

Sustaining Change Efforts: Lessons Learned

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Champion Provider Fellowship

Building and Sustaining Healthier Communities
through Policy, Systems, and Environmental Change

Alice Hm Chen, MD, MPH

Deputy Secretary for Policy and Planning, Director of Clinical Affairs
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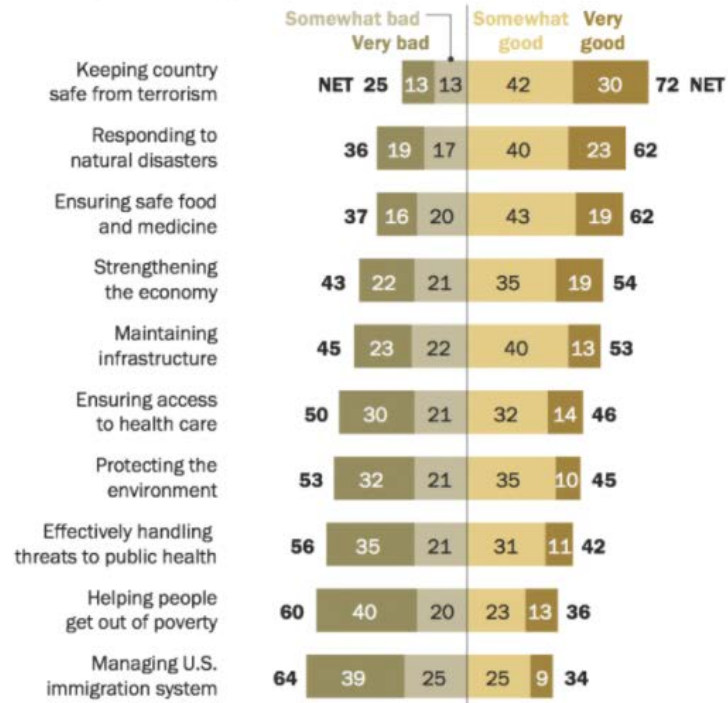
Why us, why now?



Why us, why now?

Positive views of government's handling of terrorism, disasters; negative views on public health, poverty

% who say the federal government is doing a ___ job in each area



Note: Don't know responses not shown.

Source: Survey of U.S. adults conducted July 23-Aug. 4, 2020.

PEW RESEARCH CENTER

Nurses Still Rate Highest for Honesty and Ethics

Please tell me how you would rate the honesty and ethical standards of people in these different fields -- very high, high, average, low or very low. (% Very high/High)

	2019	2018	2017
	%	%	%
Nurses	85	84	82
Engineers	66	--	--
Medical doctors	65	67	65
Pharmacists	64	66	62
Dentists	61	--	--
Police officers	54	54	56
College teachers	49	--	--
Psychiatrists	43	--	--
Chiropractors	41	--	--
Clergy	40	37	42
Journalists	28	33	--
Bankers	28	27	25
Labor union leaders	24	21	--
Lawyers	22	19	18
Business executives	20	--	--
State governors	20	17	16
Stockbrokers	14	14	--
Advertising practitioners	13	13	12
Insurance salespeople	13	--	--
Senators	13	--	--
Members of Congress	12	8	11
Car salespeople	9	8	10

GALLUP

Why us, why now?

The Commonwealth Fund
NEWSROOM TO THE POINT LOG IN SEARCH Q
Affordable, quality health care. For everyone.

Topics Publications & Data Experts Grants & Fellowships About Us f t in

What's Trending: COVID-19 Medicaid Work Requirements Non-ACA-Compliant Health Plans

U.S. Health Care from a Global Perspective, 2019: Higher Spending, Worse Outcomes?

January 30, 2020 | Roosa Tikkanen and Melinda K. Abrams

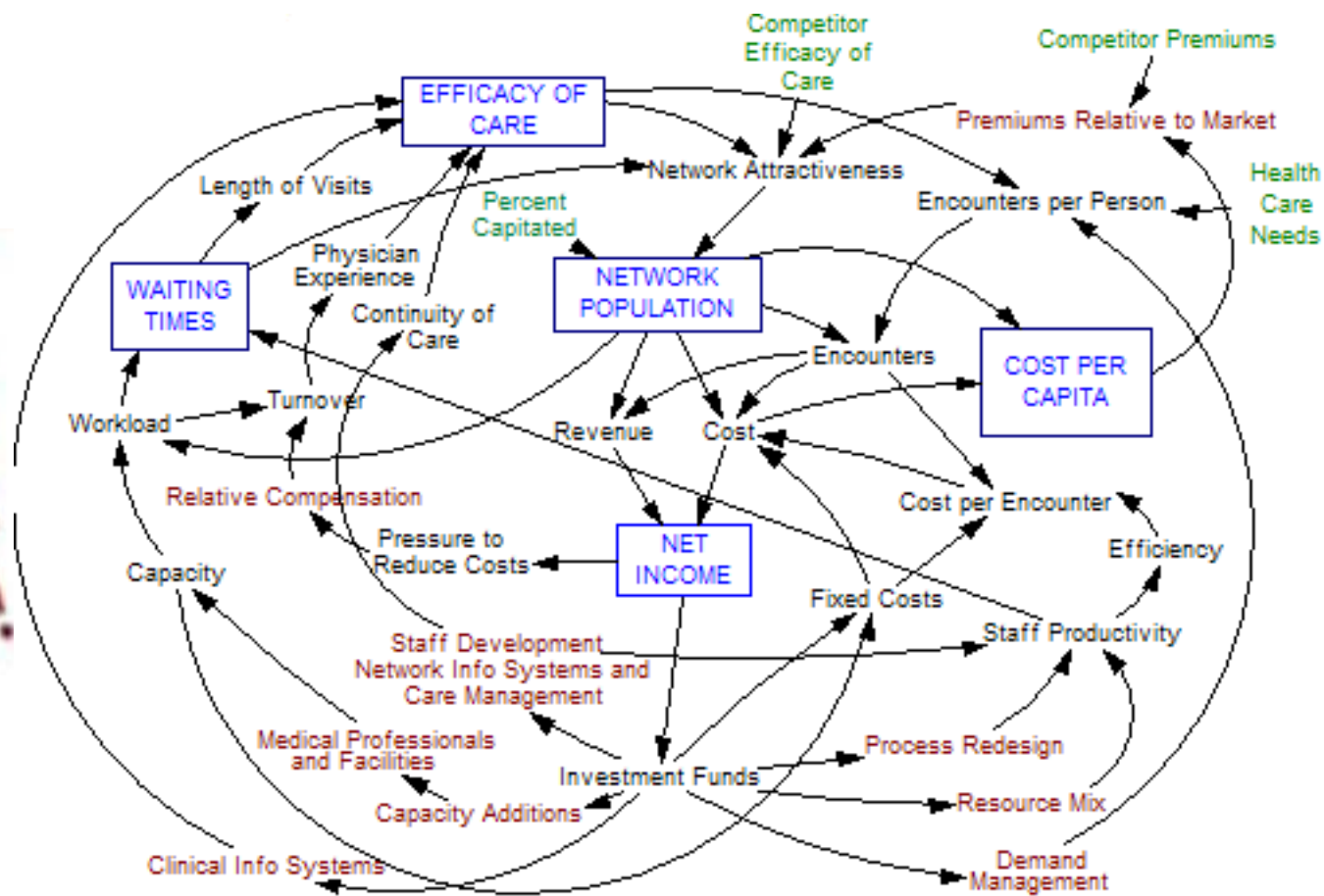
The illustration depicts a man in a white lab coat and blue pants standing on a small green patch of land. He is gesturing towards a large, stylized globe of the Earth. Several US dollar bills are shown floating in the air around the globe, symbolizing global health care spending.

U.S. Highlights

- Spends nearly twice as much as a share of the economy on health care as other OECD countries — yet has the **lowest life expectancy** and **highest suicide rates** among the 11 nations.
- Has the **highest chronic disease burden** and an **obesity rate two times higher** than the OECD average.
- Has among the **highest number of hospitalizations from preventable causes** and the **highest rate of avoidable deaths**.

Why us, why now?

It's The Delivery System Stupid!



Why us, why now?

Figure 4: HMA Heavy Scenario - Annual Medicaid Enrollment and Unemployment Rate, 1966 - 2022

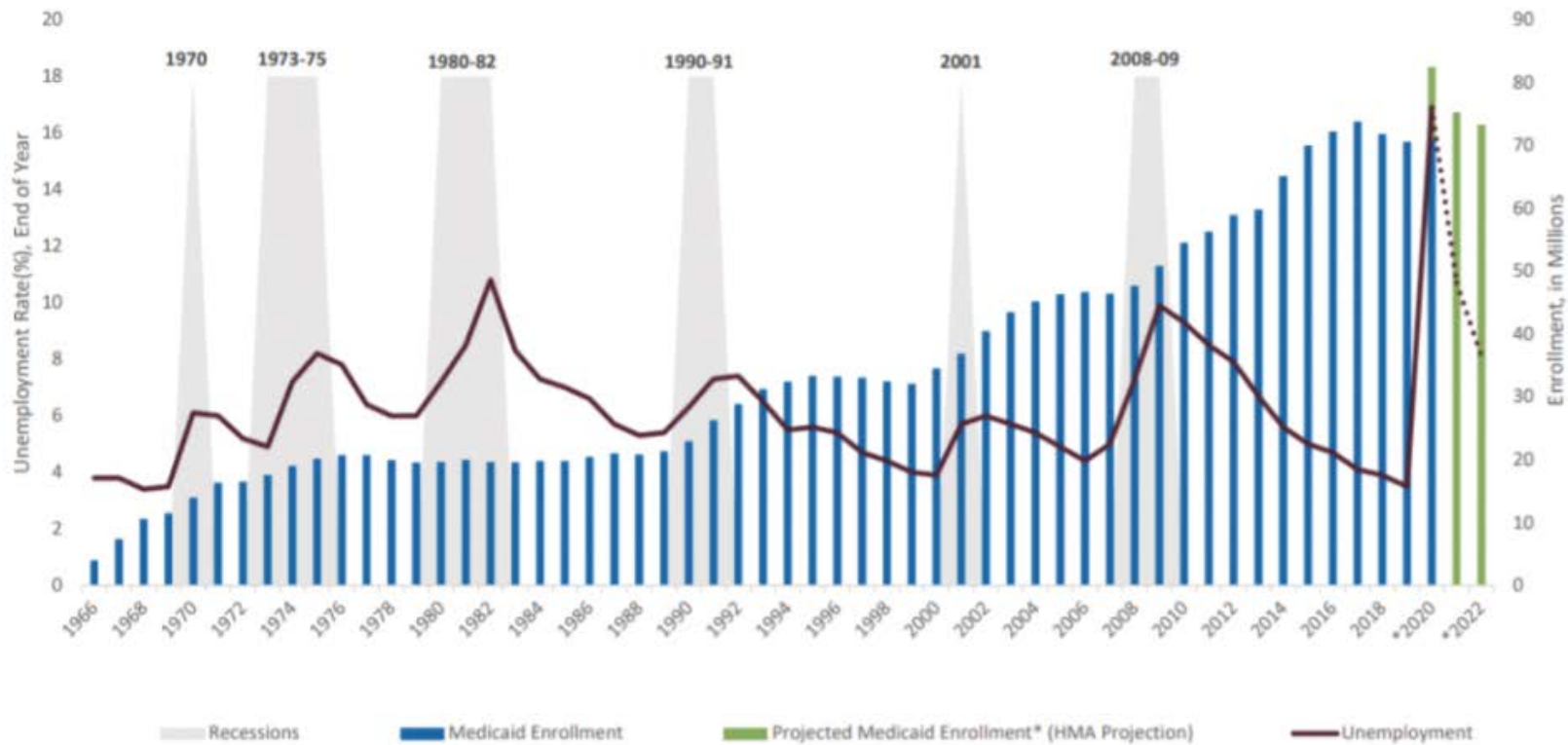
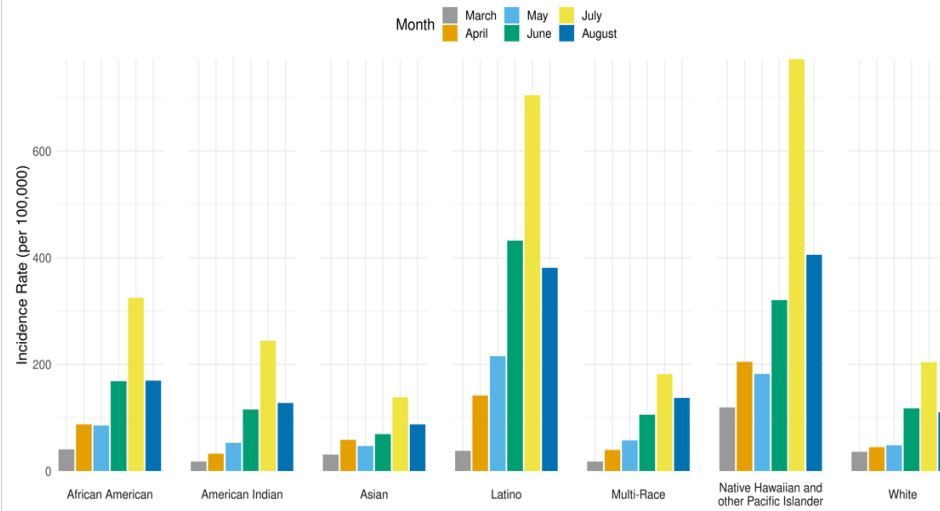


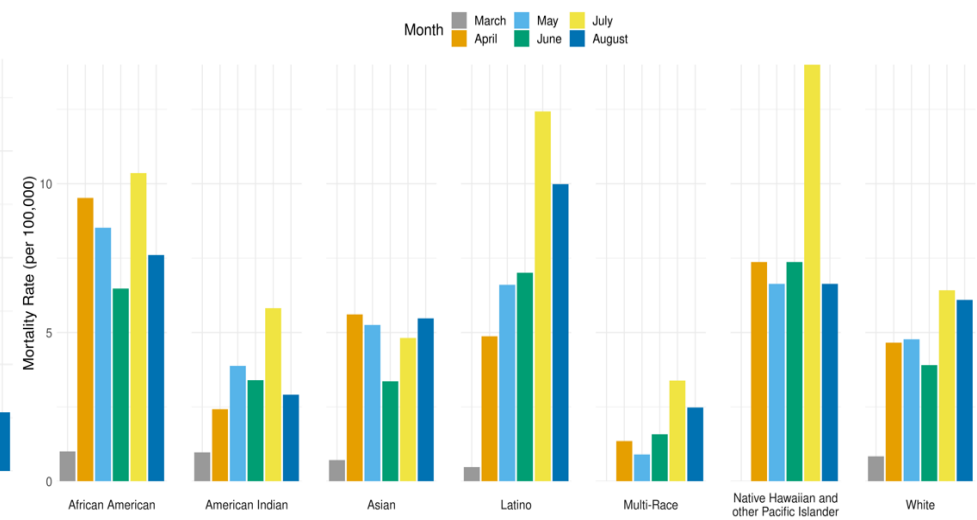
Image: Health Management Associates

Why us, why now?

COVID-19 Incidence by Race/Ethnicity and Month, March through August



COVID-19 Mortality Rate by Race and Ethnicity and Month, March through August



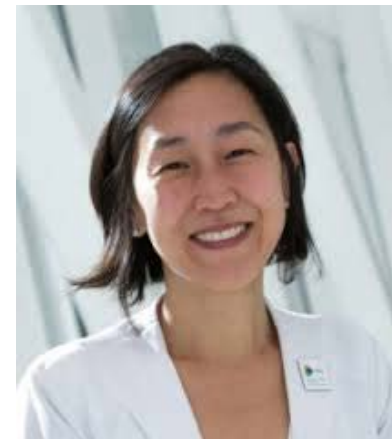
affordability
poverty primary
integrated immigrant
improvement
net safety
English limited
proficiency
advocacy cost
interface social
value-based
underserved coverage
quality

Asian-American
disparities
policy
related
financing
systems
healthcare
innovations

primary-specialty
disparities
access

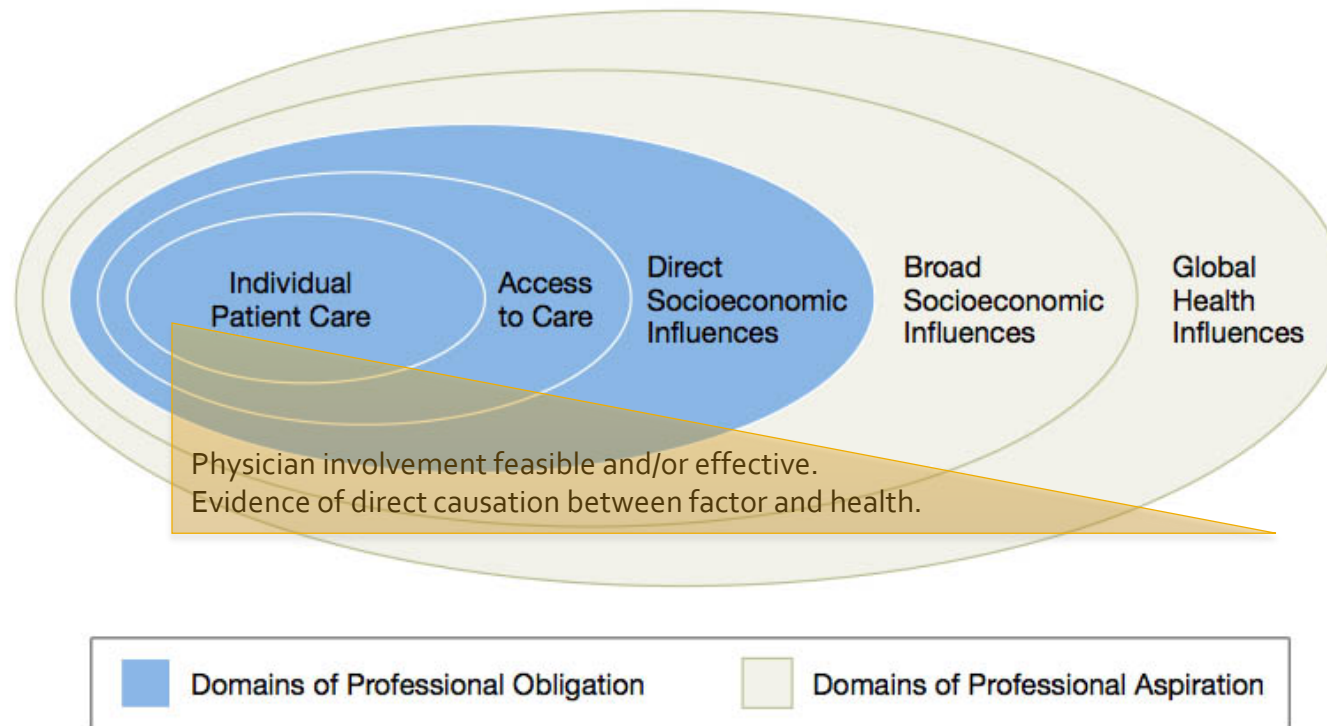
PUBLIC HEALTH POLICY

COMMUNITY CARE



Defining Clinician Responsibility

Figure. Model of Physician Responsibility in Relation to Influences on Health



Access to care

- insurance coverage
- after hours care
- access for disabled patients
- interpreters for LEP patients

Direct Socioeconomic Influences

- Tobacco policy
- Bicycle helmets
- Availability of clean needles

Broad Socioeconomic Influences

- Income
- Education
- Housing
- Environmental pollutants

Global Health Influences

- Distribution of resources, knowledge and opportunity



Health Affairs Narrative Matters

Doctoring Across The Language Divide

Trained medical interpreters can be the key to communication between physicians and patients.

BY ALICE CHEN

PREFACE: It's fortuitous that "patients" and "patience" are pronounced the same. Their link as homophones continually reminds us that physicians' communicating with their patients—and the patience it involves—is essential to good doctoring. When one factors in different languages and different cultures, communicating becomes an even more layered process requiring additional patience—and perseverance. California physician Alice Chen speaks three languages; nonetheless, she found herself one language short with a patient who spoke only Arabic. As Chen details in her essay, the only communication with her patient that she could trust was provided by a trained medical interpreter; she finds it inexplicable that despite the growing need for this important, specialized service and its proven effectiveness, the need for trained medical interpreters is often swept under the carpet by policymakers. Then, too, although people from two different cultures ostensibly speak the same language, it doesn't mean that they truly understand one another. In his essay, physician-professor Jack Coulehan looks back on a summer almost forty years ago when he and his wife worked on a public health project in Jamaica—and realizes that with time and patience, he has finally understood what was said to him.

THE FIRST TIME I MET Mrs. Haddad, I was running late. She was sitting on the exam room's metal folding chair, covered head to toe in the black hijab worn by some Muslim women. Her face was exposed but expressionless and didn't change when I walked into the room. A man seated beside her stood up immediately.

Because most of my patients don't speak much English, my usual routine is to walk into the room, introduce myself, and ask what language the patient speaks. In addition to English, I speak Mandarin and Spanish, but as often as not, I leave to find an interpreter. Fortunately, this community health center has professional interpreters who speak Cantonese, Korean, Toisanese, and Vietnamese, as well as bilingual staff members who have been trained to serve as medical interpreters for Cambodian, Lao, Mien, and Tagalog.

"Hi, I'm Dr. Chen. I'm sorry to have kept you waiting. What language do you speak?" Mrs. Haddad said nothing. The man—her husband, as it turned out—answered instead, "She speaks Arabic. But I speak English." Mr. Haddad was slender with an open, animated face, wearing a dark blue T-shirt and dark pants and holding a cell phone.

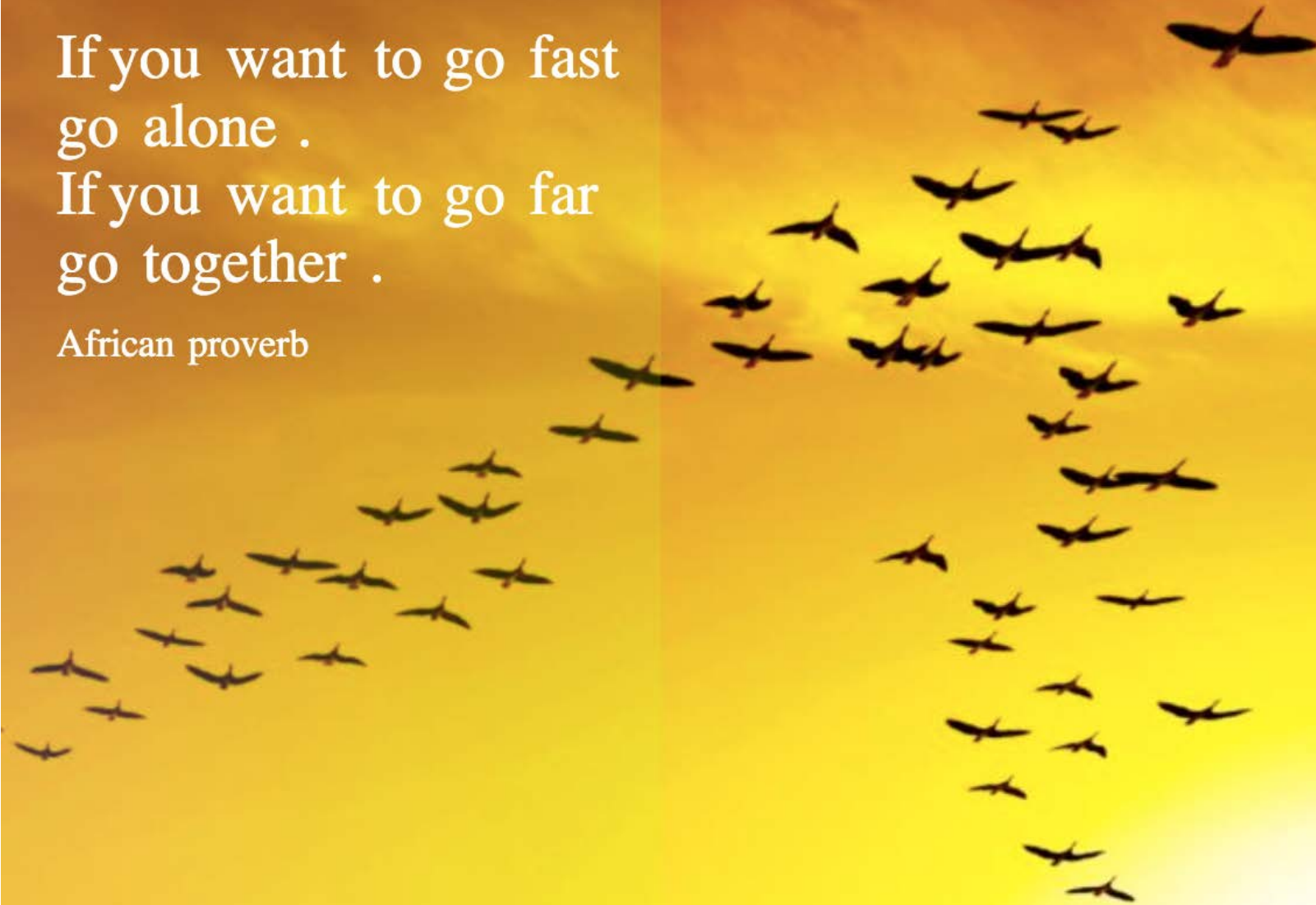
Alice Chen (Achen@medsfgh.ucsf.edu) is the medical director of the General Medical Clinic at San Francisco General Hospital in San Francisco, California, and an assistant clinical professor of medicine at the University of California, San Francisco. She was at Asian Health Services, a community health center in Oakland, California, when these events took place. The names of the patient and her husband have been changed, as have some details.

People in the future will need to learn organization the way their forefathers learned farming.

— *Peter Drucker*

If you want to go fast
go alone .
If you want to go far
go together .

African proverb



**For of those to whom much
is given, much is required.**

- John F Kennedy