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## Social Isolation in Later Life

**People in the aging U.S. population are increasingly isolated from peers and family, with profound consequences for mental and physical health**

As people age, their health declines, creating barriers to social interaction that can cause profound social isolation. Not only does this lead to detrimental states of deep loneliness, it also cuts older adults off from the cognitively and emotionally stimulating experiences that are essential for maintaining good health and coping with the challenges of declining health. A vicious cycle ensues: lack of meaningful social interaction causes difficulty coping, which hastens decline and reduces quality of life, bolstering the barriers to meaningful social interaction. Addressing this dynamic is extremely difficult because of the current health system norm of prioritizing acute physical health concerns over the long-term impacts of psychological health, the cultural norm of alienating aging populations from families and communities, and our fraught relationship with aging and death. These dynamics reach far beyond the control of any individual clinician, care team, family or patient.

**ADVOCATE:** Dr. Flo Raitano, Denver Regional Council of Governments

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## Childhood Mental and Emotional Distress

**Inattention to early social and emotional development causes average delays of 8-10 years between the onset of symptoms and treatment**

Often, the signs of declining mental health in children go unnoticed and untreated for far too long, allowing the underlying causes of emotional distress to drive abnormal psychological development. Without intervention, these kids grow into adults who struggle to support the mental health of their own children, perpetuating the vicious cycle. The problem is compounded by the cultural priority shift away from child-rearing in favor of multiple incomes, the lack of social support for mothers, the difficulty of early identification of mental health problems, and a stigmatization against mental health disorders. Because children can't advocate for themselves, and parents are unequipped to advocate on their behalf, timely interventions are rare. Of course, psychological and physical health are inextricably linked, so untreated mental health problems in childhood can lead to a lifelong impact on physical wellbeing. Although these problems exist throughout society, they disproportionately impact disadvantaged populations.

**ADVOCATE:** Katie Richardson, Kaiser Permanente

03

## Sleep Deficiency

**Less sleep leads to shorter, less healthy lives**

Despite a growing understanding of sleep's critical impact on our health and wellbeing, it's never been harder for the average person to reliably get a good night's rest. In a high-stress, productivity driven culture obsessed with busy-ness, and surrounded by technology that keeps us hooked on notifications, many people spend less and less time in bed. When they finally do turn in, a host of physiological and neurological conditions impact the quality of our sleep. Rather than trying to uncover the root cause of sleep problems, people seek quick-fixes, like drugs (prescription or otherwise) and alcohol. This prevents researchers and clinicians, and incidentally the general public, from developing a deeper understanding of sleep and sleep disorders. Furthermore, because studies and interventions are expensive, and because people in poverty experience more of the stress that leads to sleepless nights, they are more likely to suffer from sleep disorders, and less able to do anything about it. This reinforces the conditions that keep them both in poverty and in poor health.

**ADVOCATE:** Mark Aloia, Philips Inc./National Jewish Health

04

## Ineffective Pain Management

**Chronic pain, over prescription, and lack of access to mental health and substance abuse resources have driven opioid and alcohol abuse to epidemic levels**

The use of opioids to manage pain comes at a high cost. The ease and effectiveness of pharmacological solutions has led to a widespread patient expectation for all discomfort to be avoided. This creates pressure on care providers to supply prescription opioids more frequently. As patients develop tolerances, they often turn to their medication more often and in higher doses (a pattern compounded by the common belief that more is better), which can easily escalate to a substance abuse disorder. When patients can no longer satisfy their opioid needs with prescriptions, they sometimes turn to alcohol or, worse still, black market opioids. Unchecked access to drugs sourced from outside of regulated channels greatly increases the risk of overdose. This creates extreme pressure for policy makers to "crack down" on illegal drugs with quick-fix policies that criminalize their use. Reactive regulation also makes it harder to acquire prescription medication through legal channels, which can increase the demand for street drugs. In either case, patients who have already developed a substance abuse disorder are left behind. The stigma of criminalization and the high cost of treatment prevents the majority of addicted opioid users from getting the help they need to recover.

**ADVOCATE:** Maura Proser, TriCounty Health Department

05

## Preventable Medical Errors

**Reducing medical errors, including patient misidentification, would save many lives each year**

Healthcare providers do everything they can to keep their patients safe and well, but sometimes make mistakes that cause tremendous amounts of unnecessary pain and suffering, despite their best intentions. This happens for two major reasons. First, clinicians and caregivers, who often care for patients with complex conditions, are frequently overwhelmed, distracted, and sleep deprived, all of which contribute to human error. Second, healthcare practices and technologies vary widely across regions and organizations. This lack of standardization can lead to health record discontinuity, improper identification of patients, miscommunication, and missed opportunities for care. These human errors and system defects ultimately decrease the quality and effectiveness of care overall and increase healthcare costs due to the expense of corrective treatment and malpractice litigation.

**ADVOCATE:** Peter Kung, SCL Health

06

## Misaligned Health Incentives

**Current incentives promote intervention and short-term solutions rather than prevention and long-term wellness**

Providing easy access to preventative healthcare is a simple, effective way to improve the health of individuals and to maintain a healthy society as a whole. Because fewer people need interventions for preventable conditions, the cost of care is lower for everyone. Unfortunately, current healthcare norms incentivise the opposite pattern. An emphasis on measurable, short-term solutions creates a bias towards acute interventions at the expense of preventative care, which negatively impacts our health and increases our chances of experiencing an expensive health crisis.

**ADVOCATE:** Carrie Paykoc, Colorado Office of eHealth and Innovation

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## Fragmented Care Coordination

**Specialization, fragmented data, siloed medical records, and poor communication among care providers and social services lead to worse health outcomes and costly inefficiencies**

When teams of providers and the patients they care for work together to form and maintain a complete understanding of each patient's life and care, it becomes much easier to identify health patterns, prevent disease, and diagnose and treat conditions as they arise. It can also allow providers to help patients learn about and access social services that have a significant impact on health. On the other hand, when communication and collaboration are compromised by poor teamwork and siloed data, it creates a barrier to high-quality, comprehensive, and individualized care. As a result, patient health issues progress further before they're noticed, correctly diagnosed, and treated, which keeps the system focused on costly, acute interventions.

**ADVOCATE:** Cara Bradbury, Zoma Foundation

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## Health Illiteracy, Patient Disengagement and Inaccessible Personal Health Data

**People lack the knowledge and tools to engage effectively with their own care**

When patients are empowered to take ownership of their health, they tend to thrive. However, because it's hard to understand our individual biology and the healthcare system as a whole, few patients build the knowledge and habits they need to be successful. This is compounded by the difficulty patients face in accessing and making sense of their healthcare data, and by the abundance of low quality, inaccurate health information that can be found online. Without basic health literacy, patients are less likely to access care in the first place or to develop collaborative relationships with their providers. This breakdown further disrupts patient learning, perpetuating the cycle of health illiteracy. Meanwhile, busy providers have little extra time to engage with and teach each patient, which can decrease the patient's trust in the provider and the health system, negatively impacting their motivation to adopt and maintain good health behaviors. This mistrust is reinforced by the bad health outcomes that tend to follow these truncated and insufficient interactions.

**ADVOCATE:** Jim Greiner, Aetna

09

## Health Disparities at the Point of Care

**Zip codes are better predictors of health than genetic codes**

Racial and ethnic disparities in healthcare are well-documented and pose moral and economic dilemmas. They are driven by individual, cultural, and institutional biases, which degrade the availability and quality of care for people in affected groups. This limits effective prevention and delays intervention, which creates the conditions for more severe and costly health problems in the future. Inadequate, inaccessible, and low quality medical care further exacerbate increasing healthcare costs that have broad implications for the overall quality of care experienced by all Americans.

**ADVOCATE:** Melissa Nahm, Robert Wood Johnson Foundation

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## Housing Insecurity

**Long-term health and wellness are unattainable without access to safe and affordable housing**

Of all the conditions that impact the ability to prioritize physical and mental health, access to safe, affordable housing is one of the most significant. At a basic level, housing is necessary for employment, which is, in turn, critical in maintaining access to housing, particularly for disadvantaged populations. Stable housing is fundamental to addressing basic needs, which must be met before health can be prioritized. This means that populations without secure housing are less likely to receive preventive care, more likely to suffer from poor health, and much more likely to experience a costly health crisis that they are neither equipped to respond to nor recover from. Because of the financial and psychological consequences of a serious health crisis on disadvantaged populations, they are at a high risk for losing a job and stable housing as a result.

**ADVOCATES:** Benjamin Dunning, Denver Homeless Out Loud  
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