Implementing Policy, Systems and Environmental (PSE) Change for Cancer Control

NH Comprehensive Cancer Collaborative Workshop
May 30, 2014
Today’s Program

• Review definition of “PSE” – 25 minutes
• Highlight a case example - 45 minutes
• Break – 15 minutes
• Three table exercises – 90 minutes
• Wrap-up - 15 minutes
Workshop Objectives

• **Define PSE change**, how it is different from program level interventions, and why PSE change can have widespread impact on cancer prevention and control.

• Describe **some of the challenges** with implementing PSE change strategies.

• Explain the importance of **building awareness** to be ready for change before choosing a PSE strategy.

• Explain how to identify and **engage the right community partners** for the issue being addressed.

• Explain how to identify appropriate **evidenced-based PSE strategies**.

• Discuss the **importance of data** for measuring results of the impact of PSE change.
Our Assumptions

• We know that cancer prevention is important.

• We agree that a health is defined broadly based on a social determinates of health model.

• We agree that clinical care only impacts 20% of health and that health behaviors, social and economic factors and physical environment impact 80%.
Our Assumptions

• We know that as a state New Hampshire is relatively healthy, but there are risks to future health:
  ▪ Aging population particularly in rural areas
  ▪ Increasing local poverty
  ▪ Community vulnerabilities exist (violence, unhealthy living, poor housing conditions)
Given limited resources, how can we maximize our impact?

Shift the focus of cancer control programs and interventions:

**Individual Behavior and Direct Services**

↓

*Infrastructure to Support Healthy Behavior*

Infrastructure includes public policy, healthcare systems, and physical environments
Policy, Systems, and Environmental Change

• Policy, Systems, and Environmental (PSE) changes enhance infrastructure

• PSE changes are interventions that modify environments to provide healthy options and to make healthy choices easy for everyone
PSE Change Cont.

• If we focus on adapting policies, systems, and environments, we can maximize resources by extending our impact to reach more people

• By modifying the environmental context, we can support healthy choices across a population vs. an individual
PSE Change Cont.

The health impact pyramid.

PSE Change Tobacco Control

Increasing Population Impact

1. Counseling and Education
   - Tobacco Cessation and Education for behavior change

2. Clinical Interventions
   - Cessation Medications
   - Aggressive Ad Campaigns

3. Long-Lasting Protective Interventions

4. Changing the Context to Make Individuals’ Default Decision Healthy

Socioeconomic Factors

Increasing Individual Effort Needed

# Policy Change

Policies = Rules at many levels and in many settings

**Levels**
- Legislation
- Regulations
- Ordinances
- Organizational Policy
- Division/Department Policy

**Settings**
- Federal
- State
- Municipality
- Organization/Corporation
- Department

Policy change can drive systems and environmental change
Systems Change

- Changes made to the rules and/or processes of an organization (often a type of policy change)
- Focuses on changing infrastructure within a school, park, community, worksite, or health care system
- Health care system changes can ensure effective delivery and utilization of services to prevent, detect, and treat cancer
Environmental Change

• Changes made to the environment to promote health by making healthy behavior and choices easy (can be achieved through policy change)

• Environmental change can be large-scale (e.g. installing sidewalks throughout a community) or small-scale (e.g. installing signage to mark existing park trails)

• Includes physical, economic, and/or social environments
## What’s the difference?

<table>
<thead>
<tr>
<th></th>
<th>Policy</th>
<th>Systems</th>
<th>Environment</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Definition</strong></td>
<td>Changing laws, regulations, resolutions, ordinances, or rules</td>
<td>Changing processes or rules of an organization, institution, or system</td>
<td>Physically changing the environment</td>
</tr>
<tr>
<td><strong>Settings</strong></td>
<td>Legislatures (national, state, local), government administrations, healthcare settings, schools, worksites, community organizations (faith-based, daycare, senior center)</td>
<td>Healthcare delivery and insurance systems, schools, worksites, communities, parks</td>
<td>Physical (stores, schools, worksites, parks, health clinics/offices), economic, and social environments</td>
</tr>
<tr>
<td><strong>Examples</strong></td>
<td>Increasing tobacco taxes, implementing a smoke-free policy (hospital grounds, college campus, worksite, etc.), implementing a healthy meeting policy at work</td>
<td>Developing a community plan that accounts for health impact of projects, reviewing and revising organizational procedures to increase cancer screening rates among patient population</td>
<td>Constructing sidewalks to make roads pedestrian-friendly, designating a lactation room for nursing mothers at work, offering healthy vending machine options</td>
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<tr>
<td><strong>Overlap</strong></td>
<td>Smoke-free policy</td>
<td>Healthy vending machine policy</td>
<td></td>
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<tr>
<td></td>
<td>Adding night/weekend healthcare provider/clinic office hours</td>
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<tr>
<td></td>
<td>Zoning restrictions/limitations on fast food establishments</td>
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<td></td>
<td>Farm-to-school program</td>
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Cheshire Medical Center
Dartmouth-Hitchcock Keene
## PSE Change Vs. Programs

<table>
<thead>
<tr>
<th>Setting</th>
<th>Program/Event</th>
<th>PSE Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>School</td>
<td>Kick Butts Day Activity</td>
<td>Implementation and enforcement of ATOD Policy</td>
</tr>
<tr>
<td>Community</td>
<td>Great American Smoke-Out activity on the town green</td>
<td>Police enforcement of underage sales laws</td>
</tr>
<tr>
<td>Worksite</td>
<td>Reward for quitting smoking on the day of the Great American Smoke-out</td>
<td>Smoke-free campus policy</td>
</tr>
<tr>
<td>Residential Settings</td>
<td>Advertising cessation programs</td>
<td>Smoke-free housing policies</td>
</tr>
<tr>
<td>Hospital</td>
<td>Table display in cafeteria/Freshstart* classes</td>
<td>Integrating tobacco treatment through best practices</td>
</tr>
<tr>
<td></td>
<td>Four week Freshstart* class</td>
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</tbody>
</table>
Why PSE Strategy?

• When programs alone are not working to better outcomes
• To prompt a behavior – force a choice
• When evidence supports “deterrence” approaches
• When need a larger impact
• When looking for long term sustainability
• When protecting the public’s health is the priority
Implementation Challenges

• No awareness
• Denial or resistance to change
• No community ownership
• Poor planning
• No measurement or evaluation
• Difficulty spreading and expanding
• Lack of funding/resources for sustainability
Implementation Steps

Before You Build It

• Building Awareness: Are we ready?

Build It

• Engaging Partners: Who’s at the table?

Make it Work Sustain It

• Executing Strategies: Are we doing the right things?
Questions
Our Vision

The Monadnock Region is the healthiest community in the nation by the year 2020.

BIG BOLD Vision:

The Monadnock Region is the healthiest community in the nation by the year 2020.
<table>
<thead>
<tr>
<th>HM2020 Indicator</th>
<th>HM2020 Target</th>
<th>Cheshire County</th>
<th>N.H.</th>
<th>U.S.</th>
<th>Cheshire vs. U.S.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percent 9th graders that graduate within 4 yrs</td>
<td>91%</td>
<td>86%</td>
<td>86%</td>
<td>75.5%</td>
<td></td>
</tr>
<tr>
<td>Attended some college</td>
<td>72%</td>
<td>57%</td>
<td>48%</td>
<td>46%</td>
<td></td>
</tr>
<tr>
<td>Youth smoking</td>
<td>10%</td>
<td>18.1%</td>
<td>18.7%</td>
<td>18.1%</td>
<td></td>
</tr>
<tr>
<td>Children in Poverty</td>
<td>8%</td>
<td>14%</td>
<td>12%</td>
<td>12%</td>
<td></td>
</tr>
</tbody>
</table>
BACKBONE ACTIVITIES:

☑ Coordinate community outreach
☑ Empower Champions to TAKE ACTION!
☑ Engage Partners to implement strategies
☑ Provide strategic guidance and leadership
☑ Advance policy in support of goals
☑ Recognize Partners and Champions
☑ Mobilize & leverage resources
☑ Engage the public
☑ Manage evaluation

Road Map to Culture Change
Based on Logic Model from Anne E. Casey Foundation

Project Team

Monadnock Region is the Healthiest Community in the Nation

Better Health Outcomes for Population Health Status
- Health Behaviors
- Health Care Access & Quality
- Socio-Economic and Environmental Social Capital

Action Strategies
- Match readiness
- Evidence-based
- Population level

Policy Change
- Prevent leading causes of death
- Promote quality of life
- Promote health equity

Environmental Change
- Report & Track Progress
- Sustain Action/Impact
- Advocate for Change

Systems Change
- Shared Vision & Goals
- Community Engagement
- Cross-sector Alignment

Cheshire Medical Center
Dartmouth-Hitchcock Keene
Engage the Community
Goals and Action Planning

1. Increase healthy eating
   **TARGET:** 50% of adults will meet eat 5+ Fruits and veggies (27%)

2. Increase active living
   **TARGET:** 50% of adults will meet PA recommendations (18%)

3. Increase educational attainment
   **TARGET:** 91% of 9th graders will graduate from HS in 4 years (86%)

4. Improve income and jobs
   **TARGET:** Only 8% of children will live in poverty (14%)

5. Improve conditions and skills that support mental well-being
   **TARGET:** Only 6% of adults will report mental health distress (15%)

6. Improve healthcare access and quality
   **TARGET:** Only 187/1000 deaths due to cardiovascular disease (258)

7. Increase social connections
   **TARGET:** Only 28% of adults will report that they have NOT had friends to their home at least once/mo (29%)

Healthy MONADNOCK 2020
Active Living Strategies

1. Adopt Complete Streets policies in cities/towns
2. Implement active living (and healthy eating) strategies in worksites
3. Implement Safe Routes to Schools programs
4. Improve year-round access to recreational facilities through joint-use agreements
5. Enhance city/town infrastructure to support walking and biking
6. Ensure physical education/recess meets NASPE guidelines
Settings to Improve PA

1. Schools
2. Healthcare
3. Worksites
4. Community (local govt.)
1. Complete Streets in City of Keene

Mark Fenton
Host, PBS Television series “America’s Walking”

“Creating More Pedestrian, Bicycle, and Transit-Friendly Communities”
US “Obesity Epidemic”
Ogden et. al. (JAMA 288, 14; Oct. 2002)
It’s not just an obesity epidemic. It’s an epidemic of physical inactivity and poor nutrition.*

* Two of the three biggest drivers of skyrocketing healthcare costs.
What Do We Know?

• **150** minutes/week of physical activity recommended by national guidelines (**300** for children).

• **22%** of NH adults (**46%** of NH children) actually meet these recommendations.

• **365,000** is the estimated annual deaths in America due to physical inactivity & poor nutrition. (**2nd** only to tobacco.)
9 Champion Partners
89 Org. Champions
18 School Champions
2400 Indiv. Champions
2. Complete Streets

- Build awareness
- Educate and engage Champions
- Create resolution

Health advocate Mark Pinto leads a group seen here on West Street around Keene Tuesday night as part of Vision 2020’s quest to make the city a healthier, more active place.

Walking the walk in Keene

By ABBY SPIEGEL SENTINEL STAFF

Mark Pinto has increased the art of walking and talking – and talking about walking. An Olympic race walker turned health advocate, Pinto will be in Keene this week as part of Vision 2020, a campaign by Cheshire Medical Center-Dartmouth-Hitchcock to make the city a healthier community in the country by 2020.

During the last three days, Pinto met with health care providers, school officials and residents to discuss how to create a healthier, more active community. This evening he will at Antioch University New England to talk to city and county leaders.

And on Tuesday evening he hit the streets, leading a group of 50 on a walking walkabout through Keene to assess just how pedestrian-friendly the city is.

Walking the walk in Keene continued on Page 8
### Healthy Monadnock Champions

#### City of Keene

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<table>
<thead>
<tr>
<th>Name</th>
<th>Address</th>
<th>E-mail</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Frank Adams</td>
<td>123 Main St, Keene, NH</td>
<td></td>
<td>555-1234</td>
</tr>
<tr>
<td>Ryan Brown</td>
<td>456 Elm St, Keene, NH</td>
<td></td>
<td>555-5678</td>
</tr>
<tr>
<td>John Smith</td>
<td>789 Oak Rd, Keene, NH</td>
<td></td>
<td>555-9876</td>
</tr>
</tbody>
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**2011 Resolution Approved!**
SUCCESS!

- Build support
- Educate and engage Champions
- Create and adopt ordinance
- Grow public will
2. Active Living in Worksites

- Build awareness: CDC Tool
- Pilot project
- Action strategies
- Health Wellness Assessments
- Implement PPSE changes
- Measure outcomes
- Celebrate SUCCESS!
### Success!

<table>
<thead>
<tr>
<th>Health Indicator</th>
<th>2011</th>
<th>2012</th>
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</thead>
<tbody>
<tr>
<td>Total Cholesterol / HDL Ratio &gt; 4.5</td>
<td>33%</td>
<td>8%</td>
</tr>
<tr>
<td>Elevated Blood Pressure</td>
<td>50%</td>
<td>28%</td>
</tr>
<tr>
<td>BMI Overweight and Obese</td>
<td>71%</td>
<td>52%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Health Indicator</th>
<th>2011</th>
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<tbody>
<tr>
<td>Regularly Use Tobacco Products</td>
<td>19%</td>
<td>10%</td>
</tr>
<tr>
<td>Would Participate in Wellness Activity</td>
<td>74%</td>
<td>90%</td>
</tr>
</tbody>
</table>
New Strategies

- Build awareness: CDC Tool
- Action strategies
- Implement PPSE changes
- Measure outcomes
- Celebrate SUCCESS!

TOP 10 HEALTHY EATING GUIDELINES
Culture Change

“Achieving the Healthy Monadnock vision will take all sectors of the community working towards the well-being of individuals and populations.”

– Don Caruso, MD, Co-President CMC-DHK 2006

• Assess and understand the need
• Build awareness and knowledge
• Engage Champions
• Select PSE strategies
• Implement PSE changes
• Measure outcomes
• Celebrate SUCCESS!

Healthy MONADNOCK 2020