



# Creating Healthy Communities

Marguerite Ro, DrPH  
Chief, Assessment Policy Development, and Evaluation

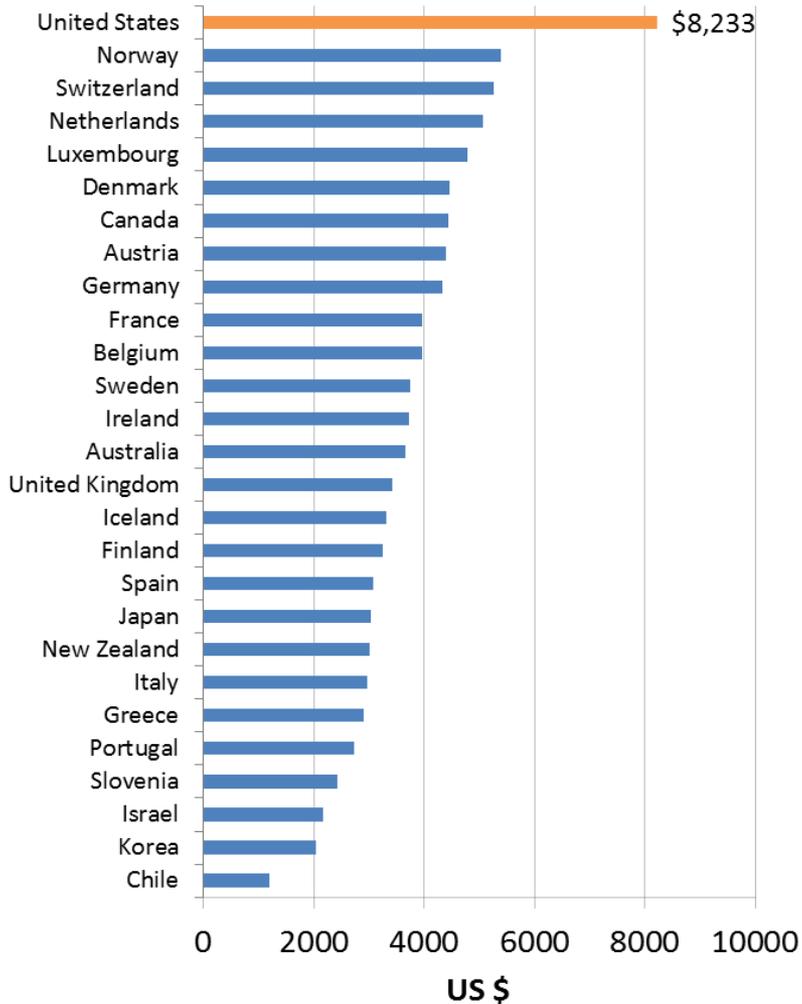


# Objectives

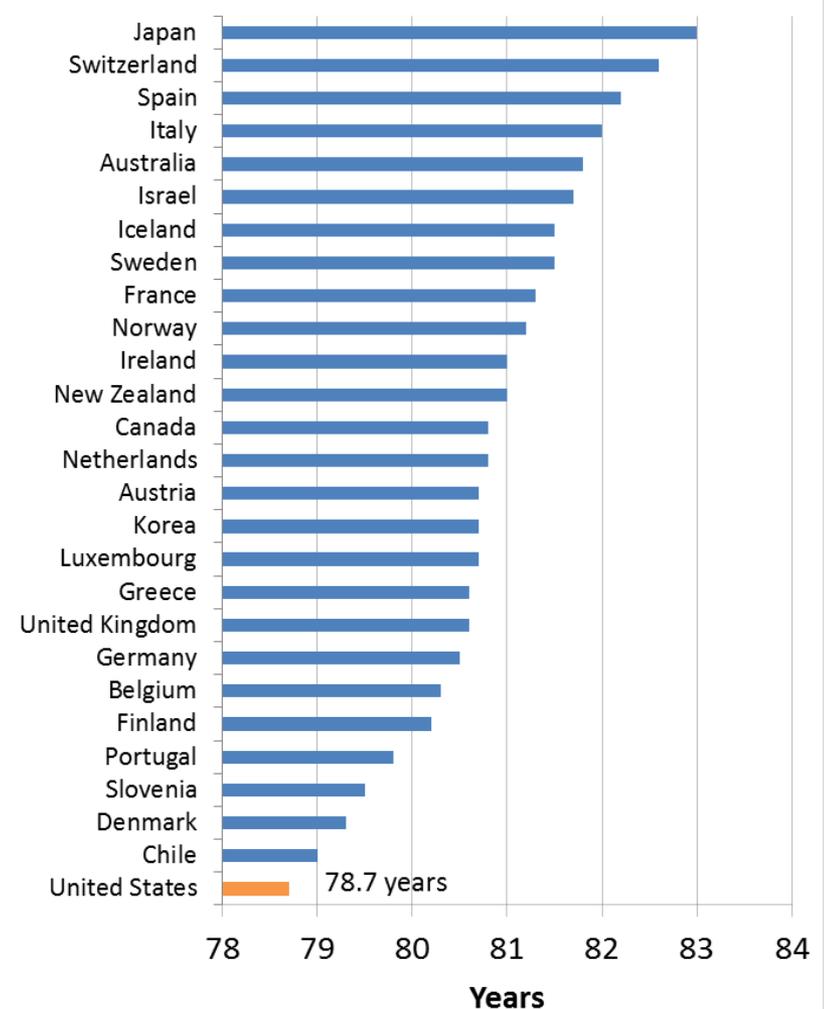
- Laying the foundation – what impacts health and well-being
- Update on King County's Hospital Community Benefit/Community Health Needs Assessment efforts
- Learn about King County's Health and Human Transformation Motion

# Life Expectancy and Health Spending

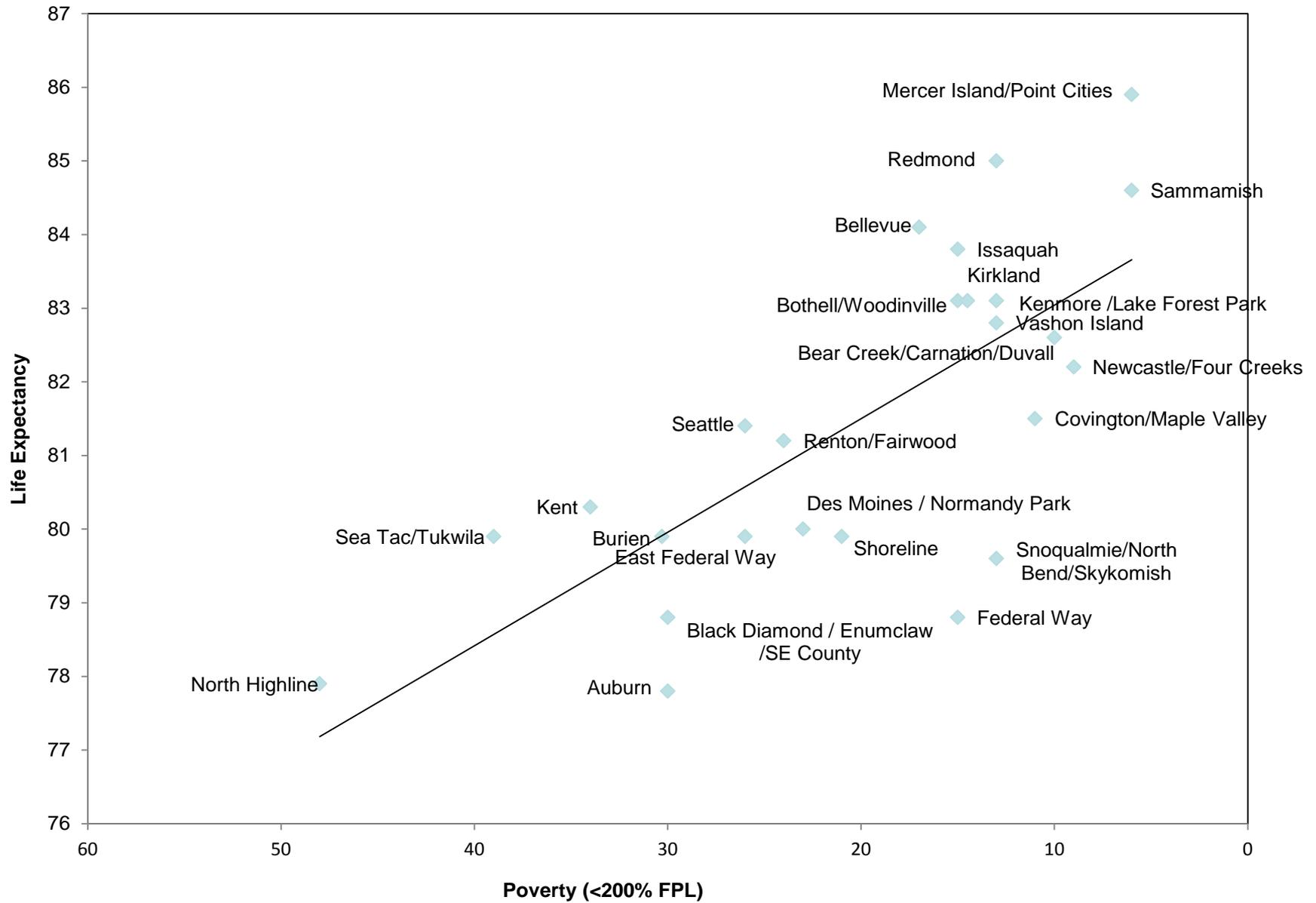
## Per Capita Expenditure on Health



## Life Expectancy at Birth



# Life Expectancy and Economic Status





# Health Measures Across King County

**Obesity**  
8% - 35%

**Uninsured**  
3% - 30%

**Smoking**  
3% - 22%



Health Outcomes

Mortality (length of life)

Morbidity (quality of life)



Health Factors

Health behaviors  
(30%)

Tobacco use

Diet & exercise

Alcohol use

Unsafe sex

Clinical care  
(20%)

Access to care

Quality of care

Social & economic factors  
(40%)

Education

Employment

Income

Family & social support

Community safety

Physical environment  
(10%)

Environmental quality

Built environment



Programs and Policies

# People and Communities at the Center



# Patient Protection and Affordable Care Act

- Expands health coverage and reduces the number of uninsured
- Mandates coverage of essential benefits
- Prioritizes disease prevention
- **Changes nonprofit hospital community benefit requirements**

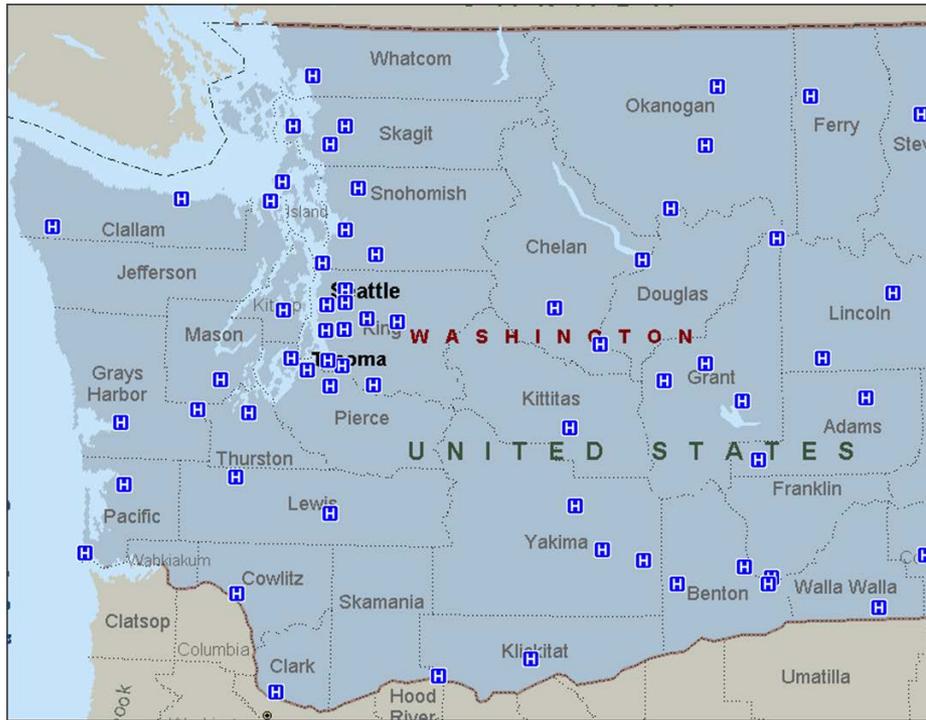
# What are Community Benefits?

- Charitable services provided by non-profit hospitals as a condition of federal tax-exemption
- Community benefits can include:
  - Charity care
  - Community health improvement services
  - Health professions education
  - Research
  - Cash and in-kind contributions
  - Community building activities

# New IRS requirement: CHNA

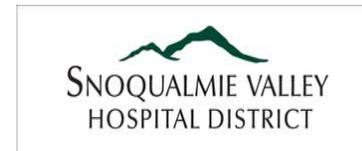
- Changes the process by which hospitals decide how to advance community health by requiring nonprofit hospitals to conduct a Community Health Needs Assessment (CHNA)
- Conducted every 3 years, beginning March 2012
- Include public health input and represent broad interests of the community
- Be made widely available to the public
- Contain an implementation strategy to address needs

# King County Hospitals



- 13 health/hospital systems (28 hospitals total)
  - 9 non-profit systems
  - 3 public district hospitals
  - 1 U.S. Veteran Affairs hospital
  - 2 private/specialty hospital systems

# King County Hospitals for a Healthier Community



# KCHHC Collaborative

- Vision

- To participate in a collaborative approach that identifies community needs, assets, resources, and strategies towards assuring better health and health equity for all King County residents.

This collaborative approach will eliminate duplicative efforts; lead to the creation of an effective, sustainable process and stronger relationships between hospitals and public health; and enable joint efforts for implementation strategies that will improve the health and wellbeing of our communities.

# Progress to Date

## Infrastructure and CHNA

- Formalized collaborative
- Committed and working towards a 2015 joint CHNA report

## Current collective community benefit focus

- Addressing obesity and diabetes
  - Healthy Food in Hospitals
- Outreach and Enrollment

# Health and Human Services Transformation

## Yesterday v. 1.0

- Sick care & crisis focus: little \$ for prevention
- Uncoordinated services not well integrated
- Minimal reporting of quality and outcomes
- Pay for volume, not value

## Today v. 2.0

- Beginning to shift \$ upstream – more focus on prevention
- High impact strategies
- Still minimal integration
- Initial reporting of quality & outcomes

## Tomorrow v. 3.0

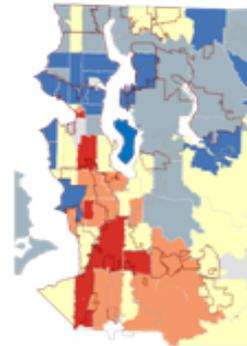
- Healthy population centered; further shift of \$ upstream
- Health & well-being of the individual tied to health of community
- Greater focus on social determinants of health
- Seamless integration of all services & supports
- Robust reporting of quality and outcomes
- Pay for value, not volume

# Focus *first* on those people & places that most need the system to perform well

**Improve outcomes  
for high-need,  
high-risk adults**



**Improve outcomes for  
high-need, high-risk  
communities**

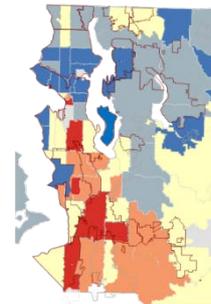


# Sample Outcomes



*For this group of high risk people, achieve:*

- Improved housing stability
- Improved health status
- Reduced CJ involvement
- Reduced avoidable hospital ED use
- Improved client satisfaction with quality of life
- Reduced population-level health disparities



*For these communities, achieve:*

- Improved housing
- Increased employment
- Increased safety
- Reduced ACES scores (adverse childhood experiences)
- Increased life expectancy

# Future Opportunities for Collective Impact

- Improve outcomes for communities that face higher risk and address root causes of disparities (e.g. Global to Local)
- Target vulnerable populations and address health and human service needs (e.g. Medical Respite Center at Jefferson Terrace)
- Build healthier communities (e.g. Safe Routes to School)

