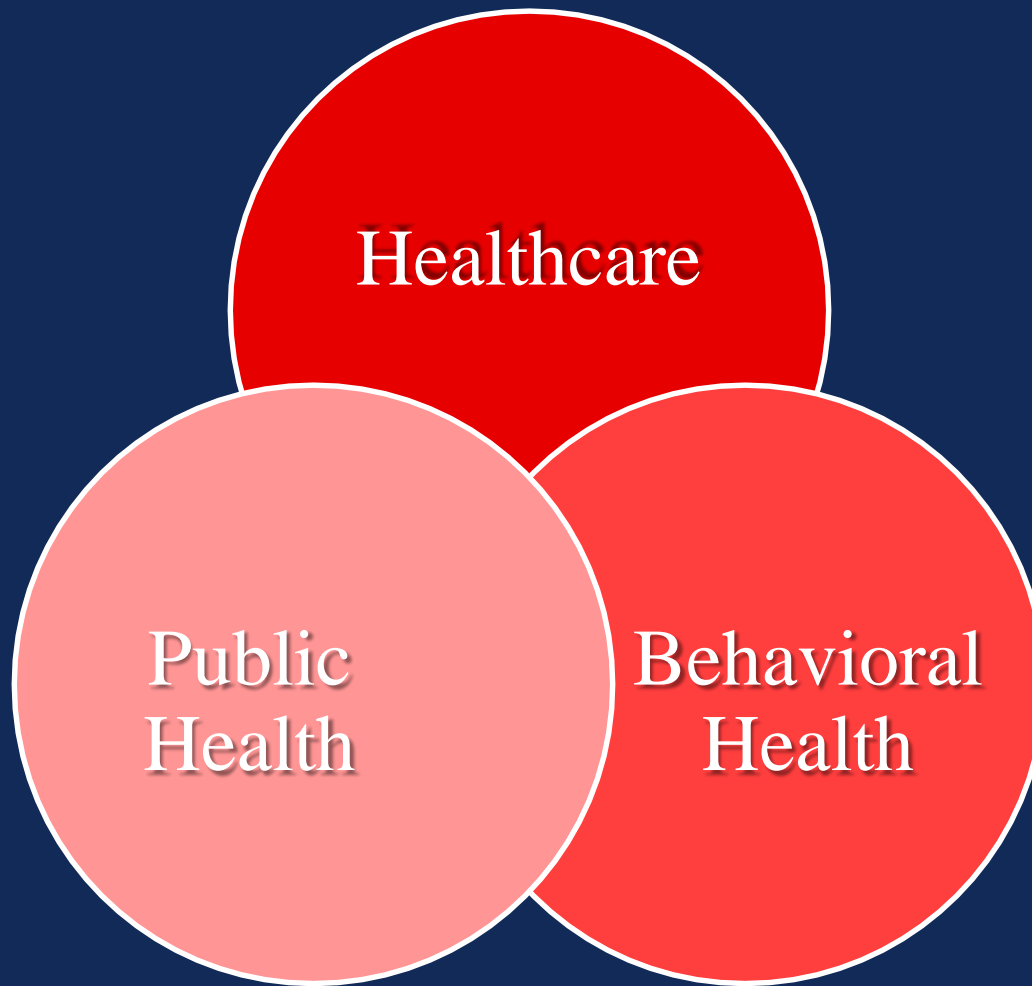




# A Different Way to Think about Healthcare



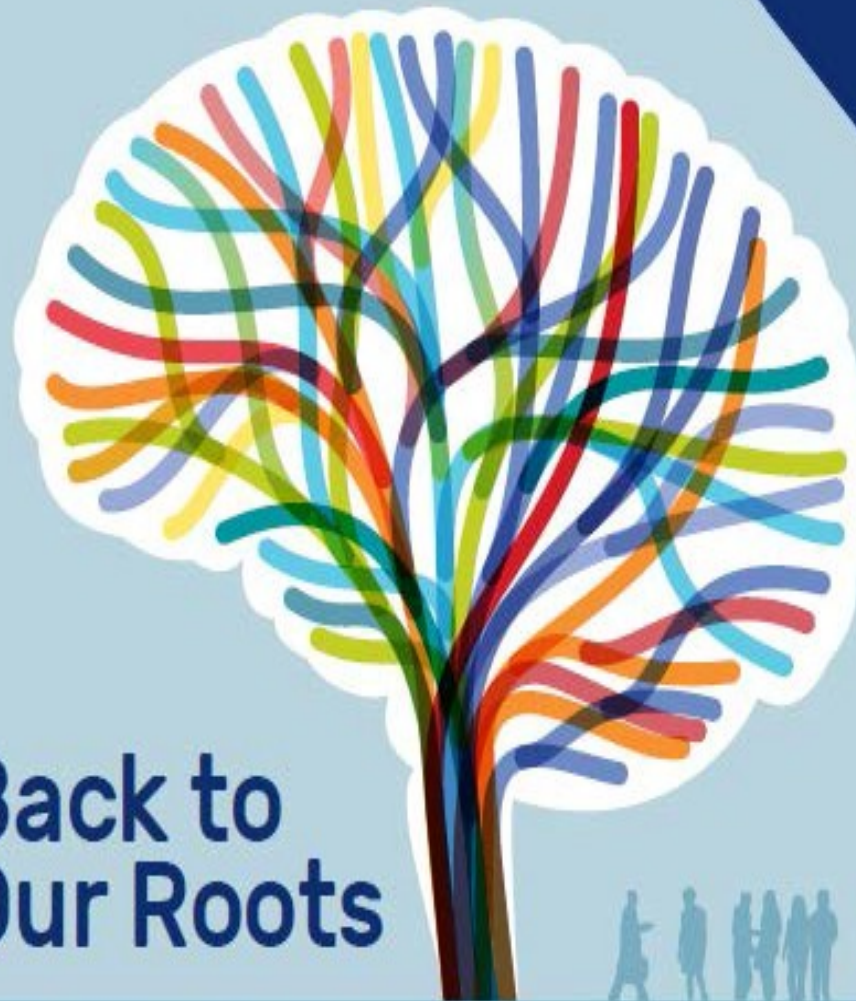
# All of Health Needs to Partner



# Interface between Physical, Mental and Behavioral Health







# Back to Our Roots

Catalyzing Community Action for  
Mental Health and Wellbeing

# 7 Community Determinants associated with Mental Health & Wellbeing



- Social networks & trust
- Participation & willingness to act for the common good
- Norms & culture
- Look, feel & safety
- Housing
- Arts & cultural expression
- Living wages & local wealth
- Substance abuse: what sold and how its promoted
- Primary behavioral community determinants





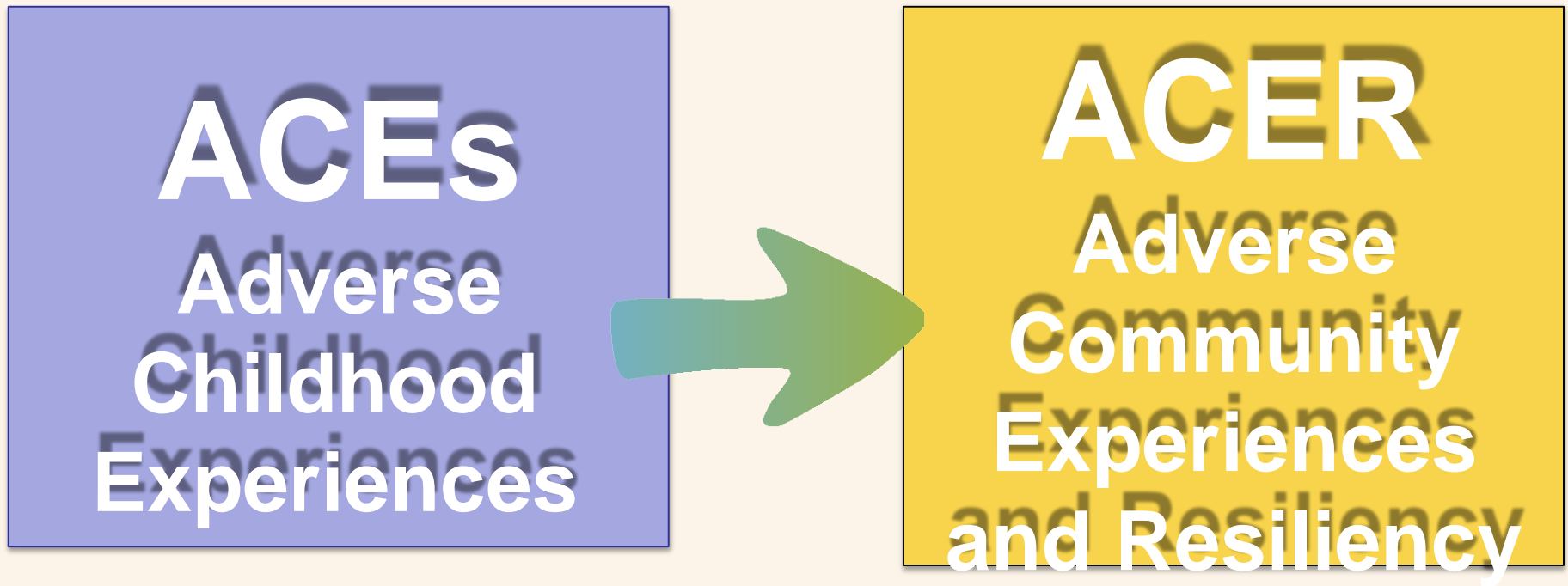
**Trauma gets in the way of doing what we need to do. I think it effects everyone in the same way. When it is chronic and episodic, it is really damaging.**

-Interviewee

**Populations with high exposure to trauma are disproportionately impacted**



# ACES: Adverse Childhood Experiences



# Making Connections

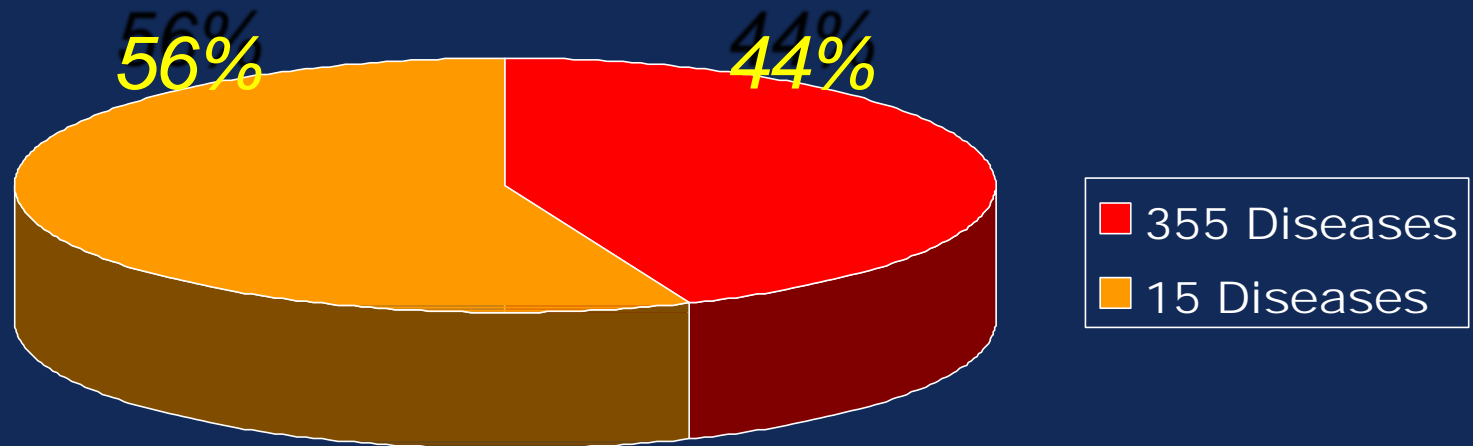


- Prevention is not at **scale to maximize impact** needed
- **Indigenous and lay people approaches are emerging** – supporting healing and mental wellbeing
- **Resilience is a critical protective factor** – and can be catalytic for community-wide prevention approaches



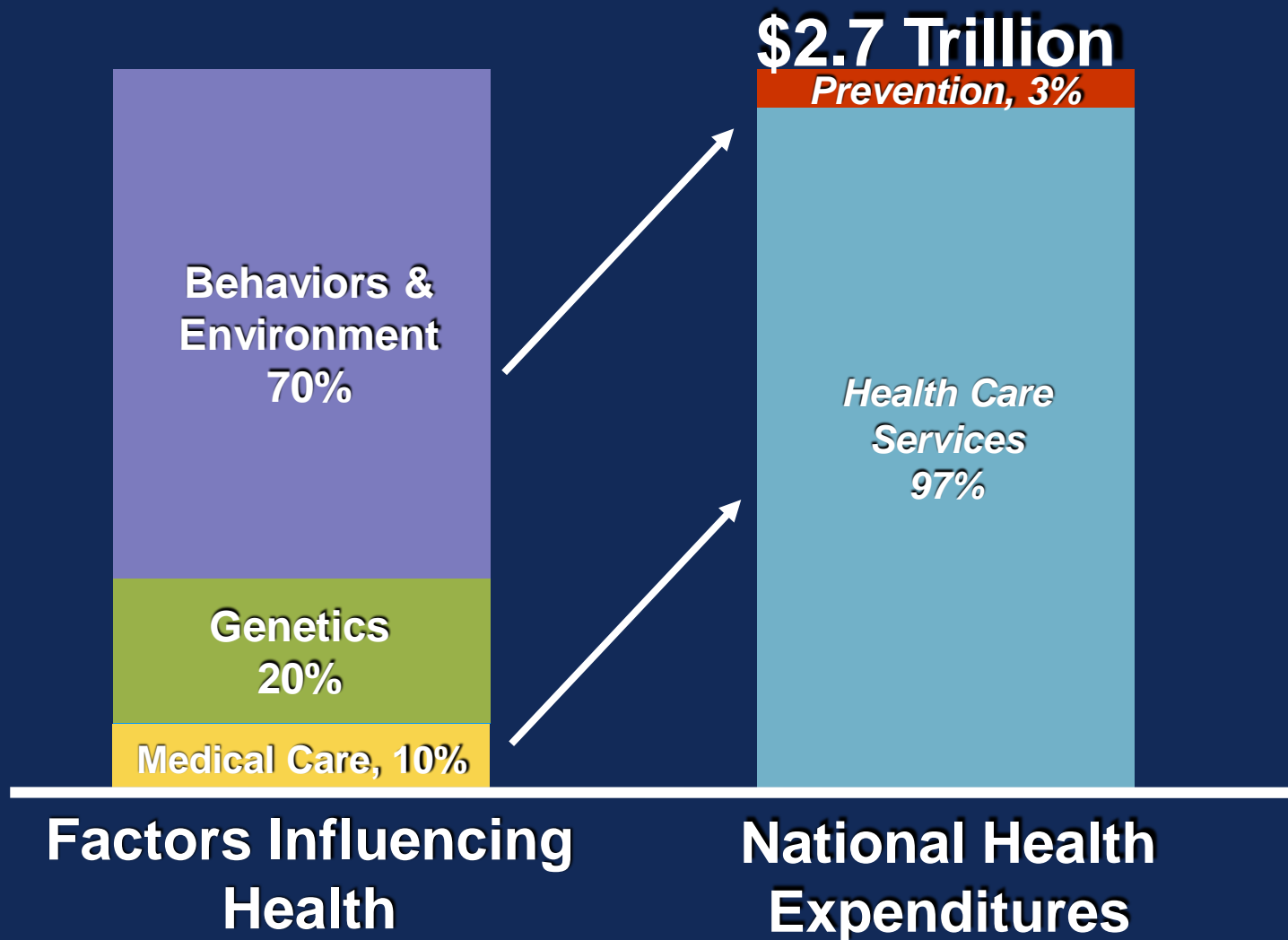
# A Majority of Costly Conditions are Preventable

- ◆ Medical spending increased by \$199 billion (1987-2000)
- ◆ 15 diseases account for 56% of this increase



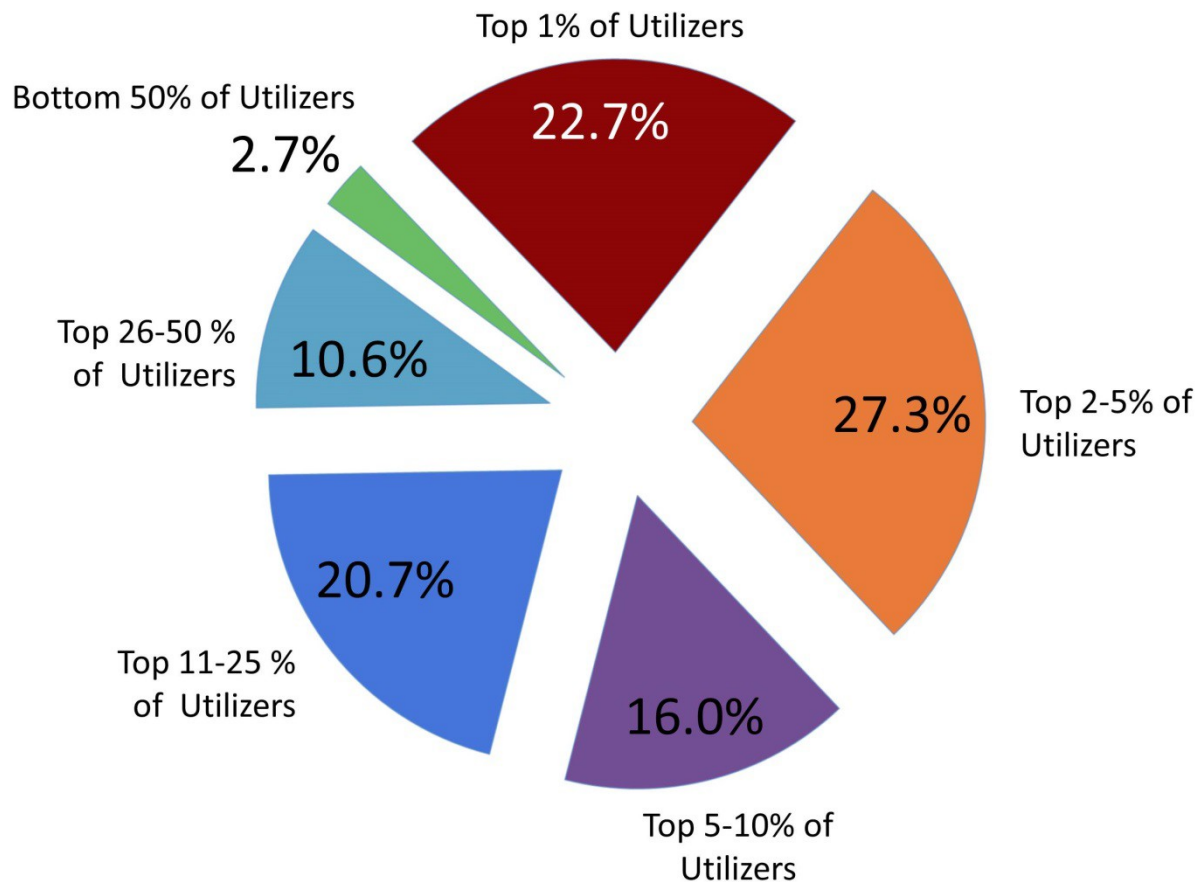


# Current Health Care Spending



# Half of Healthcare Resources go to 5 Percent of the US Population

Percent of healthcare expenditures by spending cohort,  
U.S. civilian noninstitutionalized population, 2012





# Return on Investment with Prevention



**5 years**  
(measured)

**\$5.60**

**Return on  
Investment**

**\$16 billion  
in healthcare  
savings**

# Communities Putting Prevention to Work

## PREVENTING CHRONIC DISEASE

PUBLIC HEALTH RESEARCH, PRACTICE, AND POLICY

Volume 13, E47

APRIL 2016

ORIGINAL RESEARCH

### Community-Based Interventions to Decrease Obesity and Tobacco Exposure and Reduce Health Care Costs: Outcome Estimates From Communities Putting Prevention to Work for 2010–2020

Robin Soler, PhD; Diane Orenstein, PhD; Amanda Honeycutt, PhD;  
Christina Bradley, BS; Justin Trogon, PhD; Charlotte K. Kent, PhD; Kristina Wile, MS;  
Anne Haddix, PhD; Dara O'Neil, PhD; Rebecca Bunnell, ScD, MEd; Communities Putting  
Prevention to Work Leadership Team

*Suggested citation for this article:* Soler R, Orenstein D, Honeycutt A, Bradley C, Trogon J, Kent CK, et al. Community-Based Interventions to Decrease Obesity and Tobacco Exposure and Reduce Health Care Costs: Outcome Estimates From Communities Putting Prevention to Work for 2010–2020. *Prev Chronic Dis* 2016;13:150272. DOI: <http://dx.doi.org/10.5888/pcd13.150272>.

PEER REVIEWED

#### Abstract

##### Introduction

In 2010, the Centers for Disease Control and Prevention (CDC) launched Communities Putting Prevention to Work (CPPW), a \$485 million program to reduce obesity, tobacco use, and exposure to secondhand smoke. CPPW awardees implemented evidence-based policy, systems, and environmental changes to sustain reductions in chronic disease risk factors. This article describes short-term and potential long-term benefits of the CPPW investment.

##### Methods

We used a mixed-methods approach to estimate population reach and to simulate the effects of completed CPPW interventions through 2020. Each awardee developed a community action plan. We linked plan objectives to a common set of interventions across awardees and estimated population reach as an early indicator of impact. We used the Prevention Impacts Simulation Model

(PRISM), a systems dynamics model of cardiovascular disease prevention, to simulate premature deaths, health care costs, and productivity losses averted from 2010 through 2020 attributable to CPPW.

##### Results

Awardees completed 73% of their planned objectives. Sustained CPPW improvements may avert 14,000 premature deaths, \$2.4 billion (in 2010 dollars) in discounted direct medical costs, and \$9.5 billion (in 2010 dollars) in discounted lifetime and annual productivity losses through 2020.

##### Conclusion

PRISM results suggest that large investments in community preventive interventions, if sustained, could yield cost savings many times greater than the original investment over 10 to 20 years and avert 14,000 premature deaths.

##### Introduction

Approximately half of adults in the United States have heart disease, diabetes, or other chronic diseases; treating chronic disease accounts for approximately 85% of annual health care expenditures (1,2). Decreasing the leading preventable risk factors for chronic disease — obesity and tobacco use — could save lives and substantially reduce health care expenditures (3). Interventions that address these risk factors may make healthier living easier and prevent chronic disease (4). Evidence suggests that establishing

10 years

(predicted)

\$5.44

Return on  
Investment

\$2.4 billion in  
healthcare  
savings

\$1 Investment

# Closing the Loop: Why We Need to Invest—and Reinvest—in Prevention

Larry Cohen and Anthony Iton\*

September 9, 2014

*\*The authors are participants in the activities of the IOM Roundtable on Population Health Improvement*

---

*The views expressed in this discussion paper are those of the authors and not necessarily of the authors' organizations or of the Institute of Medicine. The paper is intended to help inform and stimulate discussion. It has not been subjected to the review procedures of the Institute of Medicine and is not a report of the Institute of Medicine or of the National Research Council.*

---

INSTITUTE OF MEDICINE  
OF THE NATIONAL ACADEMIES

Advising the nation • Improving health

Copyright 2014 by the National Academy of Sciences. All rights reserved.



# Closing the Loop

**CAPTURING AND REINVESTING  
REVENUES AND SAVINGS TO  
ADVANCE HEALTH AND  
PREVENTION**

Prevention Funding  
Mechanisms / Investments

Local Pooled Prevention  
Fund

- Managed by Local Intermediary Organization
- Informed by Primary Prevention Advisory Committee

Direct investments  
complementing the pool

Capture and  
Reinvest  
Savings

Evidence-  
Informed Core Set  
of Prevention  
Strategies

Improved  
Health  
Outcomes

# Closing the Loop



Cigarettes



Marijuana



Soda



Alcohol

# The Social Value of Investment Scale

## 1. Returns to an Individual Institution

Interventions or investments as they accrue to individual institutions, e.g. an individual healthcare institution.

## 2. Value to an Overarching Sector

Additionally Across the **entire sector**, multiple institutions (e.g. includes multiple healthcare institutions).

## 3. Multi-Sector Returns & Value

Additionally Across various sectors, including transportation, housing, education, criminal justice, etc..., excluding healthcare and business.

## 4. Societal Returns & Value

Additionally Adds in returns to **society at-large**, including benefits attributed to the business sector, individuals and their families, employers and broader economy.

## 5. Non-Monetized Social Value

Captures **non-monetized social value** including increased equity, well-being, and community and ecological resilience.



The ideas of one  
generation become  
the instincts of the  
next.

- D.H. Lawrence



20,679\* Physicians

say "LUCKIES are  
less irritating"

"It's toasted"  
Your Throat Protection  
against irritation against cough

The figures quoted have been checked and attributed to by LYBRAND, ROSS BROS. AND MONTGOMERY, Accountants and Auditors.



# Pharmacy Tobacco Ban





Watch "Soldiers of Fortune"  
For exciting adventures, see this  
7-Up TV show every week.

Copyright 1988 by The Seven-Up Corp.



Avoid imitations  
served from  
faps or  
cup machines.  
Seven-Up  
is sold in  
bottles only.

## Why we have the youngest customers in the business

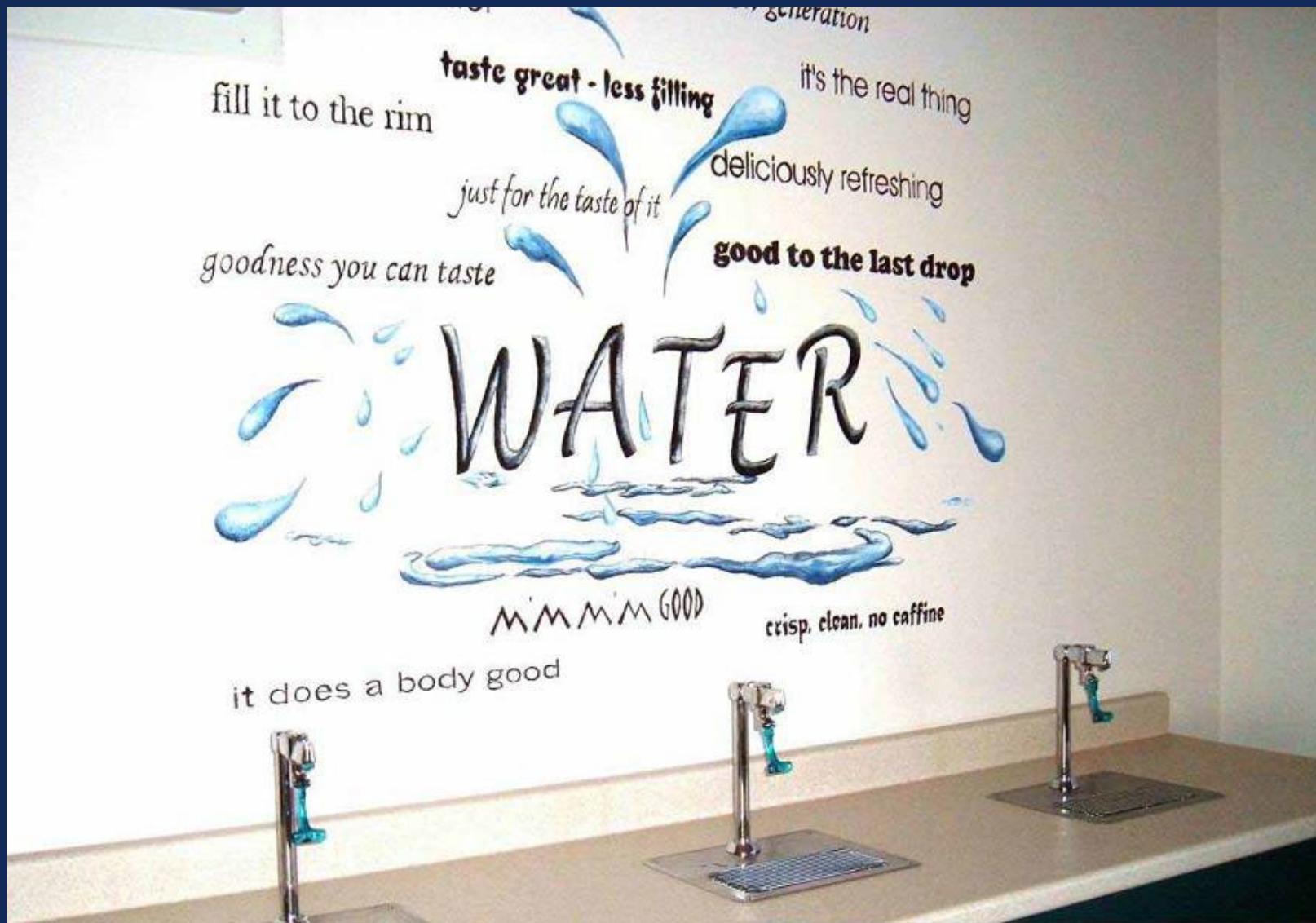
This young man is 11 months old—and he isn't our youngest customer by any means.

For 7-Up is so pure, so wholesome, you can even give it to babies and feel good about it. Look at the back of a 7-Up bottle. Notice that all our ingredients are listed. (That isn't required of soft drinks, you know—but we're proud to do it and we think you're pleased that we do.)

By the way, Mom, when it comes to toddlers—if they like to be coaxed to drink their milk, try this: Add 7-Up to the milk in equal parts, pouring the 7-Up gently into the milk. It's a wholesome combination—and it works! Make 7-Up your family drink. You like it . . . it likes you!

# Nothing *does it like* Seven-Up!





## Folsom-Cordova School District

BEFORE



AFTER







# PREVENTION INSTITUTE



# Maintain the Drumbeat





# A Movement



**SORRY FOR  
THE INCONVENIENCE**

**WE ARE TRYING  
TO CHANGE THE WORLD**

“Progress is never permanent, will always be threatened, must be redoubled, restated, and *reimagined* if it is to survive.”



- Zadie Smith





# Sana Chehimi

## Director

---

510-444-7738 x 322

[Sana@preventioninstitute.org](mailto:Sana@preventioninstitute.org)

# Prevention Institute TOOLS

# Prevention Diaries

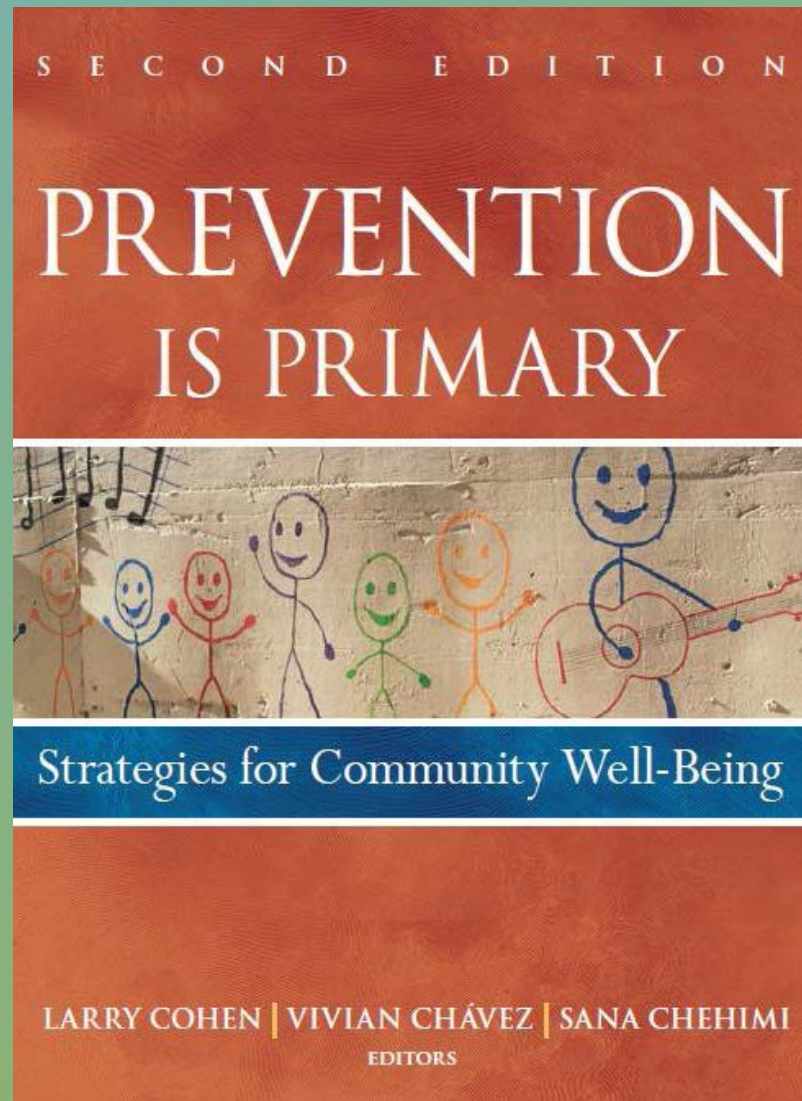
## Prevention Diaries

THE PRACTICE  
AND PURSUIT OF  
HEALTH FOR ALL

Larry Cohen



# Prevention is Primary



# Community-Centered Health Homes

## Community-Centered Health Homes

**Bridging the gap between health services and community prevention**

This document was prepared by Prevention Institute with funding from the Community Clinics Initiative (a joint project of Tides and The California Endowment)

### Principal authors:

Jeremy Cantor, MPH  
Larry Cohen, MSW  
Leslie Mikkelsen, MPH, RD  
Rea Paniaras, MEd  
Janani Srikantharajah, BA  
Erica Valdovinos, BA

© February 2011

Prevention Institute is a nonprofit, national center dedicated to improving community health and well-being by building momentum for effective primary prevention. Primary prevention means taking action to build resilience and to prevent problems before they occur. The Institute's work is characterized by a strong commitment to community participation and promotion of equitable health outcomes among all social and economic groups. Since its founding in 1997, the organization has focused on injury and violence prevention, traffic safety, health disparities, nutrition and physical activity, and youth development. This, and other Prevention Institute documents, are available at no cost on our website.

## The Community-Centered Health Homes Model: Updates & Learnings



SUPPORT PROVIDED BY  
The Kresge Foundation

January 2016



# Community-Centered Health Homes Introduction Video



**Blue Cross Blue Shield North Carolina Foundation**

It can be viewed here:

<http://youtu.be/2zo9HGn5tW0>



# Spectrum of Prevention

Influencing **Policy & Legislation**

Changing **Organizational Practices**

Fostering **Coalitions & Networks**

Educating **Providers**

Promoting **Community Education**

Strengthening **Individual Knowledge & Skills**

# Collaboration Multiplier

## Public Health

PH

### Expertise:

- Population-based prevention approaches and data collection of injury rates

### Desired Outcomes:

- Reduce unintentional injuries among all travelers, including drivers, pedestrians, bicyclists, people with disabilities, elderly

### Key Strategies:

- Facilitate environmental and policy changes (i.e., pedestrian/bicycle-friendly street design, car seats, seat belts, DUI, bicycle helmets)

## Law Enforcement

LE

### Expertise/:

- Expertise in legal requirements and crash investigations and has the authority to enforce traffic laws

### Desired Outcomes:

- Increased compliance to traffic safety laws

### Key Strategies:

- Enforce traffic laws, patrol neighborhoods, implement check points, cite reckless drivers, and participate in educational campaigns

## Shared Outcomes

- Improved transportation infrastructure and systems
- Ability for motorists, bicyclists, pedestrians, people with disabilities, and elderly to travel easily and safely
- Decrease in traffic-related injuries and deaths

## Partner Strengths

- Subject matter expertise
- Authority and ability to implement policies and environmental changes
- Understanding of motor vehicle patterns and individual transportation behaviors
- Knowledge of street and vehicle design

## Joint Strategies/Activities

- Incorporate health and safety elements into transportation planning
- Promote complete streets policies
- Connect roadways to complementary systems of trails and bike paths
- Implement smart growth strategies, including transit-oriented developments

## Transportation Engineering

TE

### Expertise:

- Road and sidewalk design that provides safe travel for multiple modes of transportation

### Desired Outcomes:

- Prevent traffic crashes and reduce severity of injuries if a crash does occur

### Key Strategies:

- Promote safety regulations for occupants and vehicles
- Implement street designs that promote safety (e.g., traffic calming)

## Optometry

O

### Expertise:

- Understanding of how people visualize traffic signs and signals

### Desired Outcomes:

- Improved vehicle displays, traffic signals, and road signage
- Better driver assessment for licensing purposes

### Key Strategies:

- Utilize color and design features to increase driver attention to traffic signals and signs

# Closing the Loop

**CAPTURING AND REINVESTING  
REVENUES AND SAVINGS TO  
ADVANCE HEALTH AND  
PREVENTION**

Prevention Funding  
Mechanisms / Investments

Local Pooled Prevention  
Fund

- Managed by Local Intermediary Organization
- Informed by Primary Prevention Advisory Committee

Direct investments  
complementing the pool

Capture and  
Reinvest  
Savings

Evidence-  
Informed Core Set  
of Prevention  
Strategies

Improved  
Health  
Outcomes





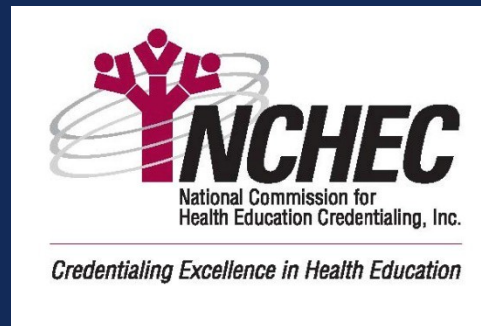


# THRIVE

Tool for  
Health and  
Resilience  
In Vulnerable  
Environments

Institute of Medicine

# *Thank you to our sponsors*



*Eta Sigma Gamma*  
NATIONAL HEALTH EDUCATION HONORARY

# Questions?