

# Practical Tools, Tips, and Tricks for Population Health and Improvement and Results

Healthier Texas Summit

October 25, 2018



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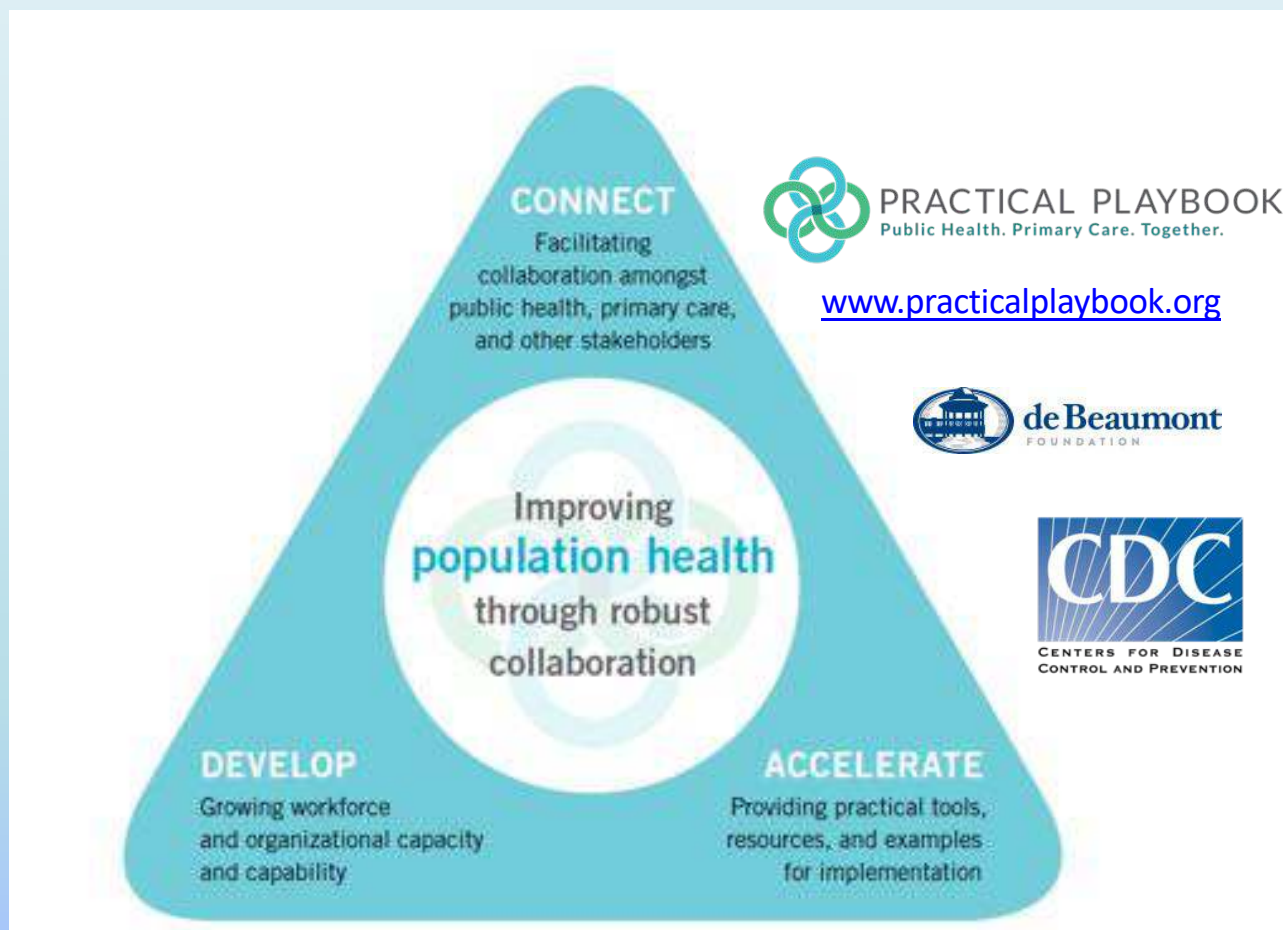
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# Disclosures/acknowledgements

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- Don Bradley and Denise Koo have no financial conflicts of interest/ disclosures
- The Practical Playbook is funded by the deBeaumont Foundation



# Objectives

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- Get on the same page regarding “population health”
- Highlight selected tools and resources for multi-sectoral population health improvement
- Identify ways to find additional resources

# Agenda

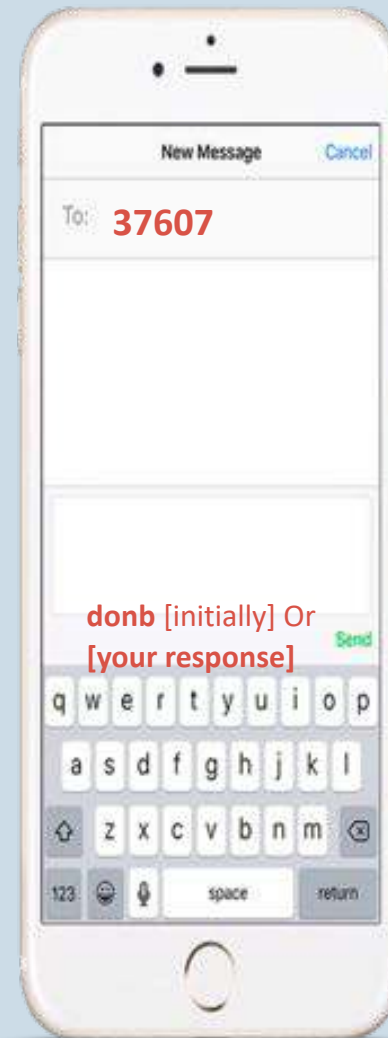
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- Introductions
- Audience assessment
- Population Health fundamentals
- Population Health Models and Resources
  - Practical Playbook
  - BUILD Health Challenge
  - CDC's CHI Navigator
- Additional Resources
- Closing assessment and next steps

# Responding with Poll Everywhere



*Web  
voting*



  
*Text  
voting*

# Which is the best football team?

Baylor

Houston

Oklahoma

Texas

Texas A&M

TCU

Texas Tech

SMU

UTEP

# To what type organization do you belong?

Business

Community development

Community-based not-for-profit

Education

Governmental agency

Health care payer/insurer

Hospital/health system

Philanthropy

Private [clinical] practice

Public Health

other

# What is your primary role in your organization?

health professional/  
practitioner

administrator

project/program  
manager

research/academic

educator

executive management

Other



# Are you currently participating in a multi-stakeholder collaboration to improve health?

Yes

No

Maybe

Not  
sure

# If you are participating in a multi-stakeholder collaboration, who are your stakeholders?

Clinicians

Health System/Hospital  
administration

Public Health

Community-based organizations  
(not-for-profits)

Community members/residents

Faith-based organizations

Business

Health care payers/insurers

Other

# What is your biggest barrier in implementing your [a] successful collaborative intervention/activity?

Finding partners

Communication among  
stakeholders

Planning/prioritization of  
activities/resources

Funding/money

Data acquisition/analytics

Consistency of  
partnership participants

Sustainability

Other



**Health and Well-Being for All**

**Economic Stability**

**Education**

**Neighborhood & Built Environment**

**Health & Health Care**

**Social & Community Context**

1. Economic Stability

2. Education

3. Social & Community Context

4. Neighborhood & Built Environment

5. Health & Health Care

6. Social & Community Context

Coming together for action & sustainable change

*Meeting in a Box: [www.cdcfoundation.org/health-in-a-box](http://www.cdcfoundation.org/health-in-a-box)*

## Small group work

- ❑ **At your table, discuss: [5 minutes]**
  1. What do you see in this visual?
  2. What other factors not visible in the picture also affect health?
  3. Which of these determinants (whether visualized or not) is most important in your community? Why?
- ❑ **Be prepared to report out your most notable [non-redundant] observation? [5 minutes]**



# Terminology/Language



# Terminology/Language

- **How would you define population health?**
- **How is population health different from public health?**
- **What, then, is community health?**

# Population Health, Public Health, Community Health

- **Population health = the health outcomes of a group of individuals, including the distribution of such outcomes within the group (Kindig)**
- **Public health = what we as a society do to assure the conditions in which people can be healthy (IOM)**
- **Public Health = governmental public health versus public health**
- **The Public's Health**
- **Community health\* = community health and well-being, but also an approach that:**
  - Involves multiple disciplines and sectors
  - Engages and works with community in culturally sensitive way
  - Uses public health science and evidence-based strategies

\*Adapted from Goodman RA, Bunnell R, Posner SF. What is “community health? Examining the meaning of an evolving field in public health. Preventive Medicine 2014; 67 (S1): S58-S61



# “Population Health” differentiated

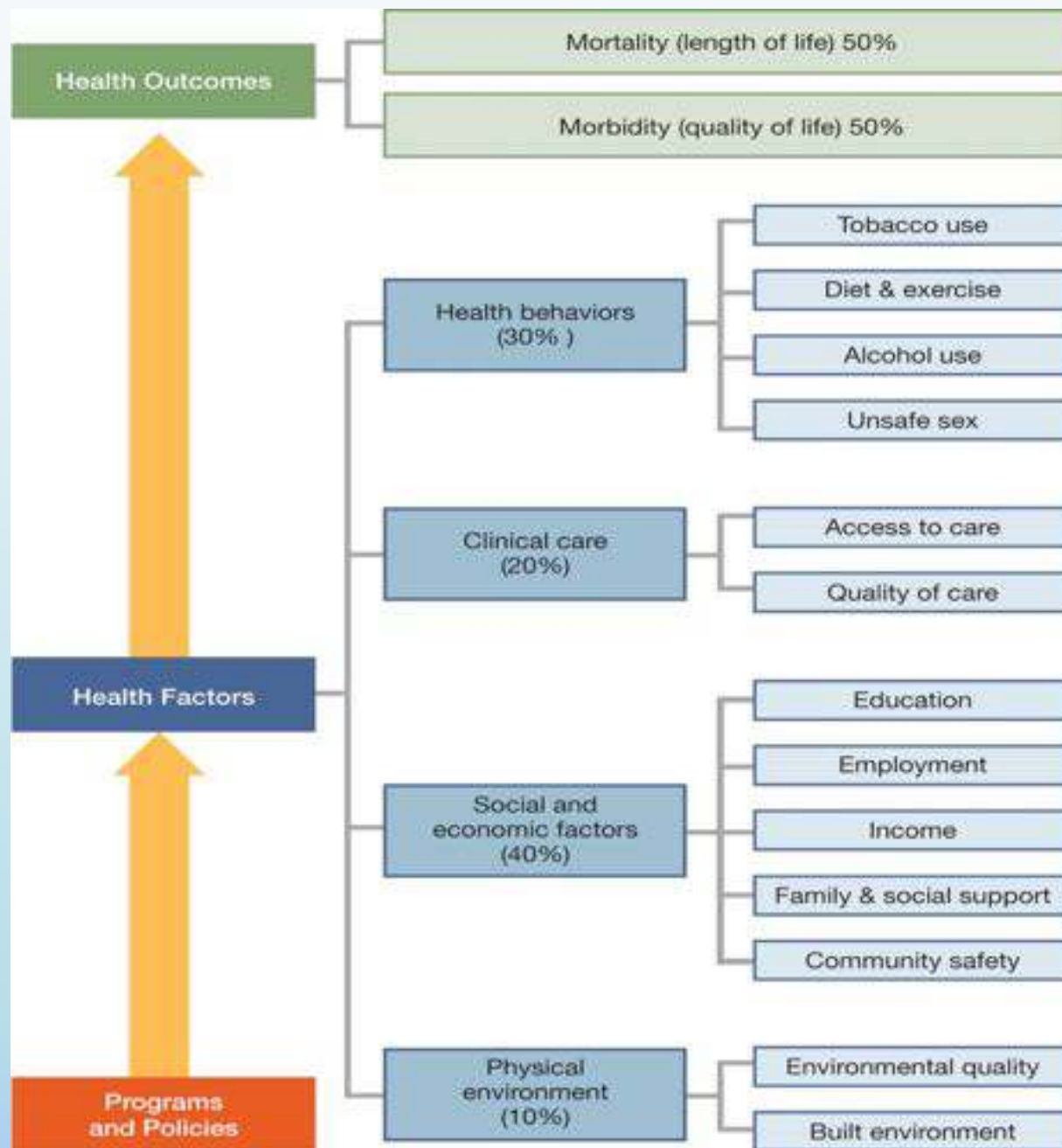
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## Population Health *Management*

- Current paradigm
- Attribution retroactive, algorithm-driven
- Passive engagement
- Clinical focus
- Mostly clinical health professionals
- Funding value-based +/- per capita payments

## Population Health *Improvement*

- Future paradigm
- Attribution geographic and/or population characteristic
- Proactive engagement
- Community, public health, and clinical health professionals
- Funding flexible [vague]



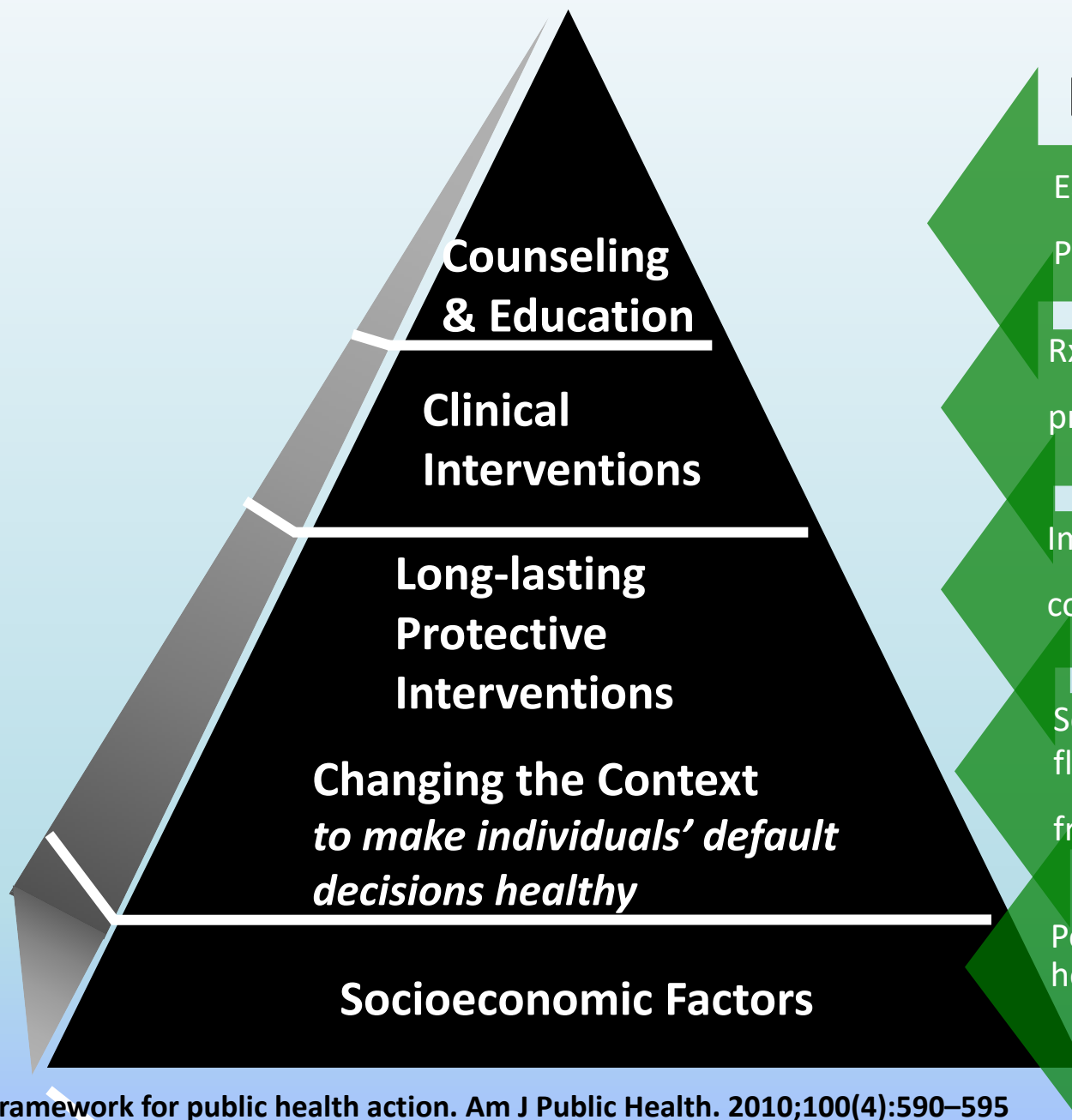
County Health Rankings model ©2010 UWPHI

# Factors that affect health

*Smallest  
Impact*



*Largest  
Impact*



## Examples

Eat healthy, be  
Physically active

Rx for high blood  
pressure, diabetes

Immunizations,  
colonoscopy

Seat belt laws,  
fluoridation, smoke-  
free laws

Poverty, education,  
housing, inequality



# PRACTICAL PLAYBOOK

Public Health. Primary Care. Together.



**Duke** Community & Family Medicine

Duke University School of Medicine



**de Beaumont**  
FOUNDATION



CENTERS FOR DISEASE  
CONTROL AND PREVENTION

## CONNECT

Facilitating  
collaboration amongst  
public health, primary care,  
and other stakeholders.

Improving  
**population health**  
through robust  
collaboration

## DEVELOP

Growing workforce  
and organizational capacity  
and capability

## ACCELERATE

Providing practical tools,  
resources, and examples  
for implementation



PRACTICAL PLAYBOOK  
Public Health. Primary Care. Together.

[www.practicalplaybook.org](http://www.practicalplaybook.org)

# What we do:

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- Practical Playbook website: [www.practicalplaybook.org](http://www.practicalplaybook.org)
- Practical Playbook print version (second iteration in process)
- Build connections through social media communications
- Provide/coordinate Technical Assistance for the BUILD Health Challenge [www.BUILDHealthChallenge.org](http://www.BUILDHealthChallenge.org)
- Initiate/develop workforce training and organizational capacity innovations
- Develop partnerships
- Share success stories
- Convene like-minded organizations and individuals

The  
**BUILD  
HEALTH**  
Challenge



**BUILDing healthy communities together**

[www.BUILDHealthChallenge.org](http://www.BUILDHealthChallenge.org)



**PRACTICAL PLAYBOOK**  
Public Health. Primary Care. Together.





**Bold**

**Upstream**

**Integrated**

**Local**

**Data-driven**

# North Pasadena, Texas

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**Mission is to eliminate the conditions that cause food insecurity in north Pasadena.**

1. Produce a sustainable, publicly accessible source of healthy food in the form of north Pasadena's first Community-Supported Agriculture (CSA) program and research campus;
2. Expand a local network of innovative healthy food suppliers and distributors in north Pasadena (e.g., corner stores, non-franchise restaurants, and school-based food co-ops); and
3. Launch the community-clinical linkage initiatives of a Fruit and Vegetable Prescription Policy (FVRx), Food FARMacies, and a Food Scholarship Program that help residents access food and make healthy choices.

<http://buildhealthchallenge.org/communities/awardee-harris-county-texas/>



## Key Partners:

- Houston Food Bank
- Harris County Public Health and Environmental Services
- The University of Texas MD Anderson Cancer Center





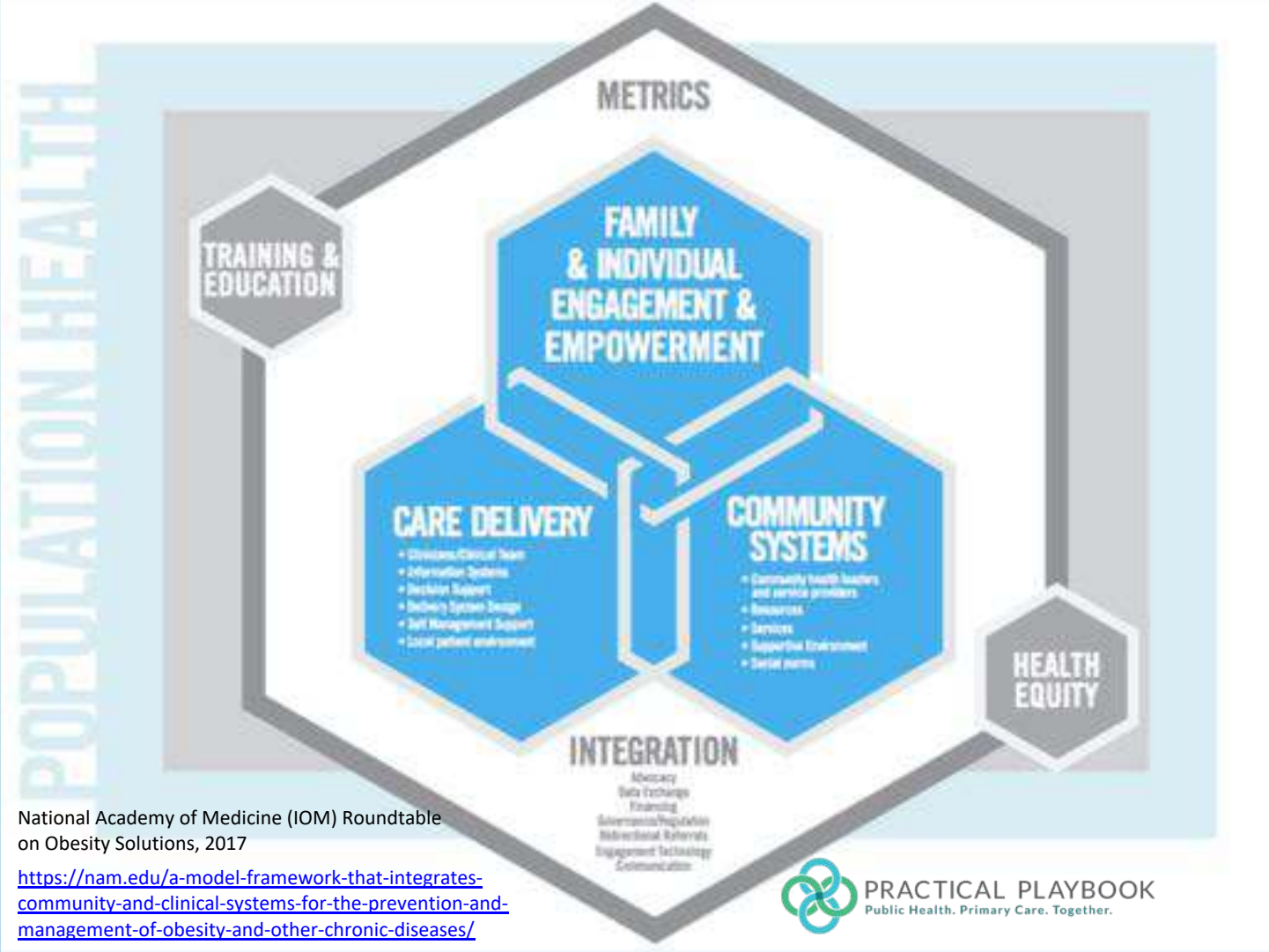
# BUILD tools

## TAKEAWAYS for PARTNERS:

Based on what we learned from these sites, best practices for initiating collaborative work include:

- **1.** Do not wait for funding. Start creating partnerships now.
  - View each interaction with another organization as an opportunity to build a relationship for future collaboration.
  - Seek out opportunities to work with new partners.
- **2.** For systems-level, sustainable change, pursue strong, deep relationships with new partners.
- **3.** Get to know and work with the other players in the community you serve. Build on deep relationships in neighborhoods where partners are already working.
- **4.** Take stock of the resources, personnel, and time available to commit to collaborative work before formally joining.
- **5.** Resist the temptation to skip the planning phase as you establish important relationships, especially with newer partners. Recognize the importance of building trust from the start.
- **6.** Invest time in face-to-face communications, particularly early on. Do not rely solely upon virtual, asynchronous contact. Make personal connections.

THE BUILD HEALTH CHALLENGE LEARNING SERIES



National Academy of Medicine (IOM) Roundtable  
on Obesity Solutions, 2017

<https://nam.edu/a-model-framework-that-integrates-community-and-clinical-systems-for-the-prevention-and-management-of-obesity-and-other-chronic-diseases/>



**PRACTICAL PLAYBOOK**  
Public Health. Primary Care. Together.

# INVEST IN YOUR COMMUNITY

4 Considerations to Improve Health & Well-Being for All

## WHAT Know What Affects Health



## WHERE Focus on Areas of Greatest Need

Your zip code can be more important than your genetic code. Profound health disparities exist depending on where you live.



## WHO Collaborate with Others to Maximize Efforts



## HOW Use a Balanced Portfolio of Interventions for Greatest Impact

- Action in one area may produce positive outcomes in another.
- Start by using interventions that work across all four action areas.
- Over time, increase investment in socioeconomic factors for the greatest impact on health and well-being for all.

Four  
ACTION  
Areas





# The “Buckets of Prevention” Framework

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# Buckets 1 and 2

Traditional clinical | Innovative clinical

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- 6 high-burden health conditions, 18 associated interventions shown to improve health and/or control costs in 1-5 years
- Improving access, availability and use of high-quality healthcare services
- Learning from health system partners how to implement and then, how to scale such



HEALTH **IMPACT** IN 5 YEARS





<https://www.cdc.gov/chinav/index.html>



# CHI Navigator Overview

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Unifying framework and supportive tools to enable collaborative community health improvement (CHI) work:

- Brief case examples from health system partnerships with external partners
- Infographic-storyline that sets the stage for collaborative work
- Focused set of tools to support effective collaborations
- Database of evidence-based interventions to support movement to action



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# Methodist Le Bonheur Reduces Readmissions and Costs

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- **Partnered with over 500 faith communities**
- **Activities**
  - Trained community navigators, *who*
  - Connected discharged cardiac patients with church-based volunteer/liaisons, *who*
  - Arranged post-discharge services and facilitated patient transitions back to community
- **Results:**
  - Reduced hospital readmissions by 20%
  - Total sum charges of \$4,000,000 less than for a similar group of patients who did not receive support from community navigators

**These successes allow the hospital to keep funding the program, which costs between \$750,000 and \$1 million each year.**

# Other Toolkits Supporting Collaboration

- ❑ **Community Toolbox**
- ❑ **Action Center (County Health Rankings)**
- ❑ **Community Commons**
- ❑ **Build Healthy Places Network**
- ❑ **Center to Advance Community Health and Equity**
- ❑ **Change Library at 100 Million Healthier Lives**

***If you want to go fast, go alone.  
If you want to go far, go together.***  
***--African proverb***





# ***Ultimate Frisbee***

***A fast-moving team sport combining soccer, football, and basketball and rewarding sportsmanship***



**Denise Koo, MD, MPH**  
**Community Health and Health Systems Consultant**  
**Former Advisor to the CDC Associate Director for Policy**

**Koo et al. Environmental Scan of Recent Initiatives  
Incorporating Social Determinants in Public Health**

**National Academy of Medicine:**

- ❑ <https://nam.edu/an-environmental-scan-of-recent-initiatives-incorporating-social-determinants-in-public-health/>

**Preventing Chronic Disease:**

- ❑ [http://www.cdc.gov/pcd/issues/2016/16\\_0248.htm](http://www.cdc.gov/pcd/issues/2016/16_0248.htm)

# Did you identify at least one tool, trick or tip that you can use in your collaboration?

Yes **A**

No **B**

Maybe **C**

Not  
sure **D**



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**Thank you**