Health Care Transformation and Workforce Development: Emerging Opportunities

Bay Area Health Funders Meeting
September 25, 2015

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Imperative for Transformation

- Expanded coverage and shift in financial incentives in health care
- Health care providers/payers increasingly at financial risk for poor health driven by SDH
- Emerging societal imperative to address fundamental inequities
- Growing awareness of need to align health and community development sectors and build shared ownership where inequities are concentrated
- Need to better align and optimally leverage EXISTING resources
- Increase focus and support local infrastructure to manage, facilitate, evaluate, and sustain
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
## Population Health

<table>
<thead>
<tr>
<th><strong>Medical Model</strong> Population Health</th>
<th><strong>Place-Based Population Health</strong></th>
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<tbody>
<tr>
<td>Assess patient health status</td>
<td>Assess patient health status, <em>social and environmental risk factors</em></td>
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<tr>
<td>Ensure timely access to clinical services and medications</td>
<td>Ensure access to clinical services &amp; <em>link to social support systems</em></td>
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<td>Clinical case management through team-based care</td>
<td>Case management through clinical and <em>community-based teams</em></td>
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<td>Patient education</td>
<td><em>Community-based</em> education, <em>problem solving, and advocacy</em></td>
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<tr>
<td>Use EMR to ID and group risk populations, monitor service utilization and patient outcomes</td>
<td>Use <em>EHR</em> and <em>GIS</em> to identify geo conc. of <em>health disparities, target interventions</em>, &amp; monitor population health outcomes</td>
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<td><strong>Lament</strong> persistent patient noncompliance</td>
<td>Leverage HC resources through <em>strategic engagement</em> of diverse stakeholders</td>
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HC Potential Partners - Roles

- **Public health agencies**
  - Assessment, community outreach, evaluation, policy development

- **Social service agencies**
  - Service coordination/integration, enhancement, leveraging

- **Service-based CBOs**
  - Community engagement, mobilization, facilitation, policy advocacy

- **Community Action As**
  - Core operating infrastructure development, sustainability

- **Faith Community**
  - Alignment with planning priorities, secure political support

- **Advocacy CBOs**

- **United Way**

- **Local Philanthropy**

- **City agencies**

- **Associations**
# Domains of Activity, Geography, and Primary Focus of Interventions

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<thead>
<tr>
<th>Domains of Activity</th>
<th>Physical Environment</th>
<th>Social Determinants</th>
<th>Behaviors</th>
<th>Clinical</th>
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<tbody>
<tr>
<td>Geography of Interventions</td>
<td></td>
<td></td>
<td>Individual and Family</td>
<td></td>
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<tr>
<td>Regional – county Municipal – neighborhood</td>
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<tr>
<th>Primary Stakeholders</th>
<th>Chambers of commerce Metropolitan planning CDFIs / CDCs Regional employers State agencies</th>
<th>Physicians groups Retail providers Corrections Hospitals Health Plans Community Clinics Public health agencies Social service agencies Community Action Agencies Homeless Shelters</th>
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# What do we mean by “Alignment?”

## Forms of Alignment

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<tr>
<th>Form</th>
<th>Practical Application</th>
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<tr>
<td>Spatial</td>
<td>Co-locate services/programs to increase accessibility and convenience for residents with similar needs.</td>
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<tr>
<td>Temporal</td>
<td>Establish common hours of operations.</td>
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<tr>
<td>Financial</td>
<td>Pool resources to accomplish objectives not possible alone.</td>
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<tr>
<td>Complementary</td>
<td>Share expertise, re-design, and build explicit links across services/programs to create mutually reinforcing effects</td>
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<tr>
<td>Advocacy</td>
<td>Build common platforms for advocacy on core issues that impact all residents and businesses serving the community.</td>
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<tr>
<td>Strategic</td>
<td>Re-organize and merge as appropriate to share expertise, build administrative economies of scale, and increase reach.</td>
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Components of Obesity-Focused Convergence Strategy

- Hospitals A, B, and C co-invest in Hub model CHW program to manage diabetes and pre-diabetes patients
- Hospital A: Support development of a community garden
- Hospital B: Design culturally relevant cooking classes
- Hospital C: Sponsor school-based HEAL program
- Hardware store: Donate garden tools, seeds, etc.
- Local restaurant: Provide site for cooking classes
- K-12 Schools: Integrate HEAL elements into curriculum
- Neighborhood Association: Daily family walk program
- United Way: Funding for youth leadership skills development
- CAA: Link food bank to grocery store, support CG.
- PH Agency: Organize campaign for HEAL public policies
- All Partners: Advocate for HEAL public policies
- CDC/CDFI: Leverage investments for combined grocery store and food bank

Data geo-coding and pooling across providers and payers for diabetes and pre-diabetes patients

3rd party contractor with CHW teams for home and community based patient assessments, management

Consolidation, re-design, co-location, and scaling of nutrition education classes in community-based settings.

Supplement cohort-based metrics with aggregate, geographic-based population health metrics.
Components of Obesity-Focused Convergence Strategy

Engagement of school students as volunteers in scaling of community garden and integration of experiential learning into academic curriculum.

Recruitment of community residents engaged in community garden to family walk program.

Secure donation of materials and support hardware store marketing promotion of scaled community garden.

Sales of expanded produce production in local farmers market to generate income for garden.
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- K-12 Schools: Integrate HEAL elements into curriculum
- CAA: Link food bank to grocery store, support CG.
- Completed analysis justifying investment in grocery store by CDFI
- Case for investment supported by coordinated engagement and solicitation of input from residents on types of food, related goods desired in grocery store as part of nutrition education programs and community gardens.
- Resident youth employment by grocery store based on skill development supported by UW
- Increased public awareness and support for HEAL public policies based upon broad support from providers, employers, schools, and the general public.
Health Workforce Skills – Emerging Priorities

- Leadership and staff with population health and community development expertise
- Frontline staff (or contractors) that work in community settings (e.g., CHWs, home health)
- Care coordination managers
- Epi research design analysts/program evaluators
- Data technology analysts/managers
- Financial analysts with intersectoral experience/expertise
- Partnership planners/managers
Health Care Transformation
Workforce Development Pathways

**Whats**

- Team-based care model development
- Integration of safety net and mainstream institutions
- Build consensus on scope of practice issues
- Build population health capacity – integration
- Build regional models of health career pathway systems

**Hows**

- Comparative analysis of models, spectrum of services & activities, clinical and non-clinical roles, training, metrics
- Map hospitals, community health clinics, service utilization patterns by payer source, and jurisdictions – convene stakeholders to explore options for collaboration.
- Develop “landscape” frameworks based upon comparative analyses of models – convene stakeholders to explore expanded models for nursing, CHWs, social workers and engagement of state leadership on formalization.
- Explore strategies to co-invest and advocate for public sector funding to support shared epi inquiry, monitoring and evaluation of comprehensive CHI.
- Establish regional “backbone” entities to coordinate development of health career pathway systems among employers, K-12, higher education, and CBOs.
Potential Roles for Regional Health Funders

• Increase focus on stakeholder convening, ID of areas for common investment and advocacy

• Decreased emphasis on dispersion of larger number of small scale grants
  – Contributes to destructive competitive dynamic, fragmentation in communities

• Increased focus on supporting organic development of local infrastructure to convene, facilitate, align, monitor, and support policy development.