



Unusual Suspects:

Focusing on Nonmedical Determinants to Improve the Nation's Health

FORUM SESSION
ANNOUNCEMENT

A DISCUSSION FEATURING:

Gail Wilensky, PhD

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Manager

Center for Community Development Investments

Federal Reserve Bank of San Francisco

Robert St. Peter, MD

President and Chief Executive Officer

Kansas Health Institute

Adetokunbo Omishakin

Director

Healthy Living Initiatives

Office of the Mayor

Nashville, Tennessee

FRIDAY, NOVEMBER 5, 2010

11:45AM–12:15PM—Lunch

12:15PM–2:00PM—Discussion

LOCATION

Reserve Officers Association
One Constitution Avenue, NE

Congressional Hall of Honor
Fifth Floor

*(Across from the Dirksen
Senate Office Building)*

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Driven in part by a desire to contain health care costs, policymakers are looking beyond medical care for opportunities to improve health and prevent the need for expensive services. They recognize that access to good health care can make a big difference to the health of many people in both the short term and the long term. But for most people on most days, health care may be almost irrelevant, and other factors, such as how they behave and where they live and work, can have a much greater (although often more subtle and gradual) effect on their current and future health.

Many entities, from international institutions like the World Health Organization (WHO) to communities in the United States, are taking a broad-based approach to improving health, one that involves more than health care. They have found that the medical model, even an expansive one that provides everyone with a medical home and fully integrates the mind and body and the full range of approaches to care, goes only so far. To have healthy people, it is necessary to think more broadly and be working simultaneously on many fronts, including the condition and environment of the communities where people work, live, and go to school; the socioeconomic status of the family; the attitudes and behaviors of individuals; and the quality of medical care.

Efforts to implement such a broad-based approach are focused on better integrating the traditional medical and public health domains, emphasizing the nonmedical influences on health. These initiatives tend to start from the perspective of a person, family, or community (rather than from a condition, discipline, or agency) and attempt to encompass the complete array of factors that determine health and their intersections and interactions. Such initiatives generally involve many partners from many fields and from both the public and private sectors and thus face the many challenges inherent in working across so many potential boundaries. For example, over five years ago the Kansas legislature created the Kansas Health Policy Authority in an effort to blend health care and public health policy development. At a community level, the city of Nashville is working to improve health by viewing food and transportation policy decisions as health policy decisions; city leaders are creating more opportunities to safely walk and bike in the city and are increasing access to fresh fruits and vegetables in schools and certain neighborhoods.

Provisions of the Patient Protection and Affordable Care Act (PPACA) also emphasize determinants of health beyond health care and are intended to reduce health care utilization and expenditures by

preventing people from becoming patients in the first place. For example, PPACA establishes a permanent Prevention and Public Health Fund, as well as grant programs such as the Community Transformation Grant program, and authorizes and appropriates funding to support broad public health and prevention interventions at the federal, state, and community levels. The Community Transformation Grant program focuses on nonmedical determinants of health and eliminating health disparities. Managed by the Centers for Disease Control and Prevention, this program is intended to reduce chronic disease rates, prevent the development of secondary conditions, address health disparities, and develop a stronger evidence base for prevention programming. Grantees are required to submit “a detailed plan that includes the policy, environmental, programmatic, and as appropriate infrastructure changes needed to promote healthy living and reduce disparities”; they are encouraged to prioritize “strategies to reduce racial and ethnic disparities, including social, economic, and geographic determinants of health.”¹ (For a fuller discussion of public health concepts and approaches that emphasize the nonmedical influences on health, see the related Forum background paper “High Hopes: Public Health Approaches to Reducing the Need for Health Care”; available at www.nhpf.org/library/details.cfm/2821.)

SESSION AND SPEAKERS

This Forum session will examine the nonmedical determinants of health and efforts at the community, state, national, and international levels to improve health by focusing on them. **Gail Wilensky, PhD**, is senior fellow at the Center for Health Affairs, Project HOPE, and recently served on the WHO Commission on Social Determinants of Health. She will provide an overview of the nonmedical determinants of health, focusing on the findings and recommendations of the WHO commission. **David Erickson, PhD**, is manager of the Center for Community Development Investments at the Federal Reserve Bank of San Francisco. He will describe how community development financing can be used to improve community health. **Robert St. Peter, MD**, is the president and chief executive officer of the Kansas Health Institute. He will discuss the Kansas experience with trying to integrate health and health care at the state level through the creation of the Kansas Health Policy Authority. **Adetokunbo Omishakin** is the director of Healthy Living Initiatives in the Office of the Mayor in Nashville, Tennessee. He will discuss efforts in Nashville to take a

broad approach to improving health by focusing on the intersection of transportation, nutrition, and health policies.

KEY QUESTIONS

- What are the nonmedical determinants of health? How do they relate to health care and to each other? What is known about their impact, and what remains to be learned?
- How do ideas about the nonmedical determinants of health relate to concepts such as public health, prevention, and health-in-all-policies? What are the advantages and disadvantages of these broad approaches?
- Who are the various public and private partners involved in these broad approaches and what are their perspectives?
- What elements of health reform and other legislation are related to or intended to implement these kinds of broad approaches? What progress has been made to date?
- What have been the accomplishments and challenges of efforts to tackle the nonmedical determinants of health at the national, state, and community levels? What are the implications for policy at each of these levels?

ENDNOTE

1. Patient Protection and Affordable Care Act (PPACA), sections 4201(c)(2)(A) and 4201(c)(2)(B)(vi).