© Copyright 2016 Kevin Barnett



Domains / Strategies Actions Metrics **Short Term Long Term Governance and** ID and ensure breadth of board member competencies in Enhanced input and Shared ownership for **Oversight** population/community health planning and implementation links to community health with diverse external stakeholders assets Establish board subcommittee with representation from key Increased ability to Improved community sectors to align efforts to improve population health (e.g., implement projects, capacity and Strengthen housing, transportation, business, education) resources for pop commitment for population health health capacity population health capacity initiatives 8 building, strategic Establish protocols to facilitate proactive input from board in direction, and focus on continuous quality systems re-design that relate to population/community health improvement (CQI)¹ Improved quality of Increased action and care (i.e. reduced Integrate population/community health elements, investment in **Senior Leadership** readmissions, population health accountabilities, and expectations associated with external preventable ED engagement into senior leader job descriptions Clarify leadership utilization)² Increased integration roles of community benefit Establish protocol for integration of population/community health and population health briefings into weekly senior leadership meetings management Cost savings, Enhanced program increased provider design, leverage of satisfaction and Management and Increase capacity of community benefit/health staffing (e.g., internal resources patient adoption of competencies and responsibilities in job description tied to **Operations** through expanded health behaviors partnerships adequate FTE levels) **Build Community** Measurable outcomes Increased visibility of Benefit/Health at cohort and CB/health Build community benefit/health competencies and population health Capacity programming accountabilities into job descriptions of supervisors of community level benefit/health staff

© Copyright 2016 Kevin Barnett



Domains / Strategies Actions Metrics

Internal Integration

Integrate data systems, finance, community benefit and clinical care management



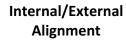
Establish protocols for data sharing and alignment of strategies among clinical and population/community health leadership and staff



Develop and implement strategies that employ care redesign, predictive analytics, and geocoding to focus strategies where health inequities are concentrated



Collect and integrate data on the social determinants of health into electronic health records and establish protocols for enhancement of care coordination strategies



Build Ethic of Shared Ownership for Health



Strategically allocate resources and expertise to mobilize the assets of diverse community health stakeholders, with a focus in geographic areas where health inequities are concentrated



Co-invest with other providers and payers in the establishment and funding of a shared infrastructure to support the alignment of services to address the social determinants of health



Engage the community development sector in strategies to align health improvement interventions with real estate investments (e.g., grocery stores, housing, childcare centers, FQHCs)

Short Term

Evidence-based comprehensive health improvement strategies in place among areas with the highest prevalence of health inequities ⁴

Enhanced information system integrating various data types with data mining abilities that provides real-time decision support ³

Framework for regional and local risk stratification across providers and payers, alignment of service delivery and infrastructure investments and pooling of stakeholder resources

Increased efficacy and accountability of local human service agencies

Enhanced focus of resources in neighborhoods where health inequities are concentrated

Long Term

Reduction in Prevention Quality Indicators (PQIs), acuity for defined panels and readmissions

Reduced admin overhead and duplicative tests, decreased medical errors and enhanced coordination of care across settings³

Cost savings in value-based reimbursement reallocated to address the social determinants of health

Aggregate improvement in health status, social conditions and economic vitality in neighborhoods where health inequities were previously concentrated

© Copyright 2016 Kevin Barnett



Domains / Strategies Actions Metrics

Internal/External Alignment

Localization of vendors

Collaboration with stakeholders

Energy efficiency for environmental sustainability and cost savings

Workforce development

Policy Development



Build capacity of local vendors (e.g., minority owned) to assume responsibility for providing goods and services previously purchased from outside (e.g., national) sources

Coordinate with other anchors (e.g., hospitals, universities) to push national vendors to buy from local producers (e.g., local sustainable agriculture)

Implement energy efficiency and environment sustainability efforts into facilities (e.g. install energy efficient lighting, purchase ENERGY STAR office equipment, reduce medical waste, reduce water usage, and install solar energy)

Expand the scope of responsibility of HR beyond recruitment or retention and link with community benefit to expand health career pathways for racially/ethnically diverse youth

Collaborate with K-12, higher education and other health professions employers to establish regional health workforce development strategies, with a focus on increasing diversity

Establish a common policy advocacy agenda with other anchors to increase public sector investment in addressing the social determinants of health at the local, state and federal level

Short Term

Net increase in minority firm or local vendor contracts, reduced carbon footprint

Increased access to healthier and more sustainably produced food for community ⁵

Reduced carbon footprint

Reduced energy costs

Increased economic stability for disadvantaged individuals⁶

Increased employment opportunities and diversity in health workforce, increased team-based workforce linking community and healthcare ⁷

Cost savings from shared investment in education, reduced contracting, and increased retention

Increased public sector investment in addressing SDH

Long Term

Increased local economic vitality, lower rates of mortality and lower prevalence of obesity and diabetes ⁶

Increased scale and efficiency of local sustainable agricultural production

Increased HS and college graduation rates

Increased social mobility in historically distressed communities

Increased local tax revenue

Sustainability of positive health outcomes

© Copyright 2016 Kevin Barnett



Endnotes		

1 A great resource highlighting successful examples of building a governance model to support community health improvement is described in this report "Improving Community Health through Hospital – Public Health Collaboration: Insights and Lessons Learned from Successful Partnerships," Commonwealth Center for Governance Studies. Available from:

http://www.uky.edu/publichealth/sites/www.uky.edu.publichealth/files/Research/hospital-public%20health%20partnership%20report 12-3-14.pdf

- 2 We adapted some of the concepts from AHRQ's logic model framework to illustrate the link between physician engagement/leadership in population health to enhanced patient care and outcomes. See "Logic Models: The Foundation to Implement, Study, and Refine Patient-Centered Medical Home Models," Rockville, MD: Agency for Healthcare Research and Quality, February 2013. AHRQ Publication No. 13-0029-EF. Available from: https://pcmh.ahrq.gov/sites/default/files/attachments/LogicModel 032513comp.pdf
- **3** "Metrics for the Second Curve of Health Care," Health Research & Educational Trust, April 2013. Available from: http://www.hpoe.org/Reports-HPOE/Metrics Second Curve 4 13.pdf
- 4 This article gives an example of a collaboration and sharing of data from electronic health records or CHNAs between hospitals and public health entities that prioritize strategies in areas of most need. See "Leveraging Nonprofit Hospital Community Benefits to Create Healthier Communities," ChangeLab Solutions. Available from: http://www.changelabsolutions.org/sites/default/files/Hospital-Community-Benefits FINAL 20150720.pdf
- **5** A helpful tool was created by the Build Healthy Places Network showing some examples of the impact of fresh produce access on the social determinants of health. Available from: http://metricsforhealthycommunities.org/logic-model/fresh-produce-access
- 6 Localism strategies were recently published by BALLE highlighting ways of aligning non-clinical assets such as procuring from minority owned local businesses and creating employment opportunities that help build the local economy and improve health of communities. For more examples see "Field Guide: The Future of Health is Local," Business Alliance for Local Living Economies (BALLE). Available from: https://bealocalist.org/sites/default/files/Future-of-Health-is-Local-2016/flipviewerxpress.html
- 7 For a more detailed discussion about measurement opportunities in workforce capacity development refer to "Addressing Performance Measure Gaps for the Health Workforce," National Quality Forum. Available from:

 http://www.qualityforum.org/Publications/2014/08/Priority_Setting_for_Healthcare_Performance_Measurement_Addressing_Performance_Measure_Gaps_for_the_Health_Workforce.aspx
- **8** "Hospital-based Strategies for Creating a Culture of Health," Health Research & Educational Trust, October 2014. Available from: http://www.hpoe.org/Reports-HPOE/hospital_based_strategies_creating_culture_health_RWJF.pdf