

Health Team

Place: Yavapai County Community Health Services

Time: June 28, 2010 4:30pm—6:00pm

Tentative Agenda

Review of case for change and vision

Research and Data Planning

What research and data will be necessary to:

1. Support our case for change?
2. Guide community decision-making?
3. Establish base lines for accountability?
4. Establish our leadership credibility?
5. Draw resources to our emerging agenda?

Research and data gathering leadership

- Which research and data elements are you willing to work on?

Team Structure

Additional leadership we must recruit for research and data gathering

- What are the criteria for leadership selection?
- What do we want additional leaders to do?
- How will we recruit the leaders we need?
- Should we assume that newly recruited leaders will also become permanent members of our guiding coalition?

Calendar of research and data gathering activities

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Activity	Leader(s)	Product	Deadline

Yavapai Community Health Care Team

Tentative Leadership Narrative

June 28, 2010

The Case for Change:

Poor Health Outcomes: A substantial percentage of our community's residents are falling short of living a healthy life. The health outcomes of Yavapai County residents are lower than the majority of Arizona residents, according to 2010 county health rankings drawn from health data gathered by the University of Wisconsin and funded by the Robert Wood Johnson Foundation. In measures of morbidity—percentage of residents with poor or fair health, poor physical health days, poor mental health days and low birth weight—Yavapai County ranks near the bottom of Arizona counties, 13th of 15 counties. Yavapai county residents fall below the 50th percentile compared with other Arizona residents in the key health areas of children and adults with health insurance, cancer incidence, children born to mothers with less than a high school education, age-adjusted death rate related to influenza and pneumonia, kindergartners with required immunizations, mothers who receive pre-natal care, age-adjusted death rate due to suicide and firearms, teens who smoke and have smoked, teens who used methamphetamines and teens who use alcohol.

Family economic well-being is a strong predictor of health. Yavapai County's economic measures fall below the 50th percentile compared to other Arizona counties in the areas of minimum wage work hours to afford a 2-bedroom apartment and medium household income. Compared with other US counties, Yavapai County falls below the 50th percentile in unemployed workers in the civilian work force and homeownership rate.

In education level, another key health predictor, Yavapai County ranks below the 50th percentile in school drops rates compared with the Arizona state average.

Lack of Community Health Planning: There is currently no community-wide health planning process or structure in Yavapai County. Lack of coordinated and comprehensive community planning results in fragmented planning without the benefit of shared knowledge and shared responsibility. Unmet needs like poor health outcomes, access to health care, the overuse of hospital emergency room services, and the county's shortage of primary care physicians do not receive the planning and innovation attention required for positive change. The ultimate result of weak community health planning is poorer health outcomes and years of life lost.

The Flawed Health Business Model: The current health care business model in our community is money-driven rather than outcome-driven. The current model causes ever-increasing health care costs, business financial stress including bankruptcy and discouraged physicians and other providers who cannot make the model work. Its focus is sick care, rather than prevention and wellness. The model is limited in its strategies, heavily reliant on "fix-it," pharmacological treatment, while ignoring or rejecting allopathic and naturopathic approaches that are effective and less expensive. The current health care model tends to be impersonal, encouraging patient dependency, ignorance and

passivity. Perhaps its greatest flaw is that it excludes a substantial part of our community's low-income residents who are unable to get adequate treatment when they are ill.

Lack of Individual Responsibility: Because our current health care model encourages passivity and because it is easier, individuals tend to place responsibility for their health on physicians. When individuals fail to take responsibility for their health, expecting the health care system to fix health problems for them, many negative health behaviors become habitual and individuals are not able to enjoy vibrant good health. Not taking full responsibility, individuals suffer from illness that could be avoided, lose years of life and miss an opportunity to realize their full potential.

Consequences if No Changes Are Made to the Status Quo: In summary, if we fail to act, we will have increased suffering, shorter lives, increased economic stress and loss of potential.

Our Vision for:

Effective Community-wide Health Planning: Our preferred future envisions a community health planning process that is structured, comprehensive, inclusive and transparent, drawing in stakeholders from the health care system, business, insurers, state government, schools, food producers, environmentalists and the cadre of leaders from all community sectors. We have a formal community health care plan with strong accountability, led by a diverse, skilled and credible cadre of leaders from all community sectors. The community health plan's innovative strategies produce improved health outcomes for children and adults.

A Re-focused Health Care Business Model: We envision a health care model with an increased focus on prevention, positive health outcomes, personal responsibility and mind/body approaches. We envision a health care business model that integrates allopathic, naturopathic and other holistic strategies. The new model will place a strong emphasis on education and communication. connection

Individuals in Creative Charge of Their Health: We envision knowledgeable individuals who have defined good health criteria for themselves and who take responsibility for achieving positive health outcomes. Individuals will be educated, motivated and empowered consumers of health care services. Individuals will live healthy lifestyles, resulting in less obesity, fewer smokers and longer lives. As a result of improved self-care, individuals will take better care of their families and their community.