Social Determinants: Alternative Drivers of Healthcare

August 17, 2017
2 pm – 3 pm ET

Agenda

- Welcome and Introductions
  - Jennifer Covich Bordenick, CEO, eHealth Initiative
- Discussion & Comments
  - Jeffrey D. Colvin, MD, JD
    - Associate Professor of Pediatrics at the University of Missouri-Kansas City School of Medicine and physician and Director of Research within General Academic Pediatrics at Children's Mercy Hospitals and Clinics (CMH)
  - Tanuj K. Gupta, MD, MBA
    - Senior Director and Physician Executive, Population Health at Cerner Corporation
- Questions & Answers

Housekeeping Issues

- All participants are muted
  - To ask a question or make a comment, please submit via the Q&A feature and we will address as many as possible after the presentations.
- Technical difficulties:
  - Use the chat box and we will respond as soon as possible
- Today's slides will be available for download on eHI's Resource page **www.ehidc.org/resources**

Our Mission

eHealth Initiative's mission is to serve as the industry leader convening executives from multi-stakeholder groups to identify best practices to transform healthcare through use of technology and innovation. eHI conducts, research, education and advocacy activities to support the transformation of healthcare.

Multi-stakeholder Leaders in Every Sector of Healthcare

Roadmap to Transforming Care

Convening Executives To Research & Identify Best Practices

Best Practice Committees Identify & Disseminate Success Stories

INTEROPERABILITY

DATA ACCESS & PRIVACY

PATIENT & PROVIDER TECHNOLOGY ADOPTION

DATA ANALYTICS

eHealth Resource Center Available With Best Practices & Findings

Best Practice Committees contribute to the eHealth Resource Center **www.ehidc.org/resources** which provides assistance, education and information to organizations transforming healthcare through the use of information, technology and innovation. The Resource Center is a compilation of reports, presentations, survey results, best practices and case studies from the last 16 years.

Electronic Medication Adherence Collaborative (eMAC)

- Foundation for eHealth Initiative launched a multi-stakeholder Electronic Medication Adherence Collaborative (eMAC).
- Share best practice examples from different analytical and behavioral approaches, educate stakeholders on the insights available. Share information on the effectiveness of programs.
- **IN PERSON MEETING ON SEPTEMBER 19 IN DC. INTERESTED? TELL CLAUDIA.ELLISON@EHIDC.ORG**

Save the Date: February 7 – 8, 2018
Top of the Hill, Washington, DC

eHealth Initiative Executive Summit: 2020 Roadmap Refresh

Attendance is limited to eHealth Initiative members and invited C-Level Executives

This webinar was made possible through the generosity and support of Cerner!

Meet the Speakers

Tanuj Gupta, MD, MBA
Senior Director and Physician Executive, Population Health, Cerner Corporation

Jeffery D. Colvin, MD, JD
Associate Professor of Pediatrics, University of Missouri-Kansas City School of Medicine; Physician, Director of Research, General Academic Pediatrics, Children's Mercy Hospitals and Clinics (CMH)

Addressing the Social Determinants of Health: A Physician's Perspective

Jeffrey Colvin, MD, JD
Associate Professor of Pediatrics
Director of Research,
General Academic Pediatrics

Children's Mercy KANSAS CITY

UMKC School of Medicine

BEST CHILDREN'S HOSPITALS U.S.News & WORLD REPORT RANKED IN 10 SPECIALTIES 2016-17

MAGNET RECOGNIZED AMERICAN NURSES CREDENTIALING CENTER

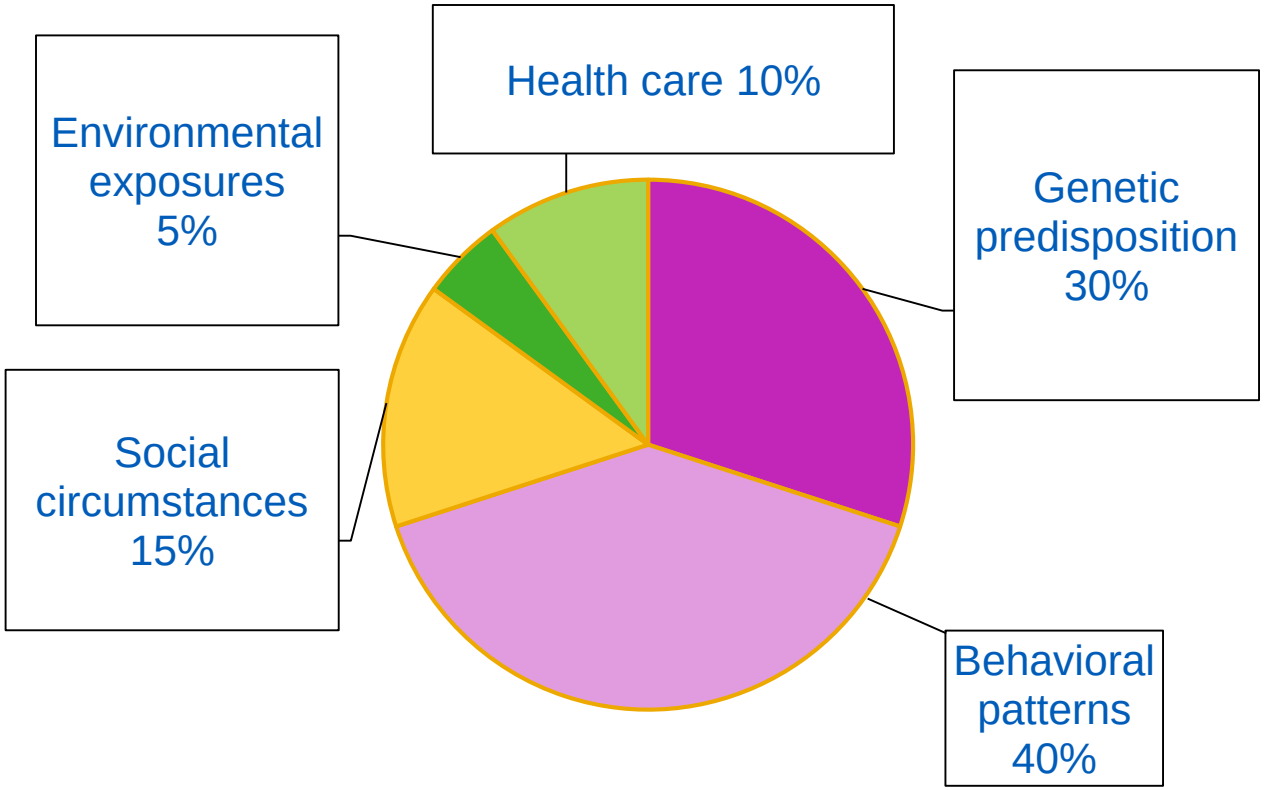
The Elephant in the Exam Room

"Health Care's Blind Side"

- 85%: Unmet social needs are directly leading to worse health
  - 87%: all patient populations are affected—not just low income populations
- 85%: Social needs are as important to address for overall health as medical conditions

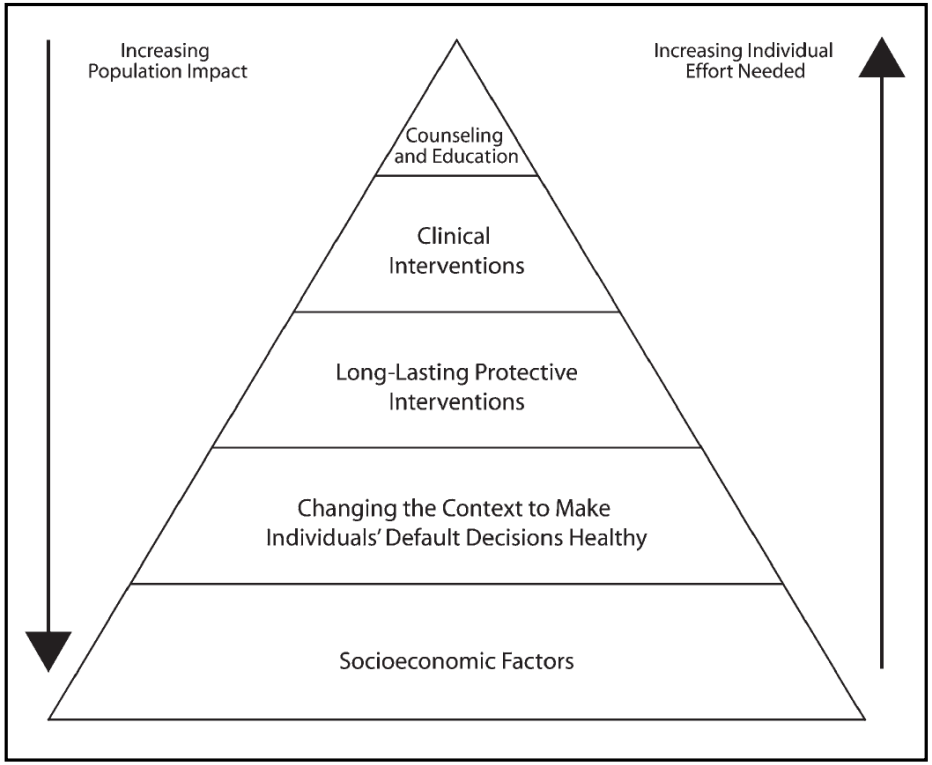
Health care's blind side: The overlooked connection between social needs and good health, summary of findings from a survey of America's physicians. Princeton, NJ: Robert Wood Johnson Foundation; 2011. (survey of 1000 American primary care physicians)

The Contribution of Unmet Social needs



Schroeder SA. N Engl J Med 2007

Social Needs: The Foundation for Health



Frieden. Am J Pub Health. 2010.

This is Nothing New

Rudolf Virchow (1821-1902)

Upper Silesia (Prussia, German Empire, Poland)
Typhus Epidemic, 1848:
Poverty, Famine, War, Immigrants, Education, Oppression

"If medicine is to fulfill her great task, then she must enter the political and social life... The physicians are the natural attorneys of the poor, and the social problems should largely be solved by them."

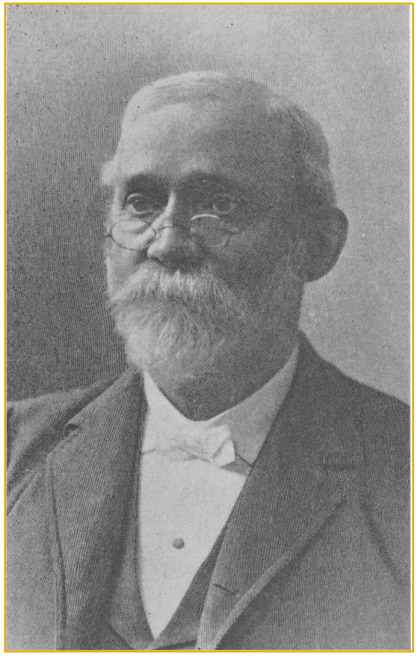
Mackenbach JP. J Epi Comm Health 2015

This is Nothing New

The Fathers of Modern American Pediatrics:

- Abraham Jacobi
  - "Paediatrics"
  - Mortality disparities between children in poor & wealthy families
- Job Lewis Smith
  - Described association between conditions in the shanties of poor laborers' families and diarrhea

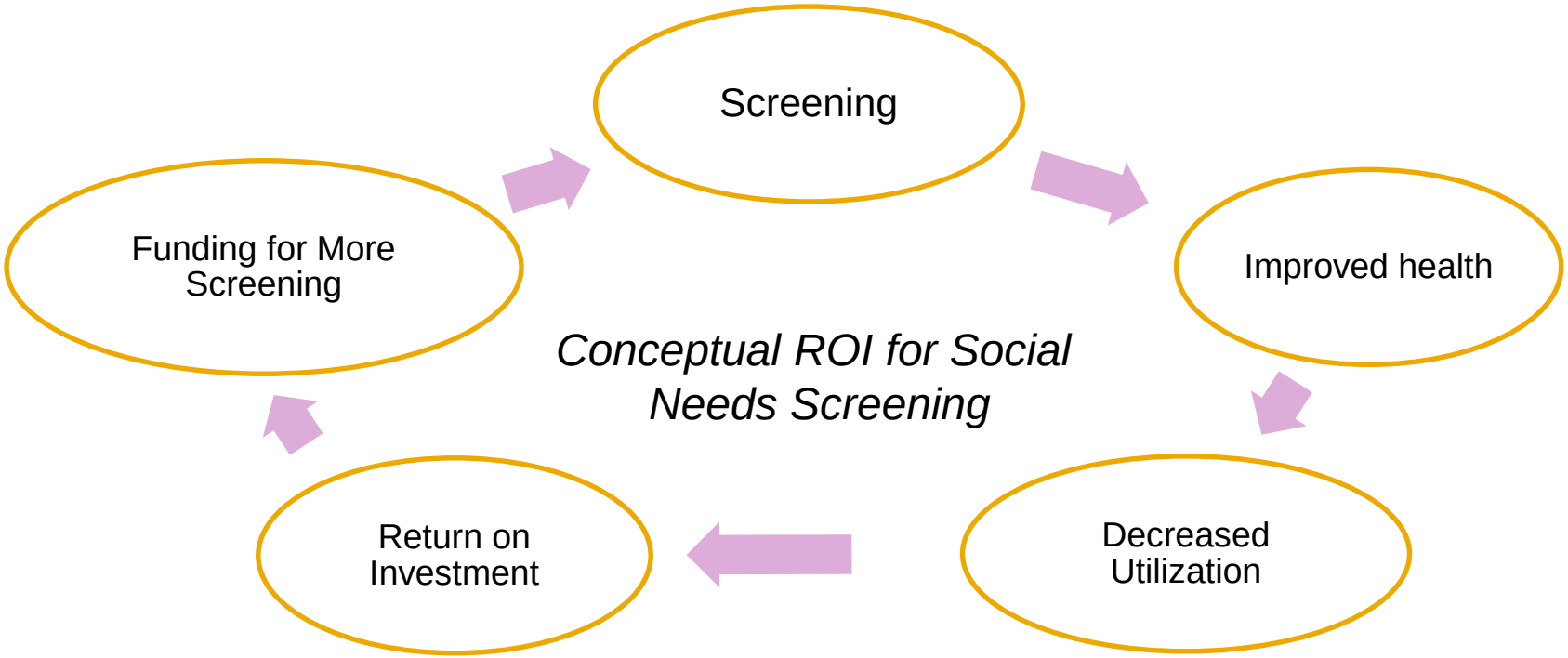
Abraham Jacobi
(1830-1919)



Job Lewis Smith
(1827-1897)

Palfrey, Child Health in America 2006;
Yankauer, Pediatrics 1994

Unmet Needs: Beyond Health



But What Do Patients Think?

- “I can ask my child’s doctor for help with social issues like . . . .”: 67%
- “I believe that my child’s doctor knows how to help me with social issues like. . . .”: 70%

Garg, et al. Clin Peds 2009.
Survey of 100 parents at a pediatric clinic in Baltimore.

But What Do Patients Think?

- Survey of 143 parents of children hospitalized at Children's Mercy Kansas City

Characteristic		I can ask my child's doctor for help with social issues*		My child's doctor knows how to get me help with social issues*		My child's doctor should ask me about social issues	
		Disagree	Agree	Disagree	Agree	Disagree	Agree
Study Population		10.5%	54.5%	10.5%	64.3%	8.4%	71.3%
Screened by Resident**	Yes	4.8%	76.2%	2.4%	81.0%	7.1%	85.7%
	No/Unsure	12.9%	45.5%	13.9%	57.4%	8.9%	65.3%

*Questions borrowed from A. Garg, MD with permission.
**All comparisons $p<0.05$; Neutral responses not shown.

Colvin JD, et al. Academ Pediatr 2016.

But, Will Some Patients Be Offended?

Characteristic	I can ask my child's doctor for help with social issues*		My child's doctor knows how to get me help with social issues*		My child's doctor should ask me about social issues	
Census Tract Median Household Income**	Disagree	Agree	Disagree	Agree	Disagree	Agree
Highest (>$66k)	8.6%	48.6%	11.4%	54.3%	8.6%	74.3%
Lowest (<$39k)	8.6%	62.9%	8.6%	71.4%	5.7%	82.9%

*Questions borrowed from A. Garg, MD with permission.

**All comparisons $p > 0.05$; neutral and middle-income responses not shown.

Colvin JD, et al. Academ Pediatr 2016.

Back to the Elephant in the Exam Room

"Health Care's Blind Side"

- 80% of physicians are not confident in their ability to address patients' social needs
- 1 in 7 "prescriptions" would be for social needs

Health care's blind side: The overlooked connection between social needs and good health, summary of findings from a survey of America's physicians. Princeton, NJ: Robert Wood Johnson Foundation; 2011. (survey of 1000 American primary care physicians)

The times they are a changin'

Social Interventions Research & Evaluation Network

SIREN's mission is to catalyze and disseminate high quality research that advances efforts to address social determinants of health (SDH) in health care settings.

Catalyzing high quality research

Collecting & disseminating research findings

Providing evaluation, research, & analytics consultation services

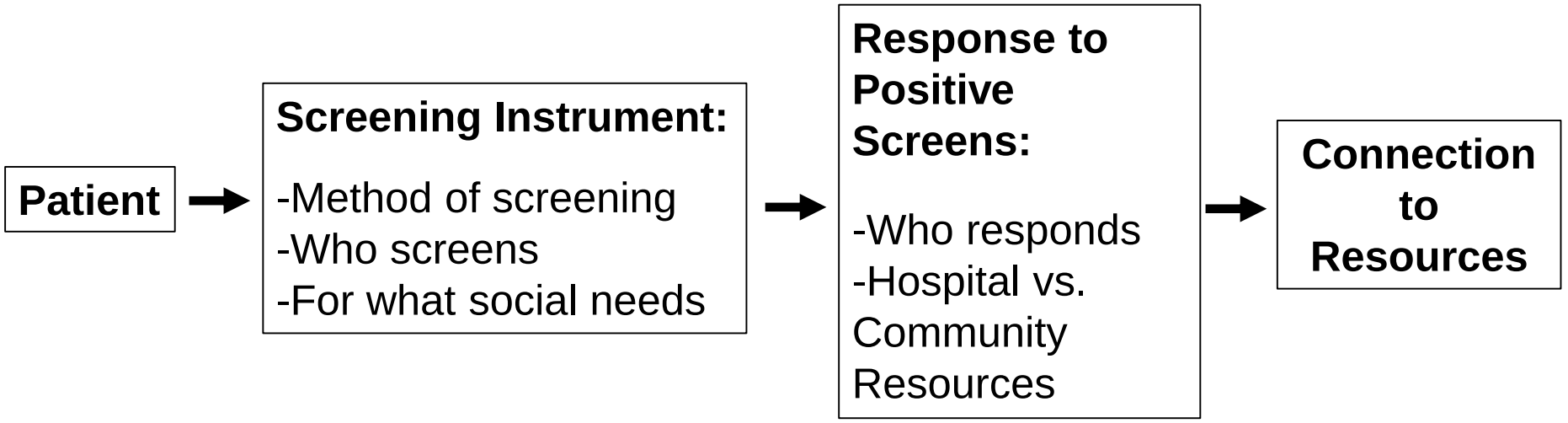
siren UCSF

The basic idea

The basic idea

The basic idea

How it works


Patient
Screening Instrument:
-Method of screening
-Who screens
-For what social needs
Response to Positive Screens:
-Who responds
-Hospital vs. Community Resources
Connection to Resources

Screening: People & Process

- **Who & How?**
  - MD
    - Colvin, et al. Acad Peds 2016.
  - Self Administered:
    - Tablet
      - iScreen: Gottlieb et al. JAMA Peds 2016
    - Paper-based:
      - WE CARE: Garg, et al. Pediatrics 2015.
    - Computer-based:
      - Online Advocate: Hasan, et al. Am J Prev Med 2015 (Fleegler).
  - RN: admission/visit intake data collection

Response to Positive Screens

- **Who Responds?**
  - Social Work?
  - Physicians and Nurses?
  - Volunteers?
- **When is the Response?**
  - Every Day?: Inpatient is 7 days a week
  - Around the Clock?: The ED is always open

Connection to Resources

- Medical-Legal Partnerships
- Health Leads
- WE CARE
- Online Advocate

Medical-Legal Partnerships

- Established in 1993 at Boston Medical Center
- AAP, AMA & ABA Resolutions

PEDIATRICS

OFFICIAL JOURNAL OF THE AMERICAN ACADEMY OF PEDIATRICS

Why Pediatricians Need Lawyers to Keep Children Healthy

Barry Zuckerman, MD; Megan Sandel, MD, MPH; Lauren Smith, MD, MPH; and Ellen Lawton, JD

ABSTRACT. Pediatricians recognize that social and nonmedical factors influence child health and that there are many government programs and laws designed to provide for children's basic needs. However, gaps in implementation result in denials of services, leading to preventable poor health outcomes. Physician advocacy in these arenas is often limited by lack of knowledge, experience, and resources to intervene. The incorporation of on-site lawyers into the health care team facilitates the provision of crucial legal services to vulnerable families. Although social workers and case managers play a critical role in assessing family stability and finding appropriate resources for families, lawyers are trained to identify violations of rights and to take the appropriate legal steps to hold agencies, landlords, schools, and others accountable on behalf of families. The incorporation of lawyers in the clinical setting originated at an urban academic medical center and is being replicated at >30 was a lawyer who was a member of the health care team. The lawyer researched the local and state sanitary and housing code regulations, called the landlord to inform him of his obligations to fix the pipe, clean up the mold, and remove the carpeting, and informed the landlord that the family would seek redress in court if he did not comply. The landlord immediately rectified the problems, leading to great improvement of the child's symptoms. In this article, we review the rationale for involving lawyers in children's health care, describe a prototypical model of practice, address barriers to its use, and discuss future funding and research challenges.

RATIONALE FOR LAWYERS IN CLINICAL SETTINGS

The New York Times

WEDNESDAY, MAY 16, 2001

Boston Medical Center Turns to Lawyers for a Cure

By CAREY GOLDBERG

BOSTON, May 15 — A doctor gets very tired of this kind of thing: sending a child with asthma home to an apartment full of roaches and mold, telling the parents of an anemic toddler to buy more and healthier food when they clearly do not have a cent; seeing babies who live in unheated apartments come in again and again with lung ailments.

At Boston Medical Center, the hospital that treats more poor people than any other in Massachusetts, pe-

school if the child constantly gets sick."

She came to the law clinic, the mother said, "because I need to know how to represent my case."

Ms. Tames told her how, beginning with the suggestion that she get an extension from the judge so she could present her case better.

In many ways, the lawyers at the medical center act as typical legal services lawyers, but they describe various forms of synergy with the doctors they help. For one thing, doctors, they say, have become more

THE LANCET

Volume 372 · Number 9650 · Pages 1607–1706 · November 8–14, 2008 www.thelancet.com

Medical-legal partnerships: transforming health care

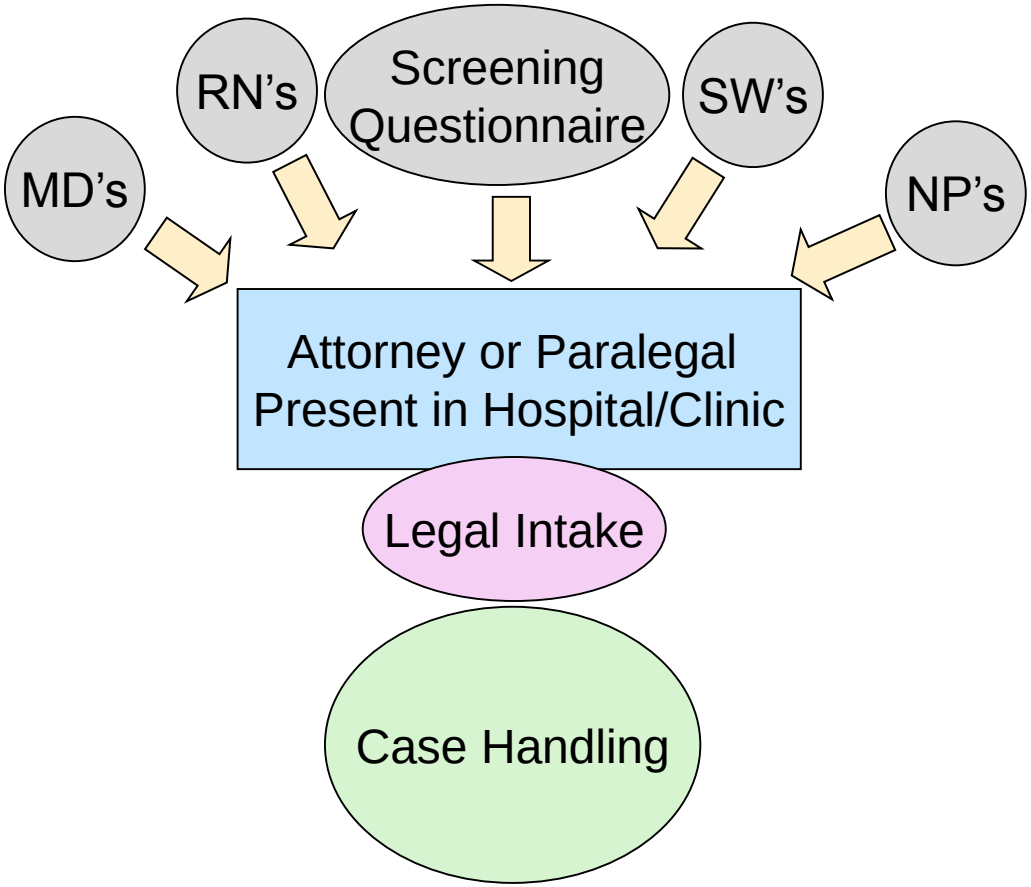
Doctors, especially those who care for patients on low incomes, are frustrated that their patients' health is adversely affected by social determinants. For those patients with an acute or chronic illness, social determinants undercut the effectiveness of the burgeoning number of drugs and other treatments. Although this problem is usually considered a public-health issue, experience in the USA and abroad suggests a new way to transform the health-care system to address these social determinants: train lawyers to work as part of the health-care team to enforce the laws and regulations that are in place to protect health.

Many governmental programmes and laws, including programmes to supplement nutrition, housing subsidies, utility assistance, income support for the elderly and disabled individuals, regular and special education services, and health insurance, were created to ensure that basic needs are met. Unfortunately, safety nets are now so complex and unwieldy that many parts of the net are rendered inaccessible, and the disregard of laws and regulations, such as those intended to protect against unhealthy environments, can result in adverse effects on health.[1]

Individuals and families on low incomes cannot on their own successfully challenge the unlawful actions of a landlord, a governmental agency, or a school system, and therefore many unlawful—and unhealthy—situations persist. As a result, physicians are now looking to lawyers as colleagues to "treat" the social determinants of health, and medical-legal partnership is emerging as a key strategy to combat health disparities.[2] For example, in cases where a landlord ignores the pleas of a parent, nurse, or doctor to fix the leaky pipe that is causing mould that triggers a child's asthma, a lawyer has the skills to contact the landlord and cite the housing and sanitary codes that are being violated. Wrongful denial of benefits can be overturned. Typically, this type of legal intervention gets results for patients without the intensive and expensive litigation often associated with legal services. Thus medical-legal partnerships have introduced the concept

www.thelancet.com Vol 372 November 8, 2008 1685

Medical-Legal Partnerships



Health Leads

College Student

Health Leads

- Randomized control trial of 1809 pediatric patients (primary care & urgent care)
- Written information on community services vs. in-person assistance from trained college student
- Results after 4 months:
  - Decreased social needs
  - Improved reported child health

Gottlieb, et al. JAMA Pediatrics 2016.

WE CARE

- WE CARE: Well Child Care, Evaluation, Community Resources, Advocacy, Referral, and Education
- Screening in the waiting room
- Screen given to PCP
- Family Resource Book: need-specific, 1-page tear-out information sheets of community resources

Garg, et al. Pediatrics 2015.

WE CARE

- Clustered randomized control trial of 8 urban health centers (336 children)
- Increased enrollment in community resources, including:
  - Increased employment
  - Increased child care
  - Decreased homelessness

Garg, et al. Pediatrics 2015.

The Online Advocate

- Self-administered, online screening instrument
- Links unmet needs to local resources within an agency database
- Recommended resources based on proximity to patient's home
- Printout includes agency contact information & hours, directions, and public transportation information
- Patients can also pick from a longer list of needs not identified

Hassan, et al. Am J Prev Med. 2015.

The Online Advocate

- 401 adolescents and young adults
- 78% had at least 1 social need identified
- 40% contacted the community agency
- 47% “completely” or “mostly” resolved the problem

Hassan, et al. Am J Prev Med. 2015.

The Center for Community Connections

- Medical-Legal Partnership
- Health Leads-type navigation with BSWs
- WIC & SNAP enrollment
- Community health workers
- Mental health counsellors

Thank you.

Jeffrey Colvin, MD, JD
jdcolvin@cmh.edu

Social Determinants of Health

Tanuj K. Gupta, MD, MBA

Senior Director and Physician Executive, Population Health

August 17, 2017

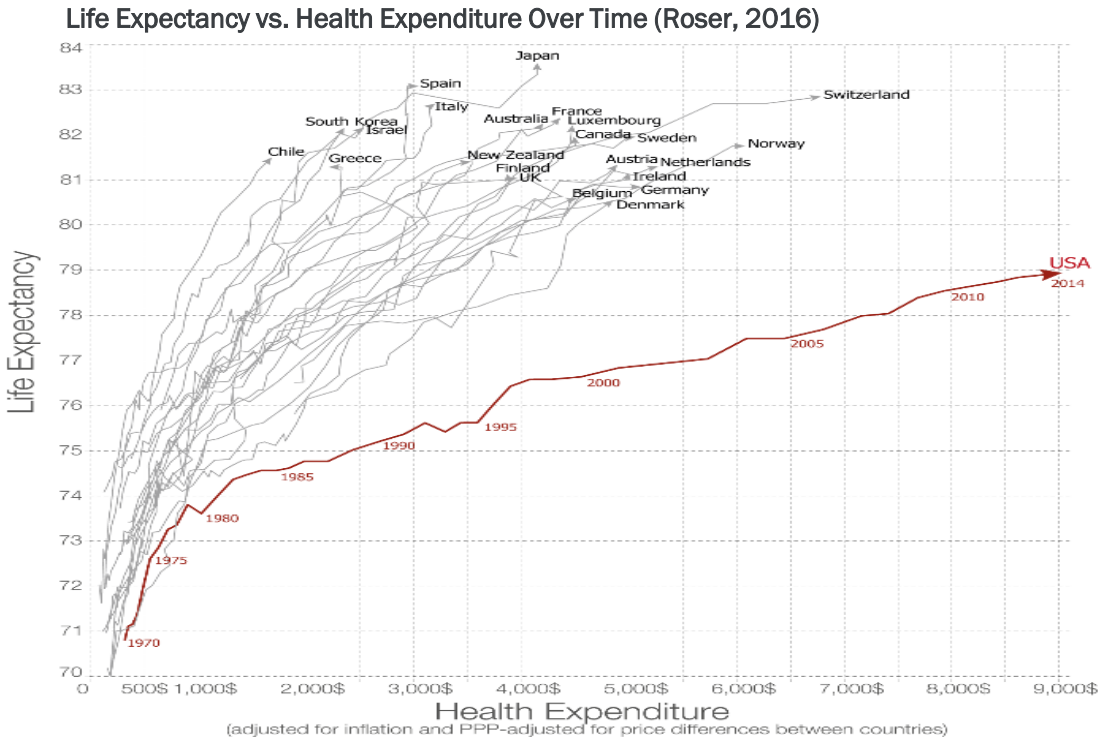
Overview

- Making the Business Case for Social Determinants
- Integrating Into the Workflow
- Screening
- Connecting to Resources
- Working within a Community

Business Case for Social Determinants

State and Federal Government

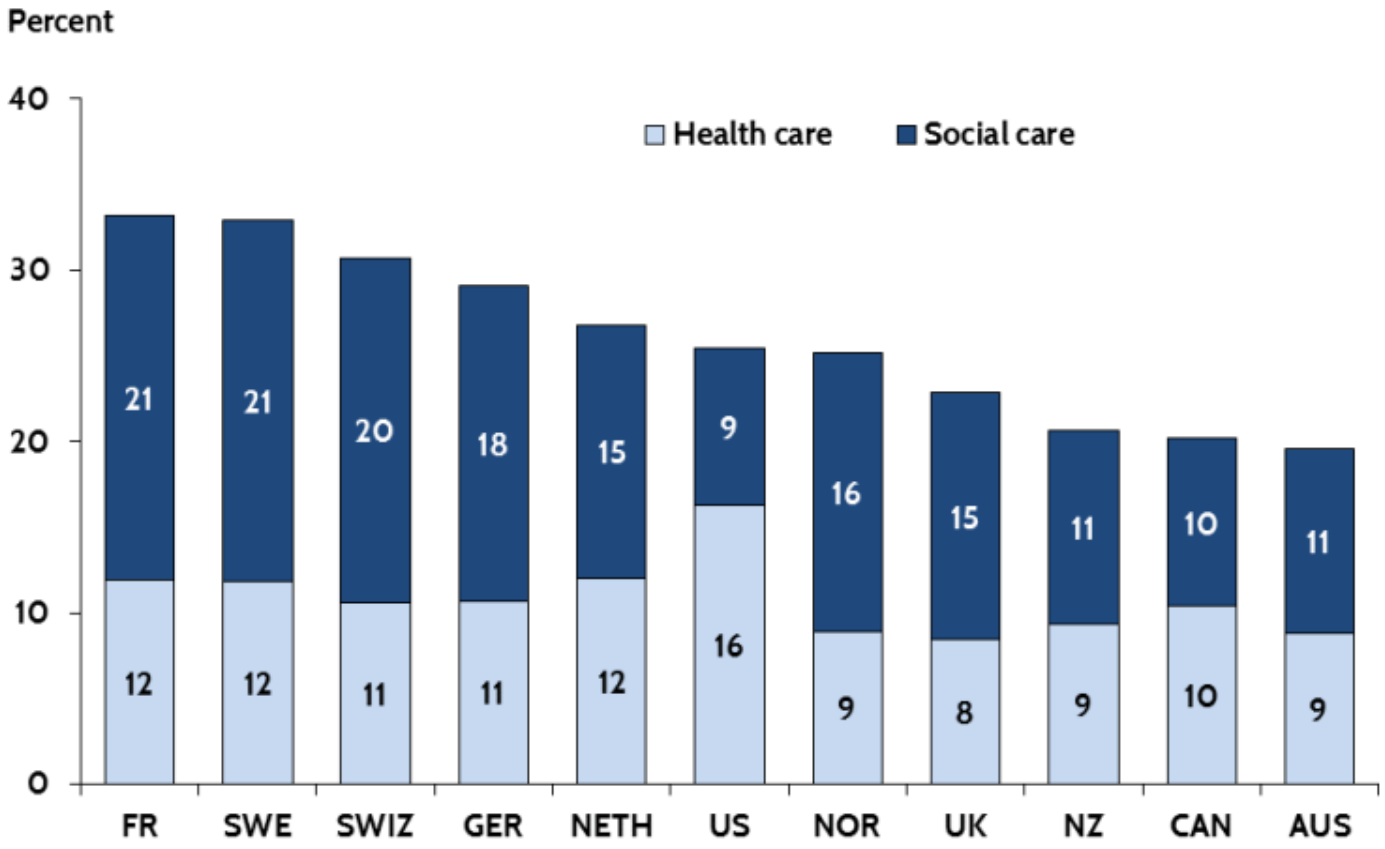
The U.S. spends more money on health care than any other country, with federal, state and local governments accounting for 45.8% of total spend (CMS, 2015), yet performs the worst:



Sources:

1. Centers for Medicare and Medicaid Services (2016). NHE Fact Sheet. Retrieved from https://www.cms.gov/research-statistics-data-and-systems/statistics-trends-and-reports/nationalhealthexpenddata/nhe-fact-sheet.html
2. Roser, Max (2016). Link between health spending and life expectancy: US is an outlier. Blog post. Retrieved from: https://ourworldindata.org/the-link-between-life-expectancy-and-health-spending-us-focus

State and Federal Government



Sources:

1. Butler, Stuart M., et. al. "Re-balancing medical and social spending to promote health: Increasing state flexibility to improve health through housing." Brookings Institute. Feb. 15, 2017. https://www.brookings.edu/blog/up-front/2017/02/15/re-balancing-medical-and-social-spending-to-promote-health-increasing-state-flexibility-to-improve-health-through-housing/

Managed Care

Four Trends in the Future of Managed Care

Partnering with Providers
- PCMH
- ACOs CCOs
- Shared Risk

Social Determinants of Health
- Alignment with Communities
- Focus on Prevention
- Camden Coalition – like intervention

Continued Innovation
- Improved Care Delivery
- Greater Access
- Consumer Engagement

Better Data and Analytics
- Targeted Interventions
- Better Predictions
- Biometric / Genomic Data

Source: Bankowitz, Richard A, EVP of American Health Insurance Plans (AHIP). "Future of Managed Care and Population Health." The Seventeenth Population Health Colloquium. March 27, 2017.

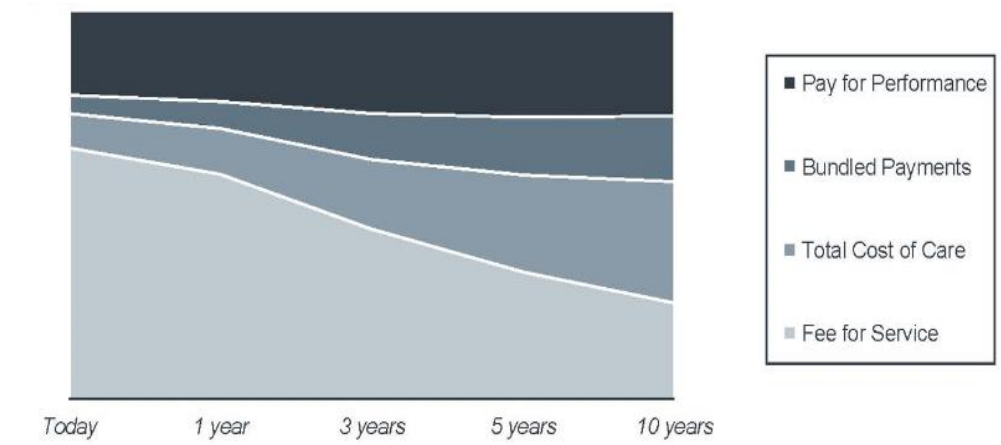
Source: International Society for Quality of Life Research Conference, Vancouver, BC, Canada, October 2015

Source: Humana. 2017 Progress Report – Bold Goal. Accessed 4/15/2017. http://populationhealth.humana.com/documents/Humana_BoldGoal_2017_ProgressReport-v2.pdf

Providers

As the U.S. healthcare system shifts from fee-for-service to fee-for-value, health systems and providers are accepting more risk-based contracts. The highest form of risk-based contract is full capitation, where hospitals or physician groups receive a fixed annual payment to provide all care for a member of their population. Lesser-risk contracts would include bundled payments for conditions such as joint replacements, Medicare shared-savings contracts, and bonuses or penalties for readmissions, patient satisfaction, or other quality measures (Barkholz, 2016).

Hospital Revenue Projections: Survey Average (Goldman, 2016)



1) Average of midpoint of provider-reported revenue and projections.

Sources:

1. Barkholz, Dave (2016). Under construction: Risk-based reimbursement. Modern Healthcare. Last Updated 6/18/2016. Retrieved from http://www.modernhealthcare.com/article/20160618/MAGAZINE/306189982
2. Goldman, Jessie (2016). Mythbusters: The Path to Value-Based Care. The Advisory Board Company. Last Updated 8/18/2016. Retrieved from https://www.advisory.com/research/health-care-industry-committee/the-bridge/2016/08/myths-on-value-based-care

Integrating Into the Workflow

Aggregate and Normalize Data

- Aggregate data on social determinants of health from multiple sources:

Patients:	Verbal, Email, Social Media, Apps, HealtheLife
Care Team:	Phone, Video, or In-Person Data Capture via EHR or HealtheCare
Technology:	Open Data Sources, Client Data Sources, Apps

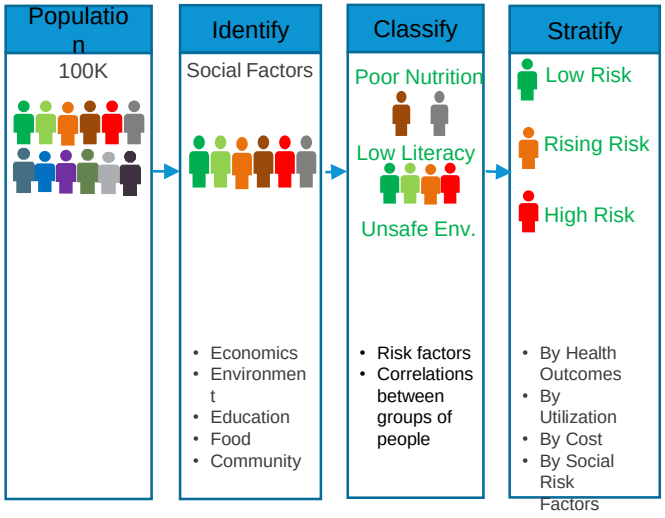
Social Determinants of Health

Image Source:

1. Healthy People 2020. Retrieved from https://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-of-health

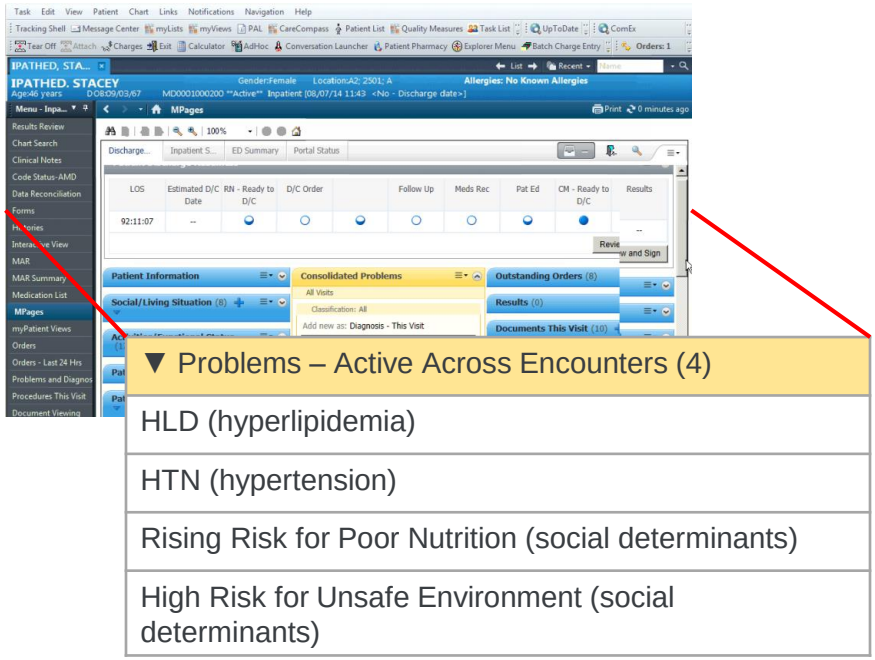
Create Intelligence

- Create algorithms to:
  - *Identify* patients with risk factors related to social determinants of health
  - *Classify* patients into groups of people with correlating risk factors
  - *Stratify* patients based on health outcomes, utilization, cost, or other relevant factors into low risk, rising risk, and high risk subgroups
  - *Attribute* rising risk and high risk patients to the appropriate community resource or care provider



Apply Intelligence

- Make it actionable for individuals, community resources, and care providers:
  - *Clinical Content* – assessments, goals, and interventions for social determinants of health
  - *Workflow* – structured data capture of social risk factors by beneficiaries, community resources, or care providers; integrate into regular workflow
  - *Education* – patient-friendly content focused on overcoming social risk factors
  - *Decision Support* – intelligent rules and alerts based on social determinants data



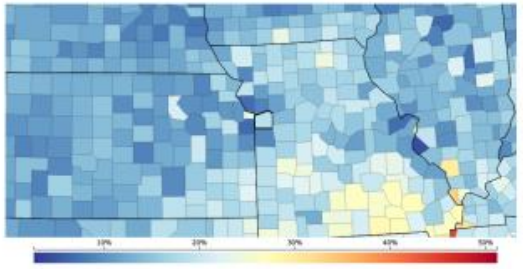
Act and Measure

- Develop relevant reports and metrics around social determinants of health
- Develop prediction algorithms (e.g. determine risk level of new members to a population)

JACKSON COUNTY OVERVIEW

Measure	Sex	Value	National Rank	Change
Heavy drinking prevalence, 2012	Female	5.7%	1805	+1.6 pct points since 2005
Heavy drinking prevalence, 2012	Male	10.6%	1671	+2.7 pct points since 2005
Binge drinking prevalence, 2012	Female	12.1%	1882	+0.5 pct points since 2002
Binge drinking prevalence, 2012	Male	24.5%	1620	+1.3 pct points since 2002
Life expectancy, 2013	Female	79.8 years	1752	+2.4 years since 1985
Life expectancy, 2013	Male	73.9 years	2150	+3.7 years since 1985
Smoking prevalence, 2012	Female	23.2%	2019	-4.4 pct points since 1996
Smoking prevalence, 2012	Male	28.6%	2354	-3.8 pct points since 1996
Obesity prevalence, 2011	Female	42.9%	2506	+11.0 pct points since 2001
Obesity prevalence, 2011	Male	35.9%	957	+8.7 pct points since 2001
Recommended physical activity prevalence, 2011	Female	48.1%	1897	+2.3 pct points since 2001
Recommended physical activity prevalence, 2011	Male	55.5%	1146	+1.8 pct points since 2001

Figure 13: Prevalence of poverty, 2012



Screening

Existing Models

Publicly available models available to study:

- 6 international models:
  - New Zealand
  - England
  - Scotland
  - Norway
  - Netherlands
  - New South Wales in Australia
- 4 domestic models:
  - ONC Certified EHR Technology (CEHRT)
  - National Academy of Medicine
  - CMS
  - Healthy People 2020 (ODPHP)
- 3 domestic index models:
  - Robert Graham Center's Social Deprivation Index (SDI)
  - Virginia's Health Opportunity Index (HOI)
  - Connecticut's Health Equity Index

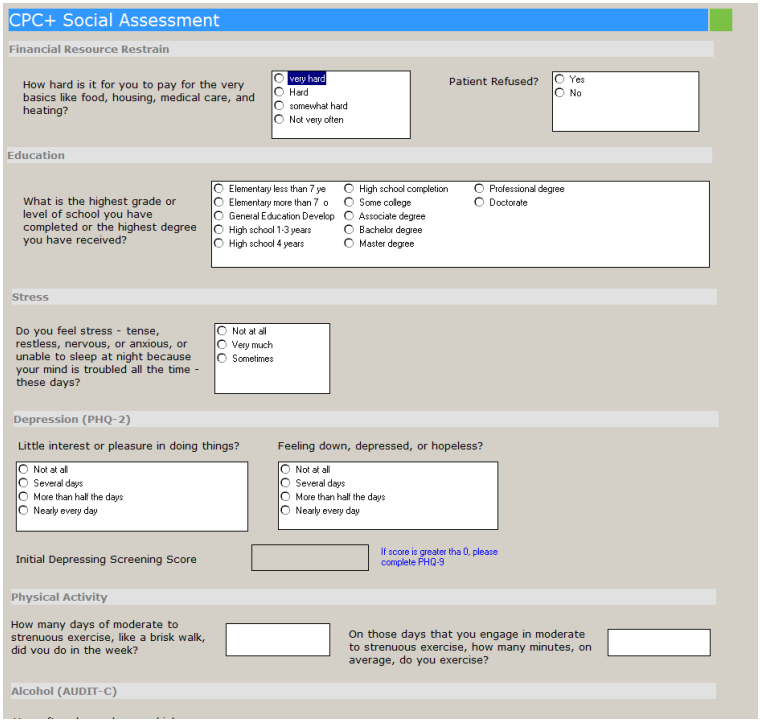
EHR Certification Requirements

170.315(a)(15) regulations for EHR Certification include a subset of the ONC domains:

- SOCIODEMOGRAPHIC DOMAINS
  - Social, psychological, and behavioral data
  - Financial resource strain
  - Education
- PSYCHOLOGICAL DOMAINS
  - Stress
  - Depression
- BEHAVIORAL DOMAINS
  - Physical activity
  - Alcohol use
- INDIVIDUAL-LEVEL SOCIAL RELATIONSHIPS & LIVING CONDITIONS
  - Social connection and isolation
  - Exposure to violence (intimate partner violence)

CPC+ Track 2 HIT Requirement

- CMS's Social, Psychosocial, and Behavioral Assessment
  - 45 CFR 170.315(a)(15)
  - Includes questions around different social elements and aspects of a patients life
  - CPC+ Track 2 practices must adopt this by 1/1/19
  - Estimated Release Date: October 2017 packaged content release

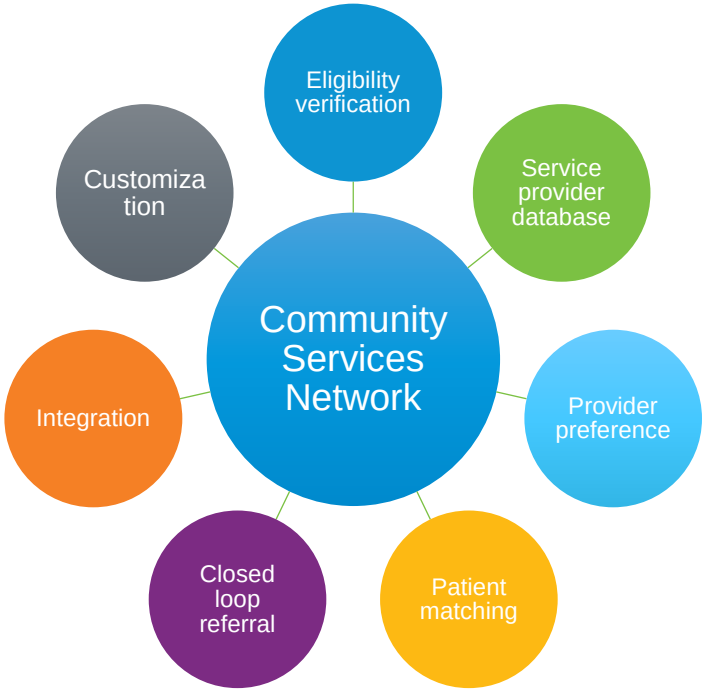


Pediatric Instrument Review

Domain	Instruments	Reviewed
Child Maltreatment	Child Trauma Questionnaire, History of Victimization Form, Kempe Family Stress Inventory, Adverse Childhood Experiences Questionnaire	3/4
Family Financial Support	U.S. Department of Agriculture Household Food Security Module (18 item) or 2 question screen	2/2
Intimate Partner Violence	Hurt, Insult, Threaten, Scream (HITS) tool, Partner Violence Screen, Women Abuse Screening Tool	2/3
Maternal Depression	PHQ-9, Edinburgh Postnatal Depression Scale	1/2
Household Substance Abuse	Safe Environment for Every Kid (SEEK), Survey of Well-Being of Young Children (SWYC), HEADSS (Home, Education & Employment, Activities, Drugs, Sexuality, Suicide/Depression) CRAFFT (Car, Relax, Alone, Forget, Friends, Trouble)	3/5
Parental Health Literacy	TOFHLA (Test of Functional Health Literacy in Adults), NVS (Newest Vital Sign), REALM, REALM-R (Rapid Estimate of Adult Literacy in Medicine), Single Item Literacy Screen, Three-item Brief Health Literacy Screen (BHLS), BRIEF Health Literacy Screening Tool (BRIEF)	6/6

Connecting to Resources

Community Database & Referral Network



Market enterprise software platform benefits:

- **Social & community advancement towards CPC+/APM models**
- **Equip the community-care team with a database of community resources**
- **Identify and connect individuals at risk to community services within workflow**
- **Track community based referrals through a closed loop model**

Working within a Community: Healthy Nevada Case Study

Healthy Nevada

NEVADA, MISSOURI

Population

Vernon County: 20,127

Nevada: 8,312

Poverty

People living below the poverty level: 21.7%

Children living below the poverty level: 35.9%

Economics

Median household income: $33,161 ($46,005)*

Average wage: $30,874 ($40,856)*

Education

High school graduate: 84% (86%)*

Bachelor's degree or higher 14% (25%)*

Nevada, MO is located approximately 100 miles South of Kansas City

**indicate state averages*

Foundations of a Healthy Community

Healthy Nevada Population Health Community Model

NEVADA, MISSOURI

More than 100 innovations were implemented to impact social determinants of health, reaching 70 percent of the population across the county, including:

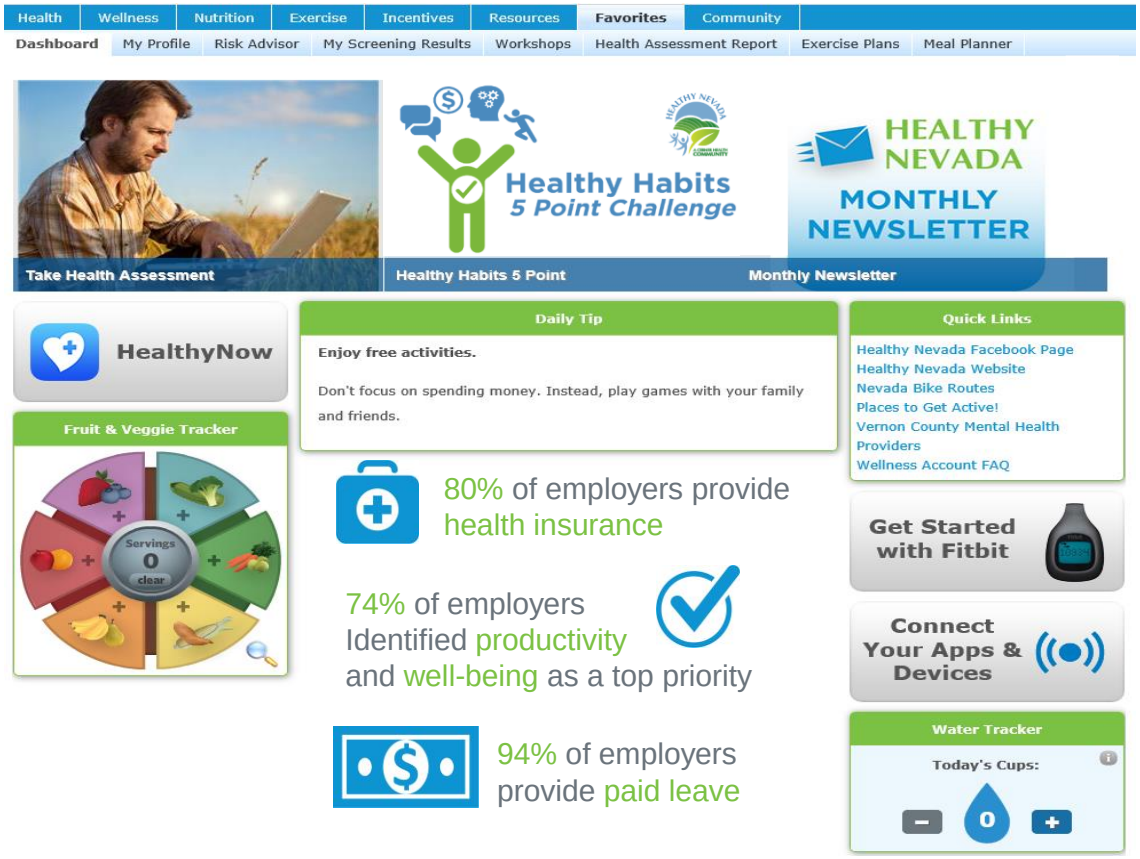
Environmental
- Farmers market and pavilion
- New community trail
- Tobacco free organizations
- Transportation assessment
- Walking and bicycle routes

Social and economic
- Generational poverty course
- Grocery tours
- Healthy home education
- Mental health court
- Social support groups

Clinical health and care
- Behavioral health services
- Diabetes empowerment
- Employer wellness
- Nutrition and exercise
- School-based education

Human behavior
- Farm to table outreach
- Health challenges
- Healthy lifestyle leaders
- Wellness technology
- Youth tobacco awareness

Healthy Nevada Wellness Account



80% of employers provide health insurance

74% of employers Identified productivity and well-being as a top priority

94% of employers provide paid leave

36 EMPLOYERS

3,395 LIVES

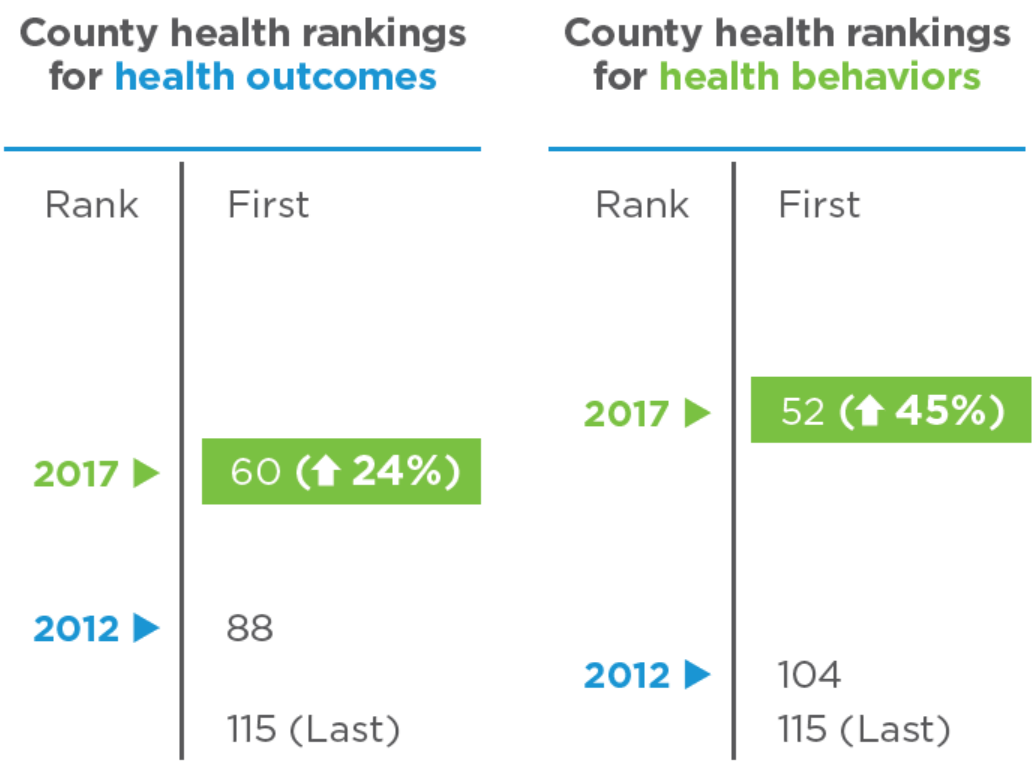
Community challenges have led to *2,970 pounds* weight lost and *663,024,505 steps* logged

Personal Health Assessments drive employee health efforts

96% completion among small businesses

Easy access with the *Mobile App*

Healthy Nevada – Vernon County Health Rankings



Robert Wood Johnson Foundation

Healthy Nevada Takes #2 Seed in Rural, Missouri

Best Wins in Conference

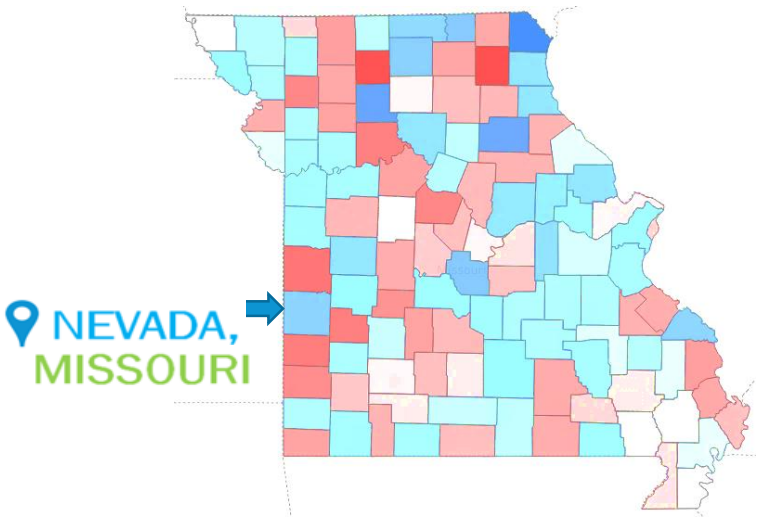
HEALTHY NEVADA - VERNON, MO ▶ LAST 5 SEASONS
2012 to 2017

		RANK
MISSOURI	HEALTH BEHAVIORS	2nd
	HEALTH OUTCOMES	2nd
MIDWEST CONFERENCE	HEALTH BEHAVIORS	16th
	HEALTH OUTCOMES	19th

- *Rural Counties >20,000 Population*
  Out of 29 Counties in Missouri
  Out of 268 Counties in Midwest

Robert Wood Johnson Foundation

MISSOURI HEALTH OUTCOMES
5 YEAR TREND



For Additional Information

For more information email populationhealth@cerner.com

Q&A

Tanuj Gupta, MD, MBA
Senior Director and Physician Executive, Population Health, Cerner Corporation

Jeffery D. Colvin, MD, JD
Associate Professor of Pediatrics, University of Missouri-Kansas City School of Medicine; Physician, Director of Research, General Academic Pediatrics, Children's Mercy Hospitals and Clinics (CMH)

This webinar was made possible through the generosity and support of Cerner!