Stakeholder Panel

Paul Halverson, DrPH, MHSA, FACHE
Founding Dean, Indiana University Richard M. Fairbanks School of Public Health
Secretary’s Advisory Committee on National Health Promotion and Disease Prevention Objectives for 2030

Report from Paul K. Halverson, DrPH, FACHE
Founding Dean
Indiana University Richard M. Fairbanks School of Public Health – Indianapolis

September 6-7, 2017
What is ASPPH’s past involvement with Healthy People?

- ASPPH is a member of the Healthy People Curriculum Task Force (HPCTF)
- Contribution: Represent academic public health on the Task Force
How has academic public health been involved in HP?

- Faculty at schools and programs of public health lead efforts to measure the effects of prevention activities – one of the goals of HP
- Faculty address HP in courses. All students in public health are aware of HP
What aspects have been most useful?

• HP data are useful and user-friendly
What suggestions do you have for future involvement and ways to enhance engagement with HP2030?

- Require all governmental agencies, public health as well as other sectors, to collaborate on HP
- Support academe in co-building the evidence-base for promising practices in reaching the objectives
- Refine the objectives to a slim, high-priority set
- Connect HP2030 objectives to PHAB accreditation criteria (already, some health departments opt to demonstrate meeting PHAB criteria using HP)
What do you recommend to enhance academic public health engagement in HP 2030?

• Support schools and programs of public health to create innovative learning products drawn from HP priorities for wide dissemination

• Support schools and programs of public health to collaborate with partners to develop interprofessional educational resources designed to improve health
What do you envision a national partnership for activities to achieve the HP2030 targets would look like?

- DHHS convenes representatives from other federal agencies to develop joint plans aimed to achieve the HP2030 targets
- National organizations representing interprofessional academic and practice partners collaborate to build an implementation plan
- National, regional and local conversations on promising practices in meeting the objectives
Stakeholder Panel

Edward Hunter, MA
President and CEO, de Beaumont Foundation
Stakeholder Panel

Brian Marcotte
President and CEO, National Business Group on Health
Secretary's Advisory Committee on National Health Promotion and Disease Prevention Objectives for 2030

Large Employer Role in Improving Employee Health and Well-being
A community of companies who leverage their thought leadership and share best practices to:

Manage health care costs and drive delivery transformation

Link well-being to business performance and workforce strategy

Address the health and productivity of the global workforce

Accelerate the adoption of effective innovations

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Health Care Costs Still Major Concern

Q: What level of total health care trend (including pharmacy) are you projecting before and after plan design changes?

More than 2X the rate of wage increases and general inflation

Note: Projections are based on employers who had estimates for each year. Not all respondents were able to provide estimates for cost projections.
Leading Employer Trends

- Shift in focus from demand-side to supply-side
- Greater focus on behavioral health services
- Shift from broad-based to targeted, personalized communications
- Focus on improving consumer experience with the health care system
- Focus on employee holistic well-being as part of an overall workforce strategy
From Demand-Side to the Supply-Side: Employers Looking to Alternative Payment and Delivery Models

Q: In 2018, will you be actively pursuing an ACO strategy?

- Yes, by direct contracting with an ACO(s):
  - 3%
- Yes, by promoting ACOs offered by our health plans:
  - 9%
- No, but we are considering promoting or contracting with ACOs in 2019/2020:
  - 26%
- No, some of our health plans may include ACPs but it isn’t something we are looking for or promoting to employees:
  - 45%
- Don't know:
  - 16%

Q: In 2018, will you offer a health plan with a high performance network?

- Yes, only offer plans with high performance networks:
  - 1%
- Yes, offer one or more plans with a high performance network:
  - 18%
- No, but considering for 2019/2020:
  - 29%
- No, not considering:
  - 49%

Over 50% of employers will implement or are considering implementing alternative delivery models by 2020.
From Demand-Side to the Supply-Side: Growth in Telehealth

Q: In 2018, will you offer telehealth as an option to employees?

Q: In 2018, what types of services will be available to employees through your telehealth benefit?

- Mental/behavioral health services: 56%
- Primary care: 52%
- Chronic care management: 14%
- Select specialty care: 13%
- Occupational health: 7%
- Inpatient discharge follow up: 6%

Over 50% increase in companies offering telebehavioral services.
From Demand-Side to the Supply-Side: On-Site Health Centers

Q: Do you have one or more onsite (or near-site) health centers?

Q: What services are offered at your center(s)?

<table>
<thead>
<tr>
<th>Service</th>
<th>All centers</th>
<th>Some centers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acute care</td>
<td>62%</td>
<td>13%</td>
</tr>
<tr>
<td>Health improvement programs, including biometric screenings</td>
<td>56%</td>
<td>15%</td>
</tr>
<tr>
<td>Occupational health</td>
<td>51%</td>
<td>13%</td>
</tr>
<tr>
<td>Primary care</td>
<td>48%</td>
<td>18%</td>
</tr>
<tr>
<td>Chronic care management</td>
<td>36%</td>
<td>11%</td>
</tr>
<tr>
<td>Pharmacy</td>
<td>24%</td>
<td>20%</td>
</tr>
<tr>
<td>On-site employee assistance programs (EAPs)</td>
<td>18%</td>
<td>13%</td>
</tr>
<tr>
<td>Select specialty care (e.g., chiropractic services)</td>
<td>13%</td>
<td>16%</td>
</tr>
<tr>
<td>Mental/behavioral health services</td>
<td>15%</td>
<td>11%</td>
</tr>
<tr>
<td>Integrated with on-site fitness center</td>
<td>14%</td>
<td>13%</td>
</tr>
<tr>
<td>On-site navigation/health concierge services</td>
<td>10%</td>
<td>10%</td>
</tr>
<tr>
<td>Financial counseling/coaching services</td>
<td>8%</td>
<td>3%</td>
</tr>
<tr>
<td>Specialty drug administration (infusion) services</td>
<td>3%</td>
<td>3%</td>
</tr>
</tbody>
</table>
80% of Employers Are Concern About Inappropriate Use of Opioids

Q: How concerned are you regarding the inappropriate use and abuse of prescription opioids?

What Employers Are Doing About Opioid Abuse

- Approving a limited supply of opioids
- Limiting coverage to a select network of pharmacies and/or providers
- Ensuring coverage of alternatives for pain management such as physical therapy
- Providing training in the workplace to increase awareness and recognition of symptoms
- Working through health plans to encourage physicians to communicate the dangers of opioids
- Encouraging physicians who are prescribing more frequently than expected to change prescribing patterns and consider alternatives
From Broad-Based to Targeted, Personalized Communications

#1 Issue for Employers....

The Promise of Personalization

- Intersection of data and technology
- Use of predictive analytics
- Engagement platforms integrating multiple point-solutions
- Going mobile with personalized, real-time messaging
- Can use segmented and culturally & linguistically appropriate communications to promote health equity
Improving Consumer Experience with the Health Care System

Q: Which of the following tools or programs will your employees have available either through your health plan or a directly-contracted relationship in 2018?

- Price transparency tools
- Coaching for care/condition management
- Disease management
- Coaching for lifestyle management
- Self-directed online decision support tools
- Employee advocacy tools/services for claims assistance (e.g., bill pay, claims resolution)
- Medical decision support/second opinion services
- High-touch health concierge services (e.g., full-service program that helps employees navigate the health care system)

2018: 82% - 85%
2017: 80% - 81%
2016: 74% - 80%

(Percentage values are illustrative and not based on real data.)
From Wellness to Holistic Well-being

Compared to employees with low well-being, those with high well-being:

- Have lower health care costs.
- Are more productive.
- Are more likely to stay with the company.
- Have higher performance.

A growing part of workforce strategy

Stakeholder Panel

Don Schwarz, MD, MPH, MBA
Vice President, Robert Wood Johnson Foundation
Secretary’s Advisory Committee on National Health Promotion and Disease Prevention Objectives for 2030

Input from the Robert Wood Johnson Foundation

Donald F. Schwarz, MD, MPH, MBA
Vice President - Program
September 6, 2017
RWJF History with HP 2020

- Provided input on HP 2020 Objectives
- Supported work on various Objectives
  - Individual objectives, e.g. access to health services, diabetes, tobacco use, others
  - Policy and law analyses as drivers of health
  - Support for public health infrastructure
Suggestions Regarding Engagement

• Format and structure of Objectives
  • Less about disease
  • More about upstream contributors to health

• Call out roles for other sectors and partnerships

• Convene local and regional philanthropy
Enhancing Use of Data for HP 2030

Endeavor to use hyper-local data (below county level)

- https://www.cdc.gov/500cities/
- Census-tract-level Life Expectancy at Birth

The percentage of adult obesity for Philadelphia County, PA is: 31.4%
Enhancing Use of Data for HP 2030

Link data to what works for achieving objective

- County Health Rankings and Roadmaps
- CDC Community Guide
Stakeholder Panel

Nirav Shah, MD, MPH
Senior Vice President and COO, Kaiser Permanent Southern California
Stakeholder Panel

Mary Pittman, DrPH
President and CEO, Public Health Institute
What are Public Health Institutes?

MISSION AND VISION

The NNPHI vision is innovation-fostering public health institutes across the nation collaborating to improve population health.

The NNPHI mission is to support national public health system initiatives and strengthen public health institutes to promote multi-sector initiatives resulting in measurable improvements of public health structures, systems, and outcomes.
How do PHI’s use Healthy People Metrics?

PHI CORE COMPETENCIES

- Fiscal/Administrative Management
- Population-Based Health Program Delivery
- Health Policy Development, Implementation and Evaluation
- Training and Technical Assistance
- Research and Evaluation
- Health Information Services
- Health Communications and Social Marketing
- Convening and Partnering
WHY PUBLIC HEALTH INSTITUTES?

1. GROWING RECOGNITION THAT PUBLIC HEALTH IS NOT THE EXCLUSIVE ROLE OF GOVERNMENT

2. INCREASED FOCUS ON INTERSECTORAL WORK TO ADDRESS SOCIAL DETERMINANTS OF HEALTH and HEALTH EQUITY

3. GOVERNMENTS, FOUNDATIONS, AND OTHER ORGANIZATIONS REALIZE THEY CAN ENGAGE PHIs TO HELP THEM DO THINGS MORE EFFICIENTLY.
   - A. Move quickly with less bureaucracy
   - B. Hire staff
   - C. Give Voice
   - D. Build partnerships
   - E. Re-grant and manage subcontractors
   - F. Act as Fiscal Agent

4. LINK BETWEEN PUBLIC HEALTH AND HEALTHCARE REFORM
WHY PUBLIC HEALTH INSTITUTES?

5. REPUTATION FOR DELIVERING QUALITY PRODUCTS

6. ENTREPRENEURIAL & DATA SAVVY

7. EXPERT STAFF AND BOARD

8. TRUSTED AND POLITICALLY SAVVY

9. WELL NETWORKED

10. GOOD AT RESPONDING TO CHANGE IN TECHNOLOGY AND COMMUNICATIONS
DEATHS DUE TO ALL CANCERS, 2013-2015

HP 2020 Target: 161.4
California Average: 143.8
(per 100,000 Population)

Age-Adjusted Death Rate per 100,000 Population by County of Residence

- Less than or equal to 143.8
- Within 143.9 to 161.4
- Greater than 161.4
- Unreliable*

* Rates and percentages are deemed unreliable based on fewer than 20 data elements.

Data Sources:
State of California, Department of Finance, Report P-3: State and County Population Projections by Race/Ethnicity, Detailed Age, and Gender, 2010-2060.
Sacramento, California, December 2014.
Disaster Medical Services

**GOAL 27**: Enhance disaster medical and health emergency operational and response capacity.

**Strategy 27.1** Coordinate multi-agency and multi-jurisdictional medical emergency and disaster preparedness response activities.

- **Objective 27.1.1** Participate in regional Medical and Health Operational Area Coordinator (MH-OAC) planning and coordination activities on an ongoing basis.
- **Objective 27.1.2** Participate in OES infrastructure, response and recovery planning activities annually.
- **Objective 27.1.3** Participate in national, state, regional and local disaster planning, training, response and recovery activities on an ongoing basis.

<table>
<thead>
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<th>Healthy People 2020</th>
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**Strategy 27.2** Review existing disaster operational plans for opportunities to enhance access and functional needs considerations.

- **Objective 27.2.1** Identify and map vulnerable populations with access and/or functional needs by June 30, 2015.
- **Objective 27.2.2** Participate in Access and Functional Needs (AFN) Workgroup for Operational Area on an ongoing basis.

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**Strategy 27.3** Enhance clinical workforce capacity through the training, exercise, deployment, and utilization of Medical Reserve Corps (MRC) volunteers prior to or during a public health activity or large scale public health or multi-casualty event or disaster.

- **Objective 27.3.1** Incorporate activation of MRC volunteers into at least one exercise per year.
- **Objective 27.3.2** Recruit 100 Certified Nursing Assistants and Home Health Aides for AFN shelter assistance by December 30, 2015.
- **Objective 27.3.3** Provide quarterly MRC member training opportunities.

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**GOAL 28**: Be prepared to support regional and state chemical/radiological weapon response teams.

**Strategy 28.1** Represent public health in multidisciplinary meetings and planning sessions.

- **Objective 28.1.1** Participate in one drill or exercise involving chemical or radiological weapons by June 30, 2018.
The Leading Health Indicators (LHI) establish both baselines and targets for health improvement priority areas. This dashboard gives a snapshot of each indicator by comparing recent data trends to the Healthy People 2020 targets.

- Red = Not on track to reach 2020 target.
- Yellow = Progress is being made, but overall progress is limited or slow.
- Green = On track to reach 2020 target.
- Green Checkmark = Exceeded 2020 target (given most recent data; assuming continued progress or maintenance of current percentages).

<table>
<thead>
<tr>
<th>2020 Targets</th>
<th>Progress: ACCESS TO HEALTH SERVICES</th>
<th>US</th>
<th>CA</th>
<th>San Diego County</th>
</tr>
</thead>
<tbody>
<tr>
<td>AHS-1.1</td>
<td>Increase the proportion of persons with medical insurance.</td>
<td>![Yellow]</td>
<td>![Yellow]</td>
<td>![Yellow]</td>
</tr>
<tr>
<td>AHS-3</td>
<td>Increase the proportion of persons with usual primary care provider.</td>
<td>![Green]</td>
<td>![Yellow]</td>
<td>![Yellow]</td>
</tr>
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Progress Towards Selected Healthy People 2020 Objectives

Source: California Department of Public Health, Center for Health Statistics, 2012 Death Statistical Master File
BuildHealthyPlaces.org

By joining forces, community developers and health professionals can have a more powerful impact.

Learn More About the Network

The Pulse

A monthly roundup of what we’re reading and where we’ve been at the intersection of community development and health.

View past issues  Sign Up
Welcome to MeasureUp, a microsite of resources and tools to help you measure and describe your programs’ impact on families and communities and on factors related to health. MeasureUp provides examples, tools, and resources to help you make your case, without having to become an economist.

Here’s what’s available:

- BuildHealthyPlaces.org
- Mapping Tools
- Measurement Tools
- Evidence Base
- Measurement Stories
- Deeper Dive

Featured Resources

- Metrics for Healthy Communities
- Mapping Child Opportunity
- How Developers Can Build Healthier Places
What would enhance engagement in PH 2030

Tools to help link data at that more local level
Identify more specific metrics on determinants of health related to correctional/criminal justice system
Identify specific metrics on quality of life
Link funding to National Health Objectives
Encourage multi-sector training on use
Put high priority set of objectives in mobile app and use social media about progress
Engage local philanthropy
Questions and Answers

Moderated by
Nico Pronk, PhD, MA, FACSM, FAWHP
Committee Co-Chair
Paul Halverson, DrPH, MHSA, FACHE
Founding Dean, Indiana University Richard M. Fairbanks School of Public Health