An Update on Public Health: Integrating Public Health and Healthcare from Planning to Implementation

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Director, Center for Public Health Practice
Assistant Professor – Practice
OSU College of Public Health

<table>
<thead>
<tr>
<th>Country Rankings</th>
<th>Aus</th>
<th>Can</th>
<th>Fra</th>
<th>Ger</th>
<th>Mth</th>
<th>NZ</th>
<th>Nbr</th>
<th>Sve</th>
<th>Snz</th>
<th>Uk</th>
<th>Us</th>
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<tr>
<td>Overall Rankings (2013)</td>
<td>4</td>
<td>10</td>
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<td>7</td>
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<td>Quality Care</td>
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<td>Patient-Centered Care</td>
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<td>6</td>
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<td>9</td>
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<td>Cost-Related Problem</td>
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<td>4</td>
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<td>Equity</td>
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<td>6</td>
<td>5</td>
<td>2</td>
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<td>11</td>
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<tr>
<td>Healthy Lives</td>
<td>4</td>
<td>8</td>
<td>1</td>
<td>7</td>
<td>5</td>
<td>9</td>
<td>6</td>
<td>2</td>
<td>3</td>
<td>10</td>
<td>11</td>
</tr>
<tr>
<td>Health Expenditure/ Capita (2011)</td>
<td>$3,800</td>
<td>$4,522</td>
<td>$4,318</td>
<td>$4,495</td>
<td>$5,099</td>
<td>$3,182</td>
<td>$5,669</td>
<td>$3,925</td>
<td>$5,643</td>
<td>$3,405</td>
<td>$8,508</td>
</tr>
</tbody>
</table>

Notes: * Excludes Inc. ** Expenditure shown is USD PPP (purchasing power parity); Australian data are from 2013. Source: Calculated by The Commonwealth Fund based on 2013 International Health Policy Survey of Students, 2013 International Health Policy Survey of Primary Care Physicians, 2013 International Health Policy Survey of Commonwealth Fund National Survey 2015, World Health Organization, and Organization for Economic Cooperation and Development (OECD), Health Data, 2013 (Paris: OECD), Nov. 2013.

What will the newly insured look like?

The newly insured compared to the currently insured are...

- **Race**
  - Less likely to be white
  - 75% white, 25% non-white

- **Health status**
  - Less likely to rank self excellent/very good/good
  - 88% excellent/very good, 12% poor/excellent

- **Marital status**
  - More likely to be single
  - 52% single, 48% married

- **Language**
  - Less likely to speak English
  - 69% English, 31% non-English

- **Educational attainment**
  - Less likely to have a college degree
  - 14% college degree, 86% high school or less

- **Employment status**
  - Less likely to have full-time employment
  - 59% employed full-time, 41% part-time or unemployed

**Median age**
- Newly insured: 33
- Currently insured: 31

**Median income**
- Newly insured: 166% FPL
- Currently insured: 333% FPL

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“We cannot afford to perpetuate a system that pressures clinicians to chase outcomes for problems that originate far beyond their reach. We must pursue transformation that aligns public health and primary care”

Brian Castrucci, Chief Program and Strategy Officer at the de Beaumont Foundation; from Primary Care and Public Health: A Partnership to Change America’s Health. Huffington Post, March 28, 2015

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Notes:
* Includes Inc. ** Expenditures shown in 1985 PPP (purchasing power parity). Australian data are from 2010.
State Innovation Models Initiative: Model Test Awards Round Two

The State Innovation Models Initiative Model Test Awards will provide financial and technical support over a four-year period for states to test and evaluate multi-payer health system transformation models. States must produce and implement a detailed and fully developed proposal capable of creating statewide health transformation for the majority of care within the state.

Select anywhere on the map below to view the interactive version

- Episodes of Care
- Expansion of Patient-Centered Primary Care models
- Aligning Population Health Planning

• Episodes of Care
• Expansion of Patient-Centered Primary Care Models
• Aligning Population Health Planning
• conduct a community health needs assessment (CHNA) and adopt an implementation strategy at least once every three years. (These CHNA requirements are effective for tax years beginning after March 23, 2012).
HPIO Policy Brief: Making the most of community health planning in Ohio. The role of hospitals and local health departments. May 2015

Figure E5.3. Continuum of collaboration between local health departments and hospitals

Source: HPIO and the Ohio Research Association for Public Health Improvement analysis of local health department and hospital community health planning documents, March 2015. For more information, see HPIO’s publication “Making the most of community health planning in Ohio: The role of hospitals and local health departments.”

HPIO Policy Brief: Making the most of community health planning in Ohio. The role of hospitals and local health departments. May 2015
Figure 23. Top ten hospital and LHD health priorities

<table>
<thead>
<tr>
<th>Hospital (n = 170)</th>
<th>LHD (n = 110)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Obesity 68.8%</td>
<td>Physical activity 69.6%</td>
</tr>
<tr>
<td>Access to medical care 58.8%</td>
<td>Obesity 69.1%</td>
</tr>
<tr>
<td>Mental health 58.2%</td>
<td>Nutrition 63.8%</td>
</tr>
<tr>
<td>Addiction 54.7%</td>
<td>Substance abuse prevention 56.5%</td>
</tr>
<tr>
<td>Heart disease 52.4%</td>
<td>Access to medical care 55.1%</td>
</tr>
<tr>
<td>Diabetes 50.0%</td>
<td>Food environment 49.3%</td>
</tr>
<tr>
<td>Cancer 47.1%</td>
<td>Addiction 49.3%</td>
</tr>
<tr>
<td>Infant mortality 42.4%</td>
<td>Youth development/schools 44.4%</td>
</tr>
<tr>
<td>Physical activity 38.8%</td>
<td>Access to behavioral health 44.9%</td>
</tr>
<tr>
<td>Nutrition 37.1%</td>
<td>Mental health 41.5%</td>
</tr>
</tbody>
</table>

HPIO Policy Brief: Making the most of community health planning in Ohio. The role of hospitals and local health departments. May 2015
### Public health funding

#### Figure 5.3: Summary of recommendations for population health planning infrastructure

<table>
<thead>
<tr>
<th>Recommendation</th>
<th>Description</th>
<th>Supporting Evidence</th>
<th>Recommendation Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Health planning</td>
<td>Government guidance encouraging health department and hospital leadership to include health in community health plans and programs, and link to health in community health plans and programs.</td>
<td>Guidance issued: July 2014</td>
<td>Recommendation status: July 2014</td>
</tr>
<tr>
<td>2. Data sharing</td>
<td>Government guidance encouraging local health departments and health care providers to include data on health outcomes from the SHP and SBH in their assessments and plans for each SBH program.</td>
<td>Guidance issued: July 2014</td>
<td>Recommendation status: July 2014</td>
</tr>
</tbody>
</table>

**Recommended 2: Collaboration on assessments and plans**

- Recommendation 2.1: Government guidance encouraging local health departments and health care providers to include health in community health plans and programs in a community or with a community that is common to all plans through an agreed framework.
- Recommendation 2.2: Provide a template for health assessment and planning, including:
  - A set of standards for public health outcomes:
    - Health indicators (including health status, health services utilization, health-related quality of life, health system capacity, and health disparities)
  - A set of health strategies:
    - Strategies related to health outcomes (e.g., smoking cessation, healthy eating, physical activity)
  - A set of health indicators:
    - Measures of health outcomes (e.g., prevalence of chronic diseases, mortality rates)
  - A set of health services:
    - Services provided by health care providers (e.g., primary care, specialty care, public health services)
  - A set of health resources:
    - Resources allocated to health care providers (e.g., funding, personnel, equipment)
  - A set of health policies:
    - Policies related to health outcomes (e.g., tobacco control, nutrition guidelines)

**Recommended 3: Tend to fund health assessments and plans**

- Recommendation 3.1: Increase social media and health care providers’ access to information on health assessments and plans, and health department and hospitals’ capacity to deliver (2013-2015) and health teams’ capacity to deliver (2015-2017). | Recommendation status: July 2014 |

**Recommended 4: Technology and accessibility**

- Recommendation 4.1: Ensure that health assessments and health care providers’ access to information on health assessments and plans, and health department and hospitals’ capacity to deliver (2013-2015) and health teams’ capacity to deliver (2015-2017). | Recommendation status: July 2014 |
- Recommendation 4.2: Ensure that health assessments and health care providers’ access to information on health assessments and plans, and health department and hospitals’ capacity to deliver (2013-2015) and health teams’ capacity to deliver (2015-2017). | Recommendation status: July 2014 |

**Recommended 5: Schedule**

- Recommendation 5.1: Schedule the health assessments and health care providers’ access to information on health assessments and plans, and health department and hospitals’ capacity to deliver (2013-2015) and health teams’ capacity to deliver (2015-2017). | Recommendation status: July 2014 |
- Recommendation 5.2: Schedule the health assessments and health care providers’ access to information on health assessments and plans, and health department and hospitals’ capacity to deliver (2013-2015) and health teams’ capacity to deliver (2015-2017). | Recommendation status: July 2014 |
Regional variation in public health services

An Update on Public Health: Integrating Public Health and Healthcare from Planning to Implementation

Tim Ingram
Health Commissioner
Hamilton County Public Health
Using Collaboration and the Collective Impact Process to Achieve the Triple Aim

Better Health, Better Care, and Lower Costs in Greater Cincinnati Area

What is the Practical Playbook?

A cornerstone of the next transformation of health, in which health care and public health groups work collaboratively to achieve population health improvement.

www.practicalplaybook.org
### What Can Collaboration Offer?

**Public Health**
- Data and Analytics
- Reach
- Impact on Root Causes of Health
- Promotion
- Policy Influence

**Health Care**
- Information
- Access to Patients
- Credibility
- Innovation
- Commitment

### Strengths Public Health Can Bring to the Partnership

<table>
<thead>
<tr>
<th>Data/Analysis</th>
<th>Reach</th>
<th>Root Cause Impact</th>
</tr>
</thead>
<tbody>
<tr>
<td>Promotion</td>
<td>Public Policy Influence</td>
<td></td>
</tr>
</tbody>
</table>
### Strengths Health Systems Can Bring to the Partnership

<table>
<thead>
<tr>
<th>Electronic Medical Records</th>
<th>Community Visibility</th>
<th>The Patient-Centered Medical Home</th>
</tr>
</thead>
<tbody>
<tr>
<td>Personal Relationships &amp; Patient Access</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### A Role for Everyone

<table>
<thead>
<tr>
<th>Health Care</th>
<th>Public Health</th>
<th>Other Partners</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Clinical Providers</td>
<td>• Portal to other community agencies</td>
<td>• Insurance Providers</td>
</tr>
<tr>
<td>• Billing System</td>
<td>• Epidemiological data</td>
<td>• Social Services</td>
</tr>
<tr>
<td>• Data on Patients</td>
<td>• Health educators and nutritionists</td>
<td>• Mental Health Services</td>
</tr>
<tr>
<td>• Data Warehousing</td>
<td></td>
<td>• Community Advocates / Councils</td>
</tr>
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</table>
Principles of Collective Impact

Common agenda reached through multi-stakeholder consensus

Partnerships with alignment of mutually reinforcing activities led by a Backbone Organization

Shared Measurement and Accountability for Improvement
Small number of doable things that in combination have power to impact the triple-aim

1. IMPROVED PATIENT EXPERIENCE
2. REDUCED OVERALL COST
3. IMPROVED POPULATION HEALTH

The Value of the ReThink Model

• Shared Understanding of
  • Possible initiatives
  • Outcomes over time
  • Cost of effort
3 Action Areas

Healthy Behaviors | Care Delivery | Finance & Payment

Bold Goals
+ 50% Reduction in Disparities
+ Commitment to a Cost Goal

85% of children will be prepared for kindergarten
85% of youth will graduate from high school
45% of adults will have an associate’s degree or higher
90% of the labor force will be gainfully employed
70% of the community will report having excellent or very good health
95% of the community will report having a usual and appropriate place to go for medical care

The year the Bold Goals were created: 2011
Target year for the Bold Goals to be achieved: 2020

52% 82%
## Health Status by the Numbers

<table>
<thead>
<tr>
<th>EX or VG Health</th>
<th>All Adult</th>
<th>African American Adult</th>
<th>Total Adult below 200% FPL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Current</td>
<td>767,000</td>
<td>84,000</td>
<td>180,000</td>
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<tr>
<td></td>
<td>52%*</td>
<td>46%</td>
<td>32%</td>
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<tr>
<td>To goal</td>
<td>+266,000</td>
<td>+37,000</td>
<td>+129,000</td>
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<tr>
<td></td>
<td>70%</td>
<td>67%</td>
<td>55%</td>
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</table>

**Barriers to Excellent or Very Good Health (self reported)**

- Chronic Disease | Poor diet and exercise | Weight
- Barriers to healthy choices attributable to socioeconomic determinants of health

*63% above 200% FPL

## Access by the Numbers

<table>
<thead>
<tr>
<th>Regular and appropriate source of care</th>
<th>All Adult</th>
<th>African American Adult</th>
<th>Total Adult below 200% FPL</th>
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<tbody>
<tr>
<td>Current</td>
<td>1,210,000</td>
<td>138,000</td>
<td>393,000</td>
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<td></td>
<td>82%</td>
<td>76%</td>
<td>70%</td>
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<tr>
<td>To goal</td>
<td>+191,000</td>
<td>+49,000</td>
<td>+123,000</td>
</tr>
<tr>
<td></td>
<td>95%</td>
<td>92%</td>
<td>89%</td>
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</tbody>
</table>

**Barriers to Access (self reported)**

- Insurance status | Out of pocket expense | Transportation

1475,000 adults  182,000 African Americans  562,000 below 200% FPL
3 Action Areas

Healthy Behaviors
Empower people to:
• Eat Healthy
• Move More
• Smoke Less
• Manage Stress

Care Delivery
• Address barriers to access
• Improve control and reduce prevalence of:
  • Obesity
  • Hypertension
  • Diabetes
  • COPD
• Improve clinical and community linkages

Finance & Payment
Rank in the lowest spending quartile for comparable communities.
• Reduce unnecessary and wasted care
• Emphasize primary care based coordination of care
• Empower patients to choose based on quality and affordability

THE HEALTH GENERATION
GEN-H
GREATER CINCINNATI / N. KENTUCKY
Position Statement

“Good health empowers our human potential and improves our quality of life. When health is accompanied by shared accountability for efficient delivery and consumption of health care, it drives economic prosperity for individuals and for our region.”

THE HEALTH GENERATION
GEN-H
GREATER CINCINNATI / N. KENTUCKY