Practical Lessons from Public Health

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What is Public Health?

• Health is a dynamic state of complete physical, mental, spiritual and social well-being and not merely the absence of disease or infirmity. (WHO 1998)

• Public health is “what we as a society do collectively to assure the conditions in which people can be healthy.” (IOM 1988)
Deaths – Leading Causes

Number of deaths for leading causes of death:

<table>
<thead>
<tr>
<th>Disease</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Heart disease:</td>
<td>700,142</td>
</tr>
<tr>
<td>Stroke:</td>
<td>163,538</td>
</tr>
<tr>
<td>Cancer:</td>
<td>553,768</td>
</tr>
<tr>
<td>Chronic lower respiratory diseases:</td>
<td>123,013</td>
</tr>
<tr>
<td>Accidents (unintentional injuries):</td>
<td>101,537</td>
</tr>
<tr>
<td>Diabetes:</td>
<td>71,372</td>
</tr>
<tr>
<td>Influenza/Pneumonia:</td>
<td>62,034</td>
</tr>
<tr>
<td>Alzheimer’s disease:</td>
<td>53,852</td>
</tr>
<tr>
<td>Nephritis disorders:</td>
<td>39,480</td>
</tr>
<tr>
<td>Septicemia:</td>
<td>32,238</td>
</tr>
</tbody>
</table>

Source: Deaths: Final Data for 2001
Actual Causes of Death (U.S. 1990)

- Tobacco 19%
- Diet/Activity 14%
- Alcohol 5%
- Microbial agents 4%
- Toxic Agents 3%
- Firearms 2%
- Sexual Behavior 1%
- Motor Vehicles 1%
- Illicit Drug Use <1%

McGinnis & Foege, JAMA, 1993
Actual Causes of Death in the US

- Tobacco: 400,000
- Diet/Activity: 300,000
- Alcohol: 100,000
- Microbial agents: 90,000
- Toxic Agents: 60,000
- Firearms: 35,000
- Sexual Behavior: 30,000
- Motor Vehicles: 25,000
- Illicit Drug Use: 20,000

Source: McGinnis JM and Foege WH, JAMA, Nov. 10, 1993
Determinants of Health

• Income and social status
• Social support networks
• Education and literacy
• Employment/work conditions
• Social environments
• Physical environments

Determinants of Health, cont.

- Personal health practices and coping skills
- Healthy child development
- Biology and genetic endowment
- Health services
- Gender
- Culture

Source: The Future of the Public’s Health
Community Health Assessments

A community health assessment is a process that uses quantitative and qualitative methods to systematically collect and analyze health status data within a specific community.

Health status data include information on risk factors, quality of life, mortality, morbidity, community assets, and other information that illustrates why health issues exist in a community.

Community health assessment data inform community decision-making, the prioritization of health problems, and the development and implementation of community health improvement plans.

Challenges in Practice

- Quality varies
- Resource intensive
- Ownership of data
- Implications of assessment data
- Overlapping jurisdictions
- Scope of assessment can vary
- Community engagement
and the hospital will be one of several community organizations (including other hospitals) and agencies collaborating to develop a needs assessment. However, this approach may not be feasible for all hospitals. Therefore, each organization should choose the approach consistent with its goals, resources and capabilities.

<table>
<thead>
<tr>
<th>SINGLE ORGANIZATION APPROACH</th>
<th>MULTIPLE ORGANIZATION PARTNERSHIP APPROACH</th>
</tr>
</thead>
<tbody>
<tr>
<td>Results intended for use primarily by the lead organization.</td>
<td>Results intended for use by multiple organizations.</td>
</tr>
<tr>
<td>Single organization establishes goals of assessment, identifies community needs, prioritizes issues and determines appropriate strategy for action.</td>
<td>Multiple organizations establish goals of assessment, identify community needs, prioritize issues and determine appropriate strategy for action.</td>
</tr>
<tr>
<td>Assessment may have a narrower focus.</td>
<td>Assessment will likely have a broader focus.</td>
</tr>
<tr>
<td>Assessment may be completed in a shorter time frame and at a lower cost.</td>
<td>Assessment processes may be more time-consuming, labor-intensive and expensive.</td>
</tr>
<tr>
<td>Single organization is responsible for the majority of the cost.</td>
<td>Multiple organizations can share the cost of the assessment.</td>
</tr>
</tbody>
</table>

Taken from Assessing and Addressing Community Health Needs, Discussion DRAFT, Catholic Hospital Association of the United States, March 2011, pp. 31
Mobilizing for Action through Planning & Partnerships
NACCHO’s Position on Community Benefit

Non-profit hospitals should **partner with health departments** in the

- **Design** of a community health needs assessment;
- Identification of relevant **assessment indicators and existing data sources**;
- Collection of both **quantitative and qualitative data**, including input from a wide variety of individuals and organizations in the **community**;
NACCHO’s Position on Community Benefit

Non-profit hospitals should **partner with health departments** in the

- Identification of **community priorities and implementation strategies** that are based on assessment data, **community input**, and the evidence of effectiveness of proposed interventions;

- **Implementation of strategies** that address community priorities;

- **Evaluation** of strategy effectiveness

- **Demonstration of community health improvement** resulting from strategy implementation.
Partnering Around Community Benefit

✓ Advocate for **community-based** assessment & planning processes like MAPP

✓ Provide a **forum** for public health and non-profit hospitals to collaborate with the community and consumer groups

✓ Encourage consumers and community groups to **participate** in assessment and planning processes

✓ **Facilitate** assessment and planning activities

Kevin Barnett, DrPH, MCP
Senior Investigator
Public Health Institute
A QI Approach to Community Health Improvement
A Framework for Alignment and Shared Accountability

Community Health Assessment Tools
(CDC: MAPP, CHANGE, Community Guide;
HRSA 330 Assessments; Community Tool Box; etc.)

Federal/State grant making
(CDC/CTGs, HUD, etc.)

SHDs/LH Ds

Community
Health
Assessment

Implementatio
n Plan
Development

Implementatio
n/ Outcomes
Monitoring

Reporting and
Compliance

Key Questions to be Addressed in order to Promote Alignment between Accreditation, NP Hospital CB, and other Community-Oriented Processes

- How do we define community (e.g., geo parameters), and what are the determining factors?
- What are essential data sources and what are the issues and opportunities in securing them?
- What is the scope of the assessment (e.g., social determinants, community assets)?
- Does it identify small areas for targeted investment?

- What criteria and processes are used in setting priorities?
- In what ways do we use evidence to guide decision making?
- What are the alignment opportunities for hospitals and other community interests?
- What are strategies to leverage institutional resources?
- What is the scope of content issues to be addressed in CHI?
- What are issues and options in comprehensive approaches to CHI (e.g., intersectoral)?

- Is there alignment of institutional priorities with shared goals and objectives?
- What organizational oversight mechanisms are needed to ensure broad institutional engagement?
- What are current and potential impacts of technology on outcomes monitoring?
- What are challenges and opportunities in shared policy advocacy?

- What is shared ownership, and how is it operationalized (e.g., formal agreements)?
- What are the issues and options in determining and reconciling diverse stakeholder roles/contributions?
- What are the breadth, depth, and forms of community member involvement?

- What are approaches and required elements of formal public reporting processes?
- What are roles and links to national and state accreditation processes?
- What is the role of federal grant monitoring?
- What is the role of private sector philanthropy?
- What is the role of federal & state oversight of NP hospitals?
- What is the oversight role of public officials, advocacy groups, and the general public at the local/regional level?

Hospital

CHNA

Implementatio
n Plan

Community
Benefits

Other Stakeholder and Sector Investments

CHA. Guide ACHI (AHA) Toolkit Consultants

§ 501(r) Requirements, Form 990 Schedule H

26 USC § 501(c)(3), IRS Ruling 69-545, and Form 990 Schedule H

Tax-exempt Hospital Reporting & Compliance

Improved Community Health Outcomes

Improved Community Health Outcomes

Promoting and protecting the health of the public and the environment.
CB of the Present and Future

- **Regulatory focus on process** (e.g., CHNA, engagement, implementation)
- **Increased transparency** – comparative analysis
- **More strategic approach**
  - Focus where needs are the greatest (e.g., CNI)
  - Leverage limited charitable resources – multiplier effect
- **Focus on outcomes** (incl. preventable ED/IP utilization, re-admissions)
- **Prepare for health reform**
  - Build community/population health capacity
  - Address obstacles to health behavior change (i.e., social determinants)
Community Benefit and Health Reform

Clinical Service Delivery

Community-Based Preventive Services

Primary Prevention
Community Problem Solving

PAYMENT MODELS
Fee for Service
Episode-Based
Reimbursement
ACOs
Partial---Full Risk
Capitation
Global Budgeting

INCENTIVES
Conduct
Evidence-Based
Procedures
Medicine
Fill Beds
Clinical PFP
Expand Care
Management
Risk-adjusted PFP
Reduce Obstacles to
Behavior Change
Address Root Causes

METRICS
Net Revenue
Improved
Clinical Outcomes
Reduced Readmits
Reduced Preventable
Hospitalizations/ED
Reduced Disparities
Aggregate Improvement
in HS and QOL
Reduced HC Costs