

Communities of Health: Houston, Texas

Notes from Initial Gathering

May 14, 2009, 12:00PM-5:00PM
Employee Benefit Solutions offices



Meeting purpose & agenda

- Communities of Health (CoH) brings people together to uncover and address social and environmental conditions that are the primary determinants of health.
- The purpose of this gathering was to identify integration points between CoH and ongoing work within the Greater Houston area, including activities currently under the stewardship of organizations such as MD Anderson; the University of Texas, Houston; the Mayor's Wellness Council and the Houston Wellness Association. We began a process to:
 - Appreciate Houston area community work to date, including various wellness initiatives;
 - Explore together social determinants of health (relevant to Greater Houston community);
 - Identify opportunities to move forward.

12:00pm-
1:15pm

LUNCH AND OPENING

- *Welcome*: Jonathan Lack
- *Participants* state their connection/contribution to the work we are meeting to discuss
- *CoH-Houston Overview*: Bill Baun (need to unite); Lovell Jones (health disparities as a window on the concept of social determinants)

1:15pm-
2:15pm

COMMUNITIES OF HEALTH INTRODUCTION

- *Setting the Context*: Gary Earl ("Health as Seen through a Wide Angle Lens")
- *"Unnatural Causes"*: 5-minute video clip
- *Q&A/Discussion*: All

2:15pm-
3:15pm

SMALL GROUP ACTIVITY: *Houston wellness initiative – from the inside out*

- *Breakouts*: current community-based health improvement activities in Houston

3:15pm-
4:00pm

FULL GROUP ACTIVITY: *Report on dialog describing lessons learned*

- *CoH facilitators*: report back community-based health improvement activities
- *Full group*: opportunities to enhance/create new connections between activities

4:00pm-
5:00pm

WHAT'S NEXT?

- *CoH*: Update on CoH pilots and areas of relevance
- *All*: Charting a course to the best possible future in Houston

Welcome & opening

- Jonathan Lack, Executive Director, Houston Wellness Association:
 - Change comes in windows of time... (national political change; upcoming local elections; focus on health care reform);
 - Health is local; need to engage all players in Houston, build consensus and collaboration;
 - Need to look to leaders in this room (not out there) to point the way forward;
 - Mayor holds the power in Houston and current mayor (Bill White) is in last term; need to work with four candidates on health agenda; maintain/expand existing programs; opportunity at August 14 mayoral forum on health & wellness.
- Bill Baun, EPD, FAWHP, UT MD Anderson Cancer Center:
 - It all began with a desire not to be America's fattest city → Mayor's Wellness Council → Houston Wellness Association;
 - Need more people "invested" in this effort – and we need to recognize where people are coming from; we will learn together how to move forward;
 - Context for change: spend much of my time helping people build back resilience (e.g., during layoffs); have learned that optimism without hope is worthless – we need both;
 - The ecological factors in our world are what get in the way of people being healthy; e.g., Houston is #1 in fast food in the nation; if we change the environment, people will change their choices;
 - My interest is in "engagement" – tapping into what's inside people that will make change possible;
 - We are proud Houstons; much to build on (see "by the numbers" on next page); we believe we can do this.
- Lovell Jones, PhD, Center for Research on Minority Health, University of Texas:
 - The time for being "nice" has long passed – we are at a crisis stage in Houston and the nation;
 - 1.3 million are un/under-insured in Houston...significant disparities in health for minorities in Houston;
 - Who you are determines how you address problems; looking around the table, we are missing representation by minorities and the uninsured;
 - Three events in US history led to temporary reduction in health disparities: World War I, World War II, Civil Rights Movement;
 - American medicine has moved from an infectious disease model to a chronic disease model; makes it harder to see the connections of social and environmental influences;
 - In this discussion, we need:
 - Trust – be honest, be open; we share more similarities than differences;
 - Respect – speak from and accept everyone's own reality;
 - Communication – as a bridge to connect;
 - Flexibility – meet people where they are;
 - Knowledge – learn thyself.
 - Need to get out of the box to improve health.

Houston...by the numbers

Houston is BIG!

- **2.14 million residents** (as of mid-2006) makes Houston the fourth most populous city in the United States, trailing only New York, Los Angeles and Chicago.
- Houston City Statistical Area: **12,476 square miles**...larger than Maryland.
- Harris County: 1,778 square miles...nearly as large as Rhode Island.
- At 634 square miles, City of Houston could contain New York City, Washington, DC, Boston, San Francisco, Seattle, Minneapolis & Miami.

Diverse

Houston 10-county Metropolitan Statistical Area is the **nation's demographic future**:

- 42% Anglo
- 33% Hispanic
- 18% African American
- 7% Asian/Other

Economically Strong

- Houston MSA's **Gross Area Product** in 2007 was **\$416.6 billion** — larger than Belgium's, Malaysia's, Venezuela's or Sweden's GDP.
- Only 28 nations have a GDP exceeding Houston's.

On the Move

- **575.4 miles** of freeways and expressways.
- 1,211 buses serving 1,285 square miles.
- 7.5 miles of light rail; 30 additional miles planned (to be completed in 2012).

Great Place to Live...

- Houston's overall after-taxes **living costs are 10 percent below** national average.
- Housing costs are 23 percent below the average.
- Grocery prices are 18 percent below the major metro average.
- Utility costs are 1 percent below the major metro average.
- Transportation costs are 9 percent below the average.
- Health care costs are 8 percent below the average.
- Costs for miscellaneous goods and services are 4 percent below the average.

...and Work

- *Kiplinger's Personal Finance* named **Houston the #1 city in the country** to live and work, based on **strong economy, abundant jobs**, reasonable living costs and fun things to do. (2008)
- *Forbes.com* named Houston a top 10 up-and-coming tech city, #7 for jobs, #3 in income growth and #4 in job growth. (2008)
- *Fortune* magazine ranked Houston as #2 city for Fortune 500 headquarters. (2009)

Creating Choice

- Although we have more fast food restaurants than any other city, we also have **10 farmers markets** spread across Houston and some corner stores are starting to add vegetables and fruit.
- **Parks and recreation** system with year-round programs for kids and adults.
- A bayou system that supports thousand of **runners and bikers**.

Leader in Care

Texas Medical Center (TMC)...

- **Largest in medical center in the world**, with 73,600 employees, 46 member institutions, 13 renowned hospitals and two specialty institutions.
- 5.5 million patient visits in 2007.
- More than 33,000 students attend regular classes at two medical schools, four nursing schools, and schools of dentistry, public health, pharmacy and virtually all health-related careers.
- Member institutions received \$3.5 billion in grants for research during past 5 years.
- More than 1,000 acres and 100 permanent buildings.

In addition, Houston is home to 9 preventive care centers and 4 primary care centers.

A lot going on, a lot to build on, a spirit of pride and momentum to make Houston a Community of Health.

Participants' check in: "One thing that brings me here."

Coming together, we are strengthened.

The tool to make a difference.

To help our local members.

Passionate about wellness and the community.

I'm passionate about Houston.

Interest in health & wellness; to understand how I can contribute to the community.

"Health care" access, not necessarily = health.

Community outreach; access \neq health

Interested in collaboration with stakeholders

We need to do a better job of sharing information.

Great intersection:
wellness and community.

To make new contacts that will help me help my employees.

There is hope here... there is hope in Houston.

Shift from looking to others to solve... to "we" will create the change.

Passion for wellness – childhood obesity.

Keep appetite for learning.

Health and wellness for the Texans, want to help spread the word.

Increase access, reduce disparities, and make a difference.

Value human life.

Passionate about communities of color.

How can we make a difference I can bring to my clients?

We share more in common than in difference.

Help many people at once.

Passionate about health and access to care.

Good health = good investment and return.

Should we be doing more about health (broader, integrated view)?

Communities of Health introduction

Setting the Context – the CoH team led a discussion on the intersection of individual and community influences of health; Gary Earl used the example of “Steven’s Story” to illustrate the point...

Even with all the work we’ve done to make treatments more effective and costs more manageable, we continue to face deteriorating health in America. As U.S. annual total health care spending exceeds \$2 trillion, the time is right to explore the deep causes of illness and disease that drive people into the care system in the first place.

So, why are disease states continuing to rise and what can we do about it?

The answer depends on how we view health – and the underlying conditions that compromise it.



One way to view health is at the individual level. When we look through this lens, we see health as a function of individual behavior, biology and medical care. Our focus is on early identification of risk and programs to promote healthy lifestyles and smart choices about care. All together, these factors account for just under half of what determines health.

Using a wide-angle lens, we see health in a broader context – influenced by a range of factors in the places we live and work. In fact, research tells us that social conditions such as educational quality, employment opportunities, and access to essential goods and services like food and transportation systems account for more than half of what makes us healthy or sick. Addressing these health factors requires a different approach.

Communities of Health brings people together to uncover and address underlying conditions that are the major influences of health and illness. These efforts are already taking place in a growing number of cities around the country, where citizens, neighborhood groups, and organizational stakeholders are working together to generate deeper collective awareness and community-driven action that will have a profound and sustainable impact on health for all. (See www.communitiesofhealth.org.)

The biological embedding of social experience:
“We carry our histories in our bodies.”

Additional examples of social and environmental determinants of health were provided in a brief excerpt from the PBS documentary series, “*Unnatural Causes*” (www.unnaturalcauses.org).



Discussion: Considering the health of the community in Houston

Honesty...



Houston commuters facing 7:30am grind – how can we ask them to eat healthier?

We live isolated, in our own silos; don't see others' experiences (e.g., hospital CEO in video clip).

It's not just about the underserved; it's about all of us (e.g., polluted air over the East End makes its way to the Woodlands in the afternoon).

We have difficulty talking about racism, so we don't. We need facilitation, a forum to listen.

We can improve access and still may not improve health – people need help and hope!

The entire stratification – all people – must be involved!

How many of us truly experience our own neighborhoods? Changing our patterns (e.g., biking) allows us to see new things.

Can we get data on community influences of health to understand and act on specific issues?

Can't pay people to be healthy – must have balance between extrinsic and intrinsic motivators.

When we say Houston is best city for "health care" we mean treatment of illness. Let's be the best city for "health."

"...that men in general should work better when they are ill fed than when they are well fed, when they are disheartened than when they are in good spirits, when they are frequently sick than when they are generally in good health, it seems not very probable." – Adam Smith, Wealth of Nations (1776)

Are we being inclusive? Helping people see for themselves that they are worth it?

& Optimism

Learning from CoH pilots – ingredients of success:

- Participant-driven
- Continually expanding
- Ongoing inquiry & learning by doing




Economically-driven culture... Arkansas experiment worked because Huckabee made business case.

Small Group Activity: Appreciative Inquiry

- What's working well around here?
- What conditions allowed this to happen?
- How do we create more of these conditions?

Group 1

- Mayor White
 - Actively enforcing laws
 - Accountability and risk taking
 - Empowering others to take action
 - Aligns common goals/brings people together
 - Bottom line – keep it simple
 - Common thread
- HEB: PhD in community health
 - Three focus areas for corp. citizenship
 - Education
 - Community giving
 - Food banks
- Academic support
 - Community-based Participatory Research
 - Research resources
 - Degree programs in wellness
- Community gardens
- Farmers markets
- K-12 education



*How we frame
our questions
determines how
we see our
opportunities.*

- Funding and philanthropy
 - Medical system
 - Pride/competition
- Oil industry
- No state income tax
- Fortune 500 companies
- Weather
- Available land and zoning policies
- Right-to-work
- Mecca for worksite wellness

Small Group Activity: Appreciative Inquiry

- What's working well around here?
- What conditions allowed this to happen?
- How do we create more of these conditions?

Group 2

- *What's working*
 - Wellness Association (brought us to the table)
 - Charitable organizations: funding, events, awareness
 - CanDO flourishing (coming together around childhood obesity)
 - Neighborhood Wellness Teams (3 regions)
 - Great early start
 - Now integrating with CanDO
 - Large faith-based initiatives
 - Reaching into communities
 - Lots of services (African American premature birth initiative)
 - People Influenced by those in their community (minister)
 - Kids in sports
 - Learning, social/friends, frequency/continuity, brings parents together (ride share)
- *Conditions allowing this to happen*
 - Leaders, influencers and champions got involved
 - People care; want to do something
 - People come to Houston for jobs, education, health care, quality of life
 - Multi-sector integration: schools, parks, etc.
 - Diversity – Houston as a picture of the U.S. in 60 years
 - Key element = collaboration; strength in working together
 - Common cause → lay down our differences:
 - Hurricanes allowed us to come together, act like a small town
 - Motivators: fattest → healthiest city in the U.S.
 - Multi-level involvement, central authority (swine flu)
 - Being involved together creates:
 - Informal accountability
 - Social support
 - A sense that there's help in the community
- *How to create more of these conditions*
 - Signs of health (people running in the parks)
 - Put a face on change: personalize it
 - Alternatives to fast food
 - Create more access to activities like Street Olympics
 - Connectivity: recreation → parks → safety/lower crime
 - Show parents it's safe to get involved
 - Strong capitalist culture: tap into for economically driven change (vibrant economy can improve education, health, etc.)
 - Leadership
 - Texas *PRIDE!*
 - Confidence!
 - Can do!
 - Remember the first word spoken on the moon: "Houston!"



Small Group Activity: Appreciative Inquiry

- What's working well around here?
- What conditions allowed this to happen?
- How do we create more of these conditions?

Group 3

• *What's working*

- Abundance of resources
- A sense of pride
- A diverse "rich" community
- Potential strength: a faith community
- Climate
- Giving not just economics – human; more foundations
- The diversity of business culture
- "certain" pockets coming together (unified) for the betterment of community
- Super community/neighborhood to hear the community voice
- Data

• *Conditions allowing this to happen*

- The city structure – the inner sanctum: mayor/leader
- Energy corridor (resources); 2nd place in Fortune 500 headquarters
- Economic conditions (panic)
- Strong "higher" education
- Geography (coast)
- Affordability
- Crisis drives opportunities

• *How to create more of these conditions*

- Continue "Super Neighborhood" concept
- The economic vitality of the city
- Gather the sandboxes (CoH)
- Faith
- Consolidated action
- Engage current administration to transfer to next administration



Full Group Dialog: What's next

- What's possible?
- Who else needs to be involved?
- What's next?

• Start small: actions

- Set targets → early, attainable, visible success
- Utilize “super neighborhoods” – leverage what's been done; get them at table to learn from/collaborate

• Expand: awareness and participation

- Multi-sectors
- Big names & grass roots/leaders/entrepreneurial spirit
- Build pride in Houston & belief in what's possible

• Start a revolution: organic

- Many leaders/owners (vs. single central owner)
- Many “pods” – happening all over, simultaneously, interconnected, all of a shared purpose
- Move fast? Build slowly, methodically?

“Nothing breeds success like success.”

“Don't outgrow your supply lines.”

“Think big, act NOW!”

“Outside perspective (CoH) is important.”

“Remember: Houston is different!”

WHAT'S NEXT

Schedule next gathering with expanded participants.

May 14, 2009 participants

<u>Name</u>	<u>Organization</u>
Lovell A. Jones, Ph.D	Center for Research on Minority Health, University of Texas
Beverly J. Gor, EdD, RD, LD, CDE	Center for Research on Minority Health, University of Texas
Michael Koehler	CIGNA
Paula McHam	CIGNA
Jim Nadler, MD	CIGNA
Rick Brush	CIGNA Communities of Health
Jeff Doemland	CIGNA Communities of Health
Gary Earl	CIGNA Communities of Health
Niobli Armah IV	City of Houston - Recreation and Wellness Division
Chris Skisak, PhD	Corporate Health Management Solutions
John White	Dow
Jim Watt	Employee Benefit Solutions (EBS)
Kimberly Hornbeek	Employee Benefit Solutions (EBS)
Darryl Lewis	Employee Benefit Solutions (EBS)
Deena L. Buford, MD	ExxonMobil
Leba Shallenberger	ExxonMobil
Debbie Boswell	Harris County Hospital District
Beth Common	HEB
Greg Grissom	Houston Texans
Jonathan Lack	Houston Wellness Association
Laurie R. Lee	InterFit Health & Fitness Management Co.
Derek Wolfe	RBK Services
Louise Milone	SEIU
Manfred Sternberg	Texas Health Services Authority; Manfred Sternberg & Associates, P.C.
Mark LeBlanc	The WellFit Group
William B. Baun	UT M.D. Anderson Cancer Center
Travis H. Brashear, JD	Watson Wyatt Worldwide
MaryBeth Pappas Baun, M.Ed., ACSM, NASM	Wellness-Without-Walls

We invite you to the CoH movement...



Jonathan Lack

jlack@houstonwellness.org; 713.357.9515

www.HoustonWellness.org

Communities of Health

coming together in uncommon ways
for a common purpose

Gary Earl

Gary.Earl@CIGNA.com; 702.938.2815

Rick Brush

Rick.Brush@CIGNA.com; 860.226.8920

Jeff Doemland

Jeff.Doemland@CIGNA.com; 860.819.1251

www.communitiesofhealth.org