

USING A DATA DASHBOARD TO SET PRIORITIES, CATALYZE CONVERSATIONS AND EVALUATE EXISTING POLICY STRATEGIES



In 2014, HPIO developed Ohio's first Health Value Dashboard, a tool that analyzes Ohio's health challenges, highlights evidence-based strategies and tracks progress over time. The Dashboard took the unique approach of analyzing overall health and healthcare spending metrics, equally weighted, to determine states' overall health value rank.

RESULTS:

In the four years since introduction of the first Dashboard, **policymakers and other stakeholders have consistently used the data to set priorities, catalyze conversations and evaluate the effectiveness of existing policy strategies.** Data from the Dashboard was cited at least seven times in testimony to the Ohio General Assembly. One legislative leader commented, "The Dashboard has really become a go-to report. Now it's part of the fabric of what we do." In addition, a set of metrics in the Dashboard served as the foundation for Ohio's 2016 and 2019 state health assessments.

PROGRAM UPDATES

IMPROVING DATA ACCESS TO PREVENT INFANT AND CHILD DEATHS NATIONWIDE



Developed by the **Michigan Public Health Institute**, the National Center for Fatality Review and Prevention serves as a data and resource center for Child Death Review programs and Fetal and Infant Mortality Review programs.

RESULTS:

In 12 months **reached more than 16,000 professionals** working to reduce preventable fetal/infant/child/adolescent death rates. Database includes details regarding deaths of more than **210,000 infants/children (up from 187,000 in 2016).**

PROVIDING TIMELY AND COST-EFFECTIVE DATA AFTER A DISASTER



The **North Carolina Institute for Public Health (NCIPH)** developed a **Collect SMART** application making community data collection efficient and cost-effective. Using the web-based program and the Android-compatible mobile app, which is integrated with CDC's Epi Info™ program, users can create electronic questionnaires, select survey sites, and utilize real-time mapping and analysis tools.

RESULTS:

This technology has been used in the aftermath of natural disasters and for community health assessments and other community-wide data collection efforts, with **32 community surveys completed (up from 21 in 2016)** involving **nearly 8,000 interviews (up from 3,500 in 2016)** with community members in North Carolina as well as Kansas, Illinois, Texas and Virginia.



SIGNATURE PROGRAMS

Across the nation, our signature programs leverage unique partnerships and multi-sector approaches to address some of our most challenging public health issues — resulting in improved public health systems and measurable health improvement. Below are a few examples from our network. To learn more about our network, visit www.nnphi.org or reach out to us at engagement@nnphi.org.



REDUCING SMOKING RATES THROUGH POLICY CHANGE



The **Coalition for a Tobacco-Free Hawai'i (Coalition)**, a program of the Hawai'i Public Health Institute (HIPHI) has worked with the Hawai'i State Department of Health (DOH), and several community partners to reduce smoking. Big wins include: statewide smoke-free clean indoor air law, law updated in 2016 to include e-cigarettes, a cigarette tax of \$3.20, OTP tax, 70% of the whole-sale price, first state in the nation to raise the age of sale of tobacco and e-cigarettes to 21, tobacco-free state parks, and smoke-free cars when a minor is present (in each county).

RESULTS:

- **Smoking declined from 27.9% to 8.1% among high school youth**, and 9.1% to 5.0% among middle school youth. This translates to 9,400 fewer youth smokers and an estimated \$197.4 million savings in future health care costs.
- Adult smoking rates decreased from 19.9% to 13.1%, which translates to about **73,300 fewer adult smokers and an estimated savings of \$806.3 million.**
- Smoking among pregnant women declined from 8.4% to 4.5%. This translates to about 700 fewer pregnant smokers and about \$840,000 in healthcare savings.
- For every \$1.00 spent on tobacco prevention, Hawai'i saved about \$6.64 in direct healthcare costs.

USING HIAS TO MAKE CHANGE



Kansas Health in All Policies - Since 2010, KHI has engaged in advancing health in all policies work in Kansas by conducting health impact assessments (HIA) on local, state and federal policy issues. Additionally, KHI has delivered training sessions, workshops and developed resources to support health in all policies work. KHI's work has assisted stakeholders across sectors — such as gaming, transit, liquor retail, agriculture, natural resources — in understanding how their decisions could impact health and identifying opportunities for maximizing health benefits.

RESULTS:

HIA recommendations have been successfully implemented by several agencies and organizations. For example, the implementation of recommendations from the Wichita Transit HIA resulted in the **elimination of a two-bag carry-on limit and a smoking ban within certain proximity of transit centers.** In addition, the 2015 bus routes redesign considered access to medical, educational, employment and other resources that are instrumental for improving community health.



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INCREASING SCHOOL FOOD CONSUMPTION THROUGH POLICY, ENVIRONMENT AND SYSTEMS CHANGE



The Louisiana Public Health Institute, Propeller: A Force for Social Innovation and the Healthy School Food Collaborative (a school food authority) have partnered since 2013 to evaluate and conduct research on ways to increase school food consumption through policy, environment and systems change.

RESULTS:

The results of this study suggest that policy and practice change that supports recess prior to lunch can have a small (6%), but statistically significant effect on consumption. Changes in the recess policy required minimal resources, were sustainable for the duration of the school year, and lead to **increase in food consumption despite the student perception of school food.**

IMPROVING KNOWLEDGE AND EFFICACY TO SELF-MANAGE DIABETES



Telephonic Diabetes Education and Support (TDES©) is a year-long telephonic program designed for those with pre-diabetes, and type 1/type 2 diabetes. The goals include increasing access to and utilization of Diabetes Self-Management Training (DSMT), increasing diabetes knowledge and empowering participants to self-manage for improved health and quality of life.

RESULTS:

Consistently, results reveal an **improvement in knowledge and efficacy to “self-manage” their condition, which has been shown to reduce risks for long term complications**, ultimately leading to a higher quality of life. The most improved area of knowledge has been in management of acute conditions related to diabetes. Most notable, 45% of participants meeting the Hemoglobin A1c (HbA1c) goal of less than 7% and 18% meeting the goal of a BMI of less than 25% by the end of the program.

IMPROVING BMI WITH A MOBILE WELLNESS PLATFORM



WellStarMe is a customized, mobile-ready, wellness platform developed for a large employer in the state of Maine. Over the past 4 years, the platform has evolved to include a focused health risk assessment leading to an individualized wellness scorecard, outlining present health conditions as well as risks for other medical conditions.

RESULTS:

The most recent results showed an overall **improvement in BMI among program participants, reducing from an average 35% to 30%.**

USING BEHAVIORAL HEALTH MODELS TO IMPROVE HEALTH OUTCOMES IN COMMUNITIES WITH HIGH RATES OF POVERTY



Since 2015, **Health Resources in Action** has been serving as the evaluator for the Si Texas: Social Innovation of a Healthy South Texas initiative. Si Texas is sponsored by Methodist Healthcare Ministries of South Texas to implement evidence-based integrated behavioral health models in eight different partner organizations along the Texas-Mexico border. As the evaluator, HRIa has contributed to identifying strategies that effectively improve health outcomes in communities with high rates of poverty and the co-occurrence of depression, diabetes, obesity, and associated risk factors and implementing multiple randomized control trials and quasi-experimental design studies at the site level.

RESULTS:

Several Si Texas integrated behavioral health models were able to demonstrate statistically **significant improvements in both physical and behavioral health outcomes** including reductions in blood pressure, blood glucose level and depressive symptoms and improvements in quality of life.

SUPPORTING UNDERREPRESENTED STUDENTS INTO HEALTH PROFESSIONS



FACES for the Future Coalition is a health career pathway program serving underrepresented, minority high school students with an interest in pursuing careers in medicine, nursing, allied health, public health, mental and behavioral health and global health. The goal of all FACES programs is to support underrepresented students into health professions, thereby diversifying the health workforce to better serve the needs of diverse patient and client populations in the United States.

RESULTS:

100% graduation from high school; 92% entry into post-secondary pathway including two and four year college, employment and professional certification; **100% of students connected to behavioral health home and crisis intervention services** when needed; In 2018, 10,000+ hours of internship for high school students in hospital departments, public health departments, behavioral health agencies and community clinics with one-on-one mentorship with health professionals

STRENGTHENING THE IMPACT OF MULTI-SECTOR COALITIONS



The California Opioid Safety Network is a statewide forum for all coalitions, organizations and individuals working to combat the opioid crisis in California. The Network’s Accelerator Program provides customized coaching, technical assistance and networking opportunities to strengthen the impact of multi-sector coalitions across California.

RESULTS:

Coalition Progress: 73% are implementing local policy changes; **90% are increasing public awareness of opioid safety**; 90% are implementing naloxone distribution site(s)/systems; 91% are increasing access to medication assisted treatment

ENSURING ACCESS TO MEDICATION FOR PEOPLE LIVING WITH HIV AND AIDS



The Michigan Drug Assistance Program (MIDAP) helps ensure that people living with HIV and AIDS, who are uninsured and under-insured, have access to medication. MDHHS contracted with MPHI to design, build, test, and support an online system to process program applications. The online application manages new applications, 6 month renewals, and annual recertifications for over 2,500 program participants. The online system went live in April 2017, replacing a paper application process.

RESULTS:

Application processing was streamlined from an average of 12 days down to 3 days. Additionally, the on-time processing (14 business days) of applications has risen from 90% to 99%. Applicants have had fewer lapses in coverage and incomplete applications have been processed much quicker.

IMPROVING MENTAL HEALTH FUNCTIONING



Pathways to Recovery is an intensive, trauma-focused short-term partial hospitalization program that works with individuals struggling with both addiction and mental health issues. The program offers 1) Comprehensive therapeutic recovery environment; 2) Individual, group and family therapy; 3) Intensive support and stabilization; and 4) Psychiatrist and nurse-practitioners skilled in addiction medicine. Medication Assisted Treatment is an integral part of the program. Buprenorphine, naltrexone, Vivitrol, Topamax; methadone referrals, and nicotine replacement medication are all available to participants.

RESULTS:

Clients report **improved mental health functioning at both discharge and six-month follow-up compared to intake.** Clients significantly reported lower mean scores for perceived stress between intake and discharge and six-month (23.57 vs. 16.86, p=.009 and 25.00 vs. 17.89, p=.001, respectively). Between July 2017 and June 2018, 121 clients successfully completed the PTR program, with 63.6% of these clients being abstinent of all substances at discharge.