

Goals and Outcomes



What you measure is what you get! If we do not measure, we will not progress and achieve health gains in the community

The health of an individual, a family, a need-based group (those with like needs) and the community as a whole is tied directly to the determinants of health. The determinants of health include the social, economic, physical and health care environments of a community and individual characteristics and behaviours of those in a community.

The Canadian Medical Association breaks down the determinants, those things that make people sick, as follows: 50% Your Life, 25% Your Health Care, 15% Your Biology and 10% Your Environment. A similar study in the UK (The Health Foundation 2017) found that 10% of a community's health and wellbeing is linked to access to health care. The other 90% is linked to good work, our surroundings, money and resources, housing, education and skills, the food we eat, transport and family, friends and the community itself. Focusing on health care is not sufficient. We must focus on the determinants.

The determinants influence every aspect of life of individuals, families, need-based groups and the community as a whole. For that reason, we need to measure the determinants and the impact they have on health. Once we understand that impact, we can determine the requisite steps to improve the determinants and as a consequence improve health.

By focusing on health, we can build a smart community through which all environments and stakeholders are digitally engaged and enabled through open data, connected technologies and measurement. Open data and connected technologies allow for measurement specific to individuals, families, need-based groups and the community and subsequently provide actionable insights. By focusing on health as our path to becoming a smart community, we



create a smart community that is focused on the those it serves, the real issues they have and meaningful collaboration. Health is the common denominator.

A measurement framework has been developed for our community health improvement initiative and four measurement buckets have been identified – Wellbeing, Resident and Community Engagement, Health Outcomes, Improved Resource Use.



1) WELLBEING

Wellbeing is not measured systematically on a regular basis, and as a result we do not have a good handle on individual, family, need-based group and community wellbeing. There is a scattering of existing measures related to the determinants of health and how they impact wellbeing, but these are not attributable to each individual, family, need-based group and do not collectively present a comprehensive picture of community wellbeing. Examples include:

- Community population of 72,874 (50% female / 50% male)
- Young community, with an average age of 34 years (Alberta average = 38 years)
- 6% are seniors
- Average 800 births/year
- 260 end of life deaths
- Incidence of chronic disease is similar to the rest of Alberta and increasing
- An upward trend in binge drinking
- Lower than average levels of smoking
- Well below average in rates of fruit and vegetable consumption
- Highest rates of obesity
- Per capita cost of public health care is \$2260 (less than half the provincial average) with a total cost of \$145M.
- A net commuter flow of -8,210



- Median couples family income of \$120,960
- A 72.3% employment rate and a 8.3% unemployment rate
- 89% of residents lived in family homes
- 96.7% of business are small businesses
- 4,727 crimes committed

But this is not enough.

We found that there are many tools that measure aspects of wellbeing, but none that we could find, through our work with the University of Calgary, that are inclusive of all we want to know. For that reason, we are in the final stages of developing our own tool, a tool that is referenced against existing tools that are in use, enabling linkage back to standardized scores for comparative measurement. Referenced tools include the Canadian Index of Wellbeing, mental health status tools (ie. EQ5D and SF36), the Gallup Wellbeing Index, specific need-based group tools and more.

We plan to use our own tool to measure wellbeing as individuals and families the Airdrie & Area Health Coop (Coop). Membership is FREE for all and tool participation will give us a wellbeing baseline for each individual, family, need-based groups, organization and the community. We plan to measure wellbeing on an annual basis as the means to track progress. The domains to be measured include all the determinants of health which will enable us to measure health status change and the causes of that change positively or negatively. Broadly we will measure:

- Environment (physical)
- Biology (family history)
- Health Care (access and use)
- Life Behaviours (drugs, BMI, physical activity)
- Social Resources and Networks
- Material Resources (income, housing)
- Overall Health

2) RESIDENT & COMMUNITY ENGAGEMENT

We need to measure if and to what degree individuals, families, need-based groups, organizations and the community as whole is engaging emotionally and functionally in health. Without emotional and functional engagement, we cannot positively impact the determinants of health.

Engagement is easy for us to measure. Individuals and families will have the opportunity to join the Coop at NO COST as member owners. Organizations in the community will be asked



to join the Coop as member owners. Organizations in and outside the community will also be asked to partner to contribute directly to efforts. The number who decide to join and partner will be used to measure whether or not the community is emotionally engaging.

It will also be important to measure if those who have joined and partnered are contributing. Are they actually doing something that will make a difference? Are they using the digital tools that have been made available to them? Are they engaging in activities that will make a health difference? Are they contributing data and using content to make a health difference either internally or in the community? Are they functionally engaging to improve their health and the health of the community?

We will measure:

- Number of individual & family members
- Need-based Groups Operational
- Number of community organization members by Sector
- Partners
- Individuals and Family health related activities
- Need-Based Group Actions
- Organizational health related efforts (assessments)
- Community-wide efforts

3) HEALTH OUTCOMES

Health outcomes will vary by individual, family, need-based group and organization type:

Individual, Family, Need-Based Group:

- **Healthy Individuals and Families:** measures of progress against specific outcome targets focused on maintaining or improving their health through input from their personal dashboard.
- **Individuals and Families with Health Challenges:** measures of progress focused on improving their health, getting back to healthy, or achieving and maintaining their optimal state of health, given specific outcome targets, using input from their personal dashboard.
 - **Need-Based Groups:** measures of needs addressed and the impact on health outcomes for the group.
 - **Organization:**
 - **Municipalities** – increased citizen satisfaction rates re. livability, services, increased economic activity.



- Employers – reduced absenteeism, increase productivity, decreased 3rd party health costs.
- Restaurants & Grocers – increased sales of healthy foods, decreased sales of unhealthy foods.
- Health care providers – increase in health-related services provided, decrease in sick and injury services provided, improved physical and mental intervention outcomes.
- School Systems – increase in school performance, increase in healthy behaviours, decreased absenteeism, reduction in mental related resource use

A wide variety of tools exist to measure outcomes. Benchmarks also exist. We do not need to create these. We need to determine which ones to use and use them more systematically and we need to link and integrate data generated from them.

4) IMPROVED RESOURCE USE

Improved Resource Use outcomes will also vary by individual, family, need-based group and organization type.

- Healthcare Cost per individual - member cost will vary by health state from healthy to end-of-life. Factors driving this include age, sex, clinical risk factors, needs,
- Average overall public health costs are known - \$5,000 per capita. Average overall non-public costs are known average - \$2,200 per capital. The goal is to reduce these costs.
- Need-Based Group Costs – costs by need-based group as resource use varies. The factors that drives this are need. Current average costs are known – Healthy \$220, Maternal & Infant \$4,200, Chronic \$3,240, End-of-Life \$33,000. The goal is to reduce these costs.
- Population costs – the sum for the community is approximately \$220M. This will be compared to other communities.
- Resource Use – public resources used are known. These are primarily illness and injury resources. There are many other resources that are either provided at no cost or paid for privately. The use of these is unknown. A picture of resource use for individuals, families, need-based groups, organizations and the community as whole need to be mapped and costed. This input can then be used to determine how to optimize and rationalize resource utilization as it relates to the determinants of health.
- Non-Value & Waste Elimination – much is known about what is not evidence-based. This is the focus for waste elimination. This is true for both publicly funded and non-



publicly funded services. Program like Choosing Wisely, Number Needed to Treat and other like efforts can be used to baseline our efforts and track progress focused on resource release for other purposes.

- Co-investment – we know where funding and investment comes from and we know how much has been and is being invested. The problem is that the return-on-investment is unknown. By linking resource use to return-on-investment we can incentivize co-investment from inside and outside the community. Co-investment will be required to achieve gains in well-being and improved outcomes.

HEALTHY LIFE EXPECTANCY

Healthy life expectancy is the single overall outcome measure we will use to measure and intent overall progress for individuals, families, need-based groups, organizations and the community. Healthy life expectancy can be measured now. The Blue Zones Projects Vitality Survey does this in a 3-minute questionnaire. The Alberta Government currently calculates life expectancy for each community in the province. Airdrie & Area has a current life expectancy of 83 years as compared to the healthiest community in Alberta at 87.2 years. Measures from all four buckets will be used to calculate healthy life expectancy. This can be accomplished logarithmically or via questionnaires.

Our measurement framework addresses the characteristics and variables required to become Canada's Healthiest Community. An increase in healthy life expectancy can be achieved through:

- Creating a healthy culture
- Improving social, economic, physical and health care environments
- Improving individual characteristics and behaviours

Through open data and connected technologies, we will have the ability to measure and monitor healthy life expectancy. We will have the flow of data and content to inform improvement efforts.

