



What is “population health”?

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April 18, 2018

health policy brief

November 2014

What is "population health"?

"It is no longer sufficient to expect that reforms in the medical care delivery system (for example, changes in payment, access and quality) alone will improve the public's health."

— Institute of Medicine (IOM)¹

Purpose

The emergence of "population health" as a significant component of healthcare reform reflects widespread recognition that factors outside of the healthcare system, such as the social, economic and physical environment, must be addressed in order to improve the health of the overall population. While there is growing agreement on the importance of population health, there is a lack of consensus on a single, actionable definition of the term. Healthcare system and public health stakeholders tend to define population health differently, which has hampered efforts to work across sectors to improve population health.

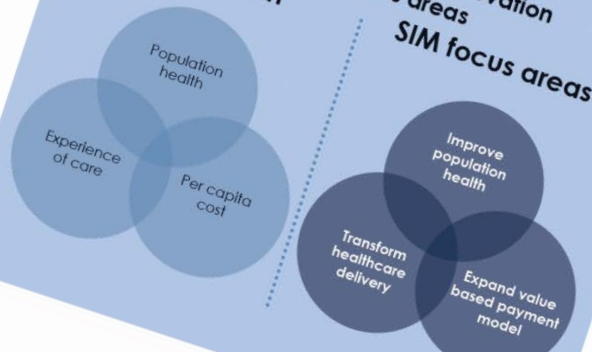
In 2014, with support from the National Network of Public Health Institutes (NNPHI) through a Robert Wood Johnson Foundation-funded project, the Health Policy Institute of Ohio convened a group of healthcare and public health stakeholders to develop a consensus definition of population health for Ohio. The purpose of this work is to operationalize the concept of population health in a way that is useful to Ohio's health leaders in designing population health improvement strategies, such as state-level health improvement plans and local improvement plans led by nonprofit hospitals, local health departments, United Ways and others.

This brief describes the consensus understanding of population health that resulted from discussions among members of the HPIO Population Health Definition Workgroup.

Population health in the Triple Aim and State Innovation Models (SIM)

Population health is one of the components of the Triple Aim Healthcare Improvement's (IHI) widely-used Triple Aim framework (see Figure 1). Echoing the Triple Aim, the US Centers for Medicare and Medicaid Services (CMS) includes population health as one of the three focus areas for the Innovation Center State Innovation Models (SIM) initiative which provides funding for states to design and test new payment and healthcare delivery models. Ohio was one of 16 states to receive a design grant in 2013 for Round One of the SIM. In July 2014, the Ohio Governor's Office of Health Transformation (OHT) applied for SIM Round Two funding to accelerate health system transformation in Ohio. SIM Round Two requires grantee states to develop a statewide Population Health Improvement Plan. Funding decisions for SIM Round Two are expected by the end of 2014.

Figure 1. Triple Aim and State Innovation Model (SIM) focus areas



Definition

Population health is the **distribution of health outcomes** across a **geographically-defined group**

which result from the **interaction between**

individual biology and behavior;

the social, familial, cultural, economic and physical environments that support or hinder wellbeing;

and the **effectiveness of the public health and healthcare systems.**

Key characteristics of population health strategies

Beyond the patient population

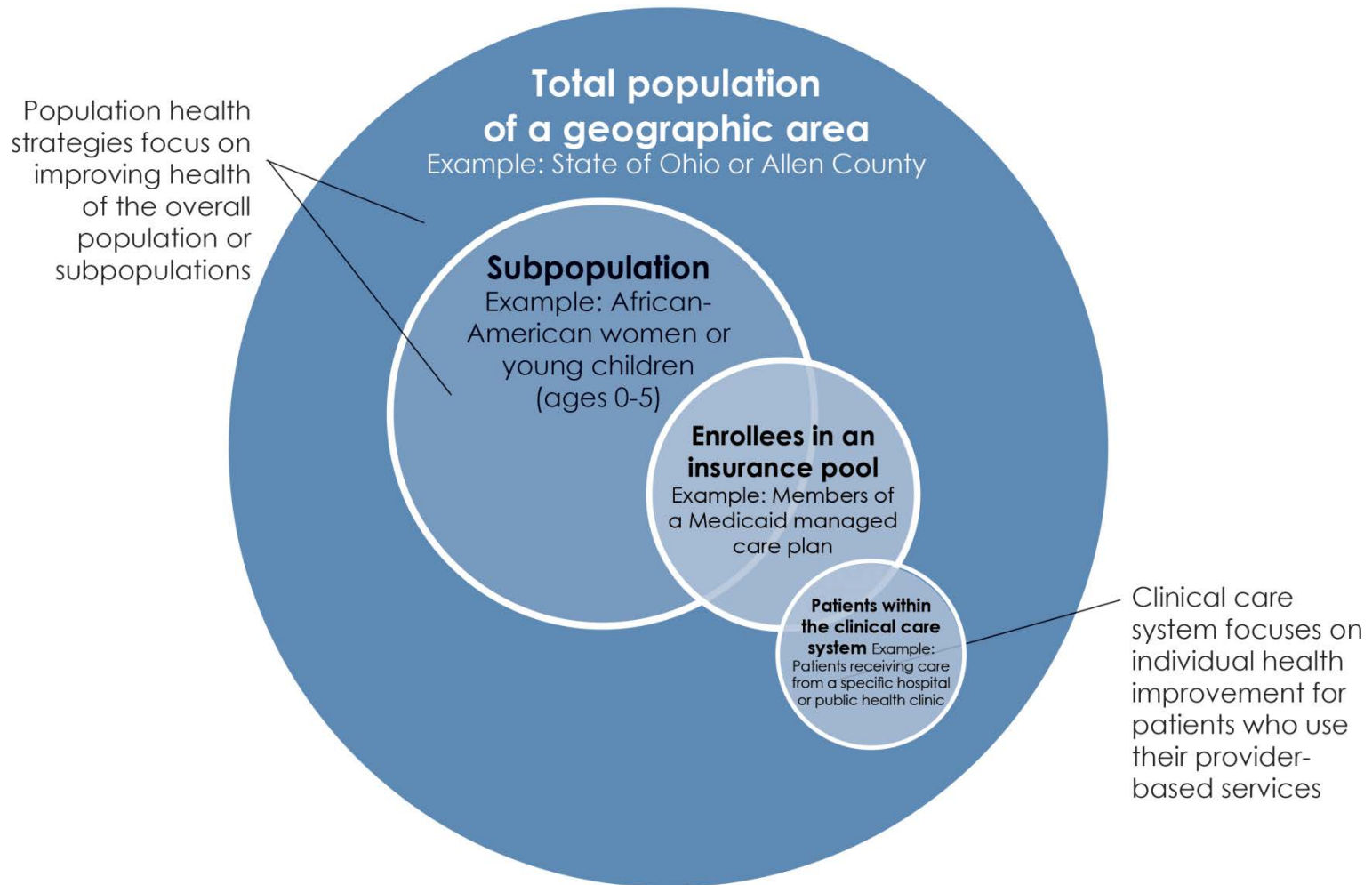
Beyond medical care

Measuring outcomes

Reducing disparities and promoting health equity

Shared accountability

Beyond the patient population

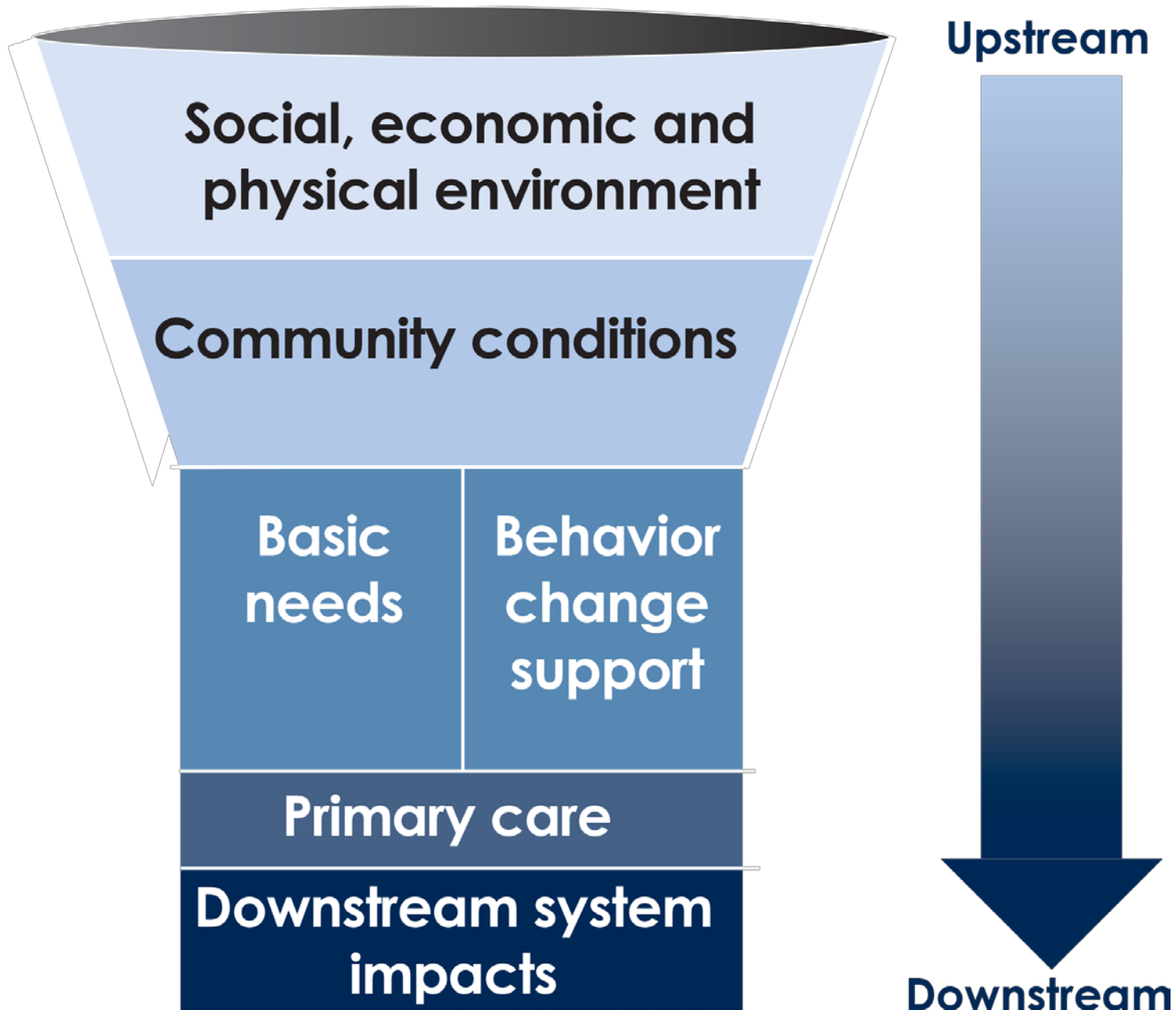


Source: Adapted from "An Environmental Scan of Integrated Approaches for Defining and Measuring Total Population Health by the clinical care system, the government public health system, and stakeholder organizations." Public Health Institute and County of Los Angeles Public Health, 2012.

Beyond medical care



- Prevention
 - Social determinants of health
 - Partnerships with sectors beyond health
-
- Treatment
 - Medical and biological determinants



Measuring outcomes

Desired outcome	Indicator (source)	Baseline (2015)	2019 target	2022 target
Improve overall health status	Percent of adults with fair or poor health (BRFSS)	16.5%	16.2%	15.7%
	Priority population: Percent of low-income* adults with fair or poor health (BRFSS)	38.6%	37.8%	36.7%
Reduce premature death	Years of potential life lost before age 75, per 100,000 population (age-adjusted) (ODH Bureau of Vital Statistics)	7,860	7,860	7,781
	Priority population: Years of potential life lost before age 75 for African Americans, per 100,000 population (age-adjusted) (ODH Bureau of Vital Statistics)	10,970	10,970	10,860

* <\$15,000 annual household income

Note: Priority populations (low-income and African American) were selected because they are the groups with the worst outcomes for these indicators based on available data.

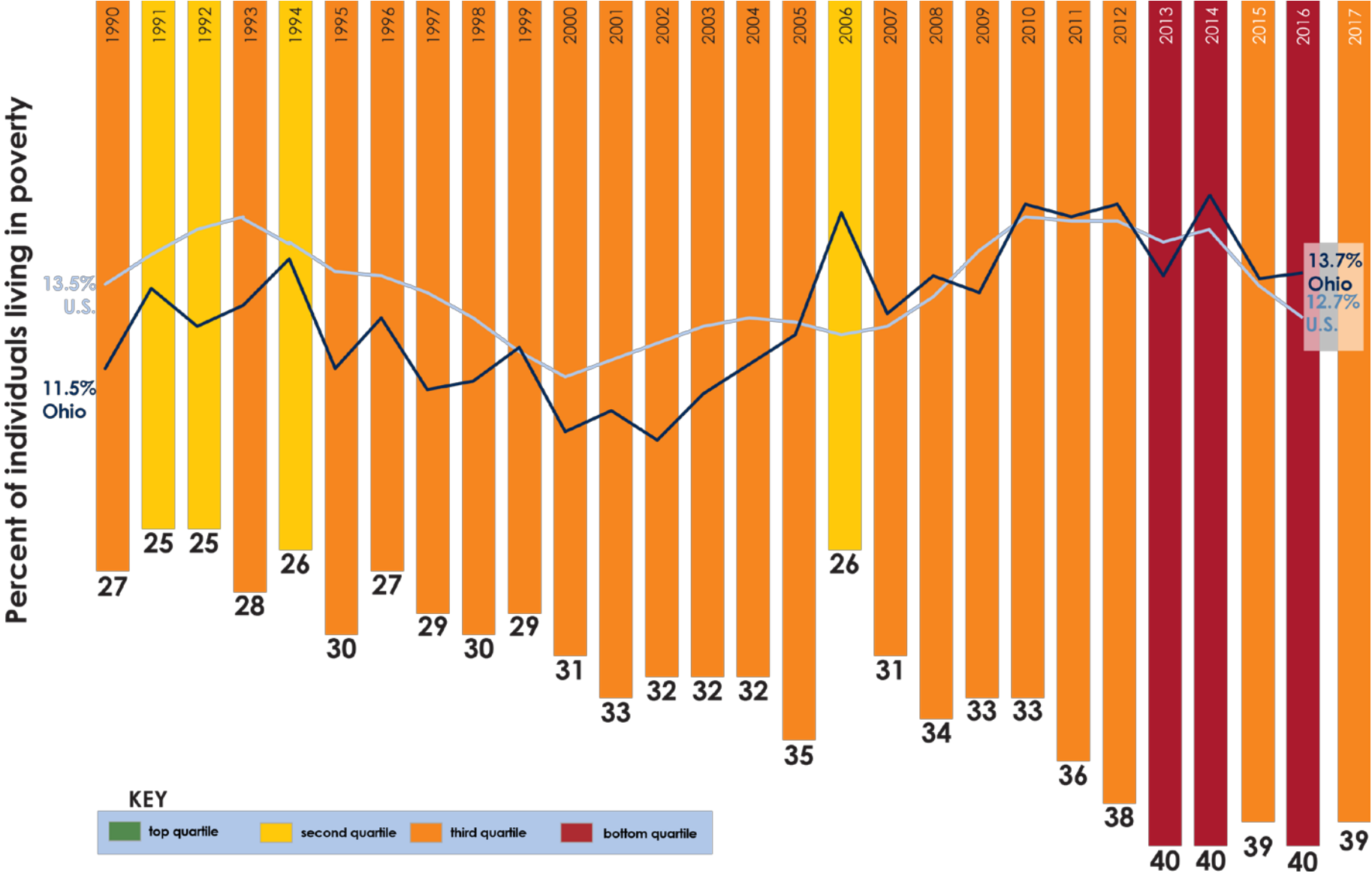
Source: Ohio Department of Health





Shared accountability

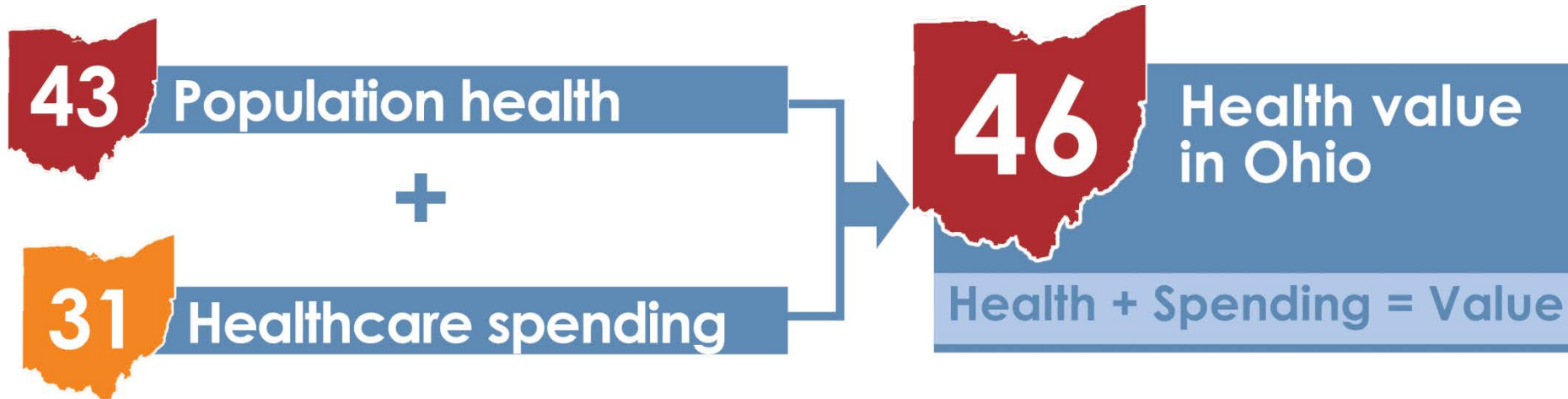
Ohio's rank in America's Health Rankings from 1990 to 2017



Source for poverty rate: U.S. Census Bureau, Current Population Survey, Annual Social and Economic Supplements, Historical Poverty Tables — People.

Where does Ohio rank?

2017 *Health Value Dashboard*





Improving population health planning in Ohio

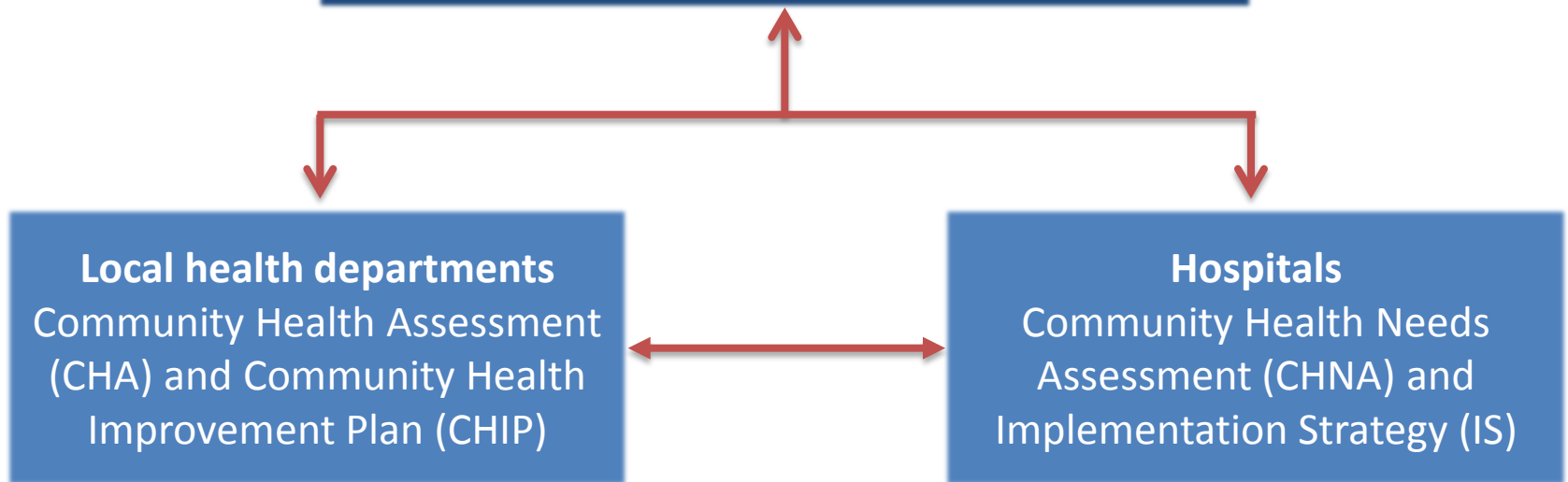


Prepared by the Health Policy Institute of Ohio for the
Ohio Governor's Office of Health Transformation, Ohio
Department of Health and Ohio Department of Medicaid

Jan. 11, 2016



**State health assessment (SHA)
State health improvement plan (SHIP)**



Recommendations

- **SHA and SHIP improvements**
- **State and local alignment**
 - Guidance for priorities, measures and strategies
- **LHD and hospital alignment**
 - Guidance on collaboration
 - **Requirement** for LHDs and hospitals: 3-year timeline alignment
- **Funding**
 - Seek additional funding for LHDs
 - Guidance on community benefit
- **Transparency and accessibility**
 - **Requirement** for LHDs and hospitals: submit assessments and plans
 - **Requirement** for hospitals: submit schedule H

Population health planning infrastructure timeline

Population health planning activity	2016	2017	2018	2019	2020	2021	2022	2023
State and local public health accreditation	Public Health Accreditation Board (PHAB) accredits Ohio Department of Health (2015)		Local health departments (LHDs) required to apply for PHAB accreditation		LHDs required to be PHAB accredited			
State health assessment (SHA) and state health improvement plan (SHIP)	Release of SHA (Aug. 2016)	Release of SHIP (early 2017)		Release of SHA and SHIP			Release of SHA and SHIP	
		SHIP (2017-2019)			SHIP (2020-2022)			SHIP (2023-2025) →
Local health department and tax-exempt hospital assessments and plans		July 1, 2017: Existing tax-exempt hospital and LHD assessments and plans submitted to state			Jan. 1, 2020: Aligned 3-year cycle begins Oct. 1, 2020: Tax-exempt hospital and LHD assessments and plans submitted to state			Oct. 1, 2023: Tax-exempt hospital and LHD assessments and plans submitted to state
					Tax-exempt hospital and LHD plans (2020-2022)			Tax-exempt hospital and LHD plans (2023-2025) →
		Starting July 1, 2017: Tax-exempt hospital Schedule H information annual reporting						
Evaluation at state and local levels		<ul style="list-style-type: none"> • Process and outcome evaluation • Annual outcome reporting 						

Assessment = Tax-exempt hospital community health needs assessment; local health department community health assessment

Plan = Tax-exempt hospital implementation strategy; local health department community health improvement plan

Tax-exempt hospitals = As defined in ORC 3701.981

The cover features a stylized map of Ohio composed of several overlapping, semi-transparent blue shapes of varying shades, creating a layered effect. The text is positioned in the bottom right corner of the white background.

Ohio 2016
STATE HEALTH
ASSESSMENT

The cover features a stylized map of Ohio composed of several overlapping, semi-transparent green shapes of varying shades, creating a layered effect. The text is positioned in the bottom right corner of the white background.

Ohio 2017-2019
STATE HEALTH
IMPROVEMENT PLAN

2017-2019 State Health Improvement Plan

Overall health outcomes

↑ Health status

↓ Premature death

3 priority topics

Mental health and
addiction

Chronic disease

Maternal and
infant health

10 priority outcomes

- ↓ Depression
- ↓ Suicide
- ↓ Drug dependency/
abuse
- ↓ Drug overdose
deaths

- ↓ Heart disease
- ↓ Diabetes
- ↓ Child asthma

- ↓ Preterm births
- ↓ Low birth weight
- ↓ Infant mortality

Equity: Priority populations for each outcome above

2017-2019 State Health Improvement Plan

Cross-cutting outcomes and strategies

The SHIP addresses the 10 priority outcomes through cross-cutting factors that impact all 3 priority topics

Cross-cutting factors

Social determinants of health

Public health system,
prevention and health
behaviors

Healthcare system and access

Equity

Strategies to promote:

-  Student success
-  Economic vitality
-  Housing affordability and quality
-  Tobacco prevention and cessation
-  Active living
-  Healthy eating
-  Violence-free communities
-  Population health infrastructure
-  Access to quality health care
-  Comprehensive primary care
-  Strategies likely to decrease disparities for priority populations

The SHIP includes outcome indicators and evidence-based strategies for each cross-cutting factor.

Population Health Plans and Assessments

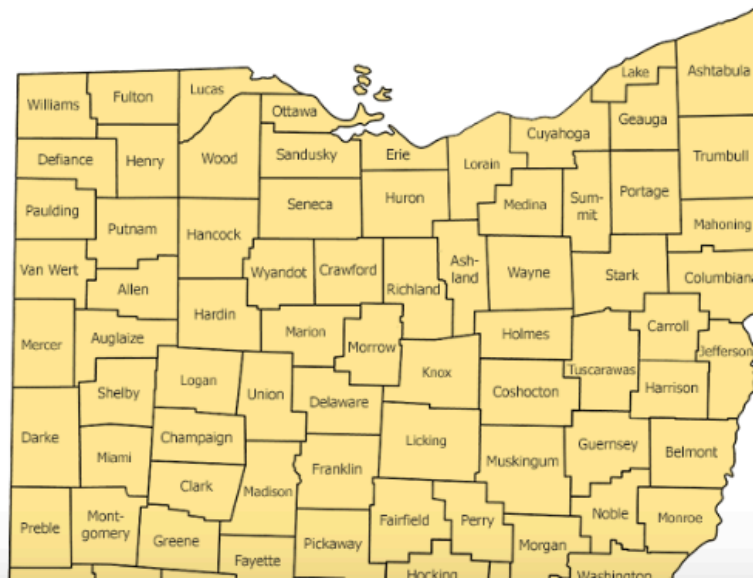
In 2015, the Governor's Office of Health Transformation, Ohio Department of Medicaid, and Ohio Department of Health contracted with the Health Policy Institute of Ohio to facilitate stakeholder engagement and provide guidance on improving population health planning. As a result, several recommendations for improving population health planning in Ohio were released in the 2016 [Improving Population Health Planning in Ohio Report](#).

As defined in this report, "population health planning refers to a collaborative process to assess and prioritize a population's most significant health needs and develop and implement plans and strategies to address those needs." Based on the growing focus of population health planning community-level planning has increased and this repository of planning documents and reports is based on the most recent legislation [Ohio Revised Code §3701.981](#).

The reports presented for hospitals and local health departments are current as of July 1, 2017 and many represent data and priorities prior to the current alignment to the SHIP efforts or the increased focus on community health improvement spend toward community priorities.

Each county link in the map below provides a link to the local health departments community health assessment and community health improvement plan, and the hospital(s) Community Health Needs Assessment, Implementation Plan, Schedule H, and Community Health Improvement Services Report.

Click [here](#) for an excel version of the Community Health Improvement Services Data for all hospitals.





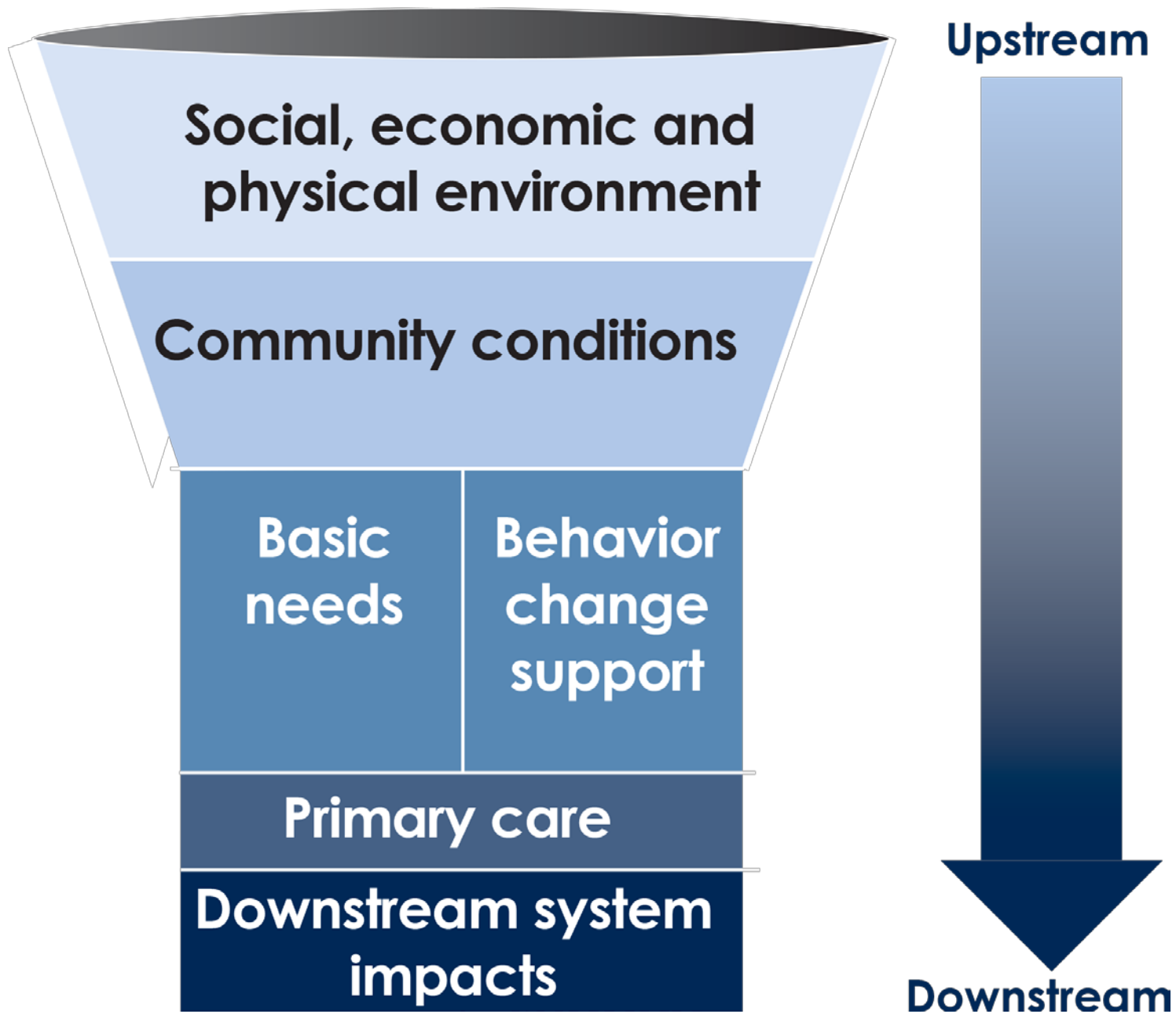
**Improving Population
Health Planning In Ohio:**
GUIDANCE FOR ALIGNING
STATE AND LOCAL EFFORTS



Alignment between Ohio's top 10 health priorities and patient-centered medical home (PCMH) quality measures

Ohio's top 10 health priorities	PCMH quality measures
Obesity Physical activity Nutrition	Adult body mass index (BMI) (adult)
	Weight assessment and counseling for nutrition and physical activity (pediatric)
	Well-child visits in first 15 months of life (pediatric)
	Well-child visits in 3rd, 4th, 5th and 6th years of life (pediatric)
	Adolescent well-care visit (pediatric)
Tobacco use	Tobacco use screening and cessation intervention (adult)
Infant mortality	Timeliness of prenatal care (adult)
	Postpartum care (adult)
	Live births weighing less than 2,500 grams (pediatric)
Mental health	Antidepressant medication management (adult)*
	Follow up after hospitalization for mental illness (adult and pediatric)*
Substance abuse	None*
Diabetes	Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Poor Control (>9.0%) (adult)*
Cancer	Breast cancer screening (adult)
Heart disease	Controlling high blood pressure (adult)
	Statin therapy for patients with cardiovascular disease (adult)
NA	Medication management for people with asthma (adult and pediatric)

*To be finalized in 2016



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