ACHIEVING POPULATION-BASED HEALTH AND SOCIAL WELL BEING

A Local Perspective from San Diego

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SAN DIEGO DEMOGRAPHICS

- 4,261 square miles (larger than 21 U.S. States; same size as Connecticut)
- 5th largest U.S. County, 2nd largest in CA
- 18 municipalities; 36 unincorporated towns
- 18 tribal nations
- 42 school districts
- 2013 Estimates - 3.1 million population
  - 48% White
  - 32% Latino
  - 11% Asian/PI
  - 4.7% African American
  - 0.5% American Indian
- Region is very diverse
  - Over 100 languages
  - Large military presence
  - Largest refugee resettlement site in CA
  - Busiest international border crossing in the world (San Ysidro/MX)
In 1998, HHSA brought together separate departments of health and social services:

Public health, mental health, substance abuse, child welfare, aging, public assistance, public guardian, etc.

- Integrated pre-natal to end-of-life
- Public/private contracting model for most service delivery
- 6,000 employees, 185 advisory boards
- $2 billion operating budget; ~1 million clients
- No County-owned general acute hospital; County-owned Psychiatric Hospital and Skilled Nursing Facility
- Heavy emphasis on population-based approaches from welfare reform to health reform
PROBLEM

Lack of Exercise  Poor Diet  Smoking
RESULT

3 Lead to

BEHAVIORS

No Physical Activity
Poor Diet
Tobacco Use

4 Result in

DISEASES

Cancer
Heart Disease & Stroke
Type 2 Diabetes
Lung Disease

More than 50 PERCENT of deaths in San Diego
ECONOMIC IMPACT IN 2007:

$4.6 BILLION IN SAN DIEGO
OUR FRAMEWORK

LIVE WELL
SAN DIEGO

Building Better Health

Living Safely

Thriving
COMPREHENSIVE APPROACH

1 VISION

3 COMPONENTS
- Building Better Health
- Living Safely
- Thriving

4 STRATEGIC APPROACHES
- Building a Better Service Delivery System
- Supporting Positive Choices
- Pursuing Policy & Environmental Changes
- Improving the Culture Within

5 AREAS OF INFLUENCE
- Health
- Knowledge
- Standard of Living
- Community
- Social

TOP 10 LIVE WELL SAN DIEGO INDICATORS
- Life Expectancy
- Quality of Life
- Education
- Unemployment Rate
- Income
- Security
- Physical Environment
- Built Environment
- Vulnerable Populations
- Community Involvement
LAUNCHED A MULTI-FACETED APPROACH

- 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 of students over time
Legend
% Obese Children

- 10 - 14.99%
- 15 - 19.99%
- 20 - 24.99%
- 25 - 29.99%
- 30 - 39.99%

Chula Vista Elementary School District 2010 & 2014 School of Attendance Student Obesity K-6th grade
COLLECTIVE IMPACT

HOW MANY ARE HELPED TO LIVE WELL?

- 28,500 students
- 45 schools in Chula Vista Elementary School District
- Families too!

BEST PRACTICES SHARED WITH 41 OTHER SAN DIEGO SCHOOL DISTRICTS
CONNECTING PRIMARY CARE AND POPULATION HEALTH

HHSA and Clinical Partners across systems come together in:
• CMMI Innovation award to improve cardiovascular disease prevention and management in primary care practice
• CDC Diabetes Prevention grant to improve identification and management of pre-diabetes and hypertension
CARE COORDINATION

COMMUNITY-BASED CARE TRANSITIONS PROGRAM (CCTP)

• Section 3026 of the ACA
  § Goal: reduce all-cause 30-day readmissions for fee-for-service (FFS) Medicare patients by 20% in 2 years.
  § Medicare Trust Fund funding for 5 years to test models for improving care transitions from inpatient hospital to home or other settings.
  § Link Community-Based Organizations to hospitals.

• San Diego Care Transition Partnership (SDCTP)
  § Partnership between HHSA and San Diego Health Systems – 11 hospitals/13 sites.
  § Goal: serve ~20K FFS Medicare patients per year for 3 years, starting January 2013.
  § Activate patients and caregivers to better manage chronic conditions.
CCTP in Action: 33,000 patients 1/13 to 7/15
Community-Based Care Transitions Program (CCTP)
30-Day All-Cause Hospital Readmission Rate
January 2013 to September 2014

Target Group baseline: CCTP participants 30 day readmission rate from 2012
CCTP Participants: Those who completed services (CCTP Completers) and those who did not complete all aspects of the program
CCTP Completers: CCTP participants who completed all aspects of the program
LESSONS LEARNED

The heart and soul of health care delivery systems are the physicians, nurses, and other members of the care team.
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Thank you!