Public Health Quality:

A National Framework to Aid in Selecting Community Benefit and Community Building Activities that Improve Community Health

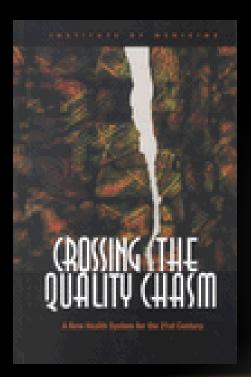
CDC PUBLIC FORUM ON COMMUNITY NEEDS ASSESSMENT AND IMPLEMENTATION STRATEGIES

Atlanta, GA July 12, 2011



Peggy A. Honoré, DHA Office of Healthcare Quality Office of the Assistant Secretary for Health

Gaps in National Guidance for Public Health Quality



- 2001 IOM report focused on the provision of health care for individuals
- Established 6 Aims for patient care
 - Patient centered
 Safe
 Timely
 Equitable
 Effective
 Efficient
- Role of Public Health was acknowledged as critical to protecting and improving the health of our communities, but Committee noted that Public Health was beyond the scope of the 2001 study

QUALITY & PUBLIC HEALTH

By Peggy A. Honoré, Donald Wright, Donald M. Berwick, Carolyn M. Clancy, Peter Lee, Juleigh Nowinski, and Howard K. Koh

Creating A Framework For Getting Quality Into The Public Health System

ABSTRACT The US health care system has undertaken concerted efforts to improve the quality of care that Americans receive, using welldocumented strategies and new incentives found in the Affordable Care Act of 2010. Applying quality concepts to public health has lagged these efforts, however. This article describes two reports from the Department of Health and Human Services: *Consensus Statement on Quality in the Public Health System* and *Priority Areas for Improvement of Quality in Public Health*. These reports define what is meant by *public health quality*, establish quality aims, and highlight priority areas needing improvement. We describe how these developments relate to the Affordable Care Act and serve as a call to action for ensuring a better future for population health. We present real-world examples of how a framework of quality concepts can be applied in the National Vaccine Safety Program and in a state office of minority health.

forts to define, measure, and uphold quality have shaped health care delivery and medical care for individuals for more than a decade. However, similar improvements have not yet extended to the broader realm of population health.

Extending quality initiatives to include population-based public health programs can improve the overall health of the nation. The need to forge a coordinated approach between public health and health care quality is consistent with the 1998 call to action by the President's Advisory Commission on Consumer Protection and Quality in the Health Care Industry.¹ Emphasis on prevention, health promotion, and population health improvements in the Affordable Care Act of 2010 provide new momentum not only for advancing greater integration between public health and health care but also for building foundations of quality in public health.

Explicit attention to quality in public health can bring a rigorous, systematic approach to addressing a broad array of deficiencies documented over many decades. These deficiencies include insufficient standards for measuring public health practices. The result has been wide variability, limited implementation of evidencebased strategies, lack of a diversified and educated workforce, unsustainable financing, and lack of available and reliable data.²⁻⁹ Laying the foundations for eliminating such deficiencies could benefit the public, governmental public health agencies, tax-exempt hospitals, community health centers, and other organizations that have a responsibility for community benefit.

The Department of Health and Human Services (HHS), charged with protecting the health of all Americans, has acted to establish the foundations to improve quality in public health. In this article we discuss a recent HHS report, *Consensus Statement on Quality in the Public Health System.*¹⁰ This document defines, for the first time, what is meant by *public health quality* and clarifies its associated aims.

We also review priority areas in need of quality improvement as identified in another HHS report, *Priority Areas for Improvement of Quality* DOI: 10.1377/hthaff.2011.0129 HEALTH AFFAIRS 30, NO. 4 (2011): 737-745 ©2011 Project HOPE— The People-to-People Health Foundation, Inc.

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737

HHS RESPONSE: PUBLIC HEALTH QUALITY FORUM

Consensus Statement on Quality in the Public Health System

Uniform quality concepts to create synergy across all sectors of public health

Definition of Public Health Quality

Quality in public health is the degree to which policies, programs, services, and research for the population increase desired health outcomes and conditions in which the population can be healthy

HHS RESPONSE: PUBLIC HEALTH QUALITY FORUM

Consensus Statement

Aims as <u>Characteristics</u> of Quality in Public Health

- Population Centered
- Equitable
- Proactive
- Health promoting
- Risk-Reducing
- Vigilant
- Transparent
- Effective
- Efficient

Based on:

International Organization of Standards Definition of Quality:

A set of features and <u>characteristics</u> of a product or service that bear on its ability to satisfy stated or implied needs.

ISO/IEC, 1998

HHS RESPONSE: PUBLIC HEALTH QUALITY FORUM

Priority Areas for Improvement of Quality

November 2011

- Population Health Metrics and IT
- Research/Evidence/Evaluation
- Policy
- Systems Thinking
- Sustainability/Stewardship
- Workforce/Education

Linking PUBLIC HEALTH QUALITY CONCEPTS to:

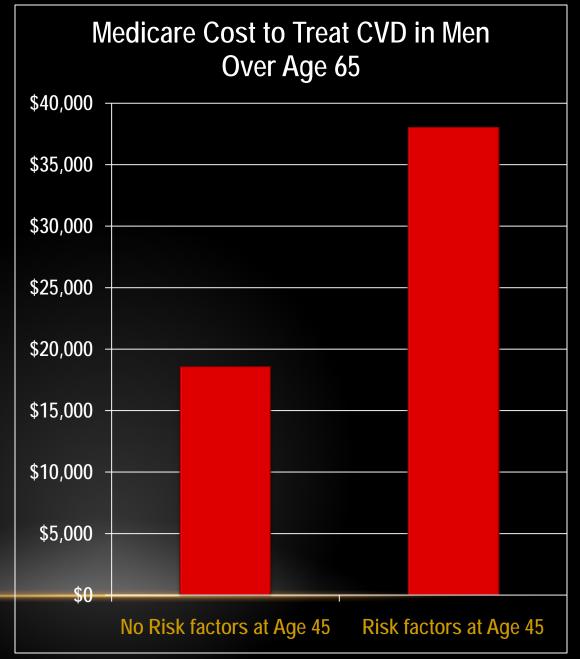
IRS objectives

- •Relieving or reducing the burden on government
- •Activities to improve community health
- •Access to care
- •Advance knowledge

Catholic Healthcare West research

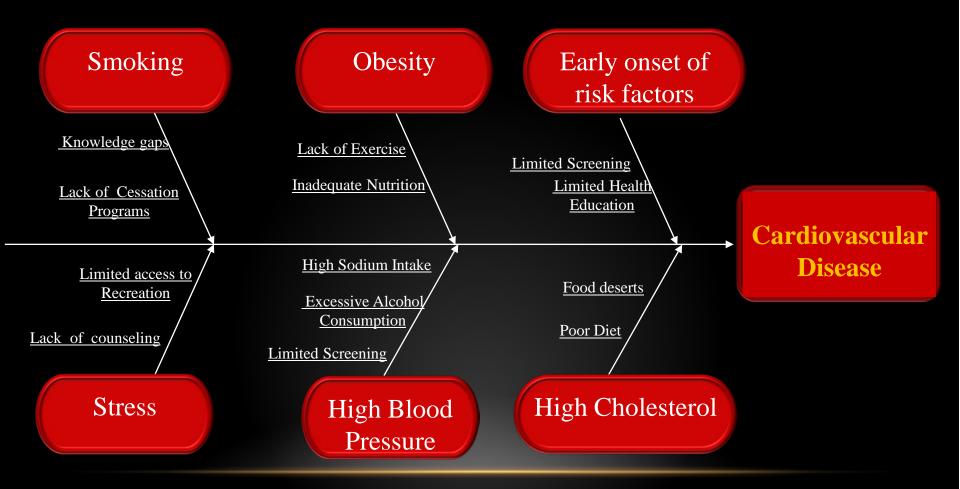
 Communities with highest Community Need Index (CNI) twice as likely to be hospitalized for ambulatory sensitive conditions including heart disease

CHW, February 16, 2011



Liu K, et al. Circulation. 2003; 108:IV-722

CVD Risk Factors



Diez Roux AV. Residential environments and cardiovascular risk. Journal Urban Health, 2003

DETERMINANTS OF HEALTH

Dahlgren and Whitehead, 1991

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Child Poverty	36.8 26.7 %	HPSA [0 (Des. Level)	SELECTAC	COUNTY		(400/)
Low Birth Weight	11.9 10.7 2	CHIP		15 % Enrollment		•		(40%)
Adolescent Births	16.9 17.8 9	Prenatal Care	81.1	82.2 %				
HS Grad Rate	73.4 72.9 %	Medicare Enrollment	18.2	14.9 %	Recalua			
Unemployed	6.9 5.5 %	C_Section Rate	24.7	29.9 %	Char	nge		
IMR	10.9 10.1 0/00	SNF Infection Rate		13.0 %	Rank: 55			
Motor Vehicle deaths	20.4 28.7 0/000	Child Immunization		85.0 %	Bank = 1 =	Best Overall		
Heart Disease deaths	366.9 344.5 0/000			20.0 %	Trains = T = T	Dost overall	- 1 C	
Breast Cancer	41.1 29.7 0/000	SNF Staff Ratio	3.4	3.8 %	View S	cores		
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Health Factor Weights for the 2011 County Health Rankings

Health Factor	Focus Area
Health behaviors (30%)	Smoking (10%)
	Diet and exercise (10%)
	Alcohol use (5%)
	Unsafe sex (5%)
Clinical care (20%)	Access to care (10%)
	Quality of care (10%)
Social and economic factors (40%)	Education (10%)
	Employment (10%)
	Income (10%)
	Family and social support (5%)
	Community safety (5%)
Physical environment (10%)	Environmental quality (5%)
	Built environment (5%)

Alignment of Community Benefit and Community Building Activities with HHS National Objectives, Evidence, and Public Health Quality



Public Health Aims for Improvement of Quality	Community Benefit Activities	Community Building Activities
Population- centered	Educational prevention programs in primary schools and other learning environments	Participating in programs to reduce the density of alcohol outlets.
Equitable	Placing educational kiosks about mammography/breast cancer in low- income African American neighborhoods.	Providing/subsidizing neighborhood early child care development program for (at-risk) children in low-income families.
Proactive	Being part of community-wide efforts to increase vaccination rate of new immigrant population by offering free vaccines in schools, child care centers and WIC settings.	Reducing risk of cardiovascular disease by co-locating programs with farmers' markets and/or exercise facilities.

Public Health Aims for Improvement of Quality	Community Benefit Activities	Community Building Activities
Health promoting	Offering free or low-cost smoking cessation programs to community members.	Working with community partners to create walking/ bike paths to encourage exercise.
Risk reducing	Training weatherization staff to also look for asthma triggers when doing home inspections/remedial work in housing projects.	Supporting community coalitions to promote increases in the cost of tobacco products.
Vigilant	Tracking the ER admissions of uninsured persons presenting with ambulatory sensitive conditions.	Supporting nonprofit environmental organizations to monitor air quality related to respiratory conditions.

Public Health Aims for Improvement of Quality	Community Benefit Activities	Community Building Activities
Transparent	Publishing data on the organizations' financial assistance policies and program opportunities reaching out in low-income communities to increase awareness of the availability of financial assistance.	Publishing data on the organizations' financial assistance policies and reaching out in low- income communities to increase awareness of the availability of financial assistance.
Effective	Routine screening of all clinic patients and health fair attendees for stress and depression.	Promoting community-wide bans on in-door smoking.
Efficient	Funding mobile dental clinics to provide preventive and dental hygiene services.	Reducing cardiovascular risk factors (promoting availability of fresh foods and exercise opportunities)

VALUE

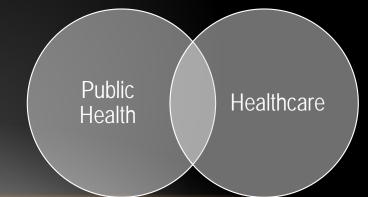
Demonstrates how *IRS* Schedule H Community Building Categories can be aligned with public health quality concepts, national objectives, and evidence (science) to build activities that advance improvements in the health of the community while reducing/avoiding Medicare cost

- Physical Improvements and Housing
- Economic Development
- Community Support
- Environmental Improvements
- Leadership Development and Training for Community Members
- Coalition Building
- Community Health Improvement Advocacy
- Workforce Development

VALUE

Alignment with the Affordable Care Act

- Quality is a central theme of ACA
- Goals for Addressing the Underlying Causes of Poor Health
- Emphasis on Prevention and Community-based initiatives to promote improvements in populationhealth
- Strengthens the Intersection between:





http://www.hhs.gov/ash/initiatives/quality/index.html

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