

Improving Population Health by Working with Communities

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For more than 2 years, I have had the privilege of participating in a very important national task force that is sponsored by the National Quality Forum (NQF) in Washington, DC. The task force is charged with giving input on a critical national priority, namely, improving population health by working with communities.

This summer, the task force will provide the US Secretary of Health & Human Services (HHS) a list of potential operational measures that would guide HHS in the continuing implementation of the Affordable Care Act. As many of our readers know, in the next 2 years provider organizations will be held accountable, in part, for improving the health of the population in the communities that they serve. The goal of the NQF task force is to help frame this conversation, and then provide operational measures that could lead to appropriate methods of reimbursement.

I have attended 2 in-person meetings of the task force in Washington, DC, and participated in the Field Testing Group activity in Trenton, NJ. Although the entire scope of this task force's work is beyond the scope of this editorial, I wish to highlight 2 key experiences—(1) my visit to the Trenton Health Team in Trenton, NJ, and (2) a quick overview of some of the other Field Testing Group sites that, together, may help to foreshadow where the nation is going as we develop reimbursable measures for community engagement.

One year ago, along with Georges C. Benjamin, MD, the President of the American Public Health Association, I visited the Trenton Health Team, a community-based health improvement collaboration serving 6 zip codes in Trenton, one of the poorest cities in the nation.¹

This collaboration comprises Capital Health, St. Francis Medical Center, the City of Trenton Department of Health & Human Services, and the Henry J. Austin Health Center. The leaders of the Trenton Health Team are devoted to improving the health of the population, and they recognize that they have to overcome powerful social determinants of health, especially poverty, trauma, and low levels of educational attainment.

In my 1-day visit, I had the opportunity to tour several community centers and several bodegas, or corner grocery stores. In those bodegas were some subsidized

fresh fruits and vegetables in special refrigerators, paid for by a grant from the Trenton Health Team. The key policy question here is: Will individuals in the lower socioeconomic strata purchase healthy fruits and vegetables if the price is subsidized? The answer is a resounding yes! I left Trenton after a busy day, feeling that we could, in fact, ameliorate some of the social determinants of health. Of course, the experience of one city does not necessarily predict success for a national policy.

Some of the other organizations participating in this project are equally impressive, including the Chronic Disease Prevention Coalition and Policy Center at the New York Academy of Medicine in New York City.

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Their initiative, Designing a Strong and Healthy New York (DASH-NY), was launched in April 2010, with the support of the New York State Department of Health, to address obesity and chronic disease prevention through policy, systems, and environmental changes.² They presented their early results at the recent NQF task force meeting in spring 2016, in Washington, DC.

Yet another organization is the Empire Health Foundation, which is located in a 7-county region in Eastern Washington State.³ To fulfill its mission to “radically improve health in our region,” this foundation incubated the formation of its subsidiary, Better Health Together.⁴ Better Health Together partners with regional leaders representing multiple sectors to drive a common agenda to improve population health.

Additional amazing examples of connecting with the communities we serve include the Geneva Tower Health

Collaborative in Cedar Rapids, IA, which houses low-income elderly and/or disabled adults.⁵ Working with the local healthcare delivery system, Mercy Medical Center, and the Abbe Center for Community Mental Health, the Geneva Tower Health Collaborative provides on-site services and support, thereby reducing the barriers to care, which include transportation and finances. By reducing these barriers, they truly engage with the elderly who dwell in this low-income housing organization.

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Finally, the Michigan Health Improvement Alliance (MiHIA) is a nonprofit, 501(c)(3) multistakeholder organization that operates as a regional 14-county integrator, serving a population of 800,000 in central Michigan.⁶ MiHIA's efforts are to establish the region as a community of health excellence through a comprehensive focus on population health, the patient experience, and the cost of care. In other words, MiHIA's goal is to implement the Triple Aim of the Affordable Care Act.

Trenton Health Team, DASH-NY, Better Health Together, and MiHIA are organizations at the forefront of the revolution of how we will deliver healthcare in our country. These are the leaders in fostering true community engagement. We may one day need to collectively revisit these organizations when the funds flowing into the delivery system dwindle, and the remaining funds are connected to important new measures of improving the health of the individuals in those communities.

Any consensus-based effort to improve the health of communities through provider organizations will take time. Bringing together the culture of public health and the culture of clinically integrated networks (which are developing across the country) is a process fraught with many challenges. I feel very privileged to play even a small role in moving beyond simply articulating these challenges to participating in fixing them.

As always, I'm interested in your views as to how we may engage with the communities we serve. You can reach me via e-mail at david.nash@jefferson.edu. ■

References

1. Trenton Health Team. About us. www.trentonhealthteam.org/about-us/. Accessed May 31, 2016.
2. DASH-NY. About. www.dashny.org/about/. Accessed May 31, 2016.
3. Empire Health Foundation. Our work. <http://empirehealthfoundation.org/our-work/>. Accessed June 7, 2016.
4. Better Health Together. Leading the charge to radically improve health in our region. www.betterhealthtogether.org/. Accessed May 31, 2016.
5. National Quality Forum. NQF collaborates with the Geneva Tower Health Collaborative. www.qualityforum.org/Field_Testing_the_NQF_Population_Health_Guide_-_Geneva_Towers.aspx. Accessed May 31, 2016.
6. Michigan Health Improvement Alliance. Welcome to MiHIA. www.mihia.org. Accessed May 31, 2016.