

Prescriptions for Excellence in HEALTH CARE

A COLLABORATION BETWEEN JEFFERSON SCHOOL OF POPULATION HEALTH AND LILLY USA, LLC

Editor-in-Chief: David B. Nash, MD, MBA • Managing Editor: Janice L. Clarke, RN, BBA • Editorial Staff: Deborah C. Meiris, Alexis Skoufalos, EdD

For Health Reform Success, Context Matters Most

By Bonnie L. Zell, MD, MPH

Through my broad experiences as a nurse, physician, and medical administrator, it has become clear that the most influential factors in the health of my patients are not primarily addressed within the walls of the health care delivery system. As providers, we ultimately strive to help all our patients have long lives with high functionality. This requires focusing on the factors that make that possible - healthy home environments, economic security, access to fresh fruits and vegetables, and safe places for recreation - the context in which people live.

In our health care delivery system, we have a tremendous but unrealized opportunity to transform the health of our communities. As leaders in our communities, we must utilize our reach, influence, resources, and expertise to help create the conditions that sustain health.

The ultimate goal of health care and community health interventions is to promote the health of individuals and populations within their communities. The health care delivery system alone cannot achieve this aim. Rather, success requires that we understand the context for health, which is where and how people live. When we apply this understanding of context to deliver care to individuals and populations and actively contribute

to community health through partnerships with other stakeholders, it is often referred to as improving *population health*.

Population health, as defined by Kindig and Stoddart, refers to:

- Health outcomes and the distribution of these outcomes in a population.
- The determinants that influence the distribution of health outcomes.
- Policies and interventions at the individual and population levels that impact these determinants.^{1,2}

Health systems, payers, and policy makers are beginning to embrace population health, and 3 national initiatives exemplify this growing commitment.

1. The National Strategy for Quality Improvement in Health Care, developed through a collaborative process and coordinated by the US Department of Health and Human Services (HHS), is a strategic plan to improve health care quality and health outcomes for all Americans. Population health approaches are integrated throughout.³
2. The National Prevention Strategy, developed by HHS

through a similar process, is a comprehensive plan to increase the number of Americans who are healthy at every stage of life. It calls upon employers, health systems, governments, and other sectors to promote health among their populations.⁴

3. The National Priorities Partnership brings together 48 leading private and public sector organizations to accelerate progress toward consensus-based national priorities for population health and health care. It is convened by the National Quality Forum, whose leaders realized that achieving an improved health system requires fundamental transformation and adoption of population health approaches.⁵

Context for Health

People's daily context-where and how they live-is the prime force that shapes their health. Population health approaches address these contextual determinants of health.¹

Rough estimates of determinants of premature deaths by McGinnis et al indicate that health care services make a relatively small contribution to health (Figure 1). In comparison, three fifths of premature deaths are attributable to behavioral patterns,

(continued on page 2)

social circumstances, and environmental conditions.⁶

To effectively care for patients and populations, we need to learn more about:

- *Places where they work, learn, play, and live.* Is there secondhand smoke? What are social norms about health behaviors? What exposures increase risk for infections, injuries, and chronic conditions?
- *Their education, income, employment, and other social circumstances.* Can they afford medications? What are their health literacy capacities? Do employers provide paid time off for preventive care? How do friends and family support breast-feeding?
- *The availability and affordability of health inputs.* Is high-quality health care accessible when needed? Are people safe in their neighborhoods? What is the quality of health information in popular media? What options are available for active recreation and healthy foods?

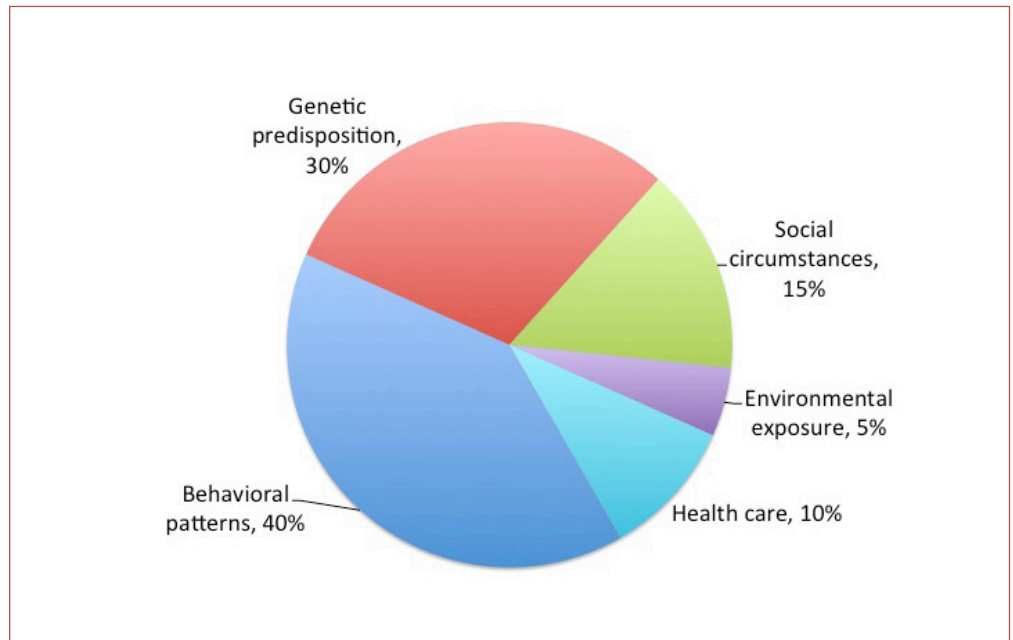
Focusing on context means shifting from a myopic lens of health as the purview of health care to a farsighted lens that considers context and acts at a population level.⁷

Implications for Health Care Delivery and Community Health

A population health approach to delivering health care explicitly assesses contextual factors for health. It goes beyond asking, “Why does this patient have this disease or condition at this time?” and prompts clinicians and administrators to ask, “What population circumstances are the underlying causes of the disease or condition incidence in this population?”

By engaging in multisector partnerships, we can improve the health of our

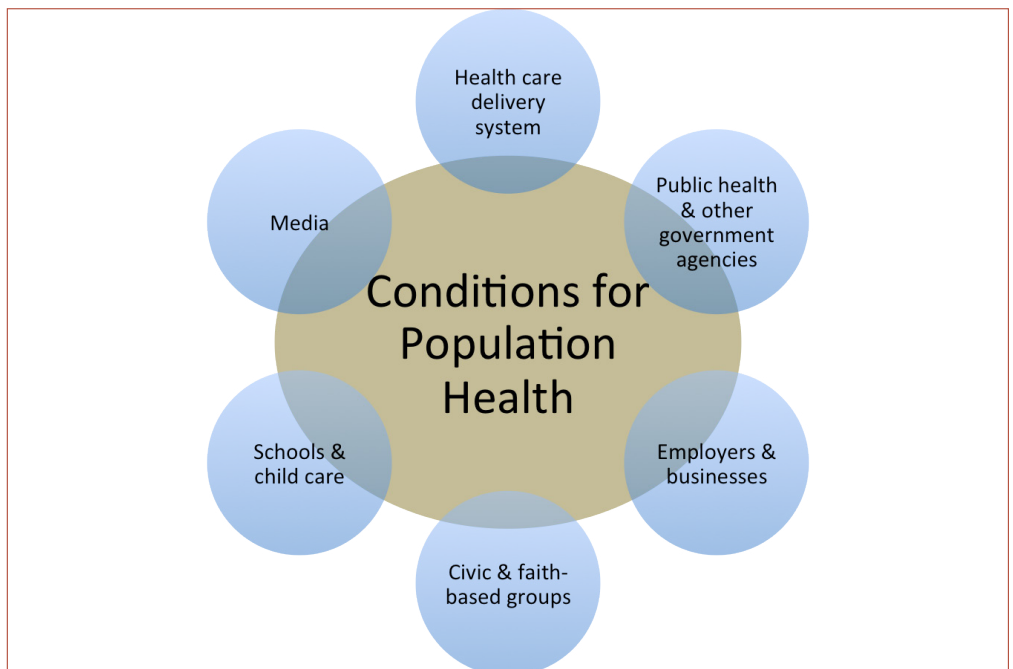
Figure 1. Determinants of Health and Proportional Contribution to Premature Death



Source: McGinnis et al (2002)⁶

NOTE: Because of research limitations, the percentages presented are rough estimates and should be interpreted only as relative contributions to premature deaths.

Figure 2: Actors that Influence the Context for Health



Adapted from: Committee on Assuring the Health of the Public in the 21st Century, Institute of Medicine (2003)¹⁰

(continued on page 3)

communities in ways that the health care delivery system by itself cannot. Effective community collaborations bring together the right players (Figure 2) and align members' interests with shared goals. These collaboratives leverage partners' strengths, establish shared accountability, use performance measures, and align incentives for change.⁵

A clear success story is the anti-tobacco campaign. Sustained multistakeholder efforts in communities, states, and the nation dramatically halved adult smoking rates between 1965 and 2010 (42% to 21%).⁸ Health systems joined with public health organizations, employers, policy makers, consumer advocates, researchers, and others to fight what was then the nation's leading cause of death.⁹ The partners pursued shared goals, measured progress, and aligned interventions that gradually changed behaviors.⁵

This example points to roles for the health care delivery system in community health collaborations.

- Join community health coalitions.
- Advocate as experts for policy changes that protect the health of populations, especially the most vulnerable.
- Direct community-benefit dollars to support local health initiatives.
- Become an exemplary employer in worksite health promotion.
- Monitor patient populations to improve the delivery of evidence-based interventions.

Nationwide Infrastructure for Population Health

To be successful, health information networks that enable robust surveillance of population health metrics at the community level are required. Workforce training in partnership development, tools and technical assistance to help community health partnerships use data to design evidence-based interventions, and relevant health services research (eg, developing validated process measures closely linked to population health outcomes) would facilitate this approach as well.

In conclusion, enabling Americans to live long, healthy lives cannot be accomplished solely by delivering better personal health care. Health “happens” 1 person at a time, 1 day at a time, and 1 decision at a time, and aggregates to populations. For both individuals and populations, health is context specific.

To create the conditions for health in communities, we must apply population health approaches that create favorable cultural, social, economic, and environmental contexts for health. This work will engage us in partnerships with other stakeholders to transform our communities.

Bonnie L. Zell, MD, MPH, is Principal, Zell Community Health Strategies, LLC, in San Francisco, California. She can be reached at: bzell@comcast.net.

Dr. Zell acknowledges Molly French for her assistance in preparing this manuscript.

References

1. Kindig D, Stoddart G. What is population health? *Am J Public Health*. 2003;93(3):380-383.
2. Kindig DA. Understanding population health terminology. *Milbank Q*. 2007;85(1):139-161.
3. US Department of Health and Human Services. National Strategy for Quality Improvement in Health Care. www.healthcare.gov/center/reports/nationalqualitystrategy032011.pdf. Accessed July 21, 2011.
4. National Prevention Council. National Prevention Strategy. www.healthcare.gov/center/councils/nphpphc/strategy/report.pdf. Accessed July 6, 2011.
5. National Quality Forum. Population health. *Quality Connections*. 2011; January:1-10.
6. McGinnis MJ, Williams-Russo P, Knickman JR. The case for more active policy attention to health promotion. *Health Aff (Millwood)*. 2002;21(2):78-93.
7. Berwick DM, Nolan TW, Whittington J. The triple aim: care, health, and cost. *Health Aff (Millwood)*. 2008;27(3):759-769.
8. Centers for Disease Control and Prevention. Ten great public health achievements—United States, 2001–2010. *MMWR Morb Mortal Wkly Rep*. 2011;60(19):619-623.
9. Mokdad AH, Marks JS, Stroup DF, Gerberding JL. Actual causes of death in the United States, 2000. *JAMA*. 2005;293(3):298.
10. Institute of Medicine. *The Future of the Public's Health in the 21st Century*. Washington, DC: National Academies Press; 2003.