ASPPH Population Health Initiative: Overview

February 2018

ASPPH ASSOCIATION OF **SCHOOLS & PROGRAMS** OF PUBLIC HEALTH

Population Health Initiative Overview: Content

- Acknowledgements

- Population Health Leadership Group

- Population Health Definition

- Initiative Activities

  - ASPPH Member Survey

  - External Stakeholder Interviews

  - Roundtables

  - Forum, including Themes and Recommendations

- Summary Materials and Additional Resources

- Contact Information

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Acknowledgements

- Funded by ASPPH and the Centers for Disease Control and Prevention (CDC) from March 2016 to August 2017

  - Views expressed in this project represent those of the many participants and not necessarily views of the CDC or its staff

- Population Health Leadership Group (PHLG) guided the project

- Many individuals volunteered their time to participate in the survey, interviews, and roundtable discussions

- Deep appreciation for all involved

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ASPPH Population Health Leadership Group

Population Health Leadership Group

- Robert S. Dittus, MD, MPH, Vanderbilt, Co-Chair

- John R. Finnegan, Jr., PhD, Minnesota, Co-Chair

- Donna Arnett, PhD, Kentucky

- Ruth G. Bernheim, JD, MPH, Virginia

- Susan J. Curry, PhD, Iowa

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- Deborah Helitzer, ScD, New Mexico (until 6/2017)

- Boris D. Lushniak, MD, MPH, Maryland

- William J. Martin, MD, Ohio State

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- Barbara K. Rimer, DrPH, MPH, Dean, North Carolina

- Laura L. Rudkin, PhD, MA, University of Texas Medical Branch at Galveston

- Phillip L. Williams, PhD, Georgia

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Population Health Leadership Group - Charge

- Identify and document the existing capabilities and engagement of ASPPH members in the field of population health, writ large

- Assess the gaps in institutional and faculty resources limiting members' current and prospective ability to advance population health

- Gauge external stakeholders' perceptions of academic public health's role in advancing population health

- Recommend member and Association actions to enhance members' ability to advance population health locally, regionally, and nationally

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Definition of Population Health

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Population Health Definition

- The definition of 'Population Health' was a recurring discussion in this project

- For purposes of this project, the definition used was:

  - *The health of a population including the distribution of health outcomes and disparities of the population.*

- While also noting that health in the 21st century is:

  - Collaborative, connective, creative

  - Interdisciplinary and trans-disciplinary

  - Cross-sector, cross-system

  - Civic: local, regional, national

  - Global

  - Digital

Initiative Activities

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Population Health Initiative: Activities

- Survey of ASPPH Members

  - Current activities and aspirations regarding population health

- Interviews with External Stakeholders

  - Population health definition used, current activities, advice

- Initial Findings Shared at ASPPH Annual Meeting

- Four Roundtables and a Forum

  - Input on themes, discussion of opportunities and recommendations

- Development of Materials for ASPPH Member Use

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ASPPH Member Survey

Population Health Initiative: ASPPH Member Survey

- Survey:
  - Leaders within Schools and Programs of Public Health
  - 48 respondents, nearly 50%

- Purpose:
  - Identify current activities of schools and programs of public health that are related to population health (e.g., types of activities, partners, types of partnerships)
  - Identify specific population health-related assets and resources currently held within schools or programs of public health
  - Assess the resources that schools and programs of public health need or want to expand involvement and effectiveness in population health activities

Population Health Initiative: Survey Approach

- Spring 2016: survey was drafted, refined, and tested by the Population Health Leadership Group

  - Survey contained eight questions with nearly 50 elements requesting information

- Summer 2016: survey was finalized and fielded

  - Surveys sent to 105 potential respondents

  - 48 completed surveys – 45.7% response rate

  - 42 identified public health schools or programs

  - Participation was voluntary

  - By submitting their responses, respondents indicated their informed consent to participate

Population Health Initiative: Survey Overall Findings

- Schools and programs are engaged in many population health activities

  - Most done by independent faculty members, rather than formal initiatives

  - Greatest focus is on community engagement and data analysis

- Strong relationships exist with medical and nursing schools, hospitals, clinics, public health agencies, and funders

  - Many noted no relationship with other entities known to be important to population health (e.g., transportation, public safety, housing)

- For ASPPH members, greatest needs are to promote their own value to the public, market services of schools and programs to the health care sector, and engage in advocacy

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# Survey: Detailed Findings by Question

Question 1. Population health activities in which schools or programs are engaged and level of engagement

- 48 respondents
- Engagement level options
  - No activity
  - 'Individual' (faculty members working independently)
  - 'Planning' (annual work plan or strategic plan)
  - 'Formal' (contracts or agreements in place)
  - Other

Question 1: Current Levels of Engagement, continued

- Areas with the <u>highest</u> level of any type of engagement were:

    - *Providing expertise in community engagement*

    - *Providing expertise in data analytics, intelligence, modeling, big data, health informatics*

- Areas with the <u>lowest</u> level of any type of engagement were:

    - *Strategic planning and facilitation with external entities*

    - *Conducting research focused on health system initiatives in population health*

- Most common engagement is individual, independent activity by faculty members

    - *Providing expertise in community engagement, data analytics, program monitoring, and evaluation*

- Top activities for planned engagement, via work plans or strategic plan

    - *Continuing education, advancing scholarship / developing evidence-base*

- Top activities for formal engagement via contracts or agreements

    - *Providing expertise in community engagement, program monitoring and evaluation, data analytics*

Question 1: Population health activities in which schools or programs are engaged and level of engagement (cont.)
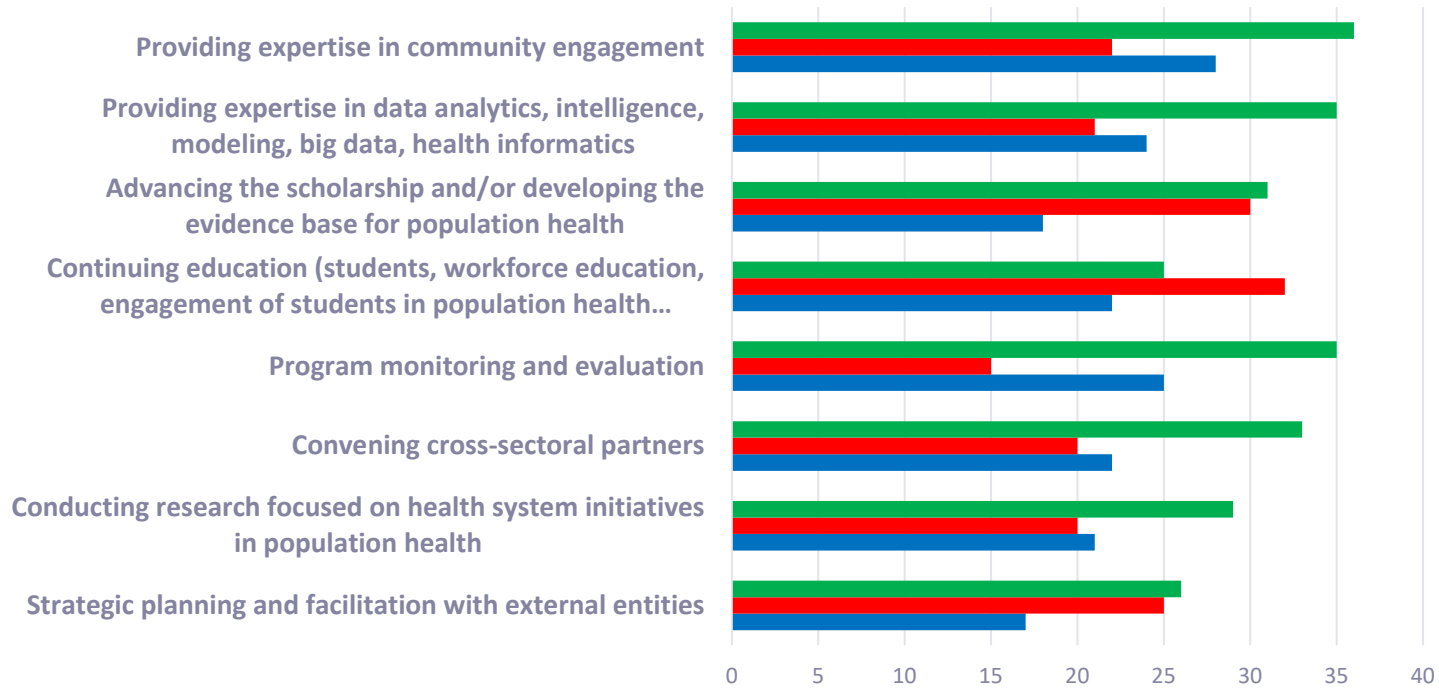
Scale: total number of responses in each category; Ranked by total level of activity in descending order

- 🟩 Individual faculty engaged independently (no formal approach of the school or program)
- 🟥 Included in our school or program annual work plan or strategic plan
- 🟦 Specific contracts or agreements in place to provide these services to external groups

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Question 2. Schools' or programs' working relationships on population health with others <u>in the parent institution</u>

- 48 respondents

- Engagement levels:
    - No current relationship
    - 'Individual' (faculty members working independently)
    - 'Planning' (recognized in annual work plan or strategic plan)
    - 'Formal' (contracts or agreements in place)
    - Other
    - Don't know

- 13 (27%) indicated "other group" or "other type of working relationship" and six provided written descriptions

Question 2. Relationships, continued

- Schools and programs of public health has the <u>highest</u> level of any type of relationship with: medical schools, affiliated teaching hospitals, schools of nursing

- And the <u>lowest</u> level of any type of relationship with schools of dentistry and schools of pharmacy

- Most common relationships are via independent faculty members

- More total types of relationships with schools of business management and/or law than with schools of pharmacy or dentistry or 'other clinical partners'

- Free form comments named relationships with several other types of groups, schools or programs not mentioned in the survey

- *"Don't Know / Not Applicable" response may indicate that the parent institution does not have certain schools or affiliated entities, or the respondent had insufficient knowledge to respond*

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Question 2. Schools' or programs' working relationships on population health issues with groups <u>in their parent institution</u> (cont.)

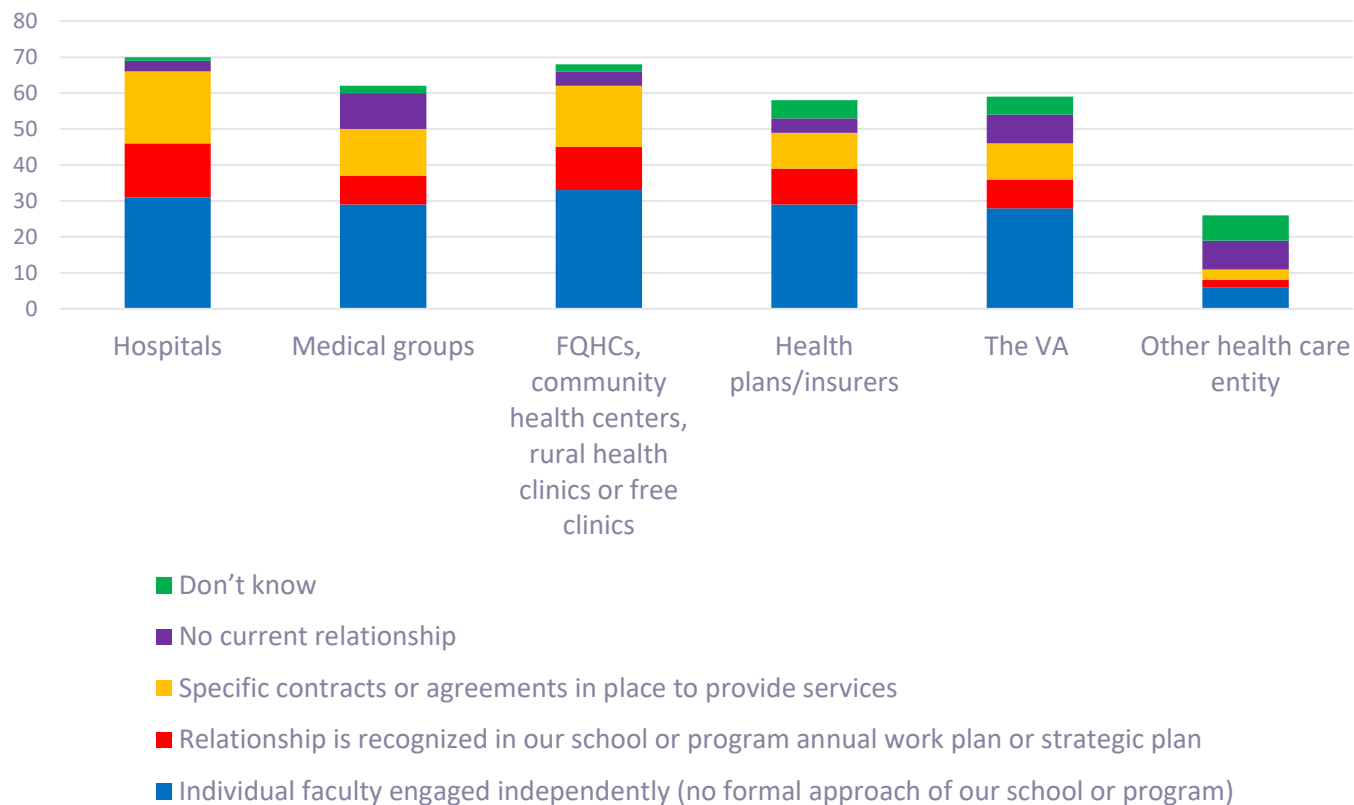Scale: total number of responses in each category

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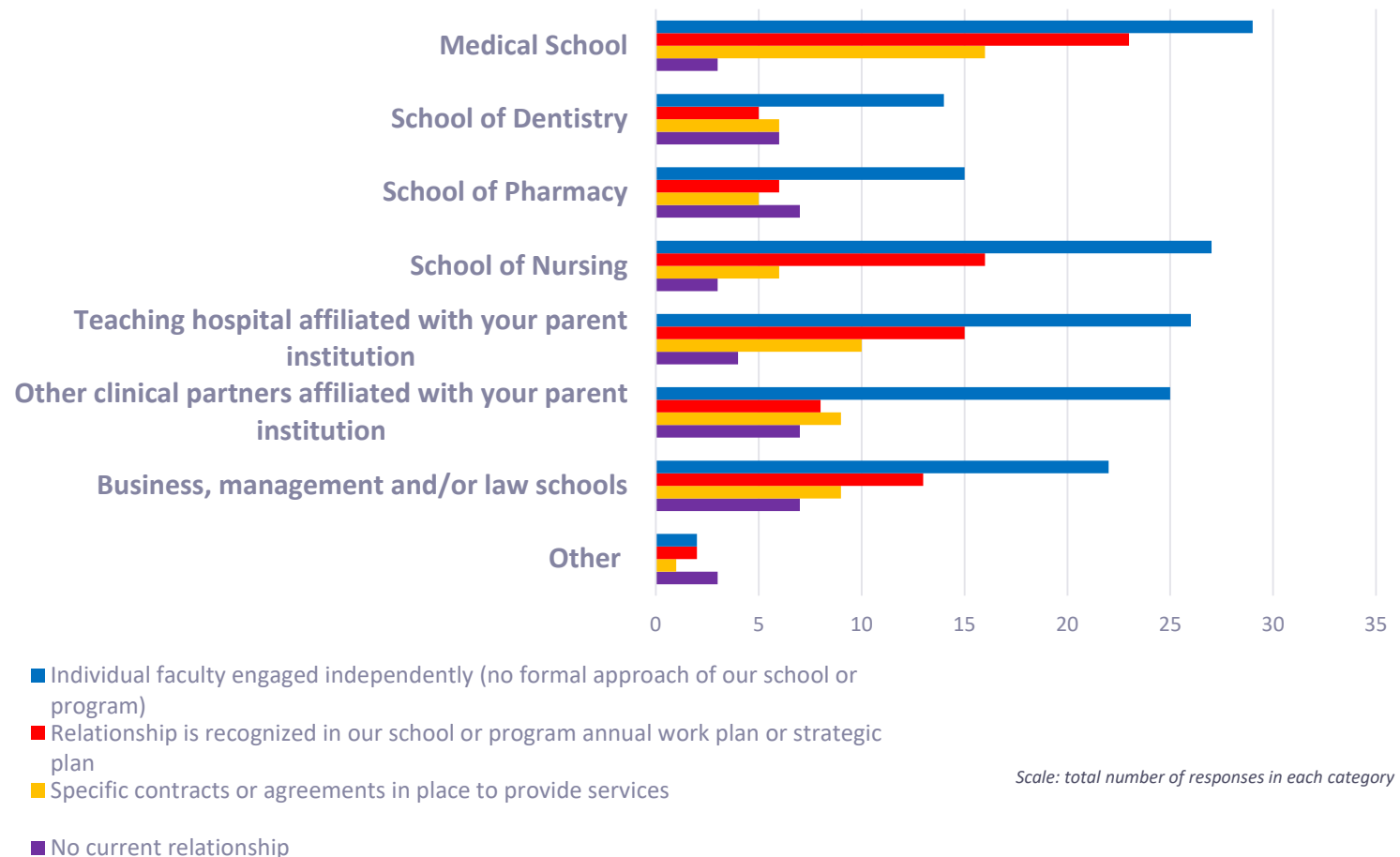
Question 3: Schools' or program's working relationships on population health issues with <u>external organizations</u>

- Question assessed <u>36 organization types</u>: five health care organizations, six local government agencies, six state agencies, and 19 other types of organizations

- Engagement levels:
  - No current relationship
  - 'Individual' (faculty members working independently)
  - 'Planning' (recognized in annual work plan or strategic plan)
  - 'Formal' (contracts or agreements in place)
  - Other
  - Don't know

- 46 respondents for all four categories of engagement level
  - Ten instances of "other type of working relationship" noted
  - 38 instances of "other type of external organization" noted -- 19 in local government, 11 in health care, six in state agencies, two in other organizations
  - 20 free form comments, many noting organizations not listed in the survey

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Question 3 Findings: Health Care System Relationships

- Schools and programs of public health had the <u>highest</u> level of relationships of any type with these health care organizations:

  - *Hospitals, FQHCs / community clinics, medical groups*

- More than half of respondents noted relationships via faculty members for all five types of health care organizations listed

- Nearly half of all respondents reported specific agreements or contracts with *hospitals* and with *FQHCs / community clinics*

- *Health plans* and *the VA* were less likely to be included in work plans / strategic plans or in contracts or agreements

School or program's relationships on population health issues with <u>external organizations – HEALTH CARE SYSTEM</u>

Scale: total number of responses in each category

Legend:
- Don't know
- No current relationship
- Specific contracts or agreements in place to provide services
- Relationship is recognized in our school or program annual work plan or strategic plan
- Individual faculty engaged independently (no formal approach of our school or program)

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Question 3 Findings: Local Government Relationships

- Schools and programs of public health had the <u>highest</u> level of any type of relationship with these local government agencies:
  - *Public health agencies, Policy/legislative entities, Human services (not public health)*
  - More than half of respondents noted specific agreements or contracts with local *public health* agencies
  - More than half of respondents noted relationships via individual faculty members for all listed local agencies, except *Transportation*
- Lowest levels of any relationships were with *Transportation, Public Safety / Policing*
  - 17 (37%) reported <u>no</u> current relationship with local *Transportation*
  - 19 (41%) noted some kind of relationship with a local agency not listed
- Two noted some other type of relationship existed with *local Public health* agencies and *Policy/legislative* groups

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School or program's current working relationships on population health issues with external organizations – LOCAL GOVERNMENT AGENCIES

Scale: total number of responses in each category

Legend:
- **Don't know** (green)
- **No current relationship** (light blue)
- **Specific contracts or agreements in place to provide services** (yellow)
- **Relationship is recognized in our school or program annual work plan or strategic plan** (red)
- **Individual faculty engaged independently (no formal approach of our school or program)** (dark blue)

Categories: Public health dept, Human services (not…, Public safety/ policing, Housing/ …, Policy/ legislative, Transportation, Other state agency

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Question 3 Findings: State Government Relationships

- State agencies with the <u>highest</u> level of any type of relationship are:
    - *Public health department, Policy/legislative bodies, Human services (not public health)*
    - 20 (43%) of respondents noted specific agreements or contracts with *State public departments*
- Lowest levels of any type of relationship are with *Housing / Community Development*, *Public Safety / Policing,* and/or *Transportation*
    - 19 (41%) reported <u>no</u> current relationship with State-level *Housing / Community Development*
    - 17 (37%) reported <u>no</u> current relationship with State-level *Transportation*, and/or with *Public Safety/ Policing*
- Seven noted some kind of relationship with a State agency that was not listed

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School or program's current working relationship on population health issues with external organizations – STATE AGENCIES
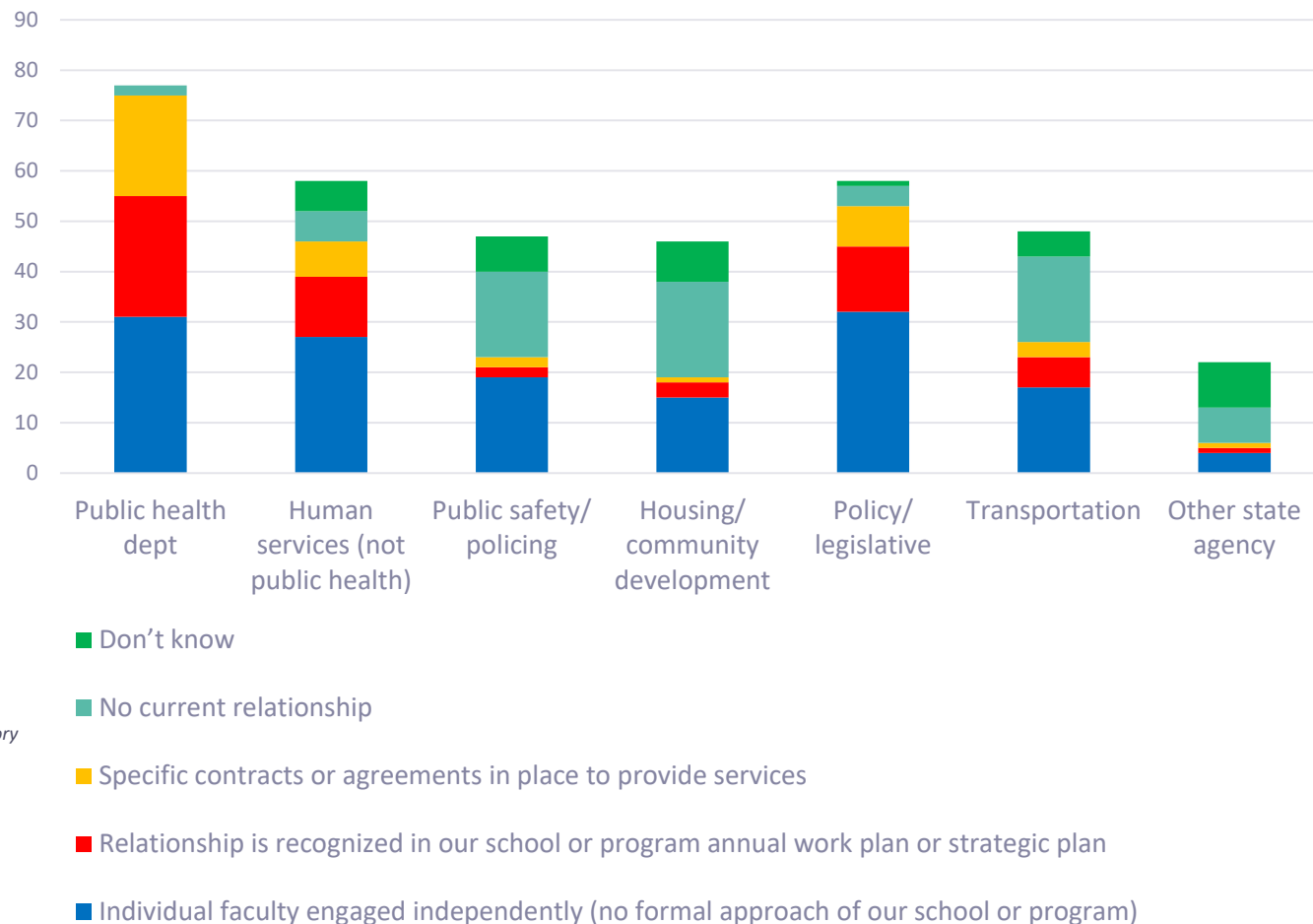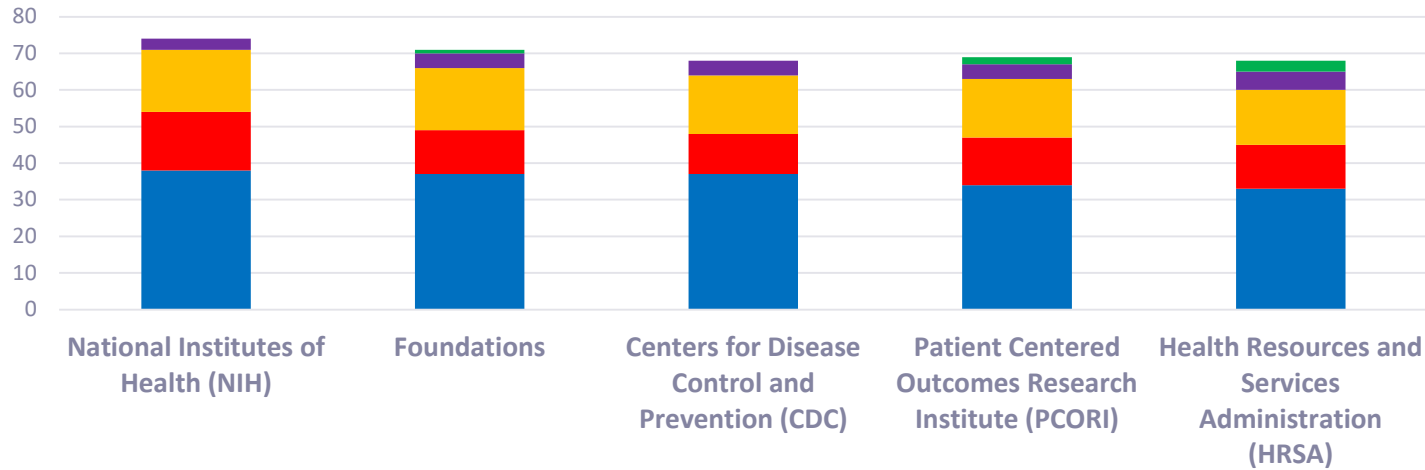

Scale: total number of responses in each category

Legend:
- **Don't know** (green)
- **No current relationship** (teal)
- **Specific contracts or agreements in place to provide services** (yellow)
- **Relationship is recognized in our school or program annual work plan or strategic plan** (red)
- **Individual faculty engaged independently (no formal approach of our school or program)** (blue)

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Question 3 Findings: Other Organization Relationships

- 19 different types of external organizations were listed in this section

- <u>Highest</u> reported levels of any type of relationship: *NIH, Foundations, CDC, PCORI and HRSA*

  - These agreements or contracts may be focused on funding or grants, rather than hand-on programmatic collaboration

- <u>Lowest</u> reported levels of any type of relationship are with *Indian / Tribal health, Post-secondary education including trade schools, Chambers / business groups*

  - 21 (46%) reported <u>no</u> current relationship with *Indian / Tribal health*

  - 14 (30%) reported <u>no</u> current relationship with *Post-secondary education including trade schools*

  - 13 (28%) reported <u>no</u> current relationship with *Chambers / business groups*

- Six indicated some other kind of relationship one of the listed organizations, and two noted individual faculty engagement with organizations not on the list
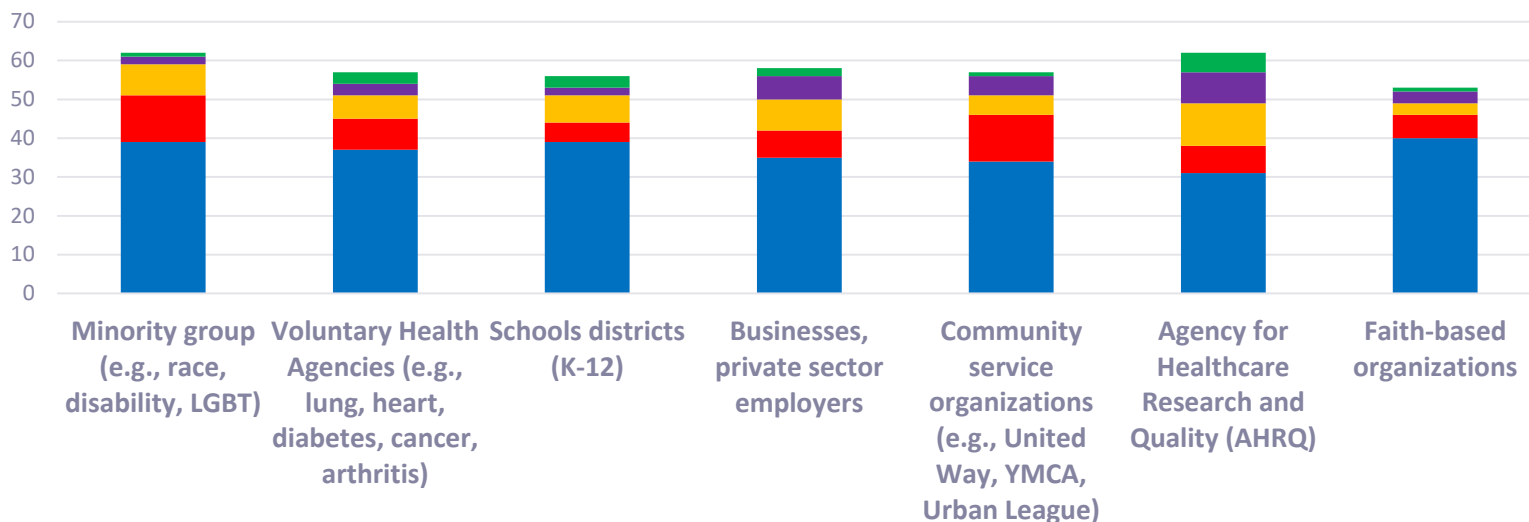
School's or program's working relationships on population health issues with OTHER external organizations (*highest level of engagement*)

Scale: total number of responses in each category

Legend:
- 🟩 Don't know
- 🟪 No current relationship
- 🟨 Specific contracts or agreements in place to provide services
- 🟥 Relationship is recognized in our school or program annual work plan or strategic plan
- 🟦 Individual faculty engaged independently (no formal approach of our school or program)

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School's or program's working relationship on population health issues with OTHER external organizations (*mid-level of engagement*)

Scale: total number of responses in each category

Legend:
- Don't know
- No current relationship
- Specific contracts or agreements in place to provide services
- Relationship is recognized in our school or program annual work plan or strategic plan
- Individual faculty engaged independently (no formal approach of our school or program)

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School's or program's working relationship on population health issues with OTHER external organizations (*lowest level of engagement*)
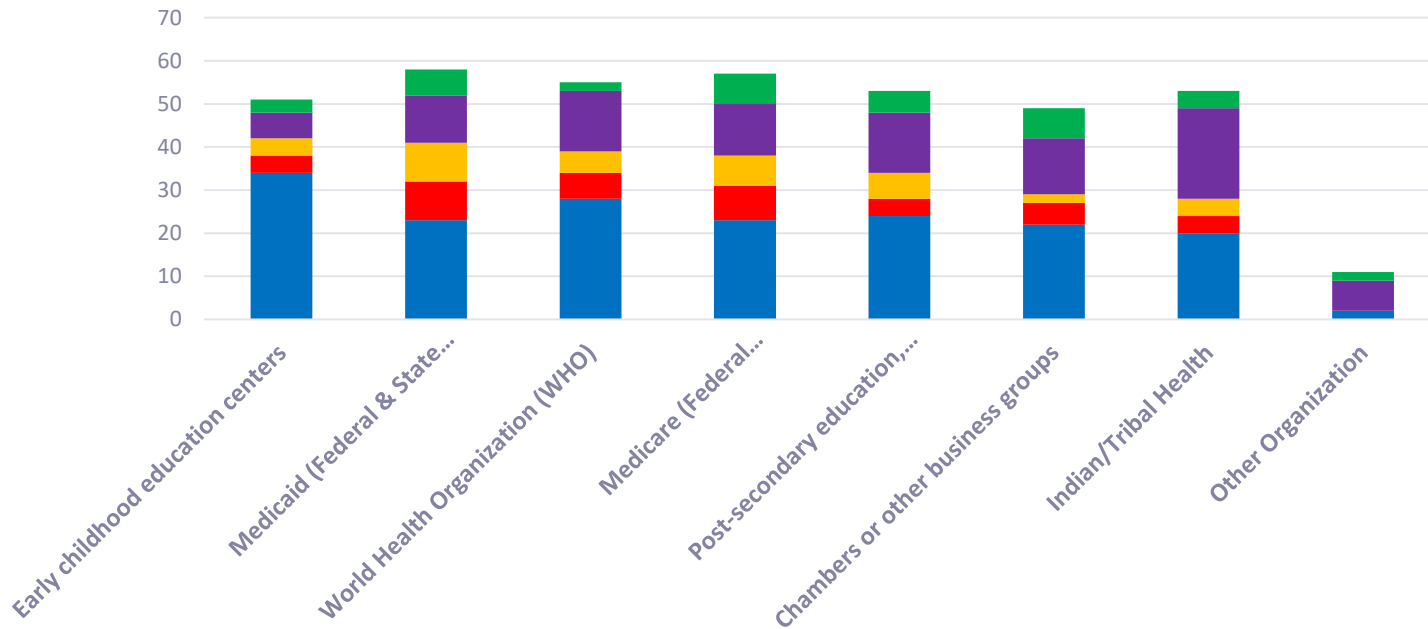
Scale: total number of responses in each category

Legend:
- **Don't know** (green)
- **No current relationship** (purple)
- **Specific contracts or agreements in place to provide services** (yellow)
- **Relationship is recognized in our school or program annual work plan or strategic plan** (red)
- **Individual faculty engaged independently (no formal approach of our school or program)** (blue)

Categories (x-axis):
Early childhood education centers; Medicaid (Federal & State...); World Health Organization (WHO); Medicare (Federal...); Post-secondary education,...; Chambers or other business groups; Indian/Tribal Health; Other Organization

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Other Partners Mentioned By Survey Respondents

- Agriculture

- Behavioral Health Department

- Behavioral Science Research Institute

- Board of health

- Center for Health Equity

- Court System

- Disaster preparedness agencies

- Elected officials, government advisory groups, transition teams

- Parks and Recreation Department

- Pharmaceutical and biomedical companies

- Planning commission
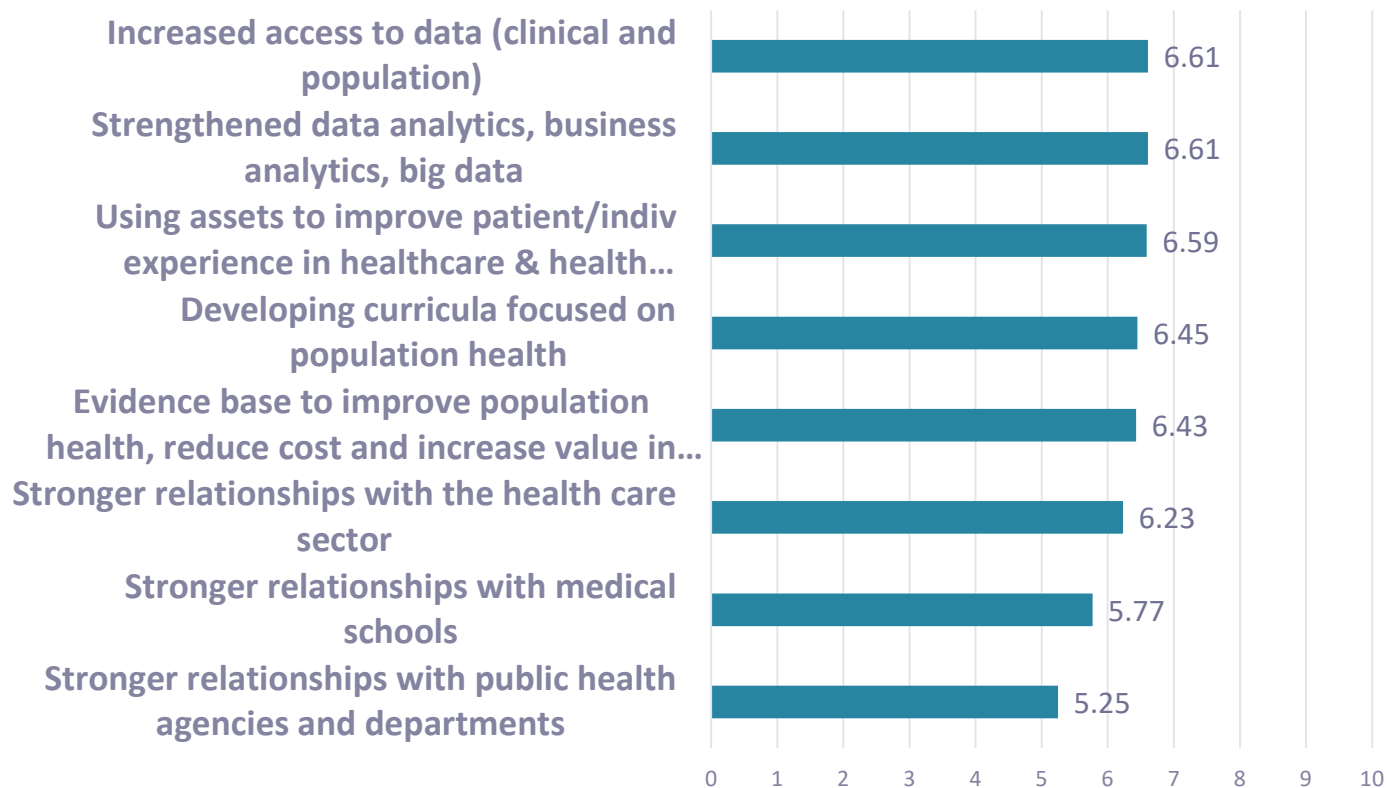
- Public Health Association

Question 4. Level of need for each resource or expertise <u>within the respondent's school or program</u>

- Fourteen items total; 44 respondents rated 12 items; 43 rated two items

- Greatest areas of need at the individual schools or programs of public health are:
  1. Greater awareness in community and public of value of Schools and Programs of Public Health
  2. Help in communicating and marketing academic public health to health systems as resource to address population health (portal, connector, consulting)
  3. Stronger relationships with business community (employers, chambers, economic development groups)

- No free form comments were offered

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Question 4. Level of need for each resource or expertise <u>in the respondent's school or program</u> (*greatest need*)

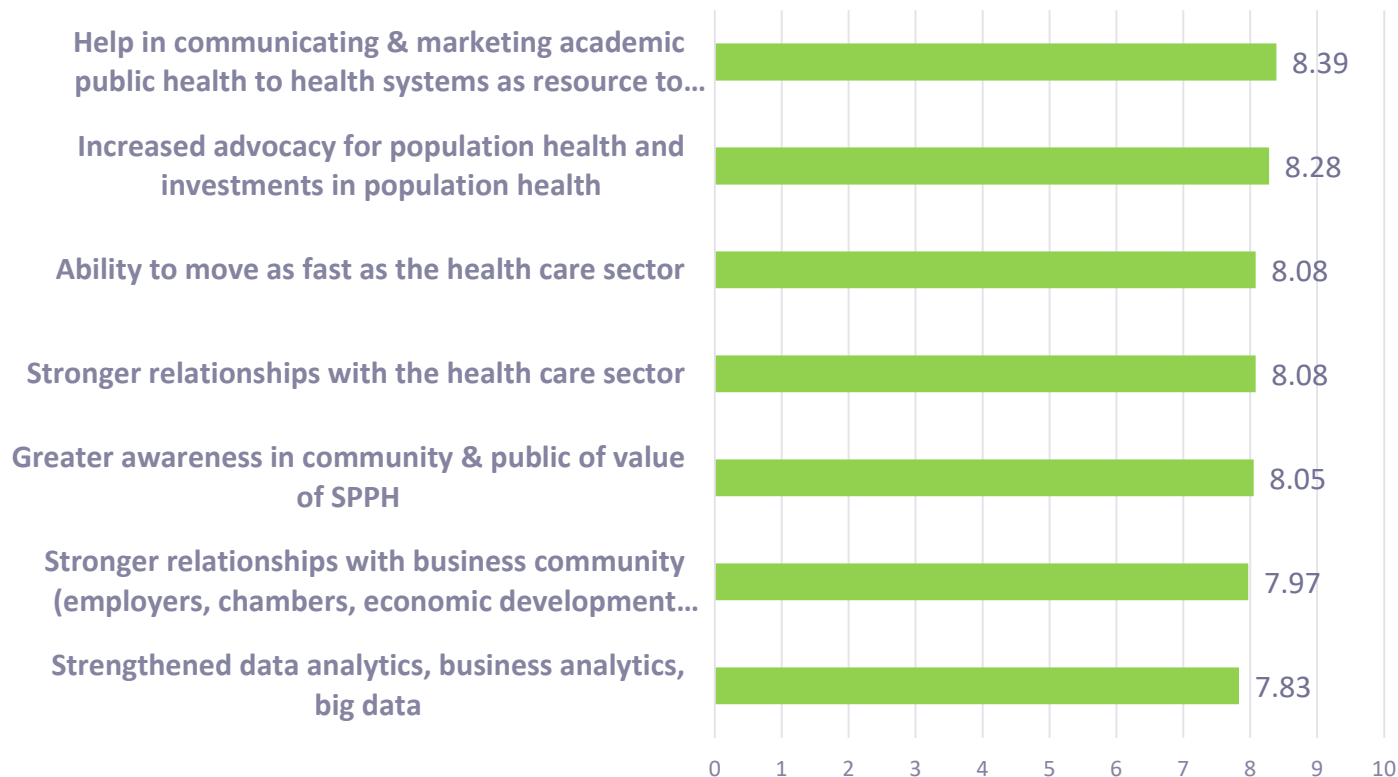| Category	Value
Greater awareness in community & public of value of SPPH	8.02
Help in communicating & marketing academic public health to health systems…	7.57
Stronger relationships with business community (employers, chambers,…	7.55
Ability to move as fast as the health care sector	7.44
New types of faculty with new skill sets (e.g., interventional sciences)	7.34
Increased advocacy for population health and investments in population health	7.32

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Question 4. Level of need for each resource or expertise in the respondent's school or program (*smallest need*)

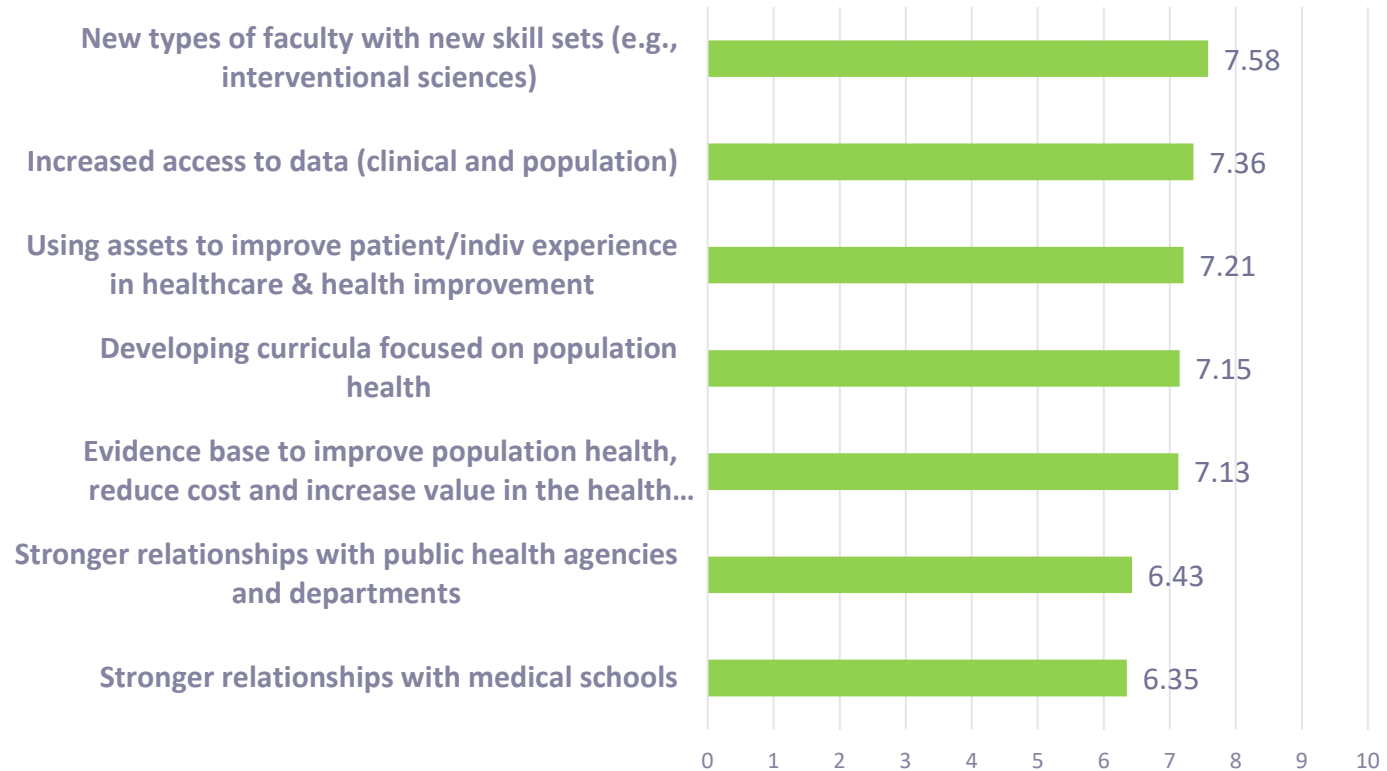| Resource or Expertise	Value
Increased access to data (clinical and population)	6.61
Strengthened data analytics, business analytics, big data	6.61
Using assets to improve patient/indiv experience in healthcare & health…	6.59
Developing curricula focused on population health	6.45
Evidence base to improve population health, reduce cost and increase value in…	6.43
Stronger relationships with the health care sector	6.23
Stronger relationships with medical schools	5.77
Stronger relationships with public health agencies and departments	5.25

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Question 5. Level of need for resources or expertise <u>across ASPPH membership</u>

- Fourteen items total; between 39 - 41 respondents rated each of the items

- Greatest areas of need for ASPPH members as a whole:
    1. Help in communicating and marketing academic public health as a resource to health systems in addressing population health (portal, connector, consulting)
    2. Increased advocacy for population health and investments in population health

- Perceived need is greater in <u>all</u> areas for ASPPH membership vs. their own school or program

- Other comments
    - Economic development leadership within state and local governments
    - Better understanding and analysis of how various health financing actions promote or impede population health in terms of outcomes, costs, and access

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Question 5. Level of need for each resource or expertise <u>across ASPPH members as a whole</u> (*greatest need*)

Resource/Expertise	Score
Help in communicating & marketing academic public health to health systems as resource to…	8.39
Increased advocacy for population health and investments in population health	8.28
Ability to move as fast as the health care sector	8.08
Stronger relationships with the health care sector	8.08
Greater awareness in community & public of value of SPPH	8.05
Stronger relationships with business community (employers, chambers, economic development…	7.97
Strengthened data analytics, business analytics, big data	7.83

Question 5. Level of need for each resource or expertise <u>across ASPPH members as a whole</u> (*smallest need*)

Resource or expertise	Value
New types of faculty with new skill sets (e.g., interventional sciences)	7.58
Increased access to data (clinical and population)	7.36
Using assets to improve patient/indiv experience in healthcare & health improvement	7.21
Developing curricula focused on population health	7.15
Evidence base to improve population health, reduce cost and increase value in the health...	7.13
Stronger relationships with public health agencies and departments	6.43
Stronger relationships with medical schools	6.35

Question 6. <u>Successful</u> population health initiatives at schools or programs

- Nearly half of respondents (19) shared comments, several listed multiple projects

- Range of initiatives is diverse
  - Activities include degree programs, planning, research and evaluation, data collection, collaboration, and community leadership
  - Topics cross a broad spectrum, such as fracking, HIV, global health, data visualization, obesity, public policy assessment, design and the built environment, infant mortality, community health needs assessments, and hospital readmissions

- Responses offer compelling examples of population health activities in schools and programs of public health

Question 7. <u>Challenges</u> in population health initiatives at schools or programs

- 12 comments, not all mentioned a specific problem or difficulty
- Challenges noted
  - Difficulty of trying to establish a population health program across schools and colleges
  - Open access to data relevant to population health; need new methods to liberate granular data
  - Maintaining successful programs once grant or contract funding ends
  - Getting trained public health faculty to open eyes and hearts to population health
- Could help refine understanding of barriers to engaging in population health; also use as examples of how schools or programs overcome challenges

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Question 8. Other information about population health activities at the schools or programs

- Nine comments, some broad and some focused
    - School-wide initiative to identify and catalog existing activities including research
    - Education (particularly inter-professional efforts)
    - Direct program or care delivery
    - Community leadership
    - Addressing the opioid epidemic
    - Building models for occupational health
    - Developing a joint research agenda with the local health system
    - Health practice collaboration in children's environmental health, dental health, emergency preparedness, and global health
- ASPPH could use these examples from specific schools or programs of public health in their communication about population health activities

External Stakeholder Interviews

Population Health Initiative: External Stakeholder Interviews

- Structured interviews with 14 individuals representing
  - Academic medical centers
  - Credentialing organization
  - Employers
  - Federal agencies
  - A Graduate school affiliated with academic medical center
  - Integrated health plans
  - A Multi-stakeholder collaborative
  - A Nonprofit foundation
  - State purchasing agency

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Population Health Initiative: Interview Topics

- Topics

  - Population Health definition

  - Approach to population health and examples of activities

  - Perceptions of **schools and programs of public health,** and of **state and/or local public health agencies**

    - Services offered, high value activities, level of interaction, opportunities

  - How the field of population health is evolving

    - Activities or skills needed, challenges, opportunities

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How Interviewees Define Population Health

- Most described "population" broadly as individuals in a geographic area
  - Some view the term narrowly (e.g., risk pool or enrollee / employee group)

- All talked of "health" broadly, far more than just the need for medical care

Interviewees' Approach to Improving Population Health

- Many mentioned approaches that pay attention to social determinants of health

- Should be disassociated from being <u>solely</u> about the delivery of health care services

- Approach should become more holistic and take into account multiple environmental players and factors

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Interview Quotes: What Are Population Health Activities?

- *… Include looking at behavioral and environmental factors that impact health and how the organization uses assets (e.g., "green buildings and walkways," what is done with medical waste) to promote a healthy environment*

- *Refining approaches to Medicaid purchasing to address physical and mental health needs, starting with payments that support interventions to reduce homelessness and rates of incarceration*

Interview Quotes: Where Public Health Schools and Programs Add Value

- *Planning function to understand how things are connected and whether workforce needs are being met*

- *Equip graduates with theoretical, analytic, and managerial tools and skills*

- *Information, education, publications, research, resources and tools to support decision making*

Opportunities as Perceived by Interviewees

- Majority identified bringing partners and stakeholders together to create healthier communities

- Several mentioned 'silos' as a major problem in inter-professional education and in professional activities

- Many called for more collaboration and engagement with education, business, health clinics, mental health professionals, and other partners

Interview Quotes: Perceived Opportunities

- *Forge intra-curricular activities and blended education to bring together various parts to learn from each other*

- *Inter-professional education: foundationally changes how people understand each other*

- *Connections to other disciplines: Connect an MPH to social work, law degree, degree in planning, or MBA – good bridging degrees are better than just an MPH*

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Interview Quotes: Perceived Opportunities (continued)

- *Public health should be the 'chief health strategist': this involves partnership, strategies to address health disparities, and using evidence-based approaches.*

- *Health care as the classic partner is too narrow. Need to connect with businesses, parks, city planning, police, K-12, education...*

- *Focus on how the broader community can take actions to result in better health. These sectors don't understand their potential.*

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Interview Quotes: Needed Activities or Skills

- *Community relations, grassroots organizing, partnerships, analytics, issue framing, communication, leadership (vs. management) … bring stakeholders together … reduce duplication of efforts*

- *Public health thinks it's underfunded but the money won't be coming back. Instead, expand partners to have the needed impact. There is never enough money, so working with partners is imperative.*

Interview Quotes: Needed Activities or Skills (continued)

- *Make the business case – not everyone sees health as inherently valuable. Must define how health contributes to other priorities and needs like schools, economic development, and roads. The cost of health care due to an unhealthy population is a black hole that drives funding from other priorities.*

- *Culture beats strategy every day. Every group has their biases, language, terminology, philosophies. We must get out of silos and radically rethink the approach and connections.*

Roundtables and Forum

Population Health Initiative: Roundtables

- Minneapolis
  - Focus: academic medicine, inter-professional education, ACOs
- Des Moines
  - Focus: Rural health, critical care, geriatrics
- Nashville
  - Focus: Health care systems, Veterans Administration, pediatrics, nursing
- Atlanta
  - Focus: Local and state public health agencies

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Population Health Initiative: Roundtables Purpose

- Discuss trends emerging in the field of population health, shaped by the ASPPH survey results and external stakeholder interviews

- Explore the implications of those trends

- Suggest new and expanded roles for schools and programs of public health

Four Emerging Population Health Trends

1. Successful population health efforts require cross-sector understanding, connections, leadership, engagement, and shared implementation of "health in all policies"

2. The *health care system* is undergoing a major transformation with business models that increasingly reward population health improvement and cost control

3. *Public health agencies* require inclusive perspectives to engage in cross-sector partnerships with large mix of different stakeholders who bring practical, multi-faceted resources to the table

4. The *workforce* needed to enable and catalyze population health improvement requires new skills, including the ability to deploy public health and population health concepts in all sectors

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Roundtable: Questions Discussed for Each Theme

- Do you agree with the major trend? What changes would you suggest?

- Are there are other population health themes with important implications for schools and programs that should be explored?

- For the identified trends, are there new and expanded roles for schools and programs for public health? How will these expanded roles benefit other stakeholder groups?

- What are the obstacles to overcome for these new roles to be realized?

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Key Questions Identified by Roundtable Participants

- How do we build a population-based, community-applied health care improvement approach?

- How do we improve public health to be successful in a value-based world?

- What does the emerging workforce need in terms of competencies and skills to address population health?

- How do we include elderly and low-income people in population health improvement initiatives?

- How do we manage health in collaboration *with* the population?

Key Questions Identified by Roundtable Participants (cont.)

- How do we change the culture in populations early enough to promote healthy choices and wellness?

- How do we address the social determinants of health upstream, and remove those barriers to health?

- How do we integrate population health into curricula for other professions?

- How do we design policies to integrate population health with clinical health care?

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TREND ONE: Successful population health efforts require cross-sector understanding, connections, leadership, engagement, and shared implementation of "health in all policies"

- Overcome mistrust among groups

- Address common misunderstanding of social, environmental and behavioral determinants of health relative to health care

- Achieve inter-professional understanding of perspectives and goals

- Articulate the ROI for each group to align incentives

- Public health must connect in ways not viewed as adversarial or patronizing; and can gain stakeholder buy-in through storytelling that resonates.

- "The commonality for discussion is health and wellness. We must continue to stress the concept."

Roundtable Comments

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TREND ONE: Successful population health efforts require cross-sector understanding, connections, leadership, engagement, and shared implementation of "health in all policies" (continued)

- Leadership—broadly defined—is key

- Need for community organizing and development

- Strong agreement on the potential role of schools and programs of public health as conveners

- No consensus on "health in all policies"

  - Not all sectors welcome health in all policies, perceiving different priorities

  - Health in all professions?

- "Schools and programs of public health can help clinical care treat individuals in the context of their community and can change the context of the community."

Roundtable Comments

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TREND TWO: The health care system is undergoing a major transformation with business models that increasingly reward population health improvement and cost control. This creates a rare opportunity for a wider range of sectors—including but not limited to health care and public health—to partner and collaborate.

Roundtable Comments

- Doubt "new models that reward population health improvement" are sufficiently entrenched to be called an "emerging new reality."

- "This trend statement is misguided in its assumption that new models will solve the problem. Rather, they will have a modest impact on efficiency and cost at huge expense, but will not make the population healthier. The kinds of things we can readily measure are short-term outcomes, not health status."

- "If health care organizations restructured around long-term outcomes, they would have a greater impact."

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TREND TWO: The health care system is undergoing a major transformation with business models that increasingly reward population health improvement and cost control. This creates a rare opportunity for a wider range of sectors—including but not limited to health care and public health—to partner and collaborate. (continued)

Roundtable Comments

- Rewards not yet sufficient to motivate transformative change in healthcare

- Inadequate incentive to address prevention

- Great potential in partnerships & collaboration but public health often absent

- Need for patients to be better engaged and responsible

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TREND THREE: To fulfill their mission to protect and improve the health of the general population, public health agencies require innovation that applies a broader and more inclusive perspective. New strategies are needed to engage in cross-sector partnerships with a much larger mix of different types of stakeholders who will bring practical and multi-faceted resources to the table.

Roundtable Comments

- "It would be great if schools and programs of public health could apply innovation to solve problems."

- "The challenge is bringing the right people to the table to ask the right questions, analyze and interpret the data, and figure out how to act on it."

- Community health needs assessments can drive collective impact across sectors

- New funding streams and incentives are needed

- Success depends on whether state legislatures believe that health care is a right

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TREND FOUR: The workforce needed to enable and catalyze population health improvement requires new skill sets, including the ability to deploy important public health and population health concepts within all sectors

- Near-universal consensus emerged around this trend
- Suggest need for competency-based curriculum
- "Minimum qualifications for getting into professional schools are screening out people who are needed in these fields."
- Building earlier access to the pipeline (High School, undergrad)
- Inter-professional education and training is important: health in professions
- Need for additional practical experience within MPH
- Important to partner with employers

Roundtable Comments

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Competencies of Future Workforce

- Building communities of practice
- Change management
- Communication
- Community service orientation
- Convening
- Data analytics
- Design thinking
- Evidence-based strategies
- Finance and ROI
- Grassroots organizing /Community engagement
- Health literacy
- Influence without authority

- Leadership, management, exposure to other disciplines (e.g., architecture)
- Listening
- Negotiation
- Problem solving
- Relational /Partnership skills
- Social learning
- Systems thinking
- Teamwork
- Understanding of health care funding, legislation, government programs
- Use of technology

Population Health Initiative: Forum

- Milwaukee
  - More than 100 faculty leaders in academic affairs, research, and practice

- Purpose of Forum
  - Hear external stakeholders' views about academic public health's current and potential role in advancing population health
  - Consider draft recommendations that emerged from earlier phases of the work
  - Identify ways to advance population health in schools and programs of public health

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Population Health Initiative: Forum

- In small groups, participants explored one of three topics

  - Research and Evaluation

  - Future Workforce Education and Training

  - Community Partnerships and Institutional Leadership

- Each group was provided background information, discussion questions and a list of recommendations gleaned from external stakeholders

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Forum Topic: Research and Evaluation

- **Background:** Diverse stakeholders participating in the interview process and roundtable discussions all expressed frustration with the absence of a compelling evidence base for the success of the population health improvement enterprise. It was recognized that building a demonstrated ROI for population health improvement strategies will be necessary to attract cross-sector leadership engagement, particularly in community-based initiatives.

- **Discussion Question(s):** What are the challenges and opportunities for schools and programs of public health to contribute to the evidence base for the population health improvement enterprise?

Forum Topic: Future Workforce Education and Training

- **Background:** Emerging trends and developments in population health—including attention to social determinants and disparities, importance of "health in all policies", the need for cross-sector, community-based partnerships, a paradigm shift in health care towards primary care and prevention, and importance of individual behavior change—all suggest that new skill sets will be required of the future public health workforce and leaders and participants in population health improvement efforts.

- **Question(s):** These emerging trends and developments present challenges and opportunities for schools and programs of public health. How should curricula and the education life cycle change, for students pursing public health degrees and for other professionals pursuing careers that will have an impact on population health?

Forum Topic: Community Partnerships and Institutional Leadership

- **Background:** A major theme that emerged from the multi-stakeholder interviews and Roundtable discussions was that successful efforts to improve population health within and across communities requires cross-sector understanding, connections, leadership, and engagement and shared implementation of "health in all policies."

- **Question(s):** What are the implications and the opportunities for schools and programs of public health presented by this theme and population health trend? As institutional and community-based leaders with relevant knowledge and expertise, how can Schools and Programs play a leadership role in population health improvement strategies in the communities, states and Colleges/Universities where they have an important imprint?

Recommendations: Community Partnerships & Institutional Leadership

- Ensure that all population health efforts in communities and within your own academic unit are driven by a commitment to equity and improving health status. Conduct an internal assessment within your own academic institution regarding its capacity to do community-based population health improvement work.

- Actively participate in cross-sector, community-based population health improvement coalitions. Help facilitate the convening of such coalitions in regions where none yet exist. Infuse community-based coalitions with new ways of learning, including building online "learning communities." Provide support and leadership in the systematic evaluation of all coalition-based intervention strategies, initiatives, and programs.

- Collaborate with non-profit hospitals, public health agencies, and stakeholders from other sectors in developing Community Health Needs Assessments (CHNAs) as a foundation for identifying opportunities to improve population health.

- Become a recognized champion for organizing a population health strategy within your own academic institution. Act as "health strategists," partnering with others to build a culture of health for your institution

Recommendations: Future Workforce Education & Training

- Build awareness of and interest in public health and population health careers in high-school and community college students. Advocate for innovative approaches to the admissions selection process to encourage student diversity, leadership potential, and skills in community-based engagement, while maintaining or enhancing admission standards regarding academic credentials.

- Advocate for and pursue opportunities to build intra- and inter-professional education and training that facilitates shared learning among graduate programs, including but not limited to public health, social sciences, urban planning, engineering, health care and business.

- Expand public health curricula, either directly or by working with other graduate programs, to emphasize new competency areas such as leadership, community organizing, change management, finances, project management, program design and evaluation, return on investment (ROI), consumer engagement and behavior change, data analytics, and communication.

- Promote integrative learning experiences (ILEs) and applied practice experiences (APEs) that provide, experience in non-traditional worksite

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Recommendations: Research & Evaluation

- Maintain academic and applied research and evaluation as essential elements of the public health mission, in part, to build the evidence base for population health strategies and interventions. Engage in appropriately designed, community-based participatory research to assess the effectiveness and impact of population health programs.

- For different stakeholder groups, such as employer communities, build relationships, in part, by translating the existing body of population health evidence into definitive and understandable "business cases" that explain the stakeholder's unique position to impact population health.

- Continue to contribute to the data sharing, analysis and effective communication of data and trends to build awareness and trust. Signal a compelling "call to action" for population health strategies and interventions.

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Additional Recommendations for ASPPH and the Field

- Identify, Inventory, and Disseminate Best Practices
- Convene Stakeholders
- Communication

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ASPPH Population Health Initiative: Additional Resources

- ASPPH Conference Summary: [Reconnecting Public Health and Health Care Delivery to Improve the Health of Populations](#)

  - https://s3.amazonaws.com/ASPPH_Media_Files/Docs/Reconnecting+Conference.pdf

- ASPPH Framing the Future: [Population Health Across All Professions Expert Panel Report](#)

  - http://www.aspph.org/ftf-reports/population-health-in-all-professions/

- CEPH [Accreditation Standards](#)

  - https://ceph.org/criteria-revision/

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