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Public Health and Personal Health System Integration in New Hampshire



New Hampshire Citizens Health Initiative Health Promotion and Disease Prevention Pillar Group

February 2010

2009 Year-End Summary for the Citizens Health Initiative's Health Promotion/Disease Prevention Pillar Group (HPDPPG)

“For too long, the personal health care and public health systems have shouldered their respective roles and responsibilities separately from each other”...we need to invest in a process that mobilizes expertise and action... if we are to substantially improve community and population health.¹

To measurably improve the health of a population requires the expertise, skills, and services of both the public health and medical care systems. In the past century, life expectancy in the U.S. has increased by 30 years due to the efforts of the public health and medical care systems. Unfortunately, much of this work has been completed with public health and medical care operating on two parallel tracks and competing for resources. As recognized by the above IOM quote, to make a significant leap in optimizing population health, the activities of NH's public health and personal care systems must be wed. (See Case Study 1) As such, the HPDPPG focused its year 2009 work on initiating a process to enhance current “bridge building” efforts in NH as well as catalyzing new ones.

To begin the “bridge building” process, the HPDPPG held a series of meetings in 2009, lead by the co-chairs Jose Montero, MD and Yvonne Goldsberry, PhD. At these meetings, the HPDPPG gathered information on projects and programs taking place around the state directed at the integration and coordination of population/public health efforts with personal/medical care activity. Through this process, the HPDPPG 1) gained an understanding of the breadth, depth, and range of integration activity occurring across the state, and 2) identified ways that the Citizens Health Initiative could move this pillar activity from study and review to support for specific actions and programs. The information shared and discussions held are summarized in this document.

Case Study 1

A Conceptual Model for Integrating with Work of the Public and Personal Health Care Systems With Other Community Stakeholders to Improve Community Health.

The Vision 2020 community-wide health initiative aims to make the Keene area the healthiest community in the nation by the year 2020. A coalition of community agencies and organizations representing multiple sectors – including public health and health care – spearhead the effort. The coalition has selected five key focus areas for enhancing the health of local citizenry at both individual/personal care as well as a community level. These include: Health Status, Health Care Access, Health Literacy, Wellness, and Social Capital. For each focus area, a small workgroup is currently identifying: 1) definitions and indicators for the focus area and 2) priority strategies/interventions (programs, policies, services, collaborations etc.) to improve community performance on focus area indicators. Action plans from all workgroups will be synthesized into a Vision 2020 Community Workplan.

¹ Institute of Medicine, Improving Health in the Community: A Role for Performance Monitoring (Washington DC: National Academy Press, 1997) page VII.

HPDPPG invited presentations from a cross section of programs in NH currently integrating the work of the public health and medical care systems. HPDPPG members reviewed each program with the following questions in mind:

- 1) How does the program intersect the medical and public health systems?
- 2) What is needed for the program to be implemented state-wide?
- 3) Is state-wide implementation achievable in the 3–5 years?
- 4) What are the policy implications?

Presentations from twelve different programs including employer, community, clinic, and statewide multi-sector health promotion efforts integrating the work of public health and the medical care in a variety of different ways were conducted. (See 2009 Summary of Projects on Initiative website for a full summary of all the programs.). The HPDPPG identified several common elements of an integrated program. Together, these elements provide a foundation for developing “best practices” criteria for integration. They include:

- Communicate often with the community about the integration project
- Use simple messages, including
 - a common message for both clinical and public health components of an project (See Case Study 2)
 - encouraging project stakeholders to model behavior changes
 - Draw on tool-kits/materials from previous projects (See Case Study 2)
- Proactively plan for how to sustain the clinical or population-based behavior change
- Identify a clear owner for the project
- Proactively address how to sustain the necessary resources (time, money, human capital) to keep the project going

Case Study 2

The Community Prevention and Treatment Initiative

The Community Prevention and Treatment Initiative research project at the Foundation for Health Communities supports several NH communities in conducting coordinated clinical and community (e.g. population-level) approaches to address identified community health issues. For example, clinical and community-based leaders in the Mount Washington Valley and Derry/Londonderry area viewed child obesity as a critical community health issue. To link their clinical and community activities, both pilot sites used a toolkit of promotional materials and evidence-based strategies entitled the “5-2-1-0” Campaign.” This campaign encourages kids to eat at least five fruits and vegetables every day, reduce TV/computer screen time to two hours per day, exercise at least one hour per day, and consume no soda or sugar-sweetened beverages. On the clinical side, strategies focused on outcomes such as improving documentation of child body mass index (BMI) and encouraging providers to use the 5-2-1-0 framework to conduct nutrition, physical activity, and screen time assessments. On the community side, strategies promoted the 5-2-1-0 message in various ways such as increasing physical activity opportunities and creating an environment that supports healthy eating at child-focused organizations (schools, after-school and recreation programs). Project evaluation results demonstrate significant

- Be specific about project goals
- Match the intervention to the "readiness to change" stage of the population (See Case Study 2)
- Enlist the support of visionary leaders from both the medical care and public health system
- Assure the commitment of the medical care system to systems change

In addition to identifying best practices, the HPDPPG singled out several factors that need to be in place to catalyze more integration efforts in NH. These include:

- External demand for the medical care and public health systems to integrate their work
- Outreach to and involvement with employers to support the need for integration (See Case Study 3)
- Alignment of benefit design, funding, and incentives to support integration efforts (for example, assuring that clinical preventive services are covered in health benefit packages)
- Maintain realistic expectations about the type and pace of integration work
- Be specific about the goals/desires for integrating the efforts of the medical care and public health systems
- Share information/roadmaps about successful integration efforts
- Explicitly enumerate from both the public health and medical care system perspective the benefit (value) of collaboration
- Clearly define what "integration" means
- Develop a formal plan for New Hampshire to integrate the work of public health and the medical care system
- Listen to community desires/priorities and formulate integration efforts around these desires

improvement in many clinical-related outcomes including increased BMI documentation and physical activity, nutrition, and screen time assessments/education (particularly among overweight/obese children). Evaluation results also appear to indicate that children participating in pilot site after/summer/recreational programs exercised longer and more vigorously. Lesson learned from this experience highlight the importance of: 1) focusing an integration effort around a health issue viewed as critical by clinical and community leaders in order to galvanize commitment to the project, 2) the value of existing toolkits to make intervention implementation much easier and faster, and the 3) usefulness of having a common/unifying message (e.g. 5-2-1-0) to link clinical and community strategies as well as communicating this message often to the target population.

Case Study 3

Outreach to and Involvement with Employers to Support the Need for Integration

NH employers, particularly large employers, are actively pursuing strategies to link personal and population health services provided to their employees. In fall 2009 the University of New Hampshire initiated the "Healthy UNH Initiative" with the goal of being "the healthiest university community in the country by 2020." The Initiative's work focuses on four strategic priority areas: healthcare delivery system optimization, insurance coverage

In light of the integration case studies reviewed, the HPDPPG discussed how it could most effectively catalyze further integration activity in NH and ascertained five key follow up questions to explore. These include:

- i. Who are the system stakeholders that should be involved in a community initiative to integrate the work of the public health and health care sectors?
- ii. How do we effectively engage identified stakeholders in a community initiative to integrate the public health and health care sectors?
- iii. How do we effectively identify opportunities to integrate the work of the public health and health care sector within a community?
- iv. What criteria should be used to evaluate whether an integration activity is “successful”?
- v. How do we sustain these integration changes?

To frame its future work in this area, the HPDPPG approved in late 2009 the below mission statement:

“The HPDPPC seeks to facilitate the successful adoption at the organizational, community, and state levels of strategies to integrate the work of NH’s health care and public health systems to improve the health of the people of NH.”

In 2010 the HPDPPG will work toward its mission by:

- 1) Developing a state plan/strategy for fostering increased integration activity in NH, and
- 2) Identifying and facilitating the connection between groups engaged in similar integration efforts.

Based upon recommendations derived from these two activities, the HPDPPG will select and begin implementation of strategies to link the work of NH’s public and personal care systems in NH.

and reimbursement, wellness, and environment/marketplace. Collaboration of all community stakeholders symbolizes a core value undergirding this process.. As such, strategic objectives for the four priority areas incorporate collaboration, including between the public and personal health care systems, as a key component. For example, with respect to healthcare delivery, establishing best practices for integrating public health strategies into the health care delivery process represents a targeted strategy.



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