



# POPULATION HEALTH

DAY 5

## *Putting It All Together*

Jefferson Population  
Health Academy  
October 17<sup>th</sup> 2014



Ray Fabius MD  
Co-Founder  
HealthNEXT

# The Healthcare Environment

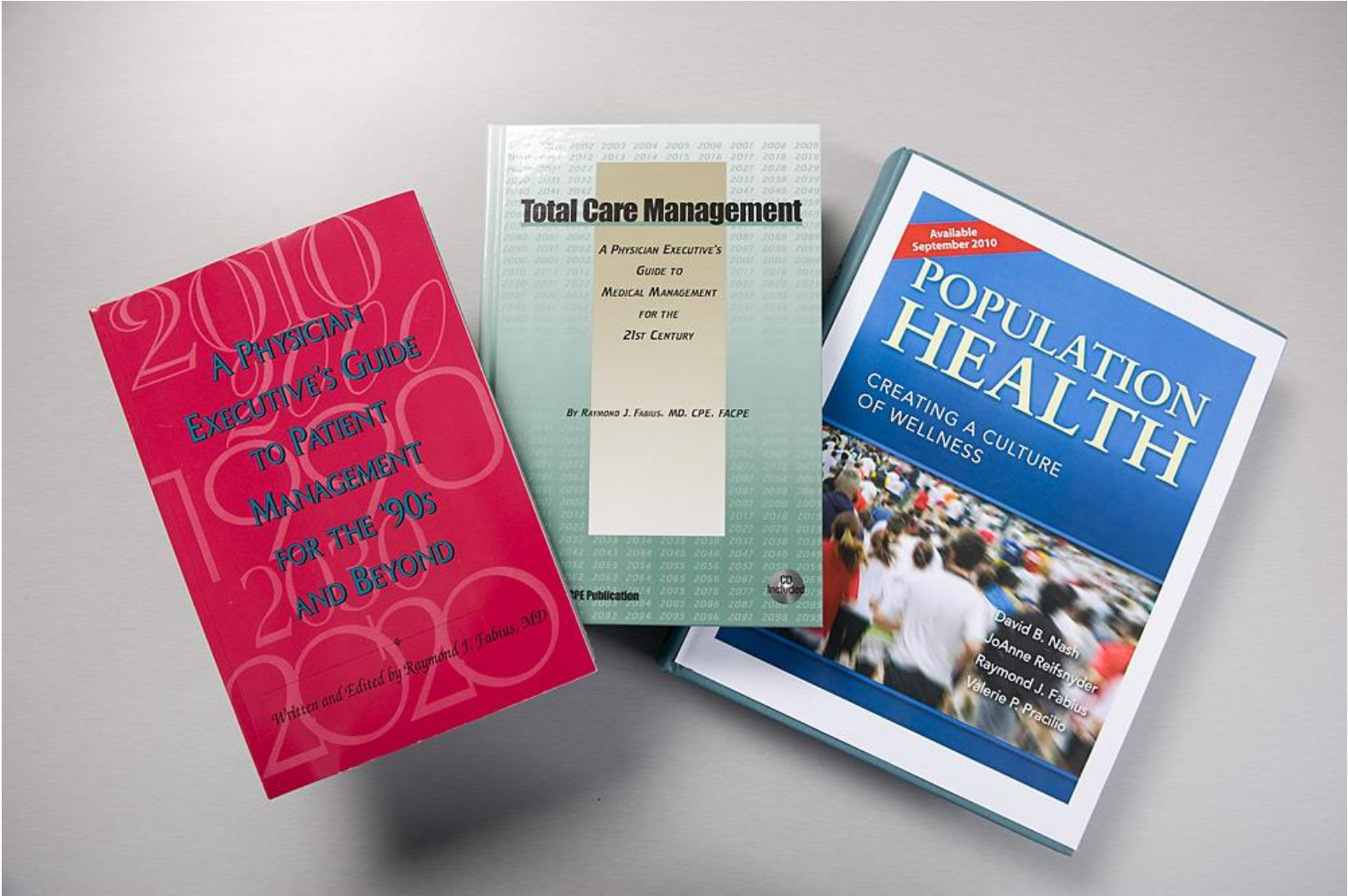
## *An Integrated Model*

- The healthcare environment is undergoing massive changes, and there is a growing recognition that the future of behavioral health services will belong more in an integrated healthcare environment. *How do behavioral health crisis services fit to the future of healthcare?*
- The first set will provide a perspective on behavioral health and behavioral health crisis services from a general health viewpoint. This series of presentations will include a detailed description of a “crisis-prepared community”, i.e., ideally, one in which crises are prevented before they occur, and how behavioral health crisis services fit in this model; a description of clinical and community interventions necessary to foster wellness and disease prevention to enhance the resilience of those who reside in a crisis-prepared community; and a description of an operational integrated care system that incorporates public health and clinical interventions to promote and support persons who may be at risk of experiencing a behavioral health crisis.

# Health Care Reform and the Bigger Picture of Building Cultures of Health?

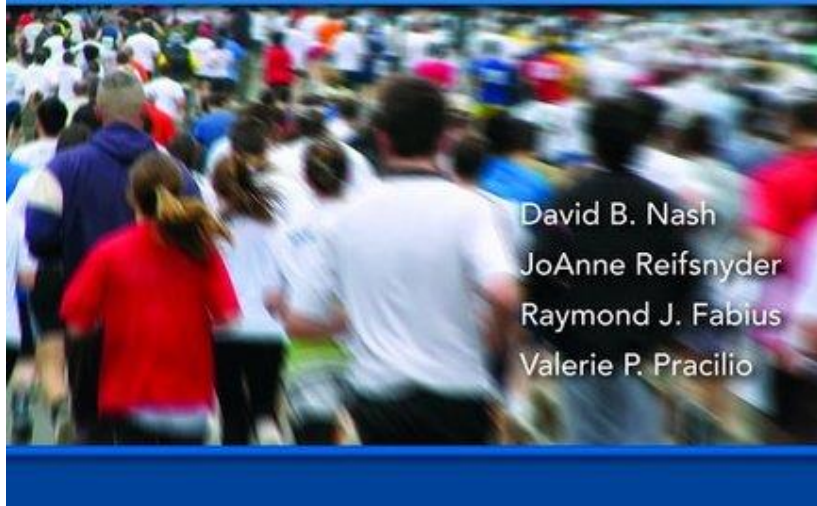
- Wellness is not the absence of illness. While health care including behavioral health care has focused the vast majority of its attention on meeting the needs of the ill and nation is becoming less well. Obesity rates are worrisome high. Drug and alcohol, smoking and other addictions remain flat and resistant to therapy and intervention. Perhaps there is another way to approach this. It requires new strategies and applications. Health reform has us moving from volume to value. ACOs and PCMHs offer new ways to integrate behavioral health services into traditional health care. A few corporations have created cultures of health. A few communities are pursuing the same path. There is evidence that healthier workforces are more productive and can even provide a competitive advantage in the marketplace. The IOM and RWJ Foundation along with the Health Enhancement Resource Organization who awards the C. Evert Koop Award to Employers with health workplaces are joining forces to produce healthier communities. The new focus is on prevention upstream – primordial and primary. Create environments that are stigma free, promote resiliency and prevent the need for crisis intervention.

# MY BACKGROUND: A PATIENT, A PROVIDER, A PAYER, A PURCHASER, A VENDOR, A CONSULTANT



# POPULATION HEALTH

CREATING A CULTURE  
OF WELLNESS



David B. Nash  
JoAnne Reifsnyder  
Raymond J. Fabius  
Valerie P. Pracilio

## BOOK OVERVIEW

With over 45.7 million uninsured in the United States and health reform a national priority, the need for population health management has never been more eminent. Sixty percent of American deaths are attributable to behavioral factors, social circumstances and environmental exposures. Employment of population health management techniques advocating use of preventative services and quality clinical care are imperative. **Population Health: Creating a Culture of Wellness** offers an educational foundation for both professionals and students on the genesis and growth of this important topic. The book provides a concise overview of the topic from the perspectives of providers and businesses. As a text, this book provides a population-based approach to education applicable to professionals in disease management, chronic care management, and politics in addition to students studying public health, health policy, quality and patient safety, health care administration, medicine, nursing, pharmacy, social work and other related clinical professions.

To Purchase a copy of this book written in collaboration with the new School of Population Health at Thomas Jefferson University Medical College, please visit:  
<http://www.jblearning.com/catalog/9780763780432/>

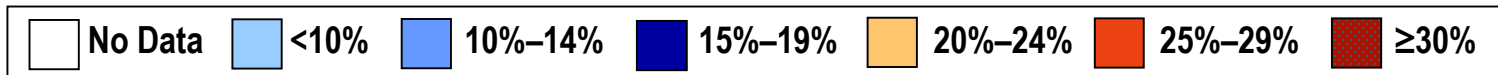
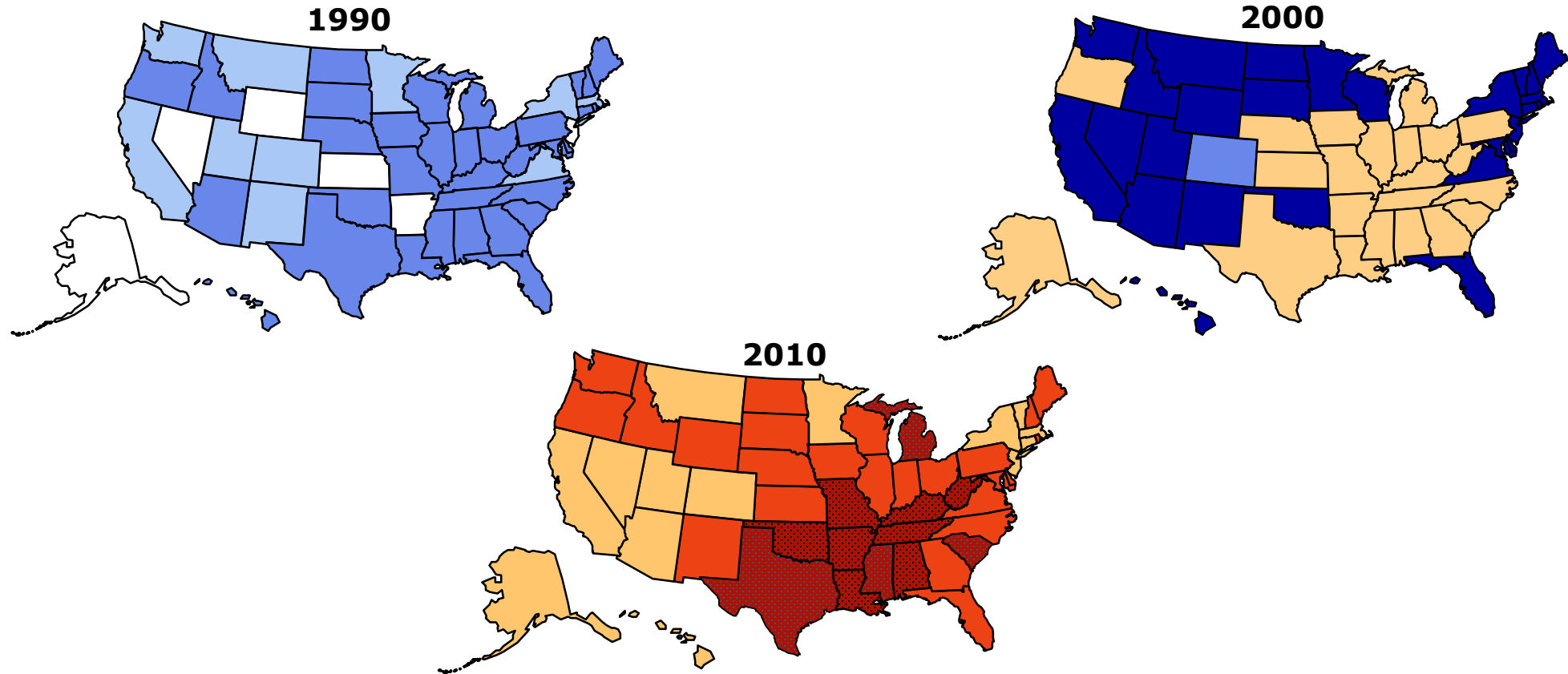
# A FOCUS ON ILLNESS

*While the Nation Gets More Ill*

## Obesity Trends\* Among U.S. Adults

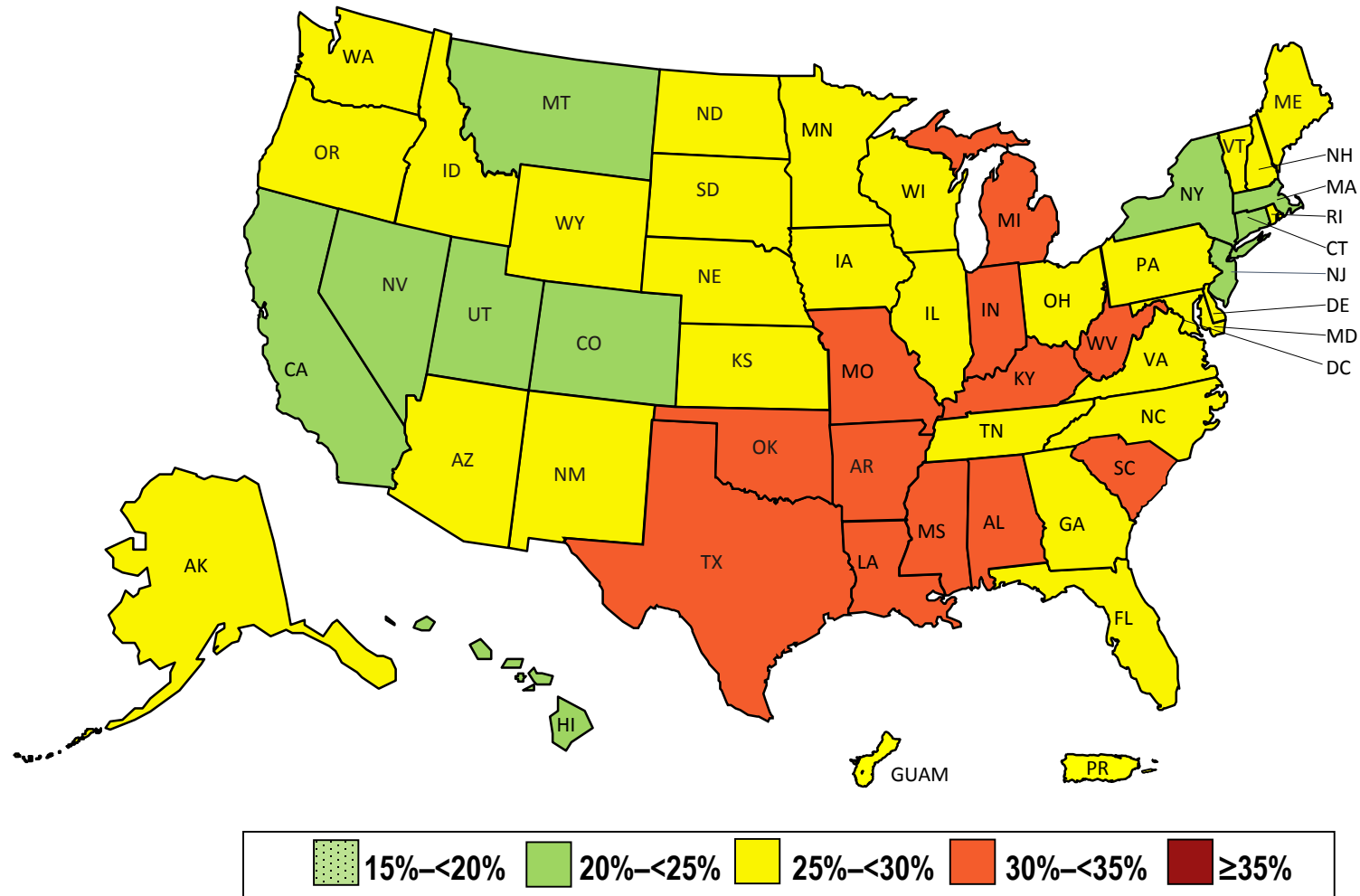
**BRFSS, 1990, 2000, 2010**

(\*BMI  $\geq 30$ , or about 30 lbs. overweight for 5'4" person)



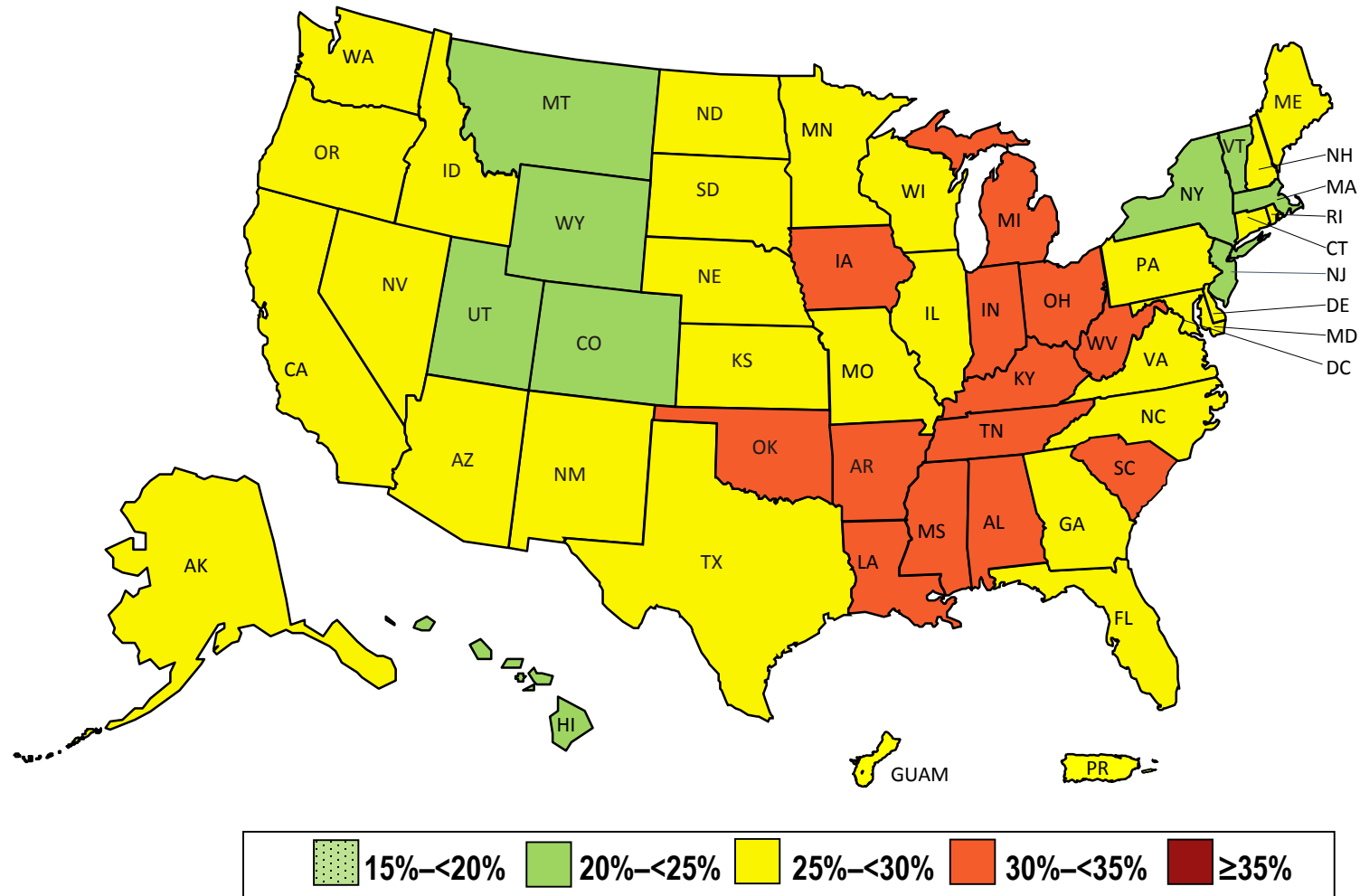
# Prevalence\* of Self-Reported Obesity Among U.S. Adults by State and Territory, BRFSS, 2011

**\*Prevalence estimates reflect BRFSS methodological changes started in 2011. These estimates should not be compared to prevalence estimates before 2011.**



# Prevalence\* of Self-Reported Obesity Among U.S. Adults by State and Territory, BRFSS, 2012

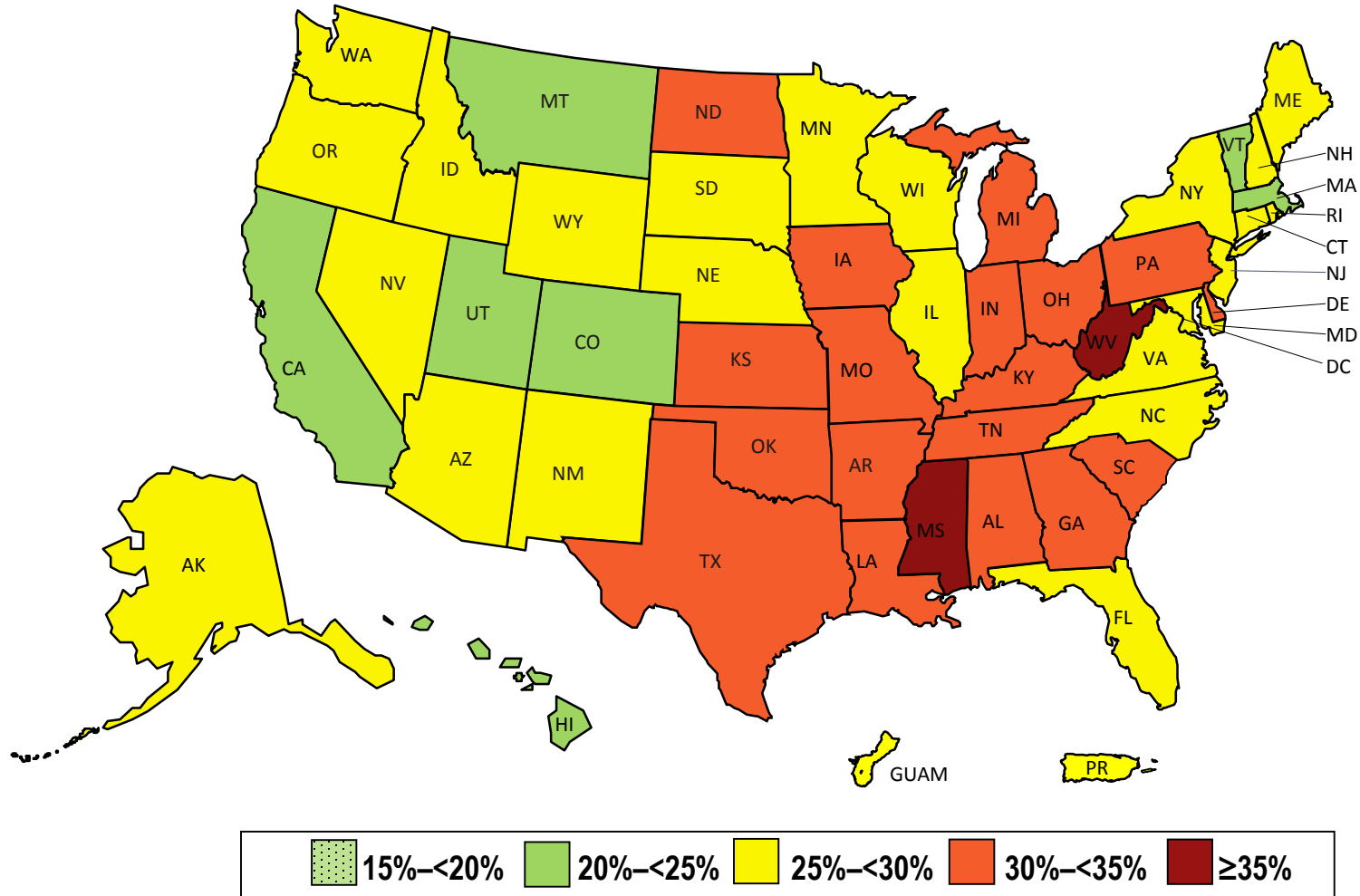
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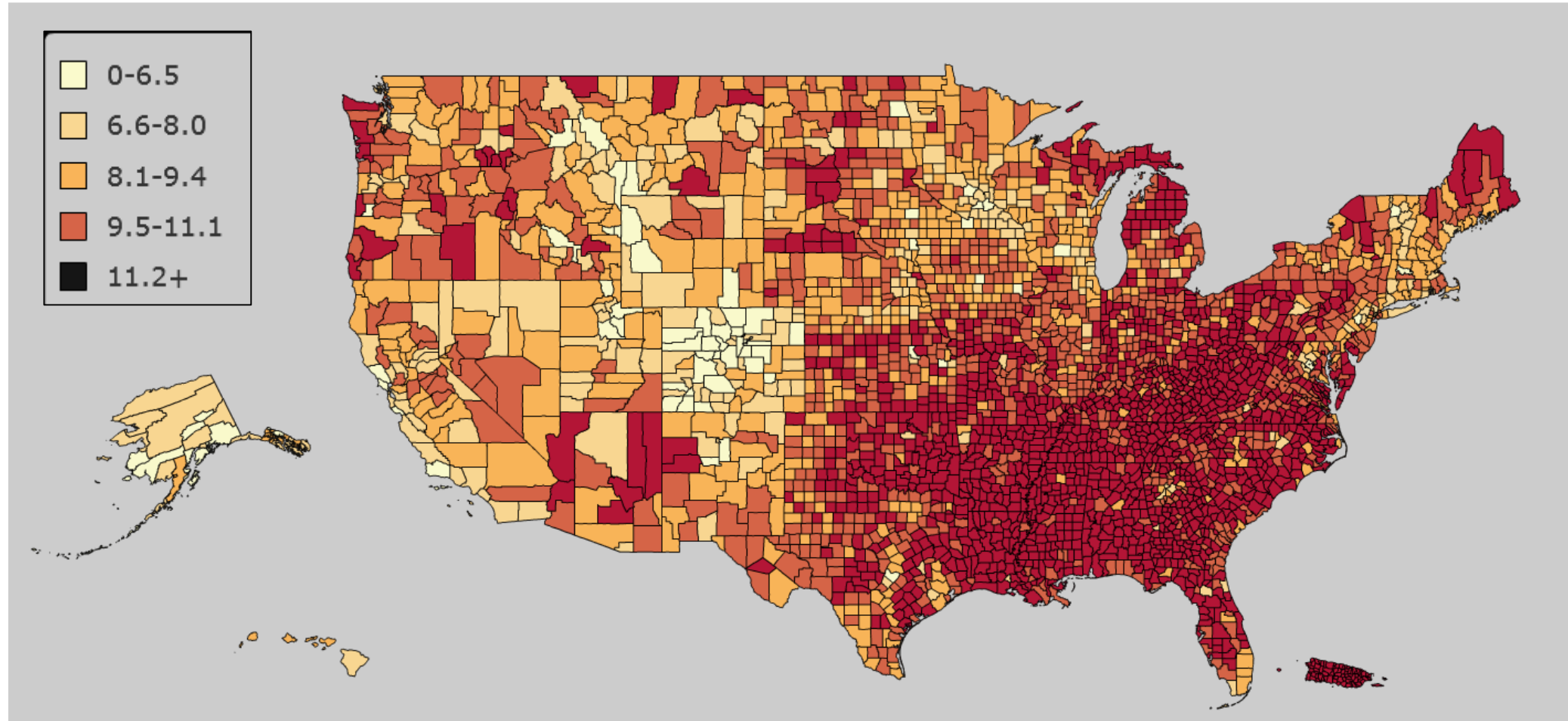
# Prevalence\* of Self-Reported Obesity Among U.S. Adults by State and Territory, BRFSS, 2013

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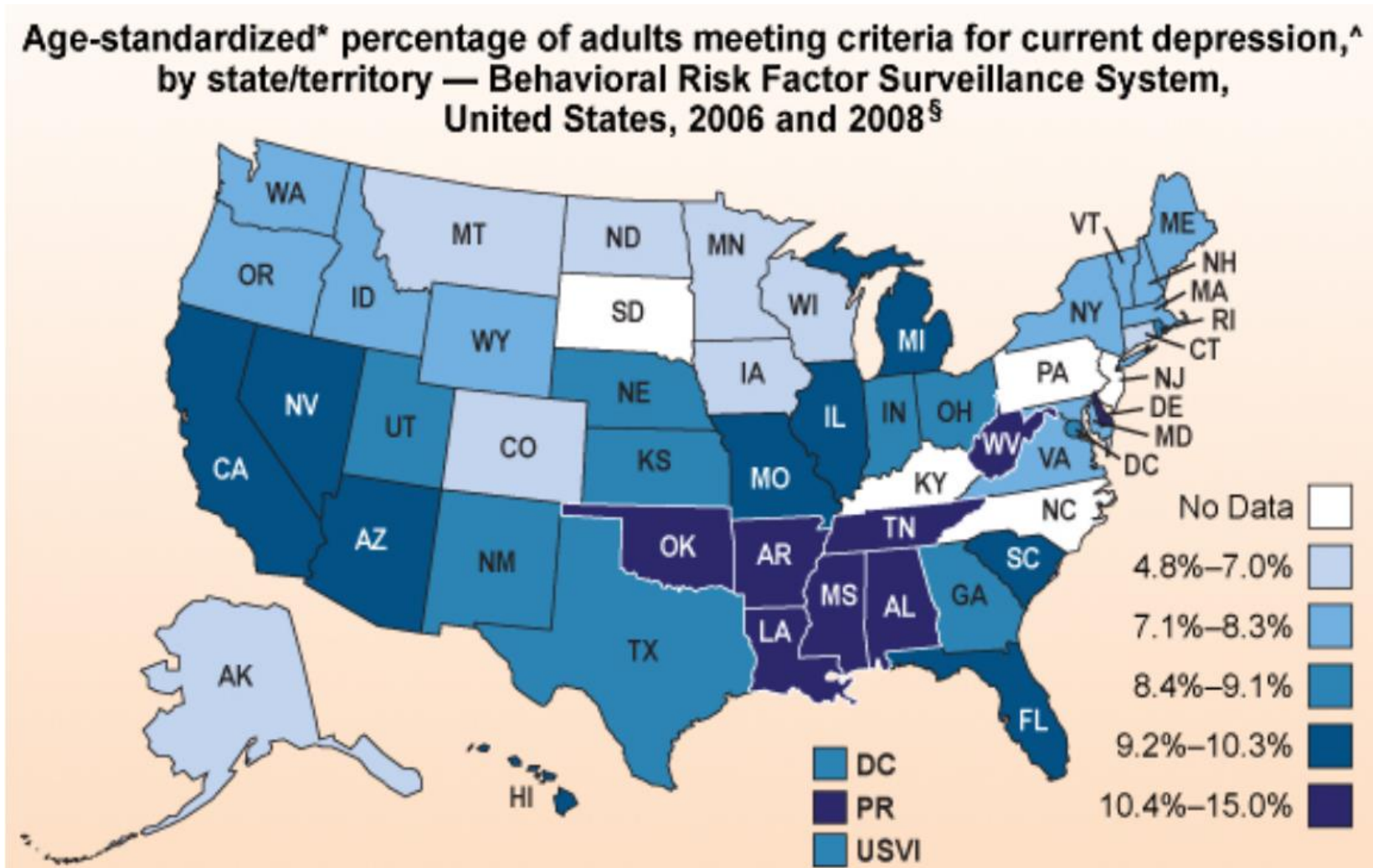
# CORRELATION TO DIABETES INCIDENCE

*Unhealthy Lifestyles lead to chronic disease*



# DEPRESSION PREVALENCE

## *Significant Incidence By State*



# What is Wellness?

*Not Just the Absence of Illness*

## WHO Definition of Health

Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity

Health is a resource for everyday life,  
not the objective of living.

Health is a positive concept emphasizing social and personal resources, as well as physical capacities.”

**Social**

**Physical**

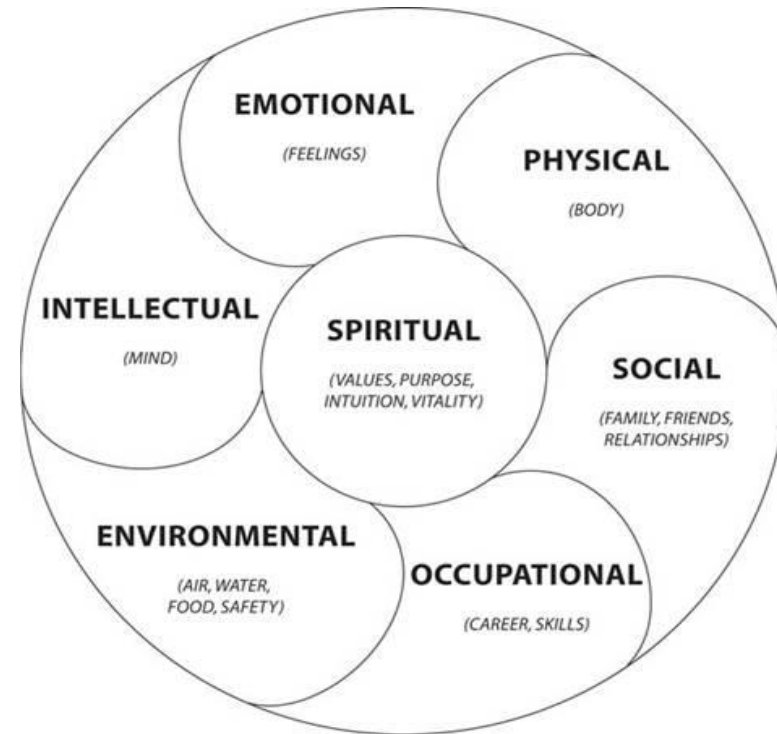
**Emotional**

**Career**

**Intellectual**

**Environmental**

**Spiritual**

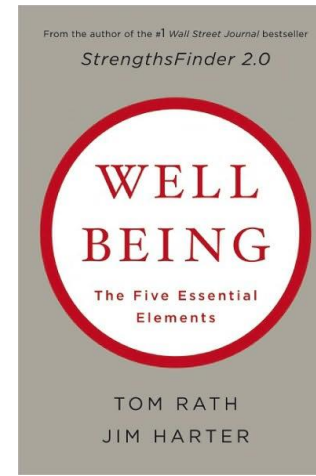


**THE NEXT BIG STRATEGY - KEEPING THE WELL WELL**

*Swenson, John A., M.D.*

# WELLBEING

## Healthways & Gallup Polling



### CAREER WELLBEING

Do you like what you do every day? With thriving Career Wellbeing, you will have something to look forward to every day and twice the odds of thriving in your life overall.



### SOCIAL WELLBEING

Do you have strong relationships and love in your life? Your Social Wellbeing is strongly influenced by your closest relationships and social connections.



### FINANCIAL WELLBEING

Do you think money buys happiness? Financial security has much more influence on your overall wellbeing than your income alone.



### PHYSICAL WELLBEING

Do you have good health and enough energy to do what you want every day? With thriving Physical Wellbeing, you will look better, feel better, and live longer.



### COMMUNITY WELLBEING

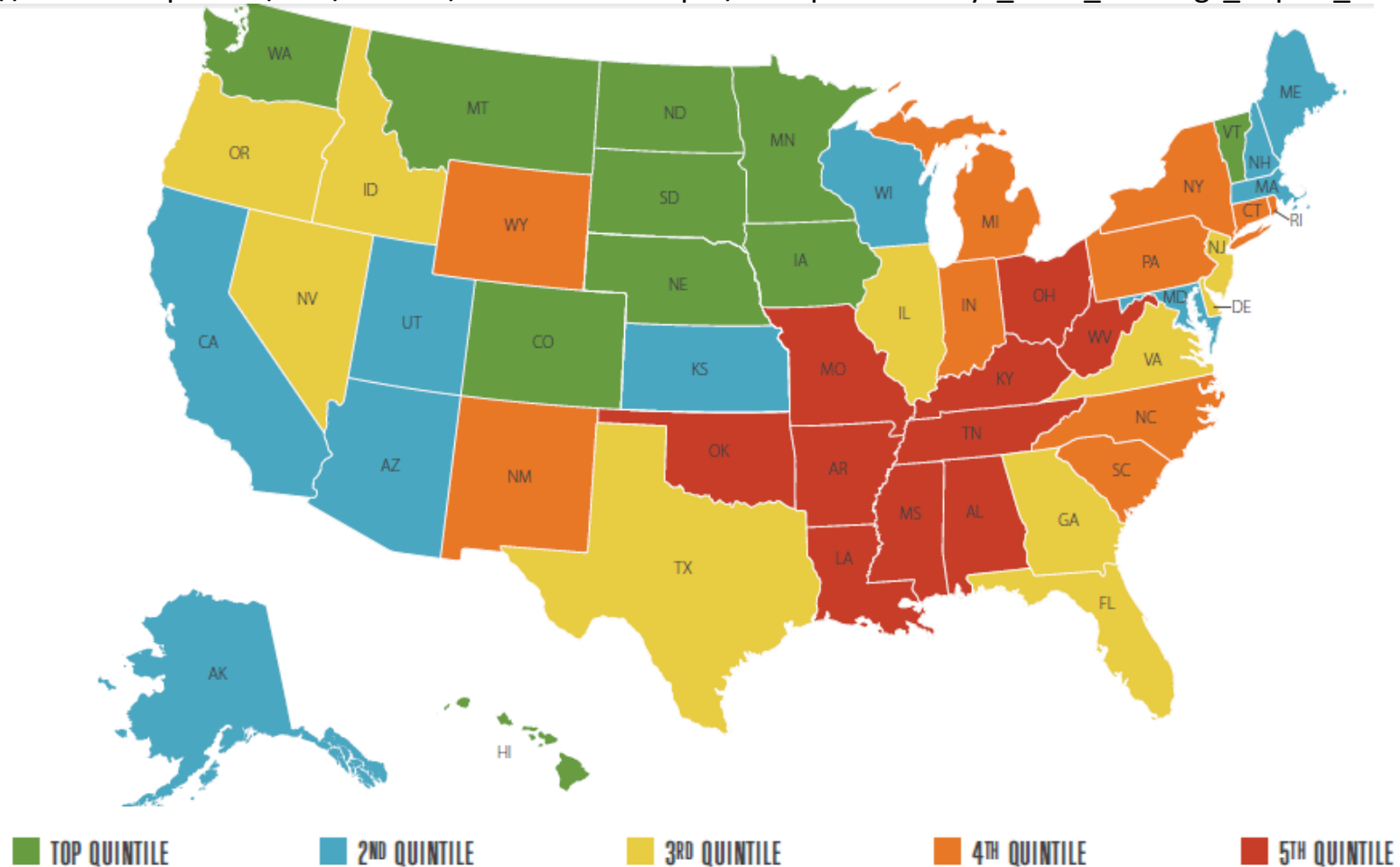
Do you take pride in your community? The positive outcomes of thriving Community Wellbeing might be the difference between having a good life and a great one.



# State of American Well-Being

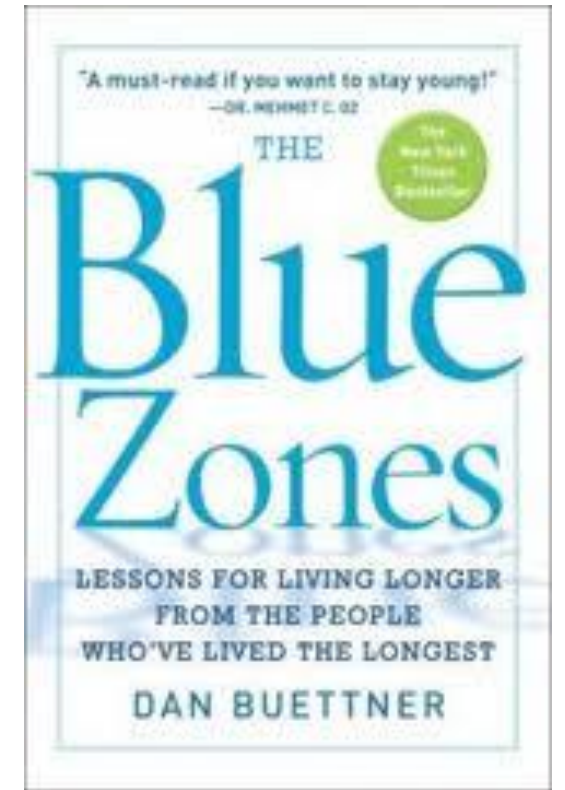
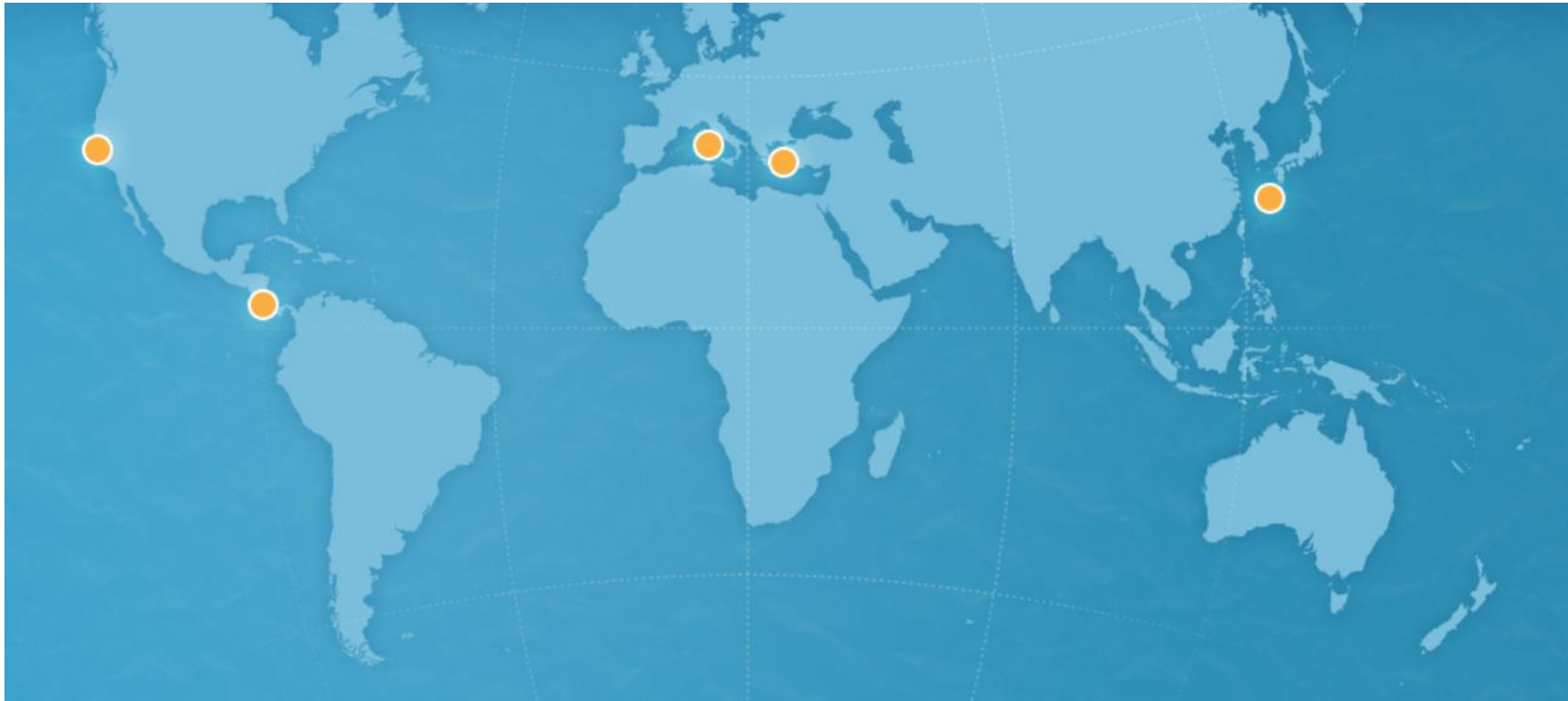
## *Healthways Gallup Index*

[http://cdn2.hubspot.net/hub/162029/file-534269477-pdf/Gallup-Healthways\\_State\\_Rankings\\_Report\\_2013.pdf](http://cdn2.hubspot.net/hub/162029/file-534269477-pdf/Gallup-Healthways_State_Rankings_Report_2013.pdf)



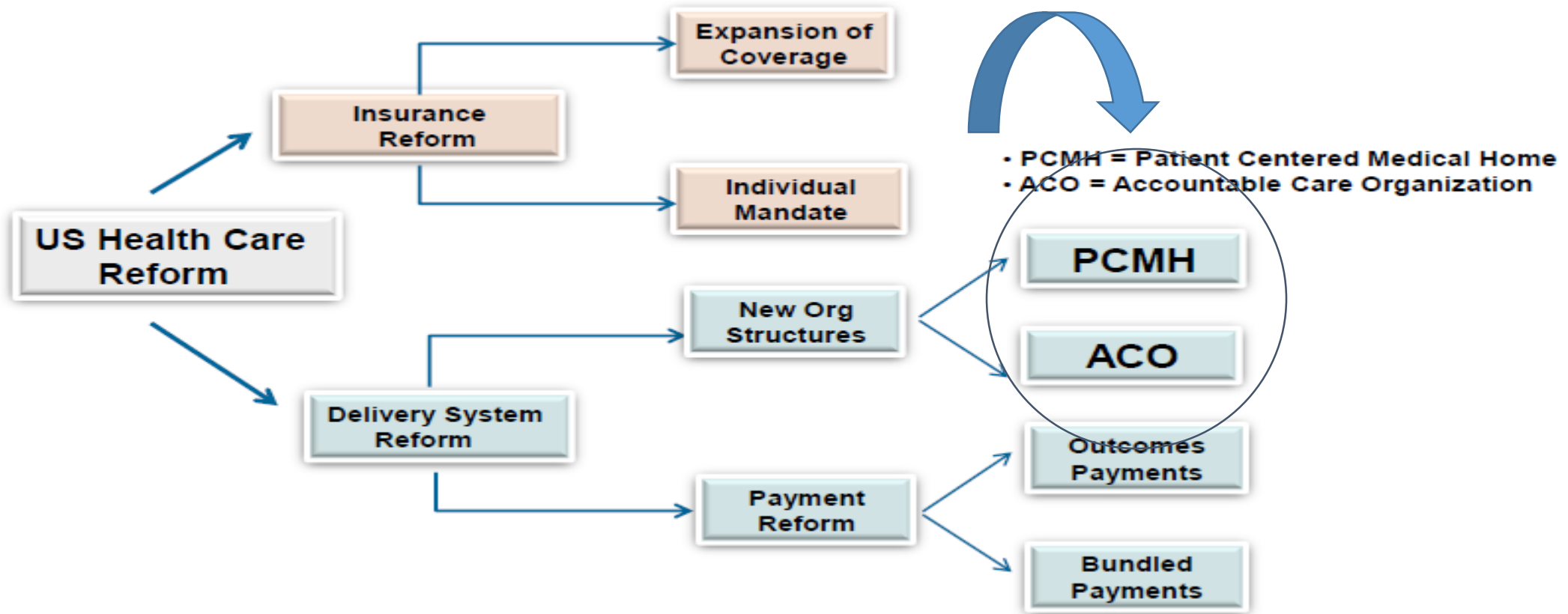
# BLUE ZONES

*Where People Live the Longest*



# OBAMACARE - REFORM ON INSURANCE & DELIVERY SYSTEM

*Driving the focus on Population Health Management (PHM)*





# OBAMACARE - REFORM ON INSURANCE & DELIVERY SYSTEM

*ALIGNING WITH THE NATIONAL AGENDA*

*HEALTH OUTCOMES = HEALTHY POPULATIONS*



## TRIPLE AIM

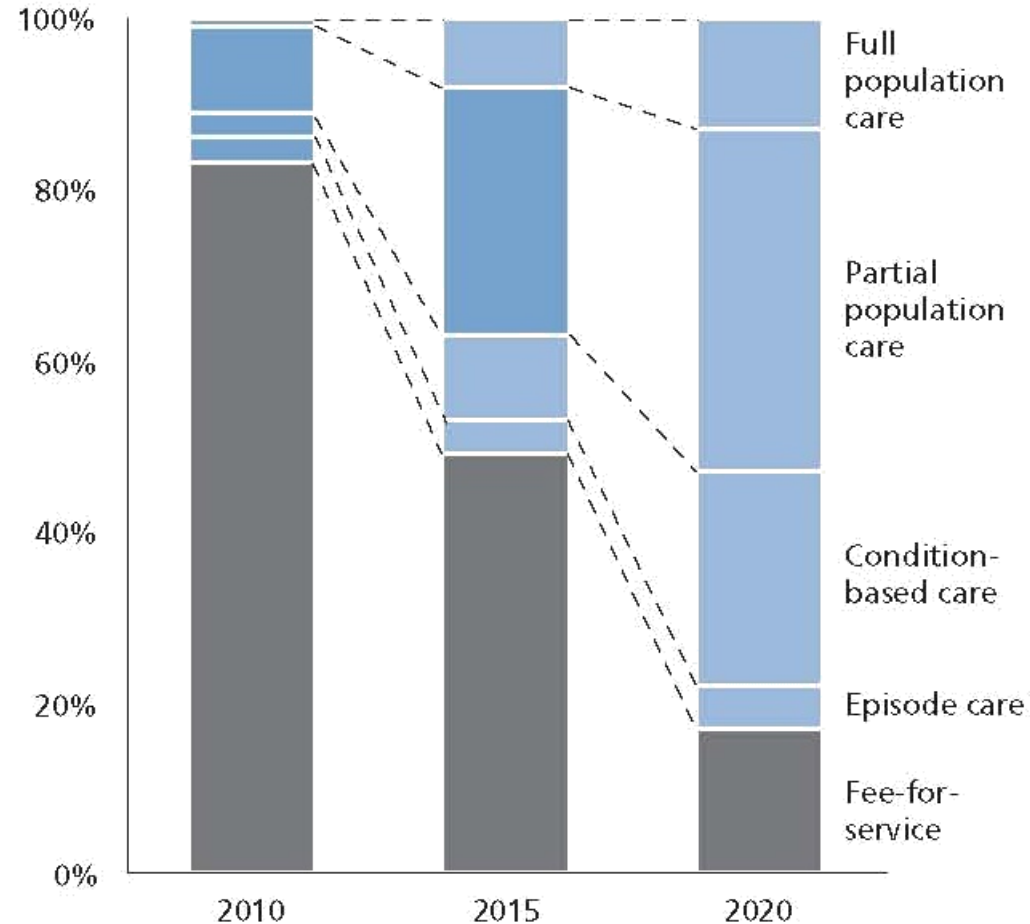
- **HEALTH STATUS OF THE POPULATION**
- **PERCEIVED VALUE / SATISFACTION**
- **COST PER CAPITA FOR PROVIDING CARE**

# OBAMACARE - REFORM ON INSURANCE & DELIVERY SYSTEM

## COMPENSATION TREND MOVING TO INCOME FOR OUTCOME

*(Treatment Bundles, Global Payments, Capitation)*

The US payment systems is shifting from a volume-based (fee for service) model to a value-based payment model



Source: "The View from Healthcare's Front Lines: An Oliver Wyman CEO Survey"

# OBAMACARE - REFORM ON INSURANCE & DELIVERY SYSTEM

*COMPENSATION TREND MOVING TO INCOME FOR OUTCOME*

*(Penalties & Incentives)*



## PENALTIES

Readmissions

Hospital Acquired Conditions

ICD10 Non-Compliance



## NEW INCENTIVES

Medical Homes

Accountable Care  
Organizations

Bundled Payments

# OBAMACARE - REFORM ON INSURANCE & DELIVERY SYSTEM

## *Patient-centered Medical Home - Seven Key Tenets*

A Patient Gateway  
NOT a Gate Keeper



Creates payment structure recognizing added value provided to patients.



Expanded hours, open scheduling, better communication



Robust partnership among physicians, patients, and their families; evidence-based medicine and CDS support tools guide decision making; IT supports optimal patient care and enhanced communication.



Patient has ongoing relationship w/ a personal doctor, or other qualified lead practitioner



The doctor leads a team who collectively provide ongoing care.



Team provides all patient care needs or arranges for care with other qualified professionals.



Information technology links all elements of care (e.g. hospital, specialist, home health agency, nursing home) and the patient's community (e.g. family).

The NCQA Process Leads to PCMH certification

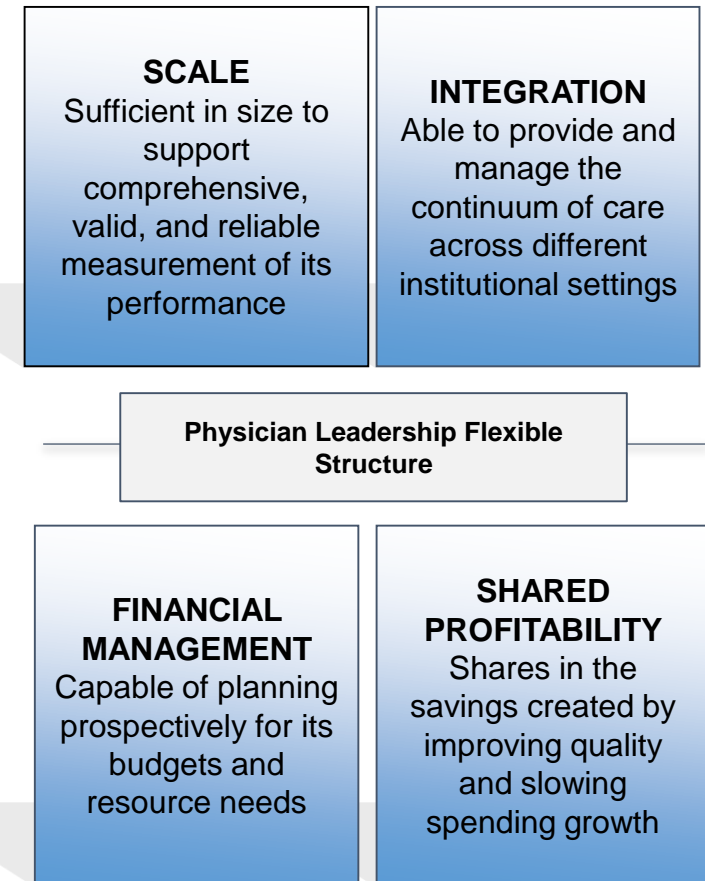


# OBAMACARE - REFORM ON INSURANCE & DELIVERY SYSTEM

## *Accountable Care Organizations – Key Characteristics*

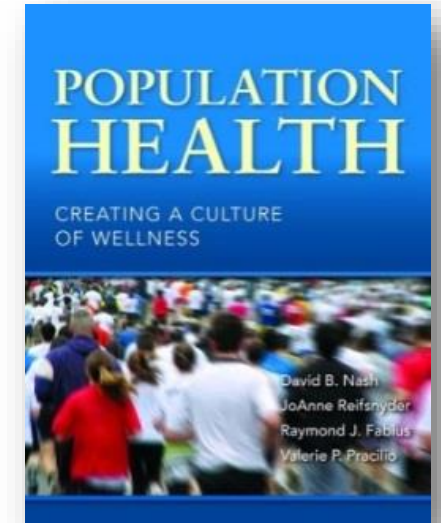
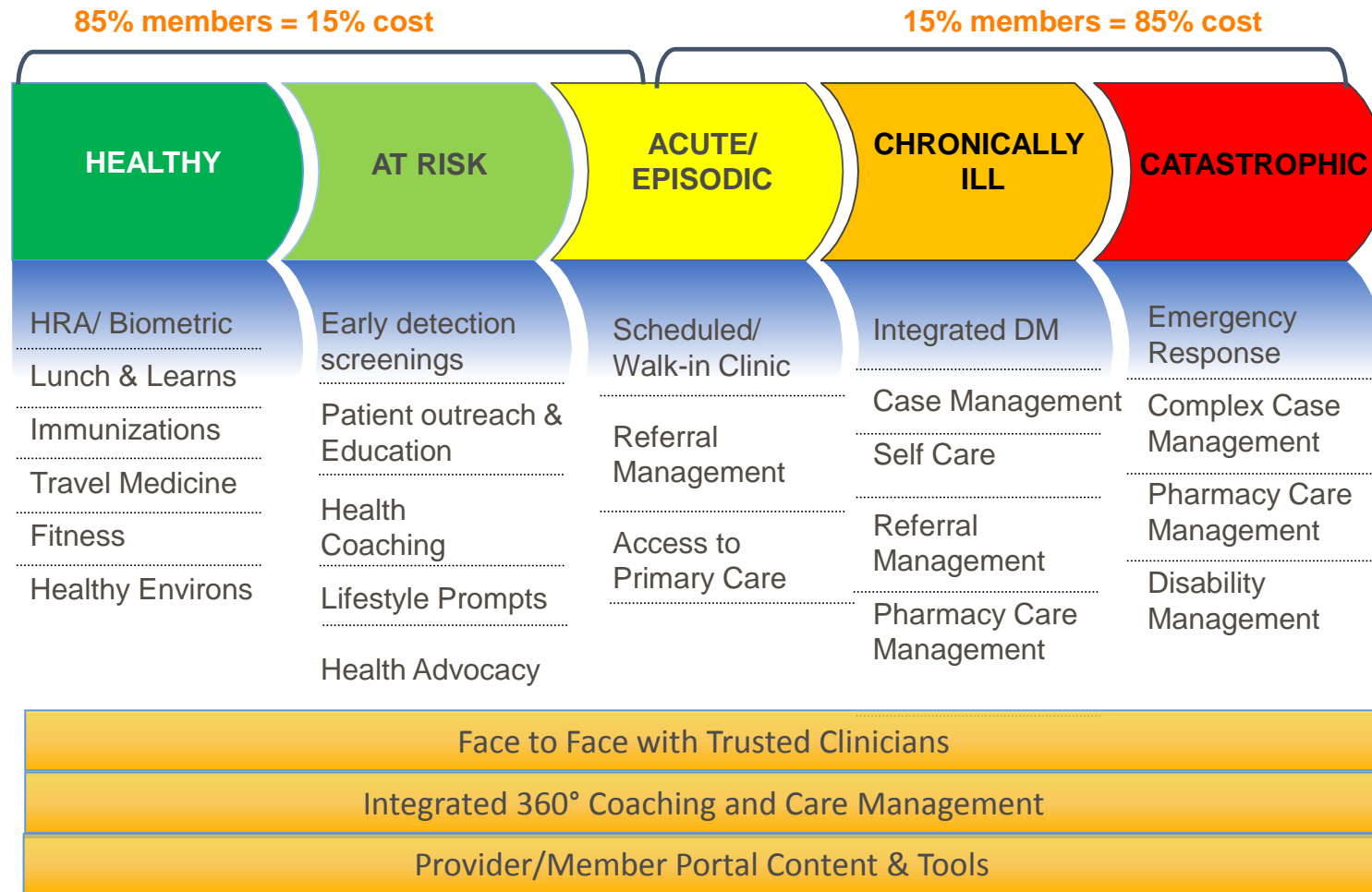
- **Organizing Providers into Delivery Systems**
  - Mergers & Acquisitions
  - Affiliations & Collaboration
- **Business Opportunity**
  - Health Systems elevate the health status of populations
    - With payers
    - With purchasers directly
- **Clinical Effectiveness**
  - Optimizing wellness versus decreasing illness
- **Eliminating Moral Hazard** wellness versus illness
- **Improving productivity & prosperity of the community**

### KEY ACO CHARACTERISTICS




# What is Population Health Management?

## *A Foundation for Accountable Care Organizations*




# POPULATION HEALTH


## Keeping Well People Well




**Right Outlook:**  
Without Anger & Anxiety



**Move Naturally:**  
Build into Lifestyle



**Consume Wisely:**  
No Smoking  
Fruits, Vegetables, Nuts



**Belong:**  
Strong Spousal Relations  
Community Activities  
Religion/Spiritual



**BLUE ZONES**

**VITALITY COMPASS™**

Right Outlook	Move Naturally	Eat Wisely	Belong
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<b>Your Biological Age</b> Your body's age given your habits <b>48.3</b> YEARS	<b>Your Life Expectancy</b> You are expected to live until the age of <b>93.9</b> YEARS	<b>Your Healthy Life Expectancy</b> Years free of cancer, heart disease & diabetes <b>82.8</b> YEARS	<b>Your Accrued Years</b> Due to your life habits, your life has accrued <b>14.3</b> YEARS
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**You could add...**

**+3.8 YEARS**  
by optimizing your lifestyle.  
Read the recommendations on this page to get started.

**Recommendations:**

**Get a Good Night's Sleep**

Tip 1: Say no to a nightcap as a sleep aid. If trouble falling asleep occurs with any frequency, be sure to evaluate your alcohol consumption. Alcohol affects your body's natural rhythms and can influence your body's ability to get to sleep naturally.

Tip 2: It is smart to get some sleep! A psychological studying college students and their sleep habits found that sleep deprivation from staying up all night lowered academic performance. Those who lacked enough sleep had slower reaction times and tended to make more mistakes.

**Whole Grains**

Tip 1: Studies have shown that whole grains appear to protect cardiovascular health and guard against some cancers. Whole grains also have another benefit: They help keep you regular, unlike their more refined cousins.

Tip 2: The next time you are at the store, pick a whole grain that starts with a B: Barley, buckwheat and bulgur (cracked wheat) are excellent sources of whole grain healthiness.

**Raise a Glass**

Tip 1: Next time you have a drink, raise a toast to your heart health. Scientific studies have shown that drinking a moderate amount of alcohol (generally, no more than two drinks a day for men and one drink a day for women) conveys about a 30 percent lower risk of cardiovascular disease.

Tip 2: Pass the bubbly. While studies have shown red wines rich in antioxidant phytochemicals called polyphenols provide a positive anti-inflammatory effect, a recent study showed that sparkling wine also seemed to provide some anti-inflammatory benefit. The scientists theorized that while not as rich in polyphenols as red wine, sparkling wine still has helpful polyphenols.

**Have a Little Faith**

**Take** the True Happiness™ Compass

**Share** your Life Expectancy on Facebook or Twitter

**Live Longer** Order New York Times Bestselling author Dan Buettner's books on Living Longer, Better.



# POPULATION HEALTH - REDUCING HEALTH RISKS

## *Eliminate disease due to modifiable behaviors*

The Centers for Disease Control and Prevention (CDC) estimates...

- 80% of heart disease and stroke
- 80% of type 2 diabetes
- 40% of cancer

...could be prevented if only Americans were to do three things:

- ✓ Stop smoking
- ✓ Start eating healthy
- ✓ Get in shape





# Health by Numbers

051025

The GE trademarked prevention program

Its purpose is to help the global employee community stay well.

The key numbers remind us to avoid tobacco products, eat a healthy diet, exercise regularly and maintain a normal weight.



# POPULATION HEALTH

## *Manage Chronic Conditions*

By Kenneth E. Thorpe, Lydia L. Ogden, and Katya Galactionova

### **Chronic Conditions Account For Rise In Medicare Spending From 1987 To 2006**

doi: 10.1377/hlthaff.2009.0474  
HEALTH AFFAIRS 29,  
NO. 4 (2010): –  
©2010 Project HOPE—  
The People-to-People Health  
Foundation, Inc.



#### **Rise in spending for treated diseases (37%)**

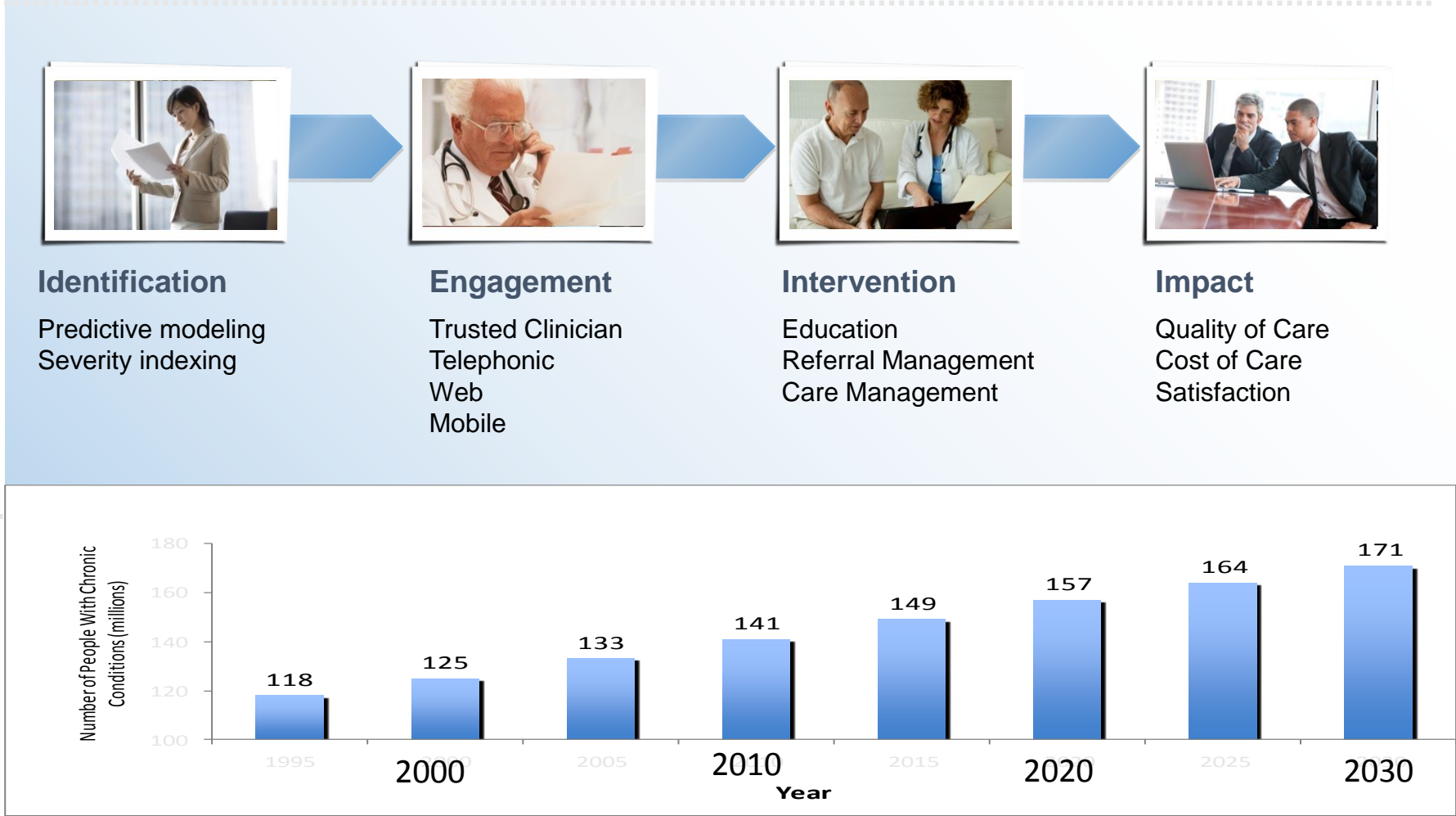
- Innovation/advancing technology (pharmacologic, devices, treatments)
  - Newborn delivery costs – five-fold increase from 1987-2002
  - NICU, incubators, ventilators, C-section
  - New/better medicines for treating disease
  - New treatment thresholds
    - Blood pressure
    - High blood glucose
    - **Hyperlipidemia**

#### **Rise in the prevalence of disease (63%)**

- About ¾ of all healthcare spending in the U.S. is focused on patients who have one or more chronic health conditions
- Chronically ill patients only receive 56% of clinically recommended preventive health services
- **27% of the rise in healthcare costs is associated with increases in obesity rates**

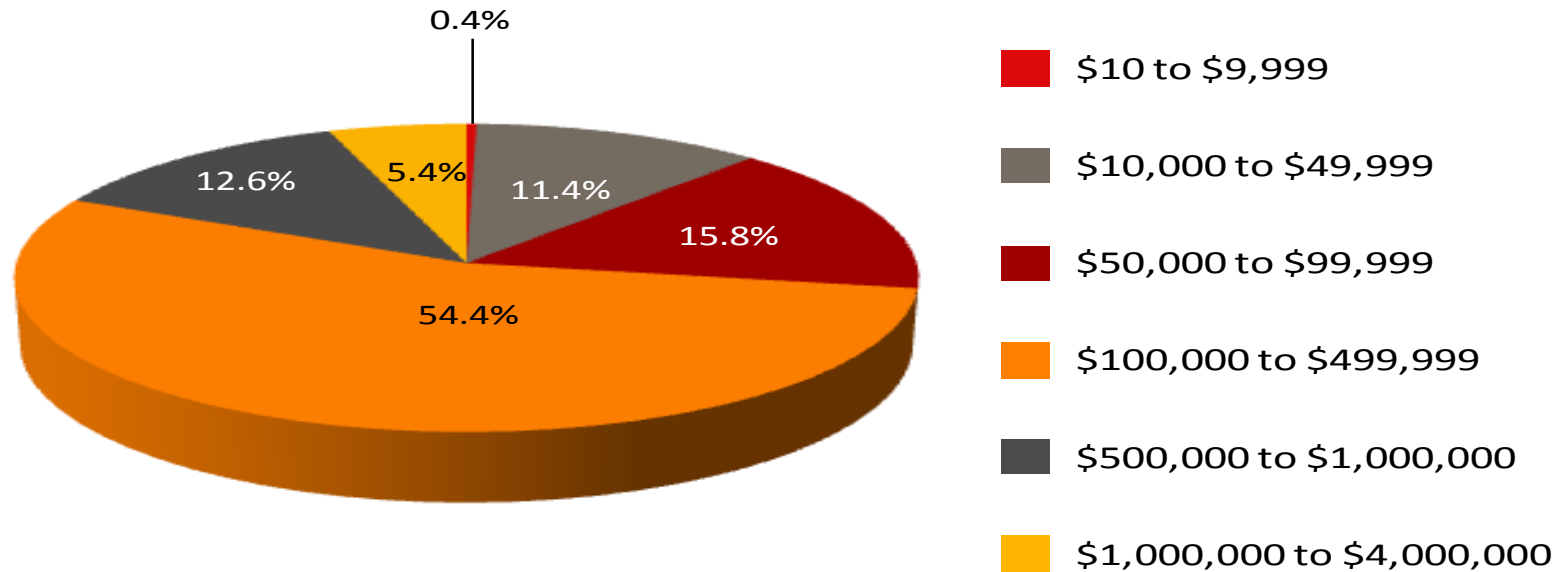
# POPULATION HEALTH

## Manage Chronic Conditions



# POPULATION HEALTH – ADDRESS CATASTROPHIC ILLNESS

## *Futile Care Costs Tied To In-hospital Death*



Medical and prescription costs in last year of life (proxy) by range

**20,389 patient cohort from 79 Million patient Truven Health Analytics database**  
**Total cost for these patients was over \$2 billion**

# CATASTROPHIC ILLNESS

## *Despite The Progress Of Medical Science*

### World Death Rate Holding Steady At 100 Percent

GENEVA, SWITZERLAND—World Health Organization officials expressed disappointment Sunday over the group's finding that, despite the enormous efforts of doctors, rescue workers, and other medical professionals worldwide, the global death rate remains at 100 percent.

Death, a metabolic affliction causing shutdown of all life functions, has long been considered humanity's number-one health concern. Responsible for 100 percent of all recorded

fatalities worldwide, the condition has no cure.

"I was really hoping, what with all those new radiology treatments, rescue helicopters, cardiovascular-exercise machines, and what have you, that we might at least make a dent in it this year," WHO Director General Dr. Ernst Wessel said. "Unfortunately, it would appear that the death rate remains constant, as it has since the dawn of time."

Many suggest that the high mortality

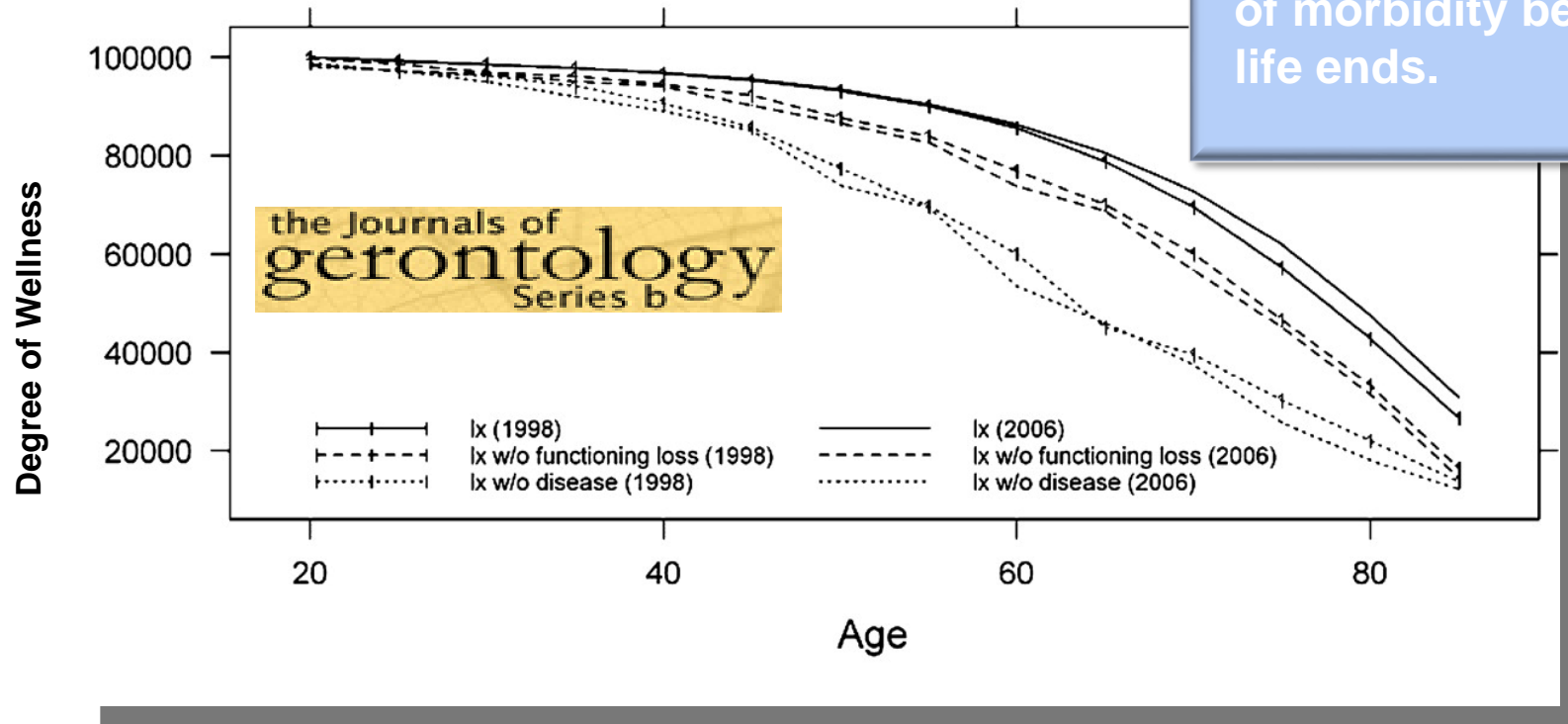
rate represents a massive failure on the part of the planet's healthcare workers.

"The inability of doctors and scientists to address and confront this issue of death is nothing less than a scandal," concerned parent Marcia Grella said. "Do you have any idea what a full-blown case of death looks like? I do, and believe me, it's not pretty. In prolonged cases, total decomposition of the corpse is the re-

see **DEATH** page 84

# THE ULTIMATE GIFT OF HEALTH: *Compression Of Morbidity*

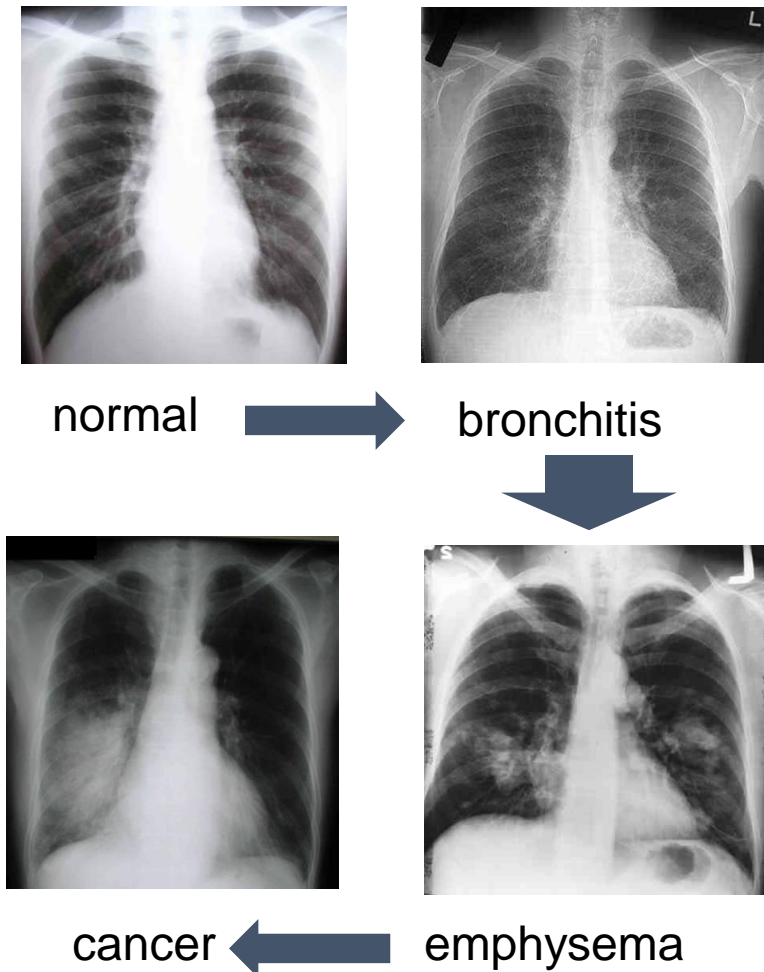
The longer you stay healthy and vital, the shorter your period of morbidity before life ends.



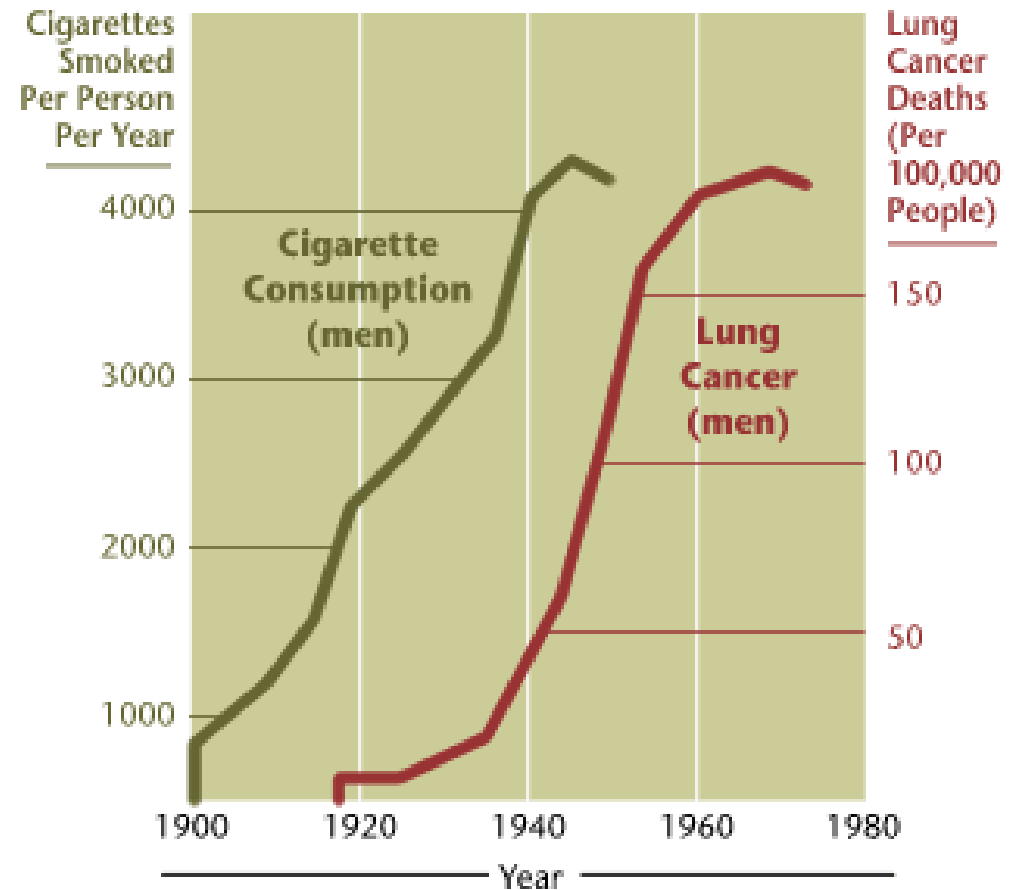
# WHAT'S THE POINT

## INSIDIOUS PROGRESSION OF DISEASE:

*SMOKING & ACUTE ILLNESS LEADS TO CHRONIC & CATASTROPHIC ILLNESS*



### 20-Year Lag Time Between Smoking and Lung Cancer



# WHAT'S THE POINT

## INSIDIOUS PROGRESSION OF DISEASE:

*ANXIOUS & STRESSED, Leads to Chronic and Catastrophic Illness*



normal stress



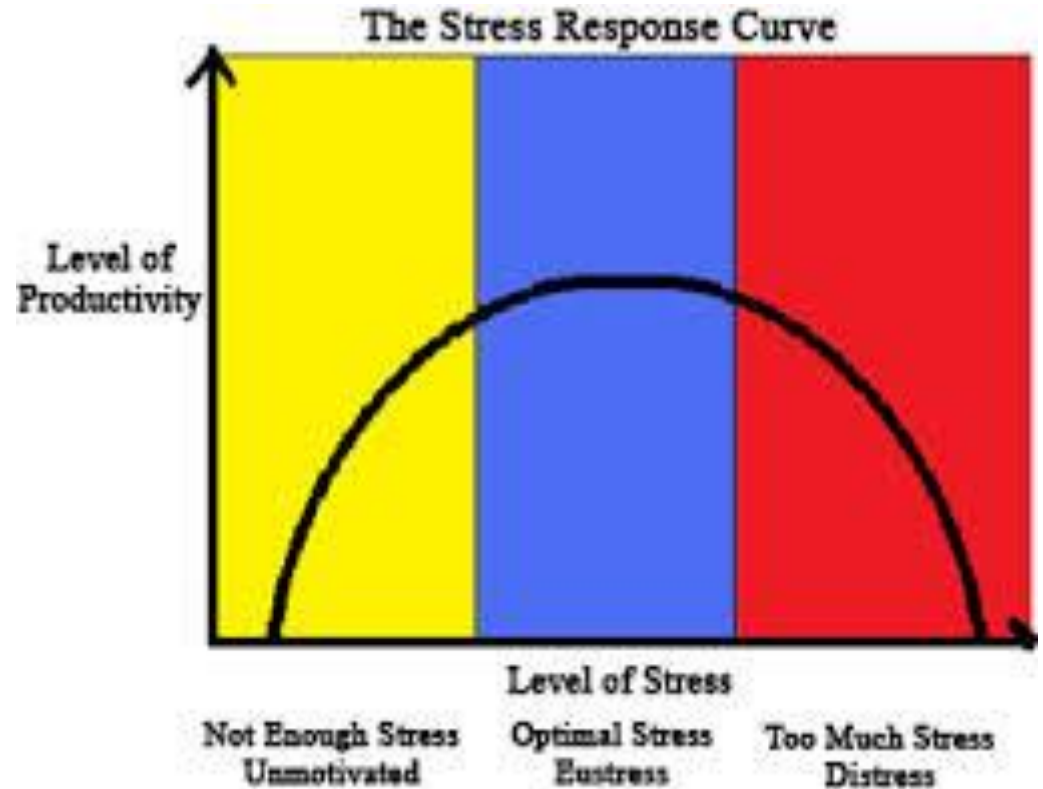
burnout



Suicidal



depressed





# POPULATION HEALTH – KEY COMPONENTS

*Includes a health care delivery approach that addresses the underuse and overuse of health care resources, seeking increased clinical quality at optimal expense via:*

- ✓ Patient-centered care
- ✓ Elimination of the “medically homeless”
- ✓ “Patient-Centered Medical Home”
- ✓ A focus on health determinants
- ✓ Recognizing health disparities & the need for cultural competence
- ✓ Appropriate health education, communication and marketing to promote wellness and self care
- ✓ Leveraging the science of behavioral change & economics
- ✓ Understanding Wellness
- ✓ Assessment & mitigation of health determinants
- ✓ Assessment & mitigation of health risks
- ✓ Assessment & mitigation of illness burden
- ✓ Utilizing all faucets of medical management
- ✓ Health Information Technology
- ✓ Application of evidence-based guidelines
- ✓ Clinical, Public Health and Community integration

# POPULATION HEALTH

## *Patient-centered care Generating Patient Activation*

- The Institute of Medicine) defines patient-centered care as: **"Providing care that is respectful of and responsive to individual patient preferences, needs, and values, and ensuring that patient values guide all clinical decisions."**
- supports active involvement of **patients and their families** in the design of new care models and in **shared decision-making** about individual options for care
- Patient-centered care is also one of the overarching goals of **health advocacy**, in addition to safer medical systems, and greater patient navigation through healthcare delivery systems.
- Given that non-consumer stakeholders often don't know what matters most to patients regarding their ability to get and stay well, care that is truly patient-centered cannot be achieved without active **patient engagement** at every level of care design and implementation.



# POPULATION HEALTH

## *Deploys Shared Decision Making (SDM)*

**“the process of interacting with patients who wish to be involved in arriving at an informed, values-based choice among two or more medically reasonable alternatives”**

### Informed

- There is a choice
- The options
- The benefits and harms of the options

### Values-Based

- What’s important to the patient
- Often based on functional status
- Quality of life factors



<sup>1</sup>A.M. O'Connor et al, "Modifying Unwarranted Variations In Health Care: Shared Decision Making Using Patient Decision Aids" *Health Affairs*, 7 October, 2004

# POPULATION HEALTH

## *ELIMINATES HEALTH DISPARITIES*

- Men versus Women
- White versus Other
- Rich versus Poor
- Educated versus Uneducated
- English speaking versus others



Occurs when there are differences in the incidence, prevalence, mortality, and burden of diseases as well as other adverse health conditions or outcomes that exist among disadvantaged population groups such as... socioeconomic status, education, age, race and ethnicity, geography, disability, sexual orientation, or special needs.

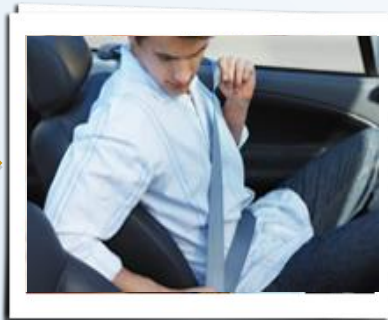
# POPULATION HEALTH

*Leveraging the Knowledge of Prevention*



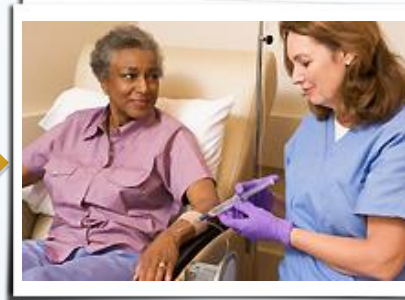
## Primordial Prevention

Culture Imperatives  
Clean Water  
Healthy Food



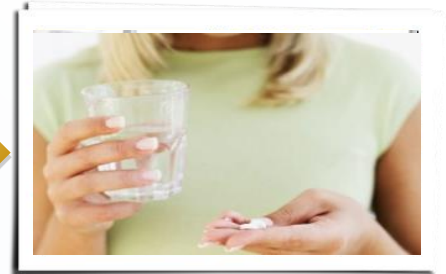
## Primary Prevention

Lifestyle Change  
Immunizations  
Seat Belts



## Secondary Prevention

Screenings  
Cancer  
Blood Pressure  
Cholesterol



## Tertiary Prevention

Compliance with Care  
Disease Management

# POPULATION HEALTH

## WHERE DOES BEHAVIORAL HEALTH FIT?

*Addressing the Whole Patient*

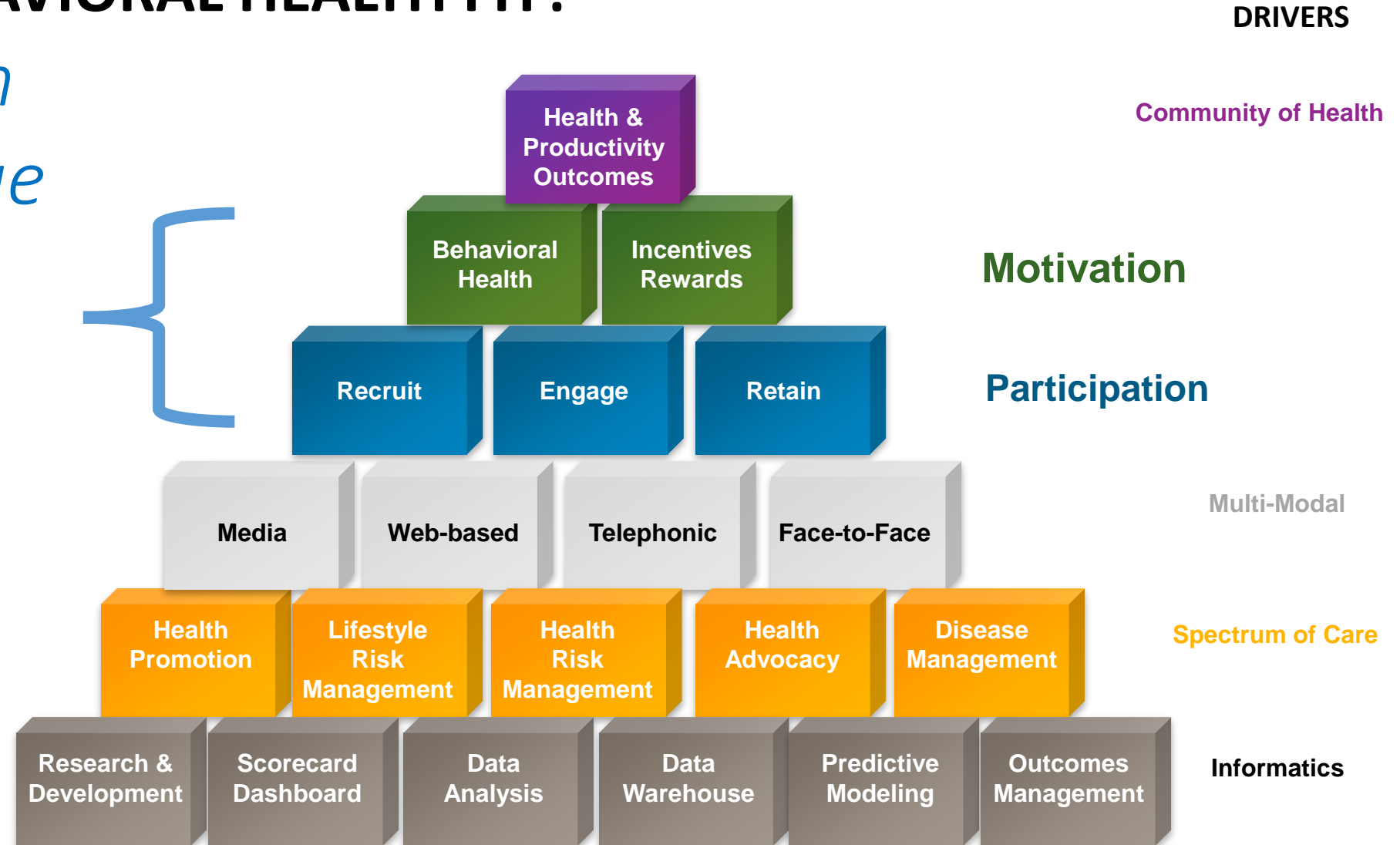
- ✓ Physical
- ✓ Social
- ✓ Emotional
- ✓ Environmental
- ✓ Spiritual
- ✓ Intellectual
- ✓ Occupational



# POPULATION HEALTH BUILDING BLOCKS

## WHERE DOES BEHAVIORAL HEALTH FIT?

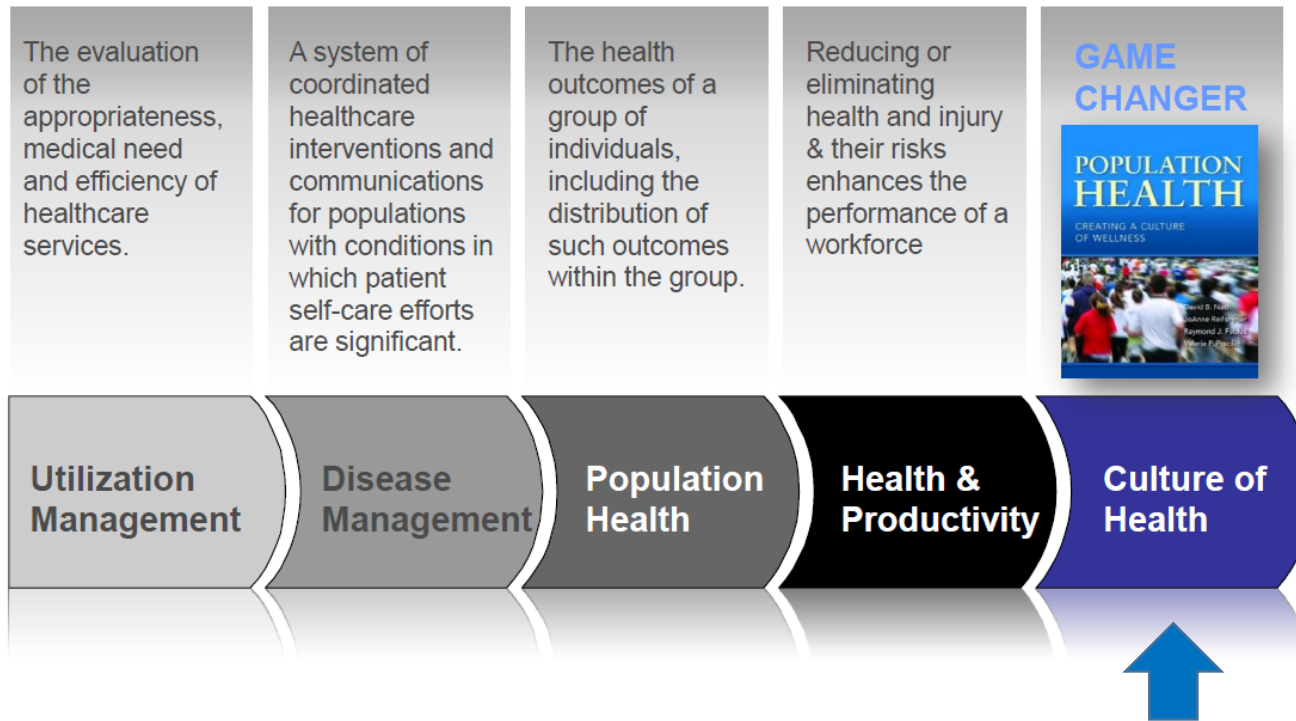
*Behavior Health*  
*Behavior Change*



# THE PROMISE AHEAD

*“Going where the puck will be”*

## The Evolution of Medical Management *Informed Our Products & Services*



*“A good hockey player plays where the puck is. A great hockey player plays where the puck is going to be”.*

**Wayne Gretzky**





# EMPLOYER HEALTH ASSET MANAGEMENT

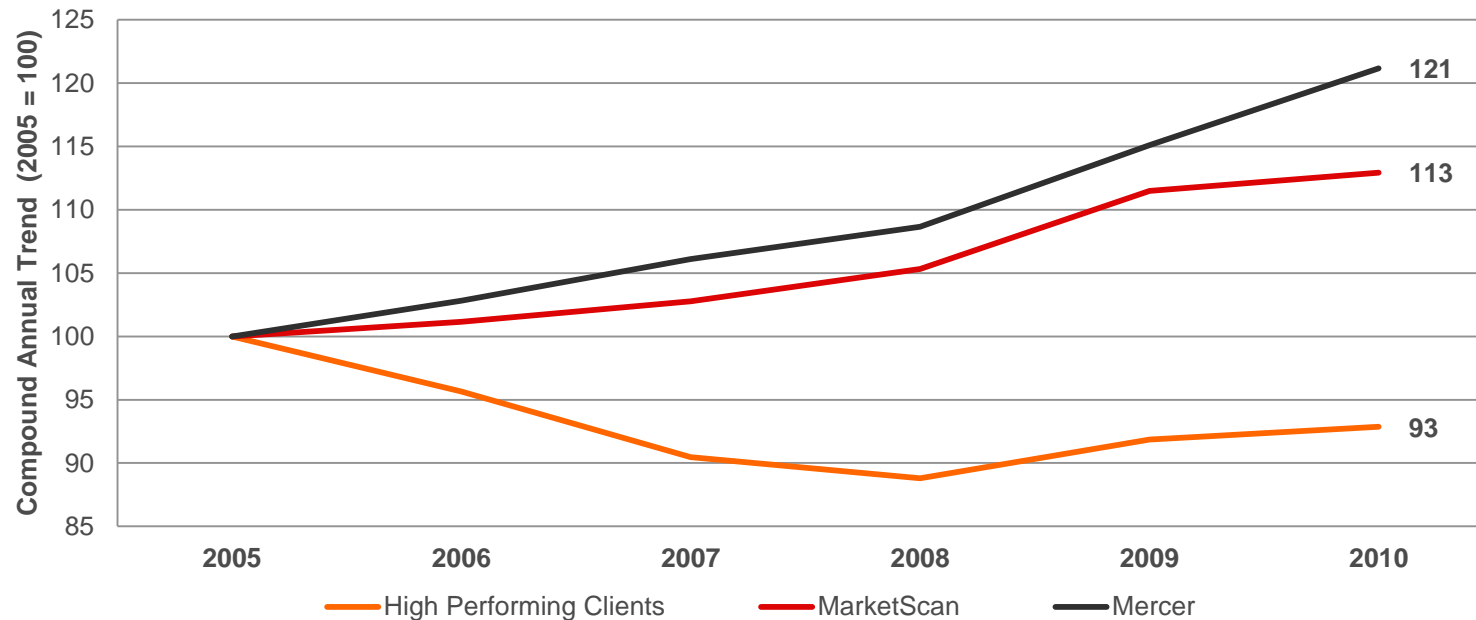
*A Roadmap for Improving the Health of Your Employees and Your Organization*



# BENDING THE CURVE: THE NEW BENCHMARK

## US HEALTHCARE COST TRENDS VS. TRUVEN HEALTH ANALYTICS CLIENTS

### High Performer Net Cost Trends 2005 - 2010 Adjusted For Consumer Price Index (CPI-U) Inflation

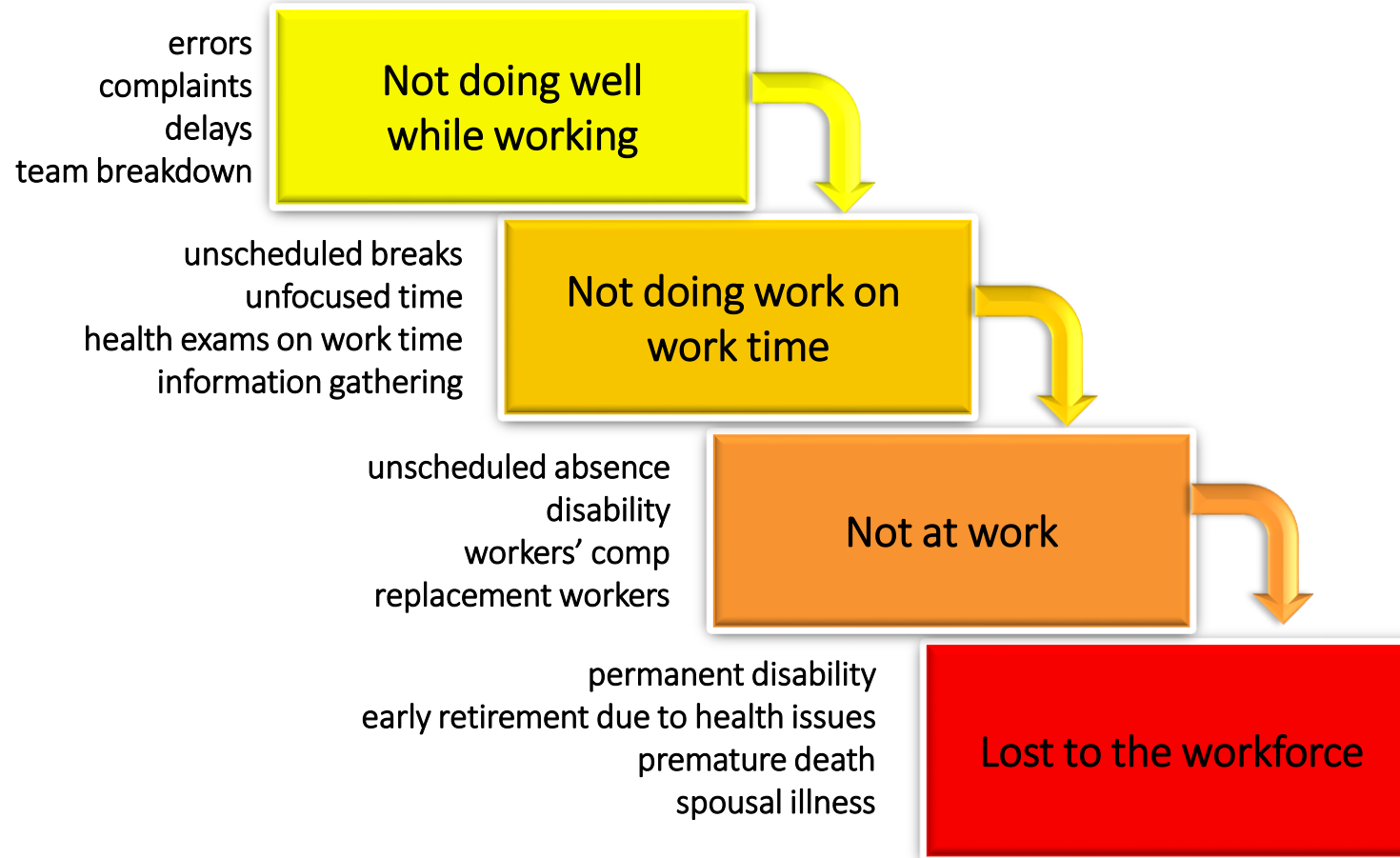


<b>TRUVEN HEALTH ANALYTICS High Performers Clients</b>	<p>Eight employers, with self funded plans, spanning multiple industries who also utilize TRUVEN HEALTH ANALYTICS decision support and analytic consulting services. These clients consistently outperformed net pay trend rates for the broader 53 client group each year and cumulatively from 2005 – 2010. As a group, they have consistently made innovative use of healthcare data to support all aspects of population health, productivity and plan management.</p>
<b>MarketScan</b>	<p>A group of over 50 TRUVEN HEALTH ANALYTICS clients with 5 million members covered in self funded plans that contributed to MarketScan continuously since 2005.</p>
<b>2010 Mercer National Survey</b>	<p>A comprehensive survey of 2,836 US employers. Reflecting the average reported healthcare trend rates across group size, geographic region and industry type.</p>

# CULTURES OF HEALTH – WHY EMPLOYERS WOULD DO THIS

## *The Impact Of Poor Health To Employers*

## *Continuum Of Employee Performance Outcomes*

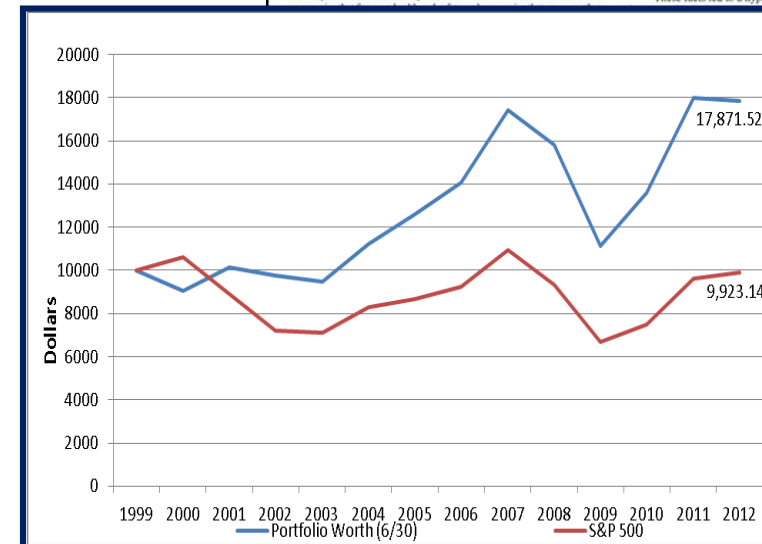
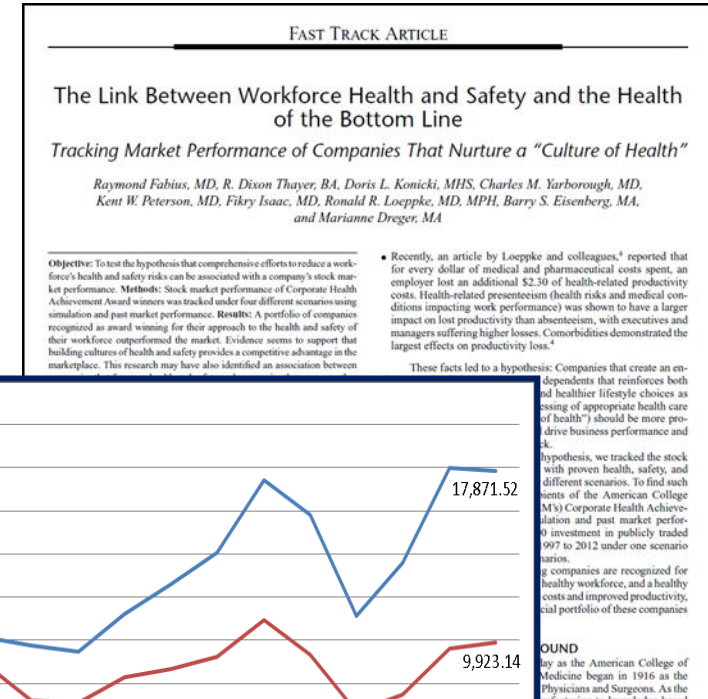


# ACOEM / HealthNEXT Research

## Culture of Health Companies Outperform

### Marketplace rewards companies who achieve cultures of health:

- Used the ACOEM Corporate Health Achievement Award (CHAA) culture of health award winners as a stock portfolio
- A portfolio of approximately twenty publicly traded award winners; over nearly two decades
- Published September 2013 in the *JOEM*
- Once again the portfolio outperformed the market significantly; in all four test scenarios



# Benchmark Research

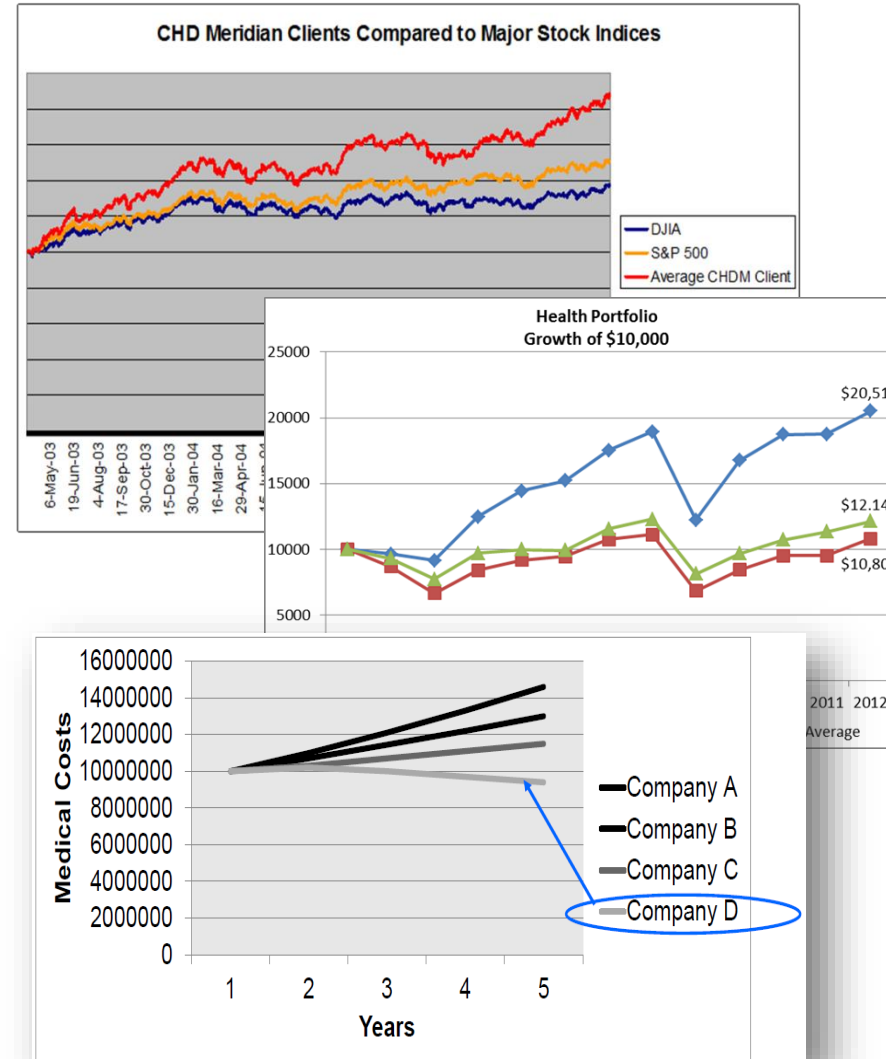
## Culture of Health Companies Outperform

Marketplace rewards companies who achieve cultures of health:

- For every \$1 invested in the DJIA and S&P 500, our (I-trax) client portfolio yielded at least double the growth to THEIR shareholders in less than 3 years
- In other words, the majority of our clients' workforces tended to deliver much better returns for their investors than other large employers

A few "benchmark" organizations are "bending the curve"

- Although employer health care costs in America continue to grow 2-4 times faster than general inflation
- These benchmark employers healthcare costs are declining without materially reducing benefits, or shifting costs to their employees



# CULTURES OF HEALTH

## *National & State Initiatives*

- National Priorities Partnership (NPP)- collaboration of twenty-eight national influential public and private organizations, convened by the National Quality Forum
- “Healthy People” Initiatives (HP) – a U.S. Department of Health and Human Services program that sets national public health priorities over a ten year period.
- The States – In addition to NPP and HP, all have programs that address health care disparities, increase access to quality and cost-effective care, to improve health care delivery at manageable costs.



## LOOKING AT POLICIES THROUGH A HEALTH LENS

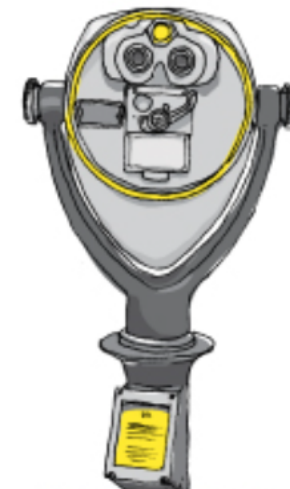
Good health doesn't start just at the doctor's office. **Where we live, learn, work, and play can influence healthy behaviors.**

While an individual can take steps to change her behavior – for example, to exercise more – it takes individuals and organizations working together to reshape the physical environment, such as through **policies** related to playgrounds and reliable public transit, to help **create healthy, vibrant neighborhoods.**

An Institute of Medicine workshop explored how **different sectors can work together** to advance their own aims **while supporting behaviors intended to lead to better health.**

### SEE HOW POLICIES CAN IMPACT HOW PHYSICALLY ACTIVE WE ARE.

**START HERE >**

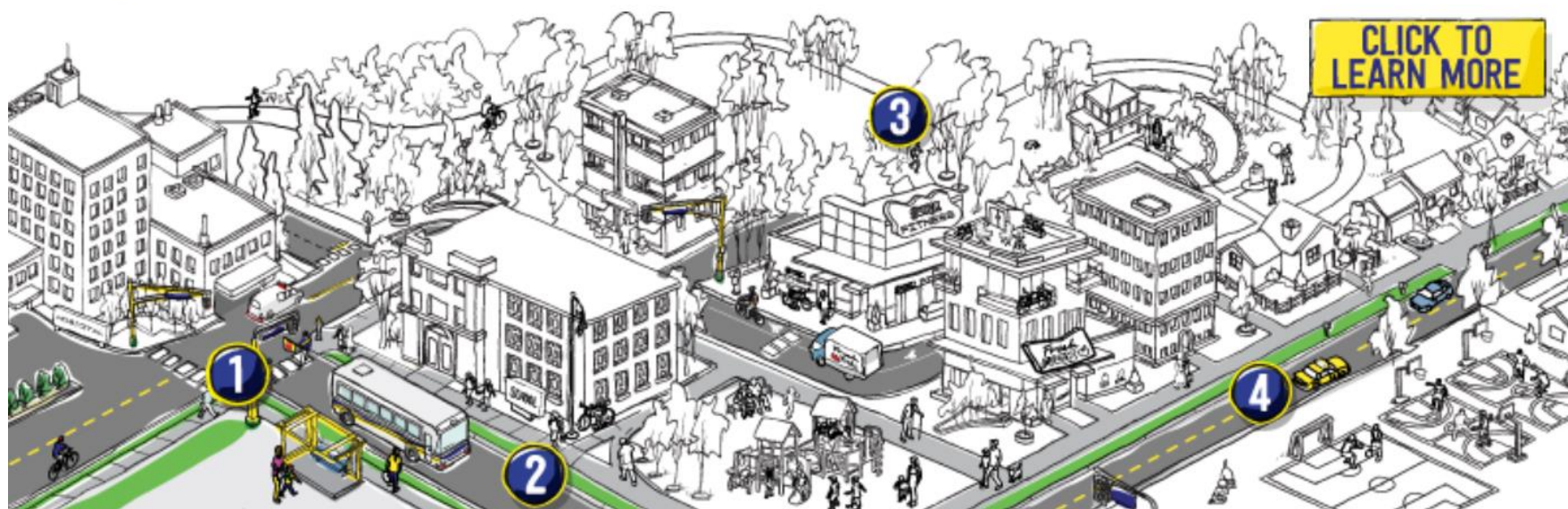


# 1 TRANSPORTATION

< GO BACK

Sidewalks, crosswalks, traffic lights and bike paths can increase kids' physical activity by allowing them to walk or cycle to school. For example, kids that walk or bike to school instead of being driven can get 16 more minutes of physical activity each day.<sup>1</sup>

**Policy examples could include:** land use planning, "complete streets" (e.g., with sidewalks, crosswalks), transit-oriented development.



**NOTE:** This graphic lists statements and policy examples suggested by individual participants in a workshop hosted by the IOM Roundtable on Population Health on September 28, 2013. Statements, recommendations, and opinions expressed—other than those with source information (below)—are those of the individual participants and are not necessarily endorsed or verified by the IOM or the roundtable, and should not be construed as reflecting any group consensus.

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## 2 SCHOOLS

< GO BACK

Mandatory physical education classes can increase physical activity by about 23 minutes per day.<sup>1</sup>

**Policy examples could include:** integration of physical activity across the curriculum, school revitalization, school redesign (e.g., green playgrounds), “joint use agreements” (e.g., of school playgrounds).



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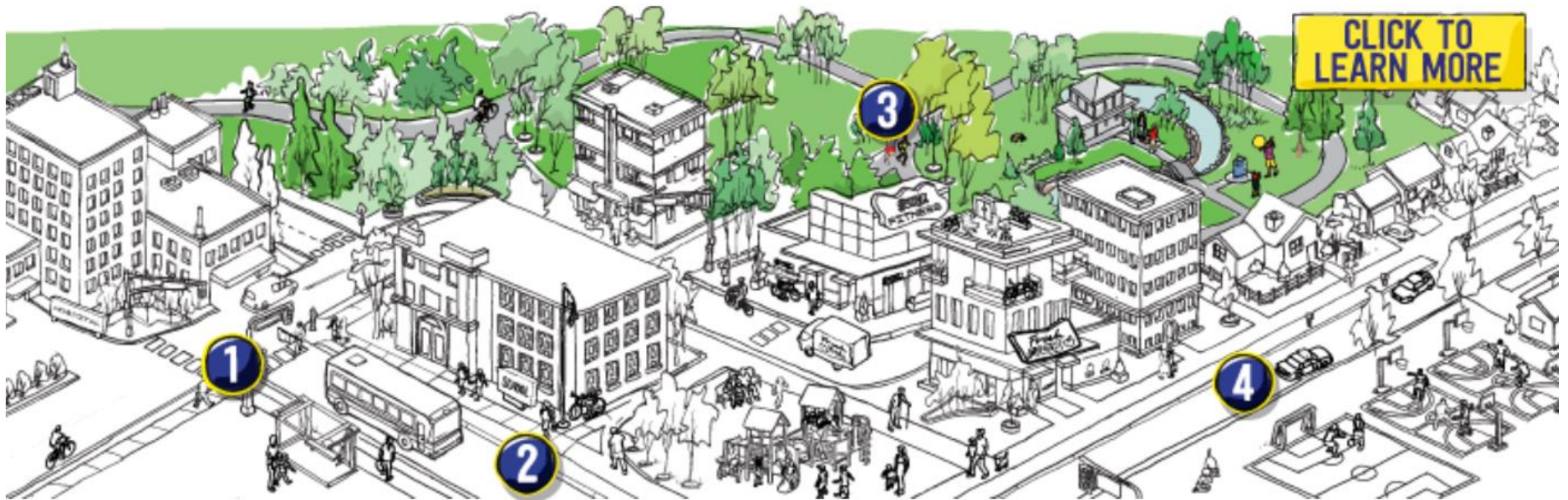
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### 3 ENVIRONMENT AND PARKS

< GO BACK

Being close to parks and walking trails—especially those with nice scenery—can increase people’s level of physical activity.<sup>2</sup>

**Policy examples could include:** urban forestry, trails projects, air quality, water management and quality.



**NOTE:** This graphic lists statements and policy examples suggested by individual participants in a workshop hosted by the IOM Roundtable on Population Health on September 28, 2013. Statements, recommendations, and opinions expressed—other than those with source information (below)—are those of the individual participants and are not necessarily endorsed or verified by the IOM or the roundtable, and should not be construed as reflecting any group consensus.

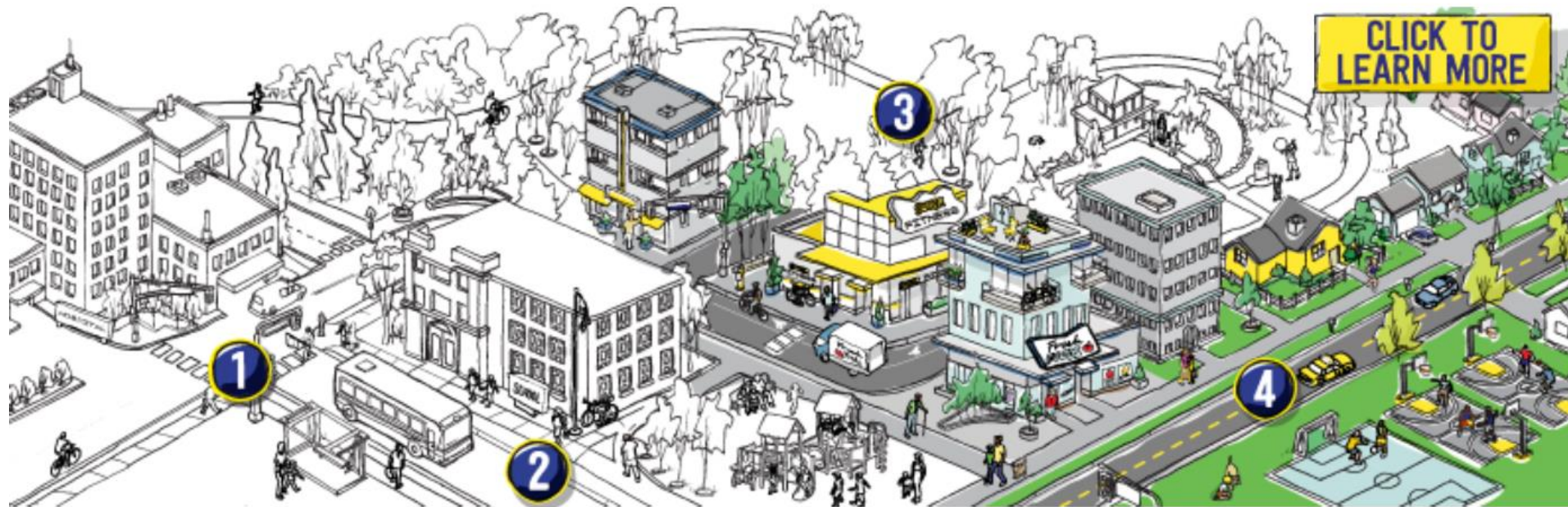
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## 4 HOUSING AND NEIGHBORHOODS

< GO BACK

Neighborhoods where homes, stores, businesses, and recreational facilities are all close together are associated with increased walking.<sup>2</sup>

**Policy examples could include:** inclusionary zoning, affordable housing, economic development, mixed use development.



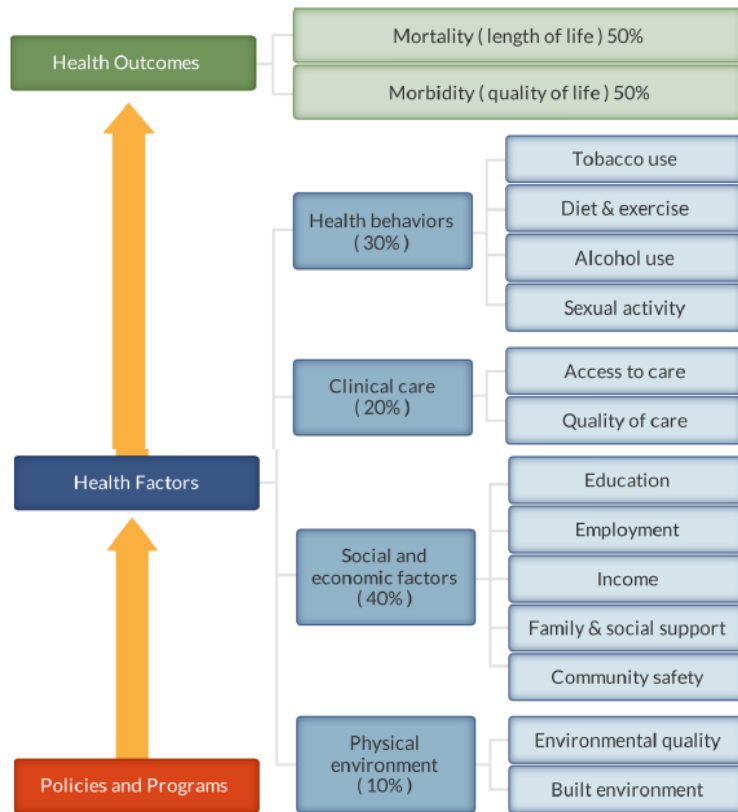
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# IOM Environmental Scan

*Where Does Behavioral Health Fit? EVERYWHERE*



County Health Rankings model ©2012 UWPHI

The County Health Rankings is a collaboration of the Robert Wood Johnson Foundation and the University of Wisconsin Population Institute.

Source: County Health Rankings, 2012



National Prevention Council 2011

# EYEING THE PRIZE

*What is the Goal ? Creating Environments That Are:*

- Seek out ways to prevent illness & disease
- Reward better health and outcomes
- Holistic, Stigma Free
- Promotes individual well-being
- Produces resiliency
- Enhances Performance & Prosperity
- Reducing the need for crisis intervention



# For More Information

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<http://www.ihpm.org/pdf/EmployerHealthAssetManagementRoadmap.pdf>
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