

**PREVENTABLE DEATH and SOCIAL DETERMINANTS of HEALTH:
Where people live and work affects their health**

Leading Causes of Death in Missouri

1. Heart Disease

34% of premature deaths from heart disease are preventable

Risks include tobacco use, high blood pressure, high cholesterol, type 2 diabetes, poor diet, overweight, and lack of physical activity.

2. Cancer

21% of premature cancer deaths are preventable

Risks include tobacco use, poor diet, lack of physical activity, overweight, sun exposure, certain hormones, alcohol, some viruses and bacteria, ionizing radiation, and certain chemicals and other substances.

3. Chronic Respiratory Disease

39% of premature deaths from chronic lower respiratory diseases are preventable

Risks include tobacco smoke, second-hand smoke exposure, other indoor air pollutants, outdoor air pollutants, allergens, and exposure to occupational agents.

4. Accident

39% of premature deaths from unintentional injuries are preventable

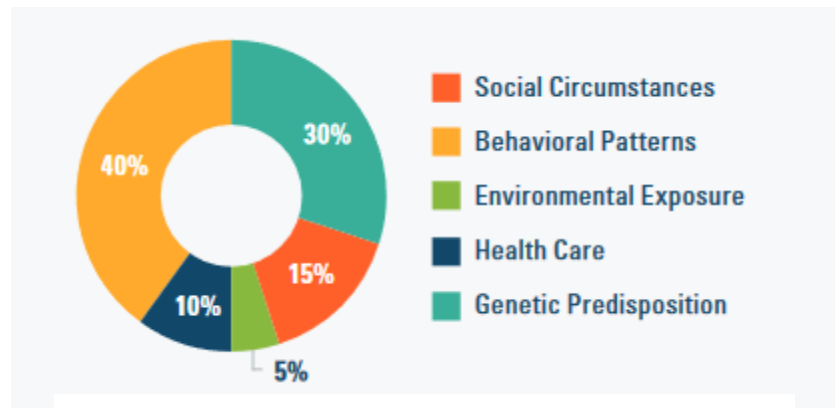
Risks include lack of seatbelt use, lack of motorcycle helmet use, unsafe consumer products, drug and alcohol use (including prescription drug misuse), exposure to occupational hazards, and unsafe home and community environments.

5. Stroke

33% of premature stroke deaths are preventable

Risks include high blood pressure, high cholesterol, heart disease, diabetes, overweight, previous stroke, tobacco use, alcohol use, and lack of physical activity.

Figure 1. Factors Leading to Premature Death



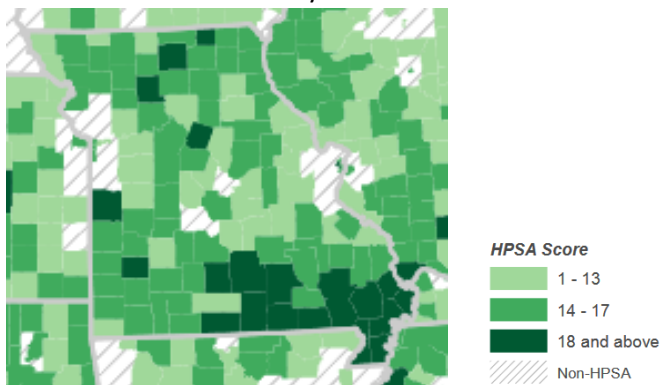
Source: Schroeder, SA. We can do better improving the health of the American people. *New England Journal of Medicine* 2007;351:1221-8. Adapted from McGinnis, JM, Williams-Russo, P, Knickman, JR. The case for more active policy attention to health promotion. *Health Affairs* 2002; 21:78-93.

https://www.cdc.gov/nchs/pressroom/states/MO_2015.pdf

<https://www.cdc.gov/media/releases/2014/p0501-preventable-deaths.html>

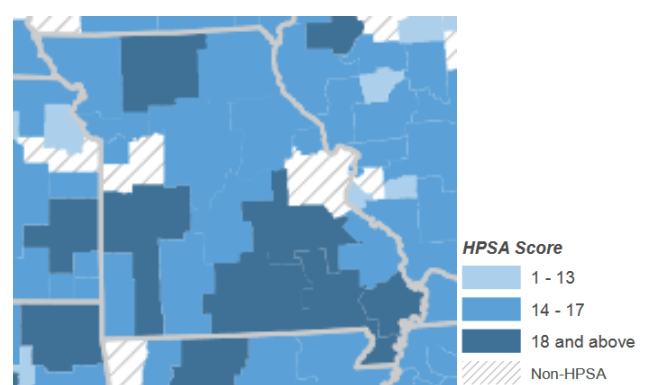
Health Professional Shortage Areas (HPSAs)

Missouri - Primary Care



<https://datawarehouse.hrsa.gov/topics/shortageAreas.aspx>

Missouri- Mental Health



*mental health professional shortage = population-to-psychiatrist ratio

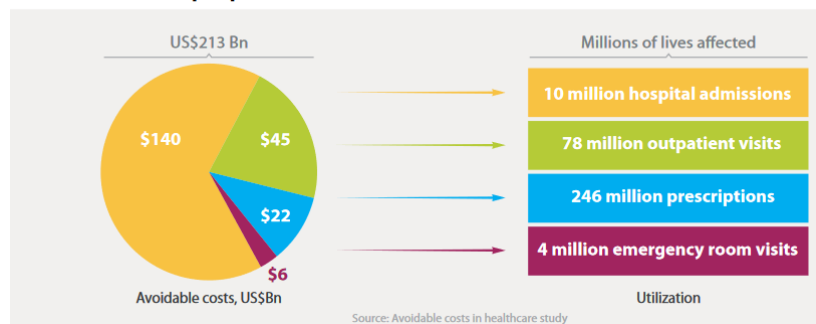
For additional resources, go to <https://publichealth.wustl.edu/transforming-healthcare-additional-resources/>

COSTS OF HEALTHCARE:

Lack of coordination and growing inequality increase costs

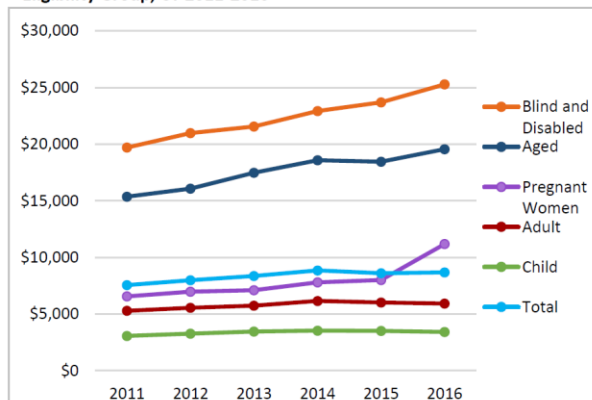
Healthcare costs caused by improper and unnecessary use of medicines exceeded \$200 billion in 2012, according to IMS Institute for Healthcare Informatics estimates.

Exhibit 2: \$213 billion includes unnecessary healthcare utilization and scripts and affects millions of people



http://www.imshealth.com/files/web/IMSH%20Institute/Reports/AvoidableCosts_in%20US_Healthcare/IHII_AvoidableCosts_2013.pdf

Figure 2. Missouri Medicaid Average Per Capita Expenditures by Eligibility Group, CY 2011-2016



https://publichealth.wustl.edu/wp-content/uploads/2016/04/MO_Medicaid_Trends_Brief_FINAL.pdf

CHEP analysis (2016) suggests that slowing growth will require new ways of delivering care. If a per capita cap had been implemented in 2005 with a commonly proposed growth rate, the estimated shortfall per blind and disabled beneficiary in 2015 would have been \$5,623, or 23% of the current spending per blind and disabled enrollee. The approximate shortfall per adult beneficiary would have been \$3,437, or more than 50% of current spending per adult enrollee.

Examples of Success

Hennepin County Medical Center in Minneapolis

- A 2015 analysis of patients enrolled in a health-care home and working with a community health worker found a 29% reduction of patients being admitted to hospitals and a 21% reduction in emergency room visits.

Massachusetts

- The Medicaid program is being revamped from fee-for-service to bundled payments. As that process has begun, it's been increasingly common to see community health workers as part of the health-care system.
- Commonwealth Care Alliance – the first “Social” Accountable Care Organization

Kentucky HomePlace

- A community health worker program serving 36 counties in Appalachia that has seen improvements in diabetes outcomes and in cancer screening rates. Nearly 80% of participants receive colon cancer screenings, well above the 40% national average. It has also introduced a new low-dose screening for lung cancer.

Enhanced Primary Care Case Management (PCCM) model results

- North Carolina – 9% program savings from 2003-2012, \$320 million in 2012 alone
- Pennsylvania – 6% cost savings compared to a similar level health plan

Illinois

- Illinois Health Connect, primary care case management program- 6.5% program savings 2006-2010
- Your Healthcare Plus, disease management program- 8.6% program savings 2006-2010

http://www.chcs.org/media/EPCCM_Full_Report.pdf