

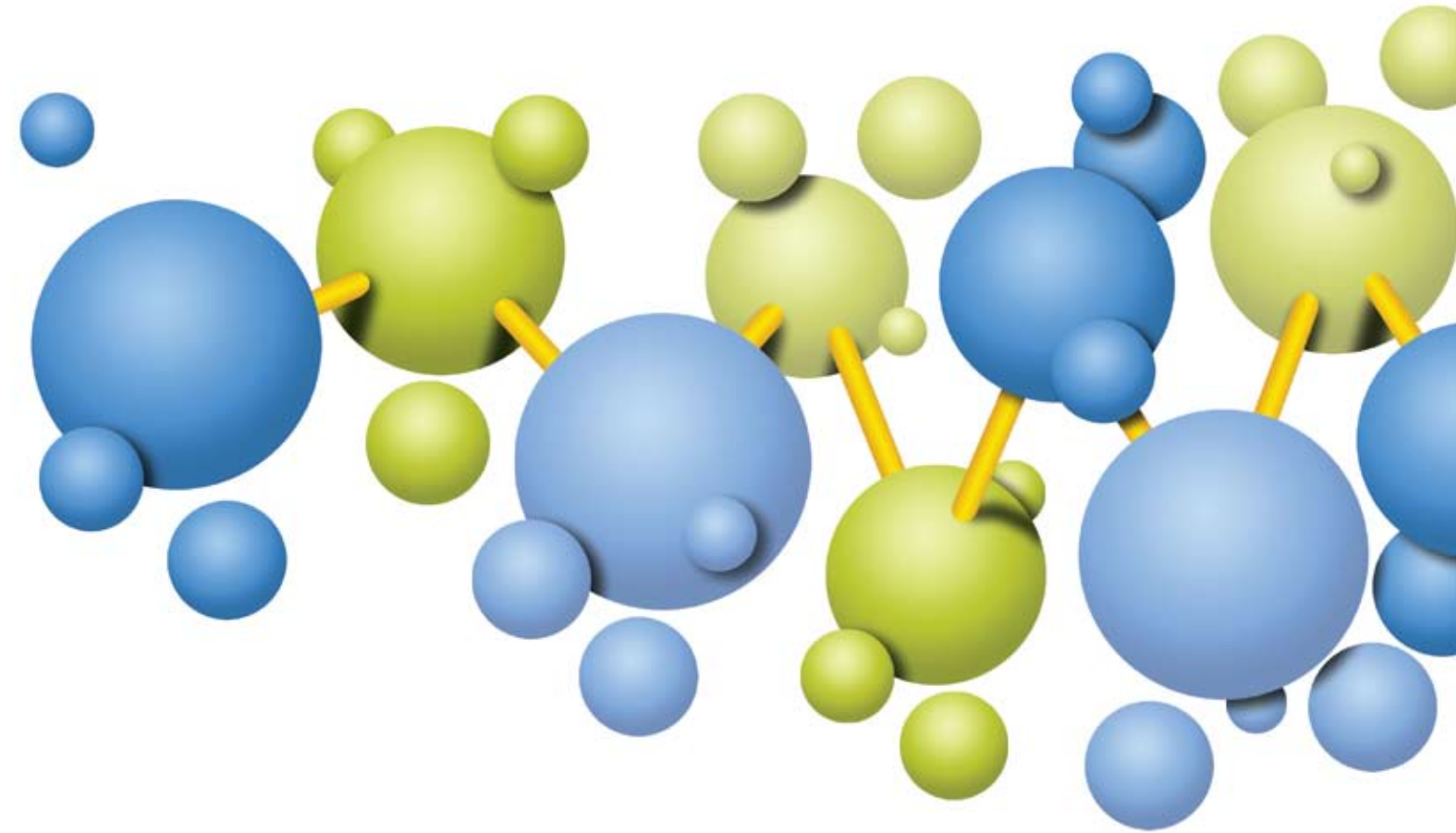
Sources

¹ "Overcoming Obstacles to Health": Robert Wood Johnson Foundation. Copyright 2008

² "Reaching for a Healthier Life: Facts on Socioeconomic Status and Health in the U.S.": John D. and Katherine T. MacArthur Foundation. Copyright 2006

³ "Closing the gap in a generation: health equity through action on the social determinants of health.": Final Report of the Commission on Social Determinants of Health. Geneva, World Health Organization. Copyright 2008

Improve health: the intersection of the individual and the social



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Communities of Health

by:

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Introduction

In February of 2008 the Robert Wood Johnson Foundation issued a report describing the work of its Commission to Build a Healthier America. Its conclusions were uncompromising:

America's public debate on "health" has mostly centered on access to and affordability of care, even though a large body of evidence tells us that whether or not a person gets sick in the first place in most cases has little to do with seeing a doctor.

A far greater determinant is the sometimes toxic relationship between how we live our lives and the economic, social and physical environments that surround us. Some of the factors affecting our health we certainly can influence on our own; many of the factors, however, are outside our individual control.¹

Similarly, the John D. and Catherine T. MacArthur Foundation Research Network on Socioeconomic Status and Health recently released a report entitled "Reaching for a Healthier Life: Facts on Socioeconomic Status and Health in the U.S.," for which they draw on the same growing body of scholarship and come to similar conclusions:

...we tend to think of health as something that is fixed by our genetic heritage. But genes are only part of the picture. It turns out that the more advantaged our lives are, the longer we live and the healthier we are from birth to old age. People who grow up on the bottom die younger and are sicker throughout their lifetimes than those who are born to the rungs above them.²

And finally, in August of 2008, the World Health Organization's Commission on Social Determinants of Health released its much anticipated and encyclopedic report, "Closing the gap in a generation: health equity through action on the social determinants of health." Its conclusions are in lockstep with the above:

...inequities in health, avoidable health inequalities, arise because of the circumstances in which people grow, live, work, and age, and the systems put in place to deal with illness. The conditions in which people live and die are, in turn, shaped by political, social, and economic forces.³

The message is clear: health is primarily determined by factors that have nothing to do with the health care system. And yet, when we talk about health it's the health care system – access and financing, quality and technology – that claims most of the nation's attention. As annual health care spending in the United States continues to escalate unsustainably – now surpassing \$2 trillion annually – we should ask ourselves if we are doing the right things to keep people healthy and from needing the health care system in the first place.

It is against this backdrop that CIGNA has launched **Communities of Health**, a unique and innovative approach to discovering and addressing the underlying reasons so many more of us are sick now than ever before.

Health: the Individual Dimension

CIGNA's core business is focused on providing services aimed at helping the individuals it serves improve their health, well-being and security. This focus is in line with the individual focus of the health care system. From prevention to diagnosis to treatment, the health care system functions at the individual level.

While CIGNA does not dispense care per se, its core services help individuals make the most of the health care system, should they require it, and also help them make choices that might prevent their needing the health care system in the first place. Given the rising rate of incidence across all major disease categories, this is vital work.

Recognizing the influence behavior has on individual health, the major stakeholders in the health care system, including CIGNA and its competitors, have begun to deploy means of helping individuals become better informed, more engaged and more responsible concerning their health. These efforts include:

- **Consumer-Directed Health Care:** insurance and coverage plans that encourage and empower individuals to be educated customers of health care services;
- **Wellness and health promotion:** tools and activities, including nurse coaches, intended to help individuals make healthy lifestyle choices and live healthier lifestyles;
- **Health IT:** the information technology platforms that enable individuals to leverage the latest health information in formats that meet their expectations.

Recently, CIGNA began specially trained health coaches to help individuals identify and tap core personal values, which, in turn, support behavior change that is deeply meaningful to them. When a person defines change in terms that answer the question "What's really important to me?" that person moves from being uninterested, unaware, or unwilling to make a change to considering, deciding, preparing, and finally to making, a change.

Additionally, based on their experiences in other aspects of their lives – notably, personal finances and online retail transactions – individuals are coming to expect a highly personal experience when they access information that supports behavior change. It must be accurate and relevant, and delivered through the media of their choice. As these expectations are fulfilled, individuals become empowered to make healthier choices, from selecting a doctor to filling a prescription, to sticking to an exercise program, to choosing the best place to receive for a medical procedure.

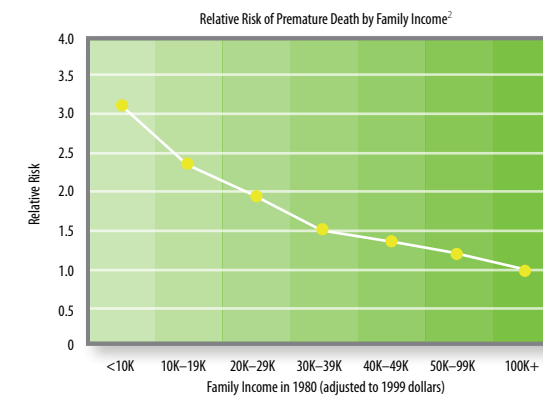
Most experts agree that individual behavior change is a critical aspect of fixing the health care system. Implicit in CIGNA's approach to health coaching and personalized health information is the principle that behavior change is an internal reorientation rather than the imposition of external values and resources. This principle has important implications when we move from the individual to the social dimensions of health.

Health: the Social Determinants

If being healthy were simply a matter of individual biology, behavior and medical interventions, all the important work being done in these areas would have resulted in an improvement in our nation's health indices. But this is not the case. In spite of all the great work being done to make medical treatments more effective and to help individuals become more aware of their health, as a nation our health is getting worse not better. Why is this the case?

Communities of Health looks for an answer to this question by turning to the intricate web of social structures within which all individual action occurs. Examining these social structures – education and employment, food and transport, neighborhood design and the built environment, to name just some of them – and uncovering clues to what makes us healthy and what makes us sick are the necessary counterparts to the health care system's focus on the individual.

One way to simplify the concept of social determinants is to look at one overarching measure of social experience: socioeconomic status. Where a person is positioned on a ladder of socioeconomic standing is the best predictor of health status and risk.

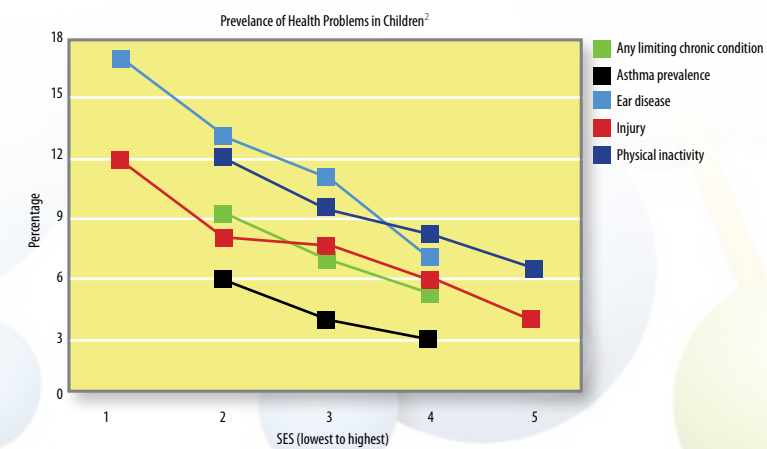


At the lower levels of the socioeconomic ladder, the risk for premature death is highest. And, as the graph above shows, premature mortality follows a slope that correlates to income level. It's not just the poorest who can expect to live shorter lives than those with the highest incomes. Every income group below the top suffers a similar fate.

Further, the effect of socioeconomic status is apparent in a wide range of serious illnesses and health complications. Those lower on the socioeconomic ladder are more likely to experience a host of health problems:

- Premature birth, low birth weight, and birth defects (as well as infant mortality);
- High-risk conditions and indicators of future disease: high blood pressure, obesity, and weakened immune system;
- Chronic diseases: diabetes, heart disease, and many forms of cancer;
- Infectious diseases; and
- Disabilities: blindness, mental illness and decline of physical strength.²

Living at or near the bottom of the socioeconomic ladder is particularly hard on children, as the graph at the below shows.



But the inextricable relationship between socioeconomic status and health risk is just one way to see the impact of social factors on health. There are many others. And because the individual-focused activities of the health care system are powerless to affect the social factors that create these inequalities in health, it is necessary to develop new approaches that address them. This is the work **Communities of Health** was established to do.

Working Toward Health Equity

Communities of Health is an approach to addressing the embedded social inequities at the root of illness. These social inequities are largely the result of an uneven distribution of resources and opportunities across the population. Through dialog-based practices, **Communities of Health** helps communities a) understand the immediate sources of social inequities and their role in determining health; b) ask themselves whether this is a situation they care enough about to address; and c) design for themselves the *most effective* means to address it.

At the individual level, real and sustainable change only occurs when the motivation to change taps a deep source of meaning, an unavoidable reason to change. In a community setting, real and sustainable change occurs as the community *comes together in such a way* that it cannot avoid investigating and addressing the circumstances that determine health.

Communities of Health is based on an approach that recognizes and facilitates the innate capacity within a community for forging its own destiny. It can be summarized in nine interconnected phases:

1. **Explore:** research and analysis; building community self-knowledge;
2. **Organize:** engaging the influencers – the community members with the best opportunity to mobilize core participants;
3. **Expand:** initiate and spread awareness;
4. **Empower:** emergent participation; participative planning that flows from the community;
5. **Activate:** engaged implementation; action in and by the community;
6. **Own:** claim the mission; guiding the community to a "point of no return;"
7. **Measure:** validate the mission; gauge progress toward the goal the community has defined;
8. **Demonstrate:** showcase the work; wide-ranging public description of the work;
9. **Replicate:** extending the work; allowing for variability.

While the approach practiced by **Communities of Health** holds great promise, it is not the final word. At its best it is the impetus for the community itself to conceive and create its own process for addressing the social factors that determine health. Just as at the individual level, it is finally only the individual who can change, so too with communities. In order to address the social conditions that lie at the root of illness it must be the community itself that contemplates, designs and takes the action that leads to better lives for all its members.