Chapter 1 : 40 Proven Strategies to Improve Public Health

Health inequalities are disparities in health, reflecting either differences in access to a range of promotional, preventive, curative, or palliative health services or differences in outcomes including disability, morbidity, and mortality spanning physical, mental, and social health. The causes of.

The solutions to improving mental health care in America are clear and have been demonstrated repeatedly by presidential commissions, federal agencies, states, providers, the Surgeon General, the Institute of Medicine, foundations, nonprofit organizations, and others over the last several decades. However, as a nation we continue to lack the economic and political will to put these solutions into place, despite the fact that they would greatly reduce the economic burden of mental illness; increase productivity, achievement, and independence; and improve the lives of millions of Americans and their families. The following are 5 steps America could take that would immediately and greatly improve the existing overburdened mental health system and would help ensure delivery of effective, high quality, coordinated, and evidence-based care for Americans with mental illnesses. Increase Prevention, Treatment, and Recovery Services Despite the ongoing knowledge that 1 in 5 Americans experience a mental illness each year, and that many Americans with serious mental illness die years earlier than other Americans from treatable medical conditions , our nation is often reluctant to make the investments necessary to provide effective prevention, treatment, and recovery services for mental illness as it does for other health conditions. These investments â€" personal and public â€" would improve care coordination and save money by preventing the use of costly crisis care and hospitalizations, and preserve these resources for when they are truly needed. America should invest in increased 1 prevention â€" that includes reducing the tragedy of suicide; 2 integrated treatment and early intervention; and 3 recovery services â€" such as supported employment, supportive housing, and peer-operated services â€" and target much of these efforts for people with serious mental illnesses and their families. Similar to the disparities in the overall healthcare system, disparities based on culture, race and ethnicity, gender and gender identity, disability, and sexual orientation have an impact on the delivery and quality of care and outcomes in mental health. We need to target outreach and engagement strategies and treatment and services that are tailored to the backgrounds of individuals, families, and communities. In so doing, individuals and families should have access to and choice of both evidence-based medical supports as well as efficacious complementary and alternative services. While the implementation of the Affordable Care Act and the Mental Health Parity and Addiction Equity Act will help, more resources are required at both the state and federal levels to adequately provide needed quality mental health services. Expand the Mental Health Workforce Workforce shortages continue to burden an already underfunded and fragmented mental health system. A trauma-informed, recovery-oriented and culturally competent workforce in numbers and locations adequate to meet the need is essential for increased service delivery capacity and system improvement. The delivery of safe, effective, and high-quality coordinated care is dependent on workforce competencies. America should invest in training and education of the mental health workforce including evidence-based and effective clinical and psychosocial innovations that incorporate medications, counseling, crisis prevention and intervention strategies, engagement techniques, community support services, and use of peer and family providers. Widen the Use of Health Information Technology New information technologies are revolutionizing health and behavioral healthcare and exponentially expand the outreach and engagement of populations into mental health treatment and services via electronic health records, telepsychiatry, self-care applications, on-line psychotherapies, and many other approaches. Such technologies can help to achieve needed efficiencies to address gaps in care availability and accessibility that will enable individuals to attain help in a confidential, easy-to-access manner. Use of these technologies can also help to support the workforce stay abreast of the most recent developments and training opportunities in the behavioral health field. Educate the Public Negative attitudes, beliefs, and behavior about mental illness and prejudice and discrimination toward individuals with mental illnesses and their families continues to be one of the greatest barriers to improving mental health care and helping those in need. Negative beliefs deter the public from wanting to pay for care, despite the prevalence

and impact of mental illness on the lives of Americans. Public rejection often prevents individuals from seeking care. America should invest in multiple, evidence-based public education and awareness strategies, campaigns, and engagement activities to reduce prejudice and discrimination. Such efforts should be done in schools, workplaces, faith communities, and other settings until mental disorders are understood and treated the same as any other set of health conditions, and emotional health development is considered just as important as exercising and resting to take care of our bodies, and preventing death by suicide is just as important as preventing death from cancer. Invest in Research Despite the gains in our knowledge about mental illness and what works best to ameliorate symptoms, restore and improve functioning, and assist persons with mental illness to live successfully in the community, we still have much to learn. We are just beginning to understand how the brain functions and how our genes and the environment - including trauma - impact our emotional well-being. Bio-markers for mental illnesses are not yet available, making the assessment and treatment of mental illnesses often less precise than other health conditions. Our ability to identify and practice early intervention to prevent long term disability or death from these conditions needs to be further developed. The research about which services and supports work best for different kinds of people and in a variety of circumstances deserves more attention in and from the research community. We also need to understand more about moving what we do know into practice more quickly with a much wider reach. Evidence-based care is possible and more evidence is needed. Future blogs will explore each of these points in more detail. Let us know what you think it will take to improve the mental health of the nation.

Chapter 2 : The Starting Five: Vitamins for Improved HealthPick the Brain | Motivation and Self Improveme

Here are a dozen of our favorite policies -- and seeds of possible bills -- that could improve health, bring down costs, or otherwise improve the ACA: 1. Repeal and replace the individual mandate.

Back to Top Emerging Issues in Access to Health Services Over the first half of this decade, as a result of the Patient Protection and Affordable Care Act of , 20 million adults have gained health insurance coverage. In addition, data from the Healthy People Midcourse Review demonstrate that there are significant disparities in access to care by sex, age, race, ethnicity, education, and family income. These disparities exist with all levels of access to care, including health and dental insurance, having an ongoing source of care, and access to primary care. Disparities also exist by geography, as millions of Americans living in rural areas lack access to primary care services due to workforce shortages. Future efforts will need to focus on the deployment of a primary care workforce that is better geographically distributed and trained to provide culturally competent care to diverse populations. Specific issues that should be monitored over the next decade include: Increasing and measuring insurance coverage and access to the entire care continuum from clinical preventive services to oral health care to long-term and palliative care Addressing disparities that affect access to health care e. Access to Health Care in America. National Academies Press; Agency for Healthcare Research and Quality; May Insurance coverage, medical care use, and short-term health changes following an unintentional injury or the onset of a chronic condition. Self-assessed health status and selected behavioral risk factors among persons with and without healthcare coverageâ€"United States, The medical home, access to care, and insurance. Provider continuity in family medicine: Does it make a difference for total health care costs? The importance of having health insurance and a usual source of care. The timing of preventive services for women and children; the effect of having a usual source of care. Am J Pub Health. Evidence from primary care in the United States and the United Kingdom. Balancing health needs, services and technology. Oxford University Press; Contribution of primary care to health systems and health. A national profile on use, disparities, and health benefits. Partnership for Prevention; Aug. Data needed to assess use of high-value preventive care: A brief report from the National Commission on Prevention Priorities. Future of emergency care series: Agency for Healthcare Research and Quality; April The increasing weight of increasing waits. Trends Affecting Hospitals and Health Systems. American Heart Association; Department of Health and Human Services; Mar 3.

Chapter 3 : How Can Health System Efficiency Be Improved in Canada? :: calendrierdelascience.com

The committee will review the role of score cards and other measures or assessments in summarizing the impact of the public health system, and how these can be used by policy makers and the community to hold both government and other actors accountable and to inform advocacy for public health policies and practices.

Citation Manager Abstract Improving value for money in the health system is an often-stated policy goal. This study is the first to systematically measure the efficiency of health regions in Canada in producing health gains with their available resources, and to identify the factors that are associated with increased efficiency. Based on the objective elicited from decision-makers that the health system should ensure access to care for Canadians when they need it, we measured the efficiency with which regions reduce causes of death that are amenable to healthcare interventions using a linear programming approach data envelopment analysis. Variations in efficiency were explained in part by public health factors, such as the prevalence of obesity and smoking in the population; in part by characteristics of the population, such as their average income; and in part by managerial factors, such as hospital readmissions. Introduction Annual spending on healthcare represented an estimated This long-term trend of increasing spending on healthcare is common to other industrialized countries; however, there is no clear relationship between high levels of spending on healthcare and improvements in health outcomes. For instance, Australia spent 9. The same holds true within Canada: It is therefore not surprising that questions would be raised about the value created by such expenditures. The goals of doing more with resources available are recognized by federal and provincial governments, and professional organizations alike, as a priority for ensuring the sustainability of the Canadian health system CMA ; Health Canada ; MOHLTC This view is also shared by Canadians: However, to date, there has not been any attempt to measure systematically what expenditures buy in the Canadian healthcare system, nor to identify factors associated with higher levels of efficiency. Still, measuring health system efficiency has been the focus of several high-profile international studies, but these have limited application for decision-makers in general and have had limited impact in Canada Joumard et al. This paper presents the results of a study that measured health system efficiency in Canada at the health region sub-provincial level CIHI The aim of this study was to provide actionable results for decision-makers by identifying some of the factors that are associated with higher levels of efficiency. The focus was on technical efficiency, which refers to the extent to which objectives are achieved by health systems given available resources: It is important to note that we use efficiency in a neutral sense here, referring to the ability of a health region to get more outcomes with the same level of resources; such ability can be the result of better management in the health region, but it can also result from environmental constraints beyond their control. Through the systematic measurement of health system outputs and inputs, we were able to measure inefficiencies in each region in Canada, and based on these findings, we gained insight into the factors explaining inefficiencies and the interplay among environmental, public health and managerial factors influencing efficiency. Methods In this study, the unit of analysis of health system efficiency was the health region. There are over health regions in Canada, and this study included 89 regions for which data were available territories were not included. Health regions are administrative bodies that are legislated by the provincial ministries of health. Even though the legislated roles of health regions, and their relationship with local hospitals and other providers, vary across provinces, health regions have a degree of responsibility relative to the province where they are located for improving the health of their respective populations. They are also responsible for providing health and healthcare services to their populations. There are important variations across regions that may affect efficiency, for instance in terms of the size and characteristics of the populations they serve, the range of resources available CIHI a; Statistics Canada and the strategies they adopt to coordinate and plan services for their populations. This research proceeded in three steps. The first step was to define the objective output and resources inputs of the healthcare system. In the existing literature on health system efficiency we could identify, researchers often defined health systems objectives and resources on the basis of data availability. We were not able to identify studies that attempted to confirm whether decision-makers or citizens accepted these assumptions about what

the healthcare system should be measured against. In contrast, in this study, we solicited decision-maker and other stakeholder perspectives, through a scoping review of public documents archival work ; a series of in-depth, qualitative, open-ended interviews with senior Canadian health ministry officials Abelson and Pasic ; and, finally, a facilitated dialogue which is akin to a focus group with health system leaders and stakeholders Lavis In the second step of this study, we gathered regional data on what these stakeholders had indicated were legitimate outputs and inputs from their perspective, and we calculated efficiency scores using a sophisticated version of a common approach in the health economics literature â€" data envelopment analysis DEA. DEA uses linear programming that determines that a region is inefficient when any linear combination of observed regions yields more output with the same level of inputs Jacobs et al. It simply describes the data, as opposed to assuming any specific relationship between the inputs and outputs as required for regression-based approaches such as stochastic frontier analysis. Not imposing any relationship gives DEA the advantage that it is less prone to misspecification bias than regression-based approaches. The weakness of the standard DEA, however, is that it has no stochastic component it is entirely deterministic and, as a result, imposes an assumption that at least some regions must be perfectly efficient scores of 1. To alleviate this, we used a recently developed methodological improvement based on a procedure akin to a bootstrap analysis. Following bootstrapping, although no region attains a score of 1, an efficiency score of 0. The last third step in this study was to conduct a regression analysis of the logarithm of the efficiency scores for each region on a set of explanatory variables to identify the factors that were significantly associated with variations in efficiency scores across regions. We used a backward step-wise regression to select variables to be included in the final regression model. Data There are three main components to an efficiency analysis: All data were ecological and measured at the level of the health region. Based on the results of the qualitative study of stakeholder perspectives on the healthcare system, we defined the output , or objective, of the healthcare system as ensuring that Canadians have access to timely and effective healthcare when they are sick or need care. The concept of avoidable mortality provides the closest measurable indicator of this stated objective, as it measures the outcome of timely and effective healthcare being received CIHI b; Nolte and McKee , Other possible measures of accessibility include waiting times and self-reported unmet need. Indicators such as these provide a partial picture of effective healthcare being received. Moreover, these indicators can be considered to be included in a summary measure like avoidable mortality, as longer wait times and other barriers to accessing appropriate care can help to explain why we observe premature deaths from treatable causes. Avoidable mortality can be divided into two components: Some examples of treatable causes of death include sepsis, pneumonia, colorectal cancer, breast cancer in women, hypertensive diseases, asthma and most other respiratory diseases, renal failure, pregnancy and childbirth CIHI b. For this study we used the treatable potential years of life lost PYLL , an indicator that calculates the number of years of life that are lost prematurely here, before age 80 to causes of death that are considered to be treatable by healthcare interventions CIHI b; Nolte and McKee , The underlying idea is that if Canadians had access to timely care when they need it, no person should die before age 80 of the small set of causes of death that are considered to be treatable. In practice, this means that a person who died at age 65 from a treatable cause of death would have lost 15 potential years of life. These values of the difference between the actual age of death and age 80 are then summed over the population and divided by the population count. The choice of age 80 as the cut-off for considering a death to be premature was based on stakeholder feedback, in large part owing to the observation that about half of all deaths occur after age However, sensitivity analyses were conducted using different cut-offs, including the conventional cut-off of Sensitivity analyses using an alternative measure of treatable mortality â€" the age-standardized mortality rate from treatable causes of death â€" were also conducted. Results were robust to these changes in both the age cut-off and the choice of mortality rate versus the years of life lost. In contrast to what we found in the stakeholder consultation, the majority of studies of efficiency have chosen measures of average population health, such as improving life expectancy or disability-adjusted life expectancy, and reducing infant mortality as the desired objective of the health system CIHI a. Only one other study that we identified measured efficiency across OECD countries in terms of reducing avoidable mortality Joumard et al. It is important to note that the estimates of hospital and specialist

spending at the regional level were adjusted to account for the fact that residents of more rural regions likely travel to nearby urban regions that have more hospitals. Specifically, hospital and specialist spending were both divided by a modified version of the inflow–outflow ratio produced by the Canadian Institute for Health Information that accounted also for the average cost of delivering care in the region using the average cost per in-patient CIHI The environment in which a health system operates can significantly affect its ability to bring about health improvements with a given set of resources Jacobs et al. For instance, the prevalence of health conditions that are considered to be amenable to health system interventions, such as asthma or pneumonia, can be affected by broader health determinants, such as education level. This study controlled for three external determinants of health – education level, and concentration of recent immigrants and individuals identifying as Aboriginal – by including them as additional inputs in the analysis. These three external determinants of health were chosen on the basis that they could be considered outside of the control of health system managers, and that they were significantly associated with the outcome measure treatable PYLL. This ensured that comparisons were made only among health regions with similar operating environments. Table 1 provides the mean, dispersion and range of inputs and outputs included in the calculation of the efficiency scores. Description of variables included in the DEA.

Chapter 4 : Cybersecurity: How can it be improved in health care? | University of Illinois at Chicago

For answers, I turned to Howard K. Koh, M.D., assistant secretary of health for the U.S. Department of Health and Human Services (HHS). Koh is senior health adviser to the Secretary of HHS, and he oversees the Office of Public Health and Science, the Commissioned Corps of the U.S. Public Health Service, and the Office of the Surgeon General.

How can it be improved in health care? It has become increasingly clear that cybersecurity is a risk factor in health care data. The Breach Barometer Report: Year in Review additionally found that there was an average of at least one health data breach per day in , attacks that affected more than 27 million patient records. Consequently, many common threats continue to be problematic in health care, including: Cyber criminals use malware and ransomware to shut down individual devices, servers or even entire networks. In some cases, a ransom is then demanded to rectify the encryption. An increasing amount of protected health information is being stored on the cloud. Without proper encryption, this can be a weak spot for the security of health care organizations. Clever cyber criminals have created websites with addresses that are similar to reputable sites. This strategy sends out mass amounts of emails from seemingly reputable sources to obtain sensitive information from users. While encryption is critical for protecting health data, it can also create blind spots where hackers can hide from the tools meant to detect breaches. Employees can leave health care organizations susceptible to attack through weak passwords, unencrypted devices and other failures of compliance. Another growing threat in health care security is found in medical devices. As pacemakers and other equipment become connected to the internet, they face the same vulnerabilities as other computer systems. To ensure patient safety, the U. Strategies for improving cybersecurity Due to the significant financial impact of data breaches in health care, health informatics and other professionals are playing an important role in ensuring that medical organizations remain secure. Establish a security culture: Ongoing cybersecurity training and education emphasize that every member of the organization is responsible for protecting patient data, creating a culture of security. An increasing number of health care providers are using mobile devices at work. Encryption and other protective measures are critical to ensure that any information on these devices is secure. Maintain good computer habits: New employee onboarding should include training on best practices for computer use, including software and operating system maintenance. Anything connected to the internet should have a firewall. Install and maintain anti-virus software: Simply installing anti-virus software is not enough. Continuous updates are essential for ensuring health care systems receive the best possible protection at any given time. Plan for the unexpected: Files should be backed up regularly for quick and easy data restoration. Organizations should consider storing this backed-up information away from the main system if possible. Control access to protected health information: Access to protected information should be granted to only those who need to view or use the data. Use strong passwords and change them regularly: The Verizon report found that 63 percent of confirmed data breaches involved taking advantage of passwords that were the default, weak or stolen. Health care employees should not only use strong passwords, but ensure they are changed regularly. Any software, applications and other additions to existing systems should not be installed by staff without prior consent from the proper organizational authorities. Data can also be breached when physical devices are stolen. Computers and other electronics that contain protected information should be kept in locked rooms in secure areas. In addition to these recommendations, health data professionals are continually developing new strategies and best practices to ensure the safety of sensitive health data, protecting both the patient and organization from financial loss and other forms of harm. Working in health care cybersecurity To improve cybersecurity in health care, organizations need to hire informatics professionals who can not only collect, manage and leverage data, but protect it as well.

Chapter 5 : How Can Health Care Be Improved?

Public health is, however, only one of many fields that can contribute expertise to a community health improvement process and to performance monitoring components.

About Michelle Follow Michelle at mschoffrocook Forget the excuses. Just for today, focus on the many ways you can improve your health. This list is by no means complete but a starting point to get you making your physical, emotional, and spiritual health a priority in your busy life. And, once you do these health upgrades today, do them again tomorrow. Your body is 90 percent water and needs water for almost every function. Many of the aches and pains, headaches, and other symptoms we experience would lessen if we just drank more water. Go for a brisk walk. Your body was made to move. Your heart is a muscle that needs movement to function optimally. We know this but we often need a reminder to just do it. Better yet, take your brisk walk in nature. Trees and other plants are regularly turning our carbon dioxide into rich oxygen we can breathe. Getting rich, oxygenated air help kill bacteria and viruses, improves breathing, and may even help prevent cancer. Hug someone you love. When you hug someone you love someone who actually wants to be hugged , your body releases feel-good hormones like oxytocin that ward off depression. Brilliantly-colored fruit is packed with disease-fighting phytonutrients like proanthocyanins that protect against brain diseases and quercetin which helps alleviate allergies and breathing problems. Eat a large salad. Some of the best superfoods are cheap and readily available in the form of salad greens. They are packed with vitamins, minerals, chlorophyll gives plants their green color and boosts our blood health , enzymes that improve digestion and increase energy , and many phytonutrients. Just taking some time out to clear your thoughts and unplugging from technology and people can help you feel more balanced and peaceful. Deep breathe for at least 5 minutes, as often as you can. Research shows that deep breathing , even for minutes, can reduce stress hormone levels. That translates into less anxiety, better sleep, and less likelihood to pack on the pounds. Snack between meals on healthy snacks like almonds, veggie crudite, hummus and whole grain pitas. Drink a freshly made juice â€"preferably with green veggies. They are powerhouses of nutrients that help your body heal and energize you all at once. Stop and smell the flowers, literally. Not only will slowing down make you feel great, you will be exposed to natural aromatherapy with relaxing, energizing, or therapeutic effects. The fact that you can smell the flowers means molecules of their essential oils are coming into contact with your sensory systemsâ€"one of the fastest ways to balance hormones. Write down at least 10 things for which you are grateful. Increasing amounts of research show that gratitude builds better health and happiness. For essential items, choose a natural option instead. Do something nice for someone. It not only made our day, we still think back with fondness about this kind man and how it gave us more faith in the goodness of people. Dry skin brushing in small circles with a natural bristled brush, working from your extremities toward your heart boosts your blood circulation and the movement of lymph through your body to help eliminate toxic waste buildup in your tissues while boosting your energy. Soak in a warm bath with Epsom salts. The magnesium in Epsom salts absorbs through your skin and helps relax your muscles and reduce pain levels while contributing to your heart health. What will you do today to upgrade your health? Copyright Michelle Schoffro Cook. Follow me on Twitter mschoffrocook and Facebook.

Short of that, the best way to improve health care in the United States is by making sure that health care consumers are better informed. Wealthy people in the United States get the sort of healthcare that the rest of us can you only dream about, and this would not change if universal health care became the norm.

Page 80 Share Cite Suggested Citation: Improving Health in the Community: A Role for Performance Monitoring. The National Academies Press. Evidence is needed not only to make an accurate assessment of the factors influencing health but also to select an appropriate process through which to make changes. For example, immunizations are an effective means of preventing some infectious diseases, but many children and older adults have not received recommended doses. Studies show that efforts to raise immunization rates should target both the barriers that keep people from using available immunization services and the provider practices that result in missed opportunities to administer vaccines IOM, b. As envisioned by the committee, a CHIP can be implemented in a variety of community circumstances. Communities can begin working at various points in either cycle and with varying resources in place. The need to develop better data systems, for example, should not deter communities from using the CHIP framework. Using the process can focus attention on data needs and on finding ways in which they can be met. Participation from both the public and private sectors is needed, and leadership to initiate the process might emerge from either sector. The committee notes, however, that The Future of Public Health IOM, suggests that public health agencies have a responsibility to assure that something like a health improvement process is in place. Thus, the committee recommends that local and state public health agencies assure that communities have an effective CHIP. At a minimum, these agencies should be CHIP participants, and in some communities they should provide leadership or an organizational home. Strong state-level leadership in places such as Illinois, Massachusetts, and Washington has helped promote progress at the community level. The ongoing health improvement process must be seen as iterative and evolving rather than linear or short term. One-time activities, briefly assembled coalitions, and isolated solutions will not be adequate. A CHIP should not hinder effective and efficient operation of the accountable entities in the community that are expected to respond to specific health issues, and it must be able to accommodate the dynamic nature of communities and the interdependence of community activities. It should also facilitate the flow of information among accountable entities and other community groups and help them structure complementary efforts. Both community-level monitoring data and more detailed information related to specific health issues must feed back into the system on a continuing basis to guide subsequent analysis and Page 81 Share Cite Suggested Citation: This information loop is also the means by which a CHIP links performance to accountable entities among the community stakeholders. In emphasizing the community perspective, the committee does not want to overlook the broader state and national contexts for community efforts. For example, health policymakers at the federal and state levels could consider community-level performance indicators when planning and evaluating publicly funded health services programs such as managed care for Medicaid populations. Community performance measures could also contribute to state management of federal block grants e. Some state health departments are prominent participants in community-level health improvement efforts. In Massachusetts, for example, which has only one county health department, the state has taken a lead by establishing 27 Community Health Network Areas CHNAs; see Chapter 3 to serve as the base for local health improvement activities Massachusetts Department of Public Health, Elsewhere, state-level accreditation for local health departments can stipulate measurable targets for performance at the community level and require accountability for achieving targets during the term of accreditation. Illinois, for example, has implemented performance-based state certification of local health departments Roadmap Implementation Task Force, Similarly, state agencies that license private-sector health plans or design Medicaid managed care programs have the opportunity to specify performance measures to be used to evaluate the services provided. The Health Care Sector In the United States, proposals for collaborative community-wide efforts to address health issues date back at least to the early s Sigmond, From the s to the s, the federal government supported formal programs for state- and community-level CHP as a

strategy to improve the availability, accessibility, acceptability, cost, coordination, and quality of health care services and facilities Benjamin and Downs, ; Lefkowitz, At the local level, however, CHP was hampered both by limited control over resource allocation and by its responsibilities to regulate the introduction of new health care facilities and programs Sofaer, Nevertheless, the governing bodies of local planning agencies brought together multiple constituencies, including health care professionals and other "experts," consumers, and in a few cases, private-sector health care purchasers Sofaer, Indeed, some planning theorists explicitly based their approach on a model of the determinants of health Blum, that might be considered an early version of the field model. Concerns about the quality of health care stimulated measurement and monitoring activities. Evidence of widespread variations in medical practice patterns e. Continuous quality improvement CQI techniques have been adapted from their origins in industry for use in health care settings e. Health departments are also exploring their role in promoting the quality Page 83 Share Cite Suggested Citation: Community-oriented primary care COPC , which gained increased attention in the s and s, starts from a health care provider perspective to bring together care for individuals with attention to the health of the community in which they live Kark and Abramson, ; IOM, Although performance monitoring is not an explicit focus of COPC, this approach to health care emphasizes the importance of community-based data for understanding the origins of health problems. The emergence of managed care and various forms of integrated health systems has been another factor that is broadening the health care focus from individual patient encounters to the health needs of a population. Enrolled members are generally the population of primary interest, but many of these organizations participate in activities serving the larger community such as violence prevention, immunization, AIDS prevention, and school-based health clinics. Some have formalized their commitment to community-wide efforts through mechanisms such as the Community Service Principles adopted by Group Health Cooperative of Puget Sound Nationally, organizations such as the Catholic Health Association CHA, and the Voluntary Hospitals of America VHA, have adopted community benefit standards that call for accountable participation in meeting the needs of the community. The attributes of a "socially responsible managed care system," proposed by Showstack and colleagues , also support involvement in community-wide health improvement efforts. More generally, financial incentives are encouraging health care organizations to consider community-wide health needs. Nonprofit hospitals and health plans, plus the foundations established by provider organizations and insurers, are responding to the "community benefit" requirements needed to preserve their tax status. In addition, managed care plans are serving an increasing proportion of Medicare and Medicaid beneficiaries Armstead et al. Because limited periods of eligibility for Medicaid benefits mean frequent enrollment and disenrollment, health plans may increasing see value in services that improve the health of nonmembers who might be part of their enrolled population in the future. Page 84 Share Cite Suggested Citation: It emphasizes collaboration both within the community and across federal, state, and local levels. Among other tools that have been developed to guide community health assessment activities is the Model Standards program, which was initiated in The most recent report, Healthy Communities Assessment Protocol for Excellence in Public Health NACHO, , provides an eight-step process for assessing community health, assembling a community-based group through which to work, identifying and prioritizing issues of concern, and formulating a plan for responding. The APEXPH process is designed to begin with action by a local health department, but initial steps can also be taken by others in the community. Steps in the planning phase include assembling a stakeholder coalition, re defining "community health," assessing influences on health in and beyond the community, reviewing health indicators and community capacities, identifying key per- Page 85 Share Cite Suggested Citation: The implementation phase includes monitoring activities and their outcomes. Many hospitals and health systems in the private sector also are using the APEXPH model to guide their health assessment activities Gordon et al. The interest in community-based health improvement activities also led to several major intervention trials targeting specific health problems. Community-based approaches to health improvement also received support from foundations, as in the Henry J. Healthy People USDHHS, , one of the most prominent, provides more than national health promotion and disease prevention objectives. A smaller set of related indicators was endorsed for use in monitoring key elements of community health status CDC, Many states have assembled their own objectives for the year , and Healthy Communities With stated

targets to be achieved, objectives such as these are not only measurement tools but also statements of intended performance. In addition, more specialized assessments are being made such as monitoring the status of children at the state and local levels Annie E. Casey Foundation, ; Children Now, Individually, many health care organizations are monitoring performance for their internal quality improvement purposes and for tracking community benefit activities. A focus on performance and outcomes also is central to ideas on "reinventing government" Osborne and Gaebler, ; Gore, ; Hatry et al. The Government Performance and Results Act, for example, requires federal agencies to develop annual performance plans and to identify measures to assess progress GAO, Some observers, however, caution against an overreliance on measurement in managing government activities, suggesting that many important tasks of government cannot be adequately quantified and that even if measurable may not be adequately insulated from political pressures Mintzberg, The current health planning and health assessment models provide a comprehensive community perspective but generally put less emphasis on the linkage between performance monitoring and stakeholder accountability than either the problem identification and prioritization cycle or the analysis and implementation cycle of the proposed CHIP. The quality improvement and performance measurement activities that have developed in the personal health care sector bring accountability for performance to the fore explicitly. They are, however, generally applied to specific institutions or health plan services for their members, not to activities of many entities responding to the needs of the entire population of a community. Both community-wide and organization-specific performance measurement processes are needed to improve the health of the general population. Applying the field model perspective encourages consideration of the diversity of opportunities and agents, both inside and outside the usual "health" setting, that can con- Page 87 Share Cite Suggested Citation: That will be an essential step in validating and improving the process. Community efforts can begin with any phase of the cycle. For example, the availability of data from the health department on various aspects of health status might spark action on a specific health issue before any community-wide coalition is established. Alternatively, efforts around a specific health issue might be the catalyst both for more broadly based activities and for the collection of additional health status data. As noted in Chapter 3 , a coalition is an organization of individuals representing diverse organizations, factions, or constituencies who agree to work together to achieve common goals Feighery and Rogers, Leadership is essential, both to initiate and to maintain a coalition. Many may look to the health department to play this role, but private-sector initiatives or public-private collaborations can also be the motivating force. The organizational structure may be more or less formal, and the name applied to the group may vary e. Some communities will already have coalitions that can assume a role in a CHIP. In other communities, an existing group may need to expand or adapt to a new role. In some cases, a local board of health might provide a starting point. If several groups are already in place, perhaps to address specific health issues or to represent specific segments of the community, they should establish a workable forum for collaboration with a more broadly based coalition and with each other. Once a coalition is in place, continuing CHIP cycles should provide an opportunity to bring into the process community constituencies that are not yet represented. Among these groups are health departments and other public agencies, individual and institutional health care providers in the public and private sectors, schools, employers, insurers, community groups, the media, and the general public. Participants should include not only those groups that implement health improvement activities but also those that will have to collect, analyze, and report data used in the health improvement process. Efforts must also be made to ensure that the general public has opportunities to participate and that public- and private-sector entities that may not traditionally have assumed a role in health issues are brought to the table. Because community health and resources are influenced by factors such as federal and state programs and policies and by private-sector activities such as corporate practices and accreditation standards, communities should consider how those perspectives can be represented in a coalition. For example, public schools might be expected to play a more limited role in examining the health needs of the elderly than in smoking prevention and cessation programs for adolescents. Page 89 Share Cite Suggested Citation: For health departments, participation in a coalition may be an effective way to meet responsibilities to the community under the three "core functions" of assessment, policy development, and assurance IOM, For

some, participation in health improvement activities reflects a basic commitment to the well-being of the community e. Good will may not always be sufficient, however, and financial responsibilities cannot be ignored. Sigmond proposes that the private sector use the influence of accreditation to encourage community involvement.

Chapter 7 : 4 Ways to Improve the Public Health in Your Community for National Public Health Week

Download this memo (pdf). State and local governments currently spend about $ billion annually on health care, and health care accounts for nearly one-third of state budgets.

Vitamin D Vitamin D provides many important health benefits. It helps to build strong bones, regulates the calcium and phosphate levels in the body, encourages cell growth, strengthens the immune system, protects against certain forms of cancer, and improves mental health. Glutamine benefits the body in several ways. First, it is an important building block of proteins, which are essential to a strong immune system. Second, glutamine improves intestinal health. The best sources of Vitamin D are certain types of fatty-fleshed fish, such as salmon, tuna, or mackerel. Vitamin A Another health booster is Vitamin A. It benefits the body in many ways. First, Vitamin A plays an important role in vision. It is a key ingredient of the protein rhodopsin , which acts as a light receptor in the retina of the eye. Recent studies have found that Vitamin A may reduce the risk of age-related macular degeneration, which affects the vision of the elderly. A leading cause of blindness in children worldwide is Vitamin A deficiency. Second, the vitamin is vital to proper heart, lung, and kidney function. Dairy products, fish, and meat are good sources of Vitamin A. Another source of the vitamin is food containing beta-carotene, which the body converts into Vitamin A. First, Vitamin C helps wounds heal faster. Second, Vitamin C is an antioxidant , a substance that can prevent oxidation. Vitamin C can help prevent or delay such damage. The foods rich in Vitamin C are citrus fruits, tomatoes, and potatoes. Vitamin K Another important vitamin in health improvement is Vitamin K. It plays a major role in blood clotting and in bone function. Recent research also indicates that the vitamin may reduce abnormal calcification in blood vessels, which can lead to fatal cardiovascular conditions and chronic kidney disease. Scientists believe Vitamin K may reduce the risk of osteoporosis, the fragile bone condition that affects over 10 million people in the U. Green leafy vegetables, cheeses, seafood, legumes, and nuts, are all rich in Vitamin K. First, it is an antioxidant and may play a role and reducing cell damage from free radicals. Second, Vitamin E may boost the immune system. Third, it may prevent or delay heart disease due to its ability to prevent blood clots from forming. Vegetable oils, nuts, and seeds are rich in Vitamin E. Scientific research in the following decades has proven Gyorgyi right â€" these five vitamins can lead to improved health. Erin shows overscheduled, overwhelmed women how to do less so that they can achieve more. Traditional productivity booksâ€"written by menâ€"barely touch the tangle of cultural pressures that women feel when facing down a to-do list. One Response to The Starting Five: Vitamins for Improved Health Ryan.

Chapter 8 : Five Point Plan to Improve the Nationâ€™s Mental Health | SAMHSA Blog

How can electronic health records (EHR) and regulations be designed to positively affect you in your practice? With the meaningful use program reportedly on the cusp of change, physicians gathered in Seattle for a town hall meeting to discuss both the difficulties and benefits of EHRs while also citing ways that they can be improved.

Chapter 9 : 16 Simple Ways To Improve Your Health Today | Care2 Healthy Living

Health care/system redesign involves making systematic changes to primary care practices and health systems to improve the quality, efficiency, and effectiveness of patient care. Frameworks, models, and concepts such as the Chronic Care Model and the Patient-Centered Medical Home (PCMH) can be used independently or together to reorganize care.