

POPULATION HEALTH FORUMS

Community-Based Population Health Research: A Report from the Field

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April 11, 2018

This Forum highlighted the work of the 1889 Jefferson Center for Population Health and Center for Population Health Research (CPHR) at Lankenau Institute for Medical Research (LIMR).

Leaders from both research centers provided an overview of the history and purpose of the centers and described accomplishments and current initiatives. These centers exemplify health partnerships between academia (College of Population Health), research, and community.

Sharon Larson, PhD, Executive Director of CPHR, kicked off the session by offering a foundation for the work of both centers. She described the Learning Health Approach, which is focused on **knowing** – characterizing the groups of people served; **learning** – identifying the needs of the populations and best practices for addressing health, wellness, and prevention; **doing** – developing relevant strategies and interventions to improve the quality of care and outcomes for populations in partnerships with consumers, communities, providers, healthcare organizations, payers, and others. She went on to point out the



Left to right: Norma Padron, PhD, MPH; Sharon Larson, PhD; David Nash, MD, MBA; Marquita Decker-Palmer, MD, PhD; and Trina Thompson, DrPH, MPH, BSN

importance of **learning some more** – assessing what is working and what isn't working.

Trina Thompson, DrPH, MPH, BSN, Executive Director of the 1889 Jefferson Center for Population Health gave an overview of the young Center, which was the result of a philanthropic donation from the 1889 Foundation, Inc to Jefferson College of Population Health. The mission of the Center is to improve health and wellness by building resilient communities through collaboration, research, and education. Located in Johnstown, PA, the Center is primarily focused on improving health in Cambria and Somerset counties in southwestern PA. Based on an analysis of local data and community interviews, it was decided that priority health areas would be: diabetes, obesity and inactivity; tobacco, drugs, and alcohol, and mental health.

Thompson explained that the Center is not an "implementer" but rather a "facilitator." There are many organizations in the region working to improve health, but they are working independently from one another, often with the same goals. The Center hopes to bring those organizations and communities together to work collaboratively and increase their impact. The Center is also seeking to partner with organizations that have had demonstrated success in implementing evidence-based programs to serve as a consultant or mentor. The Center also aims to build a health related infrastructure by bringing in initiatives that will help the community.

Marquita Decker-Palmer, MD, PhD, Associate Director of the 1889 Jefferson Center for Population Health, described the details of various tools and research methods used to

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assess community -reported health priorities that will inform the Center's strategic plan. She found the "free list" qualitative research technique to be very helpful. This method is based on the assumption that the first item a respondent places on a list may carry the most importance. In interviews participants were asked to: list the things that improve your health; list the health problems that affect you; and list the things that make it hard for you to stay healthy. Dr. Decker-Palmer explained that one of the surprising findings was that both populations of adults 65+ and 18-64 identified work and occupational concerns as being very important. Younger adults stated that motivation was a barrier to health while older adults identified aging as a barrier. She emphasized that this type of assessment is important in focusing future health interventions and developing community buy-in.

Dr. Larson described the environment of CPHR as being very different from the 1889 Jefferson Center. Because CPHR is embedded in a clinical system, it is very important to forge partnerships that engage clinicians in telling important population health stories. Lankenau serves two very different populations – one that is urban with striking health disparities, and the other that is suburban with mostly high socioeconomic status – which creates some distinct differences and needs. For example, it is no surprise that the lower socioeconomic area had greater challenges accessing affordable medications than their higher socioeconomic counterparts.

CPHR is involved with many initiatives; one that has generated a great deal of discussion has been a CPHR's scientific review of safe

injection facilities conducted in conjunction with the Philadelphia Department of Health and the Mayor's Opioid Task Force. The report was published in December 2017 and showed that these facilities can in fact save lives but that tailored, evidence-based strategies must be considered when implementing harm reduction program. Other research topics that CPHR has been tackling include: human trafficking, emergency department utilization, women's heart health, and cancer and care coordination. Challenges they have faced include: identifying silos and potential partners; data access and development; staffing, and funding.

Norma Padron, PhD, MPH, Associate Director of CPHR, talked specifically about ED utilization and what is referred to as "unscheduled" care. Padron created a population health dashboard prototype to convey what the center could do. She started by aggregating and pulling information from various sources, looking at designs and tools used in other settings. Padron then used the data to outline geographic variations in ED utilization in the five southeastern Pennsylvania counties. She pointed out that for this type of research center in this setting, it is not only important to outline the problem, but to use evidence based strategies to connect the dots. Padron concluded by explaining that the model of the CPHR could be very valuable to other health systems with huge opportunities for multi-sectoral collaborations.

The Forum was followed by the Grandon Society Workshop, which afforded members the opportunity to engage with the speakers in more detail with an interactive discussion.

Dr. Nash initiated the session by asking the panel, "what would you like to see happen in two years, what will you tell us about your work?" Dr. Larson responded with the idea of helping the health system figure out where the vulnerabilities are by providing them with the data. "We are the detectives that help figure out where's the data, how do we tell the story, and does it reflect what we thought it would reflect." She described the idea of a farm that would grow fresh fruit and vegetables, but the challenge is knowing how it would produce change.

Dr. Thompson described the challenges of collecting data in rural areas and believes that the Center could be the collector of new rural health data in the region. She also described the need for a cultural shift and education moving toward health. Thompson would like to see new ways of transporting people in her region, with more opportunities to access areas for walking and activity.

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