Building Systems to Improve Community Health:
Emerging Models of Leadership
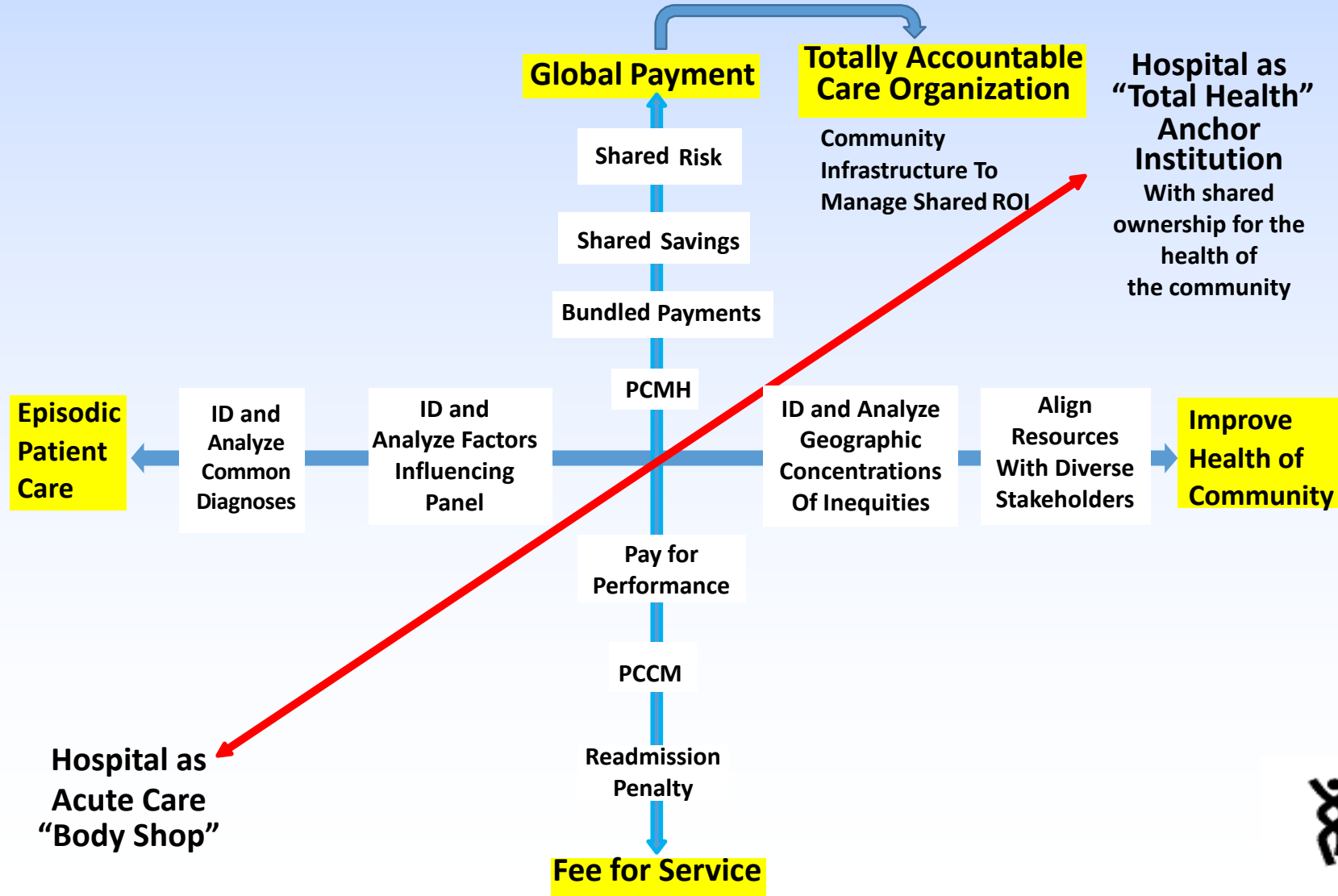
Wednesday, April 11, 2018

Hospital Association of Southern California

Board Meeting

Kevin Barnett, DrPH, MCP

Senior Investigator

Public Health Institute

Health Care Transformation Continuum

Key Drivers

- **Internal**
  - Senior leader champion(s)
  - Mission centrality
  - Board champion(s)
  - Financial status
  - Payer mix
  - Hospital location
  - Market concentration
  - System capacity
 - Links w/safety net (e.g., FQHCs)

- **External**
  - State Medicaid policy
  - Demographics
  - Payer configuration and behaviors
  - State investments in population health
  - Local/state health philanthropy patterns
 - State/local sector alignment efforts

Coming to Terms with Health Inequities

- Unhealthy housing

- Exposure to array of environmental hazards

- Limited access to healthy food sources & basic services

- Unsafe neighborhoods

- Lack of public space, sites for exercise

- Limited public transportation options

- Inflexible and/or poor working conditions

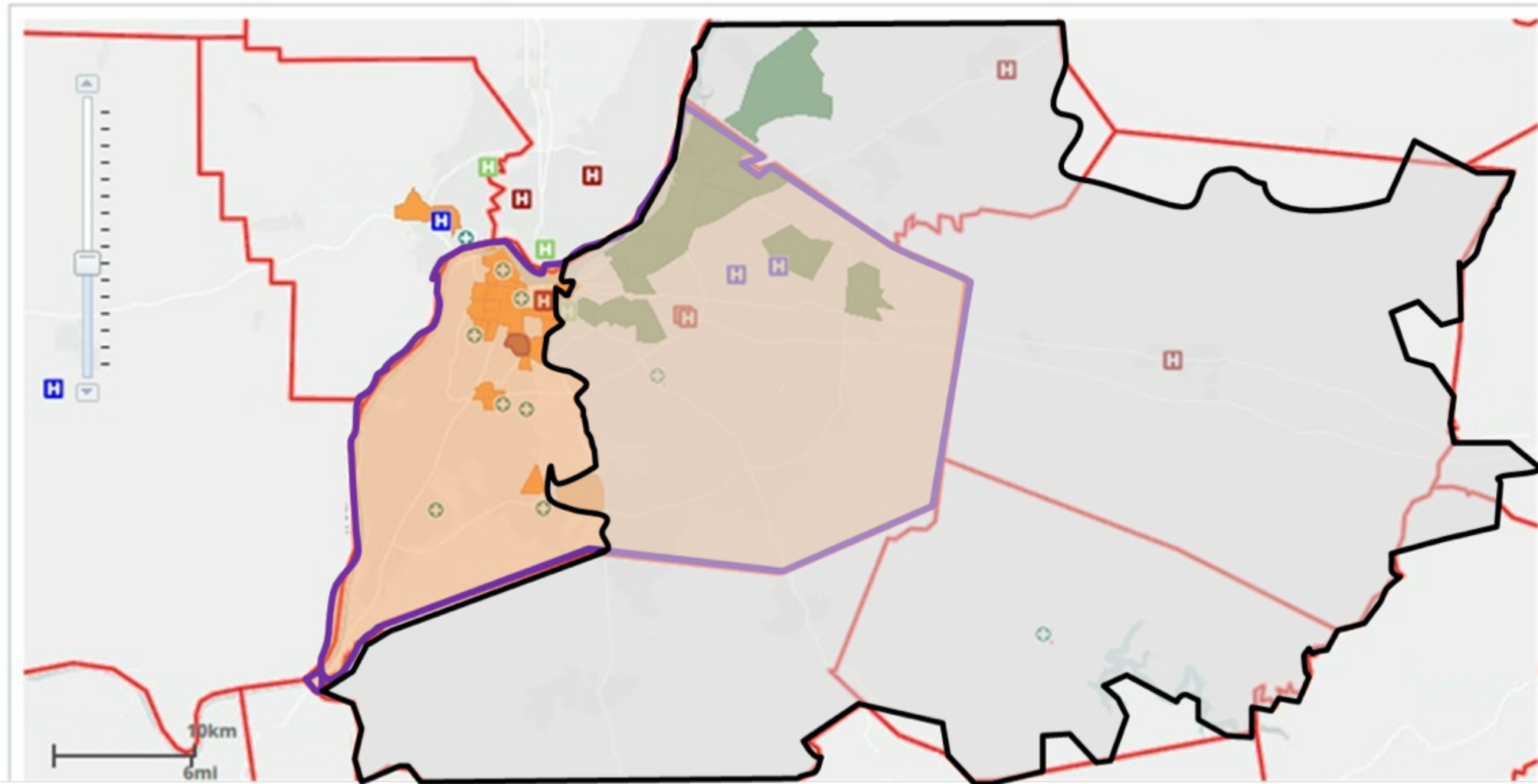- Health impacts (e.g., allostatic load) of chronic stress

Emptiness amongst the Crowd
Wojciech Dziadosz

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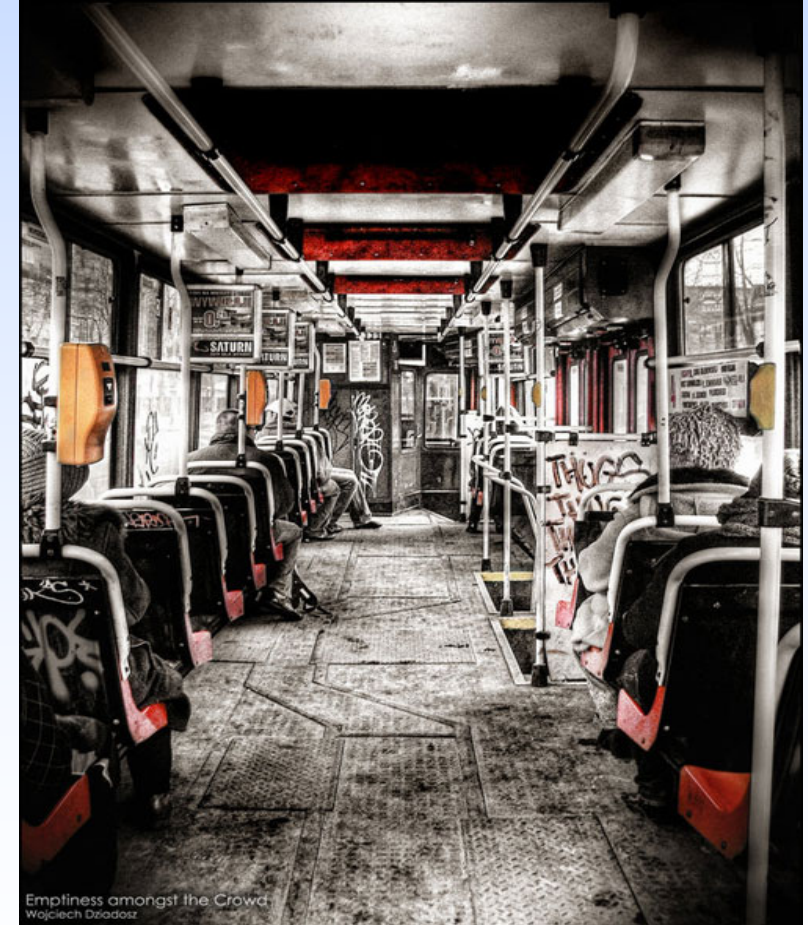
Redlining
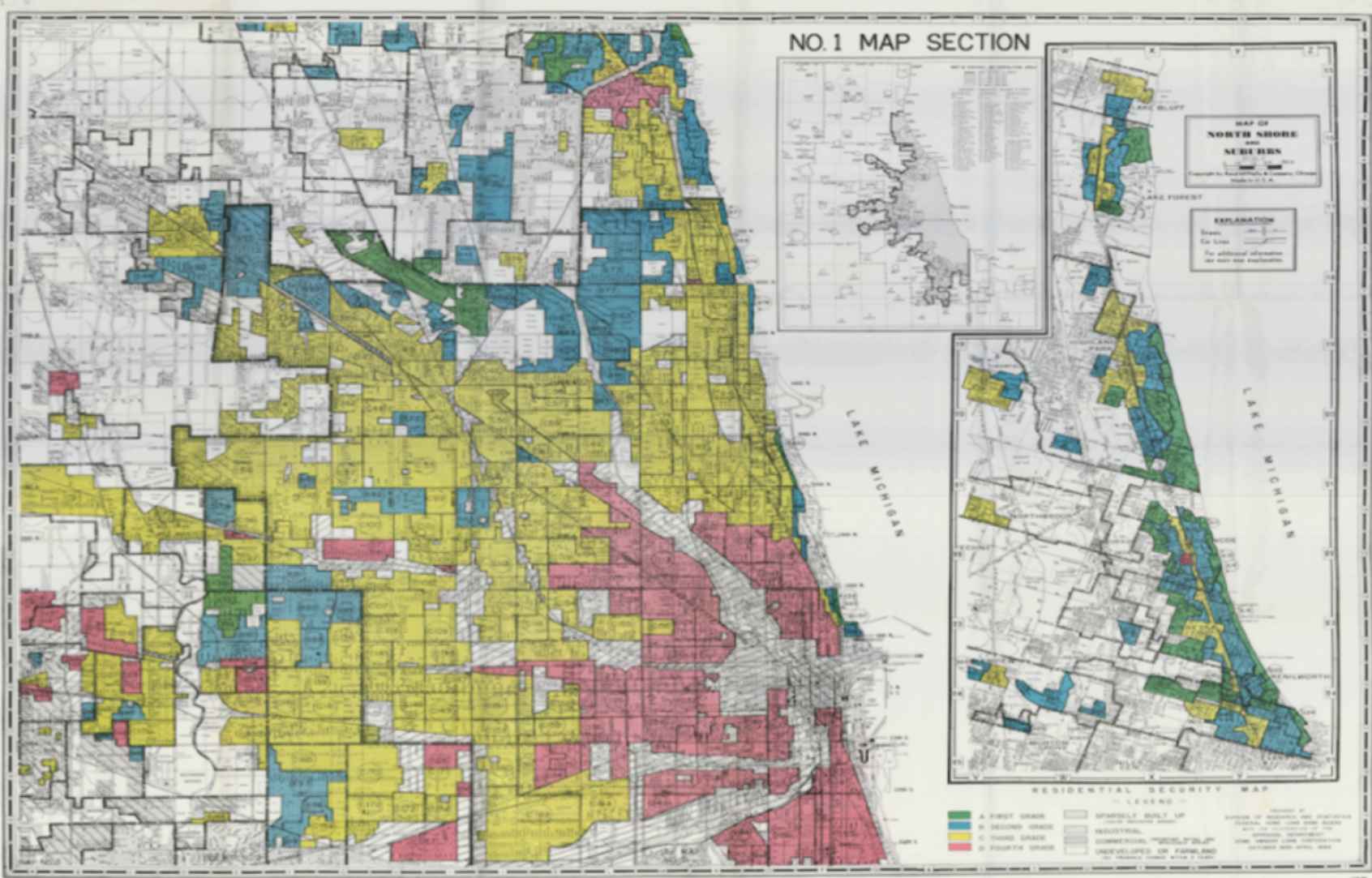
Service Area Definitions

Vulnerable Populations Footprint

Center to Advance Community Health and Equity

CACHE uses tools and TA to build shared ownership for health through collaborative problem solving, focusing where health inequities are concentrated. Forms of support include:

- 990H analysis and interpretation
- GIS analysis of social determinants of health and related data.
- Analysis of hospital utilization data.
- Assessment of alignment opportunities across sectors.
- Community development capacity assessment and alignment with pop health strategies.

Domains of Activity, Geography, and Primary Focus of Interventions

Domains of Activity	Physical Environment	Social Determinants	Behaviors	Clinical
Geography of Interventions			Individual and Family	
	Regional – county Municipal – neighborhood			
Primary Stakeholders	Chambers of commerce Metropolitan planning CDFIs / CDCs Regional employers State agencies		← Physicians groups Retail providers Corrections ← Hospitals ← Health Plans ← Community Clinics	
			← Public health agencies Social service agencies ← Community Action Agencies ← Homeless Shelters	

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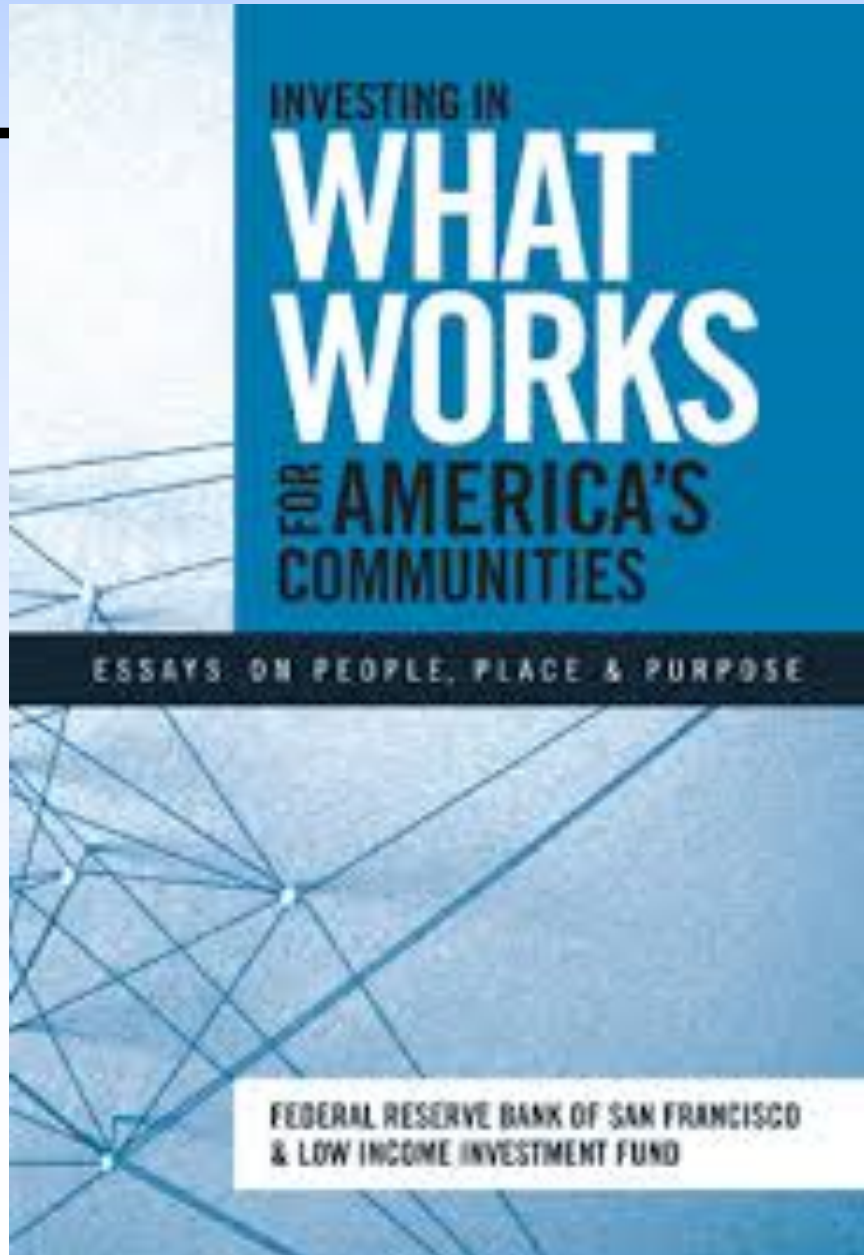
National dialogue initiated by the Federal Reserve Bank of San Francisco in support from the Robert Wood Johnson Foundation.

Released series of essays entitled *Investing in What Works for America*

2014 launch of Building Healthy Places Network to share emerging research and best practices at (http://www.buildhealthyplaces.org/)

Areas of Hospitals/Health System Investment to Date

- **Pre-development loans** for affordable housing

- **Capital campaign bridge loan** for low income dental care center

- **Revolving loan fund** for small business development nonprofit

- **Scholarship Loan Programs** for under-represented youth

- **Loans for child care businesses** and other small business development

- **Healthy Food** financing, e.g., grocery stories, corner stores

- Housing **linked with support services**
  - Isolated seniors
  - Homeless people with behavioral health & substance issues
  - Reduce acuity of chronic diseases such as asthma

Focus on Obesity: Stakeholders and Areas of Focus
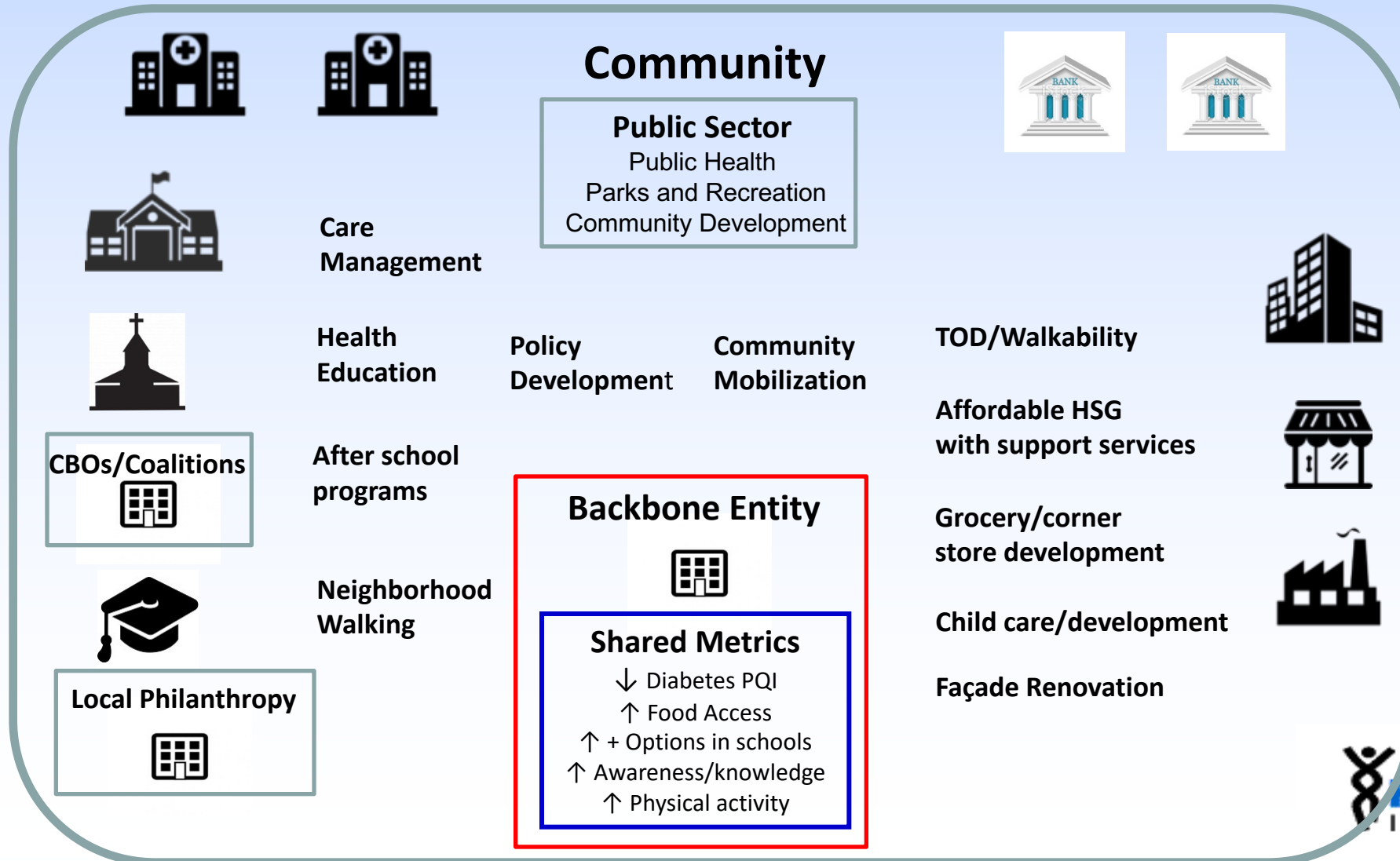
Potential Partners - Roles

- **Public health agencies**

- **Social service agencies**
- **Service-based CBOs**

- **Community Action As**
- **Faith Community**
- **Advocacy CBOs**

- **United Way**
- **Local Philanthropy**

- **City agencies**
- **Associations**

Assessment, community outreach, evaluation, policy development

Service coordination/integration, enhancement, leveraging

Community engagement, mobilization, facilitation, policy advocacy

Core operating infrastructure development, sustainability

Alignment with planning priorities, secure political support

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Institutionalizing our Commitment

- **Any action** taken **to formalize a function or structure** at the individual, departmental, or organizational level.

- Purpose is to **codify**, **scale**, and **sustain** desired practices.

- Examples include:

  - Form board committees (e.g., population health)
  - Create new positions (e.g., SVP for Population Health)
  - Change job responsibilities
  - Establish incentives for desired behavior (e.g., at risk compensation)
  - Integrate internal functions (e.g., align CB and pop health mgmt)
  - Establish new functions (e.g., collect data on SDH)
  - Establish new relationships (e.g., share data with FQHCs)

Strategic Engagement in Civic Affairs

Reports, Data, and Information	Potential Uses
Municipal Comprehensive/General Plans	Community and economic development priorities
United Ways, local/regional Foundations	Influence decision-making to ensure alignment in communities, leverage hospital resources
Chambers of Commerce	"Connect the dots", retention of high quality workforce, influence investment priorities
Regional Transportation Planning Boards	Resource allocation → access to public transportation → care, affordable healthy food, employer networks
City Councils/County Supervisors	Local priorities and enforcement of existing ordinances
Parks and Recreation Boards	Resource allocation → public space, co-investment opportunities to support safe public access
Local Public Health Agencies	Collaboration alignment on CHNAs and IS, monitoring impacts
Food Policy Councils	Assessment of regional food systems, access to affordable health food, co-investment in targeted interventions and food sourcing

Data Systems Development

Institutional Policies
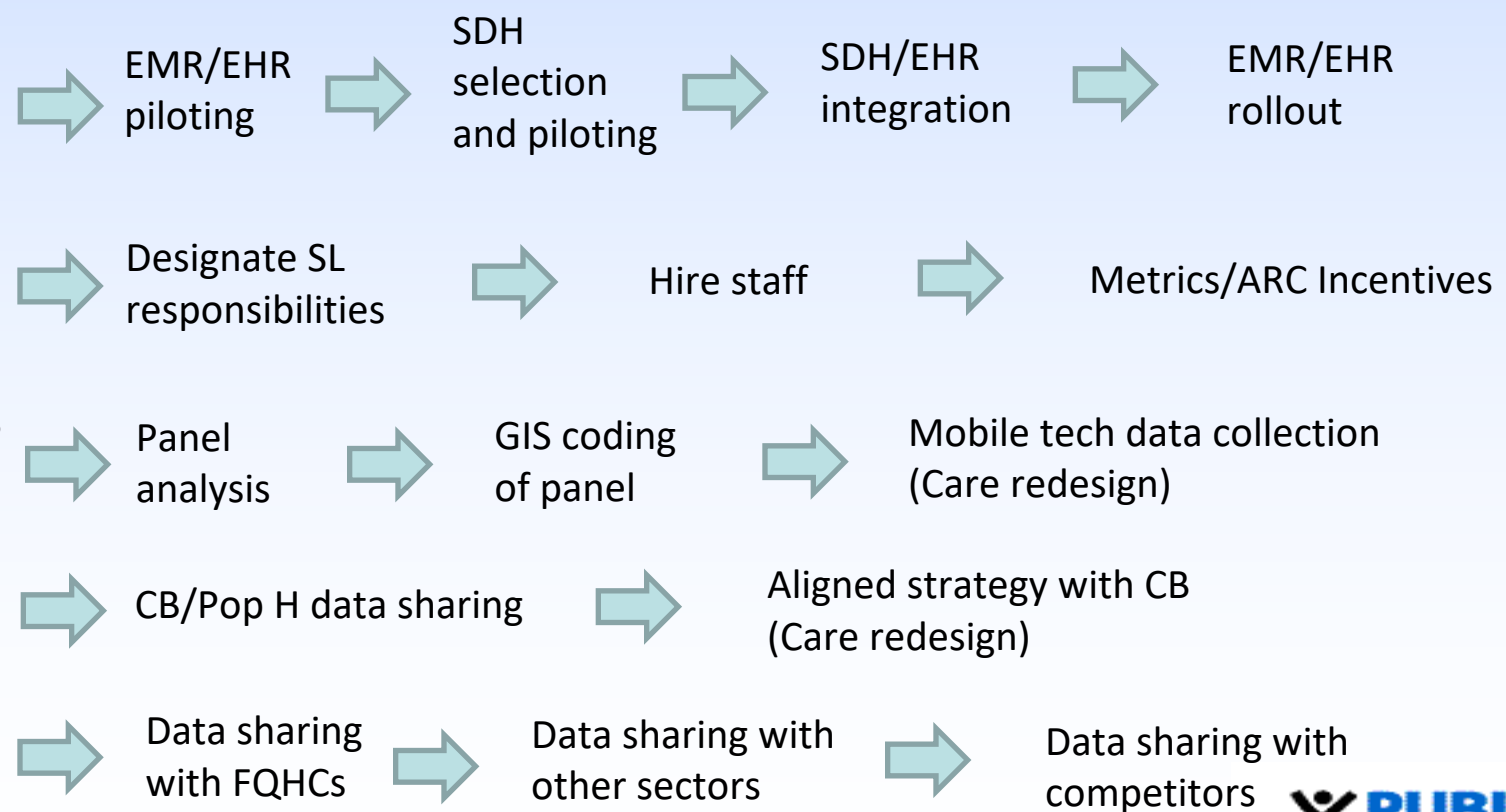
Select EMR/EHR

Select pilot sites → EMR/EHR piloting → SDH selection and piloting → SDH/EHR integration → EMR/EHR rollout

Mandate rollout

Formalize accountabilities → Designate SL responsibilities → Hire staff → Metrics/ARC Incentives

Establish protocols for analysis/use → Panel analysis → GIS coding of panel → Mobile tech data collection (Care redesign)

Mandate internal integration → CB/Pop H data sharing → Aligned strategy with CB (Care redesign)

Agreements for data sharing → Data sharing with FQHCs → Data sharing with other sectors → Data sharing with competitors

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Moving Beyond Legacy Board Dynamics

- Central focus on fiduciary responsibilities
  - Focus on individuals with investment, accounting, legal, and fundraising expertise

- Disinclination to seek input on issues outside board competencies

- Roles limited to "set" standards, "approve" proposals, and "monitor" performance.

Governance in the Transformation Era

- Growing number of decisions are strategic, with major implications for financial viability.

  - Data systems development
  - Care re-design
  - Intersectoral engagement
  - Public policy advocacy

- Consolidation, subsidiarity, and movement towards operating model removes direct fiduciary responsibility for many boards

- Increased pressure to meet financial targets, implement new delivery models, establish new working relationships, etc.

Emerging Board Competencies

- Public policy
- Epidemiology
- Community and economic development
- Social policy
- Education
- Information technology
- Scenario planning
- Collaboration with CBOs

Board as Think Tank

Be in a position to ask key questions…

- What is our **organizational vision of population health**?

- Is there **strategic coordination** between CB, finance, quality, and care management?

- What are the efforts to build **partnerships with other stakeholders to align and leverage our resources?**

- **What is our population health capacity?** (e.g., Internal FTEs, competencies, reporting relationships, oversight structures, leadership accountability)

- Do we have **measurable objectives** for CB programming, and are we monitoring progress?

- How are we providing leadership in the **public policy** arena?