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Reinventing Our Communities: Transforming Our Economics
Philadelphia, PA

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Disclosures

• The CommunityRx project described was supported in part by Grant Number 1C1CMS330997-01-00 (Lindau, PI) from the Department of Health and Human Services, Centers for Medicare & Medicaid Services and by a Technical Assistance Grant from the New York State Health Foundation. It is currently supported by Grant Number 1R01 AG 047869-01 (Lindau, PI) from the National Institutes of Health/ National Institute of Aging, and Grant Number HS 023921-01 (A Kho, PI) from the Agency for Healthcare Research and Quality.

• 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.

• Neither the University nor UCM is endorsing or promoting any NowPow/MAPSCorps Entity or its business, products, or services.
Asset-Based Community Engaged Approach
Quantify the injustice
Source: Robert Wood Johnson Foundation, VCU, Center on Society and Health
NEW YORK CITY LIFE EXPECTANCY

UPPER WEST SIDE

MANHATTAN

EAST HARLEM

84 YEARS

3.1 miles

76 YEARS

Source: Robert Wood Johnson Foundation, VCU, Center on Society and Health
“My food has run out and I do not yet have money to buy more” (past 12 months)
Health includes economic vitality

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Engage youth
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=Wi0MFaSl6L8


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

- **36%** of Health Services
- **28%** of Human Services
- **33%** of all Assets

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
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/

3. Health centers give patients personalized referrals to community resources

4. Patients use community resources to support their health needs

5. Businesses and organizations serving the community thrive

Collective social impact model

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“...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 Tezler Lindau, MD, MAPP, Katherine Diaz Vickers, MD, MSc, Huy Jung Choi, PhD, Jennifer Mekelowski, 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 8,376 assets into 23 sectors. Sectors with the most assets were food (n = 1,214; 230/100,000 population), trade services (n = 1,113; 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/AJPH2016.303302)

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(a)(2)

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.4 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.”5,6,7 The 2003 and 2011 reports include a figure representing “the circle of system partners” which was iterated over time from a 1997 World Health Organization (WHO) report and has been broadly presented as a representation of the intersectoral health system concept. The 2010 Patient Protection and Affordable Care Act (ACA)8,9 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.8,9 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

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Correspondence should be sent to Stacy Tezler Lindau, MD, MAPP, The University of Chicago, Department of Ob/Gyn, 5841 S Maryland Ave, MC 3030, Chicago, IL 60637 (e-mail: slindau@uchicago.edu). Reprints can be ordered at http://www.ajph.org by clicking the “Reprints” link.

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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)

**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:** Community Reinvestment Act 1977  
**Action:** maintain Community Development function with regular review

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

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Thank you

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