Restructuring Government to Address Social Determinants of Health

Report from the
Healthier America California Convening

in Sacramento, CA, February 2008

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ABOUT THIS REPORT

This report is the beginning of a continuing conversation about the changes needed to positively impact the health of all Americans. The concepts presented here are in the process of being refined to reflect the best options for improved health. Please follow the progress of this movement at the Trust for America's Health Healthier America Project website: http://healthyamericans.org/healthieramerica/.

ABOUT THE PARTNERS

Prevention Institute is a non-profit, national center dedicated to improving community health and well-being by building momentum for effective primary prevention. The following Prevention Institute Staff are the primary authors of this report: Linnea Ashley, MPH; Leslie Mikkelsen, MPH, RD; Larry Cohen, MSW.

Trust for America's Health (TFAH) is a non-profit, non-partisan organization dedicated to saving lives by protecting the health of every community and working to make disease prevention a national priority. TFAH initiated the Healthier America Project.

These groups have partnered to work on several aspects of the Healthier America Project.

The vision of the Healthier America project is: America should strive to be the healthiest nation in the world. Every American should have the opportunity to be as healthy as he or she can be. Every community should be safe from threats to its health. And all individuals and families should have a high level of services that protect, promote, and preserve their health, regardless of who they are or where they live.

Overview

Poor health is taking a toll on our nation in the form of human misery, huge expenditures, and lost productivity. At a time of potential political change and unprecedented interest in health, there is an opportunity to establish new paradigms, shape new structures, and most important, significantly improve health status in communities around the country. Focusing on the tremendous untapped potential to *prevent* illness and injury is essential for these improvements and government has a vital leadership role to play. Ensuring good health for all Americans requires addressing the underlying community factors that influence health—from the built environment to jobs to protection from environmental hazards. If the President's cabinet was convened to work as a team to protect and promote health with the same level of attention as diplomatic concerns or homeland security, it would promote well-being, save money, and improve quality of life throughout the nation.

In February 2008, Prevention Institute and Trust for America's Health (TFAH) convened a multi-disciplinary group of government officials, community advocates, and researchers to discuss the federal government's role in addressing underlying determinants of health. The purpose of the meeting was to outline the elements and structures within government needed to achieve a broader community approach to health. While the focus was on federal government roles, the findings can also be applied to strengthening statewide and local governments' efforts. The convening considered how to harness the efforts of multiple government agencies, working in partnership with business and community leaders, to address social determinants of health. These recommendations, and other conclusions from various gatherings, will be integrated into TFAH's *Blueprint for a Healthier America*, to be released after the 2008 general election. These efforts are funded by The California Endowment and the Robert Wood Johnson Foundation.

Our health system's focus on treatment after the fact and limited attention to promoting health in the first place undermines the health and prosperity of our entire nation. Not enough resources are invested in addressing the *underlying determinants of health—the community factors in the social and physical environment that are the most influential contributors to the nation's poor health statistics.* (See Appendix A: Community Factors.) Where we live, work, play, and go to school;

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how we interact with each other; whether we are able to earn an adequate income; and being treated fairly by others—*all* have a fundamental influence on our health. These same factors apply to every community, and even more so to low-income communities and communities of color, where under-investment and disenfranchisement contribute to poorer health outcomes.

Considered in this light, the responsibility to promote and protect health extends far beyond health departments and the medical community. Government policies and investments in a broad group of sectors help shape community factors that promote or negatively influence health. For example, public housing policy and regulations can protect occupants from lead paint, insect dust, mold, or other toxic hazards and expanding a highway exposes neighborhood residents to high-speed traffic and harmful emissions from cars and trucks. Typically, such decisions are made without a thorough understanding of, or accounting for, impacts on health.

While there may be different ways of describing and prioritizing determinants, it is clear that a set of improved structures within government and community is necessary to address them, and significantly improve the public's health.

Establishing a health system that addresses underlying determinants of health will require bold steps. Federal leadership can and must establish the structure and tone that translates down to the state and community levels, so federal redesign is an important place to begin. Participants in the Healthier America Project California Convening developed the following recommendations to enhance the federal government's role in addressing underlying determinants.

SUMMARY OF RECOMMENDATIONS

1. Establish high-level leadership in the federal departments and at the White House to serve as a focal point for prevention strategy and to ensure collaboration between government agencies to enhance underlying determinants of health.

2. Engage key federal sectors and agencies that shape the conditions that determine health in collaborative efforts.

3. Redirect funding streams to increase investment in prevention.

4. Implement a system of accountability that establishes clear responsibilities and incentives for contributing to improved population health.

5. Establish a data and evaluation system to monitor progress and focus public attention on the importance of determinants of health.

6. Establish a strong system of training and skill building for staff at all levels of government to engage in determinants of health work.

7. Translate a determinants of health focus to states and localities.

8. Build political will to successfully propose and implement such changes.

Background

Tears welled up in the young doctor's eyes as she recounted the situation. She had diagnosed a patient with severe diabetes and proceeded to explain to him that besides taking his medication, he needed to take responsibility for his health. The man explained that he worked long hours and returned at night to an unsafe neighborhood where the only food sources were convenience and liquor stores. The very conditions in the community environment that helped cause his disease —by making it harder for him to eat healthily and exercise— would also thwart his efforts to manage it.

"When he walked out and closed the door," she concluded, "I felt like I had failed."

STORY TOLD TO LARRY COHEN BY A UC SAN FRANCISCO HOSPITAL RESIDENT[1]

THE CHALLENGE

Unfortunately, the resident's experience is not unique in today's medical system. Inevitably, doctors blame themselves for being unable to effectively treat patients and patients feel inadequate on top of feeling frightened by their disease. The real blame, however, lies with the nation's approach to health care, which has largely failed to prevent conditions like diabetes, asthma, injuries, and heart disease. These conditions are absorbing an ever-growing portion of our medical budget and sending a growing stream of sick and wounded people into our already crowded hospitals and clinics. Our country has some of the worst health indicators of any industrialized nation, and there are no indications of a systematic effort to change direction and address the reasons people are getting sick in the first place. Walter Cronkite said it best: "America's health care system is neither healthy, caring, nor a system."[2]

Creating a health system that addresses underlying determinants of health will require bold steps to establish the necessary strategy, leadership, structure, and

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accountability. Because numerous elements influence health, a diversity of departments (from transportation and housing to environmental protection and education) need to be involved in improving it. Investment in these arenas should maximize the public's well-being. Federal structures and funding are important in and of themselves, and furthermore, establish the categories and tone that frequently translate to the state and local level. Therefore, there are compelling reasons to begin with redesigning this structure to build better interdepartmental collaboration at the federal level, and to consider how federal policies and programs can best support state and local governments working in partnership with communities and businesses to make change.

UNDERLYING DETERMINANTS OF HEALTH

"Health is a positive concept emphasizing social and personal resources, as well as physical capacities. Therefore, health promotion is not just the responsibility of the health sector, but goes beyond healthy lifestyles to well-being."

THE WORLD HEALTH ORGANIZATION, THE OTTAWA CHARTER FOR HEALTH PROMOTION, 1986

The key opportunity for preventing illness and injury lies in engaging community members and in asking the question, "*What determines health?*" Many researchers have reached a similar conclusion: that environmental and behavioral factors have a more powerful influence on population health than genetics or access to medical care.[3,4,5] According to the best available estimates, nearly 60% of the premature deaths in the United States are attributable to environmental conditions, social circumstances, and behavioral choices that could be addressed through prevention.[6]

These elements are reflected in a discrete set of community factors that provide intervention points for improving health outcomes. This approach is illustrated by Prevention Institute's Community Factors Framework in Appendix A. Synthesized through examination of health research and expert review, the final list delineates community factors that can lead to illness—or better yet—promote health.[7] Factors such as what is sold and promoted, the convenience of various modes of transportation, and the safety of neighborhoods contribute to the health status of community residents.

This analysis requires stepping back from individual behaviors to recognize the important role that community environments play in shaping behaviors. Public health successes such as the tobacco control movement and reducing traffic-related injuries have demonstrated that providing individuals with information or messages about healthy behaviors is not sufficient to change behavior. As concluded by the Institute of Medicine's *Promoting Health* report, "It is

unreasonable to expect that people will change their behavior easily when so many forces in the social, cultural, and physical environment conspire against such change."[8]

Government policy and investment can play a vital role in determining whether these community factors promote or negatively influence health. Federal decisions to subsidize specific agricultural crops contribute to what foods and beverages are most widely available and consumed by the public. Limiting the density of alcohol outlets can help reduce crime in the immediate vicinity. By considering the interrelationship between these factors and how and where government departments can collaborate, we have the opportunity to maximize the public's health.

These same factors apply to every community, and would improve health for all. They affect disenfranchised communities the most. The differences between more disenfranchised communities and more privileged ones is not that they suffer from different illnesses and injuries. For the most part, it's the same health problems—*only more so*—with greater frequency and severity. To explain disparate levels of morbidity and disability in African American women, Dr. Arlene Geronimus lists multiple contributing circumstances which can be framed as environmental factors and include "cumulative exposure to environmental hazards and ambient or social stressors in residential and work environments and persistent psychosocial stress."[9]

In addition to the Community Factors, access to high-quality, culturally-competent health care is important, including medical, mental health, and dental services that all incorporate preventive services (see Appendix B: Medical Services Factors). Strengthening community environments and improving access and quality of health care are mutually supportive. For example, healthy eating and activity habits are crucial not only for preventing disease but for chronic disease management in diabetes, cardiovascular disease, HIV/AIDS, and cancer treatment. Likewise, prevention services, timely diagnosis, and effective treatment not only reduce demands on the medical system, but they enable people to continue contributing to the community via work and civic participation.

ECONOMIC BENEFITS OF PREVENTION

Most Americans remain unaware of the compelling research that suggests the most promising strategies for improving health lie outside medical care. The government imperative to address underlying determinants of health makes good economic sense. New economic models predict substantial health care cost savings from prevention.[10]

Earlier models failed to recognize the overall cost savings from prevention as they only analyzed one disease at a time and even within that disease did not

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calculate savings across the prevention-intervention-treatment continuum. Previous models missed the impact those measures have on other related conditions (e.g., programs to lower the incidence of diabetes by increasing physical activity could also improve outcomes for stroke and cardiovascular disease). Researchers who have looked at the relationship between savings to the health care system and returns in other areas from improved health have concluded that the direct medical cost savings should be multiplied to account for the overall savings.[11] Investing in prevention also has the potential to yield cost savings in the form of reducing direct expenditures for health care, workers' compensation, and disability payment, and indirectly, by reducing absenteeism and worker productivity.[12,13] Estimates of the multiplying factor range from two to twelve times the medical cost savings.

GOVERNMENT LEADERSHIP: CREATING A NEW HEALTH SYSTEM FOR PREVENTION

"Corporations and governments, working sometimes independently, sometimes together, sometimes in opposition, ultimately decide whether our neighborhoods have sidewalks, what food is on grocery store shelves, whether billboards we pass advertise beer, how much we pay for cigarettes, and how many people are murdered on prime time."

PRESCRIPTION FOR A HEALTHY NATION[14]

Currently, there is no coherent plan for developing the strategy, political will, and public traction to address underlying determinants of health. While clearly this effort must involve everyone and every sector, government has particular responsibility to provide leadership, foster strategy, allocate resources, and implement effective policies and programs. A precedent has been set in the United States that, when necessary, it is possible to call on the cabinet, government departments, and even create new departments to address an issue of critical national importance. This level of attention could be directed, for example, towards the potentially devastating impact of nutrition- and physical activity–related disease—described by Surgeon General Carmona as a dilemma of such magnitude that it dwarfs the terrorism threat.[15]

A meaningful prevention strategy to support community health outcomes requires a more strategic distribution of resources, more energy, and a clear, coherent, intensive approach. At this time we see scattered efforts which, while vital and well-intentioned, are inadequate. Typically, government has adopted a silo approach of narrow, categorical programs that ignores the complex nature of health. Within health agencies, efforts are organized around specific

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disease categories with the greatest level of attention to early detection and treatment. External to health agencies, decisions related to transportation, environmental protection, land use, and agriculture all have an impact on health, yet there is little collaboration between health agencies and these government sectors.

Key concepts to improve government approaches to health emerged from conversations at the Healthier America convening held in Sacramento, California.

Healthier America California Convening Recommendations

This section includes quotes and strategy options—focused on government's role in addressing underlying determinants of health—which emerged during the convening. The purpose of the meeting was to generate a wide range of ideas. Our intention was not to come to consensus at this meeting but to develop ideas for further discussion.

1. **Establish high level leadership in the federal government at the White House and department level to serve as a focal point for prevention strategy and ensure collaboration between government agencies in enhancing underlying determinants of health.**

> *"If the government declared a war on poor health and health disparities, and every department had to figure out what to do about health, as they did for homeland security, we could have a major impact."*

> *"It is not just about what the federal government does directly but also about what the federal government can catalyze."*

Several options were given for establishing high level leadership in the federal government at the White House and agency levels.

White House

- Issue a report of proposed efforts to promote healthy outcomes and strengthen communities to address underlying factors that determine health.

- Establish a cabinet level position with the authority to convene an interdepartmental task force.

- Use the White House Chief of Staff as a point person.

- Create a National Health Advisor position similar to the National Security Advisor.

- Establish a National Health Board.

- Elevate public health/prevention in the Department of Health and Human Services through an undersecretary/deputy secretary position.

- Create a public health presence on the domestic policy council.

Department Level

- Create a government agency, (e.g., a National Institute of Prevention), to advance primary prevention strategy, research, and practice.

- Expand Centers for Disease Control and Prevention's (CDC) role in prevention with designated leadership responsibility for prevention.

- Infuse responsibility for prevention throughout a number of additional, non-health federal agencies and provide them with the resources to carry out this work.

- Expand the function of the Office of Management and Budget (OMB) to include a focus on health outcomes.

There was discussion about the pros and cons of having the primary responsibility for addressing determinants of health housed in one office or agency. It seems important to have a place for accountability and from which strong, effective leadership can emanate. At the same time, there is a risk that a singular entity becomes marginalized. Therefore, there were recommendations to distribute the power and focus between a larger number of high level positions and agencies (e.g., the Cabinet, White House Chief of Staff, National Institutes of Health, National Health Advisor, Surgeon General, Centers for Medicare and Medicaid Services, CDC), to make it more difficult for opposing forces to "tip" it over.

There was also some discussion about whether building a stronger tie between OMB and the monitoring of health outcomes would help drive more effective efforts to address determinants of health or whether it would end up being too restrictive, narrowing policy options and regulatory actions.

On a practical level, promoting these changes needs to consider how the new administration can benefit in the short-term in order to get buy-in for longer-term solutions. It may make sense to initiate collaboration at the federal level by prioritizing topical areas, for example a focus on preventing chronic diseases related to food and physical activity. Such an initiative could save lives and money and demonstrate the value of a multi-sectoral approach to determinants of health.

2. Engage key federal sectors and agencies that shape the conditions that determine health in collaborative efforts.

"We do live in silos, and we're not going to knock them down, but we can make pathways and make sure people walk on them."

The national focus on homeland security serves as a model for how to elevate determinants of health to a national priority by ensuring the active participation of multiple government agencies. Given the broad set of regulatory and policy powers that influences determinants of health, strong collaboration among and within federal government departments is required to improve health outcomes.

■ Build leadership on determinants of health by engaging all relevant agencies and/or departments (e.g., health, transportation, housing, economic development, agriculture, environment, mental health and substance abuse, and education).

■ Foster intersectoral collaboration and responsibility through identification of mutual outcomes and strategies, delineating each sector's contribution to achieving these outcomes.

■ Initiate review of current federal policies through a determinants of health lens.

■ Encourage data sharing to monitor health outcomes.

■ Reallocate resources to help mitigate competition for funding between agencies and incentivize collaboration.

■ Restructure federal health agencies away from a siloed, disease-specific mindset to one that centers on underlying determinants of health.

There was strong agreement about the numerous departments that need to be engaged given their impact on health. Some questions were raised about how best to describe the long-term vision in order to get buy-in. If this is presented as a focus on health, it may elicit the reaction among non-health agencies that it is not their role. Emphasizing a vision of the highest quality of life and health for all Americans, or some similar broad outcome, might be more effective.

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3. Redirect funding streams to increase investment in prevention.

"Scale matters. The boutique (pilot project) approach is a way of skirting the issue, it will not change the core problems. One billion dollars was devoted to bioterrorism in the first year. Eliminating health disparities is the second objective of Healthy People 2010 yet only $34 million was devoted to disparities-focused, community-based initiatives."

"If we're all trying to piecemeal our own systems together then…it is much like the bird's nest when the mom comes back with the worms, everyone is chirping for the same worm."

- Increase the proportion of funding directed to addressing determinants of health to a scale commensurate with their contribution to good health.

- Reframe and refocus the research agenda to increase money for population-based research on determinants of health.

- Build and publicize the research base showing the cost saving value of investment in prevention.

- When efforts are shown to be effective, bring them to scale.

- Link department/program performance to funding streams.

- Encourage and approve innovative approaches to problem solving (e.g., Medicaid dollars used to remove windows with lead paint).

- Encourage "transformational" policies in contrast to "transactional" policies (e.g., federal government using the Medicaid Act to desegregate hospitals; funding LGBT community centers to build community and reduce risk for HIV transmission).

- Consider a prevention bond that could raise the money needed to initiate prevention strategies.

- Merge federal funding streams to make them more flexible to drive improved health outcomes.

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4. Implement a system of accountability that establishes clear responsibilities and incentives for contributing to improved population health.

"There needs to be a cultural shift at the institutional level. Accountability for addressing determinants of health must be built into the system so that the work continues after political appointees move on."

In order to get results, there needs to be a system for holding agencies and departments accountable. This effort needs to be tied to a set of indicators that tracks progress towards outcomes and provides an opportunity for refining direction to enhance impact.

- Elevate addressing determinants of health and eliminating health disparities to higher priority goals with measurable objectives.

- Establish clear lines of authority and accountability; use benchmarks to hold departmental leaders accountable.

- Develop an indicator framework that provides measures of progress towards improving health outcomes.

- Establish legislative incentives and requirements that encourage coordination with a tie to budgets.

- Incorporate principles, structures, and accountability into written operating guidelines that are institutionalized throughout the federal bureaucracy.

- Build measures of collaboration and progress towards outcomes into individual employee and agency, department, and/or program performance evaluations.

- Include a health screen in the decision-making matrix of government agencies at all levels.

- Create a culture of innovation within government that allows for risk taking and does not unduly penalize staff.

The culture of government discourages risk taking and innovation. The penalties for making mistakes are very high, making government officials and staff reluctant to take on new challenges in innovative ways. Staff cannot simply be directed to alter how they do things. In order to see meaningful change, government needs to create conditions that enable and encourage staff to work collaboratively and focus on determinants of health.

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5. Establish a data and evaluation system to monitor progress and focus public attention on the importance of determinants of health.

"If we believe that these pathways are critical and there are factors that are critical, why aren't we testing them to be weighed against what we want?"

■ Develop a framework of national indicators that measures the top 100 determinants of health. Regularly collect and publish these data.

■ Insert specific determinants of health indicators and performance measures into *Healthy People 2020.*

■ Create a dashboard (e.g., leading economic indicators or Dow Jones average of health) of health indicators for public consumption that would easily communicate the status of determinants of health (e.g., wellness and quality of life, productivity, sick communities, clean environments, school functions, childhood outcomes).

■ Ensure that data collected by different departments are relevant, not redundant, and designed to be shared across agencies.

■ Expand surveillance and data collection to all the related domains.

■ Provide information in a usable and easily understandable format (e.g., assembly districts, neighborhoods, geo-coded).

While the ultimate objective is to change health outcomes, it is important to establish intermediary measures of progress related to determinants of health. Typically, government counts its productivity in outputs; some of these outputs need to be defined in a way that is indicative of progress towards outcomes.

6. Establish a strong system of training and skill-building for staff at all levels of government to engage in determinants of health work.

"We really don't have the personnel who know how to change the structural determinants of health. Once there's the will, there needs to be the way."

■ Establish and broadly disseminate a national methodology, approach, and training plan on health disparities, determinants of health, and prevention.

■ Create a leadership development program that engages 1,000 to 10,000 leaders from various sectors.

■ Alter university and college curricula to prepare professionals for their expanding roles.

■ Ensure new technologies are used as an asset.

This initiative will necessitate prevention training for health leaders and employees throughout the federal government. The training would introduce the methodology and importance of a prevention strategy, how to make it effective, and how to develop solutions that advance both health and other departments' agendas and concerns. With predictions of up to 20% of employees retiring in agencies such as the CDC, there is both a great need and an emerging opportunity to create a paradigm of health that is more than illness care.

REACH (Racial and Ethical Approaches to Community Health) 2010, a national CDC program that addresses health disparities, is an example of a program that supported local public health departments and community-based organizations to address determinants of health. With longer-term investments (5-10 years), some groups were able to apply new skills towards ongoing community improvements—even after funding was gone.

7. Translate a determinants of health focus to states and localities.

"It is important to empower the regions and the agencies to think collaboratively…we created a regional council to try to get all the departments to interact with state and federal government to find a way to say 'yes' and begin to find mutual benefits."

"There also has to be a way of engaging community leadership. If things are going to change, it can't just be a discussion in government and universities; the ones who are marginalized must be included. They have to embrace it as well."

■ Create regional councils of federal departments from each US region (multi-state) to establish a collaborative intermediary between federal and state governments.

■ Support the development of regional blueprints (multiple communities within a state). Restructure and simplify federal regulations and policies to allow locales to engage effectively in cross-sectoral planning (e.g., health, land use, transportation, and agriculture).

■ Provide incentives and deterrents that promote state and local action to enhance determinants of health. Potential sources include the federal match for Medicaid or federal transportation funds.

■ Make regional equity an important policy objective.

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The allocation of federal highway funds is one model for how funding can be used to incentivize state actions to enhance health. States receive differential funding depending on whether they have established a primary seat belt law, which has been linked to reduced mortality from traffic crashes.

8. Build political will to be able to successfully propose and implement such changes.

"Informed decision making by the public empowers the politicians to make decisions that are hard today for a healthier tomorrow."

"Cast this in universal terms so the effort is not marginalized. Health is not a luxury to be subjected to the vicissitudes of the marketplace."

"There will be a lot of white hot light directed at health care reform; we need to take advantage of this to shine a broader light on determinants."

In order for this transformation to take place there needs to be strong public support. The vision for addressing determinants of health needs to be articulated succinctly and clearly. Fundamentally, this can be framed in terms of universal needs, such as clean air and water, good education for their children, and good health.

- Increase public understanding about the determinants of health and elicit support for new policies.

- Foster appreciation of the importance of modifying systems so that health is always inclusive of mental, as well as physical, health concerns.

- Document the value of prevention for saving money and enhancing competitiveness.

- Recognize that community-based organizations should play a key role in advocating and shaping community health decisions; provide government funding and technical assistance for this work.

- Change the lens through which decisions are made from market interests to public good.

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Community Factors

THE PLACE

What's sold & how it's promoted: characterized by the availability and promotion of safe, healthy, affordable, culturally-appropriate products and services (e.g., food, books and school supplies, sports equipment, arts and crafts supplies, and other recreational items); limited promotion and availability, or lack, of potentially harmful products and services (e.g., tobacco, firearms, alcohol, and other drugs)

Look, feel, & safety: characterized by a well-maintained, appealing, clean, and culturally-relevant visual and auditory environment; actual and perceived safety

Parks & open space: characterized by safe, clean, accessible parks; parks that appeal to interests and activities across the lifespan; green space; outdoor space that is accessible to the community; natural/open space that is preserved through the planning process

Getting around: characterized by availability of safe, reliable, accessible, and affordable methods for moving people around, including public transit, walking, biking

Housing: characterized by availability of safe, affordable, available housing

Air, water, & soil: characterized by safe and non-toxic water, soil, indoor and outdoor air, and building materials

Arts & culture: characterized by abundant opportunities within the community for cultural and artistic expression and participation, and for cultural values to be expressed through the arts

THE PEOPLE

Social networks & trust: characterized by strong social ties among persons and positions, built upon mutual obligations; opportunities to exchange information; the ability to enforce standards and administer sanctions

Community engagement & efficacy: characterized by local/indigenous leadership; involvement in community or social organizations; participation in the political process; willingness to intervene on behalf of the common good

Norms/expected behaviors & attitudes: characterized by regularities in behavior with which people generally conform; standards of behavior that foster disapproval of deviance; the way in which the environment tells people what is okay and not okay

FOUNDATION OF OPPORTUNITY

Racial justice & intergroup relations: characterized by policies and organizational practices that foster equitable opportunities and services for all; positive relations between people of different races and ethnic backgrounds

Jobs & local ownership: characterized by local ownership of assets, including homes and businesses; access to investment opportunities, job availability, the ability to make a living wage

Education: characterized by high-quality and available education and literacy development across the lifespan

Medical Service Factors

MEDICAL SERVICES

<u>Preventative services</u>: characterized by a strong system of primary, preventive health services that are responsive to community needs

<u>Access</u>: characterized by a comprehensive system of health coverage that is simple, affordable, and available

<u>Treatment quality, disease management, in-patient services, and alternative medicine</u>: characterized by safe, effective, timely, and appropriate in-patient and out-patient care

<u>Cultural competence</u>: characterized by patient-centered care that is understanding of and responsive to different cultures, languages, and needs

<u>Emergency response</u>: characterized by timely and appropriate responses that stabilize crisis situations and link those in need with appropriate follow-up care

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Grantland Johnson . . . . . . Community Housing Opportunities Corporation

Vinnie Lafronza . . . . Common Health Action

Sandy Naylor-Goodwin. . . California Institute for Mental Health

Carmen R. Nevarez. . . . . . Public Health Institute

Paul Simon . . . . Division of Chronic Disease and Injury Prevention

Brian Smedley . . . . Opportunity Agenda

Ho Tran. . . . . Asian and Pacific Islander American Health Forum

John Vasquez . . . . Board of Supervisors Solano County, District Four