BUILDING BETTER OUTCOMES

ARCHI's 28 year plan to improve health outcomes in Atlanta begins with the recognition that health is not balanced in Atlanta. Many neighborhoods do not have the resources they need to live healthy lives. Many Atlantans do not have access to healthcare. Historic inequities hold back too many individuals and families.

How will we drive health systems transformation? By driving innovation that links community services with clinical care and by linking community services with clinical care and ensuring health equity for all.

What will these transformed health systems look like? What does health for all look like? Expanding insurance and economic opportunity, promoting healthy lifestyles and efficient healthcare provision will improve health status and increase the region's economic vitality.

INNOVATION FUNDING
Diverse investments support the development of new models of care and new alignments between clinical and non-clinical services.

CARE COORDINATION
Providers share information across systems to reduce duplication. Supportive services help individuals and families navigate clinical and community services.

EXPAND INSURANCE
Bolster rates of health insurance coverage.

GLOBAL PAYMENTS
Healthcare dollars incent care that keeps people healthy, not just treating them when they are sick.

CAPTURE & REINVEST
Payers calculate healthcare cost savings from interventions and invest a percentage into community health.

FAMILY PATHWAYS
Improve economic prospects for families and students including education, job training and affordable housing and transportation.

HEALTHY LIFESTYLES
- Reduce smoking and tobacco use
- Improve diet and nutrition
- Increase exercise and physical fitness
- Reduce drug and alcohol use
- Reduce unprotected sex and STI transmission
- Increase preventative care efforts for physical and mental health

IN 2040 WE WILL SEE
+7% in worker productivity
+16% in access to preventative & chronic care
-45% in non-urgent ER visits
-13% in healthcare costs
-13% in hospital readmissions
A PUBLIC HEALTH FRAMEWORK FOR REDUCING HEALTH INEQUITIES
BAY AREA REGIONAL HEALTH INEQUITIES INITIATIVE

UPSTREAM

SOCIAL INEQUITIES
Class
Race/Ethnicity
Immigration Status
Gender
Sexual Orientation

INSTITUTIONAL INEQUITIES
Corporations & Businesses
Government Agencies
Schools
Laws & Regulations
Not-for-Profit Organizations

INSTITUTIONAL INEQUITIES

STRATEGIC PARTNERSHIPS
Advocacy

COMMUNITY CAPACITY BUILDING
Community Organizing
Civic Engagement

POLICY

Emerging Public Health Practice
Current Public Health Practice

LIVING CONDITIONS
Physical Environment
Land Use
Transportation
Housing
Residential Segregation
Exposure to Toxins
Economic & Work Environment
Employment
Income
Retail Businesses
Occupational Hazards

LIVING CONDITIONS

RISK BEHAVIORS
Smoking
Poor Nutrition
Low Physical Activity
Violence
Alcohol & Other Drugs
Sexual Behavior

DISEASE & INJURY
Communicable Disease
Chronic Disease
Injury (Intentional & Unintentional)

MORTALITY
Infant Mortality
Life Expectancy

Case Management
Individual Health Education
Health Care
<table>
<thead>
<tr>
<th>Compete</th>
<th>Co-exist</th>
<th>Communicate</th>
<th>Cooperate</th>
<th>Coordinate</th>
<th>Collaborate</th>
<th>Integrate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Competition for clients, resources, partners, public attention</td>
<td>No systematic connection between agencies</td>
<td>Inter-agency information sharing (e.g., networking)</td>
<td>As needed, often informal interaction on discrete activities or projects</td>
<td>Groups and organizations systematically adjust and align work with each other for greater outcomes</td>
<td>Longer team interaction based on shared mission, goals; also shared decision-making and resources</td>
<td>Fully integrated programs, planning, and funding</td>
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</tbody>
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Source: Tamarack Institute