



# HEALTHCARE ECONOMICS

REEXAMINING HOW WE DEFINE  
EFFECTIVE HEALTHCARE MOVING  
FORWARD

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## REDEFINING VALUE

**Our communities are changing at a rapid rate – in many cases, faster than our willingness to redefine healthcare.**

As the needs within our communities rapidly change over the next decade, many leaders will be forced to consider how they can define an economic structure that systematically incentivizes a culture of health.

**THIS ISN'T A CONVERSATION ABOUT PROFIT – IT'S A DISCUSSION ABOUT REFRAMING VALUE ACROSS THE CARE CONTINUUM.**



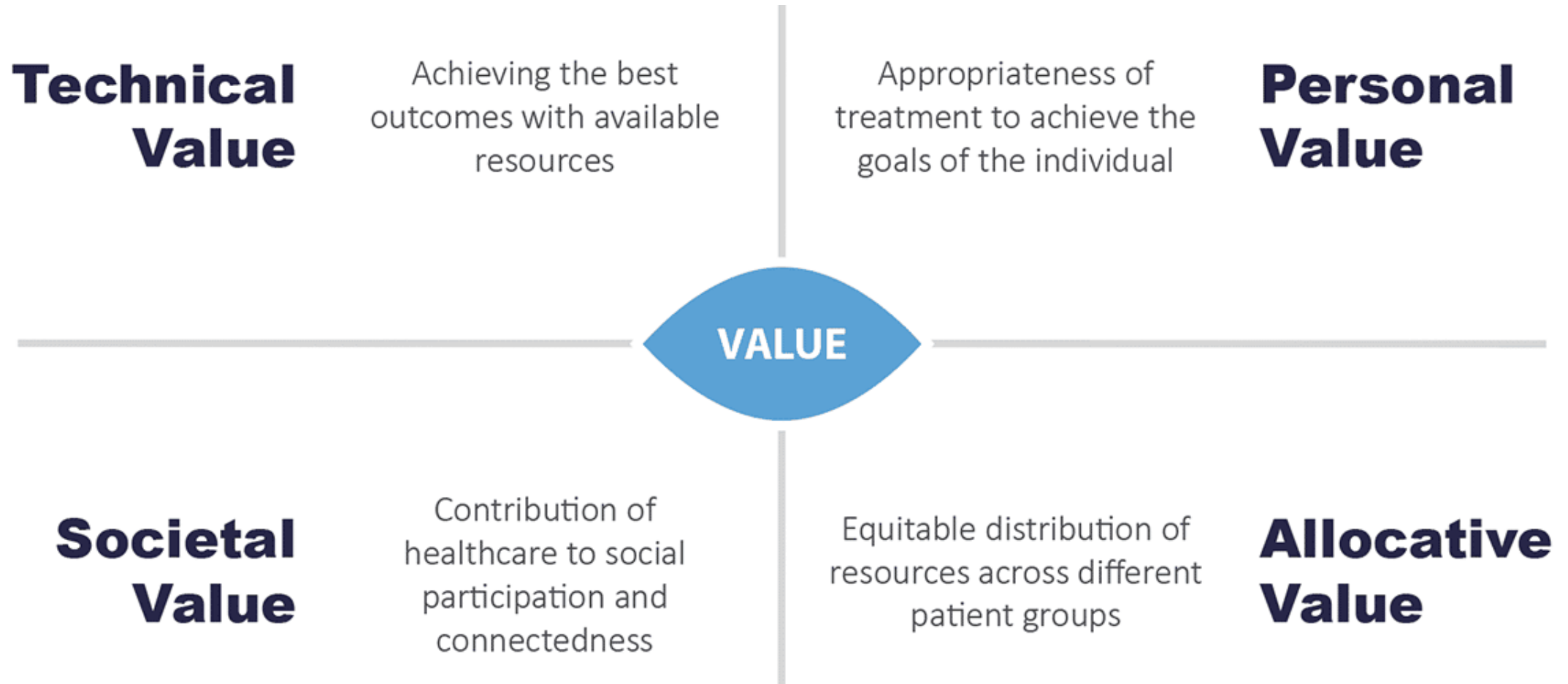
## REDEFINING VALUE

“I believe that the *community* - in the fullest sense: a place and all its creatures - is the smallest unit of health and that to speak of the health of an isolated individual is a contradiction in terms.”

— Wendell Berry, *Health is Membership*



## THE ECONOMICS OF VALUE-BASED HEALTHCARE



“VALUE” IS A RELATIVE TERM

SOURCE: <https://www.economicsbydesign.com/economics-and-value-based-healthcare>



**The animal world is built on cooperation and, in that way, humans are no different.**

“Commerce, trade, and exchange make other people more valuable alive than dead, and mean that people try to anticipate what the other guy needs and wants. It engages the mechanisms of reciprocal altruism, as the evolutionary biologists call it, as opposed to raw dominance.”

— Steven Pinker



**Humans are hard-wired to cooperate – for the good of ourselves and the tribe.**

“Society works not because we have consciously invented it, but because it is an ancient product of our evolved predispositions. It is literally in our nature. We are, misanthropes notwithstanding, unable to live without each other. Even on a practical level, it is probably a million years since any human being was entirely and convincingly self-sufficient: able to survive without trading skills for those of his fellow humans.”

— Matt Ridley, *The Origin of Virtue: Human Instincts and the Evolution of Cooperation*, 1996 (p5-6).



**Our instinctive desire to belong requires a common platform to develop reciprocal relationships.**

“The problem holding everything up thus far is that Homo sapiens are an innately dysfunctional species. We are hampered by the Paleolithic Curse: genetic adaptations that worked very well for millions of years of hunter-gatherer existence but are increasingly a hindrance in a globally urban and technoscientific society. We seem unable to stabilize either economic policies or the means of governance higher than the level of a village.”

— Edward O. Wilson, *The Meaning of Human Existence*, 2014 (p141)





# The American Dream has been an idea that has consistently glorified the idea of independence.

And it's this obsession with privacy and security that has disconnected us from the larger group. The positioning of homes, schools, businesses, parks, and sidewalks within a neighborhood can dramatically influence physical activity and, in turn, community well-being. Increased urban sprawl, by which farther distance between destinations decreases walkability, has been associated with less physical activity and directly correlated to decreased well-being.

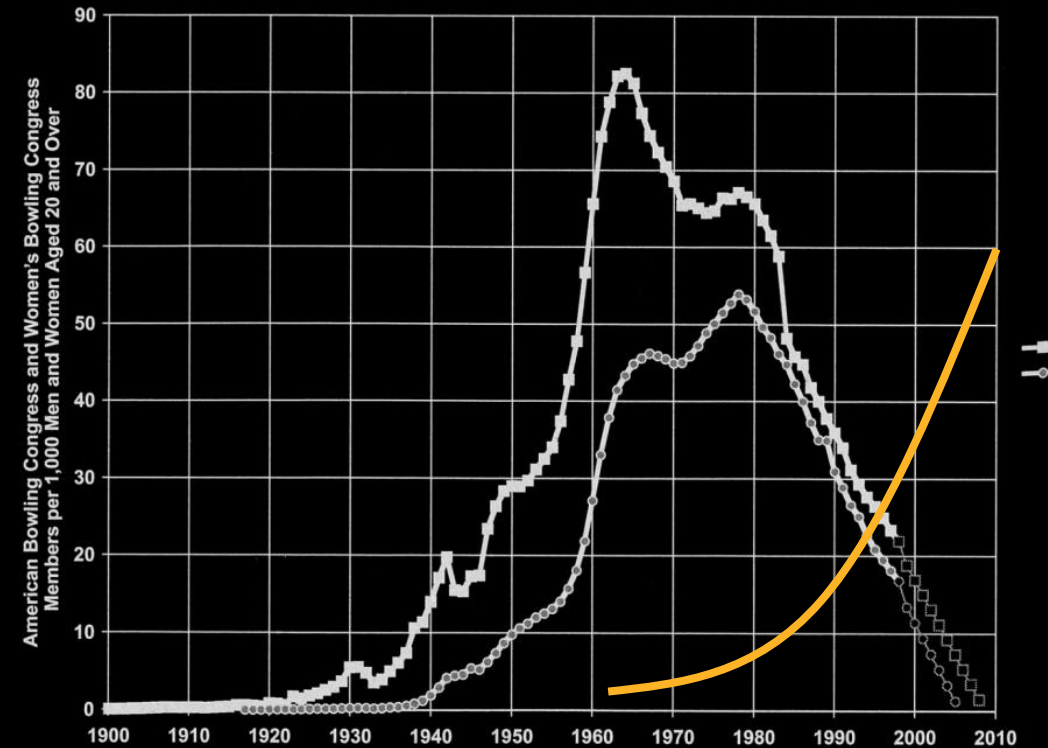
— Duany Plater Zyberk as shown in Spielberg F. *The traditional neighborhood development: how will traffic engineers respond?* ITE J. 1989;59:17.



## HEALTHY PLACEMAKING



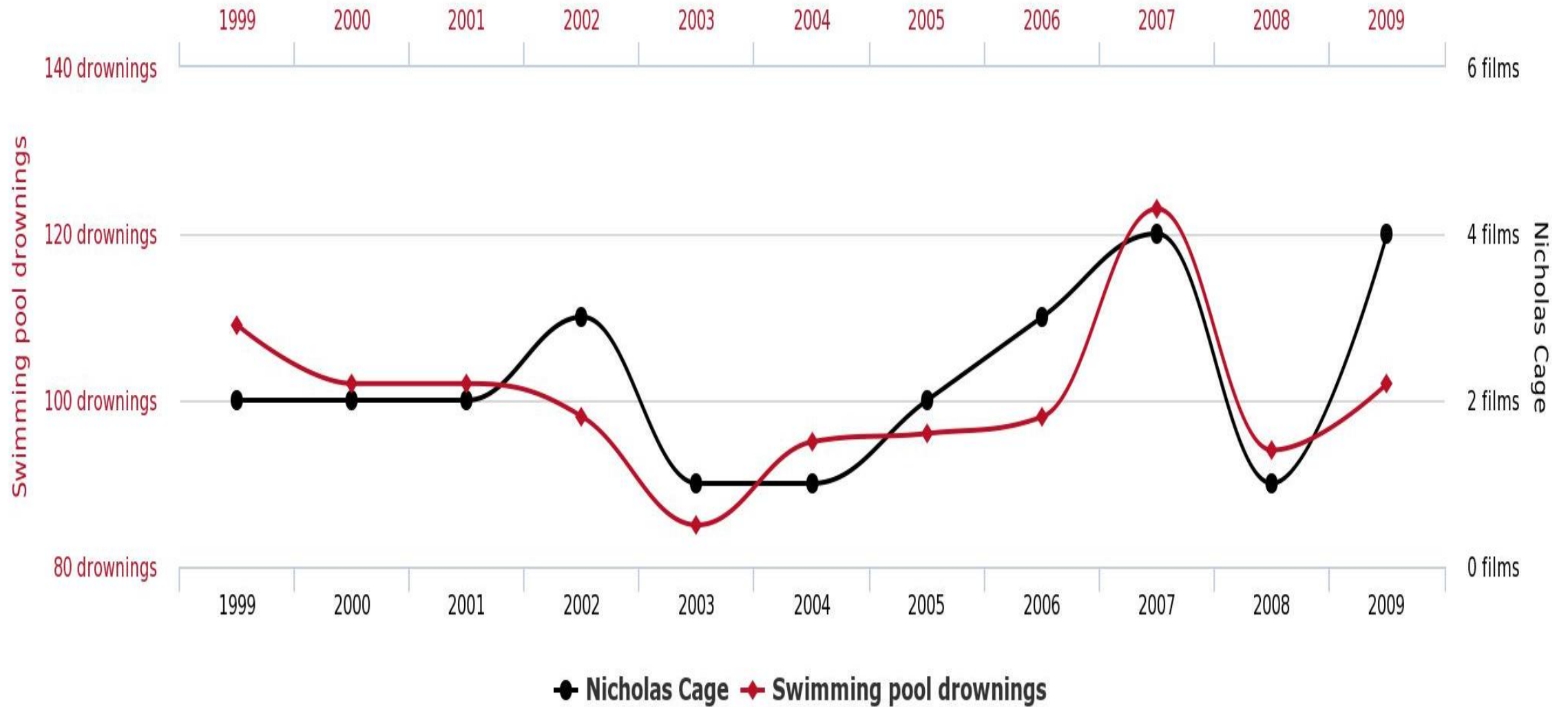
## The Rise and Decline of League Bowling



The suburban sprawl popularized in the 1960s had a dramatic impact on how communities behaved socially. Like an epidemic, a new behavioral model transformed our social patterns and, as a result, radically altered our health.



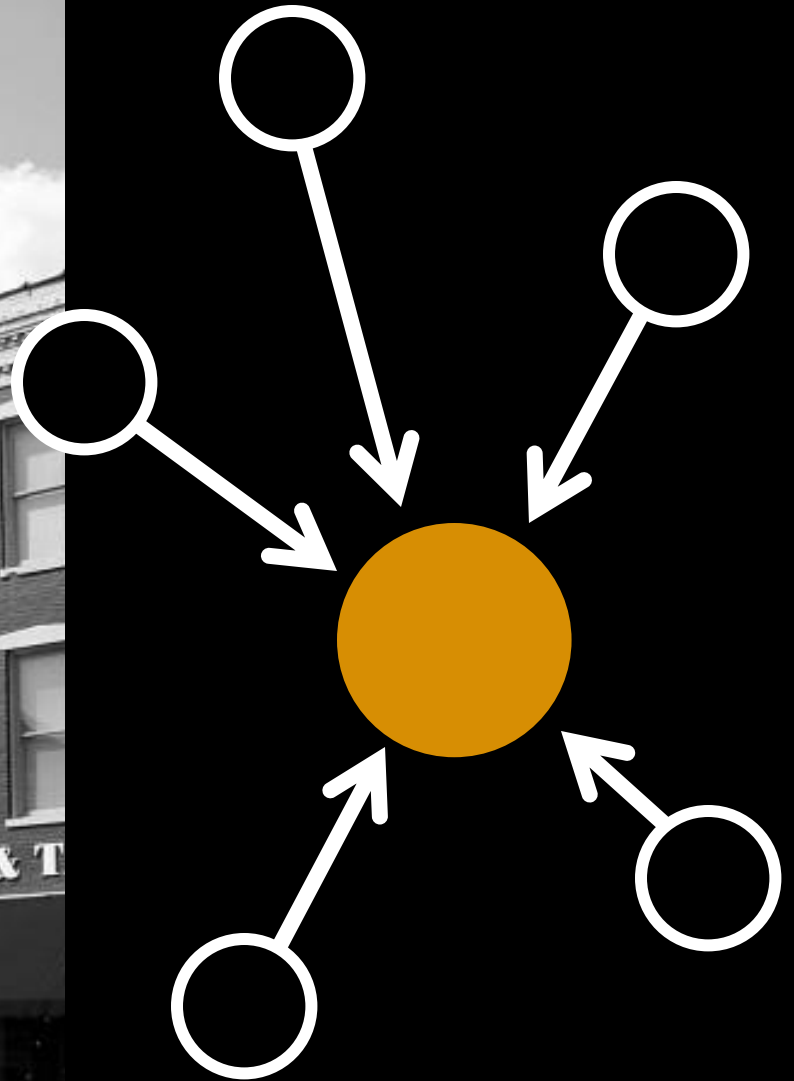
## CONFUSING CAUSATION AND CORRELATION



SOURCE: Tyler Vigen (<http://tylervigen.com/spurious-correlations>)



# HEALTHY PLACEMAKING



The “Main Street” (i.e. “Mom and Pop”) mentality presented an inwardly-focused social network that utilized and depended on centrally located goods and services.

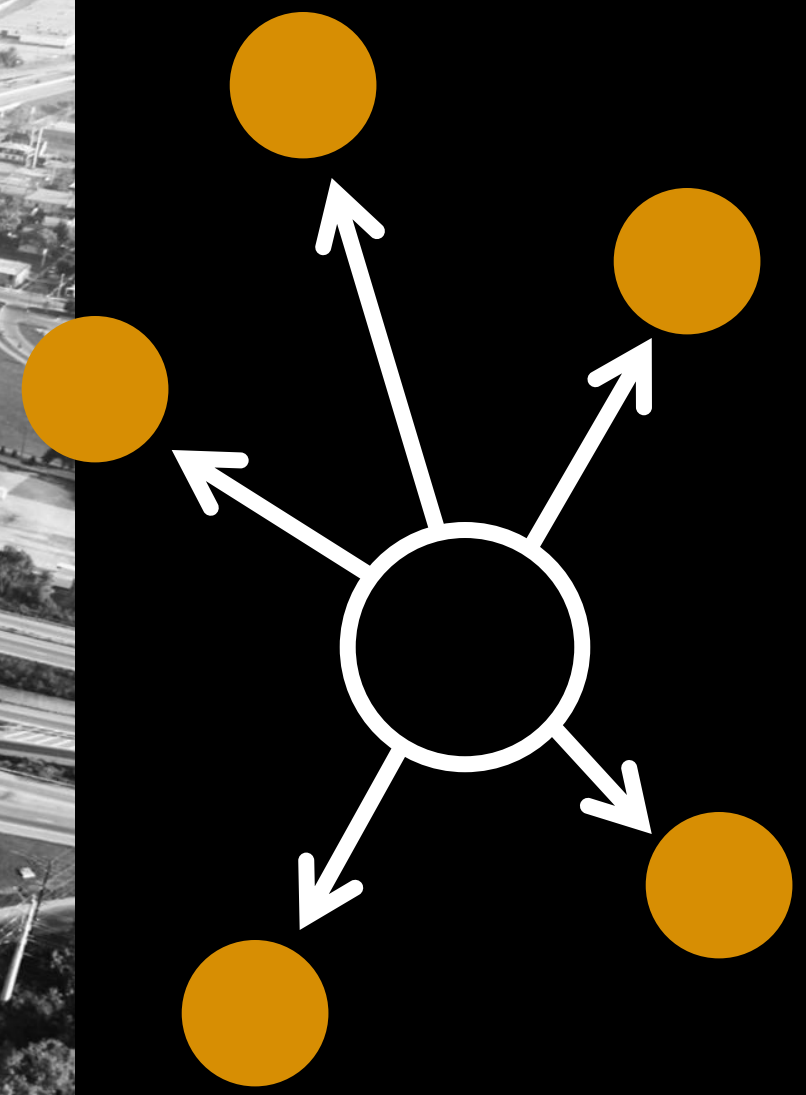
**BEFORE**



# HEALTHY PLACEMAKING



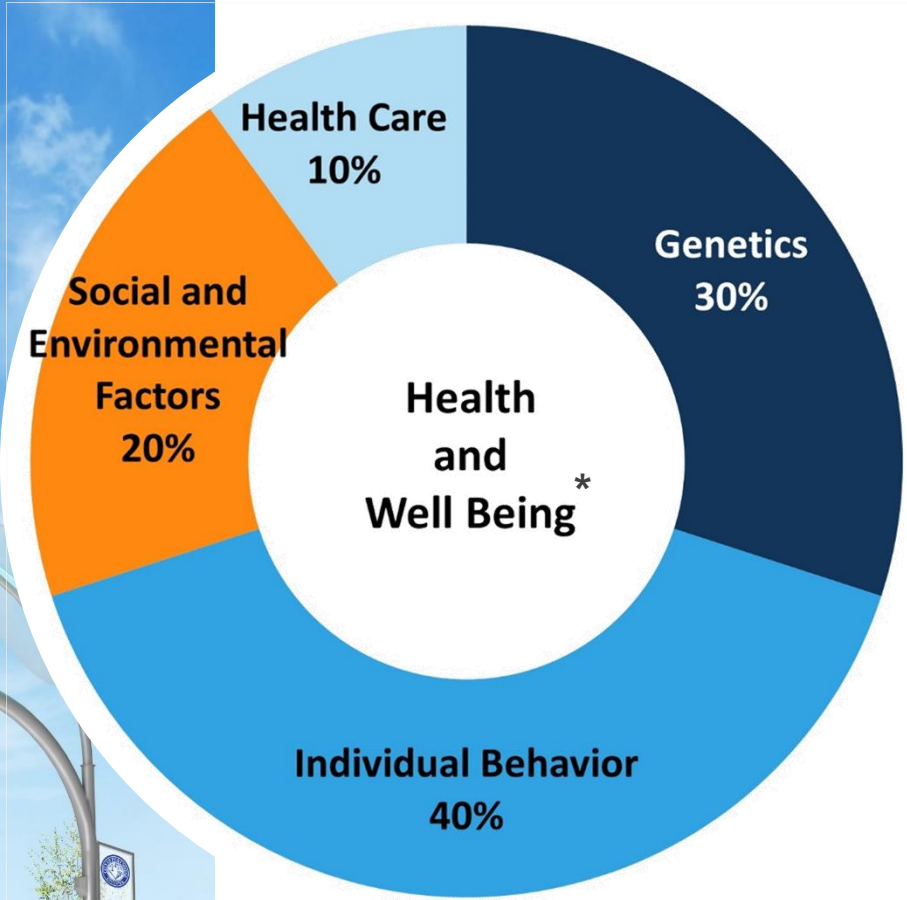
AFTER



The suburbanized development model (i.e. “Big Box retail”) presented an outwardly-focused social network that depended on destination events and isolated exchanges.



# PRIORITIZING WELL-BEING



## **SOCIAL DETERMINANTS OF HEALTH**

The quality of healthcare has a limited impact on our well-being. The guiding factors regarding the social determinants of health rest in the socio-economic factors that define our everyday routine.

\*SOURCE: The Kaiser Commission on Medicaid and the Uninsured, *Beyond Health Care: The Role of Social Determinants in Promoting Health and Health Equity* (2015)



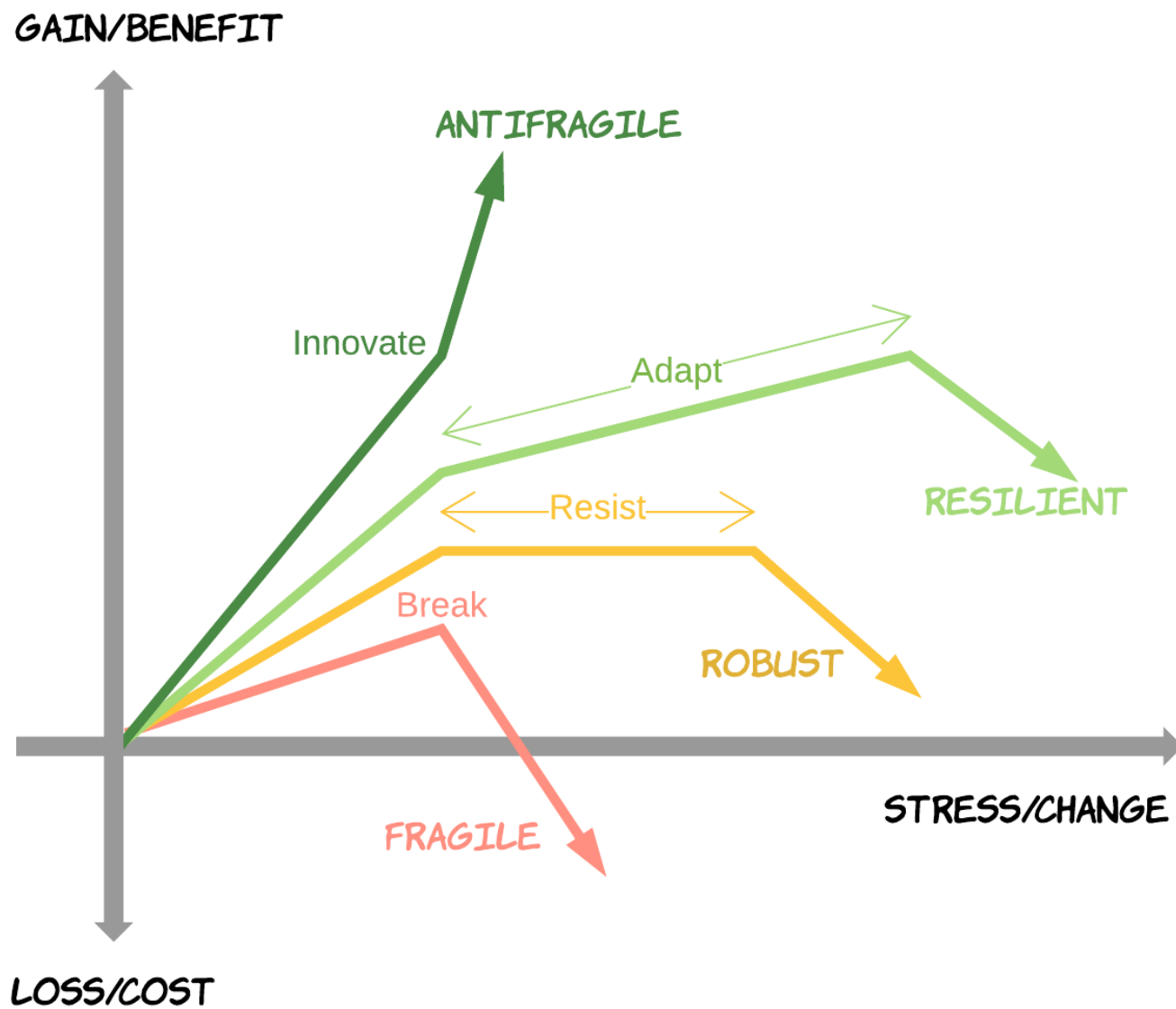
**PRIORITIZING WELL-BEING**



**THE BUILT ENVIRONMENT IS A BEHAVIORAL SYSTEM**



# PRIORITIZING WELL-BEING



Many communities can not afford the promotion of resilient independence, instead they need to focus on the antifragile results of group cooperation.

“Some things benefit from shocks; they thrive and grow when exposed to volatility, randomness, disorder, and stressors and love adventure, risk, and uncertainty. Yet, in spite of the ubiquity of the phenomenon, there is no word for the exact opposite of fragile. Let us call it antifragile. Antifragility is beyond resilience or robustness. The resilient resists shocks and stays the same; the antifragile gets better.”

— Nassim Taleb, *Antifragile: Things That Can Gain From Disorder* (2012).



# PRIORITIZING WELL-BEING



WHAT IS HAPPENING UPSTREAM?








# PRIORITIZING WELL-BEING

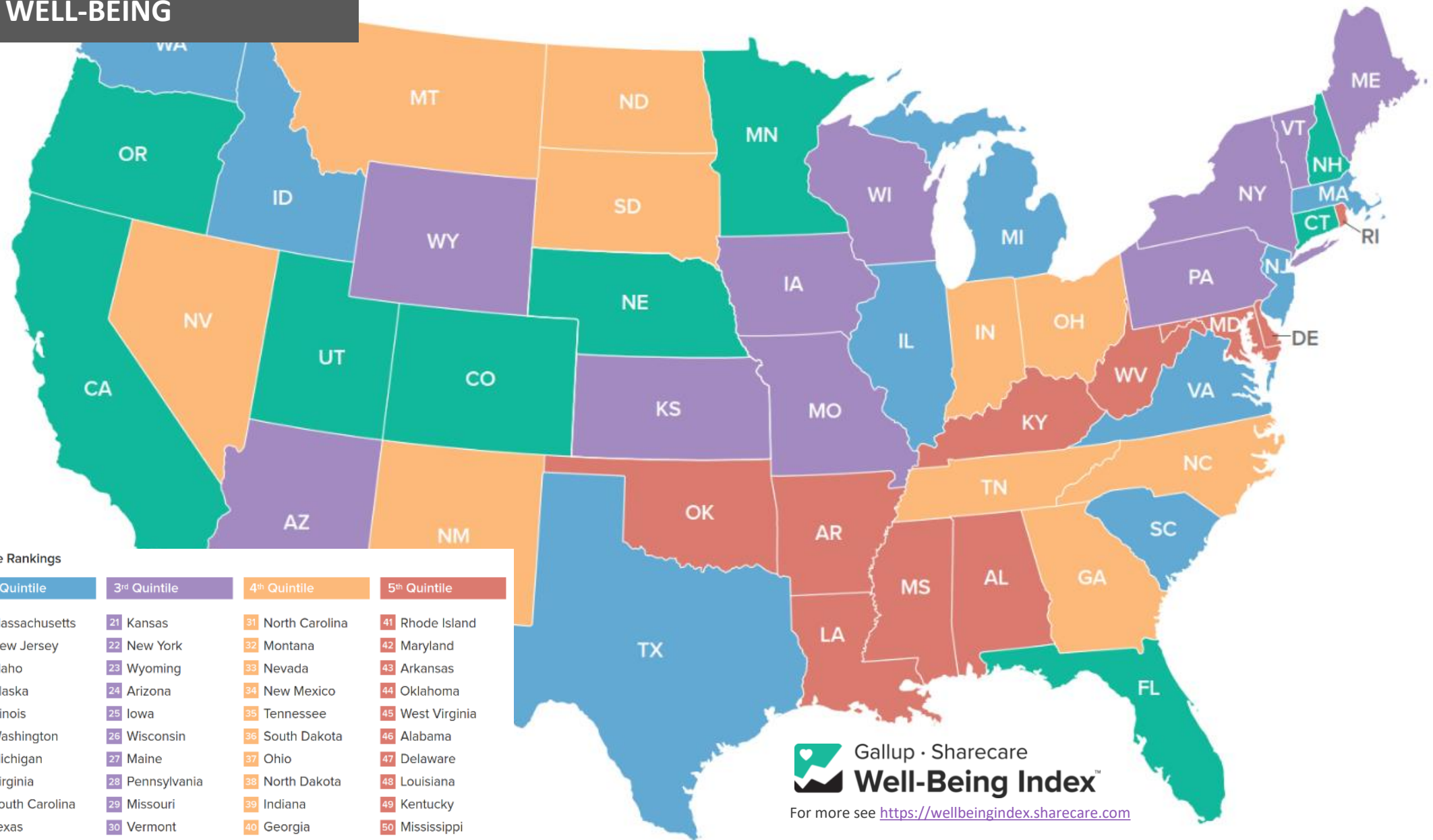


## The Gallup-Healthways Well-Being Index

Gallup and Healthways have developed a comprehensive, definitive source of well-being measurement, the Gallup-Healthways Well-Being Index. This scientific survey instrument measures, tracks and reports on the well-being of populations. The five essential elements of well-being are:

-  **Purpose:** liking what you do each day and being motivated to achieve your goals
-  **Social:** having supportive relationships and love in your life
-  **Financial:** managing your economic life to reduce stress and increase security
-  **Community:** liking where you live, feeling safe and having pride in your community
-  **Physical:** having good health and enough energy to get things done daily

# PRIORITIZING WELL-BEING



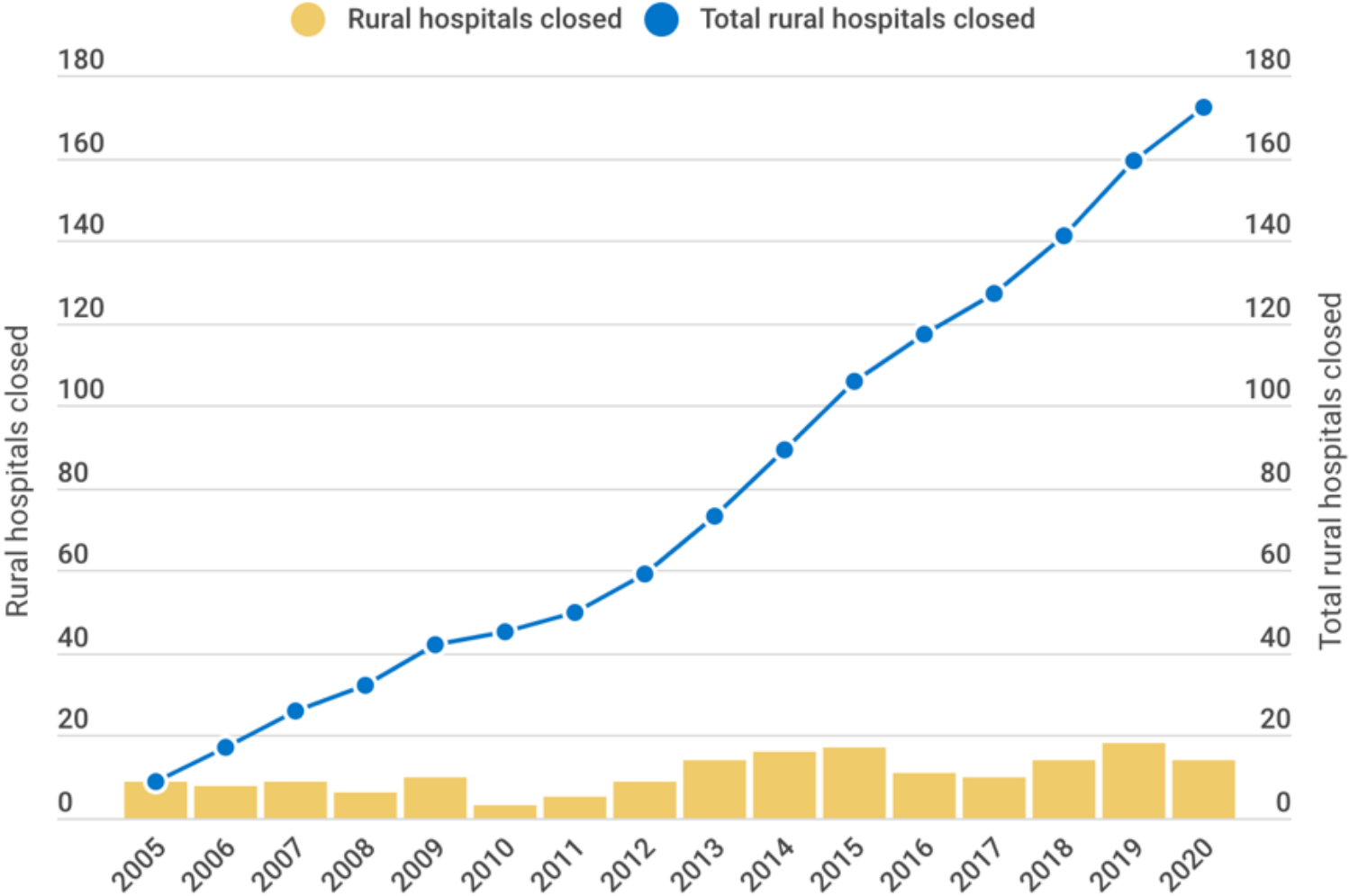
Well-Being Index, 2019 State Rankings

Top Quintile	2 <sup>nd</sup> Quintile	3 <sup>rd</sup> Quintile	4 <sup>th</sup> Quintile	5 <sup>th</sup> Quintile
1 New Hampshire	11 Massachusetts	21 Kansas	31 North Carolina	41 Rhode Island
2 Hawaii	12 New Jersey	22 New York	32 Montana	42 Maryland
3 Utah	13 Idaho	23 Wyoming	33 Nevada	43 Arkansas
4 Colorado	14 Alaska	24 Arizona	34 New Mexico	44 Oklahoma
5 Oregon	15 Illinois	25 Iowa	35 Tennessee	45 West Virginia
6 Nebraska	16 Washington	26 Wisconsin	36 South Dakota	46 Alabama
7 Florida	17 Michigan	27 Maine	37 Ohio	47 Delaware
8 Minnesota	18 Virginia	28 Pennsylvania	38 North Dakota	48 Louisiana
9 Connecticut	19 South Carolina	29 Missouri	39 Indiana	49 Kentucky
10 California	20 Texas	30 Vermont	40 Georgia	50 Mississippi

Gallup · Sharecare  
**Well-Being Index™**  
 For more see <https://wellbeingindex.sharecare.com>



# Rural Hospital Closures, 2005-2020



## SHRINKING CARE NETWORKS

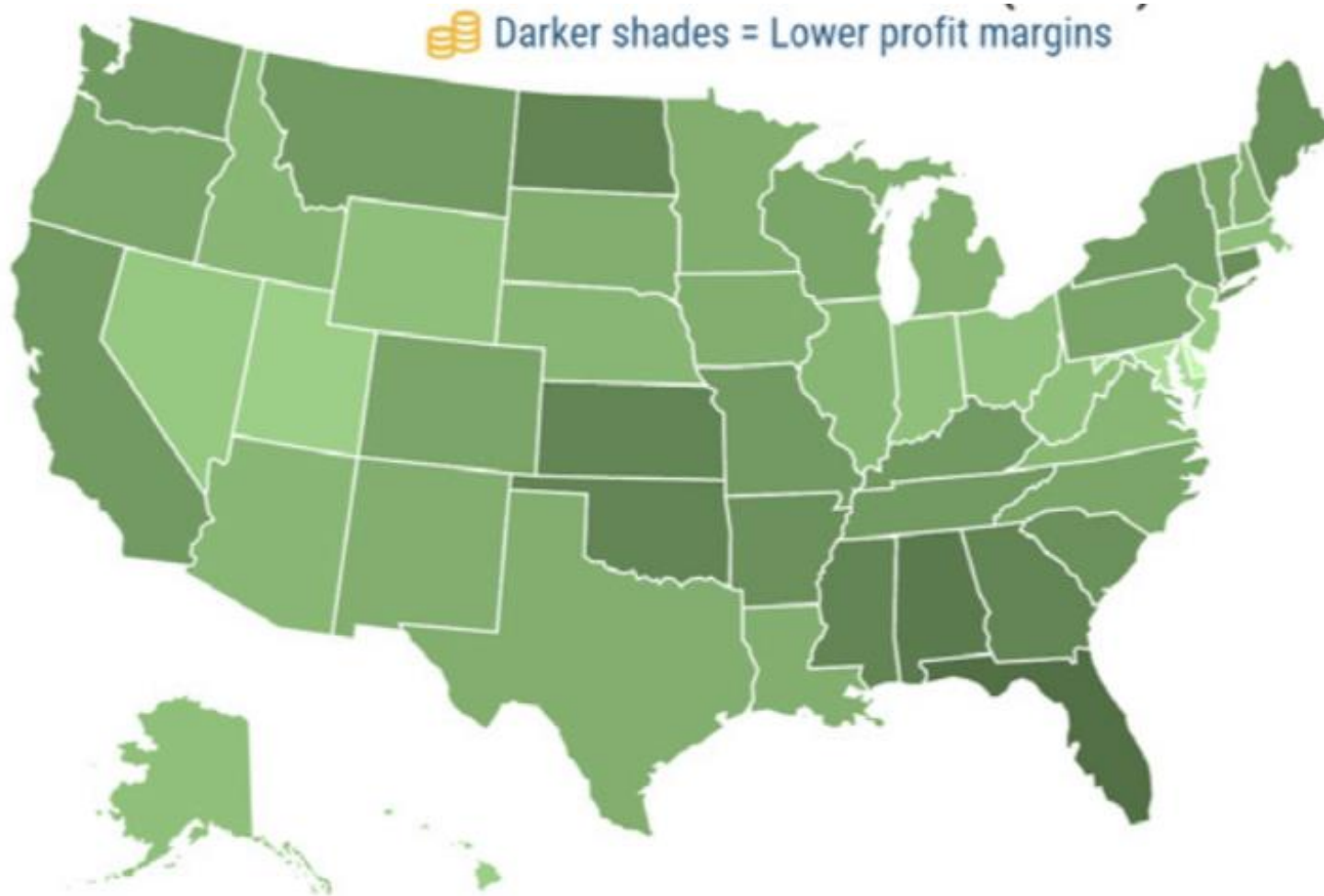
As many as 700 rural hospitals are at risk of closing within the next ten years. There are simply not enough patients with good insurance to keep a hospital from losing money.

- Access to care is disappearing disproportionately within rural communities.
- Reactions to phenomena such as the opioid epidemic are falling in the hands of community members – not healthcare professionals.
- Cities are desperately looking for innovative ways to provide care to their communities.

Source: Cecil G. Sheps Center for Health Services Research at the University of North Carolina-Chapel Hill

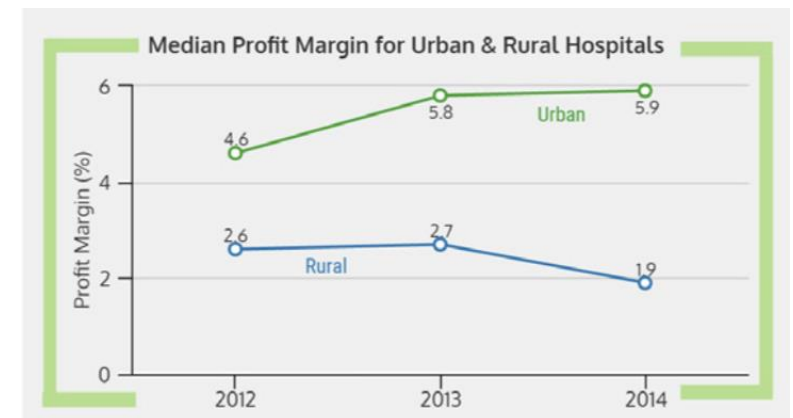


## MEDIAN PROFIT MARGIN FOR RURAL HOSPITALS BY STATE (2014)



### ECONOMIC SUSTAINABILITY

Regardless of economic conditions, small and/or rural facilities almost always start out with a financial disadvantage given their lower profit margins and higher costs of operation when compared to large health care facilities in urban areas. Profit margins in rural facilities are a third of those for large facilities in urban areas.



SOURCE: [https://fgiguideelines.org/wp-content/uploads/2021/04/FGI\\_Guidance\\_for\\_Facilities\\_that\\_Respond\\_and\\_Adapt\\_to\\_Emergency\\_Conditions.pdf](https://fgiguideelines.org/wp-content/uploads/2021/04/FGI_Guidance_for_Facilities_that_Respond_and_Adapt_to_Emergency_Conditions.pdf)



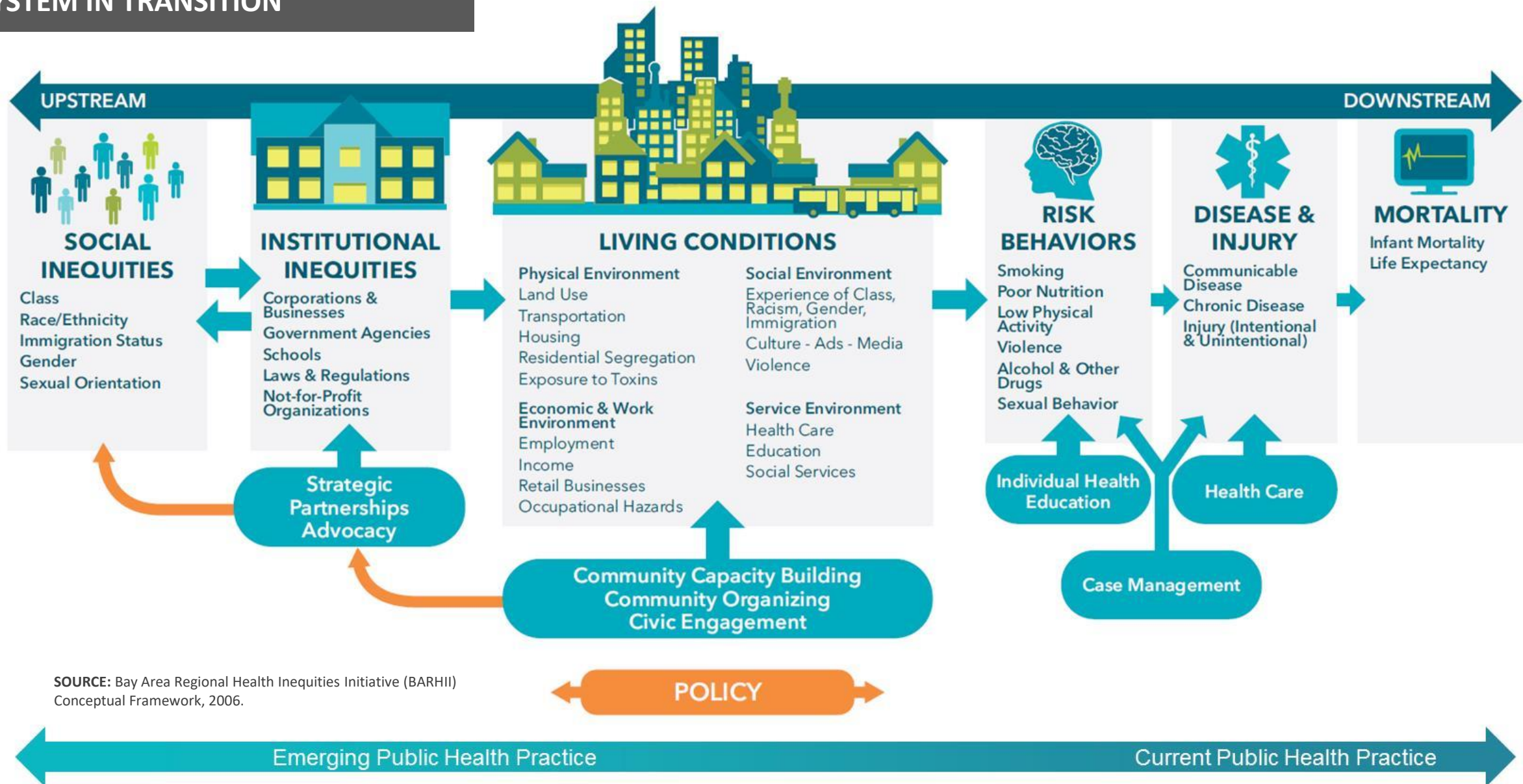
Healthcare isn't a facility-based phenomenon. It's an extension of the human condition.

For many communities, the closure of a hospital cannot mean the termination of healthcare – making the discussion of sustainable access to care within rural America the most important conversation in generations.





# A SYSTEM IN TRANSITION



SOURCE: Bay Area Regional Health Inequities Initiative (BARHII) Conceptual Framework, 2006.





**THE POWER OF CONNECTION**

**“There is mounting evidence that a rich network of face-to-face relationships creates a biological force field against disease.”**

— Susan Pinker

*The Village Effect: How Face-to-Face Contact Can Make Us Healthier, Happier, and Smarter.*

**HOW SHOULD WE MEASURE HEALTH?**



## WHAT REDUCES YOUR CHANCES OF DYING THE MOST?

1

### Close relationships.

These are the people that you can call on for a loan if you need money suddenly, who will call the doctor if you are not feeling well or take you to the hospital.

2

### Social integration.

This measures how much you interact with people as you move through your day and how many people you talk to, with both your weak and strong bonds, not just the people you're close to.

# THE STATE OF LONELINESS IN AMERICA

1:2

**NEARLY HALF** of Americans report sometimes or always **feeling alone (46%)** or **left out (47%)**.

1:4

**ONE IN FOUR** Americans **(27%)** rarely or never feel as though there are people who really understand them.

2:5

**TWO IN FIVE** Americans sometimes or always feel that their relationships are not meaningful **(43%)** and that they are isolated from others **(43%)**.

1:5

**ONE IN FIVE** people report they rarely or never feel close to people **(20%)** or feel like there are people they can talk to **(18%)**.

1:2

**ONLY AROUND HALF OF AMERICANS (53%)** have meaningful in-person social interactions, such as having an extended conversation with a friend or spending quality time with family, on a daily basis.



**Americans who live with others are less likely to be lonely** (average loneliness score of **43.5**) compared to those who live alone **(46.4)**. However, this does not apply to single parents/guardians (average loneliness score of **48.2**) – **even though they live with children, they are more likely to be lonely.**





**The feeling of loneliness is an evolved warning system designed to serve as an internal alarm.**

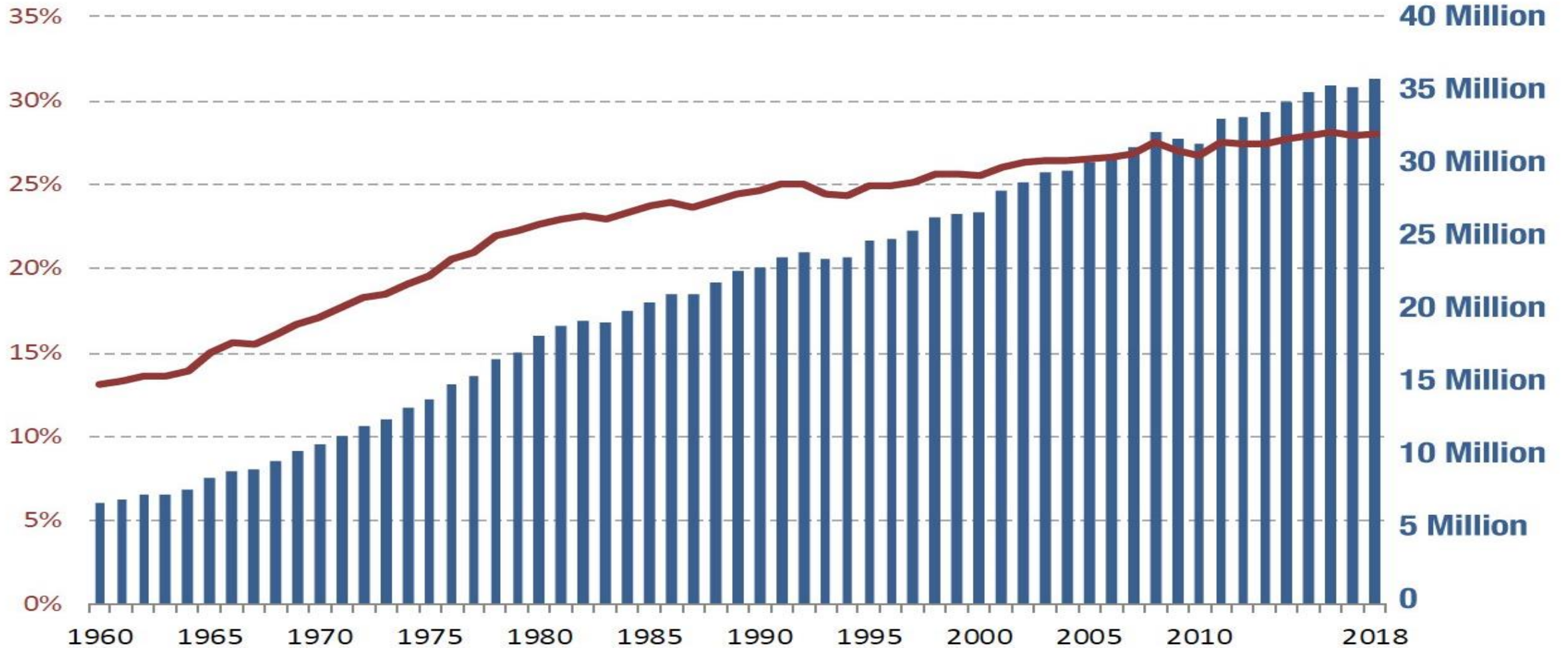
Feeling lonely is as painful as being wildly hungry. Since the human brain evolved at a time when social cohesion meant survival while social isolation meant starvation, predation, and certain death, our sense of loneliness is intended to send a biological signal to those who had somehow become separated from the group.

— J. Cacioppo, James Fowler, and Nicholas A. Christakis, “Alone in the Crowd: the Structure and Spread of Loneliness in a Large Social Network,” *Journal of Personality and Social Psychology* 97, no. 6 (2009).

# THE POWER OF CONNECTION

## PERCENT OF HOMES WITH ONE PERSON

## NUMBER OF ONE-PERSON HOMES



Source: U.S. Census Bureau, Current Population Survey, Annual Social and Economic Supplements, 1960 to 2018.





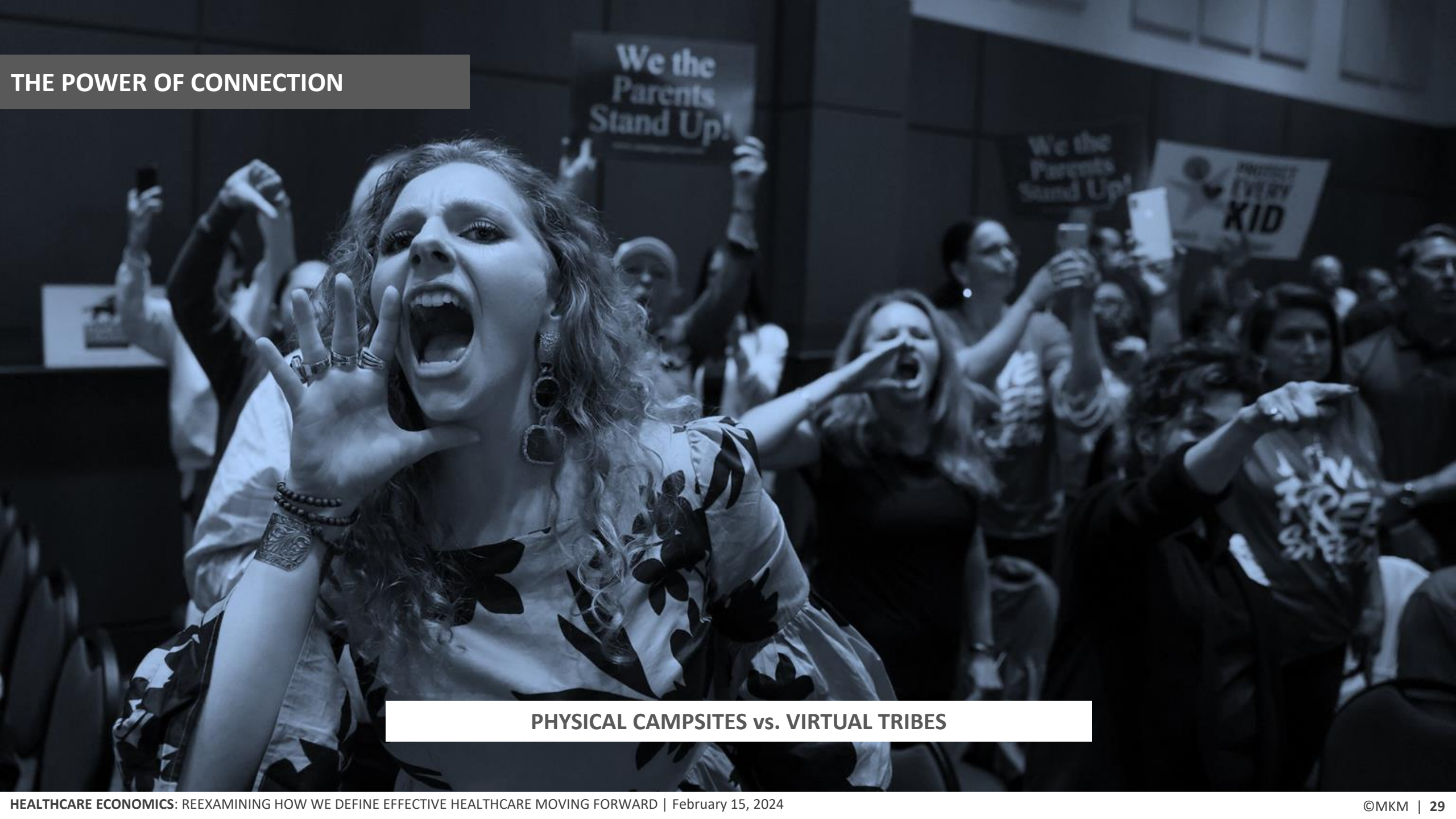
## THE POWER OF CONNECTION

**36 million Americans live alone – an existence that, in a different context, is reserved for the most severe forms of punishment.**

Studies have shown that prisoners that have been subjected to solitary confinement have shown diffuse slowing of the brain waves after one week. Some prisoners whose only social contact was a food tray shoved through a slot became catatonic or developed autistic features. Others regressed, throwing their food or playing with their feces, while others had panic attacks or became extremely aggressive.

— N. I. Eisenberger, "The Pain of Social Disconnection: Examining the Shared Neural Underpinnings of Physical and Social Pain," *Nature Reviews Neuroscience* (2012).

# THE POWER OF CONNECTION



## PHYSICAL CAMPSITES vs. VIRTUAL TRIBES



# RETHINKING SOCIAL CAPITAL



SOURCE: For more see <https://www.mather.com/>

## 1. HOME

The home provides us our sense of control by offering a shelter for our sense of belonging and memory. *It's the realm of privacy.*

## 2. WORK

Our chosen task (whether work or volunteerism) strengthens our identity and validates our talents. *It's the realm of purpose.*

## 3. HUB

Social hubs provide us our ability to network with family, friends, and peers while exposing us to repetitive experiences that generate trust in others. *It's the realm of fellowship.*











**Sociologists dub our connections to friends, neighbors, and co-workers social capital, which is the knowledge and mutual trust captured in our relationships.**

In 2003, when several Harvard epidemiologists put nearly 350 Chicago neighborhoods under the microscope, they discovered that social capital – as measured by reciprocity, trust, and civic participation – was linked to a community’s death rates. The higher the levels of social capital, the lower its mortality rates, and not just from violent crimes but from heart disease too.

— K. Lochner, “Social Capital and Neighborhood Morality Rates in Chicago,”  
*Social Science and Medicine* 56, no. 8 (2003).

**Women with a large network of friends are four times more likely to survive breast cancer than those with sparser connections.**

In 2007 the first study was published that revealed one of the hidden mechanisms linking social interaction to the recovery of humans: Steve Cole and his team at UCLA discovered that social contact switched on and off the genes that regulate our immune response to cancer and the rate of tumor growth.

— Cole et al, "Transcript Origin Analysis Identifies Antigen Presenting Cells as Primary Targets of Socially Regulated Gene Expression in Leukocytes," *Proceedings of the National Academy of Sciences of the United States of America* 108 (2011).



Happiness can be described as the opposite of loneliness – the feeling that washes over us when we feel as though we belong and are a part of something.

“I don’t believe there is an inspiring answer to the question ‘What is the purpose of life? Yet by drawing on ancient wisdom and modern science, we can find compelling answers to the questions of purpose within life. Happiness is not something you can find, acquire or achieve directly. You have to get the conditions right, and then wait.”

— Johnathan Haidt, *The Happiness Hypothesis: Finding Modern Truth in Ancient Wisdom* (2006).



# RETHINKING SOCIAL CAPITAL



Happiness is a complicated thing and is perceived in two very distinct ways - through **experience** (happiness while in the act of doing) and **memory** (happiness through the act of remembering).

## OUR MEMORY

*SOURCE:* Daniel Kahneman, *Thinking, Fast and Slow* (New York, Farrar, Strauss, and Giroux, 2011), p377-390.



# RETHINKING SOCIAL CAPITAL



Happiness is a complicated thing and is perceived in two very distinct ways - through **experience** (happiness while in the act of doing) and **memory** (happiness through the act of remembering).

## OUR EXPERIENCE

SOURCE: Daniel Kahneman, *Thinking, Fast and Slow* (New York, Farrar, Strauss, and Giroux, 2011), p377-390.



HAPPINESS FORMULA

$$H = S + C + V$$

- H: EXPERIENCED HAPPINESS
- S: BIOLOGICAL SET POINT
- C: LIFE CONDITIONS
- V: VOLUNTARY ACTIVITIES

The equation for community attachment is complicated, but the result is simple. Our happiness is directly connected to our perceptions of how well we belong within the world around us – a perception that is a complicated journey.

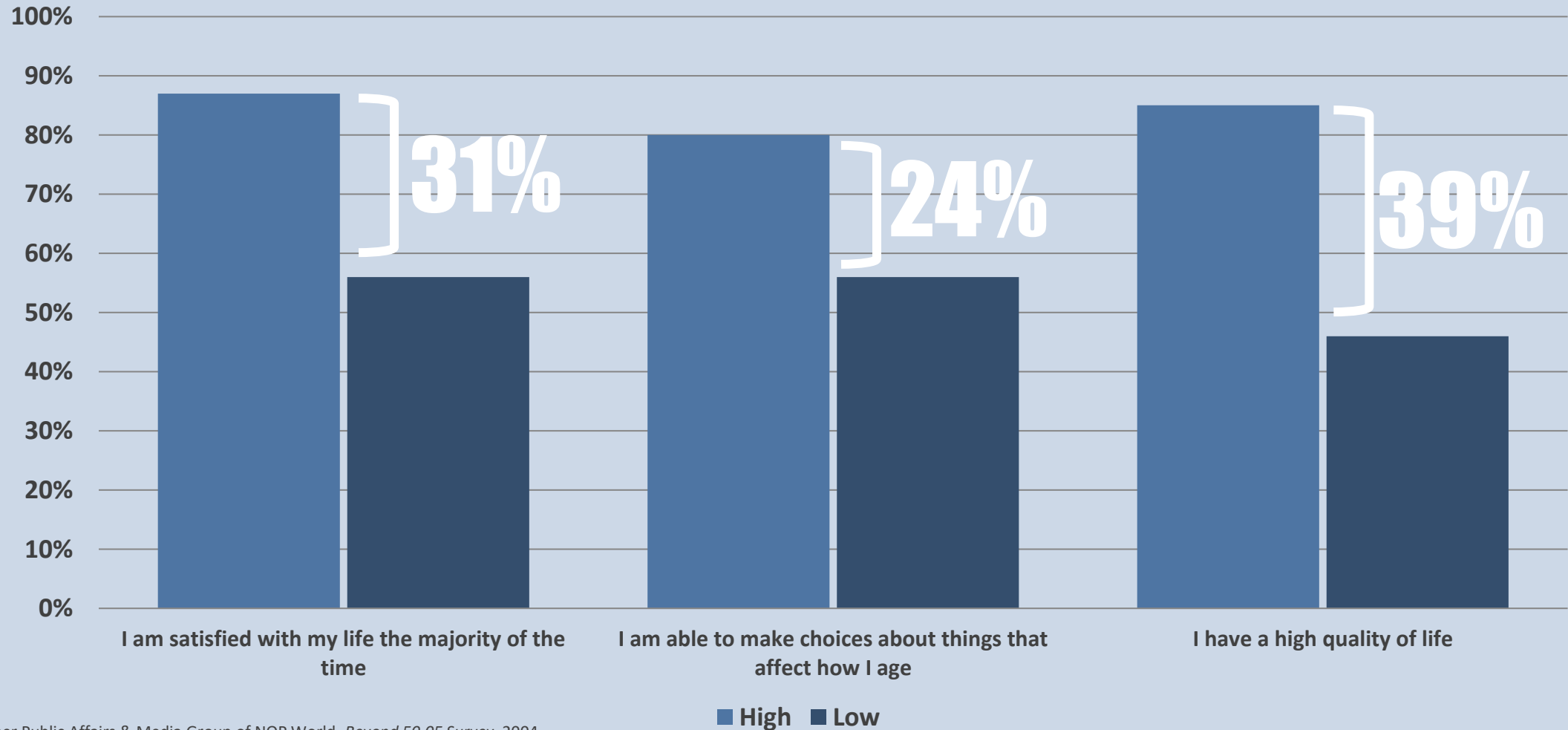
SOURCE: Johnathan Haidt, *The Happiness Hypothesis*, p91 (2006).

REDUCING MISERY > INCREASING HAPPINESS



# PLACE IMPACTS HUMAN CAPITALIZATION

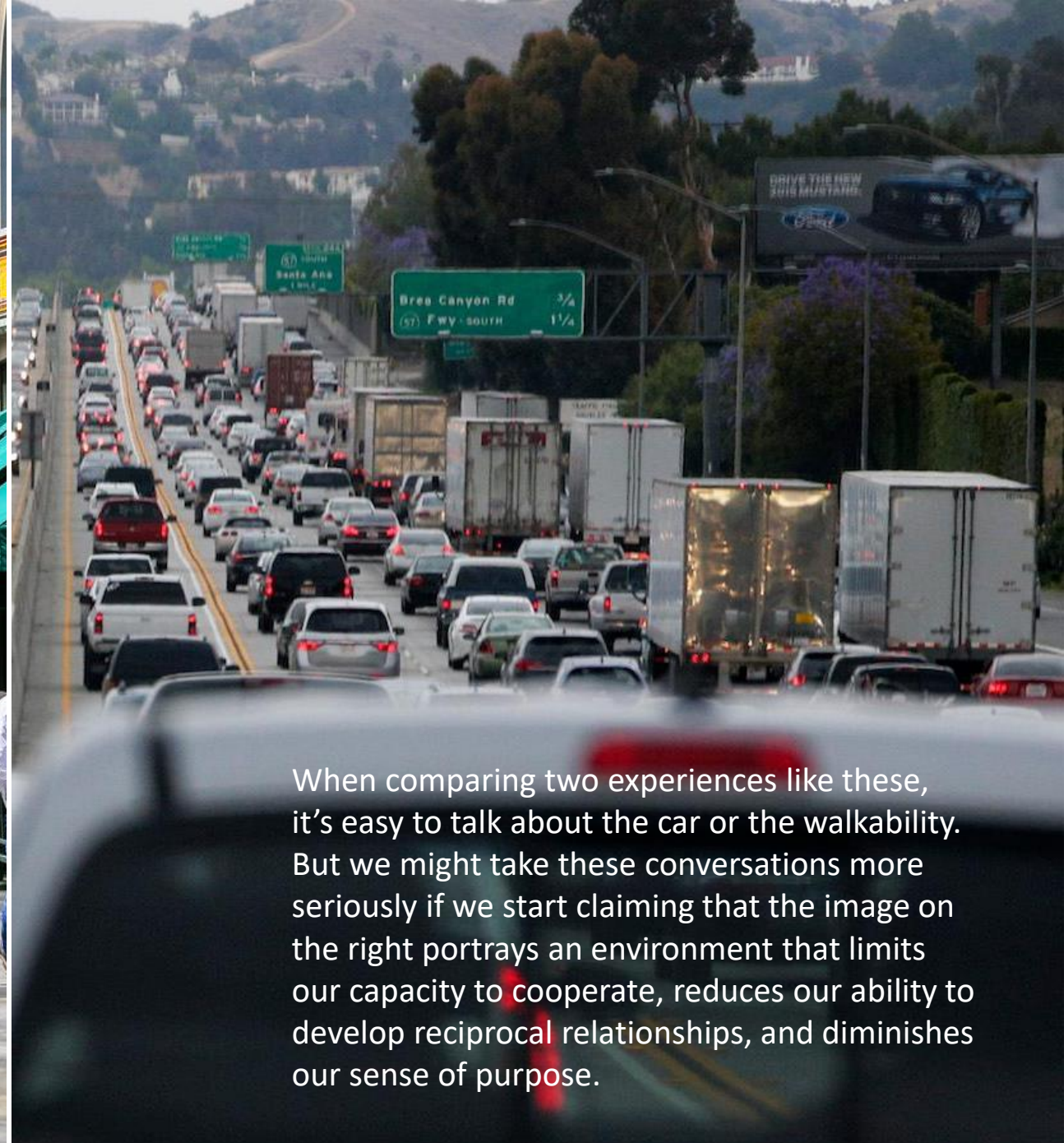
## CORRELATING ENGAGEMENT PERCEPTIONS AND LEVELS OF SUCCESSFUL AGING



SOURCE: AARP/Roper Public Affairs & Media Group of NOP World, *Beyond 50.05 Survey*, 2004.



# RETHINKING SOCIAL CAPITAL



When comparing two experiences like these, it's easy to talk about the car or the walkability. But we might take these conversations more seriously if we start claiming that the image on the right portrays an environment that limits our capacity to cooperate, reduces our ability to develop reciprocal relationships, and diminishes our sense of purpose.



**RETHINKING SOCIAL CAPITAL**

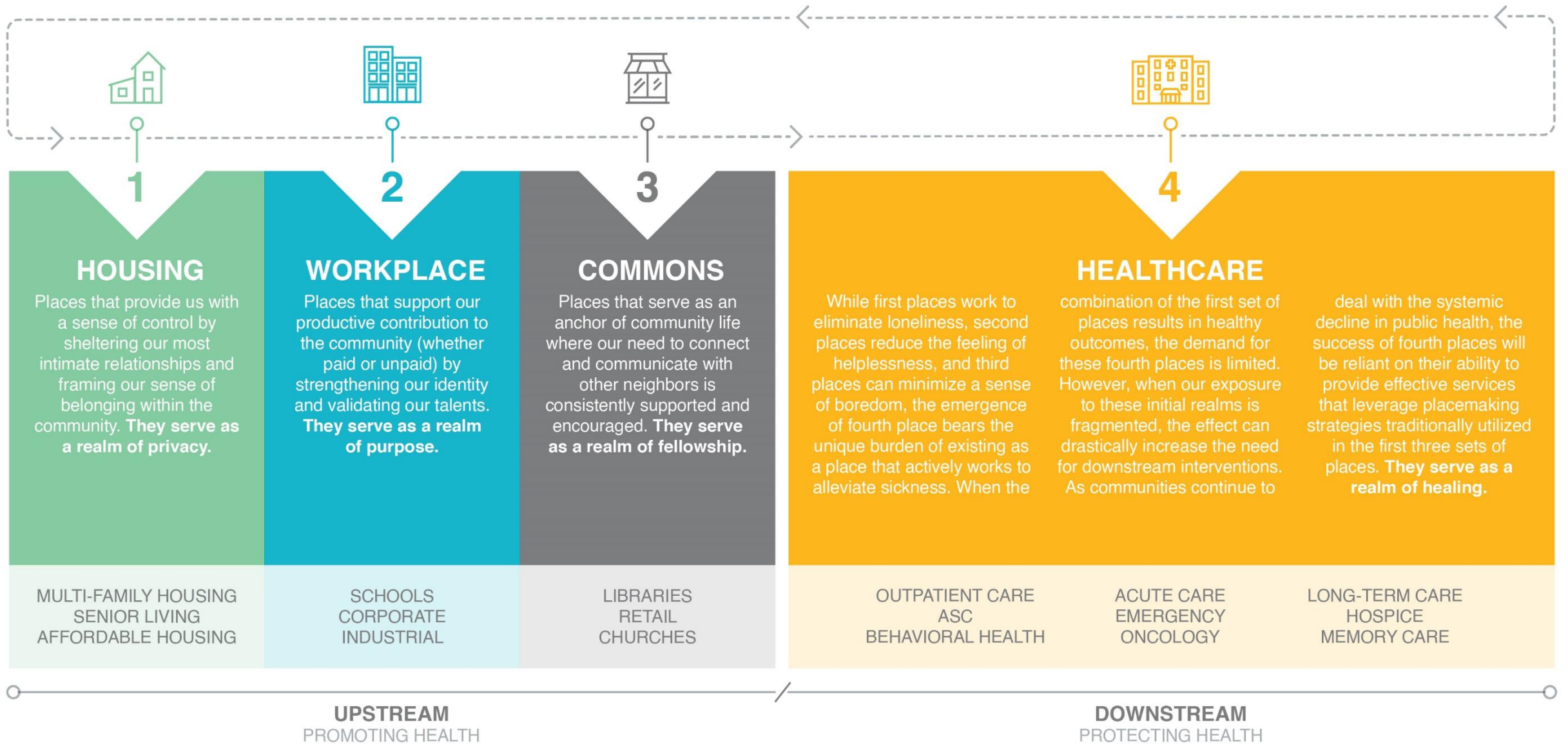


25

24

**HOW DO I DEFINE VALUE IN AN ENVIRONMENT LIKE THIS?**

# CULTURE OF HEALTH





**Fourth places are cooperative platforms with a finite collection of tools – places that must understand communal instincts to be successful.**

As fourth places continue to redefine their physical presence within rural settings, they will benefit from a more dedicated focus in understanding what strategies they can borrow from legacy places to better cultivate a sense of belonging and connection with those they aim to serve.

# CULTURE OF HEALTH

THE EFFECTIVENESS OF FOURTH PLACES ARE LARGELY MEASURED BY THEIR ABILITY TO BALANCE THE PERCEPTION OF CONTROL AND CARE FOR A WIDE RANGE OF PEOPLE.





# CULTURE OF HEALTH



## OMNI-CHANNEL EXPERIENCE

Recent trends within healthcare facility design and operation has provided an array of different types structures – providing a multi-channel experience for users. However, the future state of healthcare will likely adopt a more omnichannel approach to the built environment that accepts the larger community as an extension to the healthcare system itself.



**Multi-Channel**

**Omni-Channel**

SOURCE: <https://www.bbloggable.com/when-omnichannel-breaks-down/>

## CULTURE OF HEALTH



## CULTIVATING PERSONAL CONNECTION

### **PRIORITIZING PRIMARY CARE**

A Milbank Quarterly article, *Contribution of Primary Care to Health Systems and Health*, identifies the key roles primary care access plays in preventing disease and improving health. Primary care serves as a first entry point into the health system, which can be particularly important for populations who might otherwise face barriers to accessing healthcare. Some benefits of primary care access are:

- Preventive services, including early disease detection
- Care coordination
- Lower all-cause, cancer, and heart disease mortality rates
- Reduction in low birth weight
- Improved health behaviors



## CULTURE OF HEALTH



## AFFIRMING GROUP IDENTITY

### ***SYSTEM AFFILIATION***

Local rural healthcare facilities may choose to join healthcare networks or affiliate themselves with larger healthcare systems as a strategic move to maintain or improve healthcare access in their communities. These affiliations can improve the financial viability of the rural facility; provide additional resources and infrastructure for the facility; and allow the rural healthcare facility to offer new or expanded healthcare services they could not otherwise provide. However, the benefits of an affiliation with a larger healthcare network may come at the expense of local control.

## CULTURE OF HEALTH



## SUSTAINING RECIPROCAL RELATIONSHIPS

### ***IMPROVED WORKFORCE***

An adequate workforce is necessary to maintaining access to healthcare in a community. In order to increase access to healthcare, rural communities should be using healthcare professionals in the most efficient and strategic ways. This might include allowing each professional to work at the top of their license, using new types of providers, working in interprofessional teams, and creative scheduling to offer clinic time outside of regular work hours.



# CULTURE OF HEALTH

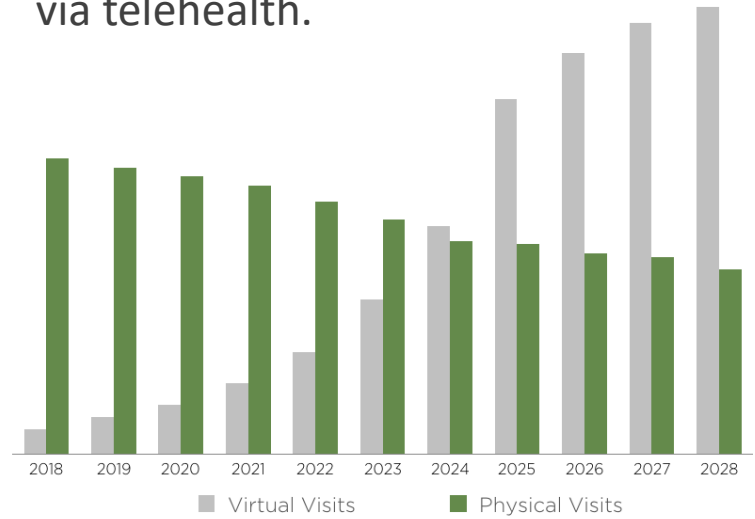


## ENSURING PREDICTABLE ACCESS & COMMUNICATION


SOURCE: <https://www.ruralhealthinfo.org/topics/healthcare-access>

### TELEHEALTH

Telehealth continues to be seen as a key solution to help address rural healthcare access issues. Through telehealth, rural patients can see specialists in a timely manner while staying in the comfort of their home or local facility. Local healthcare providers can also benefit from subspecialists' expertise provided via telehealth.



(1) Projected Number of Office Visits, University of Rochester Medical Center (2015-2021)  
(2) Global Markets for Telemedicine Technologies, BCC 2018



Anchor institutions are defined as one that has roots in the local community (i.e., unlikely to move); an impact on economic growth; and a shared investment in the community.

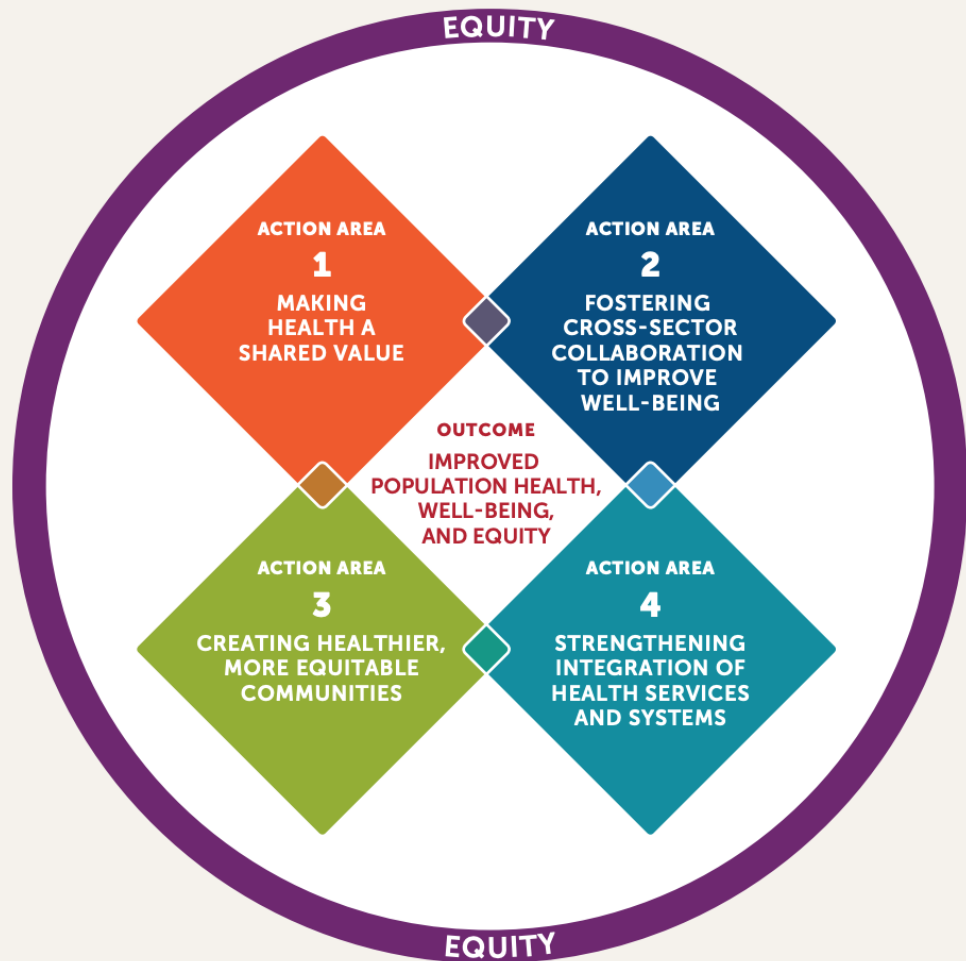
**Anchor institutions are the mechanism for sustainable cooperative networks – leveraging their operations to insure the well-being of the community.**

“The current anchor movement envisions institutions as empowering and serving communities, rather than serving their own needs. Nowadays, anchors act as community leaders that catalyze social change; convene partners and offer space for community idea exchange; use their power as purchasers and employers to uplift local residents; and support local priorities through funding, in-kind services, and technical assistance.”



# CULTURE OF HEALTH

## CULTURE OF HEALTH ACTION FRAMEWORK



ACTION AREAS	DRIVERS	MEASURES
<b>1</b> MAKING HEALTH A SHARED VALUE	MINDSET AND EXPECTATIONS	Recognized influence of physical and social factors on health Internet searches for health-promoting information
	SENSE OF COMMUNITY	Community connection Valued investment in community health
	CIVIC ENGAGEMENT	Voter participation Volunteer participation
<b>2</b> FOSTERING CROSS-SECTOR COLLABORATION TO IMPROVE WELL-BEING	NUMBER AND QUALITY OF PARTNERSHIPS	Hospital partnerships Youth exposure to advertising for unhealthy foods
	INVESTMENT IN CROSS-SECTOR COLLABORATION	Business leadership in health Federal investment in Health in All Policies
	POLICIES THAT SUPPORT COLLABORATION	Support for working families (FMLA) Collaboration among communities and law enforcement
<b>3</b> CREATING HEALTHIER, MORE EQUITABLE COMMUNITIES	BUILT ENVIRONMENT AND PHYSICAL CONDITIONS	<i>New Measure:</i> Walkability Public libraries Youth safety
	SOCIAL AND ECONOMIC ENVIRONMENT	Housing affordability Residential segregation Enrollment in early childhood education
	POLICY AND GOVERNANCE	Climate adaptation and mitigation Air quality
<b>4</b> STRENGTHENING INTEGRATION OF HEALTH SERVICES AND SYSTEMS	ACCESS TO CARE	Access to comprehensive public health services Health insurance coverage Access to alcohol, substance use, or mental health treatment Routine dental care
	CONSUMER EXPERIENCE	Consumer experience with care Population-based alternative payment models
	BALANCE AND INTEGRATION	Electronic medical record linkages Full scope of practice for nurse practitioners
OUTCOME	OUTCOME AREAS	MEASURES
IMPROVED POPULATION HEALTH, WELL-BEING, AND EQUITY	ENHANCED INDIVIDUAL AND COMMUNITY WELL-BEING	Individual well-being <i>New Measure:</i> Incarceration
	MANAGED CHRONIC DISEASE AND REDUCED TOXIC STRESS	Adverse childhood experiences Disability-adjusted life years related to chronic disease
	REDUCED HEALTH CARE COSTS	End-of-life care expenditures Preventable hospitalizations Family health care costs

SOURCE: <https://www.rwjf.org/en/library/research/2019/09/culture-of-health-sentinel-community-insights.html>

## CULTURE OF HEALTH



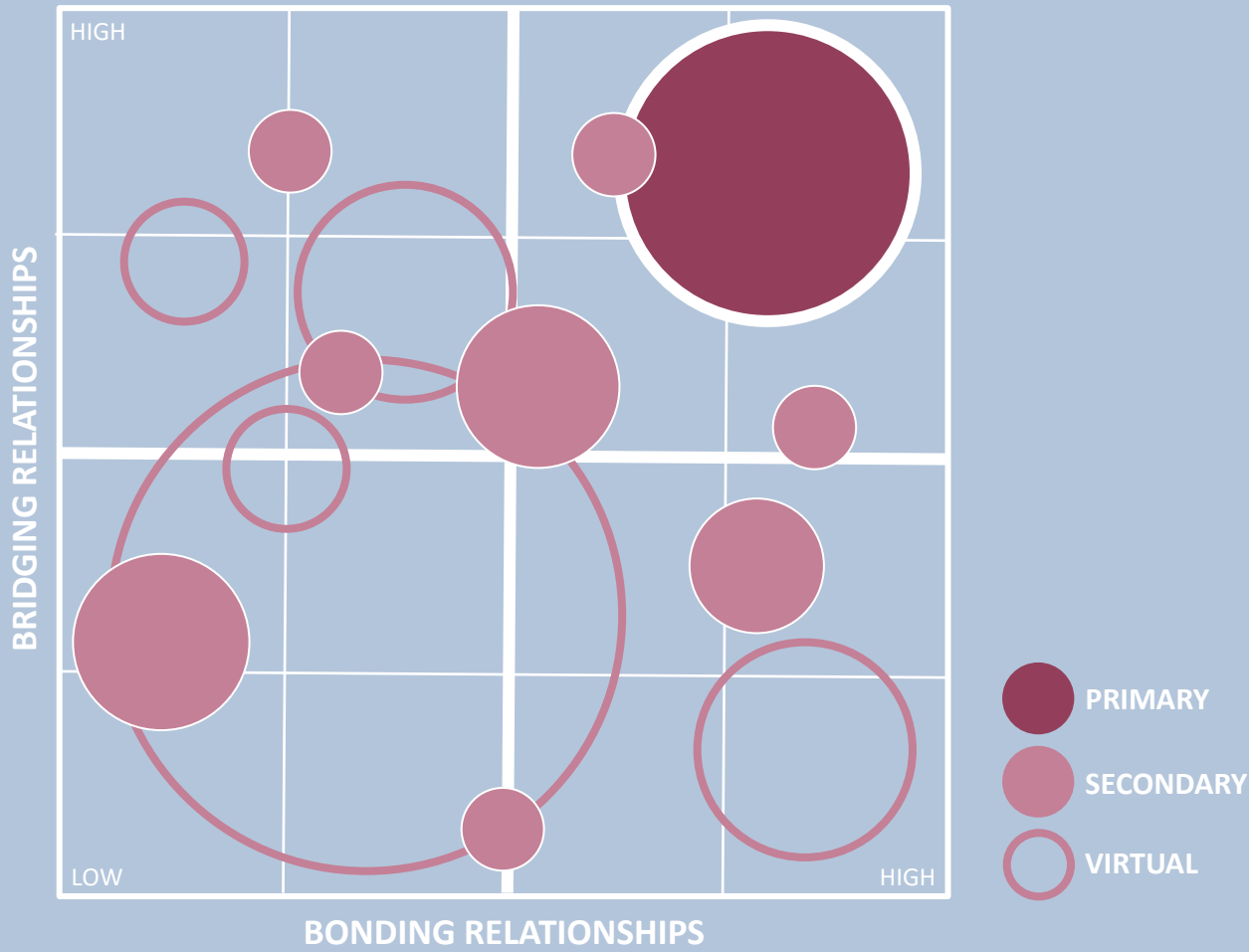
SOURCE: <https://www.rwjf.org/en/library/research/2019/09/culture-of-health-sentinel-community-insights.html>

### Anchor strategies include...

- **Acting as economic engines to improve community well-being.** Large businesses, due to their size and capital, can serve as leading employers within communities.
- **Investing in community development to address social determinants of health.** Institutions can meet community needs by supplementing their typical set of activities and becoming more involved in community development work.
- **Influencing the mindset and narrative around health and community.** Institutions can parlay their influence to direct the ways stakeholders think about and prioritize health.
- **Empowering communities with data, research, and science to inform decisions.** Institutions with data and research capacity serve a unique function because they can position themselves as data aggregators to help their communities make more informed decisions.



ANCHOR CONNECTIVITY



**Anchor institutions have a unique role – one that centers itself around an organization’s ability to cultivate both bridged and bonded relationships.**

As community resources continue to become limited, one strategy for sustaining an antifragile ecosystem is in identifying and supporting the sustainable management of efficient anchor intuitions – organizations that measure success by their ability to cultivate a sense of belonging within the community by utilizing primary, secondary, and virtual platforms.

## CULTURE OF HEALTH



**Functioning as an effective anchor institution (especially within rural settings) is no easy task and there will be barriers along the way.**

*Common barriers include:*

- Sustainable financial resources are needed.
- Assuming a new role requires staff capacity and leadership support.
- Community engagement is difficult and can have unintended consequences.
- Well-functioning systems with adequate capacity maximize benefits
- Impact measurement is critical to sustain anchor work.

SOURCE: <https://www.rwjf.org/en/library/research/2019/09/culture-of-health-sentinel-community-insights.html>



# CULTURE OF HEALTH

## THE OPPORTUNITY FOR LIBRARIES



support patrons in *identifying* health insurance resources



support patrons in *locating and evaluating* free health information online



support patrons in *understanding* specific health or wellness topics



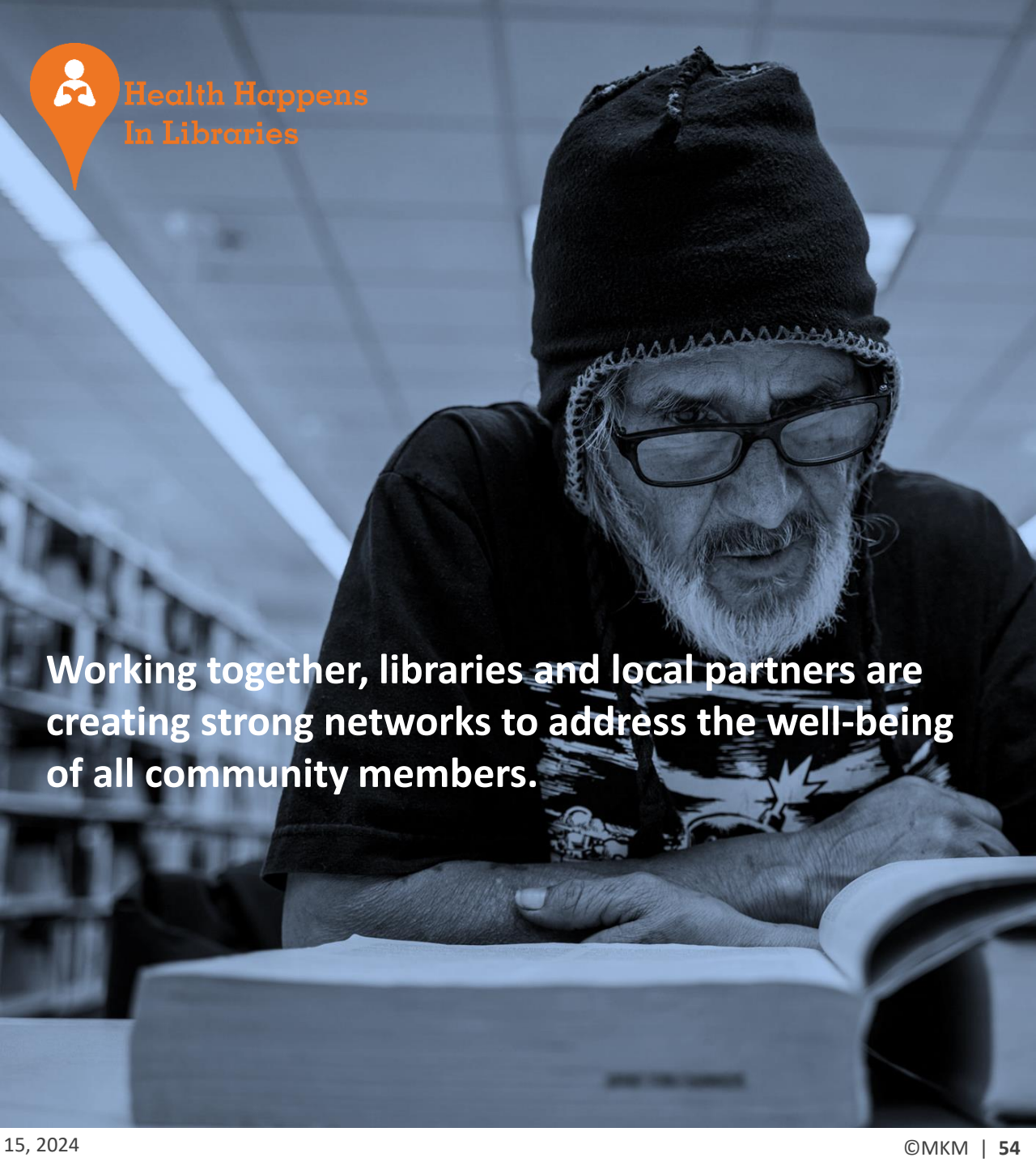
support patrons by *offering* fitness classes



**18%** of libraries bring in healthcare providers to offer limited healthcare screening services



**35%** of those screenings include referrals to appropriate health and social service agencies



Working together, libraries and local partners are creating strong networks to address the well-being of all community members.

SOURCE: Health Happens in Libraries, <http://www.webjunction.org/content/dam/WebJunction/Documents/webJunction/2016-01/health-heroes.pdf>

# BOOKS vs. BURGERS



Five of the 10 states with the highest concentrations of McDonald's per 100,000 residents – West Virginia, Arkansas, Kentucky, Oklahoma, and Michigan – are also among the 10 states with the highest rates of obesity. However, there is virtually no research that establishes a causative link between the availability of Big Macs and Quarter Pounders – or any other fast food – and adverse health outcomes.



## CULTURE OF HEALTH



### **PUBLIC LIBRARIES**

Last year, a branch of the Philadelphia Free Library was transformed into the *South Philadelphia Community Health and Literacy Center*. The building includes a pediatric and primary care clinic on the top floors (seeing 50+ people per day) offering:

- 31 bilingual staff (Spanish, Mandarin or Vietnamese)
- Asthma specialist
- Care coordination for complex patients
- Financial/health insurance counselor
- Psychology services
- Intimate partner violence counseling

SOURCE: Matt Quinn, *For the Poorest and Sickest, Librarians Often Play Doctor*, January 9, 2017, <http://www.governing.com/topics/health-human-services/gov-libraries-health-care-philly-pew.html>



## LESSONS LEARNED

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### A. UNDERSTAND THE DETERMINANTS OF HEALTH

and their impact on rural communities – especially as it relates to socio-economic demographic projections (i.e., changing user types).

### C. CONSIDER A VALUE-BASED CARE MODEL

that supports localized initiatives that prioritize community well-being as not only a matter of healthcare, but a tenant of an anti-fragile and successful economy.

### B. ACKNOWLEDGE THE IMPORTANCE OF SOCIAL CAPITAL

and the impact a sincere sense of belonging (and the social interaction it requires) has on the health and well-being of community members.

### D. EMBRACE THE ROLE OF AN ANCHOR INSTITUTION

and evolve an approach to how an organization can impact the social determinants of health within the community (both directly and in partnership with other anchor institutions).



**As the needs of our communities continue to change, so will our perception of value.**

It's a conversation that will shape the future of many local economies – and one that will likely rely on the healthcare sector for effective upstream leadership to forecast a meaningful path forward.

**RETHINKING THE DESIGN, CONSTRUCTION, AND  
MANAGEMENT OF EFFECTIVE FOURTH PLACES**

**QUESTIONS?**