# 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**

ASPPH.ORG

1900 M Street NW, Suite 710
Washington, DC 20036
Tel: (202) 296-1099

**ASPPH** ASSOCIATION OF
**SCHOOLS & PROGRAMS**
OF PUBLIC HEALTH

# 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

**ASPPH**

# 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

**ASPPH**

# What aspects have been most useful?

- HP data are useful and user-friendly

**ASPPH**

# 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

ASPPH

# 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
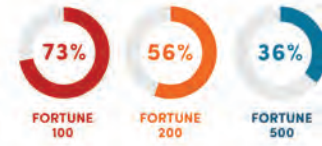
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**National Business Group on Health** ®

September 6-7, 2017

# 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:
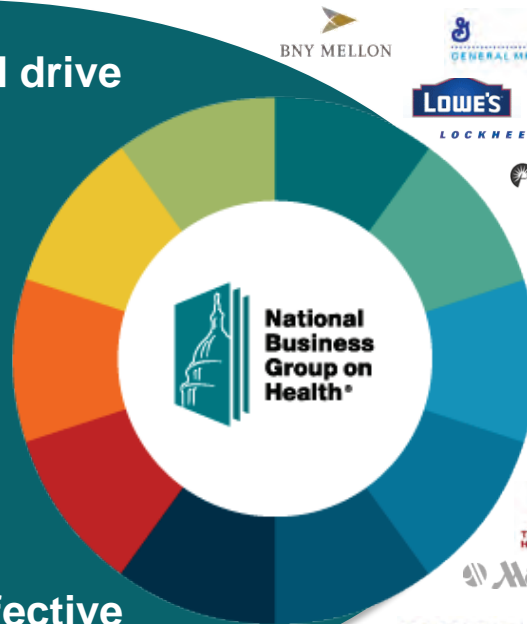
**Manage health care costs and drive delivery transformation**

**Link well-being to business performance and workforce strategy**

**Address the health and productivity of the global workforce**

**Accelerate the adoption of effective innovations**

73% FORTUNE 100

56% FORTUNE 200

36% FORTUNE 500

# 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?
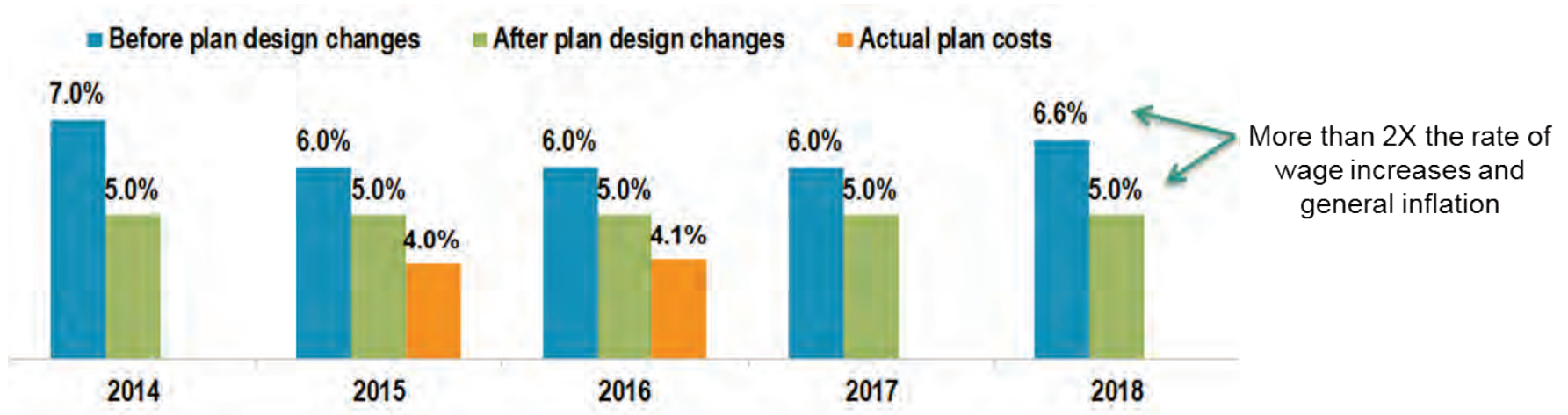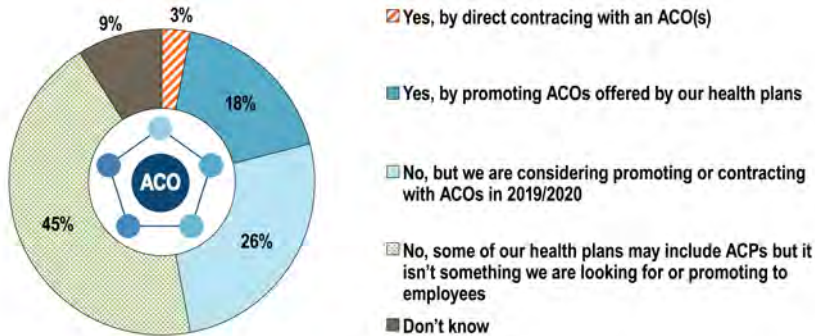


Note: Projections are based on employers who had estimates for each year. Not all respondents were able to provide estimates for cost projections.
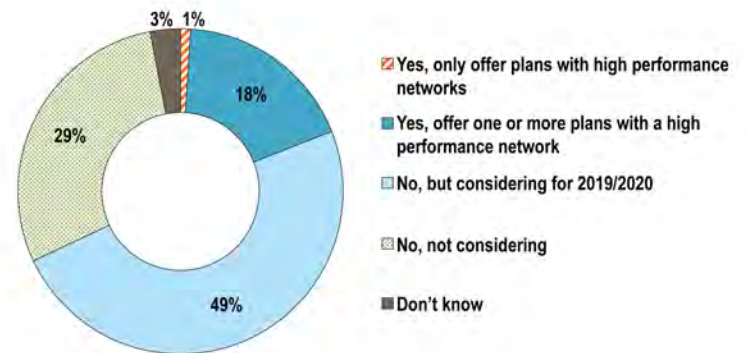
# Leading Employer Trends

- 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

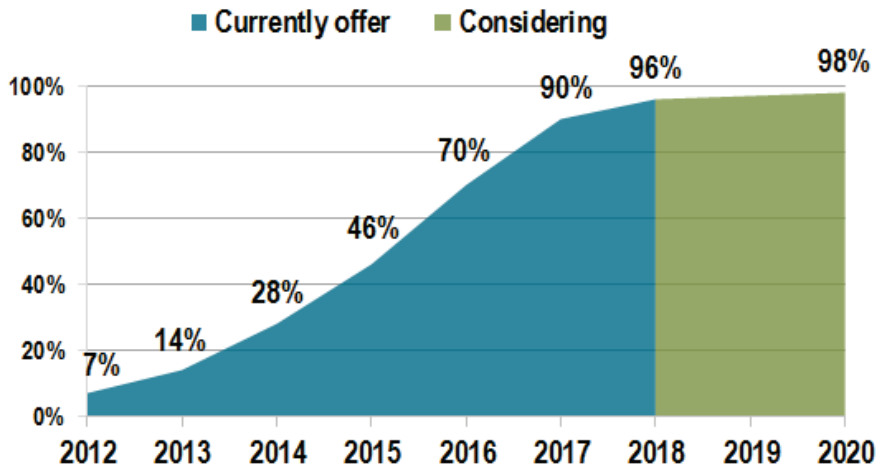Q: In 2018, will you be actively pursuing an ACO strategy?



- 9%
- 3%
- 18%
- 45%
- 26%

ACO

☑ Yes, by direct contracing with an ACO(s)

■ Yes, by promoting ACOs offered by our health plans

☐ No, but we are considering promoting or contracting with ACOs in 2019/2020

▨ No, some of our health plans may include ACPs but it isn't something we are looking for or promoting to employees

■ Don't know

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



- 3% 1%
- 18%
- 29%
- 49%

☑ Yes, only offer plans with high performance networks

■ Yes, offer one or more plans with a high performance network

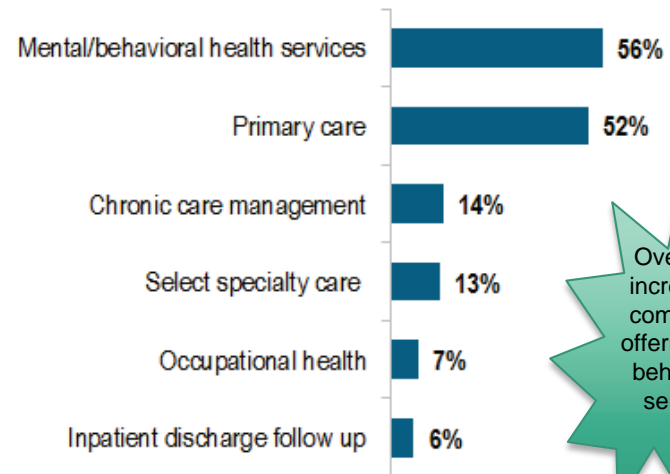☐ No, but considering for 2019/2020

▨ No, not considering

■ Don't know

*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?

**Currently offer** ■ **Considering**

| Year | Value |
|------|-------|
| 2012 | 7% |
| 2013 | 14% |
| 2014 | 28% |
| 2015 | 46% |
| 2016 | 70% |
| 2017 | 90% |
| 2018 | 96% |
| 2020 | 98% |

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

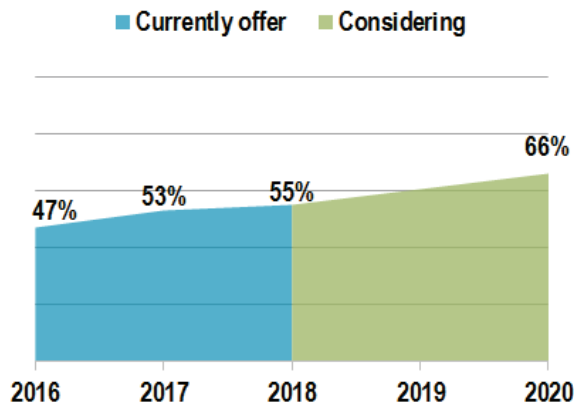| Service | Percent |
|---------|---------|
| Mental/behavioral health services | 56% |
| Primary care | 52% |
| Chronic care management | 14% |
| Select specialty care | 13% |
| Occupational health | 7% |
| Inpatient discharge follow up | 6% |

Over 50% increase in companies offering tele-behavioral services

16
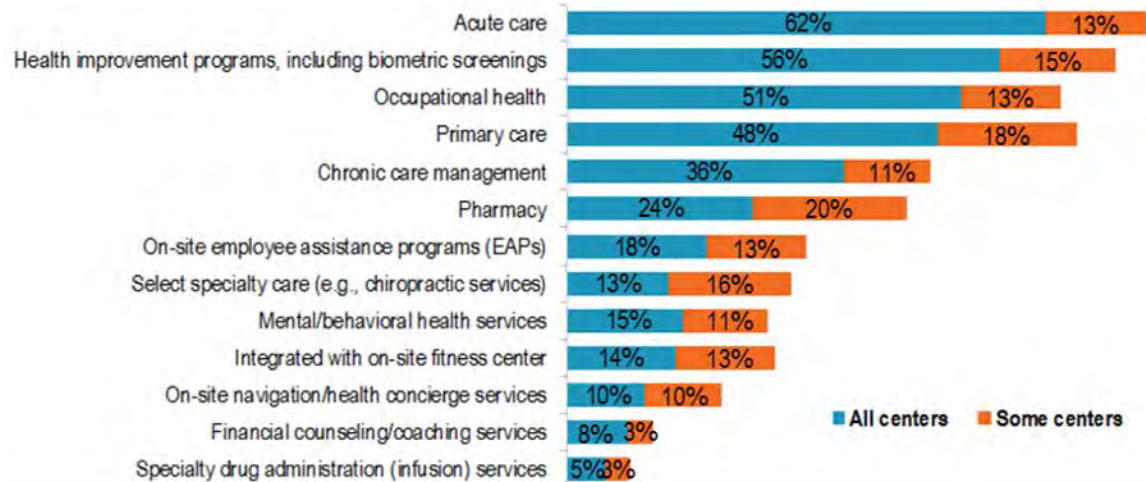
# From Demand-Side to the Supply-Side:
## On-Site Health Centers



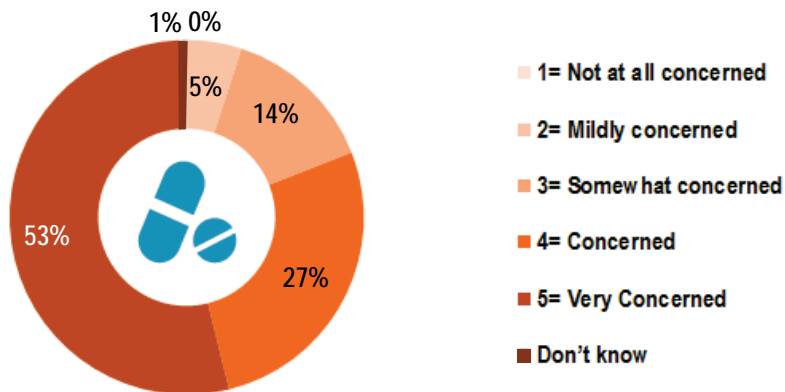Q: Do you have one or more onsite (or near-site) health centers?

Legend: ■ Currently offer ■ Considering

- 2016: 47%
- 2017: 53%
- 2018: 55%
- 2020: 66%

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

| Service | All centers | Some centers |
|---|---|---|
| Acute care | 62% | 13% |
| Health improvement programs, including biometric screenings | 56% | 15% |
| Occupational health | 51% | 13% |
| Primary care | 48% | 18% |
| Chronic care management | 36% | 11% |
| Pharmacy | 24% | 20% |
| On-site employee assistance programs (EAPs) | 18% | 13% |
| Select specialty care (e.g., chiropractic services) | 13% | 16% |
| Mental/behavioral health services | 15% | 11% |
| Integrated with on-site fitness center | 14% | 13% |
| On-site navigation/health concierge services | 10% | 10% |
| Financial counseling/coaching services | 8% | 3% |
| Specialty drug administration (infusion) services | 5% | 3% |

# 80% of Employers Are Concern About Inappropriate Use of Opioids

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

1% 0%
5%
14%
27%
53%

- 1= Not at all concerned
- 2= Mildly concerned
- 3= Somewhat concerned
- 4= Concerned
- 5= Very Concerned
- Don't know

## 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?



| Tool or program | 2018 | 2017 | 2016 |
|---|---|---|---|
| Price transparency tools | 82% | 85% | 71% |
| Coaching for care/condition management | 84% | 80% | 81% |
| Disease management | 80% | 74% | 81% |
| Coaching for lifestyle management | 71% | 72% | 73% |
| Self-directed online decision support tools | 67% | 65% | 73% |
| Employee advocacy tools/services for claims assistance (e.g., bill pay, claims resolution) | 64% | 52% | 59% |
| Medical decision support/second opinion services | 66% | 45% | 60% |
| High-touch health concierge services (e.g., full-service program that helps employees navigate the health care system) | 36% | 28% | 29% |

# From Wellness to Holistic Well-being

DRIVERS OF **EMPLOYEE WELL-BEING**

SOCIAL CONNECTEDNESS · JOB SATISFACTION · FINANCIAL SECURITY · EMOTIONAL HEALTH · PHYSICAL HEALTH

© 2015 *National Business Group on Health*®

Compared to employees with low well-being, those with high well-being:[1]

- 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***

1. Sears LE, Shi Y, Coberley CR, Pope JE. Overall well-being as a predictor of health care, productivity, and retention outcomes in a large employer. Popul Health Manag. 2013;16:397–405.

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# 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**



**Asthma Prevalence, Philadelphia**
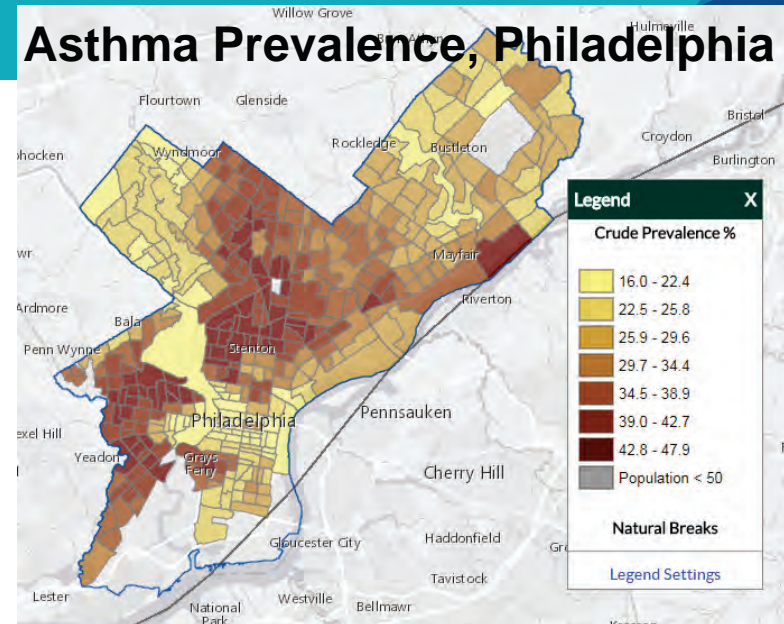
# Enhancing Use of Data for HP 2030

**Link data to what works for achieving objective**

- **County Health Rankings and Roadmaps**

- **CDC Community Guide**



## What Works for Health

*What Works for Health* provides communities with information to help select and implement evidence-informed policies, programs, and system changes that will improve the variety of factors we know affect health.

### A Shortcut to Using What Works for Health

**What Works for Health Shortcut**

Looking for a shortcut to effectively use *What Works for Health*, our tool to help you find evidence-informed policies, programs, systems,

### New or Updated Policies & Programs

Carpool & rideshare programs
Expert Opinion

Child tax credit expansion
Expert Opinion

Chronic disease management programs
Scientifically Supported

**BROWSE NEW OR UPDATED POLICIES & PROGRAMS**

The Community Guide

Topics | Task Force | Publications & Resources | About | GuideCompass

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**Your online guide of what works to promote healthy communities**

About the Guide

**Health Equity Publications Now Available!**

Full-text journal articles with effectiveness and economic evidence for a set of health equity reviews are now available. Read more>>

**Newly Published in Cardiovascular Disease!**

**Two Published Economic Reviews Now Available**

# 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.

**NNPHI MEMBER PUBLIC HEALTH INSTITUTES**
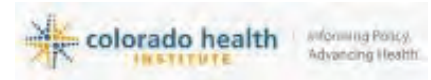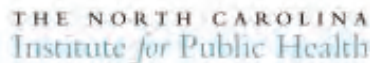
# How do PHI's use Healthy People Metrics?

# 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

**PUBLIC HEALTH INSTITUTE**

# 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.**<br>A. Move quickly with less bureaucracy<br>B. Hire staff<br>C. Give Voice<br>D. Build partnerships<br>E. Re-grant and manage subcontractors<br>F. Act as Fiscal Agent |

| 4 | **LINK BETWEEN PUBLIC HEALTH AND HEALTHCARE REFORM** |

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# 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

PUBLIC HEALTH

CASE
EXAMPLES

PUBLIC
HEALTH

# COUNTY HEALTH STATUS PROFILES 2017

CALIFORNIA DEPARTMENT OF PUBLIC HEALTH AND
CALIFORNIA CONFERENCE OF LOCAL HEALTH OFFICERS
NATIONAL PUBLIC HEALTH WEEK, APRIL 3-9, 2017

# 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:**
California Department of Public Health, 2013 Death Statistical Master File,
VRBIS Death Statistical Master File Plus 2014-2015, created on November 1, 2016.
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.

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## Disaster Medical Services

**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 (MHOAC) 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.

| The 10 Essential Services of PH | Healthy People 2020 |
|---|---|
| ES 3 | PREP-ALL |
| National Prevention Strategy | Live Well San Diego |
| Injury and Violence Free Living | Living Safely: Communities are resilient to disasters and emergencies |

**Strategy 27.2** Review existing disaster operational plans for opportunities to enhance access and functional needs consideration.

- **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.

| The 10 Essential Services of PH | Healthy People 2020 |
|---|---|
| ES 5 | PREP-ALL |
| National Prevention Strategy | Live Well San Diego |
| Injury and Violence Free Living | Living Safely: Communities are resilient to disasters and emergencies |

**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.

| The 10 Essential Services of PH | Healthy People 2020 |
|---|---|
| ES 5, 8 | PREP-ALL |
| National Prevention Strategy | Live Well San Diego |
| Injury and Violence Free Living | Living Safely: Communities are resilient to disasters and emergencies |

**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 10 Essential Services of PH | Healthy People 2020 |
|---|---|
| ES 5, 8 | PREP-ALL |
| National Prevention Strategy | Live Well San Diego |
| Injury and Violence Free Living | Living Safely: Communities are resilient to disasters and emergencies |

# TARGET DASHBOARD

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).

| 2020 Targets | Progress: | US | CA | San Diego County |
|---|---|---|---|---|
| **ACCESS TO HEALTH SERVICES** | | | | |
| AHS-1.1 | Increase the proportion of persons with medical insurance. | 🟡 | 🟡 | 🟡 |
| AHS-3 | Increase the proportion of persons with usual primary care provider. | 🟢 | 🟡 | 🟡 |

# Progress Towards Selected Healthy People 2020 Objectives
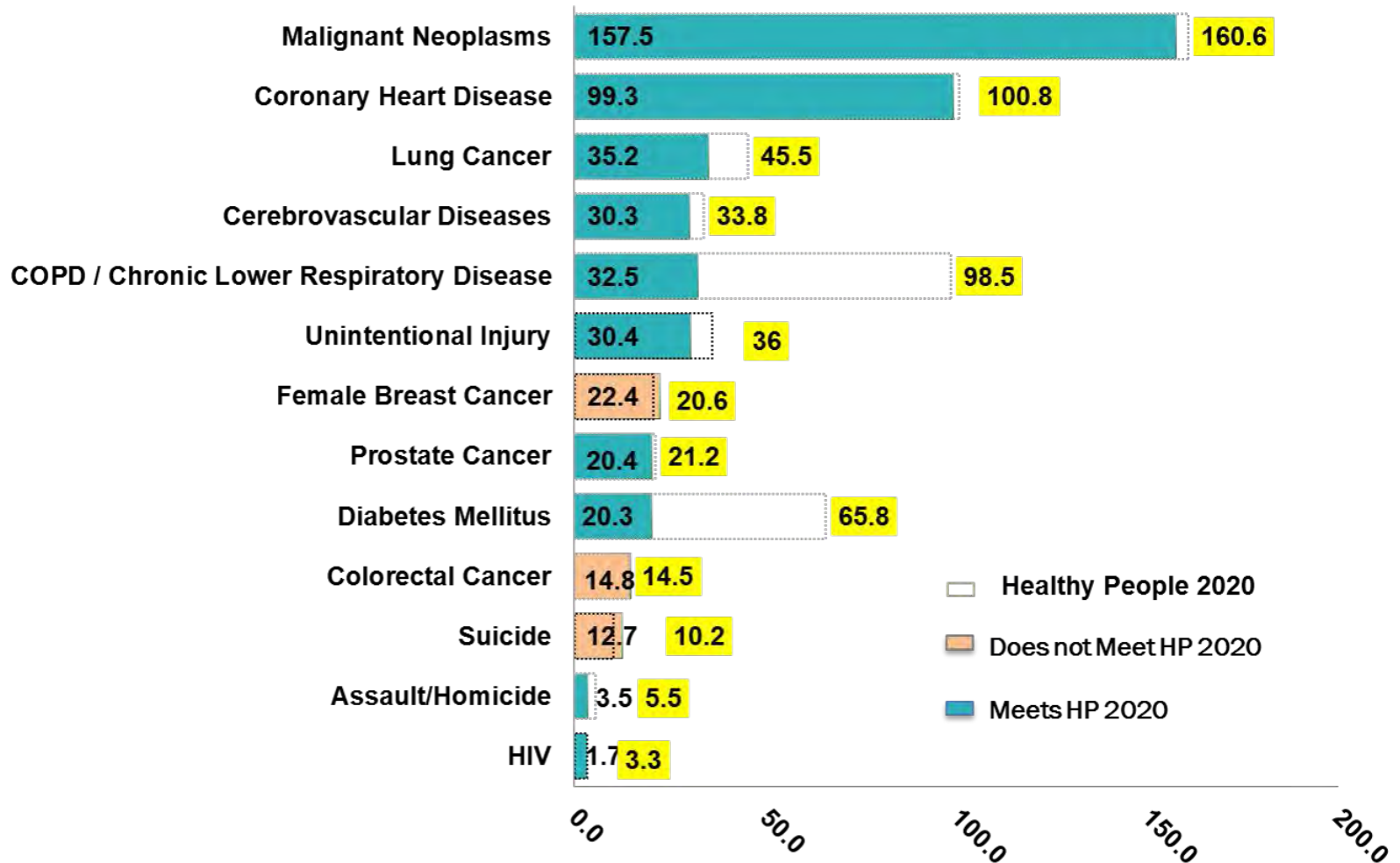


Source: California Department of Public Health, Center for Health Statistics, 2012 Death Statistical Master File

A program of the Public Health Institute

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## BuildHealthyPlaces.org

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

Learn More About the Network

Build Healthy Places Network
#NetworkCommons

Romi Hall
Healthy Neighborhoods Manager, East Bay Asian Local Development Corporation (EBALDC)

## 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

**AUGUST**
Toward health equity

**JULY**
Proof pours in that home is where the health is

**JUNE**
How hospitals can improve neighborhoods

# MeasureUp

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**
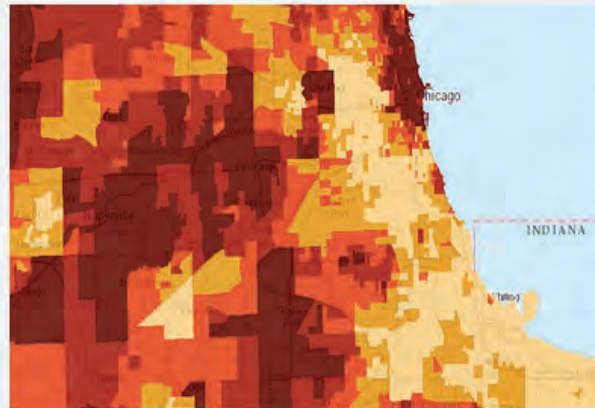
# What would enhance engagement in PH 2030

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

# Public Health Institute



THANK YOU

http://www.phi.org/



The Public Health Institute is dedicated to promoting health, well-being and quality of life for people throughout California, across the nation and around the world.