



# LEADERSHIP IN ADVANCING POPULATION HEALTH AND SOCIAL WELL BEING: DEVELOPING NEW COMPETENCIES FOR THE FUTURE

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*Health and Human Services Agency*

*County of San Diego, California*



# WHY US? WHY NOW?



**LIVE WELL**  
SAN DIEGO

## U.S. HEALTH IN INTERNATIONAL PERSPECTIVE

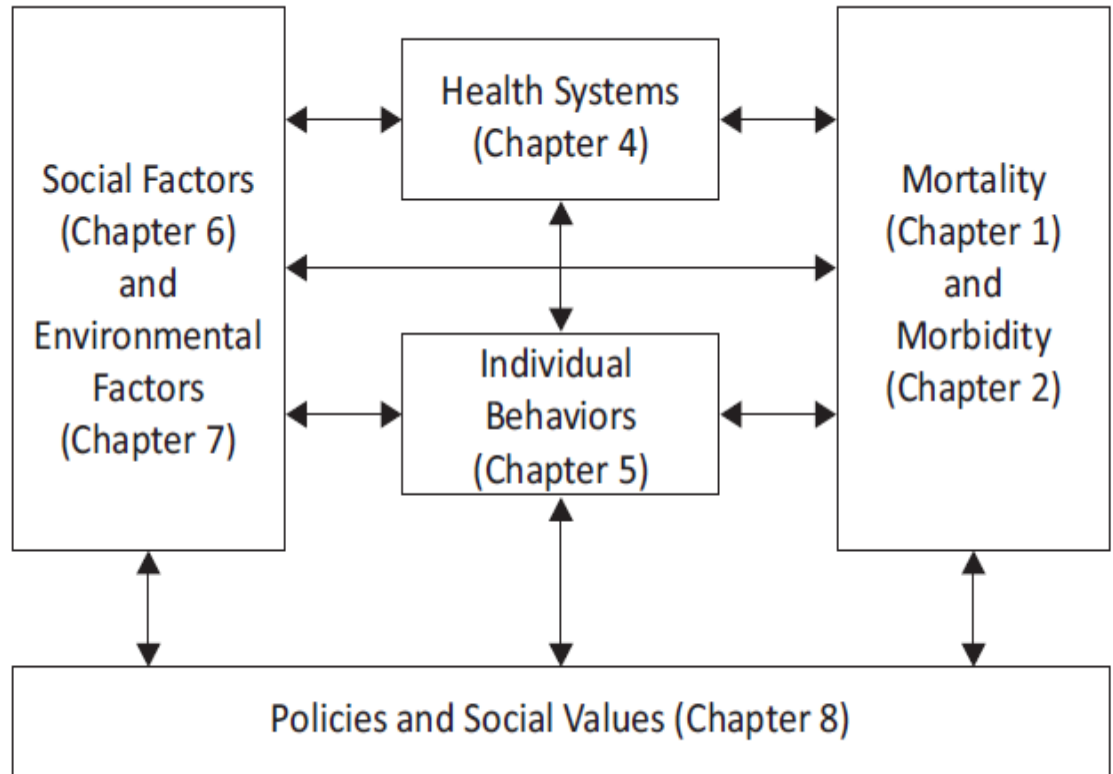
Shorter Lives, Poorer Health

## THE AMERICAN HEALTH CARE PARADOX

WHY SPENDING MORE  
IS GETTING US LESS

ELIZABETH H. BRADLEY  
AND LAUREN A. TAYLOR

Foreword by HARVEY V. FINEBERG,  
President of the Institute of Medicine





## ***Our Call to Action for Longer Lives, Better Health***

*“Discovery consists in seeing what  
everyone else has seen,  
and  
thinking what no one else has thought.”*

-Albert Szent-Gyorgi

1. We know....

...that *sick care* is no longer enough. Our population *demand*s wellness.



And the  
movement from  
sick care to  
health and  
wellness has  
begun...

Can Mount Sinai be serious? The answer is a resounding yes. In fact, we couldn't be more serious.

Mount Sinai's number one mission is to keep people out of the hospital. We're focused on population health management, as opposed to the traditional fee-for-service medicine. So instead of receiving care that's isolated and intermittent, patients receive care that's continuous and coordinated, much of it outside of the traditional hospital setting.

Thus the tremendous emphasis on wellness programs designed to help people stop smoking, lose weight and battle obesity, lower their blood pressure and reduce the risk of a heart attack. By being as proactive as possible, patients can better maintain their health and avoid disease.

Our Mobile Acute Care Team will treat patients at home who would otherwise require a hospital admission for certain conditions. The core team involves physicians, nurse practitioners, registered nurses, social workers, community

paramedics, care coaches, physical therapists, occupational therapists, speech therapists, and home health aides.

Meanwhile, Mount Sinai's Preventable Admissions Care Team provides traditional care services to patients at a high risk for readmission. Through a comprehensive bedside assessment, social workers partner with patients and caregivers to identify known risks such as allergies to medication. They'll even deal with concerns like housing and literacy.

It's a sweeping change in the way that health care is delivered. And with the new system comes a new way to measure success. The number of empty beds.

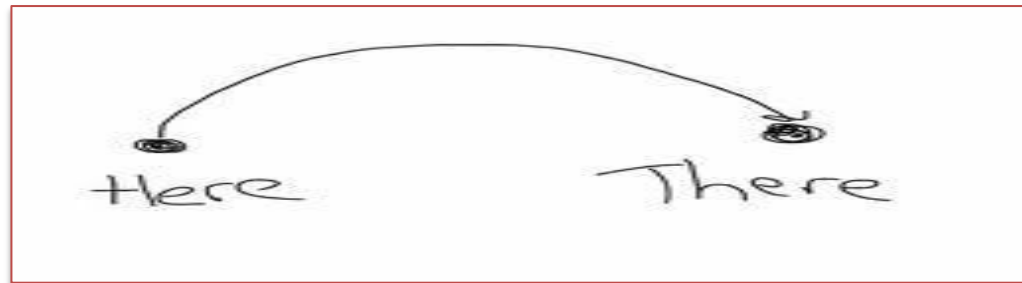
1-800-MD-SINAI  
mountsinaihealth.org



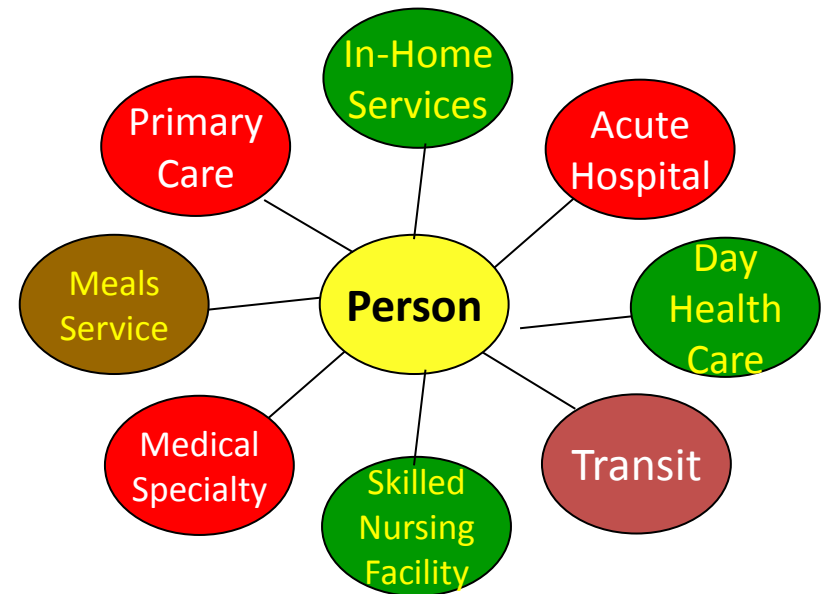
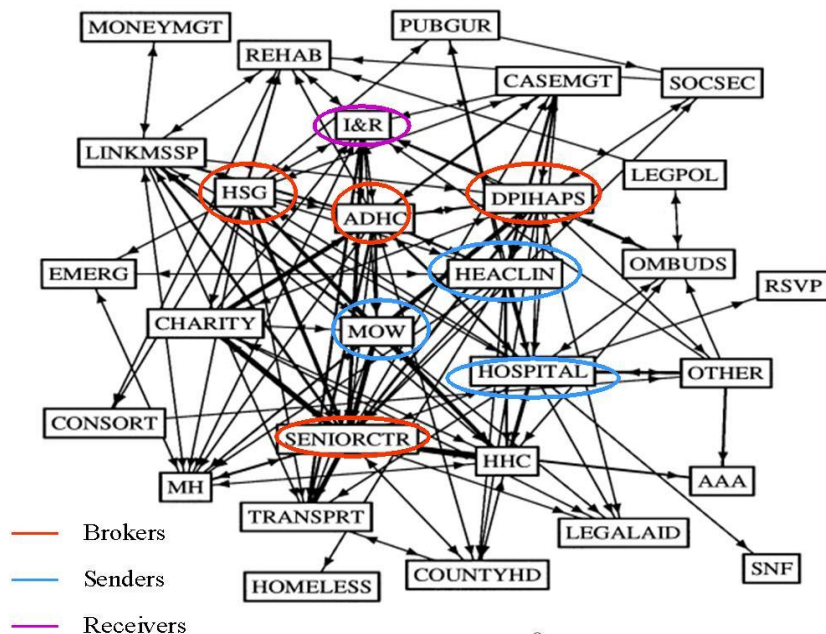
IF OUR  
BEDS ARE FILLED,  
IT MEANS  
WE'VE FAILED.

## 2. We know....

..that our work is increasingly populationized but personalized, too.



Client Referral Patterns



A photograph of a man and children playing outdoors. The man, wearing a white cap and a green jacket, is laughing heartily. In the foreground, a young boy in a plaid shirt is running and playing with a string. Another child is partially visible on the right. The background is a soft-focus field with trees under a bright sky.

*3. We know....*

...that three numbers affect us all: **3-4-50.**



**3**  
Lead to

## BEHAVIORS

- NO EXERCISE
- POOR DIET
- TOBACCO USE

**4**  
Result in

## DISEASES

- CANCER
- HEART DISEASE
- TYPE 2 DIABETES
- LUNG DISEASE

OVER **50**

## PERCENT

OF DEATHS IN  
SAN DIEGO

*4. We know....*

*...that the environment plays a crucial role in wellness.*



*Where we Live, Work, Play and Pray matters.  
....Place Matters a lot!*



# Racial inequity in the U.S.

Education

Jobs

Housing

Criminal Justice

Arts and Culture

Health

Environment

Equitable Development

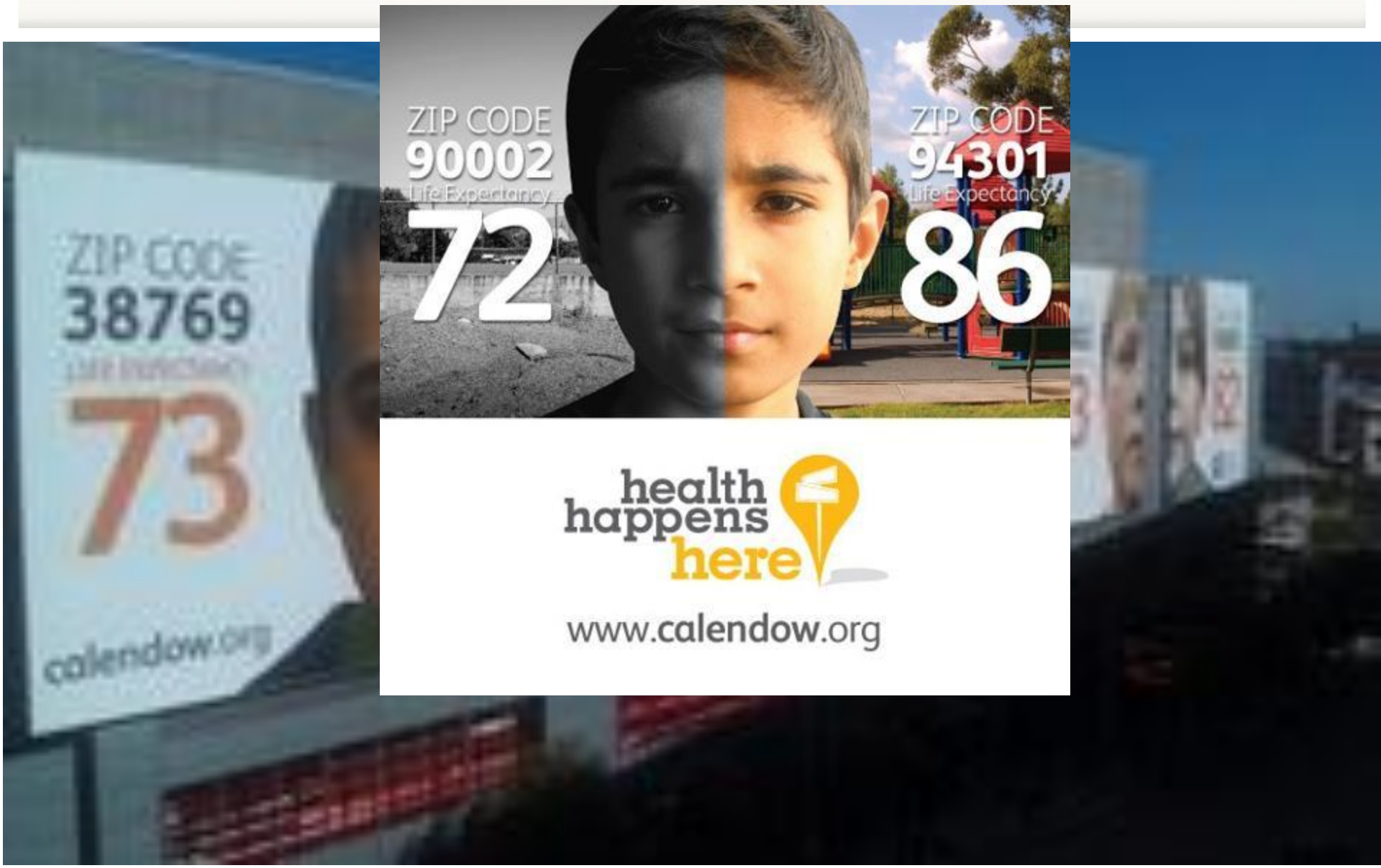
100%

Likelihood that race is a determinant for key health and social indicators in life.

10 years

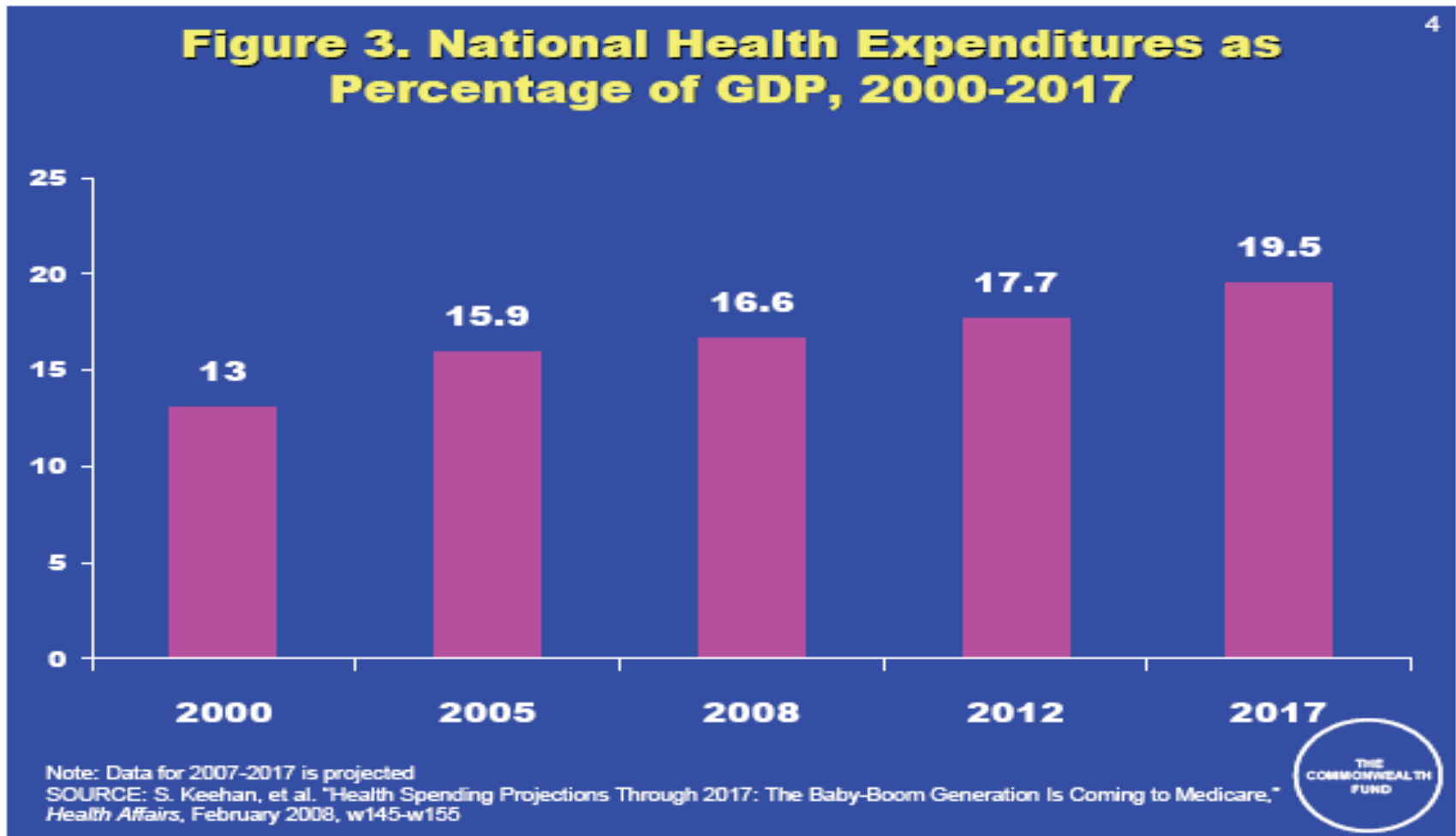
Difference in life expectancy based on zip code in King County.

# Place Matters: Zip Code vs Genetic Code



5. *We know....*

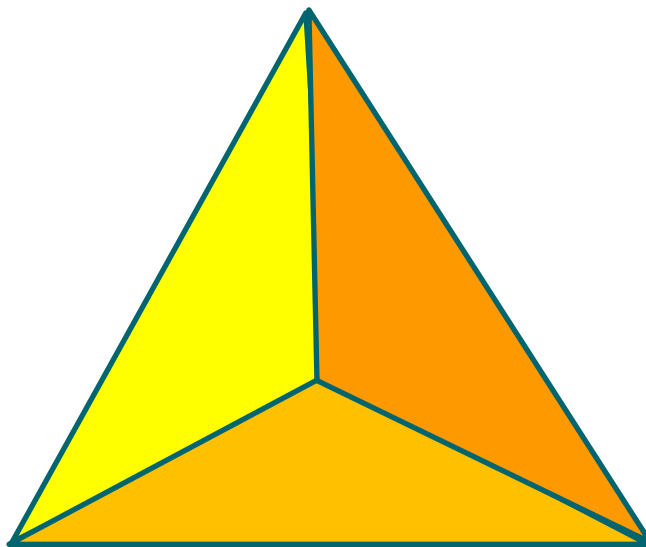
...that we must strive for a Healthy Bottomline for both our residents and our economy.



# “Triple Aim 2.0”

Improved Health and  
Social Well Being for  
the Entire Population

Better  
Service  
Systems for  
Individuals



Lower Cost  
per Capita





*6. We know....*

...that in the presence of violence, one cannot achieve wellness.

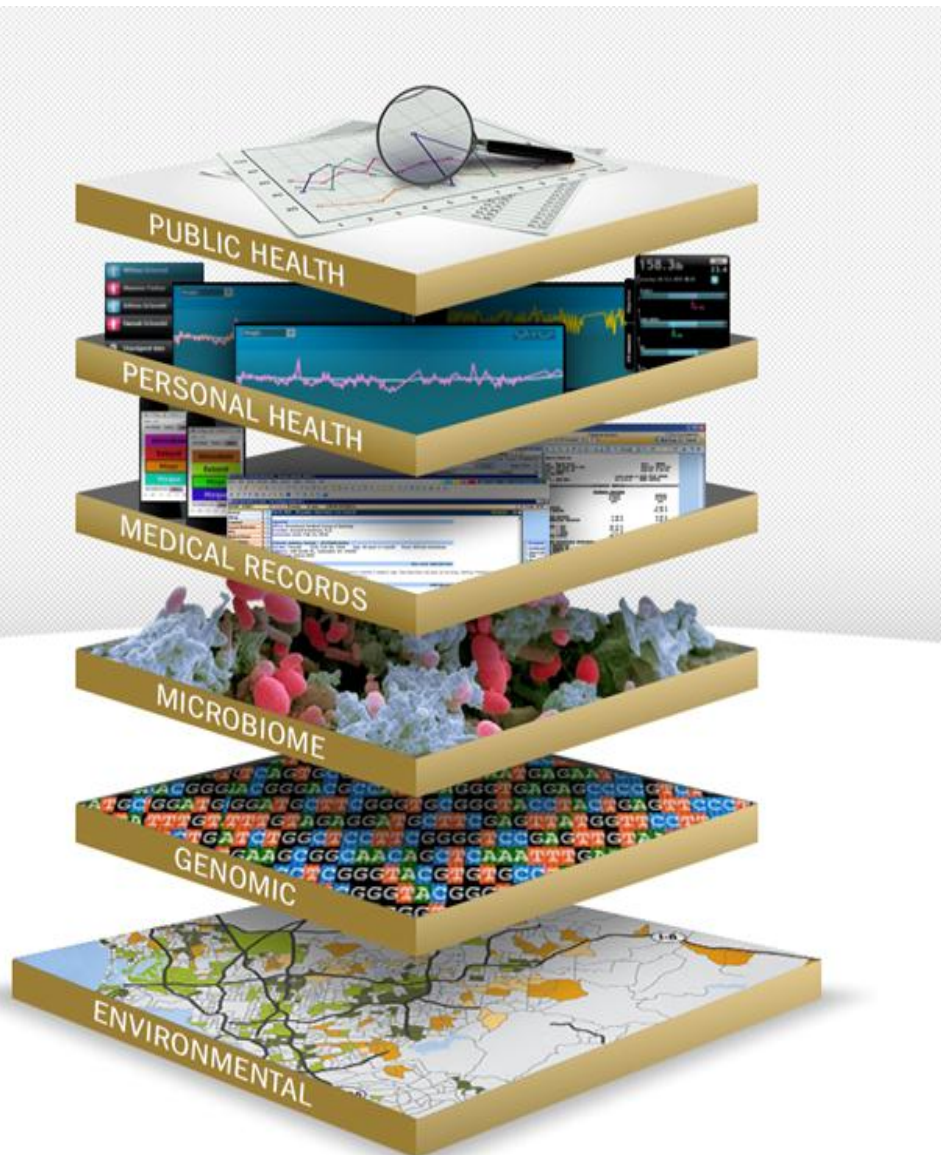
A young woman with dark hair, wearing blue scrubs and a stethoscope, stands in a hospital hallway. She is looking directly at the camera with a serious expression. In the background, another person is blurred, and medical equipment is visible.

*7. We know....*

...that the need for a diverse, committed and talented workforce has never been greater. And developing tomorrow's leaders happens now.

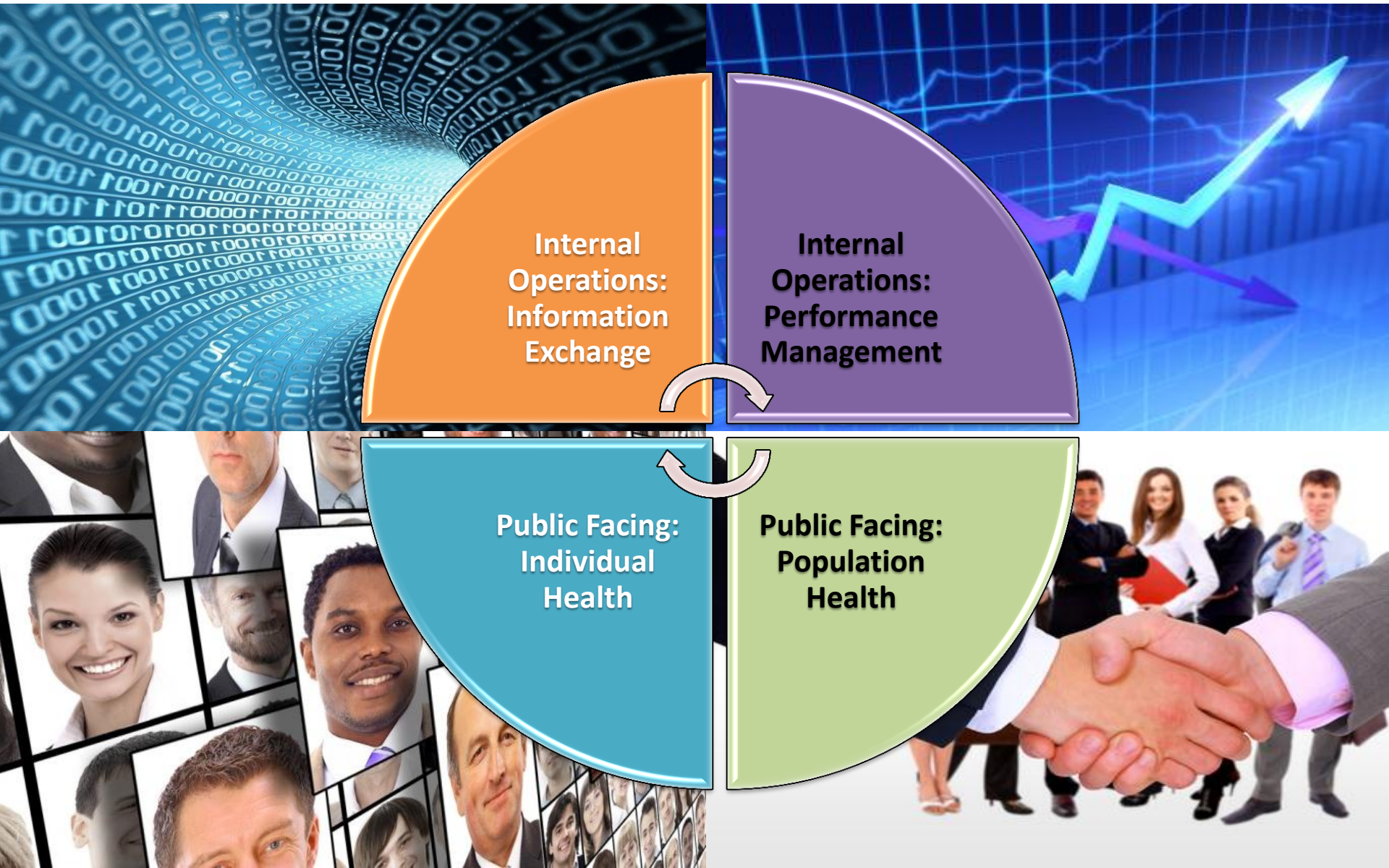
8. *We know....*  
...that we need to be data-driven.

# Big Data = BIG OPPORTUNITIES



- Understand the most important drivers that focus **on issues of health equity, disparities, and disproportionality.**
- ROI for investments that will lead to better health outcomes
- Spatial alignment of data (maps) allows for community level results and knowledge
- Accelerates conversation and data interoperability
- Leads to community-specific actions because place matters

# META LEADERSHIP ON DATA



# Connect the Unconnected to Improve Lives



**Harmonize  
Data**

**Humanize  
Response**

**Transform  
Community**

9. *We know...*



...that the current environment requires  
*courageous creativity...*

...it's within all of us as communities joined in action in  
improving health for all and eliminating disparities.



*10. We know....*

...our work is not a sprint but a team marathon on a long and challenging journey.

A gravel road with a yellow center line stretches into the distance under a cloudy sky. The road is flanked by dark, rocky terrain. In the background, there are snow-capped mountains under a blue sky with large, white, fluffy clouds.

# WHAT THE *FUTURE* HOLDS...

“The biggest scale that you can get  
requires the simplest idea...  
And you achieve this by connecting  
with people.”

- Bono, U2



**LIVE WELL**  
SAN DIEGO

*What can we do?*

**LEAD WELL TO LIVE WELL!**

# OUR FRAMEWORK



LIVE WELL  
SAN DIEGO



LIVE WELL  
SAN DIEGO

Building  
Better  
Health

Living  
Safely

Thriving



## ALIGNING STRATEGIES ACROSS ALL SECTORS



*Live Well San Diego Vision:*  
**A Healthy, Safe and Thriving  
San Diego County**

**County of  
San Diego**  
**\$5 Billion**  
**17,000+**  
**employees**

**Cities**

**Businesses**

**Schools**

**Nonprofit  
and  
Community  
Based/Faith  
Based  
Organizations**

# COMMUNITY INFORMED AND LED PROCESS



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# CASE EXAMPLE: ADDRESSING CHILDHOOD OBESITY



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## CHULA VISTA ELEMENTARY SCHOOL DISTRICT LAUNCHED A MULTI-FACETED APPROACH

- 45 schools; 28,150 students
  - In 2010 ~ 40% of students at unhealthy weight
- Revamped and enhanced school wellness policies and practices:
  - More nutritious school lunches
  - Increased physical activity
  - Replaced “unhealthy” birthday celebrations with games and activities
- Reached out to parents and community with cooking classes, healthy food budgeting and family fun
- To assess impact, measuring Body Mass Index (BMI) of students over time



# COLLECTIVE ACTION FOR MEASURABLE IMPACT



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*Actions We Take Collectively  
Across Communities & Sectors*

*Results We Seek  
or Community Impact*

Chula Vista School District

Health Providers

Community-Based  
Organizations

Businesses

County of San Diego HHSA

City of Chula Vista

Law Enforcement

Kids and their Families

Behavior  
Changes in  
Population

Risk Factor  
Changes in  
Population

Outcome  
Changes in  
Population



HEALTH



KNOWLEDGE



STANDARD  
OF LIVING



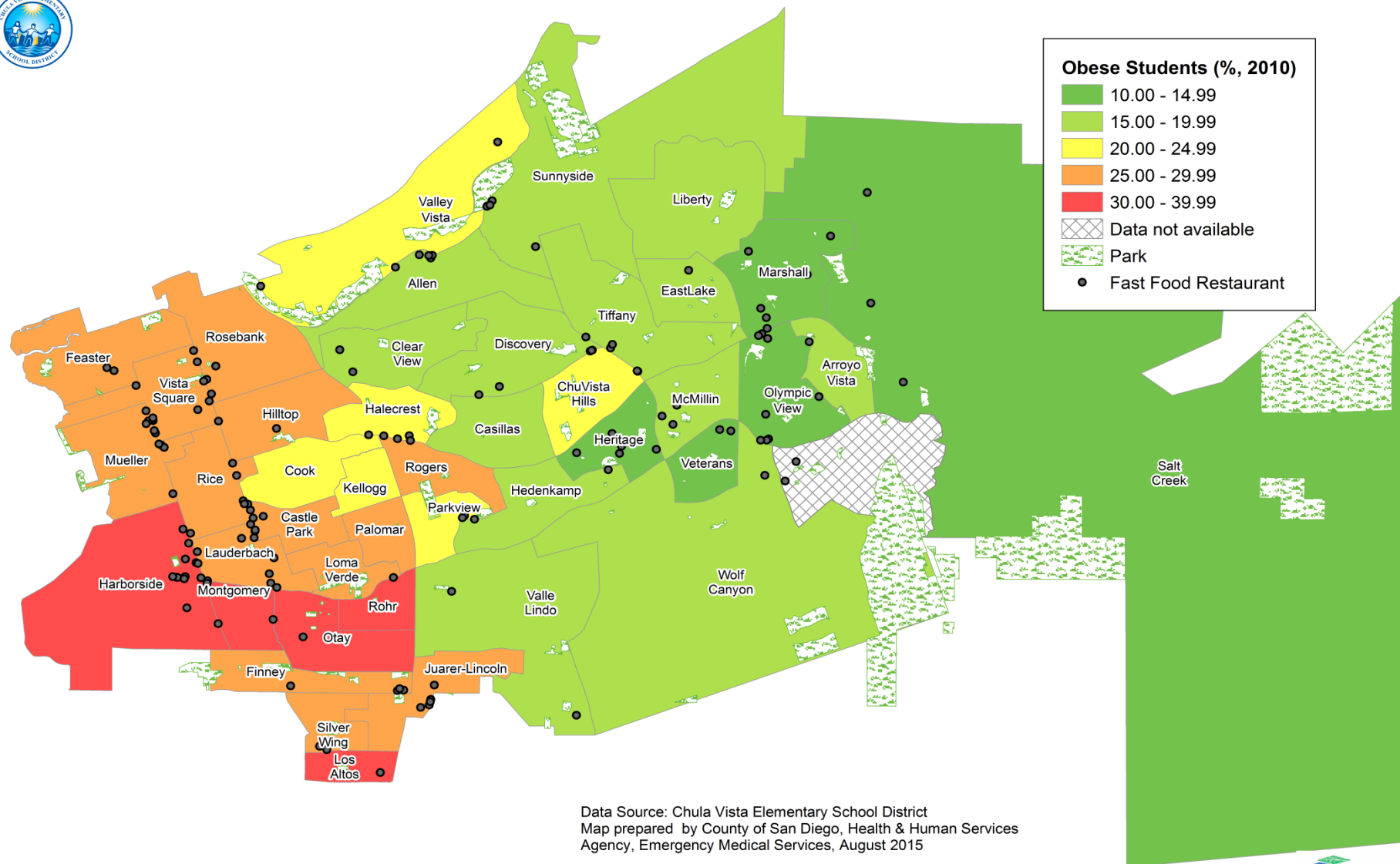
COMMUNITY



SOCIAL

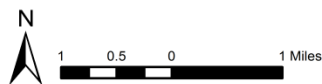
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# Obesity Among Kindergarten through 6th Grade Students by School of Attendance, 2010

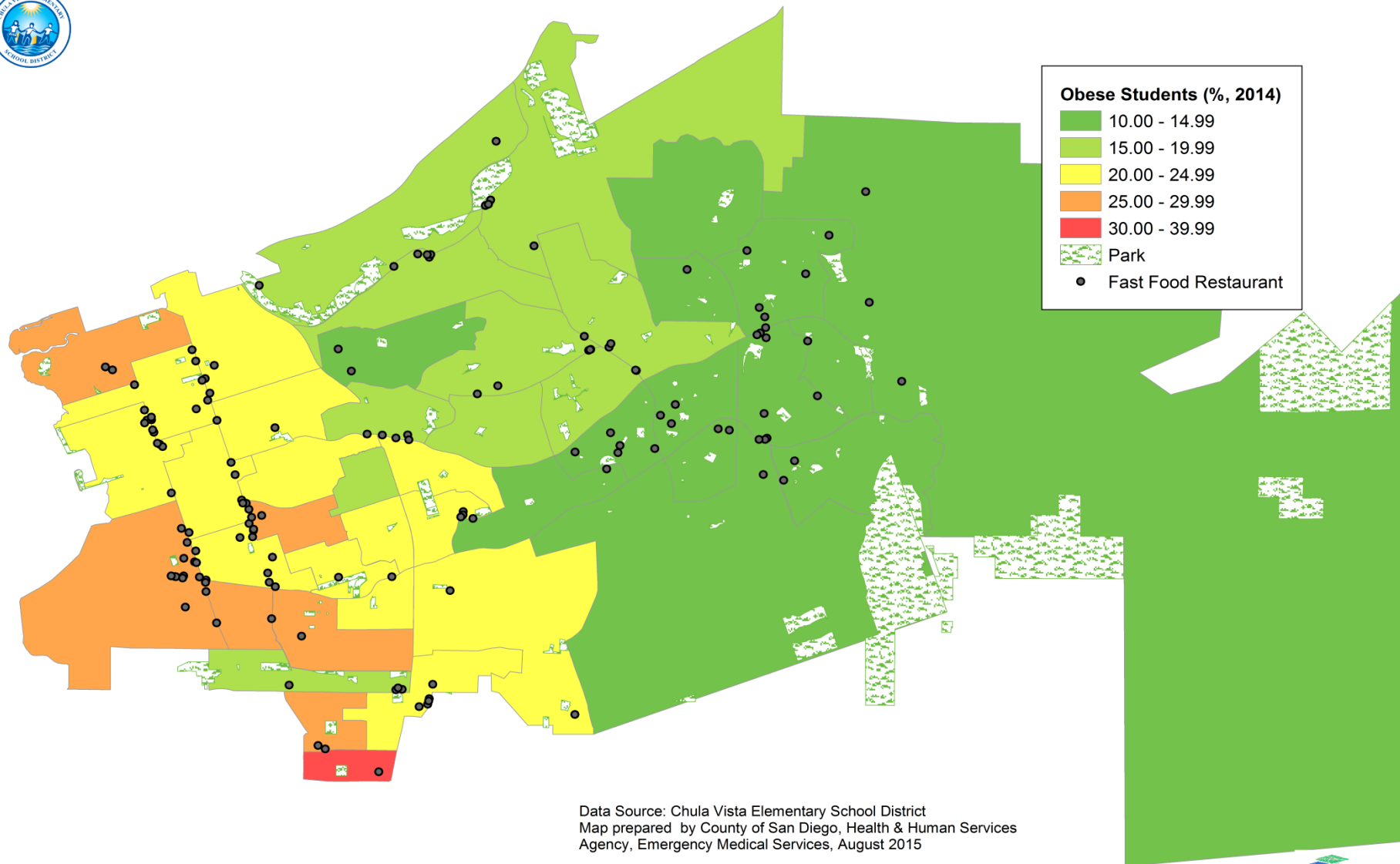


Data Source: Chula Vista Elementary School District  
Map prepared by County of San Diego, Health & Human Services  
Agency, Emergency Medical Services, August 2015

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published without prior permission of the Chula Vista Elementary  
School District, 2010.

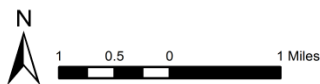


# Obesity Among Kindergarten through 6th Grade Students by School of Attendance, 2014



Data Source: Chula Vista Elementary School District  
Map prepared by County of San Diego, Health & Human Services  
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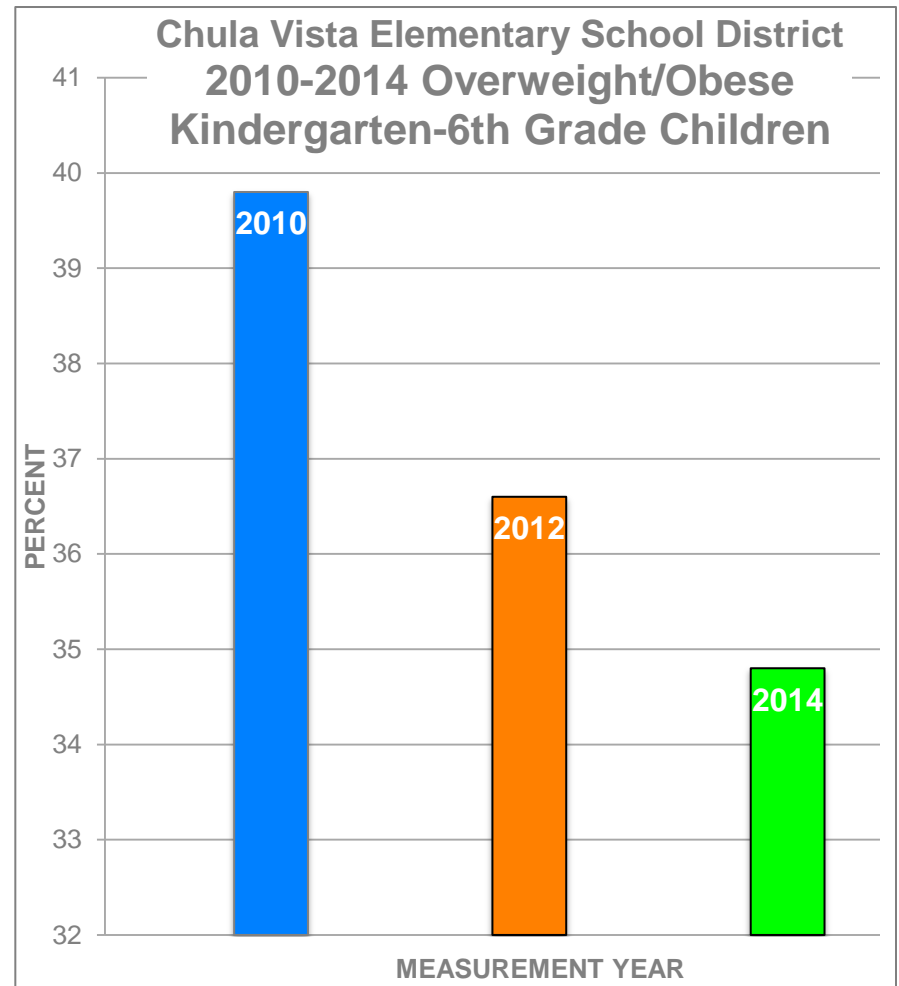


# RESULTS



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- Revamped and enhanced school wellness policies and practices:
  - More nutritious school lunches
  - Increased physical activity
  - Replaced “unhealthy” birthday celebrations with games and activities
- Reached out to parents and community with cooking classes, healthy food budgeting and family fun
- Transitioned from a regulatory approach to an integrative, evidence-based approach



# SPREADING SUCCESS AS A LIVE WELL SAN DIEGO PARTNER



LIVE WELL  
SAN DIEGO

## Body Mass Index (BMI) Surveillance Kit

Developed by the Chula Vista Elementary School District



To support **healthy, safe** and thriving communities in  
San Diego County



Coast2CoastRx

## "Tools for Schools" Toolkit



Live Well San Diego:  
Partnering with Schools to Reduce  
Childhood Obesity and Improve Student Health



LIVE WELL  
SAN DIEGO



SAN DIEGO COUNTY  
OFFICE OF EDUCATION



First 5  
San Diego

April 2015

# RECOGNITION OF PARTNERS



- Over 130 Recognized Partners reaching 2.2 Million residents
- Taking action in their respective “lanes”—across multiple sectors
  - Changing policies, systems, and environments for residents
  - Conducting activities that impact outcomes
- Collaborating and sharing knowledge with, learning from, County and other partners



# LESSONS LEARNED



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**Keep it simple** – from messaging to measurement, “potent simplicity” is the rule

**Keep it local** – information, engagement, and action must occur at “sub-regional” level

**Keep it real** – data-driven, evidence-informed

**Provide a common framework, but also flexibility** - “one-size-fits-all” rarely works; emphasize outcomes, not process, when possible.

**Share the glory** – be humble and widely acknowledge contributions of all

# QUIET OPTIMISM



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Policy makers, providers, advocates and media are becoming more **engaged** and **committed**

Relationships are expanding and being built on **trust** and **hope**

Shifting from a position of regulatory dominance to more collaboration and even **integrative/generative approaches**

Data sharing & technology have become **effective enablers for improving knowledge for action**

# QUIET OPTIMISM



LIVE WELL  
SAN DIEGO

Winnable battles on chronic health and safety conditions are showing improvements with **meaningful results**

**Realistic learning system approach** with celebrating successes and growing from setbacks

***Public is beginning to believe and engage in discussions and action to improving health and eliminating disparities***

# THANK YOU! LIVE WELL!



Visit [LiveWellSD.org](http://LiveWellSD.org)

