

For “Reinventing Our Communities: Transforming Our Economics” hosted by the Federal Reserve Bank of Philadelphia on September 22, 2016.

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CHICAGO



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The University of Chicago

Reinventing Our Communities:
Transforming Our Economics
Philadelphia, PA

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9.22.16

Disclosures

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- The contents of this presentation are solely the responsibility of the authors and do not necessarily represent the official views of the U.S. Department of Health and Human Services or any of its agencies.
- Under the terms of the CMS funding opportunity, we were expected to develop a sustainable business model which will continue and support the model that we tested after award funding ends.
- Dr. Stacy Lindau is the founder and owner of a social impact company NowPow, LLC and president of MAPSCorps, 501(c) (3). Neither NowPow, LLC nor MAPSCorps, 501 (c) (3) is supported through CMS or other federal funding.
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CommunityRx

12/17/2013

HealthRx
Places and programs for your health and your community

I'm Pamela, your Community Health Information Specialist.
HealthRx is a free list of places and programs near you that are matched to your specific health needs from today's visit. These places and programs can help you stay healthy, live independently and manage disease. I'm here to help you learn more about the places and programs listed here or find more places and programs that can help you.
Call, text, email, or visit me! (Monday-Friday, 9:00am-5:00pm)
• Call or text: (773) 886-7361
• Email: pamela@sshvs.org
• Visit: 4305A S. Dr. Martin Luther King Jr. Dr.
[Read more about me: www.healthrx.org/pamela.html](http://read.more.about.me/~www.healthrx.org/pamela.html)

Help make HealthRx better!
Call (773) 834-6711 to complete a short survey as part of a research study. The first 20 callers each month get a \$25 check.

Fitness & Exercise
Gyms and group exercise
• JX Fitness — 1301 E. 47th St., (773) 548-7529
• LA Fitness — 1301 E. 47th St., (773) 924-9889

Learn about losing weight
• CYS — 1218 E. 33rd St., (773) 752-1435
• Provident Hospital of Cook County — 500 E. 51st St., (312) 572-2000 **FREE**

Food & Nutrition
Food pantry
• St. Martin Luther King Community Service Center — 4314 S. Cottage Grove Ave., (312) 747-2380 **FREE**
• Church of St. Paul & The Redeemer — 4945 S. Dorchester Ave., (773) 824-3185

Fresh fruits and vegetables
• Save-A-Lot Food Store — 4701 S. Cottage Grove Ave., (773) 548-1634
• Walgreens — 3036 S. Cottage Grove Ave., (773) 373-4266

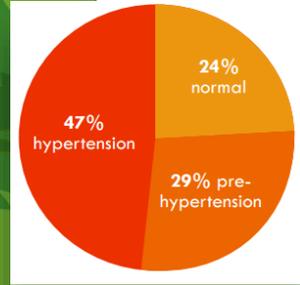
Learn to cook
• Brownsville Community Club House — 3847 S. Giles Ave., (773) 548-7724 **SLIDING FEE**
• Key Living Lock Older Community Family Life Center — 119 E. Garfield Blvd., (773) 363-6941

Learn to eat healthy
• Catholic Bishop of Chicago Hales Franciscan High School — 4930 S. Cottage Grove Ave., (773) 385-9400 **FREE**
• Friend Family Health Center — 800 E. 55th St., (773) 702-0660 **SLIDING FEE**

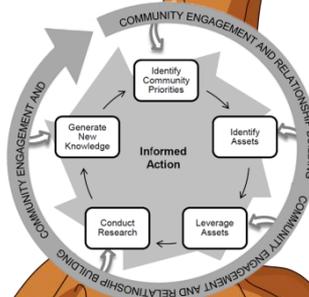
Your code from today's visit is 1CD0VU
To see this HealthRx online, go to www.healthrx.org/1CD0VU
page 1 of 3



Population Health Study



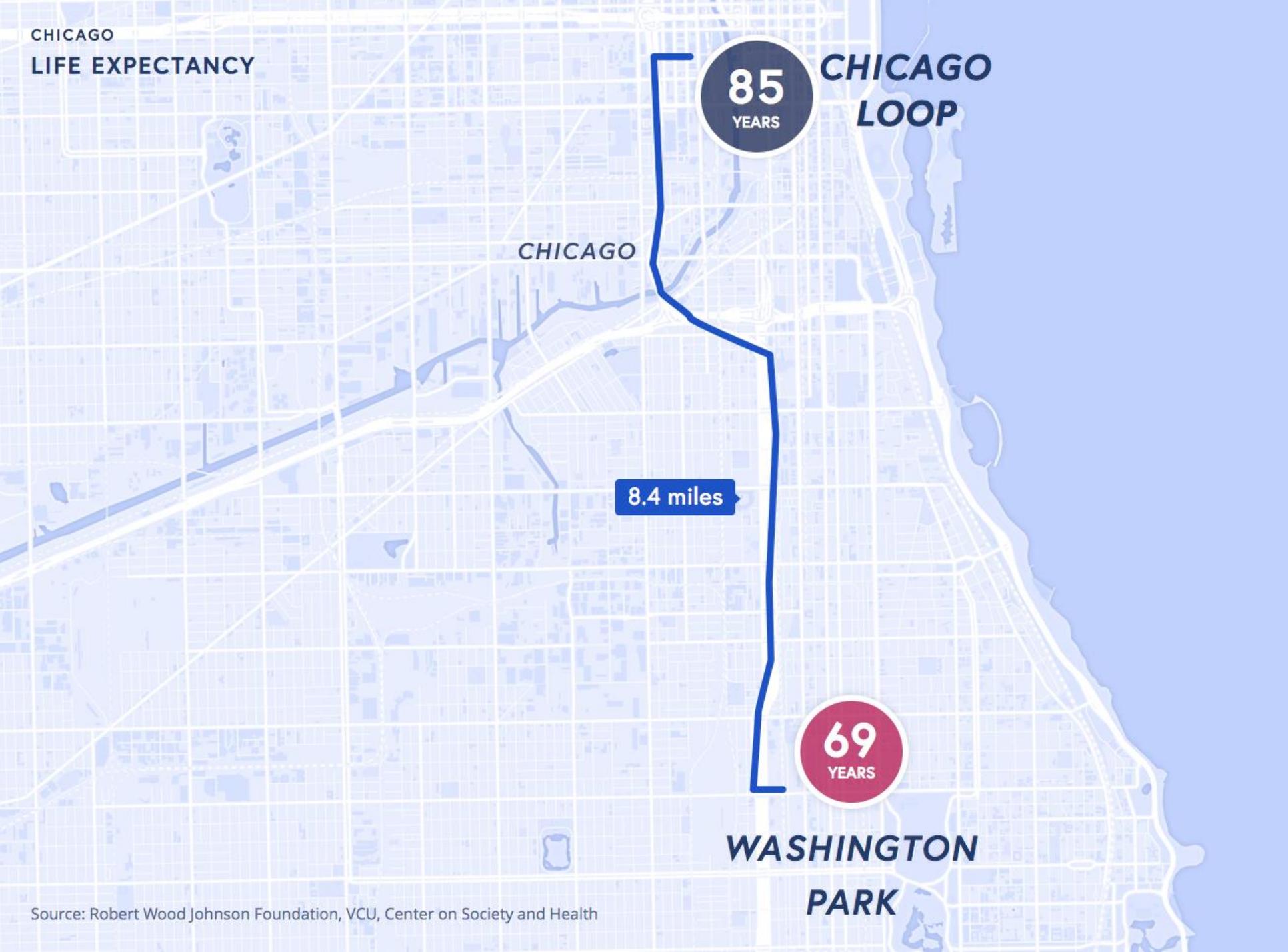
Asset-Based Community Engaged Approach



Illustrated Tree. Retrieved from:
http://pics.clipartpng.com/midle/Green_Car_toon_Tree_PNG_Clip_Art-1095.png

Quantify the injustice

CHICAGO
LIFE EXPECTANCY



85
YEARS

CHICAGO
LOOP

CHICAGO

8.4 miles

69
YEARS

WASHINGTON
PARK

Source: Robert Wood Johnson Foundation, VCU, Center on Society and Health

NEW YORK CITY
LIFE EXPECTANCY

84
YEARS

**UPPER
WEST SIDE**

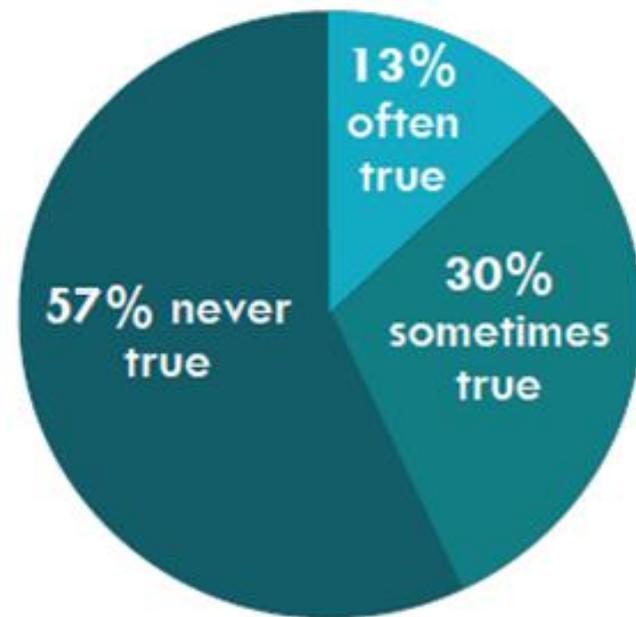
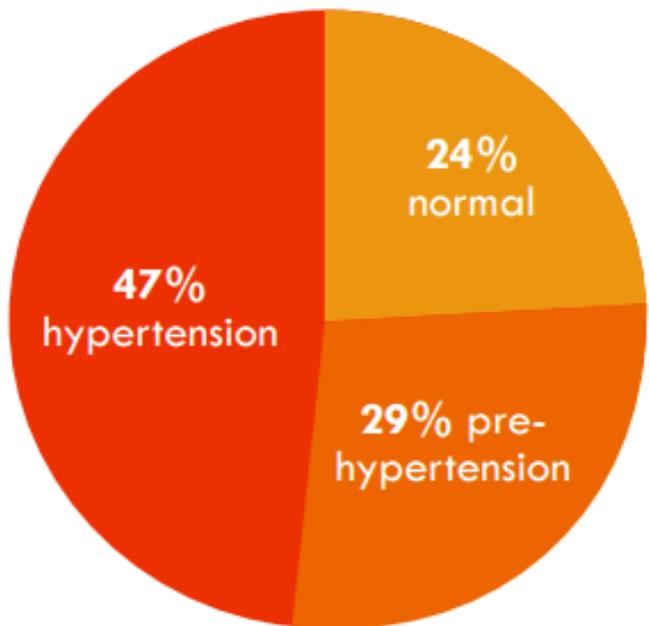
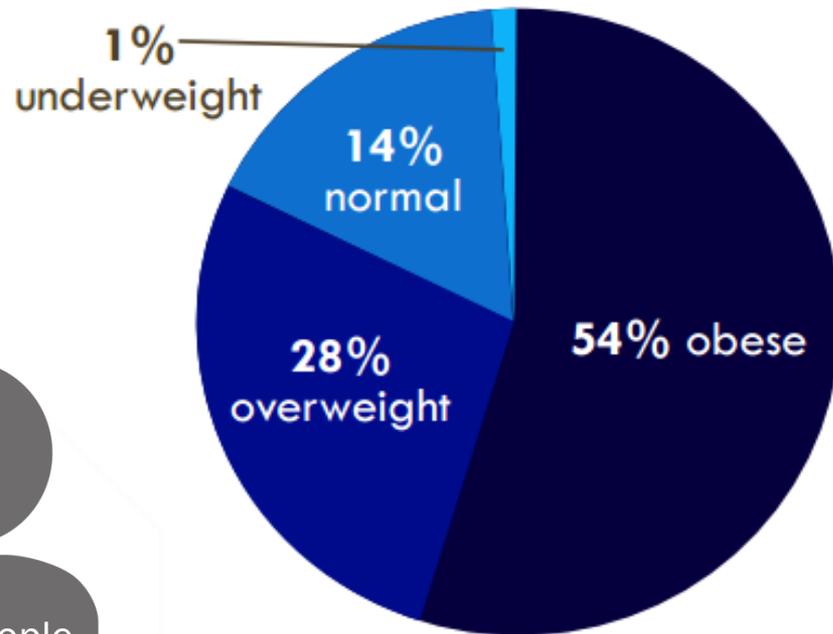
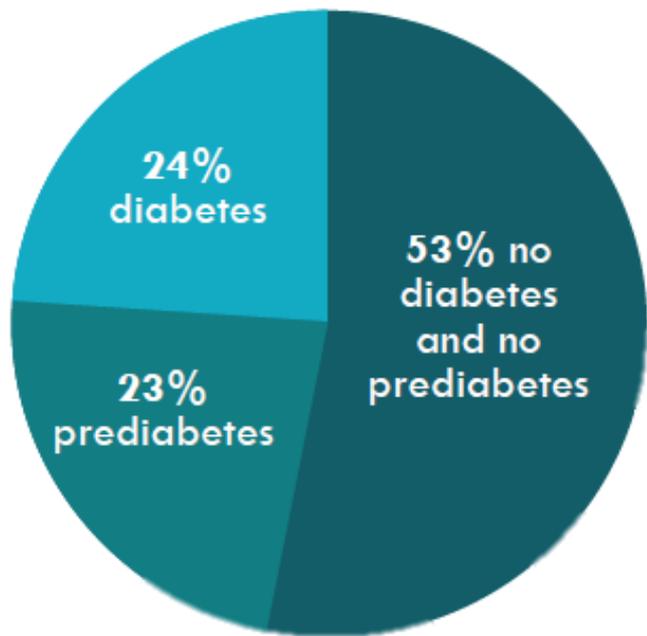
76
YEARS

EAST HARLEM

3.1 miles

MANHATTAN

Source: Robert Wood Johnson Foundation, VCU, Center on Society and Health

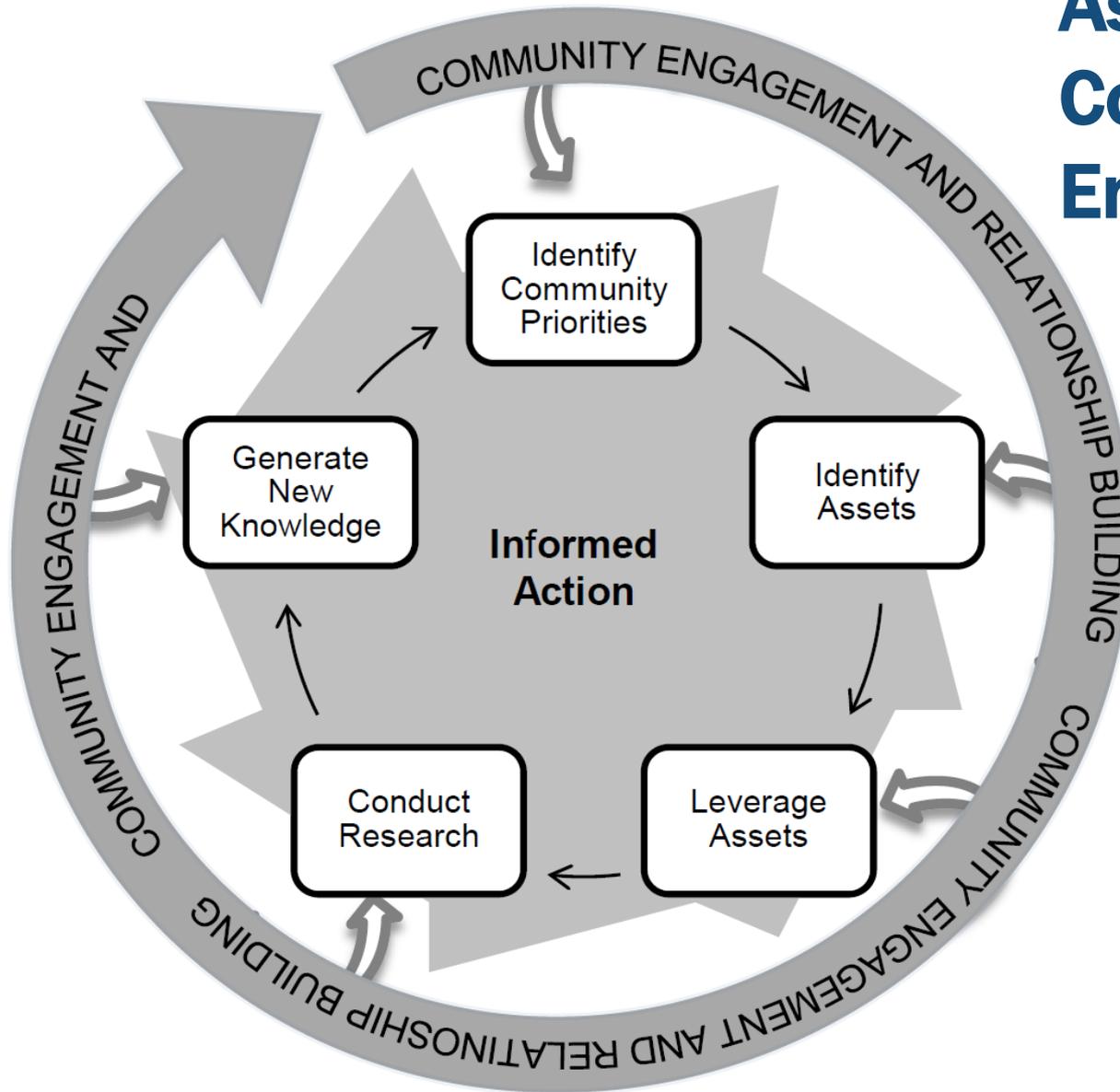


**Health includes
economic vitality**



MAPS Corp
Progress as of
7-15-2014

Asset-Based Community Engaged Approach



Lindau ST, et al. Building community-engaged health research and discovery infrastructure on the South Side of Chicago: Science in service to community priorities. *Preventive Medicine*, 2011 Mar-Apr;52(3-4): 200–207.

Engage youth





Meaningful • Active • Productive • Science in Service to Community

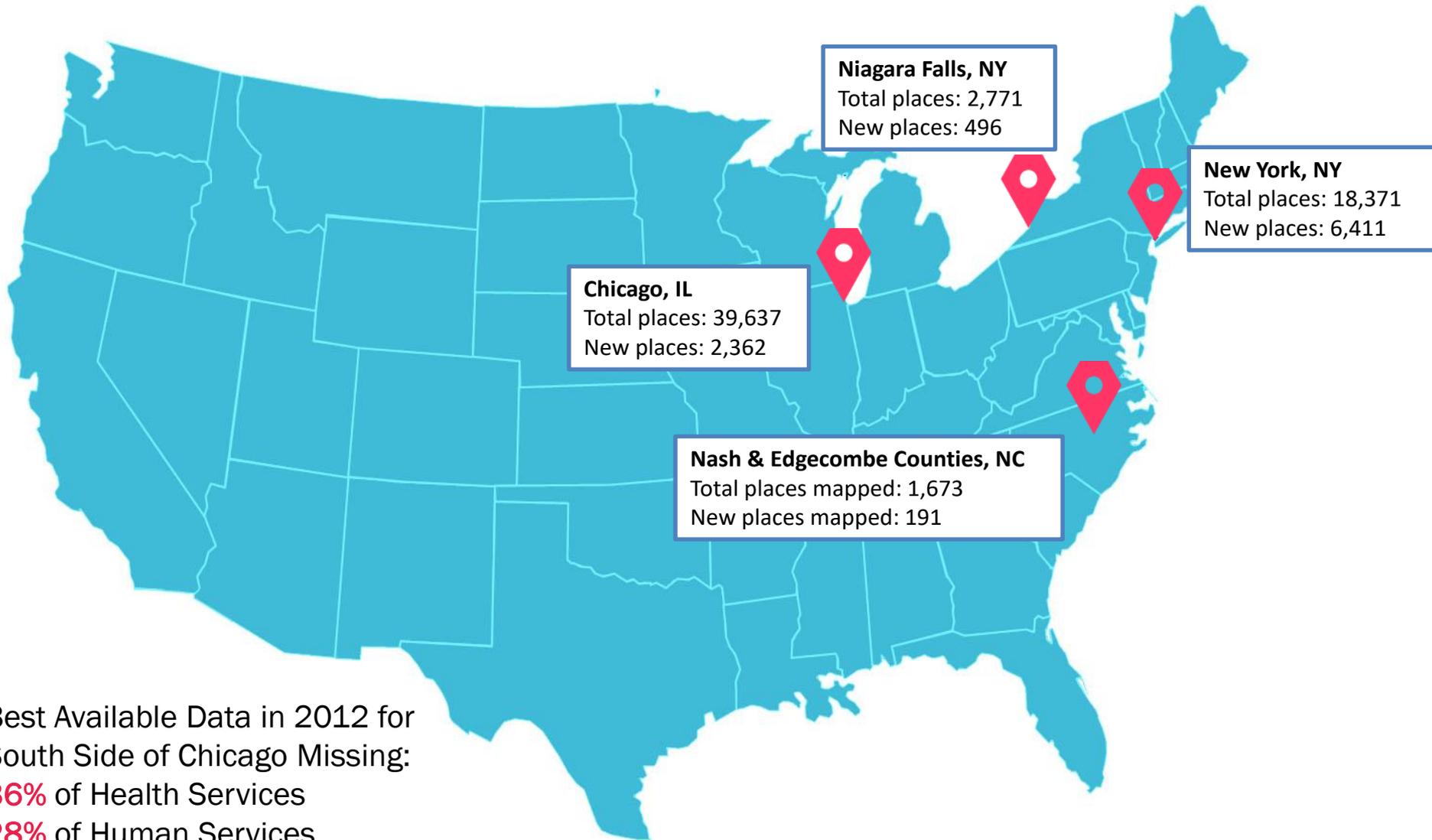
Vision: Cultivate scientific minds, healthy people and invested citizens using the assets of our communities.

Mission: Actively engage youth in producing meaningful scientific data about community assets that everyone can use to improve the human condition.

<https://www.youtube.com/watch?v=Wi0MFaSI6L8>

Lindau ST et al. American Journal of Public Health. July 2012; 102(7):e3-e4.
Makelarski JA et al. *J Urban Health*, 90(4): 586-601.

MAPSCORPS 2016



Best Available Data in 2012 for
South Side of Chicago Missing:

36% of Health Services

28% of Human Services

33% of all Assets

Makelarski J, Lindau ST et al. *Journal of Urban Health*. 2012.

**Produce data
everyone can use**

>100 MAPSCorps Data Use Cases



Academic Institutions



The City of Chicago



Community-Based Organizations



Cook County Land Bank



Private Companies

STATE SENATOR
Jacqueline Y. Collins

CENTER FOR
Economic Progress

Working Families



GREATER AUBURN-GRESHAM
DEVELOPMENT CORPORATION



BRIGHT STAR
community outreach



GREATER
CHICAGO
FOOD
DEPOSITORY



DEPARTMENT OF PUBLIC HEALTH
CHICAGO

The
Center
for Faith and
Community Health
Transformation



SOUTH
EAST
CHICAGO
COMMISSION

Hyde Park
Chamber
of Commerce



Chicago
Public
Schools



SOUTH CHICAGO
ART
CENTER



THE UNIVERSITY OF
CHICAGO
PRITZKER SCHOOL
OF MEDICINE



Calling All Innovators – Health Care Innovation Challenge Open for Great Ideas

DECEMBER 7, 2011 AT 10:27 AM ET BY ANEESH CHOPRA

- Three-Part Aim
1. Better Health
 2. Better Health Care
 3. Lower Costs
 4. Workforce of the future
 5. Sustainable business model

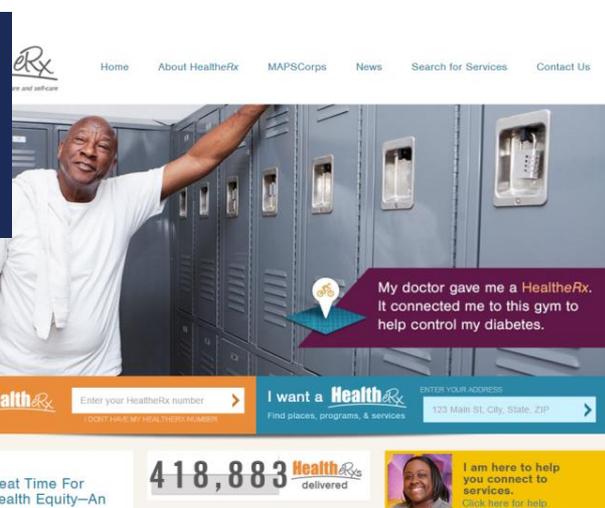
Also: impact the underserved, address health disparities, reduce the effect of multiple co-morbidities, and/or modify of risk factors

**Innovate locally,
prepare to scale**



1. Local youth generate data annually

<http://www.mapscorps.org>



2. Data link to clinics, health centers

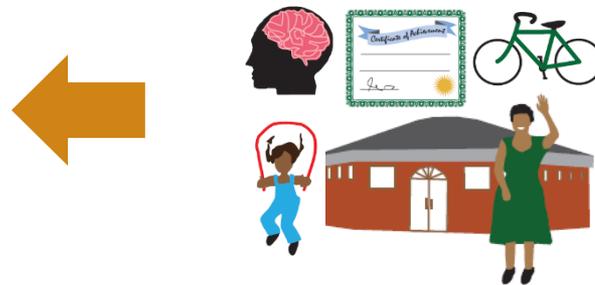
<http://www.healthrx.org/>

CommunityRx

Collective social impact model

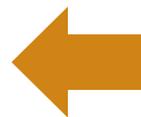
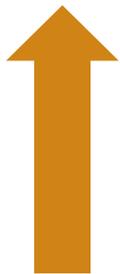


3. Health centers give patients personalized referrals to community resources



4. Patients use community resources to support their health needs

© ST Lindau 2016

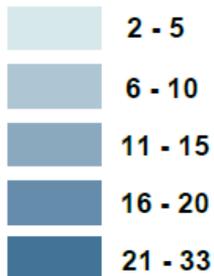


5. Businesses and organizations serving the community thrive



LEGEND

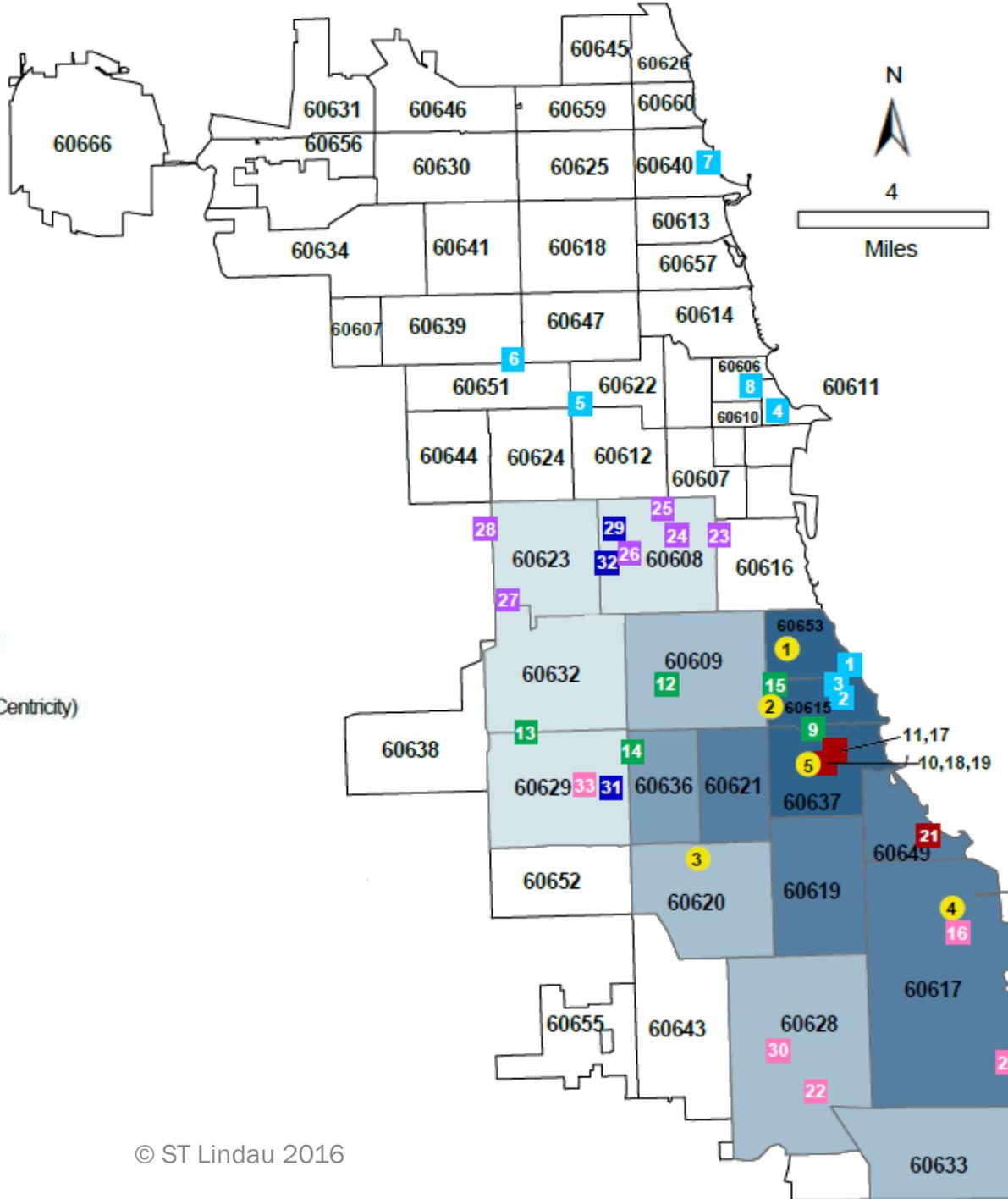
Percent Coverage



Clinical Sites^a (Electronic health record system)



Community-based Organizations^b





“...the collective influence and responsibility that all sectors have for creating and sustaining the conditions necessary for health.”

**Intersectoral Health
Institute of Medicine, 2011**

A Community-Powered, Asset-Based Approach to Intersectoral Urban Health System Planning in Chicago

Stacy Tessler Lindau, MD, MAPP, Katherine Diaz Vickery, MD, MSc, HwaJung Choi, PhD, Jennifer Makelarski, PhD, MPH, Amber Matthews, BA, and Matthew Davis, MD, MAPP

Objectives. To describe, and provide a nomenclature and taxonomy for classifying, the economic sectors and functional assets that could be mobilized as partners in an intersectoral health system.

Methods. MAPSCorps (Meaningful, Active, Productive Science in Service to Community) employed local youths to conduct a census of all operating assets (businesses and organizations) on the South Side of Chicago, Illinois, in 2012. We classified assets by primary function into sectors and described asset and sector distribution and density per 100 000 population. We compared empirical findings with the Institute of Medicine's (IOM's) conceptual representation and description of intersectoral health system partners.

Results. Fifty-four youths mapped a 62-square-mile region over 6 weeks; we classified 8376 assets into 23 sectors. Sectors with the most assets were food ($n = 1214$; 230/100 000 population), trade services ($n = 1113$; 211/100 000), and religious worship ($n = 974$; 185/100 000). Several large, health-relevant sectors (2499 assets) were identified in the region but not specified in the IOM's representation. Governmental public health, central to the IOM concept, had no physical presence in the region.

Conclusions. Local youths identified several thousand assets across a broad diversity of sectors that could partner in an intersectoral health system. Empirically informed iteration of the IOM concept will facilitate local translation and propagation. (*Am J Public Health*. Published online ahead of print August 23, 2016: e1–e7. doi:10.2105/AJPH.2016.303302)

The 1978 Declaration of Alma-Ata called on representatives across sectors and nations to collaborate to improve population health.¹ A decade later, in response to concerns about the effectiveness of the US public health system, the idea of intersectoral responsibility for population health emerged again from the US Institute of Medicine (IOM).² The IOM outlined a strategy to measurably improve US population health and described threats such as HIV/AIDS, adolescent pregnancy, and Alzheimer's disease "that can be averted or lessened only through collective actions aimed at the community," rather than solely through individual-level medical care.^{2(p20)}

In 2001, the US government charged an IOM committee with developing a framework for population health.³ The resulting report promoted the "intersectoral public health system" as the framework for population health improvement and named 5 sectors, in addition to governmental public health, as "powerful actors" for ensuring

optimal public health (the health care delivery system, employers and business, the media, academia, and the community). This report acknowledged that public health occurs within complex systems and is influenced by many individual and environmental factors.³ Later, the IOM published a 3-report series that made the "case for increased accountability for all sectors that affect health . . . with coordination by the government public health infrastructure."^{4(pxxv)} The 2003 and 2011 reports include a figure representing "the circle of system partners"^{3,4} that was iterated over time from a 1997 World Health Organization (WHO) report⁵ and has been broadly presented as a representation of the intersectoral health system concept.

The 2010 Patient Protection and Affordable Care Act (ACA)⁶ created the US National Prevention Council, a coordinating body tasked with guiding federal agencies across sectors to work individually and together to improve population health.^{7,8} With input from a variety of stakeholders, the Council published in 2011 the National Prevention Strategy, a "cross-sector, integrated national strategy" for improving US population health.⁸ The ACA and the National Prevention Strategy are driving the adoption of intersectoral health system principles into practice. For example, the US Centers for Medicare & Medicaid Services approved funding to pay providers to connect

ABOUT THE AUTHORS

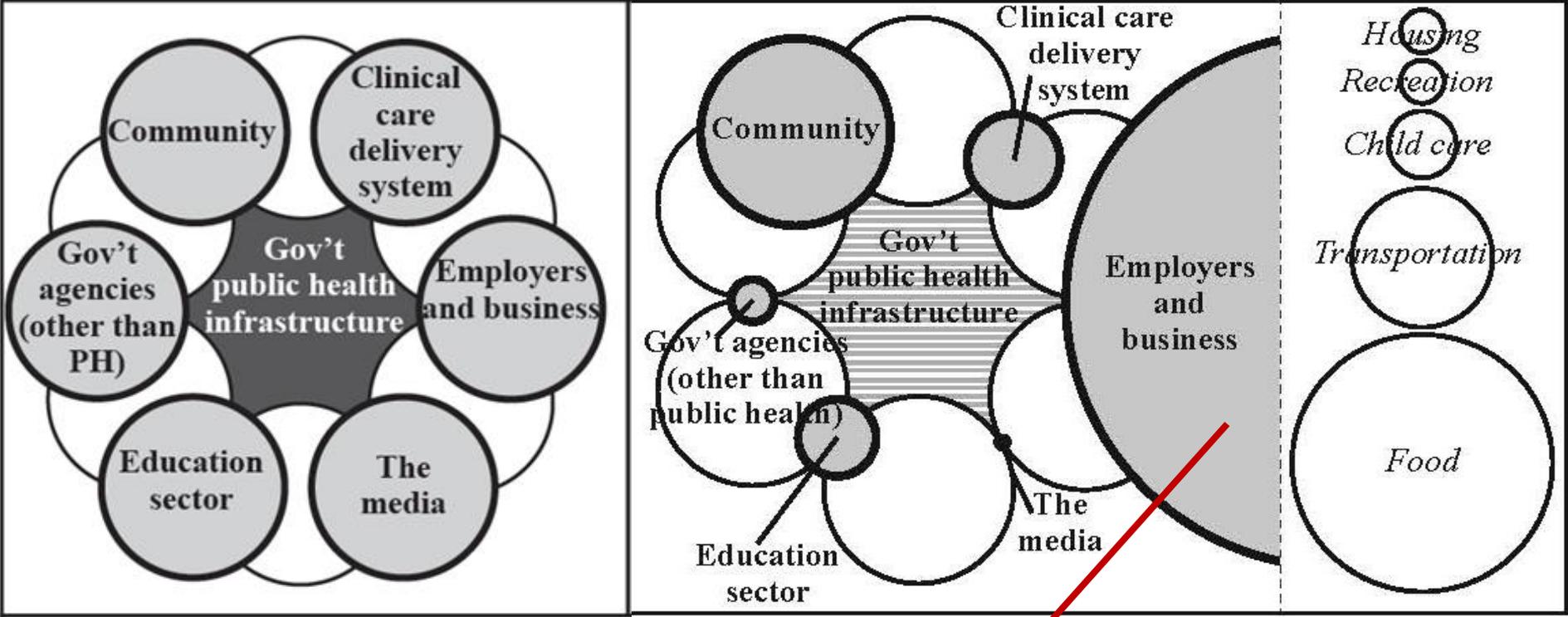
Stacy Tessler Lindau, Jennifer Makelarski, and Amber Matthews are with the Department of Obstetrics and Gynecology, University of Chicago, Chicago, IL. Katherine Diaz Vickery is with the Department of Medicine, Hennepin County Medical Center, Minneapolis, MN. HwaJung Choi is with the Department of Internal Medicine, Robert Wood Johnson Foundation Clinical Scholars Program, University of Michigan, Ann Arbor. Matthew Davis is with the Child Health Evaluation and Research Unit, University of Michigan, Ann Arbor.

Correspondence should be sent to Stacy Tessler Lindau, MD, MAPP, The University of Chicago, Department of Ob/Gyn, 5841 S Maryland Ave, MC 2050, Chicago, IL 60637 (e-mail: slindau@uchicago.edu). Reprints can be ordered at <http://www.ajph.org> by clicking the "Eprints" link.

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doi: 10.2105/AJPH.2016.303302



^bLindau ST et al.2016. *American Journal of Public Health*. Epub. doi: 10.2105/AJPH.2016.303302

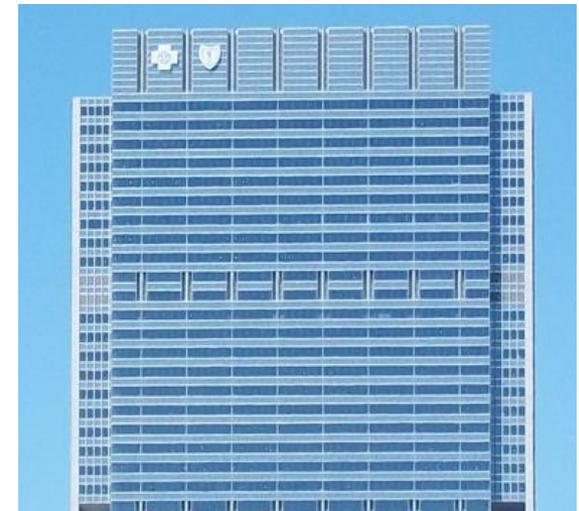
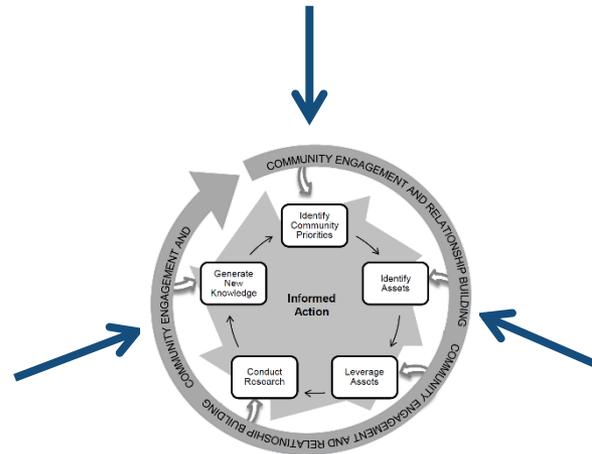


Banks and Finance, Insurance, Real Estate (2012)

- 96 banks (1.8/10K population)
- 54 currency exchanges (1.0/10K)
- 18 payday loan shops (0.34/10K)

^bLindau ST et al.2016. *American Journal of Public Health*. Epub. doi: 10.2105/AJPH.2016.303302

Policy: 2010 Patient Protection and Affordable Care Act elaborated community benefit standards under §501(c)(3) of the Internal Revenue Code
Action: conduct Community Health Needs Assessment



Policy: 2010 ACA
Action: meet minimum required Medical Loss Ratio with quality improvement investments

Thank you

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The project described was supported in part by Grant Number 1C1CMS330997-01-00 from the Department of Health and Human Services, Centers for Medicare & Medicaid Services.

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