POPULATION HEALTH:

TOP 10 PROMISING APPROACHES

Public health officials are key in leading strategies and crafting policies that foster clinical innovations, leverage data analytics and public health informatics, and address the social determinants of health to advance health equity and improve population health. ASTHO's Center for Population Health Strategies identified 10 approaches that state and territorial health officials may explore with their partners in the community, healthcare sector, and other governmental agencies to achieve optimal health for all.

EXAMPLE: Ohio Department of Health worked with partners to develop guidance on aligning state and local population health planning.

1. ALIGN

hospitals, community-based organizations, and local public health agency community health assessments and strategic plans. Collaboration fosters shared responsibility, maximizes public resources, and reduces duplication in community health improvement activities.

2. IMPLEMENT

a Health in All Policies (HiAP) approach to governmental decision-making. A HiAP approach embeds health considerations into decision-making processes across public and private sectors by convening taskforces or cabinet-level government officials to coordinate programming that improves the social determinants of health.

EXAMPLE: California HiAP Task Force, coordinated by the California Department of Public Health, created action plans across 22 state agencies to improve population health.

EXAMPLE: Rhode Island's geographically defined Health Equity Zones address root causes of health through municipal, healthcare, education, community-based organizations, businesses, and resident leadership.

3. SUPPORT

initiatives that are directed by community priorities and address the upstream social and environmental factors that impact population health. Health outcomes and life expectancy are directly linked to where we live, work, and play (and can vary dramatically by zip code). Community-led, place-based interventions should hold community voice central in all priority-setting and action-planning discussions.

4. TRANSLATE

data from public health, healthcare, and human services into actionable information to draw a complete picture of health and target interventions. Analyses of various data sets from across public health, healthcare, and social services sectors can allow state and territorial leaders to draw new insights regarding community-level health inequities and apply a more precise public health response.

EXAMPLE: Massachusetts Department of Public Health analyzed ten datasets across five state agencies to investigate factors driving the opioid crisis and to build an understanding of which populations were most at risk for opioid-related deaths.

EXAMPLE: Louisiana Department of Health worked with the primary care teaching clinics in three medical schools to improve physicians' knowledge of transition and care coordination services for children and youth with special healthcare needs.

5. EDUCATE

the health workforce to recognize their role in population health and to collaborate across sectors and with communities. Cross-sector collaborations will require systems-level thinking, an ability to communicate effectively, and an ability to analyze cross-sector data, among other skills.

6. IMPROVE

access to clinical and community services for high-risk populations using evidence-based care coordination models and prevention strategies. Public health leaders can encourage health systems to consider the social determinants of health and improve cultural competency to ensure that services are patient-centered and accessible to underserved populations.

EXAMPLE: North Carolina's Division of Medical Assistance, Division of Public Health, and Community Care of North Carolina introduced a Pregnancy Medical Home to provide coordinated maternity care to Medicaid beneficiaries and reduce pre-term and low-weight births.

EXAMPLE: Georgia Department of Public Health, in partnership with county health departments, expanded telehealth services across the state to improve healthcare access, address workforce shortages, and reduce health disparities.

7. EXPAND

the use of telehealth to improve access to healthcare and public health services, while reducing healthcare costs. State and territorial health agencies can support telehealth policy development, participate in telehealth coalitions, and provide expertise on how to expand services.

8. PROMOTE

community health workers (CHWs) as valued members of the care team. CHWs build individual and community capacity through education, outreach, social support, and advocacy, as well as educating providers on non-clinical issues affecting patients' care. State and territorial health agencies advocate for this workforce by advancing CHW certification, financing opportunities, and coalition-building.

EXAMPLE: New Mexico Department of Health established an Office of CHWs, which worked in collaboration with CHW stakeholders to develop a standardized, statewide training program, and a certification process for CHWs.

EXAMPLE: Maryland Department of Health, with a Section 1115 waiver, has two pilots (one for high-need beneficiaries transitioning from an institution and a home visiting program for at-risk mothers) that provide matching funds to local government agencies, who may distribute funds to community-based organizations.

9. EXPLORE

innovative funding sources that support cross-agency or cross-sector population health interventions. State and territorial health agencies can group multiple partners' funding streams that support upstream investments in prevention and the social determinants of health, such as transportation, food security, or housing.

10. USE

value-based payments and other financing mechanisms to increase adoption of evidence-based public health interventions among healthcare and insurance partners. Financial accountability and the potential for shared savings can motivate health systems and providers to move from an episodic healthcare delivery system toward a coordinated, whole-person care system that promotes value.

EXAMPLE: Pennsylvania Department of Health, with a demonstration model from CMS, is testing an all-payer global budget model for rural hospitals, exploring whether global budgets will increase hospitals' investments in upstream prevention and support tailored to each community.

Learn more at: http://bit.ly/ASTHOccc

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