Engaging Communities to Advance Health in America

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AMERICAN HOSPITAL ASSOCIATION
NATIONAL ACADEMY OF MEDICINE – MAY 5, 2017
ADVANCING HEALTH IN AMERICA
THE PATH FORWARD

Our vision: A society of healthy communities where all individuals reach their highest potential for health.

Our commitment:

1. Access: Access to affordable, equitable health, behavioral and social services
2. Value: The best care that adds value to lives
3. Partners: Embrace diversity of individuals and serve as partners in their health
4. Well-being: Focus on well-being and partnership with community resources
5. Coordination: Seamless care propelled by teams, technology, innovation and data

Our role: The ‘H’ of the future = Hospitals, Health systems, and Health organizations that are:

- Partnering and leading in our communities
- Striving toward the vision to advance health in America
- Helping our communities beyond the four walls of the hospital
- Creating new models of care, services and collaborators
Health Research & Educational Trust – Practice Areas

Population Health
Patient and Family Engagement
High Reliability Organizations
Delivery System Innovation

Cross-cutting areas of focus: Health equity and physician engagement
Population Health

Strategies to advance the health and wellbeing of individuals and communities

**POPULATION HEALTH MANAGEMENT**

- Improving clinical health outcomes of a defined group of individuals
- Care coordination and patient engagement
- Focus on high-need, high-cost individuals
- Supported by appropriate financial and care models.

**COMMUNITY HEALTH**

- Non-clinical approaches for improving health, preventing disease, reducing health disparities and improving health equity
- Addressing social, behavioral, environmental, economic and medical determinants of health
- Geographically defined population.
Hospital roles for population health

**Specialist:** Focus on a few specific issues

**Promoter:** Supports other organizations’ initiatives

**Convener:** Brings together hospital and community stakeholders to work toward shared goals

**Anchor:** Leads community health initiatives

Source: Health Research & Education Trust, 2014.
Building Blocks for Population Health

Determinants of health
Collaboration with community stakeholders
Quality and health equity
Diversity and inclusion
Access to health care for vulnerable populations
Focus on complex patients
Addressing the determinants of health needs to be a community-wide effort.
Clinical care is only one component of health

<table>
<thead>
<tr>
<th>Component</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health care</td>
<td>20%</td>
</tr>
<tr>
<td>Genetics</td>
<td>20%</td>
</tr>
<tr>
<td>Social, Environmental and Behavioral Factors</td>
<td>60%</td>
</tr>
</tbody>
</table>

Cannot succeed in population health without addressing all the determinants of health.
Partnership is essential for to improve the health of communities and populations
How do hospitals partner?

<table>
<thead>
<tr>
<th>Not involved</th>
<th>Funding</th>
<th>Networking</th>
<th>Collaboration</th>
<th>Alliance</th>
</tr>
</thead>
<tbody>
<tr>
<td>No current partnerships with this type of organization</td>
<td>Grant-making capacity only</td>
<td>Exchange ideas and information</td>
<td>Exchange information and share resources to alter activities and enhance the capacity of the other partner</td>
<td>Formalized partnership (i.e., binding agreement) among multiple organizations with merged initiatives, common goals and metrics</td>
</tr>
</tbody>
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Community is at the center of the CHNA process.

Source: Association for Community Health Improvement, 2017.
Learning in Collaborative Communities

Ten communities working to build a Culture of Health
National Urban League

• Connect hospital CEOs with local Urban League leaders who are interested in opportunities to serve on the governing boards of hospitals and health systems

• Develop resources for community health worker programs so that hospitals can incorporate these programs into their delivery of care models and their population health strategies

• Promote shared policy solutions to the ongoing challenges that affect the health of vulnerable communities
Equity is necessary for a healthy population
Inclusion
The #123forEquity Pledge

Take action in the next 12 months to implement strategies to:
◦ increase the collection and use of race, ethnicity and language preference data
◦ increase cultural competency training
◦ increase diversity in leadership and governance.

Pledge signed by 1,486 hospitals and health systems and 60 state and metropolitan hospital associations.

EquityofCare.org
Access to care is necessary to ensure the health of a community.
AHA Task Force on Ensuring Access in Vulnerable Communities

Characteristics of vulnerable communities are similar for rural and urban areas

**Characteristics and Parameters of Vulnerable Rural Communities**
- Declining population, inability to attract new businesses and business closures
- Aging population

**Characteristics and Parameters of Vulnerable Urban Communities**
- Lack of access to basic “life needs,” such as food, shelter, and clothing
- High disease burden

- Lack of access to primary care services
- Poor economy, high unemployment rates and limited economic resources
- High rates of uninsurance or underinsurance
- Cultural differences
- Low education or health literacy levels
- Environmental challenges
Emerging Strategies for Vulnerable Populations

- Virtual Care Strategies
- Social Determinants
- Inpatient/Outpatient Transformation
- Urgent Care Center
- Rural Hospital-Health Clinic
- Emergency Medical Center
- Global Budgets
- Frontier Health System
- Indian Health Services
Thank you