

Linking State Action Coalition Work to a Culture of Health

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Present state of Health in America: A high price for shorter, sicker lives

- Nearly \$3 trillion: Annual health care expenditures in the U.S.
- Health care costs, 18% of Gross Domestic Product
- About \$226 billion: productivity lost per year from personal & family health issues
- Over 33%: children 5-17 y.o. overweight or obese in the U.S.—the first to live sicker and die younger than their parents
- About 20% of Americans live in low-income neighborhoods offering few opportunities for healthy living

Culture of Health Vision

- We, as a nation, will strive together to build a culture of health enabling all in our diverse society to lead healthier lives, now and for generations to come

Culture of Health Action Framework

- Purpose: to spur dialogue & collaborative action between individuals, communities, and organizations across the private and public sectors

Insert Culture of Health Action Framework here

- Culture of Health Action Framework

Culture of Health Action Framework

- Origin: In 2014, RWJF proposed a vision of America where we all strive to build a national *Culture of Health that enables all in our diverse society to lead healthier lives, now and for generations to come* .
 - 10 underlying principles to mobilize a national Culture of Health and achieve an outcome of improved health, well-being and equity.

How was the Action Framework developed?

- The framework & its components—the Action Areas, Drivers, and Measures—are drawn from rigorous research and analysis of the systemic problems holding our country back from a level of health that a great nation deserves
- RWJF developed the Action Framework in collaboration with the RAND Corporation and with valuable input from more than 1,000 experts, partners, colleagues, community members, focus group participants, and global leaders during an 18-month period.

Why is the Action Framework needed?

- Because ongoing efforts to improve the health of our nation is not occurring at a promising pace.
- The Framework is: broad & strategic, setting a national agenda and mobilizing a movement to improve health, well-being, & equity...
- ...is integrated, evidence-based, comprehensive approach to address societal influences of health & well being
- ...calls for unprecedented collaboration between individuals, organizations in the private and public sectors

Why use the term Action Framework

- Framework—speaks to built in fluidity; not a blueprint but rather suggests multiple pathways for action by individuals, communities and organizations

Why is equity an overarching theme?

- Everyone should have the opportunity to pursue the healthiest life possible, no matter where they live or work, the color of their skin, or the amount of money they have

What is the key differences between Action Areas, Drivers, & Measures?

- Action Areas—there are 4: each are connected to & influence the others; are intended to focus efforts & mobilize an integrated course of action by many individuals, communities & organizations
- Drivers: indicate where our nation needs to accelerate change; a set of long-term priorities both nationally and at the community level
- Measures: rigorously selected as points of assessment & engagement; they are not limited to traditional health indicators, instead they encourage us to think of health in broader ways, incorporating all aspects of well-being.

Four Action Areas

1. Making health a shared value: 3 drivers; 7 measures
2. Fostering cross-sector collaboration to improve well being: 3 drivers; 9 measures
3. Creating healthier, more equitable communities: 3 drivers; 8 measures
4. Strengthening integration of health services & systems: 3 drivers; 10 measures

Outcome: improved population health, well-being, & equity

- 3 outcome areas with their measures
 - Enhanced individual & community well-being
 - Well-being rating
 - Care giving burden
 - Managed chronic disease & reduced toxic stress
 - Adverse child experiences
 - Disability associated with chronic conditions
 - Reduced health care costs
 - Family health care cost
 - Potentially preventable hospitalization rates
 - Annual end-of-life care expenditures

Linking State Coalition work to a Culture of Health

- **Hawaii Action Coalition Proposed Project:**
 - Integrate the Culture of Health Framework in the undergraduate curriculum of nursing schools in the state of Hawaii starting with the Hawaii Statewide Nursing Consortium Curriculum and expanding to include the private schools (Argosy, Chaminade, Hawaii Pacific University [HPU], University of Phoenix) through the Academic Progression in Nursing Conjoint Council.
 - **Culture of Health Action Area:** Making Health A Shared Value
 - **Culture of Health Driver:** Mindset & Expectations

Hawaii Action Coalition Project 2016

Sustainability Model Canvas



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1. Community Segments



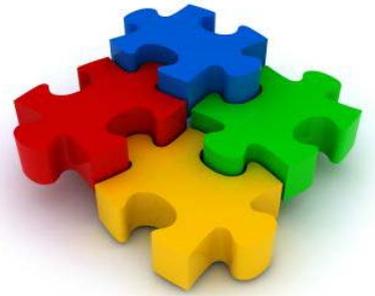
- a) Benefactors of care: public
- b) Care recipients: patients
- c) Varied patient population:
 - i. Acute care/tertiary
 - ii. Clinic
 - iii. Community: home based, vulnerable, disparity groups

2. Unique Value We Bring



- a) Culture of Health Framework
- b) Based on input/raised by and/or from the community/public
- c) Products: based on “impact”, outcome

3. Ways of Connecting



- a) Ask for permission from the community to access community to raise their concerns
- b) Ask/assess the learning needs of: faculty, nursing staff related to the Culture of Health Framework
- c) Assist them (nursing faculty/staff) to connect what they are doing to the Culture of Health Framework

4. Community Relationships

- a) Benefactors/recipients of care: various settings
 - i. identify key people in the community (public health setting)
 - ii. clinic
 - iii. acute/tertiary care to hospital
- b) Taking ownership

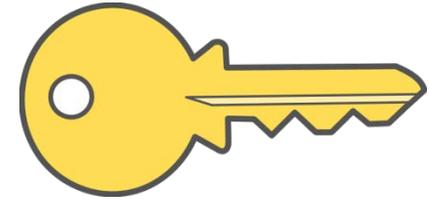


5. Revenue Streams

- a) Community environment: willing to pay in-kind; grants
- b) Tertiary environment: health insurance, Medicare, Medicaid

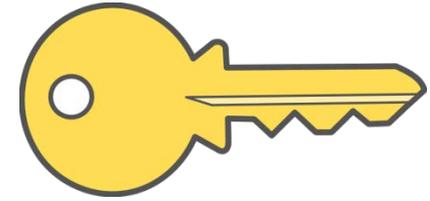


6. Key Activities



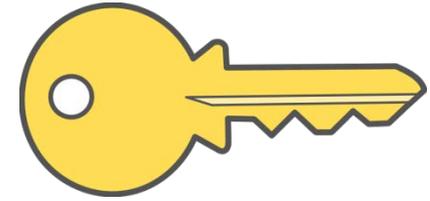
- a) Integrate the Culture of Health Framework in the UG Programs of Nursing Schools in Hawaii: including nursing programs, clinical sites. This will require educating nursing faculty and staff to the Culture of Health Framework.

7. Key Resources



- a) Nursing Faculty
- b) Nursing Staff
- c) Project Coordinator
- d) Leaders (academic and practice/employer)—
something that Clem just added today (8/12/16)

8. Key Partnerships



- a) Among academic—nursing programs
- b) Nursing academic programs with clinical sites
- c) Potential funders for the training of nursing faculty & staff:
 - i. Health care agencies/practice sites
 - ii. Insurance carrier—e.g., Hawaii Medical Services Association (HMSA)
 - iii. Philanthropist —e.g., Dr. Tseu, Joan Takamori’s friend
 - iv. Businesses—banks

9. Cost Structure



Costs will include:

- a) Nursing faculty training
- b) Nursing staff training
- c) Nursing faculty travel from neighbor islands
- d) Project Coordinator salary
- e) Consultants from other successful Action Coalitions to demonstrate their projects
- f) Speakers