Population Health Matters

POPULATION HEALTH FORUMS

What Does Population Health Mean for Public Health?

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Fresh from his former position as Health Commissioner for the City of Philadelphia, Dr. James Buehler spoke about the connections between public health and population health at a recent Forum. Dr. Buehler is currently a Professor in Drexel's Dornsife School of Public Health, where his interests are centered on improving public health systems and services, and in particular the interface between public health and healthcare systems, and the shared objective to advance population health. Dr. Buehler previously served as Commissioned Officer in the U.S. Public Health Service at the Centers for Disease Control and Prevention and was a faculty member of the Rollins School of Public Health at Emory University.

Dr. Buehler first raised the broad question – What determines health? He outlined numerous factors including genes, behaviors, norms, opportunities, access, prevention, treatment, socioeconomic status, public health department, and physical environment. He struck a chord with the audience by sharing compelling information about the high rates of poverty in Philadelphia and the connections to premature death. He explained that aspirations of health providers to improve the health of populations will be modulated by the social context.

Dr. Buehler shared an overview of the mission, vision and services of the Philadelphia Department of Public Health (PDPH). The domains covered by the PDPH include environmental health, air quality, infectious disease prevention and control, chronic disease, maternal, child and family health, medical examiner's office, laboratory, and health care services. PDPH is important in developing and implementing policies, programs and services, informed by evidence. Critical to how PDPH functions are partnerships with numerous non-governmental, universities, hospital, community based organizations, business, and other governmental agencies. The scope of care and services is city-wide populations; targeted populations; and safety-net services.

Buehler went on to describe examples of population-level interventions: a targeted educational campaign to aimed at reducing the risk of cardiovascular disease; a policydriven citywide cigarette tax; the launch of new farmer's market; and a special program that engaged high school students in preparing healthy meals.

Looking at the national picture, Buehler believes that the public health landscape is being reshaped by developments such as

Meaningful Use and Affordable Care Act, which are aimed at transforming healthcare by promoting population health. "This is a very exciting, dynamic and fluid time to think about that relationship between public health and healthcare," states Buehler. Buehler explains that public health has a particular stake in Meaningful Use, as it offers the potential for more timely and complete population health monitoring. Buehler also pointed to population health aspirations that are illustrated in CMS's Accountable Health Communities announcement as an example of the push for healthcare providers to be more involved in the communities where patients live. Buehler also described the importance of Community Health Needs Assessment (CHNA), an ACA mandate, and Collaborative Opportunities to Advance Community Health (COACH), a regional program comprised of hospital, public health, and community stakeholders.

He concluded by describing a CDC- funded <u>PDPH program</u> focused on public health actions to prevent obesity, diabetes, and stroke. The program includes learning collaborative with local Federally Qualified Health Centers and health system- affiliated practices; support for diabetes prevention for low-income residents; support for community health workers for improved patient outreach and assistance; and collaboration with partners to enhance HIT and population health management software.

